MEDICINES OPTIMISATION POLICY
(M-006)

Version Number:	5.1
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Executive Lead (name & job title):	Dr Kwame Fofie, Medical Director
Name of approving body:	QPaS
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Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	*QPaS – 7 September 2023*
Date EMT as approving body notified for information:	*September 2023*

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION

This is an overarching policy that defines the procedures, protocols and guidelines to be followed within Humber Teaching NHS Foundation Trust (HTFT) for the prescribing, ordering, dispensing, transport, preparation, administration, monitoring, storage and disposal of medicines.

2. SCOPE

This policy applies to all staff employed by HTFT, who have any dealings with medicines. These include staff who are seconded into the Trust, staff who are on clinical placement, locums, trainees, student nurses, all grades of medical staff, bank staff and agency staff.

3. POLICY STATEMENT

In line with the NICE Guideline (NG5*) Medicines Optimisation: the Safe and Effective Use of Medicines to Enable the Best Possible Outcomes*, HTFT is committed to ensure our patients obtain the best possible outcomes from their medicines through a person-centred and evidence-based approach to safe and effective use of medicines.

4. DUTIES & RESPONSIBILITIES

4.1. Chief Executive

The Chief Executive is responsible for ensuring that a policy for the safe and effective use of medicines is in place.

4.2. The Medical Director

The Medical Director ensures that all medical staff, allied health professionals and other staff within the Medical Directorate are aware of and operate within this policy.

4.3. Director of Nursing

The Director of Nursing ensures that nursing staff within all services are aware of and operate with this policy.

4.4. Clinical Director

The Clinical Care Director ensures that all clinical staff are aware of and operate with this policy.

4.5. Chief Pharmacist & Controlled Drugs Accountable Officer

The Chief Pharmacist is responsible for optimising the use of medicines within the Trust, ensuring that the relevant standards relating to medicines optimisation set by the Care Quality Commission (CQC) and the National Institute for Health and Clinical Excellence (NICE) are achieved. The Chief Pharmacist is also the Controlled Drugs Accountable Officer (CDAO) who is responsible for the safe and effective use of Controlled Drugs within the Trust.

4.6. Deputy Chief Pharmacist, Principal Pharmacists, Clinical Pharmacists and Medicines Information Pharmacist

These pharmacists are responsible for:

- Building up and implementing a portfolio of evidence-based prescribing guidelines and pathways.
- Ensuring medicine use, monitoring and review are evidence-based and in accordance with best practice, legal and statutory requirements, and national, regional and local guidance.
- Promoting, reinforcing and implementing the decisions made by the Drug & Therapeutics Group.

- Providing and coordinating the provision of accurate and evidence-based information, education and training in medicines optimisation to other professionals and patients/carers.

4.7. Chief Technician and Pharmacy Technicians

These Technicians are responsible for:

- Ensuring the safe and effective medicine stock control, handling and storage at all in-patient units and community team bases by providing advice and support to the units and teams
- Leading and developing a series of training sessions and an e-learning package for nurses and other health and social care professionals on the safe and secure handling of medicines
- Supporting Clinical Pharmacist in liaising with primary and secondary care teams regarding medicine management issues
- Improving and maintaining a medication incident reporting system in conjunction with the Medication Safety Officer and the Risk Management Department to enable learning and management of medicine-related patient safety incidents.

4.8. Prescribers

Prescribers should ensure that their prescriptions are evidence-based and in line with good practice. They should be aware of and operate within the standards set by the Drug and Therapeutics Group. They should ensure that effectiveness and side effects of medicines prescribed are monitored according to national, regional and local guidance. When this responsibility is delegated (e.g. to nurses or GPs), the prescribers must ensure that the delegation is in accordance with a local agreement (e.g. Prescribing Framework).

4.9. Medicines Safety Officer

In line with the MHRA Stage 3 Patient Safety Alert Improving Medication Error Incident Reporting and Learning, the Medication Safety Officer (MSO) is responsible for promoting the safe use of medicines across the Trust. The MSO is responsible for the implementation of local and national medication safety initiatives, as well as being responsible for improving and maintaining effective medication incident reporting across the Trust in conjunction with the Risk Management Department and in accordance to Trust Risk Management Strategy.

4.10. Non-Medical Prescribing (NMP) Lead

The NMP lead is responsible for ensuring that all non-medical prescribers are aware of and operate within this policy and the non-medical prescribing policy.

4.11. Medicines Optimisation Nurse

The Medicines Optimisation Nurse ensure HTFT nurses adhere to the medicine management standards within the Nursing Midwifery Council (NMC) code of practice or equivalent, and within this policy
http://www.nmc.org.uk/standards/code/

4.12. All Clinical and Support Staff

All staff who have any dealings with medicines must be aware of and operate within this policy.

4.13. Drug and Therapeutics Group (DTG)

The Drug and Therapeutics Group reports to the Quality and Patient Safety Group.

The Group

- Approves and monitors the implementation of all medicine-related policies, standard operating procedures, frameworks, protocols and guidelines
- Approves and monitors action plans to achieve medicine-related standards issued by the National Institute for Health and Clinical Excellence (NICE), Medicines and Healthcare Products Regulatory Agency (MHRA), Care Quality Commission (CQC), NHS Resolution (formerly NHS Litigation Authority) and any other relevant organisations.
- Monitors and reviews the use of medicines including the appropriate use of antibiotics.
- Approves the use of new medicines for use within HTFT, taking into consideration the decision made by the Area Prescribing Committee and the commissioners.
- Monitors and anticipates the trends of expenditure associated with medicinal use.
- Approves and monitors action plans to address medicine-related adverse incidents or near-misses
- Advises the Trust on all medicine-related matters

5. PROCEDURES

All staff who have any dealings with medicines, including the prescribing, ordering, dispensing, transport, preparation, administration, monitoring, storage and disposal of medicines, are expected to adhere to all HTFT policies, procedures, protocols and guidance relating to safe and effective use of medicines

6. EQUALITY & DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

7. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents or equivalent superseding document.

Medicine-related training needs are identified through supervision and adverse incident reports.

This and all the associated HTFT policies, procedures, protocols and guidance are published on the Medicines Management Intranet site.

Safe and Secure Handling of Medicines which provides an overview of this policy is part of the Compulsory Induction Programme for all new staff joining HTFT. A series of more comprehensive training courses on safe and secure handling of medicines are advertised by the HTFT Training Department.

Medicines Optimisation competency based programme supports the implementation of this policy.

Medicine Optimisation Educational Pathway for Practitioners:

New clinical staff to Humber Teaching NHS Foundation Trust who will administer medicines – to complete before administering medicine unsupervised	
Element	Method / frequency
Proven successful completion of the e-learning module Medication Optimisation.	E-learning module, accessed via ESR.
Proven successful completion of the Medication Awareness training.	Face to face training facilitated by Medicine Optimisation Nurse, bookable via ESR following completion of the above e-learning module.
Proven competence with the Trust's annual medicine administration core competencies.	Complete Trust's Annual Medicine Administration competencies. Clinical Competency - Annual Medicine Administration (humber.nhs.uk)
Clinical staff who administer medicines	
Element	Method / frequency
Proven successful completion of the Trust's Medicine Optimisation Programme when commencing employment.	Evidence gained from ESR that all elements of the above medicine optimisation programme have been successfully completed previously.
Proven competence with the Trust's annual medicine administration core competencies.	As per role requirement, each year complete Trust's Annual Medicine Administration competencies. Clinical Competency - Annual Medicine Administration (humber.nhs.uk)

8. MONITORING & AUDIT

All the associated policies, procedures and guidelines will be considered as part of the Trust's Audit Programme.

Pharmacists monitor prescribing practice on the wards and in community teams according to this policy to ensure that medicines are prescribed safely and effectively. They ensure that patients are monitored by the clinical team for the effectiveness and side effects of medications prescribed. Pharmacists record all interventions relating to prescription on Lorenzo or SystmOne.

Pharmacy Technicians monitor the adherence to the *Safe and Secure Handling of Medicines Procedures* by carrying out regular audits on in-patient units and community team bases. Standards of medicines management are also monitored regularly through an electronic monitoring programme, e.g. *MyAssure* etc.

Medicine-related adverse incidents reported to the Risk Management Department are reviewed by the Medication Safety Officer. The root-cause-analyses and actions carried out by the line managers of the persons reporting medicine-related adverse incidents are reviewed. Further enquiries, investigations and actions will be carried out when necessary to mitigate against the risk of similar incidents.

Medicine-related adverse incidents are also reviewed by the Clinical Risk Management Group which fulfils the role of medication safety committee as required by the MHRA Stage 3 Patient Safety Alert *Improving Medication Error Incident Reporting and Learning*. The Group discusses the root causes, monitors trends, agrees learning points and if necessary makes further recommendations to reduce the risk of similar incidents.

9. REFERENCE

- NICE Guideline (NG5) *Medicines Optimisation: the Safe and Effective Use of Medicines to Enable the Best Possible Outcomes*
- MHRA Stage 3 Patient Safety Alert *Improving Medication Error Incident Reporting and Learning*

10. RELEVANT HTFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

- Safe and Secure Handling of Medicines Procedures
- Ward-based dispensing SOP
- All relevant policies, procedures, protocols and guidelines listed on the Medicines Management Intranet site:
  Medicines Management (humber.nhs.uk)

Appendix 1 - Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	This policy applies to all staff employed by HTFT, who have any dealings with medicines. These include staff who are seconded into the Trust, staff who are on clinical placement, locums, trainees, student nurses, all grades of medical staff, bank staff and agency staff.		
Consultation/ Peer Review:	Date:	Group / Individual	
list in right hand columns consultation groups and dates -	27 July 2023	DTG	
	9 August 2023	PHMD Group	
Approving Body:	EMT	Date of Approval:	September 2023
Ratified at:	Board	Date of Ratification:	29/09/2023 (v5.0)
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [x]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [x]	Internet [ ]	Staff Email [ ]
Master version held by:	Author [ ]	HealthAssure [x]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
Monitoring and Compliance:			

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.1	*Review*	*01/02/09*	*Approved document D & T 29/1/09, ratified Governance Committee February 2009*
2.0	*Review*	*28/07/10*	*Changes to document approved D & T 28/7/10*
2.2	*Review*	*24/11/10*	*Changes to document approved D & T 24/11/10*
2.3	*Review*	*28/07/12*	*Minor changes approved D & T 28/7/12 and Governance Committee approved changes 3/9/12*
2.4	*Review*	*03/12/12*	*Minor changes following NHSLA Support Visit*
3.0	*Review*	*27/08/15*	*Title of policy changed (formerly Safe & Effective Use of Medicines Policy). General update in line with NICE Medicines Optimisation Guideline (NG5) and new Trust operational structure.*
4.0	*Review*	*26/04/18*	*Updated the name and role of Drug and Therapeutics Group (DTG); Including Perfect Ward App under Section 10 Monitoring & Audit*
5.0	*Review*	*27/09/21*	*Minor updates on job titles and adding dispensing to the list of tasks. Including Ward-base Dispensing SOP on the list of References*
5.1	*Review*	07/09/23	*Addition of Medicine Optimisation Educational Pathway for Practitioners to section 9. Approved at QPaS (7 September 2023).*

Appendix 2 - Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Medicines Optimisation Policy**
2. EIA Reviewer (name, job title, base and contact details) **Dr Weeliat Chong, Chief Pharmacist, Trust HQ**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service This is an overarching policy that defines the procedures, protocols and guidelines to be followed within Humber Teaching NHS Foundation Trust (HTFT) for the prescribing, ordering, dispensing, transport, preparation, administration, monitoring, storage and disposal of medicines. .		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? **Equality Impact Score** Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no age group is adversely affected by this policy
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no disability is adversely affected by this policy
Sex	Men/Male, Women/Female	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no sex/gender group is adversely affected by this policy
Married/Civil Partnership		**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that marital/civil partnership status is not adversely affected by this policy
Pregnancy/ Maternity		**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that pregnancy/maternity status is not adversely affected by

			this policy
Race	Colour, Nationality, Ethnic/national origins	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no racial/ethnic group is adversely affected by this policy
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no religious/belief group is adversely affected by this policy
Sexual Orientation	Lesbian, Gay Men, Bisexual	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that sexual orientation is not adversely affected by this policy
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	**LOW**	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that a person with gender re-assignment is not adversely affected by this policy

Summary

Please describe the main points/actions arising from your assessment that supports your decision above			
This policy ensures that all of our patients obtain the best possible outcomes from their medicines through a person-centred and evidence-based approach to safe and effective use of medicines.			
EIA Reviewer	Dr Weeliat Chong		
Date completed;	01.07.2023	Signature	*Weeliat Chong*