Medicines Management

For Registered Medical Staff (all grades and specialties)

This self-directed learning booklet is designed to support safe and effective medicines use and provides the information required for the 3 yearly induction and update in Medicines Management. It addresses the questions most frequently asked by senior medical staff, shares learning from incident reporting and highlights good practice recommendations. There are summaries, sign posting via hyperlinked text and contact numbers throughout the booklet to help resolve medicines related problems. When you have read and understood the contents of this booklet please complete the competency statement and sent it to the Learning and Development Department so that your training record can be updated.

MEDICINES MANAGEMENT AND CONTROLLED DRUG POLICIES

Appropriate procedures to ensure the safe, effective and economic use of medicines are paramount and form a key component of clinical governance.

The Medicines Management Policy and Controlled Drug Policy are available on the HUB in an easily readable form. Ensure you are able to access these policies and are familiar with the sections of them that are relevant to your role.

The Medicines Management Policy identifies the role and responsibilities of each staff group when prescribing, supplying, administering, or storing medicines, together with the standards of practice expected. You may find it particularly useful to read the following sections:

-Your duties and responsibilities

-Prescribing medicines (Appendix 3)

-How medication errors occur

-How the organisation learns from medication errors

Similar to the Medicines Management Policy, the Controlled Drug Policy provides information specific to Controlled Dugs, their usage and governance.

It provides an overview of the legal requirements and good practice relating to Controlled Drugs in the Trust. It gives detailed guidance to ensure that the law is adhered to, security is maintained and counter fraud minimised. All outpatient and discharge prescriptions for CDs in schedule 2, e.g. morphine, methadone, oxycodone and schedule 3, e.g. tramadol, gabapentin, pregabalin, midazolam and the Schedule 5 CD morphine sulphate oral solution (Oramorph®)10mg/5mL are subject to prescription requirements.

Identification of Prescribers

All prescribers should be identifiable when documenting in medical records. Prescribed medicines on paper documents including drug charts and out-patient prescriptions must be accompanied by a signature, printed name and GMC registration number. Most prescribers have a stamp with their printed name and GMC number. These are available from Medical Staffing, so the prescriber can "Stamp and Sign". In the absence of a stamp the details should be hand written.

Allergies

The Trust requires all appropriate healthcare practitioners to enter known drug allergies and sensitivities on prescribing documents together with their manifestations or specify that there are no known allergies.

All prescribing documents include an allergy status section which must be completed. This entry should be initialled and dated or electronically verified. To help stop any preventable allergic reactions, prescribed medicines cannot be administered without this vital information. Any patient who is found to have an allergy must wear the red wristband at all times during their admission as outlined in the Patient Identification Policy

Oxygen Therapy

Oxygen is one of the most common medications givens within the hospital. Most patients who attend resus will be given oxygen as will those have presented with cardiac, respiratory or infective symptoms.

For this reason all patients on oxygen should have their oxygen prescribed on the chart. The prescription should include:

- Route of administration
- Flow Rate
- Device

One of the main side effects of oxygen is the drying and crusting of nasal and oral mucosa. This effect is more pronounced with higher flow rates. To combat this humidified oxygen may be used.

If oxygen therapy is used inappropriately there is a potential for serious harm and even death. An NPSA safety alert detailed the main safety concerns being the underuse / overuse of oxygen and found they are caused by inappropriate prescribing, monitoring and administration. Other issues which have been identified include confusion between air and oxygen outlets and problems with use of cylinders, including empty cylinders.

The NPSA has issued guidance on oxygen safety in hospitals and recommends a series of actions:

- Emphasizing the need to prescribe oxygen just as you would do with any other drug.
- Monitoring patients
- Use of oxygen cylinders is minimised on wards where possible, but when needed are ensured to have adequate supply of oxygen within them.
- Steps are taken to minimize risk of confusing air and oxygen outlets.

For further advice regarding oxygen queries please refer to the Dudley Respiratory Assessment Nurses (DRAS) team on Bleep 7010 or the on-call Respiratory Consultant.

ANTIMICROBIAL STEWARDSHIP

The Trust aims to ensure that antimicrobial stewardship operates across the whole organisation.

Are you antibiotic AWaRe?

AWaRe is a World Health Organisation (WHO) categorisation system designed to improve antibiotic stewardship and reduce antibiotic resistance. It divides antibiotics into three groups, Access, Watch and Reserve. It is important locally, nationally and internationally to optimise antimicrobial use by prescribing antibiotics on the 'Access' list and reducing the prescribing of treatments on the 'Watch' and 'Reserve' list.

The AWaRE categories have been used in the development of the Trust antimicrobial guidelines and it is important to prescribe and make recommendations in accordance with these guidelines.

The Trust is also committed to implementing two NHS Improvement schemes supporting the delivery of the UK Antimicrobial Resistance (AMR) national action plan. These are:

- A target for 2019/20 of reducing total antibiotic consumption by 1% from the 2018 baseline by the end of Q4 2019/20
- Commissioning for Quality and Innovation (CQUIN) indicators:

i. improving the management of lower urinary tract infections in older people - **Do not perform urine dipsticks for people over 65's with suspected UTIs**

ii. improving appropriate use of antibiotic surgical prophylaxis in elective colorectal surgery

48-72 Hours Antibiotics Review

To drive improvements in reviewing antibiotics, documented durations or review dates must be stated either in the medical notes or on the drug chart. The rationale for the decision to maintain a patient on an intravenous (IV) antibiotic must also be given, to prompt clinicians to switch to oral therapy during the 24 to 72-hour review where appropriate.

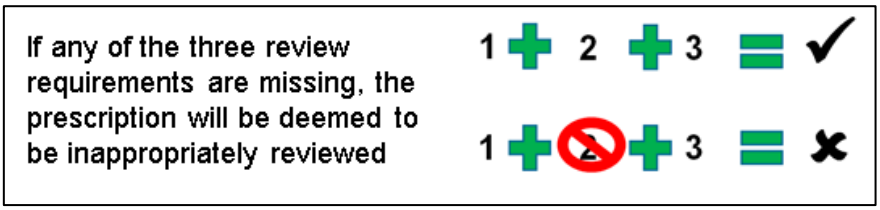
Review requirements as outlined in the NHS England CQUIN indicator document are:

1. **Reviewed by a competent clinician**

- Infection (infectious diseases/clinical microbiologist) senior doctor (ST3 or above)
- Infection pharmacist
- Senior member of clinical team (ST3 or above)

2. **Documented review of one of the seven options**
    - Stop
    - IV to oral switch with a documented review date or duration of the oral antibiotic
    - OPAT (Outpatient Parenteral Antibiotic Therapy)
    - Continue with new review date or duration
    - Change antibiotic with escalation to broader spectrum antibiotic with a documented review date or duration
    - Change antibiotic with de-escalation to a narrower spectrum antibiotic with a documented review date or duration
    - Change antibiotic e.g. to narrower/broader spectrum based on blood culture results with a documented review date or duration
3. **IV rationale (if continued)**
    - Patient is nil by mouth or not absorbing
    - No oral antibiotic option available
    - Patient not clinically improving
    - Deep seated infection
    - Based on microbiology/ID consultant/Infection Pharmacist advice

Failure to fulfil or document any of these three requirements will result in the prescription review being classed as having an inadequate antibiotic review.



Recent data suggest we are reviewing antibiotic prescriptions but because of the missing parameters the reviews are classed as inappropriate. Please document

review/stop dates and a further NEW review/stop date when the first review is being completed.

For further information on antimicrobial stewardship or prescribing advice see the Antibiotic Guidelines on the Hub/Microguide Smartphone App or contact:

Consultant microbiologist: Ext. 2056 or mobile via switchboard

Antimicrobial pharmacist team: Bleep 8018 or 8009

MEDICINES GOVERNANCE

Medicines Management Group is a Trust wide, multidisciplinary group for all aspects of medicines governance. Members agree and lead a medicines quality and safety programme in line with the Trust Quality Strategy. This encompasses a wide range of activities including:

- Leading on medicines risk management, including incident reporting and education and training
- Leading on development and implementation of medicines policy and management, working closely with Drug and Therapeutics Group
- Overseeing the formulary application process
- Receiving and signing off work plans from subgroups
- Responding to instructions from the Clinical Quality, Safety and Patient Experience Committee to progress/review actions arising from that Committee.

Groups which report directly to MMG group include Safe Medicines Practice Group (SMP), Thrombosis Group, Drug and Therapeutics Group, Medical and Non-Medical Prescribing Group, Antibiotic Steering Group and the Medical Gases and Piped Systems Group.

Medication Safety Officer (MSO)

The MSO role was created in 2014 following the publication of an NHS England patient safety alert which aimed to improve the quality and frequency of incident reporting for medication and medical devices. A key role of the MSO is to promote the safe use of medicines across the Trust and be an expert in this area. With

support from the SMP group the MSO oversees local medication incident reporting, investigating and learning. The MSO also acts as link between local actions to improve medication safety and national initiatives, as well as being an active member of the West Midlands Medication Safety Network.

If you have any questions, ideas or concerns about incident reporting, investigating and learning you can contact:

Principal Pharmacist Medicines Governance and MSO on Bleep 8001/Extension 2031 or Lead Pharmacist for Medicines Governance on Extension 2031.

Controlled Drugs Accountable Officers (CDAO)

Controlled drugs accountable officers (CDAOs) are responsible for all aspects of controlled drugs management within their organisation. All NHS Trusts must appoint a CDAO and their roles and responsibilities are governed by the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

The CDAO reviews all incident reports involving controlled drugs to ensure that these are investigated and resolved or referred. They attend regional CD LIN meetings (CD Local Intelligence Network) to share intelligence and ensure all reasonable steps are taken to improve patient and public safety with regards to the safe and secure handling, management and use of controlled drugs.

If you wish to discuss any incidents, complaints or concerns relating to CDs you can contact:

Ruckie Kahlon, Associate Director of Medicines Optimisation and Controlled Drugs Accountable Officer on Extension 2031.

Safe Medicines Practice Group (SMP)

The Safe Medicines Practice (SMP) Group meets monthly. Membership is multidisciplinary and meetings are chaired by the Trust's MSO. Its role includes:

1) Improving reporting and learning of medication error incidents;
2) Analysing incident data, audit and other data to identify, prioritise and address medication risks to minimise harm to patients;

3) Identifying, developing and promoting best practice for medication safety.
4) Coordinating education and training support to improve the quality of medication error incident reports and safe medication practices;
5) Assisting in development and review of medication-use policies and procedures.

The group produce a monthly occurrence report to quantify and identify themes from all medication incidents reported via the Trust's incident reporting (Datix) in order to:

- prioritise important actions to share learning and take action on preventable causes of adverse occurrence;
- provide assurance that incidents are reported and dealt with appropriately, including taking action in respect of such matters; and
- improve medication and patient safety

No-harm and near miss prescribing errors reported by pharmacists are currently recorded on Datix retrospectively and this data is summarised and presented quarterly at divisional meetings.

If you would be interested in joining this group or need to contact the MSO please email: DudleyGroupMSO@dgh.nhs.uk

Incident reporting and learning

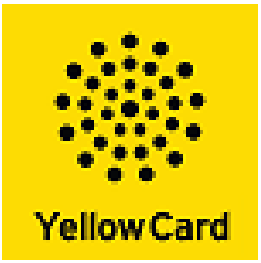
- All healthcare professionals are responsible for reporting incidents/errors/near misses relating to the use of medicines using The Dudley Group NHS FT Incident Reporting System & Serious Incident Reporting Policy.
- The Trust incident reporting system (Datix®) and policies are available via the Hub.
- Examples of situations that should be reported as patient safety incidents are included in the Medicines Management Policy

- All medication incidents reported via Datix® are automatically sent to the pharmacy team and reviewed by the Medication Safety Officer (MSO). The Safe Medicines Practice Group will identify trends and ensure reported incidents are used to reduce the likelihood of recurrence and minimise the risk of patient harm.

- Changes in practice and lessons learnt are shared across the organisation through mandatory and ward based training, communication through medicines link nurses in each clinical area and through senior and junior medical communication channels, providing the opportunity for individual practitioners to review their practice, improving it in line with the outcome of incident reviews.

MHRA Yellow Card Reporting Scheme

The Yellow Card Scheme is run by the MHRA. It collects, collates and investigates reports of suspected problems or incidents involving:



- Side effects of all healthcare products in the UK
- Medical device adverse incidents
- Defective medicines
- Counterfeit or fake medicines or medical devices
- Safety concerns for e-cigarettes or their refill containers

Reports can be made for all medicines including vaccines, blood factors and immunoglobulins, herbal medicines and homeopathic remedies and all medical devices available on the UK market. A pilot scheme has also been launched for healthcare professionals to report the effects of psychoactive substances (NPS) and other illicit drugs.

Reports, including admission relating adverse drug reactions, can be made through the Yellow Card website: https://yellowcard.mhra.gov.uk/

Patient Safety Alerts

Patient safety alerts are issued via the Central Alerting System (CAS) and cascaded through the organisation. Following a CAS alert, a working group of relevant healthcare professionals and safety experts will usually meet to discuss the best course of action to achieve compliance.

It is important that you are familiar with Patient (Medication) Safety Alerts/Signals from the National Patient Safety Agency (NPSA) and more recent alerts from the National Patient Safety Alerting System (NPSAS). It is expected that you adhere to and strengthen local measures that have been put in place to prevent harm and ensure that best practice is shared with others.

Recent work has focused on current CAS alerts and emerging risks identified through local medication incident reporting. This includes:

- Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met – Risk acknowledgement forms also available via Medicines Management Hub page and eBNF via Hub
- Oxygen safety in hospitals – See Medical Gases page on The Hub for local resources
- Restricted use of open systems for injectable medicines
- Potassium solutions – risks to patients from errors occurring during IV administration – also refer to the Trust Safety Controls for Strong Potassium Policy
- Insulin safety – Completion of the Safe use of Insulin e-learning programme is mandatory – see Statutory and Mandatory Training Hub page

MEDICINES SUPPLY AND AVAILABILITY

The Trust and local health economy have a medicines formulary – an agreed list of pre-scribable medicines. All prescribers are responsible for adhering to our formulary, which can be accessed via:

- The electronic BNF
- The Dudley CCG website

Applications to introduce new medicines onto the formulary are assessed through a joint process covering both primary and secondary care. This process assures the Trust that there is evidence to support the benefit, safety and affordability of the medicine.

For medicines used only with the Trust the application is reviewed at the Drug and Therapeutics Group (D&T). Any discussions concerning the prescribing of a medicine across the health economy should take place at the Dudley Area Clinical Effectiveness Committee (ACE).

If you would like to make a formulary application, please contact the PA to the Associate Director of Pharmacy for a new drug application form on extension **2213.**

To use a medicine in **a single, one-off clinically urgent case** where safety and efficacy can be shown and funding can be committed, a request can be made to the chair of the D&T group, Dr Philip Brammer (via e-mail or mobile). A Senior Pharmacist must also be made aware of this conversation in order to process the case. If a one off purchase is made, further supplies of that medicine will only be available following a full formulary application.

Specialised High Cost Drugs Prior Approval Scheme (Blueteq)

NHS England and Dudley CCG require that certain treatments require formal prior approval using the Blueteq system. This includes certain “high cost” cost drugs such as biologic therapies. The Trust implements approval forms to obtain prior approval for patients treated under the relevant commissioning policies. The Trust will only be reimbursed for a patient’s treatment where a patient meets the eligibility criteria via the Blueteq system and applications are regularly audited. Clinicans involved in the prescribing of treatments that require prior approval should have log-in access to the Blueteq system, this can be requested via a deputy chief pharmacist.

The High Cost Drugs Sub-Committee has oversight of the use of high cost medicines commissioned by Dudley CCG. This sub-committee monitors trends in usage, enables entry of new NICE-approved therapies and maintains the Blueteq system. For further help and advice about formulary issues contact:

Deputy Chief Pharmacist – Medicines Optimisation: Bleep 8016 or ext. 2031

Unlicensed Medicines

Unlicensed medicines are those which have been specially prepared by the holder of a Manufacturers Specials Licence or imported in response to or in anticipation of the order of a doctor or dentist to meet the special needs of individual patients. Unlicensed medicinal products are only used when no pharmaceutically equivalent licensed product or suitable alternative licensed product is available for use at the time the patient requires it. For more information regarding unlicensed medications, please refer to the Unlicensed Medicines Policy.

Essential Shared Care Arrangements (ESCA)

The aim of Essential Shared Care Guidelines is to provide information to General Practitioners about complex or high cost therapies that their patients may receive following specialist referral. Guidelines will only be written when it has been agreed that shared care is an appropriate option and will include a statement of Specialist and GP responsibilities. Shared Care Guidelines will ensure that all GP's have sufficient information to enable them to undertake prescribing responsibility for specialist therapies and other therapies which may affect/interact with specialist therapies. This guidance is not intended to be prescriptive and may be amended according to the individual clinicians view and patient circumstances.

You can access ESCAs relevant to your specialty via the Dudley Joint Medicines Formulary

Medicines Shortages

The NHS is facing unprecedented challenges with the medicines supply chain, with recent shortages of critical medicines including intravenous fluids, adrenaline Epipen® and enoxaparin injection. There are additional risks faced to the medicines supply chain with respect to a "no-deal" Brexit scenario and the implementation of the EU Falsified Medicines Directive (FMD).

In response to the recent increases in medicines shortages and in preparation for the possible impact of Brexit and FMD, the pharmacy department uses formal and structured approach to managing shortages with clinical engagement being an important aspect. Key shortages are highlighted to MMG on a monthly base via a

SBAR document to ensure that medicines shortages are formally escalated and discussed.

Immunoglobulin

For several years, there has been concern over availability of intravenous immunoglobulin (IVIG) to the NHS due to a global supply shortage and other issues specific to the UK. The Department of Health initiated a Demand Management Programme for immunoglobulin use that includes procurement, appropriate clinical use, and a national database.

The Trust has clear policy to manage the use of IVIG. This includes how to make a request for a patient, approval process, dosing and monitoring. It is important that this policy is followed to prioritise the use of IVIG in accordance with clinical guidelines and provide governance and assurance to commissioners.

Medicines Information (MI)

Medicines Information is a pharmacist-led service. It aims to support the safe, effective and efficient use of medicines by provision of evidence-based information and advice on their therapeutic use. National standards underpin the work of Medicines Information Pharmacists, who have both clinical expertise and specialist skills in locating, assessing and interpreting information about medicines.

Your local MI centre provides an enquiry answering service on all aspects of medicine use, including:

- Treatment choices
- Adverse reactions to medicines
- Interactions between medicines
- Administration and compatibilities of injectable medicines
- Dosing and administration
- Safety of medicines in pregnancy or breast-feeding
- Safety of medicines in impaired renal or hepatic function
- Evaluation of novel drug therapies

Please contact the Medicines Information department if you have any queries.
The Medicines Information service is available 9am- 5pm Monday to Friday
Ext: 2088/Direct line: 01384 244088/Email: dgft.medicines.information@nhs.net

Medicines Management Induction and Refresher Mandatory Training for Registered Medical Staff (all grades and specialties)

Please print this page or 'copy and paste' the statements below and send to:

Learning and Development, 2nd Floor Clinical Offices, Russells Hall Hospital or via email to: dgft.learning@nhs.net

Medicines Management Declaration

•I confirm that I have read the entire Medicines Management self-directed learning booklet for registered medical staff (all grades and specialties) and understood its contents.

•I understand that there are supporting policies and guidelines available on the Trust HUB to support the safe and effective prescribing and use of medicines.

•I confirm that I am aware of the Medication Safety Officer (MSO) and Controlled Drugs Accountable Officer roles (CDAO) and how to contact them

•I understand that I have a responsibility to report medicines management incidents on the Trust incident reporting system (Datix®) in line with the Trust incident reporting procedure

Print full name

Signature

Date completed

Position/Job Role

Department/Directorate