

<b>STANDARD OPERATING PROCEDURE:</b>	<b>SUPPLY OF PRESCRIBED MEDICINES</b>
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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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## **1 INTRODUCTION**

- 1.1 This Standard Operating Procedure (SOP) covers the conditions under which medicines will be supplied to patients of the Trust.
- 1.2 It covers prescriptions on HIS system, paper prescriptions or prescription charts.
- 1.3 This SOP should be used in conjunction with the overarching Medicines Management Policy TW10-037.

## **2 SUPPLY OF PRESCRIBED MEDICINES**

- 2.1 Medicines may be supplied for inpatients on a ward or department against a prescription written by a doctor or authorised non-medical prescriber.
- 2.2 Valid prescriptions can be generated on the HIS system, written on trust authorised paper forms, FP10 prescriptions (for dispensing in community) or a prescription chart.
- 2.3 Medicines for inpatients may be supplied as a fully labelled patient pack (One-Stop Dispensing [OSD]) or without directions (Temporary Stock [T]).
- 2.4 Medicines can be supplied to wards/departments as pre-labeled medications for out of hours supply. In such cases this is in anticipation of a valid prescription as in point 2.1 and a prescription must be in place before medication is given to a patient.
- 2.5 Medicines can be supplied to wards and departments as stock items.

## **3 STOCK MEDICINES**

- 3.1 Stock lists for wards and departments must be agreed, and reviewed twice yearly, by agreement between the pharmacy and ward teams.
- 3.2 Each stock list will be held on file and no other items will be available for issue as ward stock.
- 3.3 Pharmacy Technicians and Assistants visit wards and departments at agreed times to check stock against a previously agreed stock list. Supplies to replenish used stock are then sent to the ward or department via the Pharmacy at RAEI or at Wrightington.
- 3.4 Items requested in between top up days: These items can be ordered via the ward pharmacy team or by e-mailing a requisition to the pharmacy.

## **4 TEMPORARY STOCK ITEMS**

- 4.1 These will be ordered via the ward pharmacist or technician, by e-mailing a requisition to the dispensary or by a pharmacy technician during a ward daily visit. Temporary stocks are issued only when:-
  - 4.1.1 Doses are subject to change.
  - 4.1.2 OSD supplies are not indicated (i.e. patients has blister pack at home).
  - 4.1.3 A stat dose is required.

## **5 ONE STOP DISPENSING (OSD)**

One stop dispensing allows the supply of all patients' medication to be issued on admission. This is used during admission and on discharge where appropriate. OSD medications will be ordered via the ward pharmacist or medicine management technician. An appropriate supply will be dispensed which must be stored securely in locked patient bedside medication lockers. Any medicines dispensed as OSD should be transferred with

the patient during any ward changes and the remainder to be issued on discharge in accordance with a discharge prescription. It is the responsibility of the nursing staff to ensure dispensed medicines are transferred with the patient.

## **6 PATIENTS' OWN DRUGS (PODs)**

Patients should be encouraged to bring all regular medication into hospital with them. Following an assessment for suitability for re-use by the pharmacy team, PODs should be re-used wherever possible to reduce the burden of re-issue and medicine wastage on the local healthcare economy. PODs should be stored in patient bedside lockers and must only be discarded with the patients consent.

## **7 BORROWING OF MEDICINES**

Except in an emergency, the transfer of medicines between wards/departments is strongly discouraged during pharmacy department opening hours. Medications required urgently should be ordered via the Ward Pharmacist or Medicines Management Technician. If the borrowing of medications between wards cannot be avoided the following must be taken into consideration:-

- 7.1 Controlled drugs cannot be transferred from one ward/department to another.
- 7.2 The whole container should be transferred - medications should never be decanted from one container to another.
- 7.3 Where transfers of medicines between wards are made this must be recorded in the duplicate books provided for this purpose
- 7.4 Administering drugs labelled for one patient, to another patient, is not recommended, except under exceptional circumstances. The on-call pharmacist should be contacted for advice.
- 7.5 Under no circumstances should patients' own drugs (PODs) be borrowed for administration to another patient.

## **8 NURSE ISSUE OF PRE-PACKS**

- 8.1 Dispensing must not be undertaken by nursing staff, except for the issue of pre-packed medications provided by the pharmacy and available for a specific purpose.
- 8.2 These packs must only be issued in accordance with a prescription written by a qualified prescriber or under an appropriate Patient Group Direction (PGD). At the time of issue to the patient the labels must be endorsed with the patients' name, the date of issue and any blank spaces in the directions must be clearly and legibly completed in accordance with the prescription.
- 8.3 All issues must be recorded by means of prescription retention.
- 8.4 The dispensed item(s) must be double checked for accuracy by another registered practitioner before issue to the patient. Both persons must sign and date the prescription. The practitioner retains accountability for any supply made under these circumstances.

## **9 DISCREPANCIES**

- 9.1 All discrepancies (e.g. dispensing errors or missing drugs) must be reported to the relevant Ward/Department Manager, Matron or Night Nurse Practitioner. The Ward Pharmacist or Divisional Principal Pharmacist must be informed at the earliest opportunity. The person making the report must complete a Datixweb entry as soon as possible.

- 9.2 For Controlled Drug discrepancies follow the guidance in TW10-037 SOP 14 – Dealing with Controlled Drugs Incidents.

## **10 MEDICINES NO LONGER REQUIRED/DESTRUCTION (EXCLUDING CONTROLLED DRUGS)**

Unusable portions of medications no longer required should be immediately destroyed on the ward/department by placing in the appropriate clinical waste container or given to the ward technician for re-cycling. The pharmacy department can advise on current guidelines regarding destruction.

Where the medication is the patient's property consent must be given to destroy their medicines and such consent is routinely documented in the Medicines Reconciliation document on HIS or in that section on the prescription charts where they are in use.

## **11 SUPPLY OF MEDICINES OUTSIDE NORMAL PHARMACY OPENING HOURS**

In the first instance the use of ward stock or patient's own drugs should be utilised. If a required medication is not available on the ward the administering nurse has the responsibility to ensure that the medication is obtained and administered as soon as possible. Only after this procedure has been followed should the on-call pharmacist be contacted for advice. Current Trust Pharmacy opening hours are published on the Pharmacy Intranet Page and further guidance is available in TW10-037 SOP 20 - Pharmacy On-Call Service.

## **12 EMERGENCY DRUGS SUPPLIES OUT OF HOURS**

- 12.1 The pharmacy intranet page contains a searchable spreadsheet detailing locations of all medication (including those located in the Omnicell at RAEI) held as stock on wards and departments on the RAEI site. This database must be consulted when prescribed medications are not available.
- 12.2 Wrightington Hospital has an emergency drug cupboard where medication can be accessed. Contact Duty Matron for directions and access if needed.
- 12.3 If an urgently required drug is not available through any of the above means and the procedure for obtaining medications outside pharmacy hours has been followed, the on-call pharmacist **may** be contacted via switchboard. Where the medication appears on the Critical List (as per TW10-37 SOP 5 – Omitted and Delayed Doses of Medicine) the on-call pharmacist **must** be contacted.
- 12.4 Ward stocks and temporary stock issues must not be given to patients to take home.
- 12.5 Wards where one-stop dispensing is in place may discharge the patient direct from the ward if a valid discharge prescription is in place and all the medication is present.

## **13 HUMAN RIGHTS ACT**

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

## **14 ACCESSIBILITY STATEMENT**

This document can be made available in a range of alternative formats e.g. large print, Braille and audio CD.

For more details, please contact the HR Department on 01942 77 (3766) or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk).