

PILOT STANDARD OPERATING PROCEDURE AUTHORISATION OF LEAVE PRESCRIPTIONS BY MEDICINES OPTIMISATION TECHNICIANS

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Safe and Secure Handling of Medicines

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Sept 2023	<i>New SOP. Approved at Drugs and Therapeutics Group (28 September 2023).</i>
1.1	Jan 2024	<i>Removed reference to pilot Updated section 4.3 to include OTC medication Updated section 4.7 to reflect technicians who are authorised to use this SOP. Approved at Drugs and Therapeutics Group (25 January 2024).</i>

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1. INTRODUCTION

This standard operating procedure (SOP) aims to ensure patients on Mental Health in-patient units/wards receive medication for periods of leave safely and efficiently.

2. SCOPE

This SOP applies to selected Medicine Optimisation Technicians, (named in section 4.7) employed by the Trust, who will be responsible for authorising leave prescriptions to facilitate the supply of medication to patients for periods of leave.

3. DUTIES AND RESPONSIBILITIES

Chief Pharmacist and 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.

Clinical Pharmacists

These Pharmacists are responsible for ensuring prescribed medications have been assessed as clinically appropriate via clinical verification (Lorenzo)

Ward-Based Medicine Optimisation Technicians

These Medicine Optimisation Technicians are responsible for transcribing leave prescriptions on Lorenzo and authorising the leave document where appropriate.

Non Ward-Based Medicine Optimisation Technicians

These Medicine Optimisation Technicians will be responsible for authorising leave documents where required.

Practitioner

A member of staff who is competent in the safe and secure handling of medicines and medicines optimisation.

It is the responsibility of the practitioner to ensure that all medication supplied to a patient/carer at point of leave corresponds with the leave prescription form and that the patient/carer understands the medication being supplied, as per [Safe and Secure Handling of Medicines Procedure](#).

4. PROCEDURES

The process of producing a leave prescription is a separate process to authorising the document. The two processes have to be performed by separate people, at least one person involved in the process should be familiar with the patient.

A Medicines Optimisation Technician can only authorise a leave prescription if all items on the prescription are verified by a pharmacist on the in-patient chart.

4.1. Producing a Leave Prescription

- Check medication on the in-patient tab has been clinically verified by a pharmacist.
 - If the medication has not been clinically verified, request that a pharmacist completes the verification.
- Suitably trained Medicine Optimisation Technician transcribes appropriate medication onto the leave tab of Lorenzo.
- Date of leave entered for each item

- Number of days leave entered into technically validate comments for each item
- Request authorisation of leave document via MS Teams chat

4.2. Authorisation of Leave Document

- Whilst on the leave tab, click on clinically verify
- Check that the medication on leave is the same as the inpatient medications
 - Ensure that the dose and strength are the same
 - Ensure that no depot is prescribed on leave
- Check for PRN medication, Medicines Optimisation Technicians can only validate those listed in section 4.3
 - If other PRN medication are listed on the leave prescription, contact a pharmacist to verify the prescription.
- Click the calendar on the leave medication section – a new tab will open – click technically validate to add the quantity to the leave medication – click ok – then ok again
- Complete the authorisation process by clicking “Finish”
- A printer selection page will open – on this page, click cancel and a pop-up message will appear ‘you are able to cancel this activity, are you sure’ – click yes

4.3. As Required (PRN) Medication

Medicines Optimisation Technicians cannot authorise a leave prescriptions for PRN medication unless listed below:

- Salbutamol inhaler
- GTN Spray
- Buccal Midazolam
- Lubricating eye drops
- Emollients
- Adrenaline auto-injectors
- The medicine prescribed as PRN is available over the counter.

Note: these must be prescribed and clinically verified on the in-patient chart.

4.4. Controlled Drugs

Leave prescriptions containing controlled drugs are to be produced as per section 4.1 to 4.3 however, before preparing and supplying the medication, the prescription must be printed and signed by either the nurse in charge or prescriber/pharmacist.

4.5. Preparing and labelling the medication

As per the [Ward Based Dispensing Procedure Proc483.pdf \(humber.nhs.uk\)](#)

4.6. Issuing the leave medication to the patient

As per section 10 of the [Safe and Secure Handling of Medicines Procedures Proc431.pdf \(humber.nhs.uk\)](#)

4.7. Authorised Technicians

Only selected technicians can authorise leave documents. These are:

- Joe Clubb (Principal Pharmacy Technician)
- Wendy Hornsby (Principal Pharmacy Technician)
- Eleanor Wastling (Medicines Optimisation Technician)

The Technician who authorises the document is responsible for recording this on a spreadsheet located here [V:\CorporatePharmacy\Pharmacy Team\Shared\Projects\Authorisation of Leave](#)
This list will be reviewed periodically by the Principal Pharmacist.

5. REFERENCES

Safe and Secure Handling of Medicines Procedure
Ward-based Dispensing SOP

Appendix A: Equality Impact Assessment

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

1. Document or Process or Service Name:

2. EIA Reviewer (name, job title, base and contact details):

3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

Main Aims of the Document, Process or Service
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? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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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	This SOP is consistent in approach regardless of age.
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 (including cancer, HIV, multiple sclerosis)	Low	This SOP is consistent in approach regardless of disability.
Sex	Men/Male Women/Female	Low	This SOP is consistent in approach regardless of sex/gender.
Marriage/Civil Partnership		Low	This SOP is consistent in approach regardless of relationship status.
Pregnancy/Maternity		Low	This SOP is consistent in approach regardless of pregnancy/maternity status.
Race	Colour Nationality Ethnic/national origins	Low	This SOP is consistent in approach regardless of race.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is consistent in approach regardless of religion or beliefs.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	This SOP is consistent in approach regardless of sexual orientation.
Gender Reassignment	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	This SOP is consistent in approach regardless of the gender the individual identifies as.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
EIA Reviewer: Leanne Bloor	
Date completed: 21/09/2023	Signature: L.Bloor