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Royal Cornwall Hospitals NHS Trust

The Medicines Policy

Chapter 1: Introduction and Overview

V3.0

October 2018

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1. Introduction

Medicines are the most common healthcare intervention used within the Trust. Appropriate use of medicines can deliver great benefits to patients; conversely inappropriate use can cause patient harm. This document contains a number of embedded guidelines, rules and procedures designed to provide a safe, standardised and secure method of handling medicines within the Royal Cornwall Hospital Trust.

Virtually all medicines are subject to the controls imposed by the Human Medicines Regulations 2012 (S.I. 2012/1916), which were laid on 24 July 2012 and came into force on 14 August 2012. These regulations were a consolidation of the Medicines Act 1968 and the very many orders made under that Act.

Some medicines are further governed by the provisions of the Misuse of Drugs Act 1971 and The Controlled Drugs (Supervision of Management and Use) Regulations 2013. There are complex, significant, restrictions placed on the way *Controlled Drugs* may be handled within the Trust, these are described fully in Trust's Controlled Drug Policy.

Throughout, the convention is used that the words "shall" or "must," indicate actions which are mandatory – either because they are legal requirements, or because the Trust, through the Medication Practice Committee, has decided that they will be mandatory. Other instructions may be taken to be best practice.

2. Purpose of this Policy/Procedure

The procedures given here are designed to help Healthcare Practitioners to:

Prescribe- communicate clearly and easily the medicine therapy they intend for patients.

Administer the intended dosage, and record that administration safely and efficiently

Order medicines appropriately

Store the medicines required in wards and departments in line with NHS Protect Medicines Security (2013) and other relevant guidelines

Supply- Interpret the instructions from Registered Healthcare Practitioners in order that medicines can be supplied in an accurate and timely manner.

Disposal- how to safely dispose of expired and no longer required items from the clinical areas

Transfer and discharge patients with the appropriate medicines

Registered Nurses should read this guidance in conjunction with Nursing and Midwifery Council (NMC) Guidelines on Standards for Medicines Management. All other Healthcare Practitioners should read the Guidelines issued by their professional association(s) and other relevant local policies.

It is important that all those involved in the prescribing and administration of medicines should have access to a current edition of the British National Formulary (BNF) or to the British National Formulary for Children as appropriate. This is available on the desktop of all clinical devices and can be downloaded to your mobile device free, using an Athens

password. Hard copies are still available but their distribution to hospitals was being phased out at the time of updating this policy.

3. Scope

This policy is the overarching document that covers the use of medicines by all staff employed by RCHT. There are related policies that deal with specific aspects of medicines in more depth. These are referenced in this policy and can be found on the Trust document library.

The section on outpatient prescribing also describes the dispensing service provided by the Lloyds pharmacy outpatient pharmacy. Lloyds work to their own internal procedures which have been ratified by the Trust.

Controlled drugs are subject to stringent control dictated by legislation. The Trust Controlled Drugs Policy can be found through the document library.

The key guideline for wards relating to this policy is the CLINICAL GUIDELINE FOR WARD MEDICINES MANAGEMENT

4. Definitions / Glossary

Registered Healthcare Practitioner
A generic term used in this document to include all healthcare workers who are subject to registration with a professional body or its equivalent and who hold such registration.

Medical Practitioner
A practitioner fully registered with the General Medical Council. The term includes F1 and F2 trainees but excludes medical students.

Nurse
A practitioner registered as a nurse with the Nursing & Midwifery Council.

Midwife
A practitioner registered as a midwife by the Nursing & Midwifery Council.

Pharmacist
A practitioner registered as a pharmacist by the General Pharmaceutical Council.

Pharmacy Technician
A practitioner registered as a pharmacy technician by the General Pharmaceutical Council.

Appointed Registered Healthcare Practitioner in charge
Referred to in this policy as "**Ward or Department Manager**" The Registered Healthcare Practitioner appointed to be in charge of a ward or department.

Prescriber
A prescriber is a registered healthcare professional with the appropriate qualifications to legally prescribe medicines e.g. doctor and non-medical prescriber.

Assistant Practitioners

Assistant practitioners are unregistered staff who work in a broad range of areas - primarily but not exclusively with patient contact. In clinical areas, they will usually be managed by a healthcare professional, for example a dietician, nurse or operating department practitioner. As unregistered staff they are not routinely involved with medicines, however, with specific training they can undertake limited tasks such as flushing IV cannulae with normal saline and witnessing the administration of controlled drugs. More extensive tasks with medicines will require a scope of practice document to be completed and agreed with the Medicines Practice Committee.

Healthcare Assistants
Healthcare Assistants are unregistered staff who work under the delegated authority of a registered healthcare professional. As unregistered staff they are not routinely involved with medicines, however, with specific training they may be allowed to undertake limited tasks. This will require a scope of practice document to be completed and agreed with the Medicines Practice Committee.

Physicians Associates (PA)
Physician assistants are health professionals with a postgraduate qualification in life sciences who complete a two year Physicians Associate training course. They can work in a variety of healthcare settings under the supervision of a trained doctor. As unregistered staff they are not routinely involved with medicines, however, with specific training they may be allowed to undertake limited tasks such as flushing IV cannulae with normal saline and witnessing the administration of controlled drugs. This will be set out in a scope of practice document for each individual PA. Some PAs may also be qualified healthcare professionals e.g. nurses and paramedics. Provided they remain registered and competent in their area of practice, they may be able to undertake additional responsibilities aligned to this qualification e.g. non-medical prescribing, administering from Patient Group Directives. This will need to be clearly outlined in their scope of practice.

Nursing Associates
The nursing associate role is designed to bridge the gap between healthcare assistants and registered nurses in England. Nursing associates will deliver care, freeing up registered nurses to spend more time using their skills and knowledge to focus on complex clinical duties and take a lead in decisions on the management of patient care. Nursing associates are currently unregistered healthcare professionals, though the longer-term intention is for them to be registered with the NMC. As unregistered staff they are not routinely involved with medicines, however, with specific training they may be allowed to undertake limited tasks such as flushing IV cannulae with normal saline and witnessing the administration of controlled drugs. More extensive tasks with medicines will require a scope of practice document to be completed and agreed with the Medicines Practice Committee.

Other Non-Registered Healthcare Workers
Other non-registered staff (e.g. clinical imaging assistants) are not routinely involved with medicines; however, with specific training they may be allowed to undertake limited tasks. This will require a scope of practice document to be completed and agreed with the Medicines Practice Committee.

5. Ownership and Responsibilities

This policy is owned by the chief pharmacist who has been nominated by the Medical Director to be the responsible for this policy

5.1. Role of the Managers

All managers of areas where medicines are prescribed, stored and/or administered should ensure that their staff have read and understood the policy and have attended the appropriate training as set out in the Trust training needs analysis.

Managers in these areas are also responsible for ensuring their staff follow the guidance set out in this policy and report incidents where this is not the case

5.2. Role of the Group/Committees

5.2.1 Medication Practice Committee (MPC)

The MPC is the committee responsible for oversight of this policy and its implementation. The MPC has a number of sub-committees responsible for the governance of specific areas of medicine's practice e.g. antimicrobial stewardship and chemotherapy

5.2.2 Medication Safety Group (MSG)

The MSG is responsible for reviewing medication related incidents and other reported breaches of the policy, recommending suitable actions to the MPC and ensuring that any learning is shared across the organisation.

5.2.3 Cornwall Area Prescribing Committee (CAPC)

The CAPC is responsible for agreeing the drug formulary for Cornwall. This can be found on the Trust intranet (and internet) through the a-z Resources/ Formulary (joint). The committee is also responsible for medicines optimisation across all healthcare sectors in Cornwall.

5.3. Role of Individual Staff

All staff involved in the medication process should ensure they have read and understand the relevant section of the policy and have attended the appropriate training as set out in the Trust training needs analysis.

5.3.1 **The prescriber (medical practitioner or non-medical prescriber)**

All prescribers should be familiar with the GMC guideline 'Good practice in prescribing and managing medicines and devices' (2013) and the Public Health England document 'Antimicrobial Prescribing and Stewardship Competencies'.

Prescribers have a responsibility to have undertaken suitable training on the Electronic Prescribing and Administration systems (EPMA) used in the Trust that are relevant to their day to day practice and maintain their competence in these systems or seek retraining.

Wherever possible, the prescriber shall obtain a comprehensive medicines' history, including current medicines being taken, within 24 hours of admission (please refer to the Trust policy *Medicines Reconciliation on Admission of Adults to Hospital*)

All patients shall be specifically asked about any medicines' allergy or sensitivity, which should be documented immediately, as set out in the *Trust Procedure for Allergies or Idiosyncrasies to Medicines and Food.*

The allergy status must be documented by completing the allergy boxes on the paper or EPMA prescription and documented in the notes. No drug should be prescribed until this box has been completed.

For handwritten prescriptions, or EPMA prescriptions that require a signature- the prescriber must ensure that the prescription is clearly written in black or blue indelible ink (not water soluble ink) and all sections of the prescription must be filled in, so as to provide clear and unequivocal identification of the patient for whom the medicine is intended.

Prescribing shall be within the Cornwall & Isles of Scilly (CIOS) drug formulary, unless the patient has been admitted on a 'non-formulary' drug that is not suitable to switch to a formulary agent.

All medicinal products must be prescribed before administration can occur. This includes oxygen and other medical gases.

All paper prescriptions must be signed with the prescriber's full name and any changes to therapy must be made by cancelling the current prescription, signing and dating the cancellation, and writing the replacement therapy on a new line. (With regard to Controlled Drugs, please refer to appropriate section in British National Formulary).

The prescriber shall ensure the appropriate monitoring is in place to ensure the prescribed drug can be used safely.

Prescribers shall endeavour to inform the nurse looking after the patient when a new medicine has been prescribed to enable the nurse to order the medicine if required and to ensure that the patient does not miss a dose.

The prescriber must review the drug prescribed on a regular basis. This review should include a check that the patient has been receiving their medication.

Where missed doses are identified, this should be brought to the attention of the ward sister and a Trust incident form completed if appropriate. (Refer to the *Delayed and Omitted doses of Medicines Procedure*).

Prescribers shall involve patients in decisions about prescribing to support adherence. The purpose of the medication and potential side-effects should be clearly explained to the patient and their concerns discussed (see NICE clinical guidance 76 - Medicines Adherence for further details).

Prescribers must ensure that all medicines used within the Trust are procured through pharmacy. Under no circumstance should drug company samples be used on Trust patients unless these are processed through the pharmacy department.

All non-medical prescribers (NMP) should refer to the Trust NMP policy for additional responsibilities.

5.3.2 **The Pharmacist**

The pharmacist should confirm the patient's medicines' history, (please refer to the Trust policy *'Medicines Reconciliation on Admission of Adults to Hospital '*)

The pharmacist is responsible for monitoring prescriptions to ensure that they are written correctly and that the medicines prescribed, can be safely given to the patients.

The Pharmacist must ensure that all medicines prescribed to be taken regularly, including as required medicines, are supplied to wards and departments as requested.

Pharmacists should provide appropriate information and advice to medical and nursing staff on all pharmaceutical aspects of medicine therapy. They should review/annotate the prescription to eliminate ambiguities and raise any apparent error with the prescriber.

The pharmacist should ensure the allergy status has been confirmed and documented on the medicines' chart. No medicine should be ordered until the status has been confirmed. Please refer to the *Procedure for Allergies or Idiosyncrasies to Medicines and Food.*

When a prescription has been queried with a prescriber, an authorised pharmacist may then amend or endorse the chart or EPMA record using the Trust 'Pharmacist Prescription Amendment' policy.

An authorised pharmacist can amend certain prescriptions without contacting the prescriber as outlined in the Trust 'Pharmacist Prescription Amendment' policy.

An authorised pharmacist can transcribe a patient's discharge medicines after a verbal discussion with the prescriber, with a record of this discussion made in the EPMA record.

The pharmacist must review the drugs prescribed on a regular basis. This review should include a check that the patient has been receiving their medication. Where missed doses are identified, this should be escalated to the ward sister and a Trust incident form completed if appropriate. (Refer to *the Delayed and Omitted Doses of Medicines Policy*).
Pharmacists should involve patients in decisions about prescribing to support adherence. The purpose of the medication and potential side- effects should be clearly explained to the patient and their concerns discussed (see NICE clinical guidance 76 - Medicines Adherence for further details).
The pharmacist should monitor prescribing adherence to the CIOS drug formulary, the antimicrobial formulary and that practice adheres to this Medicines Policy and associated policies. Pharmacists should challenge practice that falls short of these standards.

5.3.3 **Nurse/midwife (or any health professional administering a medicine)**

The nurse/midwife (or allied health professional - AHP) must understand the therapeutic effect, contraindications and side effects of any medicines administered and be familiar with the usual dose, routes and method of administration.

When administering medicines, the nurse/midwife (or AHP) must follow a sequence of steps (see section 6) to ensure the safety and well-being of the patient only signing when the medicines have been taken by the patient

In conjunction with medical and pharmacy staff, the nurse/midwife (or AHP) should monitor the patient's condition for therapeutic effect as well any allergy, sensitivity or side effect. These should be raised with the prescriber or another member of medical staff as soon as possible.

Where it is not possible to administer a medicine, the reason should be documented on the drug chart. Where the drug is not available every effort should be made to obtain this medicine, either from pharmacy during normal hours, or from the Emergency Drug Cupboards, another ward or the on-call pharmacist, out of hours. (Refer to the Trust *Delayed and Omitted Doses of Medicines Procedure*).

Where a patient is unable to take a medicine due to a lack of capacity, advice should be sort from the clinical team to ensure the patient continues to receive appropriate treatment.

5.3.4 - **Non-registered Healthcare Professionals**

There are some specific situations where non-registered healthcare professional are allowed to prepare or administer medicines. Such arrangements will have been documented and approved by the Medication Practice Committee and it is the responsibility of the non-registered healthcare professional to follow those arrangements.

6. Standards and Practice

For standards and practice related to medicines please refer to the relevant chapter of the Medicines Policy.

7. Dissemination and Implementation

7.1. This document will be hosted on the Trust's document library and significant changes to the policy will be communicated out via the pharmacy department and Medicines Practice Committee.

7.2. Training on this policy is within the medicines management mandatory and refresher training provided by the Trust and within bespoke training sessions for specific staff groups

8. Monitoring compliance and effectiveness

Element to be monitored	Adherence to the Medicines Policy is covered by the general pharmacy audit plan which selects different elements of the policy

	to audit each year.
Lead	Iain Davidson- chief pharmacist
Tool	The electronic prescribing and medicines administration (EPMA) system records and departmental audits will be used to audit the appropriate prescribing and administration of medicines by the appropriate roles.
Frequency	Ongoing audit programme of the different elements of the Medicines Policy
Reporting arrangements	Audits will be reported through to the Medicines Practice Committee and the Pharmacy Governance Group as relevant
Acting on recommendations and Lead(s)	The pharmacy team will lead on acting upon recommendations.
Change in practice and lessons to be shared	Possible wording to use for this column. Required changes to practice will be identified and actioned within 2 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

9. Updating and Review

9.1. The policy documents will be reviewed no less than every three years and signed off through the Medicines Committee.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval will be sought from the Medical Director, and will be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity is recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

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

10.1. Equality Impact Assessment

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

Appendix 1. Governance Information

Document Title	The Medicines Policy Chapter 1: Introduction and Overview			
Date Issued/Approved:	8th June 2018			
Date Valid From:	2nd October 2018			
Date Valid To:	2nd October 2021			
Directorate / Department responsible (author/owner):	Pharmacy Iain Davidson- Chief Pharmacist			
Contact details:	01872 252593			
Brief summary of contents	Sets out the keys roles and responsibilities of those staff involved in the prescribing, supply and administration of medicines.			
Suggested Keywords:	Medicines, medications, drugs,			
Target Audience	RCHT	CPFT	KCCG	
	✓			
Executive Director responsible for Policy:	Medical Director			
Date revised:	8th June 2018			
This document replaces (exact title of previous version):	The Medicines Policy Chapter 1: Introduction & OverviewV2			
Approval route (names of committees)/consultation:	Consultation and approval at the Medication Practice Committee, approval at CSCS divisional board and sign-off at the document review committee			
Divisional Manager confirming approval processes	CSCS- Karen Jarvill			
Name and Post Title of additional signatories	'Not Required'			
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}			
	Name: Kevin Wright			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical/ Pharmacy			

Links to key external standards	Medicines Act, The Human Medicines Regulations 2012
Related Documents:	Other chapters of the Medicines Policy
Training Need Identified?	Yes and part of the current learning and development programme

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
10 Jun 12	V1.0	Initial Issue	Iain Davidson- chief pharmacist
10 Jun 2015	V2.0	Changes to include new developing roles within the organisation	Iain Davidson- chief pharmacist
6 Jun 2018	V3.0	Changes to include new developing roles within the organisation	Iain Davidson- chief pharmacist

Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<tr><td colspan="6">Name of Name of the strategy / policy /proposal / service function to be assessed

The Medicines Policy
Chapter 1: Introduction and Overview</td></tr>
<tr><td colspan="3">Directorate and service area:
Pharmacy</td><td colspan="3">Is this a new or existing Policy?
Existing</td></tr>
<tr><td colspan="3">Name of individual completing assessment:

Iain Davidson</td><td colspan="3">Telephone:
01872252593</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">The first chapter of the Medicines Policy, setting out the key roles and responsibilities of different staff types in relation to the supply, administration and prescribing of medicines as defined by law and good practice guidelines.</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">To provide a framework for the safe use of medicines within the Trust by appropriately qualified, trained and competent staff</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">Safe patient care working within the legal framework of the medicines legislation and recognised good practice.</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">Through the pharmacy audit programme</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Patients, staff and the Trust</td></tr>
<tr><td rowspan="3">6a Who did you consult with

b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>X</td><td></td><td>X</td><td>X</td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups
Medication Practice Committee</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">Appropriate update of the policy reflecting the developing new roles in the NHS.</td></tr>
</table>

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		**X**		
Sex (male, female, trans-gender / gender reassignment)		**X**		
Race / Ethnic communities /groups		**X**		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		**X**		
Religion / other beliefs		**X**		
Marriage and Civil partnership		**X**		
Pregnancy and maternity		**X**		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**X**		

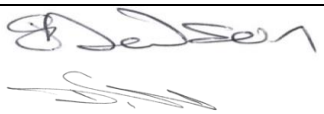
You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.			**No**	

9. If you are **not** recommending a Full Impact assessment please explain why.

No for all answers

Signature of policy developer / lead manager / director Iain Davidson		Date of completion and submission 7/6/18
Names and signatures of members carrying out the Screening Assessment	1. Iain Davidson, Chief Pharmacist 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed 

Date 31/08/18