

<b>MEDICINES DOCUMENT MANAGEMENT STRATEGY</b>	<b>Policy Register No: 08081</b> <b>Status: Public</b>
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Developed in response to:	Trust requirements, Department of Health, Medicines and Healthcare products Regulatory Agency, National Patient Safety Agency, World Health Organisation and
CQC Fundamental Standards:	9

Consulted With	Post/Committee/Group	Date
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Author/Contact for Information	Alison Felton, Chief Pharmacist
Policy to be followed by (target staff)	All Trust staff members and Clinicians
Distribution Method	Trust Website and Intranet
Related Trust Policies (to be read in conjunction with)	Trust policies for Management of Medicines and Guidelines for the Management of Medication Errors, Near Misses and Adverse Drug Reactions, Administration of IV Medication and Administration of Chemotherapy Agents Training is delivered in accordance with the training needs analysis (L&D strategy)

**Document Review History:**

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1.0	Saiga Mughal	20 November 2008
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## **1.0 Purpose of Strategy**

- 1.1 To serve as the overarching policy that describes the Pharmacy strategy for the management of policies relating to medicines management.

## **2.0 Principles**

- 2.1 The Medicines Management Strategy is an overview document that covers all the individual medicines management policies and clinical guidelines.
- 2.2 The individual clinical departments retain ownership of and responsibility for their documents and are also responsible for identifying the audit processes for each one.
- 2.3 Pharmacy is a repository for all medicines management information for the different departments and directorates within the Trust and can advise those drawing up clinical guidelines on all matters relating to pharmaceutical content.
- 2.4 Pharmacy will expect to be part of the consultation process for any clinical guideline produced by any clinical service throughout the trust, that includes any reference to:
- a specific drug
  - drug amounts
  - intervals between drug administrations

## **3.0 Responsibilities**

An explanatory list of definitions of role responsibilities is attached as Appendix 1

### **3.1 Pharmacy**

- advise clinical departments on pharmaceutical content and to provide up to date references to be included on the documents
- to provide advice on all matters to do with NICE (National Institute of Clinical Excellence) guidelines and CCG or NHSE medicines

### **3.2 Clinical Departments**

- to maintain the accuracy and currency of documentation
- to seek and follow advice from Pharmacy

### **3.3 All Prescribers**

It is the responsibility of all prescribers to:

- be aware of the Medicines Management Strategy
- to know how to access up to date medicines management information
- to keep themselves up to date with changes to Medicines Management policies, and Pharmacy Advice Sheets, in particular the Trust Formulary

## **4.0 Communications**

- 4.1 Once professionally approved and ratified by DRAG (Document Ratification Group), the individual policies will be placed on the Trust's intranet and highlighted via the Trust's weekly newsletter "Focus".

## **5.0 Audit**

- 5.1 Each department that produces its own policies will have ownership of their audit trail. This will be managed by either the respective Matrons or Clinical Directors.
- 5.2 The Pharmacy will undertake a regular spot audit of the documents on the intranet to check that all the documents posted are the current documents and are correctly sited. A risk event form will be completed in any cases that are found to be incorrect.
- 5.3 The pharmacy intervention scheme monitors prescribing and administration discrepancies and errors. Full reports of the interventions are referred to the Medicines optimisation and safety group within MEHT bimonthly and significant prescribing errors identified will also be reported on a Risk Event form.

## **6.0 Breaches**

It will be the breaches of the individual policies that will be reported on a risk event form and investigated rather than the strategy itself.

## **7.0 References**

Medicines Management Group Terms of Reference  
NHSLA

## Definitions

### 1. **Appointed Nurse in Charge**

The senior nursing appointment for the ward or department, e.g. ward sister, charge nurse, clinical ward manager or Matron.

### 2. **Assigned Nurse in Charge**

The senior nurse on duty for the ward or department who has been identified as the nurse in charge for that shift.

### 3. **Authorised Nurse**

Any registered nurse who satisfies the criteria to enable her to administer medicines without supervision, i.e. 1st level registered nurse or 2nd level nurse who the Trust has authorised to administer medicines under the conditions outlined in Rule 18(2) of Statutory Instrument 1983 No. 873.

### 4. **Registered Nurse sub part 1**

A registered nurse sub part 1 is a nurse whose name is on parts RN1, RNA, RN3, RNMH, RN5, RNLD, RN8, RNC of the NMC register.

### 5. **Registered Nurse sub part 2**

A registered nurse whose name is on parts RN2, RN4, RN6, RN7 or RN9 of the NMC register.

### 6. **Midwife**

A registered midwife who has notified her intention to practice to the NMC.

### 7. **Supplementary Prescriber**

7.1 A healthcare professional who has completed an approved Supplementary Prescribing course, who has registered this qualification with their relevant professional body, who has the role of prescriber specified within their job description and whose name appears on the Trust register of Independent and Supplementary prescribers.

7.2 Prescribe as part of a voluntary partnership between themselves and an Independent prescriber in accordance with a specific clinical management plan (CMP) with the patient's agreement. All medicines prescribable by the independent prescriber are prescribable by supplementary prescribers (except Schedule 1 Controlled Drugs) provided they are referred to in the CMP. For further information see: "Non Medical Prescribing Policy"

## **8. Independent Prescriber**

- 8.1 A healthcare professional who has completed an approved Non Medical Prescribing course, who has registered this qualification with their relevant professional body, who has the role of prescriber specified within their job description and whose name appears on the Trust register of Independent and Supplementary prescribers.
- 8.2 These practitioners are capable of prescribing autonomously within their defined capabilities although some restrictions to prescribing do exist. For further information see: "Non Medical Prescribing Policy"

## **9. Head of Pharmacy / Chief Pharmacist**

The Pharmacist who is ultimately responsible for medicines management and pharmaceutical services throughout the Trust.

## **10. Senior Pharmacist / Directorate Pharmacist**

An experienced pharmacist who is Band 8 or higher.

## **11. Local Pharmacist in Charge**

A pharmacist responsible for the provision of pharmacy services at a particular site.

## **12. Pharmacist**

A person who has a recognised degree level qualification in pharmacy and whose name appears on the register of the General Pharmaceutical Council of Great Britain.

## **13. Pharmacy Technician/Near Patient Technician**

An employee of the Trust who holds a BTEC in Pharmaceutical Sciences, an NVQ Level 3 Pharmacy Services, or an equivalent qualification and whose name appears on the register of the General Pharmaceutical Council of Great Britain. A Near Patient Technician is a technician who has undergone a further period of competency-based training.

## **14. Operating Department Practitioner (ODP) or Operating Department Assistant (ODA)**

An employee of the Trust who holds an NVQ Level 3 in Operating Department Practice, or an equivalent qualifications, whose name appears on the voluntary register held by the Association of Operating Department Practitioners.