Sheffield Health and Social Care NHS Foundation Trust

Policy:

MD 018 LOCAL POLICY FOR SELF ADMINISTRATION OF MEDICINE (SAM)

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Summary of policy

This policy includes practice points relating to the process of self-administration of medicines across the rehabilitation and forensic services within SHSC NHS trust.

Target audience	Sheffield Health & Social Care FT staff, with reference to those working in rehabilitation services, forensic services and within the pharmacy department.

Keywords	Medication, Self-administration, Pharmacy

Storage & Version Control

Version 4 of this policy is stored and available through the SHSC intranet. This version of the policy supersedes the previous version (V3 January 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2.0	Review of Policy	07/2013	Version 2 of policy updated. Unclear when version 1 issued.
3.0	Review of Policy	01/2019	Full review completed as overdue.
4.0	Review of Policy	03/2021	Full review of policy as overdue.

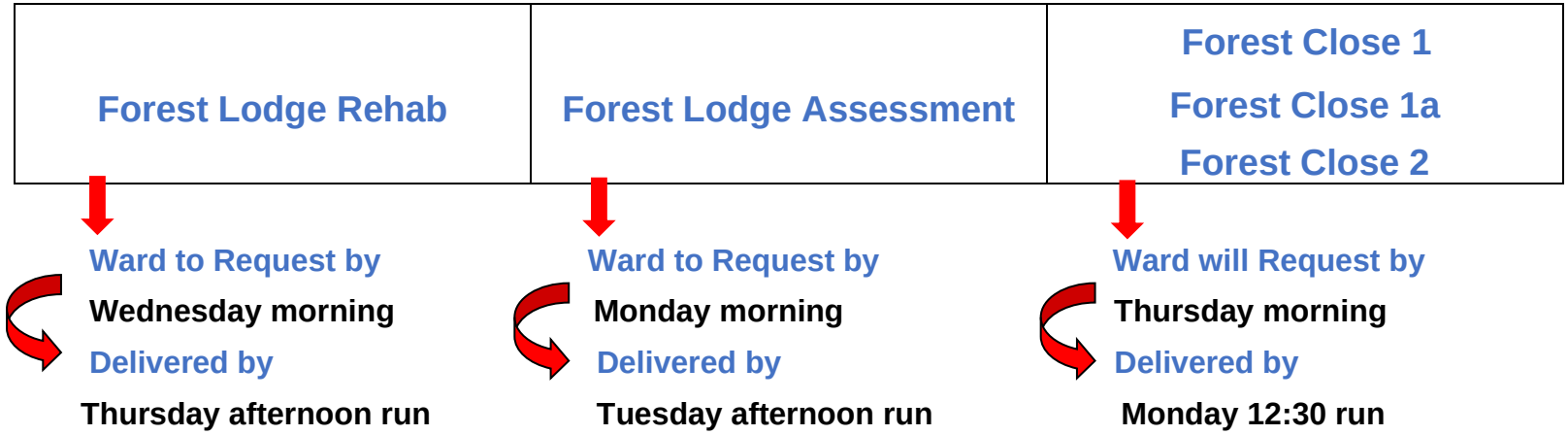
Contents

Flowchart

Overview of process:

Ordering Process:

Self-Administration of Medications (SAM) Stage Medications



Pharmacist will

1. **Print off Medication Administration Profile (MAP)**
2. **Clinically check requisition**
3. **Endorse with appropriate STAGE**
4. **Initial top sheet to mark you have clinically checked**

Pharmacy Technicians will

1. **Dispense All Stage meds as TTO's (name/direction)**
2. **Dispense according to Stage endorsed (see guide)**
3. **Place STAGE MED and address label on bag**
4. **Initial top sheet to mark you have dispensed**

TO BE INCLUDED in Stage Medication

- ✔ **All regular medications**
- ✔ **Non-Titrating medication**
- ✔ **Schedule 4 CDs (Zopiclone, Diazepam) IF REGULAR**

NOT TO BE INCLUDED in Stage Medications

- ☒ **When required (PRNs)**
- ☒ **Short course medication**
- ☒ **Once only medication Depots**
- ☒ **Controlled Drugs Schedule 2 or 3**

STAGE MEDICATION DISPENSING GUIDE

Stage 1	Stage 2	Stage 3	Stage 4
Medications supplied	**Medications supplied**	**Medications supplied**	**Medications supplied**
• 7 days	• 7 days	• 14 days	• 28 days
Medication Managed by	**Medication Managed by**	**Medication Managed by**	**Medication Managed by**
• Nurse	• Patient	• Patient	• Patient

1 Introduction

The Self Administration of Medication policy offers guidelines to mental health professionals working within rehabilitation and forensic services. A graduated process enables mental health professionals to work with people to enable a better understanding of medications; their uses and side effects and how they can impact upon symptoms associated with mental illnesses. These processes also aim to achieve concordance with medication regimes as non-compliance is often a key factor in relapse and/or readmission to hospital.

2 Scope

This is a local policy for rehabilitation and forensic services which has been produced to ensure a standardised, efficient, and safe self-administration scheme is in operation. This protocol applies to prescribed oral medicines. Other routes of administration may also be appropriate for self-administration e.g., topical, inhalers, or injections but their suitability would need to be discussed and agreed first by the multi-disciplinary team (MDT). It is designed as a staged process, beginning under the direct supervision of a nurse, and progressing to a point where the person safely and correctly stores and administers medicines independently.

3 Purpose

The purpose of this policy is to provide clear guidance on matters related to the management of self-administration of medication. This policy recognises that people with enduring mental health problems require:

- Opportunities to acquire greater levels of autonomy and independence within which the self-administration of prescribed medicine is an important aspect of the care process.
- Opportunities to appropriately prepare for discharge to the community where the self-administration of prescribed medicine is considered an essential part of an agreed programme of care towards achieving independent living.

It is essential that wherever self-administration of medicines is encouraged the management of such an approach should be in keeping with the following principles:

1. The environment of care within which the self-administration of medicines is being considered is appropriately assessed for risk and that secure individualised storage facilities are in place
2. The responsibilities of the multi-disciplinary team (MDT). The MDT retain the responsibility for safe, correct administration and for adequate and appropriate care as outlined within the relevant policies for the management of medicines.
3. An emphasis on support, facilitation and concordance should be the primary feature of self-medication approaches.
4. A measured change process involving the person and the clinical team at every stage should ensure that the acquisition of new skills is within the capabilities of the person.
5. Independence requires education; the pathway to self-administration requires knowledge and understanding of mental illness and the medicines used in

treatment. To acquire a safe and competent attitude towards medicines the person will have to understand and value their use from a personal perspective.

6. The maintenance of independent living is a continuous feature of professional caring whatever the setting. Support with and education for self-administration continues from hospital into the community.
7. Competence in self-administration will be measurable by the person's capacity to demonstrate knowledge and understanding of, and commitment to, the need to safely manage medicines whilst also carrying out the requirements of the prescription.

4 Definitions

SAM – Self administration of Medication

MDT – Multidisciplinary Team

5 Detail of the policy

This policy details the processes to be followed by rehabilitation and forensic services when considering whether service users would be suitable to start on self-administration of medications programme. This policy outlines the considerations that need to be made when supporting service users to safely and effectively self-administer medications.

6 Duties

Roles and responsibilities of the management team

- All wards that undertake self-administration must have a copy of the policy available. All staff that will be involved with self-administration must be confident to operate within the procedure.
- All wards must provide safe storage and mechanisms for appropriate documentation.
- The involvement of agency nurses is at the discretion of the nurse in charge, but only after local training has been undertaken.
- All wards partaking in the self-administration of medicines are responsible for ensuring that medications are ordered in a timely manner and distributed to service users as deemed appropriate.

Roles and responsibilities of the MDT

- The members of the MDT retain professional and legal responsibility for people's medication whilst in hospital.
- All self-administration programmes require careful and skilled management. It is important that all members maintain knowledge of their individual role as well as that of others within the multidisciplinary team.

Roles and responsibilities of the Pharmacy Department

- The pharmacy team are responsible for the safe and efficient supply of medications to the wards following receipt of medication request. In absence of requests not being sent to pharmacy on the specified day, pharmacy may then contact the ward to clarify if medication is needed.

7 Procedure

7.1 The environment of care

To effectively implement the practice of self-medication, within a practice area, an Environmental Risk Assessment must be completed, (Appendix A). The following issues must be addressed:

- All members of staff should be aware of and be able to articulate the principles of self-medication and the contents of the relevant polices concerning the management of medicines. This should be articulated within induction, preceptorship, and annual competence appraisal frameworks.
- All members of the care team should have a knowledge and understanding of the role of medicines in mental health care and the typical observations that would trigger concern related to the efficient and effective use of medicines.
- The facilities within the care environment used for the storage of medicines must be appropriate. This includes lockable wall mounted medicines cabinets within clinic rooms on the ward, or lockable individual use cabinets in service user's rooms.
- An appropriate administrative system capable of accounting for the process of self-administration of medicines must be in place.
- Provision of education strategies for people regarding their individual mental health presentations and the medicines they are expected to consume.
- Provision of education in the form of induction for new staff who may be unfamiliar with the approach to self-administration of medicines.
- Further risk assessment may be necessary when other factors may have a potential to compromise the success of the programme (e.g., interference from other people)

7.2 Preparation Stage

In all cases, the MDT must agree as to whether a person commences the programme, and an assessment form (Appendix B) must be completed. The service user must also agree to commence the programme and sign the consent form (Appendix C)

The MDT should be satisfied that the person is agreeable to undertake the self-medication programme and demonstrates a willingness to engage in discussions about personal mental health needs and the role of medicines. The MDT should make attempts to rationalise drug regimens prior to commencement of SAM, to maximise concordance.

If enhancements or adaptations (e.g., dosette boxes/large print labels) are required to facilitate the self-medication programme these should be identified within the assessment and documented accordingly. If a dosette box is required and thought by the MDT that this will improve adherence with medications both on the ward and on discharge, this should be discussed with pharmacy to assess stability of medications in a compliance aid. The service user should be deemed appropriate to independently fill the dosette box or do so under supervision with a nurse on a weekly basis from boxed medications supplied by pharmacy.

A person will be deemed unsuitable for this programme if they:

- currently exhibits or has recently exhibited suicidal behaviour

- is considered particularly vulnerable to relapse
- is confused
- has a history of drug or alcohol abuse, and associated risks still persist
- is acutely unwell
- frequent medication changes are anticipated, or medication is currently undergoing a titration.

The following drugs should not be self-administered:

- Drugs listed under Schedule 2 or 3 of the Control of the Misuse of Drugs Act
- Morphine sulphate solution 10mg/5ml
- Injections (Unless MDT decision made for the self-administration of insulin)
- Once only doses (stat doses)
- As required medication (prn)

Note: PRN medication is currently not incorporated into SAM protocol to minimise risk of developing medicines related incidents. This is because the amount of medication used daily is unable to be monitored.

If at any time the supervising nurse considers that the person is no longer able to self-administer safely, they should suspend the programme and advise the MDT of this as soon as possible. If the programme is aborted, this does not preclude the person re-embarking on it again.

Each person undertaking the SAM protocol will have a specific care plan which relates to the stage they are currently at. The programme will be reviewed as per this care plan by the MDT.

A medicines information chart or patient information leaflets will be provided by pharmacy on commencement of the SAM programme, initiation of a new medication, or on request.

A medication request template (Appendix L) must be completed with all medicine's information from JAC and used to order medication when requested.

7.3 Stage 1

During stage 1, service users will be fully supervised by the nurse and will not have independent access to medicines. Stage 1 care plan (Appendix D) must be completed.

Medication for stage 1 will be supplied by Pharmacy in weekly instalments. Medications will be stored on the ward's clinical area in the usual way (i.e. in drug trolley/cupboard).

Service users on stage 1 will approach nursing staff at the times of administration and the nurse will hand them the package(s). Any direct or indirect prompting needed should be recorded and discussed with the MDT.

The nurse will observe the service user taking the medicines and only intervene if the person is about to make an error.

The nurse will record the administration of the medicine(s) on the appropriate Administration Record Sheet for stage 1 (Appendix E), which should be kept in the stage medications file and will enter: a tick (√) if the person has taken the correct dose of each medicine safely and without prompting and a cross (X) if the person failed to administer safely or needed

prompting. As per the trusts electronic prescribing system JAC, medications are to be charted as ‘On SAM programme’.

Stage 1 will proceed for at least 2 weeks before the MDT reviews progress and considers if to advance the person to the next stage.
If after 4 weeks the person is not adhering to stage 1, SAM should be reviewed in MDT meeting.

7.4 Stage 2

During stage 2 the service user will have independent access to their medications. These will normally be stored in a secured locked box attached to a wall or substantial piece of furniture (e.g., wardrobe, chest of drawers) in the service users own bedroom on the ward. Each locked box will have its own key, which will be handed to the service user. The nursing staff will have either a duplicate or master key, to be held securely on the ward.

Stage 2 care plan (Appendix F) is applicable. Stage 2 medication will be ordered from Pharmacy and supplied in the form of 7 days’ supply and given to the service user.

Under supervision, the service user will check the medication, and sign the weekly administration record (Appendix G) to acknowledge the correct prescription.

The nurse will record on the appropriate Administration Record Sheet for Stage 2 (Appendix G) the amount of medication handed to the service user, and observe the service user locking the medication in the designated box. (The service user’s ability to store medicines safely should be checked and recorded).

Three times per week, according to the care plan, the nurse will count the medicines in the service user’s possession to assess accuracy of dosing. The findings of these checks should be recorded in the space provided on the administration record sheet, and in the service user record.

Stage 2 will proceed for at least 4 weeks before the MDT reviews progress and considers if to advance the person to the next stage.
If after 8 weeks the person is not adhering to stage 2, SAM should be reviewed in MDT meeting.

7.5 Stage 3

People who successfully complete stages 1 and 2 can progress to stage 3. Stage 3 allows a greater level of independence but gives nurses the discretionary right to monitor administering behaviour.

Stage 3 care plan (Appendix H) is applicable. During stage 3 the service user will be handed 14 days’ supply of medication to be stored by the service user as in stage 2

The nurse will use the appropriate Administration Record Sheet for Stage 3 (Appendix I) to record the dispensing of medicines to the person. If concerns arise, the programme can be suspended totally. Alternatively, any stage of the protocol can be re-started at the discretion of the MDT. Nursing staff will be responsible for monitoring and recording the adherence of service users on stage 3 and raising any concerns with the MDT. Twice a week checks should be regarded as a minimum for safe monitoring.

7.6 Stage 4

People who successfully complete stages 1, 2 and 3 can progress to stage 4. Stage 4 is a consolidation stage allowing a greater level of independence but giving nurses the discretionary right to monitor administering behaviour. It is anticipated that people will remain on this stage until a discharge plan is put in place.

Stage 4 care plan (Appendix J) is applicable

During stage 4 the service user will be handed 28 days' supply of medication to be stored by the person as in stage 2 and 3.

The nurse will use the appropriate Administration Record Sheet for Stage 4 (Appendix K) to record the dispensing of medicines to the person. If concerns arise, the programme can be suspended totally. Alternatively, any stage of the protocol can be re-started at the discretion of the MDT. Nursing staff will be responsible for monitoring and recording the adherence of service users on stage 4 and raising any concerns with the MDT. Twice a week checks should be regarded as a minimum for safe monitoring.

7.7 Lost Keys

If the service user loses the key, the nurse in charge:

- Must complete an incident form; and review with service user and MDT to elicit the causes and potential risks involved.
- Assess the environmental situation and either consider storing the medicine in the medicine's cupboard, or accompany service user to personal drug box, using the master key, until a new lock is in place.
- Contact estates department at earliest reasonable time to have replacement lock fitted.

7.8 Medication changes whilst on SAM programme

Pharmacy advice should be sought if an MDT decision is made to change doses of a medication. Ideally, these should be done no more frequently than weekly and in sync with the exchange date for medications. The new medication at the new dose will need to be ordered via the supply request sheet (Appendix L). Medication which is no longer required by the service user should be segregated from the rest of the medication and arrangements made for pharmacy to collect these at the next available opportunity.

7.9 Schedule 4 controlled drugs

Schedule 4 controlled drugs can be included within the supply of stage medication if the MDT deem this appropriate to be prescribed on a regular basis. On receipt of the medication, the patient named controlled drugs should be entered at the back of the controlled drugs register, as per the controlled drugs policy. Once these medications are on the service user possession or have been administered, these can be signed out of the register. Should concerns regarding misuse be identified, the appropriateness of stage medication should be reviewed.

7.10 Clozapine

Once a stable dose of clozapine has been reached, clozapine can be included in the supply of stage medication. Pharmacy should be made aware that the inpatient clozapine supply is to be made in this way. The frequency of blood tests needs to be considered when progressing through the stages (e.g., Stage 3 or 4 cannot be used if a service user requires weekly clozapine bloods)

7.11 Ordering and Supply

Ordering of stage medication will be using the pharmacy request template and will be the responsibility of the ward. Pharmacy requires the request with 48 hours' notice, however, will send the medication to the ward as soon as it is prepared.
Tablets and capsule medication will be sent using the exact quantity required dependant on the stage. Inhalers, creams, topical preparations, and liquids will be sent in the original pack size and therefore only require ordering with need. Items excluded from supply with stage medication are listed above in section 7.2

7.12 Other Medication Issues

Pharmacy advice should be sought if any medication issues arise during the stage medication process.

In the event of dropped medication, pharmacy needs to be made aware so that the issue of medication quantity can be rectified.

Appendix A: Environmental risk assessment form

Ward:……

Completed Environment Risk Assessment to be stored in the front of ward's Self-Administration File.

Signed: ……..

Print Name: ……...

Date: …….

Appendix B: Self-administration assessment form

Service User: …….

Self-Medication Environmental Risk Assessment	**Yes**	**No**
The ward has an up-to-date copy of the Trust policy relating to the management self-administration of medicines.		
All staff on the ward had received a formal induction or training session describing the policy and its underpinning principles.		
Ward staff have access to a pharmacist who is competent in supporting the principles of self-medication as described within the policy.		
Staff have access to a medical team who are competent in supporting the principles of self-medication as described within the policy.		
A profiling exercise of the service user population on the ward had informed the care team of potential risk for misuse of medications.		
The ward staff have access to the stationery required to manage the implementation of self-administration of medicines. (E.g., consent forms, care plans, admin records, request forms)		
For those people who may have the prospect of managing their own medicines a lockable cabinet had been securely located on a wall within their own bedroom environment.		
Attempts to rationalise medicine have been made prior to start of SAM.		

Insight Number: …….

Ward: ……...

Date of assessment: …….

	Yes	**No**	**N/A**
Is the service user able to read and understand medication instructions?			
Is the service user able to open medicine containers and blister strips?			
Is the service user able to open and pour medicine from medicine bottle?			
Is the service user able to swallow the medicine in the form available?			
Does the service user know what the medicines they are taking are for?			
Does the service user know the times and dose of the medication they are prescribed?			
Is the service user willing and motivated to participate in the programme?			
If prescribed, is the service user able to use topical/inhaled preparations safely?			

Any other comments:

Copy to be stored in service user file in wards self-administration folder and a copy scanned to Insight

Assessor Signature: …… (Nurse/Pharmacist)

Print Name: ……..

Date: …….

Appendix C: Self-administration consent form

Service User: ……...

Insight Number: …….

In participating in the self-administration of medication scheme:

- I understand why I am taking the medication, and I know the names and doses of my medication.
- I agree to take charge of my medication on a weekly/monthly basis.
- I understand that my participation in the self-administration programme will be reviewed regularly.
- I understand that I can change my mind and stop self-administration if I choose.
- I understand that if the staff decide that I should stop the self-administration programme, I will be informed.

Agreed with service user:

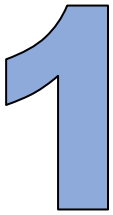
Service user signature: ……

Assessor Name: ……

Assessor Signature: …….

Date: ……...

Appendix D: Stage 1 Care Plan



Service User: …….. Ward: …….

Date commenced Stage one: …….

Desired Outcome:
Service user to learn to successfully to self-administer their medicines under direct nurse supervision.

Interventions:

1. Nurses to ensure that this service user's medicines are ordered weekly via pharmacy request sheet (Appendix L) as Stage 1 medications

2. Nurses to allow time for the person to approach and request medication, which are stored in a locked cupboard in the clinic room.

3. Nurses to provide the person with the medication when requested and allow them to take out the required amount(s), as per prescription, and medication label.

4. Stage 1 should be used as an assessment process to determine whether adaptations (e.g., large labels/pictorial directions) are required for the service user to progress through the programme.

5. Nurses to record, on the administration record sheet (appendix E), a tick (✔) for correct and safe administration, a (x) if they fail to administer safely, or (N) if prompting is required. Nurse to initial appropriate box below and record any comments in the given section. The nurse will again secure the packages in their place of storage. Service users will be prompted if they fail to attend for medication within one hour of prescribed time.

6. The nurse allocated on each shift will ensure that JAC and the administration record sheet is checked to ensure that no doses are overlooked by any party.

7. The self-administration programme may be suspended by the nurse at any time if they feel it is unsafe to proceed, and will consult with the rest of the team.

8. The self-administration programme will be reviewed weekly by the MDT. Stage 1 must run successfully for at least 2 weeks, before proceeding to stage 2.

Signature of nurse:……..…….. Date: ……..

Signature of service user:…….. Date……..

Appendix E: Stage 1 administration record

Service User: ……………………………… Insight Number: ……………..

Date commenced Stage 1:……..……………

Administration Codes:

✔ = Safely self-administered ✕ = Failure to administer safely **N** = Nurse prompting required

Week Commencing:………………………				
Date	Time	Admin Code	Nurse Initial	Comments
e.g.	8am	✔	AB	
	1pm	✔	AB	
14/12/2020	6pm	✔	AB	
	10pm	N	DR	Prompt lithium dose 2 tablets

Appendix F: Stage 2 Care Plan

Service User: …….. Ward: …….

Date commenced Stage two: …….

Desired Outcome:

For the service user to gain greater confidence and reliability in storing and self-administrating their medicines, which will be prepared to them weekly by nursing staff.

Interventions:

1. Nurses to ensure that this service user's medicines are ordered every 2 weeks via pharmacy request sheet (Appendix L) as Stage 2 medications

2. The service user will be provided with their medication on the same day each week by nursing staff, and at the same time will return any used packages and any unused medicines.

3. The nurse will ensure that the medicines and doses correspond to the JAC prescriptions and the service user and nurse will sign to say that this has been given/received on the pharmacy request sheet (Appendix L)

4. Three times each week at the nurse's discretion a count of the quantities of each medicine will be done to ensure that these are being taken appropriately. Findings will be recorded in the relevant section of the administration record sheet (appendix G), and if necessary, in greater length in the Insight notes.

5. The self-administration programme may be suspended by the nurse at any time if they feel it is unsafe to proceed and will consult with the rest of the team.

6. The self-administration programme will be reviewed by the MDT. Stage 2 must run successfully for at least 4 weeks before progressing to stage 3.

Signature of nurse:…….. Date: ……..

Signature of service user:…….. Date……

Appendix G: Stage 2 administration record

Service User: …… Insight Number: ……..

Date commenced Stage 2:……..……

Administration Codes:

✔ = Safely self-administered ✕ = Failure to administer safely **N** = Nurse prompting required

At least 3 spot checks per week should occur during stage 2

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments
e.g. 15/12/2020	8pm	✔	EN	All medication accounted for

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments

Appendix H: Stage 3 Care Plan

Service User: …….. Ward: ……

Date commenced Stage three: …….

Desired Outcome:

For the service user to gain greater confidence and reliability in storing and self-administrating their medicines, which will be prepared to them monthly by nursing staff. A high degree of independence is expected from the person.

Interventions:

1. Nurses to ensure that this service user's medicines are ordered every month via pharmacy request sheet (Appendix L) as Stage 3 medications

2. The service user will be provided with their medication on the same day every 4 weeks by nursing staff, and at the same time will return any used packages and any unused medicines.

3. The nurse will ensure that the medicines and doses correspond to the JAC prescriptions and the service user and nurse will sign to say that this has been given/received on the pharmacy request sheet (Appendix L)

4. Twice each week at the nurse's discretion a count of the quantities of each medicine will be done to ensure that these are being taken appropriately. Findings will be recorded in the relevant section of the administration record sheet (appendix I), and if necessary, in greater length in the Insight notes.

5. The self-administration programme may be suspended by the nurse at any time if they feel it is unsafe to proceed and will consult with the rest of the team.

6. The self-administration programme will be reviewed by the MDT.

Signature of nurse:…….. Date: ……..

Signature of service user:…….. Date……

Appendix I: Stage 3 administration record

Service User: …… Insight Number: ……..

Date commenced Stage 3:……..……

Administration Codes:

✔ = Safely self-administered ✕ = Failure to administer safely **N** = Nurse prompting required

At least 2 spot checks per week should occur during stage 3

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments
e.g. 15/12/2020	8pm	✔	EN	All medication accounted for

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments

Appendix J: Stage 4 Care Plan

Service User: …….. Ward: …….

Date commenced Stage four: …….

Desired Outcome:

For the service user to gain greater confidence and reliability in storing and self-administrating their medicines, which will be prepared to them monthly by nursing staff. A high degree of independence is expected from the person.

Interventions:

1. Nurses to ensure that this service user's medicines are ordered every month via pharmacy request sheet (Appendix L) as Stage 3 medications

2. The service user will be provided with their medication on the same day every 4 weeks by nursing staff, and at the same time will return any used packages and any unused medicines.

3. The nurse will ensure that the medicines and doses corresponds to the JAC prescriptions and the service user and nurse will sign to say that this has been given/received on the pharmacy request sheet (Appendix L)

4. Twice each week at the nurse's discretion a count of the quantities of each medicine will be done to ensure that these are being taken appropriately. Findings will be recorded in the relevant section of the administration record sheet (appendix K), and if necessary, in greater length in the Insight notes.

5. The self-administration programme may be suspended by the nurse at any time if they feel it is unsafe to proceed and will consult with the rest of the team.

6. The self-administration programme will be reviewed by the MDT.

Signature of nurse:…….. Date: ……..

Signature of service user:…….. Date……

Appendix K: Stage 4 administration record

Service User: …… Insight Number: ……..

Date commenced Stage 4:……..……

Administration Codes:

✔ = Safely self-administered ✕ = Failure to administer safely **N** = Nurse prompting required

At least 2 spot checks per week should occur during stage 4

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments
e.g. 15/12/2020	8pm	✔	EN	All medication accounted for

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments

Week Commencing:				
Date	Time	Admin Code	Nurse Initial	Comments

Appendix L: Pharmacy request template

Service User:…… Ward:……

Stage:	TICK ONE BELOW
Stage 1 (7 days medication supplied to nurses)	
Stage 2 (7 days medication supplied to service user)	
Stage 3 (14 days medication supplied to service user)	
Stage 4 (28 days medication supplied to service user)	

Date Regular Medications: (Not including depot's, controlled drugs (sch 2/3), prn)									
WARD USE									
Request sent to pharmacy:									
Medication checked upon receipt:									
Patient sign on receipt:									
PHARMACY USE									
Clinically checked by:									
Dispensed by:									
Accuracy checked by:									

Please date and tick items required. Quantities of tablets and capsules will be supplied according to the Stage. Please send request to pharmacy on specified day with 2 working days' notice.

Liquids, creams, topical preparations, inhalers, and patches will be supplied as 1 full pack. These only need to be ordered when required.

NRT is supplied to the ward as stock and therefore is not requested in this way.

EXAMPLE

Service User:…… Ward:……

Stage:	TICK ONE BELOW
Stage 1 (7 days medication supplied to nurses)	✔
Stage 2 (7 days medication supplied to service user)	
Stage 3 (14 days medication supplied to service user)	
Stage 4 (28 days medication supplied to service user)	

Date Regular Medications: (Not including depot's, controlled drugs (sch 2/3), prn)	04/01/21	11/01/21	18/01/21						
Lansoprazole 30mg OD	✔	✔	✔						
Aripiprazole 20mg ON	✔	✔	✔						
Metformin 500mg BD	✔	✔	✔						
Hyoscine Patch every 3 days	✔								
Lactulose 10ml BD	✔								
Lithium 400mg ON	✔								
Lithium 600mg ON (dose change)		✔							
Lithium 800mg ON (dose change)			✔						
WARD USE									
Request sent to pharmacy:	04/1 AG	11/1 KO	18/1 HE						
Medication checked upon receipt:									
Patient sign on receipt:									
PHARMACY USE									
Clinically checked by:									
Dispensed by:									
Accuracy checked by:									

Please date and tick items required. Quantities of tablets and capsules will be supplied according to the Stage. Please send request to pharmacy on specified day with 2 working days notice.

Liquids, creams, topical preparations, inhalers, and patches will be supplied as 1 full pack. These only need to be ordered when required.

NRT is supplied to the ward as stock and therefore is not requested in this way.

Appendix M: Medicines Information Chart

Service User:…… Ward:……..

Medication	Uses of medication	Dose Timings/Directions	Common Side Effects	Notes

- Patient information leaflets from choice and medication can also be utilised.

8 Development, Consultation and Approval

During the development of the updated policy, current service users participating in the stage medication policy were consulted.
All wards and teams with participation in the policy including ward managers, staff nurses, medical and pharmacy staff were invited to input thoughts into the current policy and opinions on the proposed changes. This feedback was considered when creating the draft version 4 policy.

Changes made in version 4:

- Authors & leads on policy updated. Version 4 created. New trust template/trust logo used.
- Forensic services added to wording of policy & removal of section 6.7 (forest lodge) to ensure continuity across sites.
- Addition of section relating to schedule 4 controlled drugs and detailing recording requirements of these
- Removal of old stage 2 medication (7 x 1 day medication) and replacement of stage 3 and 4 with 2 and 3 respectively. Stage 2: 1 weeks medication/Stage 3: 2 weeks medication. A new stage 4 medication has been created incorporating 4 weeks medication.
- Removal of section prn medication as repeat of earlier advice.
- Subheadings for medication changes whilst on SAM programme, schedule 4 controlled drugs and clozapine added.
- Ordering template for patients on Stage Medications created (Appendix L)
- Schedule 3 controlled drugs (e.g. pregabalin/temazepam) added alongside schedule 2 controlled drugs not to be included in stage medications. These should be ordered through ward supply (CD book)
- Flow diagram created outlining the policy processes.
- Medicine's information chart template created.

Draft guidelines were distributed for comments and feedback to ward areas forest close, forest lodge and pharmacy services.

Policy will be presented to the medicines optimisation committee with a plan for rollout including training of ward areas and pharmacy team and transfer of service users enrolled on the current self-administration of medication policy to match the new policy.

9 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is 30 November 2021.

10 Implementation Plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*
- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
e.g. Upload new policy onto intranet and remove old version	*Chief Nurse*	*01/12/2016* July 2021	*Completed 30/11/2016* July 2021
e.g. Make team aware of new policy	*Team manager*	*17/12/2016* July 2021	*On agenda for team meeting 17/12/2016* July 2021

11 Dissemination, Storage and Archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0				
2.0				
3.2				
4.0	July 2021	July 2021	July 2021	

12 Training and Other Resource Implications

The policy must include a consideration of any training and development requirements for its effective implementation. Where training needs are identified, these must be discussed with the Education, Training and Development Team and reflected in the Trust's Training Needs Analysis.

Other resource implications to consider include the cost of dissemination and any new job roles or functions which are not in current job descriptions or work plans.
Any anticipated savings and efficiencies as a result of implementing the policy should also be considered.

13 Links to Other Policies, Standards (Associated Documents)

Medicines Optimisation Policy.

14 Contact Details

Title	***Name***	***Phone***	***Email***
Pharmacist	Katie Porter	0114 271 8632	katie.porter@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Name/Date:	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			
Pregnancy and Maternity			

Race			
Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	Y
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Y
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Y
5.	Has the policy been discussed and agreed by the local governance groups?	Y
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Y
	Template Compliance	
7.	Has the version control/storage section been updated?	Y
8.	Is the policy title clear and unambiguous?	Y
9.	Is the policy in Arial font 12?	Y
10.	Have page numbers been inserted?	Y
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Y
	Policy Content	
12.	Is the purpose of the policy clear?	Y
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Y
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Y
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Y
16.	Does the policy include any references to other associated policies and key documents?	Y
17.	Has the EIA Form been completed (Appendix 1)?	Y
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	Y
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Y
20.	Is there a plan to i. review ii. audit compliance with the document?	Y
21.	Is the review date identified, and is it appropriate and justifiable?	Y