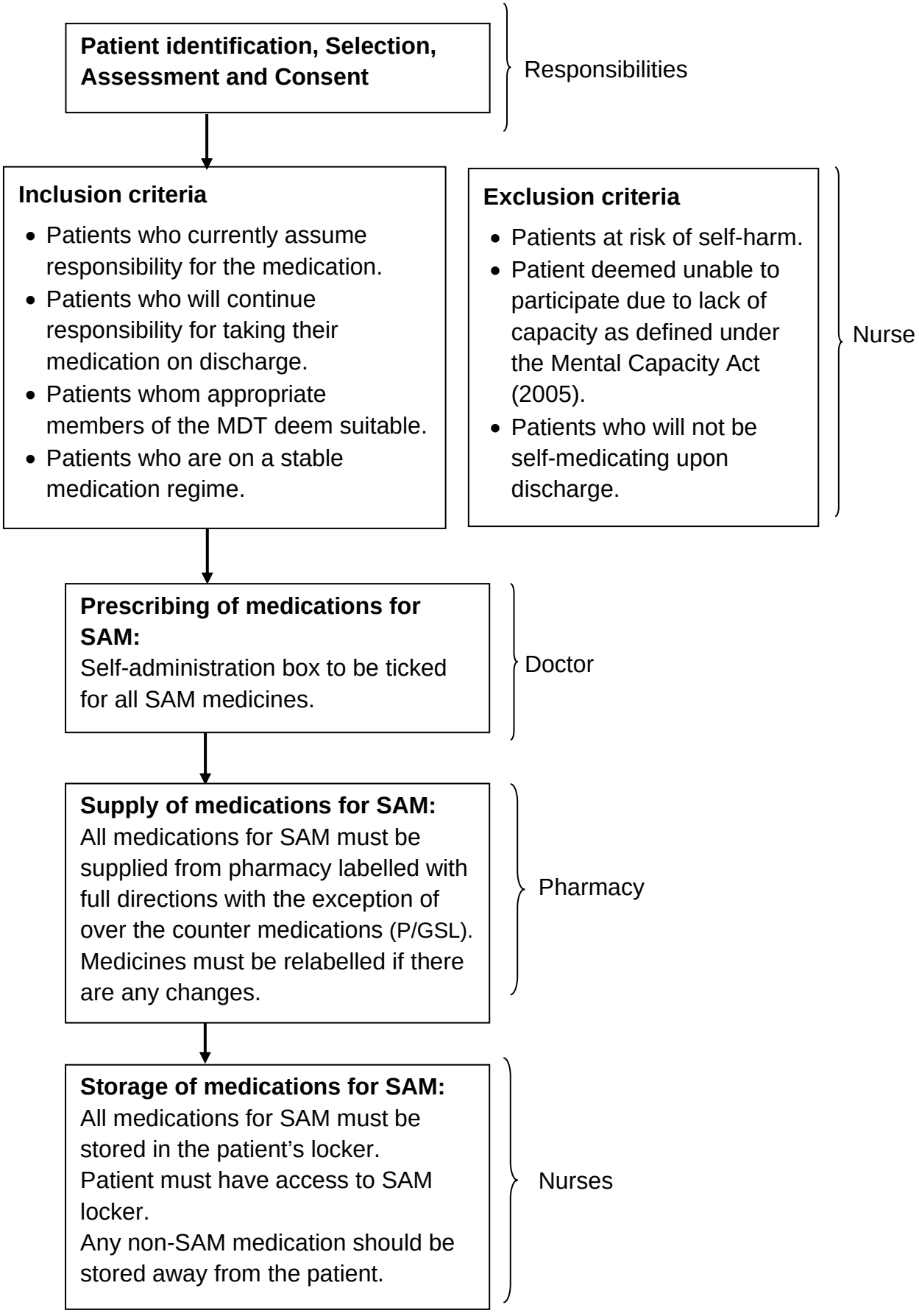
Royal Cornwall Hospitals
NHS Trust

Self-Administration of Medicines (SAM) by Competent Patients Policy

V4.1

August 2024

Summary


Patient identification, Selection, Assessment and Consent
Responsibilities
Inclusion criteria
Patients who currently assume responsibility for the medication.
Patients who will continue responsibility for taking their medication on discharge.
Patients whom appropriate members of the MDT deem suitable.
Patients who are on a stable medication regime.
Exclusion criteria
Patients at risk of self-harm.
Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005).
Patients who will not be self-medicating upon discharge.
Nurse
Prescribing of medications for SAM:
Self-administration box to be ticked for all SAM medicines.
Doctor
Supply of medications for SAM:
All medications for SAM must be supplied from pharmacy labelled with full directions with the exception of over the counter medications (P/GSL). Medicines must be relabelled if there are any changes.
Pharmacy
Storage of medications for SAM:
All medications for SAM must be stored in the patient's locker.
Patient must have access to SAM locker.
Any non-SAM medication should be stored away from the patient.
Nurses

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Recommendations and guidance from the Audit Commission, the Care Quality Commission and the NHS Litigation Authority recognise that patients should be given the opportunity to administer their own medications in hospital provided this can be done safely. This required safe systems of patient assessment and medicines management at ward level

1.2. This version supersedes any previous versions of this document

2. Purpose of this Policy/Procedure

2.1. This SAM policy lays out systems of patient assessment and mechanisms of prescribing, ordering, supply, storage and documentation of medications to enable competent patients to administer their own medications safely whilst in hospital

2.2. The detailed objectives are as follows:

- To maintain patient independence in self administration of medication for short stay patients where medication changes are minimal
- To maintain independence and maximum therapeutic benefit for those patients who require relief medications at short notice, or are on complex times regimes that do not correspond with the timings of the traditional drug round e.g. Parkinson's disease
- To highlight to healthcare staff any medication related problems prior to discharge e.g. poor eye sight or complex packaging/medication regimes, understanding of labelling

3. Scope

With the approval of the ward or unit manager, this policy can be applied in any area within RCHT provided that the necessary facilities and governance arrangements described in this document are in place to support SAM. The policy does not apply to patients who require close support, training and monitoring in order to take their own medications safely.

4. Definitions / Glossary

- DATIX- web-based incident reporting system used at the Trust.
- EPMA- Electronic Prescribing and Medicines Administration.
- NMC- Nursing and Midwifery Council.
- PODs- Patients Own Drugs.
- SAM- Self Administration of Medicines.
- TTOs/TTAs- Discharge medications.

5. Ownership and Responsibilities

5.1. This policy has been drawn up by a multidisciplinary group representing clinicians, nurses, and pharmacists, and has been ratified by the Medication Practice Committee

5.2. Role of the Chief Executive

The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that Trust policies comply with all legal, statutory and good practice guidance requirements

5.3. Role of the Trust Board

The Trust Board has responsibility for setting the strategic context in which this policy will be implemented

5.4. Role of the Governance Committee

The Governance Committee has responsibility for monitoring the assurance framework for this policy and assuring Trust Board on compliance with the implementation of this policy

5.5. Role of the Doctors

Doctors are responsible for following the instructions given in this policy regarding prescribing for patients who are self-administering, and for communicating any changes in medications to the patient, nurse and pharmacist as appropriate.

5.6. Role of the Pharmacists and Pharmacy Technicians

Pharmacists and Pharmacy Technicians are responsible for following the instructions in this policy relating to the assessment and supply of medications for use by patients

5.7. Role of the Managers

Ward managers are responsible for:

- Deciding whether self-administration can be safely practiced on their ward.
- For ensuring that necessary bedside lockers are available.
- For ensuring nursing staff are properly trained in the application of this policy.

6. Standards and Practice

6.1. Patient identification, Selection, Assessment and Consent

6.1.1. Patient identification and Selections

All new patients should be asked whether they are self-administering any medications on the ward. If they are, for each self-medicated item the 'self-administration box within the EPMA prescribing system should be ticked. This can be done by the doctor or pharmacist. Self-administrating should be identified on e-obs hand over.

In the case of glyceryl trinitrate (GTN) sprays or reliever inhalers it is not compulsory to perform the full patient assessment and consent- however it is still necessary to tick the 'self-administration' box within EPMA likewise, patients may self-administer insulin after assessment in line with the SAM insulin/GLP1 form (CHA 2976).

If the patient wishes to self-administer any medication other than GTN sprays, reliever inhalers, creams, ointments, eye drops or insulin, the patient must be assessed using the form which appears at Appendix 3, and which should then be kept with the patient's other bedside documentation at all times.

The following criteria must be adhered to:

6.1.1.1. Inclusion criteria

- Patients who currently assume responsibility for the medication.
- Patients who will continue responsibility for taking their medication on discharge.
- Patients whom appropriate members of the MDT deem suitable.
- Patients who are on a stable medication regime.

6.1.1.2. Exclusion criteria

- Patients at risk of self-harm.
- Patient deemed unable to participate due to lack of capacity as defined under the Mental Capacity Act (2005).
- Patients who will not be self-medicating upon discharge.

6.1.1.3. Caution criteria

- History of drug abuse.
- Psychiatric illness, severe depression, suicidal tendencies. Physical disabilities which may prevent SAM.

6.1.2. **Initial Assessment**

To determine the patient's suitability for SAM, a full patient assessment is carried out, using the form at appendix 3, which is then kept with the patient's bedside documentation at all times. The assessment may be undertaken by a registered nurse, pharmacist or medicines optimisation pharmacy technician; with the patient/carer; or jointly with the clinician and ward pharmacist. This will depend on individual patient needs.

Patients assessed to be competent to administer their own medicines are considered to be at Level Three, as described in the NMC guidance. At this level, patients self-administer medications independently, and demonstrate sufficient knowledge of their drugs to self-medicate unsupervised, accessing medication from the bedside cabinet independently.

6.1.3. **Ongoing Assessment**

Continuous assessment is required to ensure patients maintain their level of competence. This only needs to be documented on the Self Administration Patient Assessment and Consent Form (appendix 3) if the patient's competence has changed.

6.1.4. **Surgical patients**

Patients assessed as competent may administer their own medications pre-operatively; however, they must receive clear instructions on which drugs to take on the day of surgery by medical, surgical or nursing staff. Patients must give up their access to their medications when they become nil by mouth, until they recover and become competent again.

6.1.5. **Patient Consent**

It is recommended that written consent is required prior to SAM in hospital (RPS, 2005). SAM is explained to patients and patient information leaflet is provided (appendix 4). If patients wish to participate, they sign the consent section of the Patient Assessment Form (appendix 3) indicating that they consent to:

- Take part in SAM; and
- The use and/or disposal of their own medication whilst in hospital.

Patients are informed that participation is voluntary and consent many be withdrawn at any time.

6.2. **Supply, Storage and Prescribing of medications for SAM**

6.2.6. **Use of Patients Own Medications**

Patients own medication can be used for SAM if the following criteria are met:

- The patients have consented to use their own medications whilst in hospital (see consent section of the Self Administration Assessment and Consent Form, appendix 3)

- The patient's own medications have been assessed according to the criteria in appendix 3

If the dosage on the label is not what the patient is currently taking (e.g. dose increased following verbal telephone conversation with the GP), the patient cannot self-medicate until it has been relabelled (see sections 6.2.7 to 6.2.9 which indicate the action to follow if the dosage is altered).

6.2.7. **Checking patients' own medications**

Patients' own medications can be checked by the registered nurse responsible for drug administration at ward level, using the criteria outlined in appendix 3. If there is any doubt pharmacy staff can be asked to assess the suitability of the medications.

Over the counter pharmacy medications (P)/General Sales List (GSL) (e.g. paracetamol, ibuprofen) are exempt from over labelling requirements, as long as the dosage instruction on the P/GSL pack reflects the dose prescribed on EPMA for administration. P/GSL medications must be in original pack, packing intact and not expired. The package should only contain medications identified on the package labelling.

If the medications are in a refillable compliance aid on admission, this can only be used if the patient is assessed as competent to self-administer, and in which case the contents are the responsibility of the patient.

6.2.8. **Secure storage of medications**

For patients on SAM, medications are stored in secure cabinets within/attached to the bedside lockers. This should only contain medications clearly labelled for that individual patient.

Competent patients are provided with access to the cabinet. The registered nurse and pharmacy holds master access to the cabinets.

It is the responsibility of the patient and the discharging nurse to ensure access to the lockers is relinquished from the patient on discharge.

Where patients' own medications are not used for SAM they must be stored away from the patient in a secure cupboard to ensure the patient does not become confused and take them in error. They can be returned to the patient or sent to pharmacy for destruction when the patient is discharged.

6.2.9. Medications omitted from inclusion in SAM

The following medications or circumstances need special attention within SAM:

- Controlled drugs will continue to be kept in the controlled drugs cupboard and administered by nursing staff in accordance with the Trust policy for administration of controlled drugs. However, those with limited controls (Schedule 3,4 and 5) e.g. pregabalin, gabapentin, tramadol, may be kept in the patient's bedside cabinet following individual patient assessment.

- Medications which have been recently introduced where the dose needs monitoring.

- Any drugs that require special storage conditions or refrigeration may not be stored within the patient's bedside cabinet.

6.2.10. Prescribing

All medications are prescribed on EPMA in the same dose, timing and method of administration as labelled on the packaging. If using the patient's own medications, medical/pharmacy staff need to be satisfied that the details and drugs match up with the prescription chart. The self-administer box on EPMA must be ticked for each drug to be self-administered. To tick this box, open the drug file for drug to be self-administered and then go to the verification tab. The box can be found at the bottom of the page.

6.2.11. Further drug supplies

Where further supplies of a drug are required, these should be ordered in the usual manner.

6.2.12. Additions and altered doses

When a new drug is prescribed or a dose changes, the doctor or Non-Medical Prescriber (NMP) will amend the electronic prescription and advise the patient. They will also draw it to the attention of nursing and/or pharmacy staff to enable a labelled supply to be dispensed. On the next drug round, the nurse will administer the new drug until a labelled supply is available.

6.2.13. Discontinued drugs

When a drug is discontinued, the doctor will cancel the prescription and must alert the nurse and patient so that the item can be removed from the patient's locked cabinet and the patient can be kept fully informed.

6.2.14. **Receiving supplies of drugs for SAM**

Upon receipt of the new drug/further supplies on a drug, the nursing staff must check them against the electronic prescription. The nurse must then explain the drug to the patient and ensure it is placed in the locked cabinet.

6.2.15. **Administration and documentation**

If the patient is independently self-administrating, the self-administer box should be ticked for each drug to which this applied. The electronic prescription chart must still be checked by the nurse at each drug round in case any other items need to be administered. On the drug round, for self-administered items the nurse must click the reason for non- admission box and choose the option self-administered after verbally checking with the patient that they have taken all the items prescribed.

6.2.16. **Transfer of patients**

When patients are transferred to another ward any named medications in the cabinet may be sent with them. However, before the patient can continue SAM, a reassessment by staff on the receiving ward must be carried out. If the patient is no longer able to self-administer or the ward does not have the required storage for SAM, the doctor, nurse or pharmacist must untick the self-administer button on EPMA.

6.2.17. **Discharge of patients**

When patients are to be discharged from hospital a complete TTO discharge prescription must be written for them. The medications stored in their cabinet may be suitable to be sent home as a TTO, although this must be confirmed by the prescriber or the ward pharmacist. All medications need to be itemised on the TTO form for the purposes of clear communication with the patients GP, making it clear whether hospital supply is required to be dispensed or if the patient has their own supply.

7. Dissemination and Implementation

7.1. Introducing SAM on a ward/clinical area constitutes a major change in practice for that area requiring the following support and educational input:

- Theoretical education of the SAM process and underpinning knowledge.
- Competency assessment of staff who will be undertaking patient assessments.
- Access to relevant documentation.
- Relevant equipment in place.

7.2. The change process will need to be led by the ward manager with support and education input from the relevant pharmacist and the training department. An individualised initiation plan will be divided for each ward area to ensure capture of all relevant staff groups

7.3. For further information contact your ward pharmacist

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	1. Patient assessment, consent and documentations processes. 2. Safe storage facilities. 3. DATIX reports related to SAM.
Lead	1 and 3- Medication Safety Lead Pharmacist. 2- Ward Manager/Ward Pharmacist.
Tool	1. Data collection form will be used to audit compliance with the guidance on patient assessment, consent and other documentation. 2. Routine ward 'safe and secure' audits. 3. Ongoing routine monitoring of DATIX report.
Frequency	1. Annually. 2. Every six months. 3. Ongoing.
Reporting arrangements	Annually to Medication Practice Committee and SAM working Group (more frequently during guideline development)
Acting on recommendations and Lead(s)	Medication Practice Committee will identify the appropriate staff group and assign responsibility to those who can implement any necessary changes in practice emerging from audit, via the SAM Working Group
Change in practice and lessons to be shared	Staff groups (medical, nursing, pharmacy) are represented at the SAM Working Group, who will ensure they receive feedback from audit and are supported in performing any actions required

9. Updating and Review

This document has been drawn up and will be reviewed by a multidisciplinary group representing clinicians, nurse and pharmacists. Specific policy guidance will also be issued for patient groups such as children and those needing support and monitoring in order to self-administer safely.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Self-Administration of Medicines (SAM) by Competent Patients Policy V4.1
This document replaces (exact title of previous version):	Policy For Self-Administration of Medicines (Sam) by Competent Patients V4.0
Date Issued/Approved:	August 2024
Date Valid From:	August 2024
Date Valid To:	21 November 2025
Directorate / Department responsible (author/owner):	Helen McClay, Deputy Chief Pharmacist
Contact details:	01872 25 5997
Brief summary of contents:	Description of process by which patients are assess and medicines supplied for the purpose of self-administration.
Suggested Keywords:	SAM, Self-administration, Medicines.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Medication Practice Committee. Care Group Governance.
General Manager confirming approval processes:	Richard Andrzejuk, General Manager
Name of Governance Lead confirming approval by specialty and care group management meetings:	Kevin Wright
Links to key external standards:	NMC Standards for Medicines Management RCHT Mental Capacity Act Policy RCHT Policy for Consent to Examination or Treatment RCHT Policy for managing Health Records

Information Category	Detailed Information
	RCHT Medicines Policy **References:** Altman IL, Wheeler R, Avery J (2002) Self administration of medicines in Brighton Hospital Pharmacist. Vol 9, p305-307 Audit Commission (2001) A Spoonful of Sugar: Medicines Management in NHS Hospitals London: Audit Commission Department of Health (2000) Pharmacy in the Future- Implementing the NHS Plan London: Department of Health Hospital Pharmacists Group (2002) One- stop dispensing, use of patients own drugs and self-administration schemes Hospital Pharmacist Vol 9, pg81-86 Lowe CJ, Raynor DK, Courtney EA, Purvis J, Teale C (1995) Effects of self-medication programme on knowledge of drugs and compliance with treatment in elderly patients. British Medical Journal vol 310, p1229-1231 Standards for medicines management. London: MC Royal Pharmaceutical Society of Great Britain (2005) The Safe and Secure Handling of Medicines: A team approach
Related Documents:	Registered Nurse Assessment for patient self-administration of insulin – GLP1 via a Pen Device CHA2976
Training Need Identified?	Yes. Assessment of patient's own drugs.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2008	V1.0	New Document	Lisa Attrill, Practice Development

Date	Version Number	Summary of Changes	Changes Made by
June 2011	V1.1	Early review required to bring the document in line with the Trust's Policy of Policies and the requirements of the NHSLA. Also minor amendments made where necessary.	Iain Davidson, Chief Pharmacist
17.10.2012	V2.1	Policy developed by condensing existing policy on self-administration of medicines by all patient groups and excluding those needing training and close monitoring; general updating based on review by working group.	John Glinn, Head of Clinical Pharmacy Services
17.10.2013	V2.2	Policy amended for prescribing and administration using EPMA system; revised Patient Information sheet.	John Glinn, Head of Clinical Pharmacy Services
18.10.2018	V3.0	Policy amended to reflect local changes.	Victoria Ling, Pharmacist
28.09.2022	V4.0	Minor amendments to policy. SAM form included in Appendix 3. Updated document to new policy template.	Helen McClay Deputy Chief Pharmacist
23.07.2024	V4.1	Inclusion of over-the-counter medications (P/ GSL) and different requirements to labelling for P/GSL medications. Defined controlled drugs with limited control. Patient information leaflet updated to include patients who prefer not to self-administer.	Helen McClay Deputy Chief Pharmacist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

1. Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Self-Administration of Medicines (SAM) by Competent Patients Policy V4.0
Directorate and service area:	Pharmacy, Clinical Support
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Helen McClay, Deputy Chief Pharmacist
Contact details:	01872 255997

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To ensure a safe system of assessing patient and providing medications to facilitate self-administration.
2. Policy Objectives	To maintain patient independence. To ensure patients can received relief medications at short notice. To facilitate compliance with complex dosing regimens. To identify medication problems prior to discharge.
3. Policy Intended Outcomes	More patients self-administering. Increased patient satisfaction. Reduced medication incidents relating to self-administration.
4. How will you measure each outcome?	Annual audit; and ongoing monitoring of DATIX reports.
5. Who is intended to benefit from the policy?	Patients who would prefer to administer their own medications. Nursing staff- to speed up drug rounds.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Nursing, pharmacy.
6c. What was the outcome of the consultation?	Self-administration is widely recognised as best practice.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Helen McClay, Deputy Chief Pharmacist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. CHA4197: Self Administration of Medicines (SAM) - Assessment and Consent Form

Please use the above hyperlink to access a printable version of this form

Appendix 4. Patient Information Sheet - Self administration of medicines

Why am I being asked to think about taking my own medicines in hospital?

Some medicines need to be taken at particular times, or at short notice. Being able to take your own medicines, when you need to, means better care. Continuing to take your own medicines also allows you to maintain your independence while in hospital.

What happens if I don't want to administer my own medications in hospital?

You don't have to self-administer medications whilst in hospital. The nurse can help you with medication administration.

What will happen if I do want to take my own medicines?

One of the nursing or pharmacy team will need to ask you some questions to make sure it is safe for you to take your own medicines on the ward. They will also need to look at your own medicines to see if they are in good condition and properly labelled.

What will happen to my own medicines?

Your own medicines will be kept safely in your bedside locker. It will be possible for you to have access to this locker. Medications that you are no longer using will be identified and stored separately.

What if I don't have enough of my own medicines, or I start to take something new?

We encourage you to bring your own medications in with you. Further supply of your current medicines, or new medicines, will be ordered from pharmacy. These will be fully labelled with instructions and, as well as taking them on the ward, you will be given them to take home.

What if I become unwell, or need to have an anaesthetic?

If your condition changes, or if you need to have a procedure under anaesthetic, the nursing or pharmacy team will assess whether you are still suitable to take your own medicines. If not, the nurses will take over giving you your medicines until you recover.

How can I be sure all this is safe?

- Make sure you always lock your medicines into your bedside locker.
- Never take more than the dose on the label, and never share your medicines with anyone else.
- If you are not sure how to take your medicines, ask the nurse, doctor or pharmacy team on the ward.
- If anyone else tries to take your medicines, please contact one of the ward staff immediately.

What happens when I go home?

The doctor will write a prescription for all the medicines you are taking. The ones you have been taking will either be inspected on the ward, or sent to pharmacy. This is to make sure there are enough supplies and they are correctly labelled. Your medicines will be given back in time for you to go home. If you have any questions about the medicines you are taking home, ask the nurse, doctor or pharmacy team.