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Medicines Management and Prescribing Policy

Introduction

Practitioners and clinics will use a vast array of internal policies and procedures, but the most appropriate policies will always depend on the size and nature of the individual organisation. The policies are more effective if they are developed and reviewed on an ongoing basis with the involvement of staff, and are tailored to suit the specific needs of a clinic and its activities. However, some guidance and examples mean that you don't have to start from scratch.

TEMPLATE MEDICINES MANAGEMENT AND PRESCRIBING POLICY

Medicines management and prescribing in the UK are governed by a framework, of UK legislation and EU directives, policy (Department of Health) and professional standards (GMC, GDC, NMC, GPhC).

This policy addresses the process from prescribing through dispensing, storage, administration and disposal. There exists an extensive range of guidance on medicines management from a range of relevant bodies.

Policy Statement

This policy establishes best practice standards compliant with prevailing legislation, national guidelines and policy, and professional standards.

Responsibilities

Gurvinder Singh Najran shall be responsible for ensuring safe and secure handling of medications at GSN PHARM|AESTHETICS 57 High Street, Kings Heath, B14 7BH

All medications administered on the aforementioned premises(s) are administered on the personal authority of the prescribing clinician.

Purchasing, proper storage, recording and disposal of medicines is the responsibility of Gurvinder Singh Najran

Gurvinder Singh Najran is responsible to ensure suppliers are licensed.

Clinicians are responsible to ensure they only practice within scope of their competency and keep up to date with their knowledge and skills.

Prescribers must respect their role and responsibility where care is shared and manage communication and information sharing to ensure safe continuity of care.

Prescribing clinicians must act in accordance with legislation and national and professional standards, in particular, the Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016) which applies to both medical and non-medical prescribers across the professions.

Storage

- All medicinal products must be stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label.
- Medicines will only be stored in locked cupboards or a locked pharmacy fridge in a secure location, without unauthorized public access.
- Keys to medicines stores will be kept in a locked key cupboard when not in use.
- Only members of the clinical team will have access to medicines.

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Pharmacy Fridge

A daily record of fridge temperature is made in a logbook kept next to the fridge.

- Date and time
- Current temperature at time of recording
- Maximum temperature
- Minimum temperature
- Signature of the person making the record
- The fridge recording device will then be reset
- No medicines shall at any time be stored in a domestic refrigerator used for the storage of food
- The fridge temperature, unless otherwise stated, should be maintained between 2 and 8 degrees centigrade.
- Should the fridge temperature fall outside the stated range without obvious reason, the products from the fridge may be used as advised by the manufacturer, until the fault is investigated and repaired.

Storage and Supply of Medical Gasses

Gurvinder Singh Najran shall be responsible for the control of medical gas cylinders where used, including:

- Ordering of supplies
- Ensuring contract is in place for maintenance and refilling with named supplier.
- Safe storage, including chaining and appropriate warning signs where necessary.
- Use of medical gases shall be restricted for use by or on the order of a treating clinician with prescribing qualifications, or a registered nurse, under the emergency oxygen protocol.

Prescribing

- A prescriber is legally permitted and qualified to prescribe and takes the responsibility for the clinical assessment of the patient or client, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, and appropriate administration and follow up.
- Prescribers will have access to The British National Formulary to provide information about medicines and possible interactions.
- Where appropriate medicines will be used as specified within the published manufacturers data sheets.
- Where products are used outside licensed indications, patients will be informed this is the case.
- Unlicensed medicines are not used for cosmetic indications (MHRA)
- Patient group Directions are not used for cosmetic indications (MHRA).

Clinics that do not hold stock (not regulated)

The patient will be seen, assessed and consented by a qualified prescriber (name and registration number)

When a prescription is required

- The prescriber will write a prescription
- The prescription must include the following information;
- Date
- Name and address of the patient (date of birth is under 18)
- Name, dose, form, strength, frequency and route of administration of the medicine
- Details of any known allergies
- Any special requirements
- The prescription will be scanned/ faxed or sent electronically to a **licensed** pharmacy to be dispensed, the original copy will be posted and a copy retained for the patient records.
- On receipt of the patient specific medicine (appropriately labelled)
- The medicine will be stored according to the policy, on behalf of the patient, until it can be administered
- The medicine will be administered according to a patient specific direction recorded in the patient record.
- The medicine will only be administered to whom it has been dispensed.

Clinics that hold stock- Have a Clinical Director and registered with the Care Quality Commission (England) HIS (Scotland)HIW (Wales)

- Medicines may only be administered against a patient specific direction recorded in the patient record.
- Patient specific direction definition;

Written instructions from a doctor, dentist or non-medical prescriber for a medicine to be supplied or administered to a named person. This must be recorded in the patient or client's notes

- A patient specific direction may only be written by a qualified prescriber following a face to face consultation.

Administration of Medicines

- Medicines shall only be administered by the prescriber or delegated to an appropriately qualified, trained clinician who is judged competent in the administration of that medicine.
- Medicines shall only be administered against a properly completed, legible, patient specific direction, signed by the qualified prescriber.

The clinician administering must;

- Check the identity of the patient to whom the medicine is to be administered
- Check that the patient is not allergic to the medicine before administering it
- Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contraindications

- Check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- Check the expiry date of the medicine to be administered
- Have considered the dosage, volume where appropriate, method of administration, route and timing
- Must administer or withhold in the context of the patient's condition e.g. if the patient is unwell on the day, or their medicines or medical history has changed.
- Contact the prescriber or another authorized prescriber without delay where contraindications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- Where medication is not given, the reason for not doing so must be recorded

Record Keeping - The patient record

A record of the patient specific direction must include;

- Date
- Drug name
- Dose/volume
- Formulation
- Route of administration
- Reconstitution drug if relevant and volume.
- Site or indication for administration
- Signature and name printed, of prescriber
- Any special instructions

A record of administration

- Date
- Lot number and expiry date
- Detail of administration
- Signature of administering clinician

Procedure Log Book- a tool for audit

- Date
- Patient name or reference
- Drug/device used
- Dose/volume
- Site of or indication for administration

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- Administrator's signature
- Prescribers signature

Incident Book

- A record of any adverse events
- A record of any errors in drug administration

Disposal of Pharmaceutical Waste

- Pharmaceutical waste is disposed of in accordance with legislation.
- Pharmaceutical waste is disposed of in designated sharps bins.
- A yellow bin with orange lid for sharps and syringes contaminated with medicines
- A yellow bin with blue lid for unused or expired medicines and dermal fillers.
- Sharps and syringes contaminated with botulinum toxin must be deactivated with 10% sodium hypochlorite (bleach/Milton) before disposal in a sharps bin.

Protocol

Once administered, draw a small quantity of sodium hypochlorite into the needle/s and syringe/s used, inject into used vial and dispose of as per policy.

- A contract is in place with Direct 365 a provider approved by The Environment Agency for the disposal of group D- pharmaceutical waste. All duty of care transfer notes will be retained for a period of 8 years from the date of issue.

Adverse Incidents

- In the event of any suspected adverse drug reaction related to any medicines or medical devices administered to a patient or used to treat a patient, it shall be the responsibility of the treating clinician to submit a report to The MHRA under the yellow card scheme where appropriate.
- Reports can be made online at www.mhra.gov.uk
- Adverse events should also be communicated with manufacturer and insurer.
- Where appropriate or where further medical intervention is required, the patients family doctor should be informed, subject the patient’s consent.

Drug Safety Updates

- GSN PHARM|AESTHETICS is registered with the MHRA at www.mhra.gov.uk-online services, for email receipt of drug safety updates.

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- Updates will be reviewed by Gurvinder Singh Najran who will take action to ensure patient safety is maintained in response to relevant updates.
- Where appropriate all clinicians will be made aware of relevant updates.

Errors of Administration

Errors of administration could include;

- Medicine given to the wrong patient
- The wrong medicine given
- An incorrect dose given
- The wrong route of administration
- Failure to record an omission of administration

In the event of an error of administration, the following actions will be taken;

- Any necessary first aid or medical treatment will be given in accordance with instructions from the treating clinician.
- The registered manager will be informed
- A record of the incident will be recorded in the patient record
- In all cases an incident report will be completed.
- An investigation will be conducted and an action plan formulated to introduce necessary measures to prevent recurrence.
- The patient will be advised.

Audit

- On a (monthly) basis an audit of the medicines stored in the clinic will be recorded and retained to ensure correct balances remain.
- If any losses or discrepancies are identified an investigation will be undertaken and a report written. If necessary procedure protocols will be reviewed and amended.
- Emergency stock medicines will be checked (monthly) to ensure expired stock is replaced.

See Also: Infection Control Policy and Waste Management Policy, Managing Adverse Events Policy, Record keeping Policy, Confidentiality Policy, Delegation of administration of POMs policy.

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Ensuring the Effectiveness of the Policy

All staff members will receive a copy of the policy, and associated guidance notes. Existing and new workers will be introduced to the policy via induction and training. The policy will be reviewed annually and amendments will be proposed and agreed by the Gurvinder Singh Najran.

Non-Adherence

Breaches of this policy can result in referral to the appropriate statutory body and will be dealt with under the Grievance and/or Disciplinary procedures as appropriate.

Review Date; 05/10/2021

Further Reading

Legislation

- Controlled Waste (England and Wales) Regulations 2012
- Health and safety at Work Act (1974)
- HSE's COSHH website: www.hse.gov.uk/coshh/index.htm
- The Medicines Act 1968 and subsequent amends
- The Human Medicines Regulations 2012

Professional Standards

- Practitioners to review the professional standards required by their statutory body (GMC, NMC, GDC, GpHC)
- Good practice in prescribing and managing medicines and devices (GMC, 2013)

National Guidance

- Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016)
- Medicines Matters: A Guide to Mechanisms for the prescribing, Supply and Administration of Medicines (England) (NHS Specialist Pharmacy Service, 2018)
- See NICE Guidelines

Resources for Prescribers

- British National Formulary https://www.bnf.org/products/bnf-online/
- Electronic medicines Compendium (emc) https://www.medicines.org.uk/
- The Yellow Card Scheme (MHRA, 2012)
- https://yellowcard.mhra.gov.uk/
- https://www.gov.uk/.../the-yellow-card-scheme-guidance-for-healthcare-professionals

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