### Medicines Management Policy

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Medicines Management Policy</th>
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</thead>
<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>The Southern HSC Trust recognises that almost all patients will receive medicines, and most staff will deal with medicines, at some stage in the care of almost every patient. This policy seeks to deliver safe and effective therapy and to enhance public confidence in medicines and their use.</td>
</tr>
<tr>
<td>Directorate responsible for Policy</td>
<td>Acute Directorate</td>
</tr>
</tbody>
</table>
| Name & Title of Author: | Dr Tracey Boyce  
Director of Pharmacy |
| Does this meet criteria of a Policy? | Yes |
| Staff side consultation? | Yes |
| Equality Screened by: | Dr Tracey Boyce  
Director of Pharmacy |
<p>| Date Policy submitted to RM&amp;PC: | 19/02/08 |
| Policy Approved/Rejected/Amended | Approved |
| Communication Plan required? | Yes/no/not applicable |
| Training Plan required? | Yes/no/not applicable |
| Implementation Plan required? | Yes/no/not applicable |
| Any other comments: | |
| Date presented to SMT | 27.02.08 |
| Director Responsible | Mr Jim McCall |
| SMT Approved/Rejected/Amended | Approved subject to – see box below |
| SMT Comments | The reporting line for Drugs and Therapeutics committee to be changed from Governance Committee to the SMT Governance Steering Group |
| Date returned to Directorate Lead for implementation (Board Secretary) | 27.02.08 |
| Date received by Office Manager (HQ) for database/Intranet | 28.02.08 |
| Date for further review | 1 year |</p>
<table>
<thead>
<tr>
<th>POLICY DOCUMENT – VERSION CONTROL SHEET</th>
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<tbody>
<tr>
<td><strong>Title</strong></td>
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<tr>
<td>Title: Medicines Management Policy</td>
</tr>
<tr>
<td>Version: 1.0</td>
</tr>
<tr>
<td>Reference number/document name: Medman1(12/07)</td>
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<tr>
<td><strong>Supersedes</strong></td>
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<tr>
<td>Supersedes: none</td>
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<tr>
<td>Description of Amendments(s)/Previous Policy or Version: New policy</td>
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<tr>
<td><strong>Originator</strong></td>
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<tr>
<td>Name of Author: Tracey Boyce</td>
</tr>
<tr>
<td>Title: Director of Pharmacy</td>
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<tr>
<td><strong>RM/Policy Committee &amp; SMT approval</strong></td>
</tr>
<tr>
<td>Referred for approval by:</td>
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<tr>
<td>Date of Referral: 19 February 2008</td>
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<tr>
<td>RM/Policy Committee Approval (Date) 19 February 2008</td>
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<td>SMT approval (Date) 27.02.08</td>
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<td><strong>Circulation</strong></td>
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<td>Issue Date:</td>
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<td>Issued To: As per circulation List (details below)</td>
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<tr>
<td><strong>Review</strong></td>
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<tr>
<td>Review Date: January 2009</td>
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<tr>
<td>Responsibility of (Name): Tracey Boyce</td>
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<tr>
<td>Title: Director of Pharmacy</td>
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1.0 Introduction

1.1 The DHSS&PS Controls Assurance Medicines Management Standard (Safe and Secure handling of Medicines) 2005 requires Trusts to have a medicines management policy. The policy must be approved by the Trust Board, reviewed and reported on annually, using Medicines Management Key Indicators (Appendix 1).

1.2 The Southern Health and Social Care Trust (SHSCT) Medicines Management Policy is based on national guidance, statutory requirements, and professional standards.

1.3 The Chief Executive of SHSCT has the overall statutory responsibility for the safe and secure handling of medicines. The implementation of the policy is the responsibility of the Director of Pharmacy working with the Chief Executive, Medical Director, Director of Acute Services, Director of Older People and Primary Care, Director of Children’s Services, Director of Mental Health and Disability Services and the Trust Drugs and Therapeutics Committee.

1.4 The Trust Drugs & Therapeutics Committee oversees clinical governance and resource issues related to medicines on Trust premises. The Drugs and Therapeutics Committee reports to the Trust’s Senior Management Team Governance Steering Group.

2.0 General Principles

The Southern HSC Trust recognises:

2.1 that medicines are a core component of the care of patients. This policy seeks to deliver safe and effective therapy and to enhance public confidence in medicines and their use.

2.2 that medicines have the potential for harm, as well as for good, and is therefore committed to ensuring that medicines are used safely and effectively. This is in accordance with the principles of clinical governance and Controls Assurance Medicines Management Standard.

2.3 that the Medicines Management Policy impacts on both primary and secondary care and their interface with the wider community healthcare structures.

2.4 the importance of the patient in the management of medicines and therefore involvement of patients through processes of informing, consenting, supporting, involvement and empowerment will be pursued.

3.0 Clinical effectiveness and appropriate use of medicines

3.1 The approach to medicines management within the Trust will be proactive. It will seek to deliver the changing needs of patients in the modern health care environment, by ensuring that:

- Patients have appropriate information regarding their medication
- Patients have appropriate access to medicines and pharmaceutical advice
- Patients get the maximum benefit from their medicines
• Clinical risk is minimised at all times.

The Trust:

3.2 will continue to develop effective systems for the safe and secure management of medicines.

3.3 will continue to ensure that medicines usage within the Trust is evidence-based, that medicines selection is rational, optimal and cost effective within the resources available, and that the medicines themselves are of suitable quality, safety and efficacy.

3.4 recognises the integral role of medicines in delivery of cost effective health care and the place of medicines in maximising the use of other Trust resources, eg. bed management and reduction of delays to discharge.

3.5 will promote the medicines management issues contained within the National Service Frameworks to ensure that appropriate medicines usage is an integral part of NSF implementation programmes.

4.0 Risk

4.1 The Trust recognises that risk is inherent within medicines themselves, and in their use. Safe and effective use of medicines is thus an important aspect of risk management and the Trust will promote and adopt measures designed to minimise these risks. Measures will include:

• Appropriate reporting mechanisms for incidents relating to medicines
• Risk avoidance measures
• Multidisciplinary review and audit
• Ensuring that lessons are learned from complaints and incidents as well as Adverse Drug Reactions (ADRs)(c.f. An organisation with a memory DH 2000 )

4.2 The approach to medicines management within the Trust will be meticulous, at all times ensuring compliance with the law relating to medicines, guidance from the DHSSPSNI and professional ethical frameworks.

5.0 Practicalities of Medicines Management

The Trust:

5.1 will develop and implement a comprehensive Trust Medicines Code and associated policies to facilitate delivery of the Medicines Management Policy.

5.2 will actively seek to develop medicines management initiatives, redesigning services around patients, promoting partnerships with other health care providers in the local health community and facilitating seamless patient care.

5.3 will make appropriate use of effective information technology to enhance safe and effective use of medicines within the Trust (e.g. electronic medicines information at
ward level, and the development of electronic prescribing) and to facilitate communication with primary care colleagues on medicines related issues (eg. electronic discharge summaries).

5.4 recognises that staff must have appropriate knowledge to handle medicines safely and effectively. Training for all staff handling medicines is an essential part of this policy.

5.5 will use the specialist knowledge and process management expertise of pharmacists, pharmacy technicians and support staff, working in collaboration with other health care staff and patients, to lead on all aspects of the implementation of this policy.

6.0 **Procurement**

The purchase and acquisition of all medicines and other pharmaceutical products will be in line with DHSSPS Procurement Policy. This will be achieved by ensuring that:

- pharmaceutical expertise is appropriately applied at all points
- UK licensed products are always used in preference to unlicensed products
- all prevailing legal requirements are met
- procurement activities conform with known best practice
- only approved suppliers and distributors are used
- quality testing is applied where there is any doubt as to the quality of the product
- prevailing financial guidance (eg. Standing Financial Instructions) and value for money principles are adhered to
- all clinical trial material and samples for clinical assessment are delivered directly to and managed by Pharmacy

7.0 **Medicines**

There will be formal arrangements whereby:

- an agreed body (the Trust’s Drug & Therapeutics Committee) will advise on the clinical need for all medicines which are for routine use within the Trust
- only products which are shown to be safe, clinically effective and cost effective are used
- there is the provision for the use of new or unusual medication by specialist prescribers as outlined in the Trust’s Medicines Code
- there is a mechanism for incorporating national guidelines (eg. NICE, CREST and NSF) into local guidelines and practice
- guidance on the specific use of medicines within the Trust is clearly defined

8.0 **Prescribing**

Prescribing will only be undertaken:

- by persons legally entitled to prescribe and who are familiar with the medication to be prescribed
• on the NHS/Trust's approved documentation, unless the medication is part of a sponsored clinical trial, when the official trial prescription pro-forma will be used.
• for registered patients of the Trust. (Private prescribing is not part of the business of the Trust)
• such that prescription writing will conform to known national (eg. BNF) and locally determined guidelines, policies and procedures.

9.0 Storage

Medicines will be managed such that:

• approved, secure areas only are used
• special storage requirements (eg. for refrigerated items, controlled drugs, clinical trial items, unlicensed drugs, patients’ own drugs) are always met.
• Outside the hospital setting medicine storage areas, such as those used in community facilities are checked to ensure that they comply with the required specification.

10.0 Supply

Medicines will only be supplied against:

• legitimate prescriptions which are legible, correctly completed and appropriate for the patient
• legitimate pharmacy non-stock requisitions
• ward stock requisitions which are legible and correctly completed
• an agreed Pharmacy “Top-up” arrangement
• a validated out-of-hours request to the emergency duty pharmacist

11.0 Transportation

The transport/transfer of medicines between storage areas will:

• be conducted by authorised persons
• be appropriately secure and include an audit trail
• where appropriate, maintain special temperature and/or other requirements

12.0 Administration to patients and assisting clients to take their medicines

Medicines will be administered to patients/clients:

• by persons who are legally entitled and appropriately accredited to do so
• according to the specification of a current prescription/Patient Group Direction written by an authorised practitioner/persons
• only when the person administering has applied professional discretion and is satisfied that it is safe and appropriate to do so
• according to local nursing procedures based on NMC guidelines and having direct Pharmacy input to review and revision
• with a formal record of all administration (and non-administration) being made in all cases

Assisting clients to take their medicines
Clients will be given assistance to manage and take their own medicines:
• in Trust residential homes
• in their own homes
• by appropriately trained domiciliary care or residential care staff

13.0 Recycling and Disposal

There will be formal Trust policies and procedures such that

• ward/clinical areas will routinely return items no longer required to Pharmacy for recycling (if suitable)
• medicines will be destroyed in line with prevailing waste management legislation and the Trust waste management policy and procedures
### 14.0 Where is the Trust going with Medicines Management?

<table>
<thead>
<tr>
<th>From this ........................</th>
<th>To this</th>
<th>How will we know we have got there?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management not fully built into the culture of the organisation</td>
<td>A central component of patient care</td>
<td>Feedback from patients and staff. Reduction in medication-related errors.</td>
</tr>
<tr>
<td>Medicines Management mainly owned by pharmacy</td>
<td>Medicines Management an important item on all Directorate and corporate agendas</td>
<td>Medicines Management issues regularly discussed at board level. Regular reports to Clinical Governance Committee and Risk Management Group.</td>
</tr>
<tr>
<td>Patients have some involvement in Medicines Management</td>
<td>Greater involvement of patients</td>
<td>Patient counselling/history taking. Audit of consent. Patient representation on appropriate committees. Self-administration schemes.</td>
</tr>
<tr>
<td>Incidents involving medication reported sporadically, usually by pharmacists or nurses</td>
<td>Medication incident reporting routine from all disciplines, including medical staff</td>
<td>Number of reported incidents increasing, with corresponding decrease in serious errors.</td>
</tr>
<tr>
<td>Some key ward pharmacy roles established</td>
<td>All wards have a dedicated pharmacy team</td>
<td>Recruitment and retention information. Formal career progression.</td>
</tr>
<tr>
<td>Variable awareness of cost pressures due to drug treatments</td>
<td>All wards to be aware of Top 50 expenditure reports and impact on patient care</td>
<td>Wards can demonstrate that Top 50 drug treatments are the most cost effective available</td>
</tr>
<tr>
<td>Low levels of pharmacy/medicines management advice and contact in Trust residential facilities and in domiciliary care settings</td>
<td>High levels of pharmacy/medicines management advice and contact in Trust residential facilities and in domiciliary care settings</td>
<td>Medicines Management residential facilities and in domiciliary care settings issues regularly discussed at the Trust Medicines Management Committee. Training programmes developed for relevant staff. Pharmacy resource identified to address issues and give advice to staff on the ground</td>
</tr>
<tr>
<td>Traditional dispensing and distribution methods for supplying medicines to patients</td>
<td>Use of appropriate technology and processes to ensure timely delivery of medicines to patients. IT innovations, including robotics. Integrated Medicines Management scheme.</td>
<td>Right drug available for the right patient at the right time. Audit of missed doses, feedback from staff and patients.</td>
</tr>
<tr>
<td>Some joint working with primary care on medicines management issues</td>
<td>Routine joint working on medicines management issues and initiatives across the primary/secondary care interface</td>
<td>Feedback from primary care staff. Primary care representation on appropriate committees. Decrease in reported incidents with patients being transferred from secondary care to primary care and vice versa.</td>
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15.0 **Key Medicines Management Initiatives**

The following initiatives are being developed and utilised as part of the Trust Medicines Management Code:

15.1 **Improve Patients’ Access to Medicines:**
- Patient Group Directions
- Integrated Medicines Management (IMM)
- Improved delivery of medicines to patients e.g. extended pharmacy opening hours

15.2 **Improve Patient/Carer Access to Information of Medicines:**
- Nursing and Pharmacy involvement in pre-admission, admission and discharge processes
- Medication history, discharge counselling and access to patient information leaflets (PILs) provided by pharmacy staff

15.3 **Improve Healthcare staff’s access to Information on Medicines:**
- Improve communication between secondary care, GP’s and Community Pharmacists
- More pharmacy presence in clinical areas, including clinics
- Electronic prescribing and Discharge letters

15.4 **Maintain learning support in Medicines Management**
- Enhance training infrastructure throughout Trust in both hospital and community based facilities

15.5 **Implement innovative practice:**
- Independent/supplementary prescribing by pharmacists/nurses
- More pharmacy technician involvement in medicines management

15.6 **Saving time and money**
- Use of Patient’s Own Medicines
- Ward based discharge (IMM)
- Effective pharmaceutical procurement
- Joint guidelines on medicines use with primary care

15.7 **Improve Financial Planning, Management and Reporting**
- Link new medicine approval with available funds
- Pharmacists integrated in financial reporting

15.8 **Improve Safe use of Medicines**
- Development of Integrated Medicines Management (IMM)
- Medication Incident reporting and investigation
- Develop safe practices
- Medicines Code
- Medicines In-patient Kardex

15.9 **Manage the demands:**
- Match pharmacy resources to Trust’s development
- Development of capacity planning models and benchmarking against other Trusts

15.10 **Use technology to improve processes:**
- Automate dispensing
- ICT in clinical practice
EQUALITY STATEMENT

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote Equality of Opportunity.

In line with the duty of equality this policy has been screened against particular criteria and as a result no major issues requiring further impact assessment have been identified.

This policy has also been considered and prepared with regard to the Trust's obligation under the Human Rights Act 1998. The Trust is satisfied that the policy complies with its obligations under the Act.

If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as conflicting with his/her rights, that party should bring these to the attention of the Director of Human Resources or raise a complaint through the published complaints procedure.

Signature:                      Date: