Avon and Wiltshire Mental Health Partnership NHS Trust

Medicines Policy

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Contents

1. Introduction

The Department of Health and the Care Quality Commission require that NHS Trusts establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.

In order to meet this requirement, the Trust must ensure that:

- Professional practices concerning the use of medicines are current and up-to-date and that they remain subject to review and further development.
- All healthcare practitioners dealing with medicines remain aware of current policy.
- The concepts of patient focused care and patient empowerment are acknowledged and, where possible, are built in to policy and practice.
- Medicines Management is seen as a high priority within Clinical Governance.

This Medicines Policy sets out the policies and procedures to be followed within Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) for the prescribing, ordering, dispensing, storing and administering of medicines. Other legal requirements and standards laid down by professional bodies must also be followed.

The Trust is required to meet the requirements of the Care Quality Commission and they in turn refer to guidance from other relevant bodies such as NHS Protect and the Royal Pharmaceutical Society (see references). Whilst some requirements (particularly those relating to controlled drugs) are set out in law, others are set out as suggestions of best practice.

2. Purpose or aim

The aim of the Medicines Policy is to ensure that all patients requiring medication receive their medication correctly and that the proper procedures have been followed. The policy assists Trust staff in complying with legal requirements and standards laid down by their professional bodies.

Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review.

Staff must follow policies and procedures about managing medicines, including those related to infection control.

These policies and procedures should be in line with current legislation and guidance and address.

3. Scope

This policy and all related policies and procedures are applicable to all staff working in AWP, in any setting where medicines might be used. Medicines are one of the most common healthcare intervention used within the Trust. Appropriate use of medicines can deliver great benefits to service users, conversely inappropriate use can cause significant harm.

This Medicines Policy defines the policies and procedures to be followed within the Trust for the procurement, prescribing, ordering, dispensing, storage, administration and disposal of medicines.

Virtually all medicines are subject to the controls imposed by the Human Medicines Regulations 2012, which 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, the Misuse of Drugs Regulations 2001, 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 Procedure.

This document provides the overarching principals of good medicine management and should be read in conjunction with more detailed procedures.

The Trust Medicines Policy is not intended to apply to any other NHS Trust. Other legal requirements and standards laid down by professional bodies must also be followed.

4. Definitions

Administration	The activities associated with the preparation of a medicine for use (for example including the calculation and selection of doses, the preparation of injections) **and** the activities undertaken when a medicine is given (by introduction into the body, or by external application) to a service user (including selection and administration of the medicine, and recording the administration)
Adverse Drug Reaction (ADR)	An unwanted response to a medication. Any ADR must be recorded on RiO and also on the drug chart or prescription card. Medicines reconciliation should always include the transfer of information about known ADRs.
Allergy	A hypersensitivity reaction to a medicine which cause a range of effects from mild to very serious. Allergies must be recorded on RiO and also on the drug chart or prescription card. Medicines reconciliation should always include the transfer of information about known drug allergies.
British National Formulary (BNF)	The joint publication of the British Medical Association and the Royal Pharmaceutical Society of Great Britain. It is published twice a year and provides access to key information on the selection, prescribing, dispensing, and administration of medicines. It is also available online or via the BNF app.
Caution	A factor such as a pre-existing medical condition, or a drug interaction that means a particular medicine should only be used after carefully assessing the expected benefits because of the risk of an adverse reaction.
Clinical Management Plan (CMP)	A general term to denote an agreed course of action around a clinical intervention which may include ranges of doses to be used or advice around monitoring and side effect management. Specifically a CMP refers to a tripartite agreement between a service user, supplementary prescriber and medical prescriber. The supplementary prescriber may prescribe or review the medication and change the drug, dosage, timing or frequency or route of administration of any medication as appropriate in accordance with the clinical management plan.
Contraindication	A factor such as a pre-existing medical condition, or a drug interaction that means a particular medicine should not be used because of the risk of serious harm to the service user. Contraindications are given in reference sources such as the BNF.

Controlled Drug (CD)	A medicine subject to control under schedule 1-5 of The Misuse of Drugs Regulations (2001) and The Misuse of Drugs Act (1971).
Controlled drugs accountable officer	A 'fit, proper and suitably experienced person' who is appointed to ensure that systems for the safe management and use of controlled drugs are secure within their own organisation or in those they have a contract with. This post-holder of this statutory position must be registered with the CQC.
Delivery	Transporting previously dispensed medication from a pharmacy or a team base to a service user (or appropriate carer).
Depot injection (also known as a long acting injection)	An antipsychotic formulated to be given by intramuscular injection which is then released in to the blood stream over a period of days or weeks.
Dispensing	To label from stock and supply a clinically appropriate medicine to a patient, client or carer, usually against a written prescription, for self-administration or administration by another professional, and to advise on safe and effective use.
Drug Prescription and Administration Record (DPAR)	Commonly known as the drug chart. The drug chart is not a prescription in the true legal sense of the definition, but rather a 'patient specific direction' (see below)
FP10	A prescription form (similar to that issued by GPs in primary care) that can be written by a secondary care prescriber but is dispensed at a community pharmacy registered to dispense NHS prescriptions.
General Sales List Medicine	A medicine which is available for sale through any retail outlet
Medicine	Any substance or combination of substances prescribed and administered for treating illness and/or preventing disease. Any substance or combination of substances that may be administered with a view to assisting in the diagnosis, or restoring, correcting or modifying physiological or psychological functioning.
Medicines reconciliation	The process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.
Patient Group Direction (PGD)	A specific written instruction for the supply and administration of a named medicine or vaccine in an identified clinical situation. It applies to groups of service users who may not be individually identified before presenting for treatment.
Patient Specific Direction also known as a 'written direction to supply'	A written direction for a specific service user completed by an authorised prescriber for the supply of medicines 'in the course of the business' of the Trust. Such written directions do not have to fulfil all the requirements of a prescription. This exemption only apples to medicines supplied from a Trust pharmacy to another part of the same Trust.
Pharmacy Only Medicine	A medicine that is available for sale only in registered

(P)	pharmacies
Prescribe	To authorise, in writing and in accordance with current legislation, the supply and administration of a medicine to an identified service user by an authorised prescriber.
Prescriber	Either a medical practitioner registered with GMC who is legally authorised to prescribe medicine or a healthcare professional who has trained to become independent or supplementary prescriber and has appropriate professional registration to do so.
Prescription	A written order by an authorised prescriber for the supply of a medicine. To fulfil the legal definition of a prescription certain information must be included for example the address of both the service user and the address of the prescriber. Many written orders in secondary care (for example the DPAR) do not fulfil the requirements of a prescription but are classed as 'Patient specific directions' (see below)
Prescription only medicine (POM)	A medicine that is only available following prescription by a registered prescriber.
Registered practitioner	A health care practitioner who is subject to professional regulation in relation to the prescription, dispensing, and administration of medicines – e.g. doctor, pharmacist, nurse.
Self-administration	The service user takes receipt of a dispensed medicine carries out the processes related to administration (see above) for themselves without intervention from a member of staff. In some circumstances, patients may be supervised in self-administering to assess whether the medicine is being taken appropriately but the responsibility for selecting and taking the correct medication rests with the service user. Inpatient services may use a staged approach to self-administration which progresses through decreasing degrees of supervision by staff.
Supply	The making available a medicine for administration by another.
To Take Away/To Take Out (TTA/TTO)	Medication prescribed for service users in hospital to be dispensed or supplied for the service user to self-medicate at home, whilst on leave or following discharge.
Unlicensed indication or 'off-label' use	A medicine that is prescribed for use outside of its UK products current licence.
Unlicensed medicine	A medicine that has no UK product licence..

5. Policy description

5.1 Prescription of medicines

Only relevant regulated professionals with the appropriate qualifications must prescribe medicines. All prescribers must work within their own professional competence.

The prescriber must be satisfied that the drug(s) prescribed serves the service user's needs and is compatible with the available evidence base. Whenever possible, the person using the service should discuss care and treatment choices and when a person is asked for their consent to treatment with a medicine, information about the proposed care and treatment must be

provided in a way that they can understand. This should include information about the risks, complications and any alternatives.

Prescribers must develop a clear treatment plan, and this must be made available to all staff involved in providing care, including those in other sectors e.g. primary care.

Prescribers must work within the medicines governance framework set out by the Trust in this policy and the associated procedures (in particular the Procedure for Prescribing Medicines). Prescribers must also work within the Trust Medicines Formulary or follow the associated procedure if they wish to deviate from it.

Medical students are not permitted to prescribe medicines.

Foundation 1 (F1) doctors are not permitted to prescribe controlled drugs on FP10s until they have achieved their GMC registration.

5.2 Administration of medicines

Staff responsible for the administration of medication must be suitably trained and competent.

Any staff involved in the administration of medicines must work within the medicines governance framework set out by the Trust in this policy and the associated procedures (in particular the Procedure for the administration of medicines). They must also follow their own professional code of conduct. All practitioners must work within their own level of competence.

Student nurses who are awaiting to join the NMC register (awaiting their PIN) are effectively being employed as unregistered practitioners, and should not exceed this role with regards to medication administration. They cannot be considered as registered nurses until they have received the PIN number and statement of entry onto the NMC register is confirmed.

In some inpatient units there is facility for service user's to self-administer their medication and the requirements for such schemes are set out in the Procedure for the self-administration of medication.

There may be incidents where medication is given to service user covertly if they lack capacity to consent to essential medicines. This is covered in more detail within the Procedure for the administration of medicines.

5.3 Storage of medicines

Medicines are highly regulated and should be stored under the conditions stipulated by the manufacturer, to assure the quality of the medicine until administration to the service user. Medicines are also a financial asset and a potential clinical risk, particularly if used in an unintended manner. The Trust Procedure for the Storage of Medicines in clinical areas describes a risk based approach balancing the needs of security, quality and accessibility.

The standards for the storage of medicines in Trust pharmacies are covered by relevant Standard Operating Procedures.

5.4 Ordering and supply of medicines

Registered nurses, doctors and authorised members of the pharmacy team are permitted to order medicines from the Trust pharmacies. There should be local procedures in place to account for medication throughout the supply chain and safeguards to minimise the risk of diversion. The Trust recognises that keeping records throughout the medicines supply chain can come in to direct conflict with staff spending time on service user care. The Trust will therefore endorse a risk based system, which takes in to account the likely points of medicines loss or diversion, whilst keeping record keeping at an achievable level.

The supply of medicines from the pharmacy is detailed in the relevant Pharmacy Standard Operating Procedures.

The supply of medicines to service users (or their representatives) may take place in a variety of different circumstances, and different staff are authorised to take on this role. See the Trust Procedure on Ordering, transporting, receiving, issuing and returning of medicines.

5.5 Medicines reconciliation

Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.

NICE recommends that In an acute setting, medicines reconciliation should be carried out within 24 hours or sooner if clinically necessary, when the person moves from one care setting to another, for example upon admission to hospital.

The Trust has laid out how and when medicines reconciliation should be carried out and recorded in the Trust Medicines Reconciliation Procedure.

5.6 Dispensing and preparation of medicines

The standards for the dispensing of medicines are set out in the relevant Pharmacy Standard Operating Procedures. Only appropriately trained pharmacy staff are authorised to dispense medication, whether in a pharmacy department or in a clinical area. This role may not be undertaken by medical or nursing staff.

Standards for the preparation of medicines are set out in the Procedure for the Administration of Medicines.

5.7 Disposal of medicines

The Trust procedure on the disposal of unwanted medicines describes the process for the safe removal and destruction of unwanted, damaged, out of date or part-used medicines and this applies to all clinical areas where medicines are stored and administered.

The disposal of medicines within Trust pharmacies is described in the relevant Standard Operating Procedures.

5.8 Procurement of medicines

The purchase of medicines from the internet for use on AWP sites is prohibited. All medicines must be obtained from approved pharmacy suppliers and these will almost always be approved by the Medicines and Healthcare products Regulatory Agency (MHRA). Any exceptions to this would require the authorisation of the Chief Pharmacist.

It is illegal for anyone to be in possession of Prescription only Medicines (POM) without a legal prescription under the Medicine Act 1968. Service users will be asked to surrender any prescription only medicines which have not been prescribed for them by an approved practitioner and it is possible the incident may be reported to the police.

5.9 Recording of information related to medicines

Records related to medicines must be complete, legible, indelible, accurate and up to date. They may include paper records (in particular medicines charts) and electronic records (including the overall electronic care record and any electronic records used for the prescribing, ordering or dispensing of medicines).

Clinical records must include an accurate record of all decisions taken in relation to treatment with medicines and make reference to discussions with people who use the service, their carers and those lawfully acting on their behalf. This includes consent records and advance decisions to refuse treatment.

Further details are set out in the Procedures for Prescribing Medicines and for Administering Medicines.

5.10 Controlled drugs

Certain prescription medicines are controlled under The Misuse of Drugs Regulations 2001 (and subsequent amendments) and are known as controlled drugs (CDs).

The legislation defines the classes of person who are authorised to supply and possess controlled drugs while acting in their professional capacities and lay down the conditions under which these activities may be carried out. In the regulations drugs are divided into five schedules each specifying the requirements governing such activities as supply, possession, prescribing, and record keeping which apply to them.

The Trust is required to have a Controlled Drugs Accountable Officer who must establish and operate appropriate arrangements for securing the safe management and use of CDs and review them as appropriate (including the investigation of any concerns).

Full details of the requirements for the prescribing, supply, administration, storage, disposal and record keeping can be found in the Trust's Procedure for controlled drugs and associated Standard Operating Procedures.

5.11 Medical gases

Although not all medical gases are medicinal products under the Medicines Act 1968, they all present similar safety risks to patients and staff if mishandled or misused. All medical gases therefore must be treated as medicines and be subject to the appropriate degree of control and supervision. The Trust must have guidance in place to mitigate the risks of theft and misuse of medical gases, and the health and safety risks posed by the use and storage of gas cylinders (for example fire risks and manual handling risks). Refer to the Trust oxygen procedure.

5.12 Medicines related incidents

Incidents that affect the health, safety and welfare of people using services must be reported internally via the Safeguard system, as well as to relevant external authorities/bodies. They must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Staff who were involved in incidents should receive information about them and this should be shared with others to promote learning. Incidents include those that have potential for harm.

5.13 Responding to medicines alerts

The Trust must comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

Wards and all community teams will be notified of a defective medicines alert either by the supplying dispensary or another representative of the pharmacy team.

If a ward or team receives notification of a defective medicine, it must be immediately brought to the attention of the nurse-in-charge or team manager.

Staff must follow the instructions received regarding the identification and withdrawal of the defective product. Stocks may need to be removed to quarantine. The withdrawn medicines must be quarantined in a locked medicines cupboard sealed in an envelope clearly warning staff that the contents are quarantined and are awaiting collection by the pharmacy team. Arrangements must be made with the supplying pharmacy for replacement stocks or if necessary the prescription of an alternative medicine.

5.14 FP10 prescription security

Stolen or misused prescription forms, can be used to illegally obtain medicines either for illegitimate personal use, or for the purpose of selling them on to a third party. All such activity represents both clinical and financial risks.

The trust will maintain clear records on FP10 prescription stationery stock received and distributed, both when prescriptions are received in to the Trust and distributed on to authorised prescribers. It is the responsibility of the prescriber to ensure the safe and secure handling of FP10 prescription forms is maintained at all times. The Trust issues specific guidance to staff outlining how FP10 prescriptions should be stored and what records must be kept in order to minimise the risk of misuse or diversion. This information can be found on the FP10 page of Ourspace.

When a prescriber ceases to undertake their prescribing role, terminating their employment by the Trust, commencing maternity leave or anticipated long-term sickness or other absence, their prescription pad must be returned to the Chief Pharmacist. This must be carried out in person or by a trusted colleague and **not** via the internal post or Royal Mail (or other courier/postal service). The pharmacy administrator who manages the distribution of FP10 prescriptions in the Trust must be contacted directly.

5.15 Formulary management

The Trust will maintain a formulary of medicines which it considers suitable for general use in its service user population. This will be overseen by the Medicines Optimisation Group (MOG). Prescribers will be expected to prescribe within this formulary in the majority of cases. Where there is a need to deviate from the formulary in a specific service user case, there will be a standard approval pathway which should be followed. Clinicians can also apply for new medicines to be added to the formulary.

The Trust will maintain good working relationships with the relevant local area prescribing committees. When prescribing outside the mental health specialism (for example prescribing medicines for physical health conditions on inpatient units) prescribers should follow their local area formulary.

The Trust will follow the recommendations laid out in the NICE Medicines Management guideline on developing and updating local formularies (MPG1) including publishing all relevant formulary information online, in a clear, simple and transparent way, so that patients, the public and stakeholders can easily understand it.

5.16 Contact with the pharmaceutical industry

This section should be read in conjunction with the relevant Trust policies on Conflicts of interest, Business conduct and Standing financial instructions.

All health and care professionals must also follow the joint statement on conflicts of interest from the Chief Executives of statutory regulators of health and care professionals

There is ‘Guidance on the declaration of gifts and hospitalities’ available on Ourspace within the Conflicts of interest policy.

The introduction of any new medicines must be discussed at the Trust Medicine Optimisation Group (MOG) and applications need to be approved by this group or its designated representatives before new medicines can be prescribed within the Trust.

Members of MOG must make a declaration of interests statement at the start of each meeting following the process laid out in the Conflicts of interest policy.

Representatives of the pharmaceutical industry must not be allowed to visit service user areas unless agreement has been given by the relevant manager. Details of new products must be

discussed with the Trust Chief and Formulary Pharmacists (or their designated deputies) before discussion takes place with other clinical staff.

Casual visits to wards, clinics or other service user units are unacceptable and appointments should be made with the relevant manager or consultant. Visits should be limited to the delivery of significant and relevant product information. Information relating to price, pack-size, or similar, does not normally warrant a visit and should be dealt with by alternative means. Medicine samples must not be accepted and any representatives wishing to supply them should be referred to the Chief or Formulary Pharmacist.

5.17 Unlicensed medicines and use of medicines off-label

In general, medicines with an appropriate Marketing Authorisation (licensed medicines) should be used to treat patients. It is recognised however, that the use of unlicensed medicines or the off-label use of a licensed medicines may be appropriate in certain circumstances. The Trust Procedure for the use of unlicensed and off-label medication lays out the way in which such medicines should be approved for use and how the risks associated with them will be mitigated.

5.18 Patient group directives (PGDs)

A patient group direction is a specific written instruction for the supply and administration of a named medicine or vaccine in an identified clinical situation. It applies to groups of service users who may not be individually identified before presenting for treatment. The Trust recognises the role of PGDs in allowing timely treatment in certain situations when an authorised prescriber is not available.

All PGDs for use within the Trust must be approved by the Chief Pharmacist, Medical Director and Director of Nursing and the Medicine Optimisation Group (MOG). All practitioners using PGDs must be appropriately trained and authorised.

5.19 Clinical trials

The Trust supports the safe use of Investigational Medicinal Products (IMPs) where appropriate. Any research involving the use of a medicinal product must be approved by both the AWP Research and Development office and the Chief Pharmacist. All other permissions such as the ethics committee approval and clinical trial authorisation must already be in place.

All staff involved with any research process must be aware of their responsibilities under the relevant legislation and guidance, and AWP policies, and must act in accordance with these. See also P104 Conducting Research and Development Operational Policy.

5.20 Trust pharmacy services

The Trust will ensure that both dispensing and clinical pharmacy services are provided, including provision for out-of-hours contact.

The roles of pharmacist and pharmacy technicians in clarifying and amending prescriptions are laid out in the trust enabling procedure for ward pharmacists and medicines management technicians.

5.21 Complementary therapies and other non-medicinal products

The service users may receive complementary therapies that may be used in conjunction with mainstream medical, nursing and psychological treatments to enhance wellbeing, quality of life and to provide symptomatic relief.

Complementary medicines or essential oils must be brought to the attention of the service user's prescriber, this is particularly important with herbal medicines which can in some circumstances produce marked physiological and psychological effects.

The safety of the product and the risk of interactions, between complementary medicine and conventional medicines must be assessed by the prescriber. If the service user wishes to continue to use their complimentary medicines and it is deemed safe for them to do so by their consultant, then they must be written on the DPAR.

A service user must give informed consent for the use of essential oils or complimentary medicines. If it is unclear as to whether an adult is able to give informed consent, but there is a clear indication for the use of the complementary therapy, then the usual processes around assessment of capacity and best interests decision must be followed.

Most complimentary medicines are unlicensed products and the prescriber may therefore refuse to prescribe them if they feel there is an inadequate evidence base or risk of interaction with the service users current prescribed medication. If the prescriber decides not to prescribe the complementary medicines, then they must explain their reason(s) to the service user.

Complementary medicines or essential oils are not available from pharmacy and therefore service users would have to arrange for their own supply of these items.

The use of muscle building products known as bulk forming products or high protein substances are not permitted within the Trust. These products must not be prescribed for service users who have been using the products prior to admission. There is concern about the impact that these products may have on the person's physical health, in particular their renal and liver function. If a service user is instant that they wish to continue using these products while being treated within the Trust, there should be an assessment made of their physical health and mental capacity, by a relevant medic, dietician, and physiotherapist. A pharmacist should also review the risk of any interactions with their existing medication. If these assessments indicate a low risk of continued use, then the service user may source and use their own supply of such a product.

5.22 Information about medicines for service users and carers

It is important that the service user and carers have access to adequate information about their medicines. A service user should know as a minimum:

- the purpose of their medicines;
- how to take it;
- for how long it is to be taken for;
- the risks, benefits and alternatives to any treatment option.

This is the responsibility of the prescriber although other healthcare professionals may also be involved.

Medicines dispensed by the pharmacy must include the manufacturer's patient information leaflet (PIL).

Information (including printable leaflets) is available on the Choice and Medication website http://choiceandmedication.org/awp/. This resource is regular updated and is quality assured.

Other recognised organisations such as the Royal College of Psychiatrists or MIND also offer quality assured service user information. Staff should not use or endorse information from an online search if they cannot be assured of its origin or accuracy.

6. Roles and responsibilities

All staff working within the AWP who are involved in some way with the use of medicines, must familiarise themselves with this policy and the procedures it refers to.

The contents of this policy and its associated procedures also apply to medical staff, nursing staff, pharmacy staff and other types of staff from other NHS trusts or from private practices, who are contracted to work for AWP.

6.1 Medical Director

The Medical Director is the member of the Executive Team with overall responsibility for the use of medicines within the Trust. They should oversee medicines governance structures to ensure the aims of this policy can be met.

6.2 Chief Pharmacist

The Chief Pharmacist is the author of this policy and is responsible for ensuring it is regularly updated in line with the review cycle, or when significant changes to legislation or best practice make updating necessary.

6.3 Medicines Optimisation Group

The trust Medicines Optimisation Group (MOG) will be responsible for detailed review of this policy and its associated procedures. Medicines procedures and guidelines associated with the policy will be ratified by MOG or one of its sub-groups.

6.4 Locality Directors

Locality directors are responsible for agreeing how this policy and its associated procedures should be implemented locally. They should ensure that there are local governance structures in place to ensure the good governance of medicines within the locality. They should work proactively with senior medics, nursing staff and pharmacists to promote good medicines management within the locality.

6.5 Ward and team managers

Those in charge of wards and teams are responsible for ensuring that their staff (especially new starters and locum staff) follow AWP policy and procedures, which may differ from procedures elsewhere.

7. Training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with that policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of medicines.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for medicines has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

The Trust lead for medicines participates in a programme of continuous professional development to ensure they remain up to date and keep abreast of developments in this field.

8. Monitoring or audit

In collaboration with the clinical audit team, the Chief Pharmacist will agree a rolling programme of audit to assess compliance with this policy and its associated procedures. Priority will be given to the areas of highest clinical risk.

Medication incidents will be reviewed on a monthly basis by the medication incident review group and action undertaken to ensure improved safety with regards to use of medicines.

Compliance with this policy will also be monitored through review of SUIs and unexpected death audits (UDAs) complaints and reports to PALS, so that lessons can be learned and disseminated throughout the Trust.

9. References

The Safe and Secure Handling of Medicines: A Team Approach 2005 (a revision of the Duthie Report, 1988) (date of access 16 May 2017).
Information on the update to this document can be found here.

NHS Protect Medicine security self-assessment tool (2014) accessed via http://www.nhsbsa.nhs.uk/4430.aspx (date of access 16 March 2016)

NHS Protect Guidance on the security and storage of medical gas cylinders (2014) accessed via https://www.nhsbsa.nhs.uk/crime-prevention/guidance (date of access 16 May 2017)

CQC: Guidance for providers on meeting the regulations (2015) accessed via: http://www.cqc.org.uk/sites/default/files/20150210_guidance_for_providers_on_meeting_the_regulations_final_01.pdf (date of access 8 Mar 2016)

Risk Management of Medicines Stored in Clinical Areas: Temperature Control (edition 1) June 2015 NHS Pharmaceutical Quality Assurance Committee

NICE Guidance NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

The Human Medicines Regulations 2012 accessed via http://www.legislation.gov.uk/uksi/2012/1916/contents/made (date of access 9 May 2016)

Security of prescription forms guidance (updated August 2015) NHS Protect accessed via: https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Security_of_Prescription_forms_Updated_August_2015.pdf (date of access 16 May 2017)

NICE Guidance MPG1 Developing and updating local formularies

Department of Health guidance (2014) patient group directions (PGDs)

10. Links to policies and related documentation

10.1 Related policies

P015 Non medical prescribing policy

10.2 Medicines Procedures

Med01 Procedure for administration of medicines

Med02 Procedure for prescribing medicines

Med03 Procedure for controlled drugs

Med04 Procedure for the ordering, transporting, receiving and returning of medicines

Med05 Procedure for monitoring clinic room and fridge temperatures

Med06 Procedure for use of Patient's own Drugs (PODS)

Med07 Procedure for the prescribing and monitoring of lithium

Med08	Procedure for oxygen	formerly policy P103
Med09	Procedure for the use of medicinal patches	
Med10	Procedure for unlicensed and off label medication	
Med12	Guidance on the disposal of unwanted medicines on wards and units	
Med14	Procedure for medicines storage	
Med15	Procedure for Medicines reconciliation	formerly policy P106
Med16	Procedure Enabling Ward Pharmacists and Medicines Management Technicians	formerly policy P129
Med17	Procedure for the self-administration of medicines	
Med18	Procedure for prescription and administration of antimicrobials	
Med19	Procedure for the use of non-formulary medication	
Med20	Procedure for the prescribing, administration and monitoring of clozapine	
Med21	Procedure for the ordering and management of prescriptions via Polar Speed	
Med23	Procedure for the use of medication to manage disturbed (violent) behaviour on mental health units (Rapid Tranquilisation) formerly policy P061	

10.3 Medicines Guidelines

MG01	Guideline: High-dose antipsychotic prescribing
MG02	Guideline: Treatment of Behavioural and Psychological Symptoms in persons with Dementia (BPSD)
MG03	Guideline: The use of zuclopenthixol acetate (Acuphase)
MG04	Guideline: When required psychotropic medication
MG05	Antimicrobial Prescribing Guidelines
MG06	Citalopram and escitalopram QTc warning and advice
MG07	Antidepressants stopping and swapping
MG08	Guideline: Valproate prescribing for bipolar disorder including in women of child-bearing potential
MG09	Guideline: Olanzapine long acting injection

Version History

Version	Date	Revision description	Editor	Status
1.0	25 Feb 2009	Board Approval	Chief Pharmacist	Approved
1.1	24 Mar 2009	Administrative changes to Training Section	Medical Director	Approved
1.2	15 Apr 2009	Administrative changes to reflect organisational change and correct spelling	Chief Pharmacist	Approved
1.3	01 Oct 2009	Administrative Changes	Chief Pharmacist	Approved
2.0	19 Jan 2011	Final version following comments from Q&HC Gov.	Chief Pharmacist	Approved
2.1	10 Aug 2011	Change to Muscle Building Procedures – approved by Quality & Management Group	Chief Pharmacist	Approved
3.0	4 Dec 2012	Approved by Quality and Safety,	Formulary Pharmacist	Approved
3.0	10 June 2014	Administrative changes. To Medicines Optimisation for noting.	Formulary Pharmacist	Approved
3.1	25 Nov 2014	Admin changes, Addition of new procedures Med11 and Med12. Approved by MOG	Chief Pharmacist	Approved
3.2	5 Dec 2014	Admin changes, Addition of new procedure Med13. Approved by MOG. Policy links updated.	Chief Pharmacist	Approved
4.0	11 May 2016	Approved by Quality and Standards Committee	Deputy chief pharmacist	Approved
5.0	16 June 2017	Approved by Medical Director	Chief Pharmacist	Approved
5.1	February 2017	Administrative changes only	Chief Pharmacist	Approved