THE STATE HOSPITALS BOARD FOR SCOTLAND

THE SAFE USE OF MEDICINES POLICY

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Advisory Group	Medicines Committee	
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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked)	☒

Summary of changes within policy:

August 2024

The Safe Use of Medicines Policy has been reviewed and updated to become an overarching policy underpinned by the following procedures:

- Section 1: Prescribing Procedures.
- Section 2: Ordering and Storage of Medicines Procedures.
- Section 3: Medicines Administration Procedures.
- Section 4: Ordering, Storage and Administration of Controlled and Recorded Drugs Procedures.
- Section 5: The Use, Storage and Handling of Medical Gases (Oxygen) Procedures

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1 PURPOSE

The State Hospital Board for Scotland is responsible for establishing, documenting and maintaining effective systems to manage medicines safely and securely to meet patients' clinical need.

This is the approved Safe Use of Medicines Policy for healthcare professionals within the State Hospital. This document and associated procedures form part of the risk management process, and is an integral component of the hospital's clinical governance.

This policy and associated procedures must be followed to help reduce the potential for error and ensure patient safety and legal requirements are met.

2 ASSOCIATED PROCEDURES FOR SAFE USE OF MEDICINES

Section 1: Prescribing Procedures.

Section 2: Ordering and Storage of Medicines Procedures.

Section 3: Medicines Administration Procedures.

Section 4: Ordering, Storage and Administration of Controlled and Recorded Drugs Procedures.

Section 5: The Use, Storage and Handling of Medical Gases (Oxygen) Procedures.

All areas where medicines are handled / used must have procedures that meet legal requirements, are in line with national guidance, where applicable, and ensure risks to patients and staff are managed effectively.

3 POLICY STATEMENTS

1) Medicines management is multidisciplinary and involves predominantly doctors, pharmacy staff, nurses, managers and patients.

2) To ensure medicines are of the required quality, with systems in place to maintain the integrity of the supply chain.

3) To ensure clinical effectiveness and minimise risk to patients by ensuring medicines are available to the right patient at the right time.

4) To ensure medicine stocks are kept at an appropriate range and level to minimise wastage and are in line with recommendations and policies of the Medicines Committee.

5) To ensure medicines are prescribed in line with East Region Formulary and/or specialist formularies or have the required level of approval for use.

6) To ensure the quality and safety of medicines is maintained during transportation, storage and administration with due attention to health and safety considerations.

7) To minimise the risk of errors with the prescribing, administration and supply of medicines.

8) To ensure that training is given to support the prescribing, administration and supply of medicines.

9) To maintain an accurate record of the medicines prescribed, written in accordance with accepted standards and legal requirements.

10) To keep a record at every step where a medicine changes hands, and when it is administered or destroyed.

11) To minimise wastage of medicines.

12) To dispose of unwanted medicines safely, complying with legal, health and safety regulations.

13) All stationary used for ordering medicines is stored securely to prevent fraudulent use.

14) All incidents involving medicines are reported and investigated in line with incident management policy.

15) All medicines administered or supplied are prescribed by an authorised prescriber or are administered or supplied by an approved person operating within legal frameworks.

16) Medicines are only administered or supplied to patients by suitably competent practitioners, who can exercise professional accountability and judgement in the best interest of their patients.

4 DEFINITIONS

A medicinal product is defined in the Medicines Act (1968) as any substance being administered for a medicinal purpose.

Medicines may be categorised as follows:

a) Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968) including medicines used in clinical trials, unlicensed medicines, dressings, and medical gases.

b) Controlled Drugs (CDs) i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act.

c) Alternative medicinal products e.g. herbal or homeopathic remedies, which are used for therapeutic purpose.

In the context of this document 'registered healthcare professional' refers to any authorised person who is involved in prescribing or administration of medicines to patients. All healthcare professionals are accountable for their practice.

5 ACCOUNTABILITY, GOVERNANCE AND CONSENT

5.1 Accountability and governance in relation to the safe use of all medicines

All healthcare professionals are accountable for their own practice and must adhere to the guidelines or codes of conduct of their own professional bodies **in addition** to practicing in accordance with the State Hospital policies, guidelines and procedures.

For Nursing this includes Royal Pharmaceutical Society / Royal College of Nursing - Professional Guidance on the Administration of Medicines in Healthcare Settings and The Code – Professional Standards of Practice and Behaviour for Nurses and Midwives. This principle should apply to all healthcare professionals involved in the prescribing or administration of medicine and include guidance from the General Medical Council (GMC) or General Pharmaceutical Council (GPhC) as appropriate.

To be accountable requires knowledge and skills. It is the responsibility of every practitioner to ensure their knowledge and skills are both up-to-date and fit for safe and effective practice.

Medicines management encompasses all aspects of medicines use, from prescribing through to how medicines are taken by patients. There are several healthcare professionals, including doctors, pharmacists and nurses, involved in a multi-professional approach to medicines management; promoting high quality, evidence-based, cost-effective prescribing in line with local and national recommendations.

5.2 Medicines Committee

The Medicines Committee consists of a multi-disciplinary group of professionals including medical, pharmacy, nursing and clinical quality staff who primarily advise the hospital on the safe, effective and economic use of medicines via the production of policies, guidelines and procedures. Reviews of medicine expenditure and trends in prescribing are also completed.

5.3 Prescribing guidance

- The State Hospital supports and promotes use of the East Region Formulary, except for treatment of infections where the NHS Lanarkshire Antimicrobial Primary Care Guidelines are followed.

- Non-formulary prescribing is monitored. New medicines should only be prescribed when recommended by the Scottish Medicines Consortium (SMC) and funding sources have been established.

- Local clinical guidance includes use of unlicensed (and off-label) medicines and for those not approved by SMC (i.e. PACS2, IPTR) use of high dose antipsychotics, treatment of acutely disturbed or violent behaviour and psychotropic monitoring. The most up to date version of these guidelines can also be found on the intranet.

- Audit of these and other guidelines are completed through the Clinical Quality Programme of Work, including national benchmarking carried out by the Prescribing Observatory for Mental Health-UK (POMH-UK).

- New guidelines published by Scottish Government, NICE (National Institute for Health and Clinical Excellence) or SIGN (Scottish Intercollegiate Guidelines Network) regarding medication are reviewed for the hospital. National guidelines and other professional guidance in relation to medicine use will also be considered.

5.4 Non-Medical Prescribers (NMP)

A pharmacist registered as an independent prescriber on the General Pharmaceutical Council (GPhC) professional register may prescribe at the State Hospital. They can prescribe only within their competency and for which they are prepared to accept legal responsibility, including off-label medicines, unlicensed medicines and Controlled Drugs.

NMP Pharmacists must record any prescription, together with other details including consultation with the patient, in the patient record on RiO.

NMP Pharmacists must have the opportunity to maintain skills through regular practice and must be able to demonstrate Continued Professional Development (CPD) in this area of practice.

5.5 Consent to Treatment

Refer to the Standard Operating Procedure for Consent to Treatment: Compliance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003, available here.

The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding patient who lack capacity due to mental illness, learning disability, dementia or a related condition, relevant to medicines if covert medication required. Full covert medication guidance is available here.

5.6 Reporting suspected adverse drug reactions

The "Yellow Card" scheme is used in the UK to collect information on suspected side effects or adverse drug reactions (ADRs) from medicines.

The scheme is run by the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Commission on Human Medicines (CHM). Incidents can be reported at Yellow Card | Making medicines and medical devices safer (mhra.gov.uk).

5.7 Medicines Incident Recording

Refer to the Medicines Incident Procedure for Nursing, Medical and Pharmacy Staff, available here.

Medicines incidents are reviewed at the Medicines Committee and discussed at Patient Safety Group with the purpose of analysing for trends and identifying actions required to prevent recurrence.

6 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

The Medicines Committee will be responsible for the implementation and review of this policy and appropriate audits will be scheduled to monitor impact.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

The policy will be formally reviewed every 3 years, or sooner if required.

7 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies

and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

8 STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
Carers	N
Volunteers	N

9 REFERENCES

The work of NHS Lothian Pharmacy Services is gratefully acknowledged.

This policy reflects the legal responsibilities as defined in the:

- Medicines Act (1968).
- Misuse of Drugs Act (1971).
- Misuse of Drugs Regulations (2001).
- Controlled Drugs (Supervision of Management and Use) Regulations (2013).