

STANDARD OPERATING PROCEDURE TRANSCRIBING WITHIN WHITBY, POCKLINGTON, SCARBOROUGH AND RYEDALE COMMUNITY NURSING TEAMS

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

CHANGE RECORD

Version	Date	Change details
1.0	Sept 2022	New SOP. Approved at Drug and Therapeutics Group (29 Sept 2022).
1.1	28 Sep 2023	Reviewed. Minor amend to Scope (section 2) relating to practice in transcribing for V100/V150 prescribers. Approved at Drug and Therapeutics Group (28 Sept 2023). EIA completed (03/10/23).
1.2	November 2023	4.4 Rewording of process to follow when transcribing insulin. Approved at Drug and Therapeutics Group (30 November 2023).

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1. INTRODUCTION

Community nursing teams within Humber Teaching Foundation Trust (HTFT) are required to administer some prescribed medications including injections, via subcutaneous or intramuscular route, to patients within their own homes. A completed and signed Humber Teaching Foundation Trust Medication Administration Record (MAR) chart is required to administer any of these medications and needs to have clear instructions for the administering registrant to follow including drug, strength, dose, route, and time as well as patient demographics and allergy status.

As the community nurses at Whitby, Pocklington, Scarborough, and Ryedale cover a wide geographical area, it is often difficult to locate a non-medical prescriber (NMP) on duty within the Trust or a prescriber from the patient's GP surgery to write a HTFT MAR chart. Sourcing and travelling to places for the purpose of writing MAR charts or re-writing any full MAR charts is valuable time and resources taken away from delivering direct patient care and can result in delay in the patient receiving their medication. Alternatively, this can sometimes result in patient's relatives having to travel to obtain a MAR chart from the patient's GP surgery if this is during normal working hours. Any new medications prescribed to a patient, or doses altered by a prescriber, are unable to be administered until a prescriber is located to rewrite the MAR chart. In these circumstances, the community nurses would need to transcribe the MAR chart to avoid delays in administering medication to the patient.

Patients discharged from Hospital can have an Electronic Prescription Medication Administration (EPMA) summary 'direction to administer' print off allowing community staff to administer and sign for any of the prescribed injectable medications for up to 7 days until a HTFT MAR can be obtained. This practice is supported in the Trust's Safe and Secure Handling of Medicine's procedures (SSHMP) which also states that a Trust MAR chart should be written as soon as possible. In the absence of a prescriber, this ePMA print summary would require transcribing to allow community staff to continue administering the medication to the patient.

Joint guidance by the Royal College of Nursing and Royal Pharmaceutical Society (2019) defines transcribing as 'the act of making an exact copy, usually in writing, of previously prescribed medicines details to enable their administration in line with legislation (i.e., in accordance with the instructions of a prescriber). Since transcribing is the copying of medicines information for the purposes of administration, it cannot be used in place of prescribing to issue or add new medicines or alter/change original prescriptions. Transcribing is used only in the patient's best interests to ensure safe and continuous care: ensuring the medication is administered accurately, without undue delay'.

Particular care must be taken in transcribing details of high-risk medicines such as insulin, anticoagulants, cytotoxic drugs, or controlled drugs. [Admin of Meds prof guidance.pdf \(rpharms.com\)](#) (RPS&RCN, 2019).

Specialist Pharmacy Services (SPS) (2022) highlight that 'Transcribing is not the preferred option for medicines administration and the alternatives should be considered before committing to transcribing. Transcribing should only be used when it is in the patient's best interests to ensure safe and continuous care'.

The risk of transcribing is assessed and mitigated in the community areas by having a robust process in place. SPS (2022) recognised that transcribing in the patient's home may present a lower risk than transcribing in a healthcare setting. A patient in their own home will only have medicines belonging to the household available to administer. In the event of a transcribing error, this may be corrected at the administration phase because only the correct medicine should be available in the patient's home and the label should have the correct information.

Administration undertaken by registered staff should act as layer of defence if there are any errors in transcribing (SPS,2022). However, it is also recognised that within Humber Teaching Foundation

Trust unregistered staff administer injectable LMWH and injectable diabetic medication to stable patients under delegation as per the specific SOP and the Trust's SSHMP.

Medication regimes at high risk of causing harm to patients, such as insulin, must have additional training about the condition and medication. Staff have initial transcribing training and assessment which is repeated annually based on evidence of their practice to ensure ongoing competency.

2. SCOPE

This Standard Operating Procedure (SOP) defines the process to be followed by registered nurses when transcribing medicines, enabling safe and continuous care, and ensuring the medication is administered accurately and without undue delay.

This SOP applies to registered nurses at Band 5 and above who have at least one year's post registration experience in community nursing, have successfully completed their probation period and are working within Whitby, Pocklington, Scarborough, or Ryedale District Nursing teams and the settings where this care is given. Transcribing is to be carried out by registered nurses working at the specified community nursing areas who have been assessed as competent and maintain this competence with annual updates. These Registered Nurses will be accountable for their actions and omissions when transcribing.

For those nurses who have completed the Community Practitioner Nurse Prescribing Course known as V100 or V150, they should continue to prescribe within the limitations of their qualification as their competency allows. For anything they are unable to prescribe from the Nurse Prescribers Formulary (NPF) for Community Practitioners, it should be transcribed under this SOP following completion of training and competencies.

Those who have completed the V300 Independent prescribing training should continue to work within their training and competencies and not under this transcribing SOP.

This SOP will be used to transcribe low weight molecular heparin, injectable diabetic medication and hydroxocobalamin. Exclusions are listed in part 4.7

Transcribing must not be taken from sources that have previously been transcribed.

3. DUTIES AND RESPONSIBILITIES

- **Chief Pharmacist:**
Is responsible for ensuring that the Trust has a comprehensive standard operating procedure for Humber TFT community nursing teams for Transcribing.
- **Service Managers and Modern Matron:**
will ensure dissemination and implementation of the SOP. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.
- **Charge Nurse:**
will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs and ensure nurses maintain their competency
- **Transcribers:**
To be responsible for ensuring medications are transcribed accurately and safely.
As Registered nurses, they must uphold their professional standards set by The Nursing and Midwifery Council (NMC) (2018) and maintain their competency to transcribe by undertaking the appropriate assessments and repeating these annually.

4. PROCEDURES

4.1. Evidence required for transcribing

- At least two sources must be used as evidence for checking the medication is correct. The pharmacy label of the dispensed medication* should be the primary source and second sources can include: -
 - Previous MAR if this was written by a prescriber**
 - ePMA
 - eDN/discharge letters
 - SystemOne
 - Repeat slip from patient's FP10
 - EMIS
 - Summary Care Record (SCR)

**Only use recently dispensed medicines with a pharmacy label as evidence of current drug treatment (e.g., dispensed within the last month unless a patient was given more than one month's supply at time of dispensing).*

***Original direction to administer sources such as a MAR chart written by a prescriber, must be used to transcribe to reduce risk of error.*

Verbal information from the patient, relatives or carers cannot be used as a source of information for transcribing a medication. However, the transcribing nurses must confirm with the patient or if the patient lacks capacity a carer or relative, that the medication is being taken as prescribed and the prescription has not recently been changed.

Once the required checks have been carried out, the nurse will transcribe the information from dispensed medicine* onto the Trust MAR chart.

When a new item is prescribed part of the way through a current HTFT MAR, a line should be put through the signature and time administered boxes not to be used, prior to the additional item being added.

When an item is transcribed from an ePMA 'direction to administer' print out chart from the hospital, any unused administration signature boxes should have a line put through them which is signed and dated by the nurse to avoid the chart being used alongside the newly transcribed Trust MAR chart.

Any changes to a dose of previously prescribed medication or discontinuing of medication must be under the written instructions of the prescriber. Transcribing cannot include any changes to the medication, for example the timing of, or titration of dose, as this becomes prescribing (Royal College of Nursing, 2020).

If discharged from Hospital, transcribing can be carried out from the patient hospital ePMA print summary onto the Trust MAR chart for those medications that require administration by the HTFT community nurse. Standard discharge letters should not be used as a reliable source when transcribing.

4.2. Inclusions

- **Hydroxocobalamin (Vitamin B12) intramuscular injection**
Prescriber must provide clear instruction for hydroxocobalamin injections of either loading dose (for example Inject 1mg intramuscularly three times a week for 2 weeks) or maintenance dose (e.g., 1mg intramuscularly every 12 weeks).
- **Dalteparin subcutaneous injection**
Dalteparin must be prescribed with clear dose instruction e.g. '5000 units to be subcutaneously injected daily' and prescriber also to specify the duration of treatment.
- **Enoxaparin subcutaneous injection**
Enoxaparin must be prescribed with clear dose instructions e.g. '2000 units to be subcutaneously injected daily' and prescriber also to specify the duration of treatment.
- **Injectable Diabetic Medication e.g., Insulin and Glucagon-like peptide-1 receptor agonists (GLP – 1RA) (i.e. exenatide, liraglutide, lixisenatide, dulaglutide and semaglutide). [GLP-1 receptor agonists | Prescribing information | Diabetes - type 2 | CKS | NICE](#).** Prescriber to issue prescription for diabetic injectable medication with clear dose instructions e.g., 'subcutaneously inject 6 units in a morning and 10 units at teatime'. To reduce the amount of waste medication, nurses will request the smallest number of diabetic pen devices.

Particular care must be taken when transcribing injectable diabetic medications such as insulin. When a prescriber is not easily available to complete a new drug chart, transcribing of full diabetic medication charts can be undertaken.

If a prescription is issued with “as directed”, this cannot be transcribed on the HTFT MAR. Nurse will need to request a new prescription from the GP with clear dosage instructions or GP will need to complete Medicines Administration and Record Chart to authorise administration.

4.3. Transcribing of Diabetic Charts

The transcribing process can be undertaken to transcribe full diabetic medication charts, in the absence of an easily accessible medical or non-medical prescriber, to prevent delay of administration to the patient. Nurses must have received transcribing training and be assessed as competent to transcribe. Insulin safety training is also required to be up to date.

This should only be undertaken:

- For diabetic patients, when it is clear that there are no changes required to the current dose and that there is no need for a further prescription request at this time, whose Humber TFT diabetic medication administration chart (MAR) is full.
- Where dose instructions are clear e.g. 'Subcutaneously inject 6 units in a morning and 10 units at teatime'. Transcribing must not be carried out when the instructions state 'as directed' and a prescriber contacted to re-write the MAR.

In these circumstances, it is possible for the nurse to transcribe the current dose of injectable diabetic medication onto a new Humber TFT medication authorisation and administration chart for the purposes of recording the administration of medication.

The evidence of the current dose will be obtained from the medication label and current HTFT diabetic medication administration chart which will have been initially written by an independent prescriber as shown in section 4.1.

Transcribed MAR charts must have all the information required and transcribing steps followed as shown in section 4.6.

If the nurse is aware of any changes to the patient's current dose, then they must contact the prescriber to request a new FP10.

4.4. Changes of Treatment Dose

Medication labels must not be altered by the nurse. A new prescription must be written by an independent prescriber for the new medication dose and the dispensed medication used to transcribe the MAR along with another source of evidence as listed in section 4.1. When the medication is transcribed on the MAR chart, the entry must be printed, signed, and dated by the nurse and a 'T' with a circle around entered at the right of the signature box, to indicate that the medication is transcribed. Identifying this transcribing with the encircled 'T' aims to prevent transcribed information being inadvertently used as a prescription. An entry must be made by the nurse onto SystemOne of the medication change being transcribed.

4.4.1 Change to type of diabetic injectable medication (non-urgent)

If urgent changes to prescription are required – contact a prescriber to complete the MAR chart

Existing diabetic medication is to be administered until the new medication, with the correct dose on the pharmacy label, is obtained.

The newly dispensed medication is used to transcribe the MAR along with another source of evidence as listed in section 4.1.

When the new injectable diabetic medication is transcribed on the HTFT MAR chart, the entry must be printed, signed, and dated by the nurse and a 'T' with a circle around entered at the right of the signature box, as detailed in section 4.6, to indicate that the medication is transcribed. Identifying this transcribing with the encircled 'T' aims to prevent transcribed information being inadvertently used as a prescription. An entry must be made by the nurse onto SystemOne of the medication change being transcribed.

Cancel the old medication on the MAR chart with a diagonal line and ensure it is signed and dated.

4.4.2 Changes to *dose only* of diabetic injectable medication (non-urgent)

If urgent changes to the dose are required – contact a prescriber to complete the MAR chart

Medication labels must not be altered by the nurse. A new prescription must be obtained for the new diabetic medication dose.

- A prescription for the new dose of injectable diabetic medication is to be obtained clearly labelled with the new dose
- If there are unlabelled stocks of the medication still available for use, a single device can be ordered showing the new dose on the label (allowing the available unlabelled stock to continue to be used)
- The new labelled medication can then be used to transcribe onto the MAR chart supported by another source of information of the new dose.

Old diabetic medication supplies - when only the dose changes but the diabetic drug is unchanged:

- **unlabelled** stock of injectable diabetic medication stored in the fridge can continued to be used.

labelled injectable diabetic medication with dosage and frequency stated will need to be disposed of appropriately if there is a change in dose.

4.5. Cancellation of Treatment

Medications must not be discontinued by the nurse unless documented evidence is available on SystemOne.

If the previous medication is to be discontinued, a diagonal line must go through the medication on the MAR chart as well as unused medication boxes. The MAR chart must be signed and dated by the nurse and an entry made on SystemOne of the medication that has been discontinued.

Transcribed MAR chart requirements

Transcribed MAR charts must have recorded:

- Patient's name,
- NHS number
- Date of Birth
- Allergy status must be confirmed by the nurse. Any discrepancy must be resolved with a prescriber before Transcribing. Enter details of drug or other allergies in the appropriate section when initially completing the MAR. If none are known, this must also be indicated. Information added on allergy status must be signed and dated at the time of entry or amendment.
- Medication name which must be written legibly in black ink.
- Form (tablet, capsules, solution, injection)
- Strength - The use of decimal points should be avoided where possible e.g., transcribe as 200 micrograms and not 0.2mg, or transcribe as 2mg and not 2.0mg.
- Where doses are less than 1g then the dose should be written as milligrams and where less than 1mg should be written as micrograms.
- If small volumes are prescribed (less than 1ml) write as 0.5ml and not .5ml

The following units may be used for expressing strength or dosage:

- g = grams
- mg = milligram
- ml = milliliters
- micrograms – **must be written in full**
- nanograms - **must be written in full**
- `units' - **must be written in full**

- Dose and frequency– timings for medications should be clear. Any intended for 'once weekly' requires clearly indicating on the chart and other days marked out. Write out the frequency in words and not figures e.g., THREE TIMES A DAY or THREE x DAILY and not 3 x daily or 3 times a day.
- Route – should be identified clearly. Accepted abbreviations are:
 - IV =Intravenous
 - SC = Subcutaneous
 - PR = Per Rectum
 - PV = Per Vagina
 - INH= By Inhalation
 - PO = By Mouth
 - IM= Intramuscular
 - NEB = By Nebuliser
 - Oral = By Mouth
 - Gastro/PEG = By Gastrostomy
 - Top = Topical

All other routes should be written out in full e.g., Sublingual, Buccal. Only one route should be indicated for a given administration time

- Any additional instructions – for example, to be administered after food.
- Ensure any indications for `as required drugs` are copied. The dose interval should be specified (e.g., every 4 hours) as well as the maximum quantity that could be administered (e.g., max 30mg in 24 hours).
- **All transcriptions should include the transcribed date**
- **The identity of the transcriber must be clearly recorded including the transcriber's full name and their signature and be endorsed with a "T" at the right-hand corner of the transcriber's names in the signature box**
- **Document any medication that has *not* been transcribed and inform the prescriber**
- Multiple HTFT MAR charts must be condensed onto one chart whenever possible. If the patient requires more than one HTFT MAR chart, 1 of 2, or 2 of 2 etc. must be marked clearly on the front of the charts.

4.6. Second Check

It is best practice to obtain a second check, although it is recognised that there are circumstances when this may not be possible at the point of transcribing such as in patients' homes. Where available, the second check for accuracy must be by another nurse competent in transcribing. The person checking the transcription must also put "checked by" followed by their full name in the signature box then signed and dated.

- Any errors found or incidents must be reported to the manager and submitted on an incident form via Datix.
- If there are discrepancies, the patient must be assessed immediately by the NMP, the transcribed chart removed and the NMP must prescribe a new chart. A Datix incident form must be completed.
- The transcriber must not knowingly copy inaccurate or illegible details.

4.7. Exclusions

Medication **must not** be transcribed where:

- A medication is a schedule 2 or 3 Controlled Drug.
- Any anticoagulants prescribed for the treatment of venous thrombosis.
- Anticipatory ('Just in Case') medications
- Biological medications e.g. infliximab (Remicade).
- Goserelin/Zoladex injections
- Details pertaining to the medication are illegible, unclear, ambiguous, and incomplete.
- The patient, or where the patient does not have capacity the carers, disputes the medication.
- The directions on the labelled medication state 'as directed' – contact the prescriber for a new prescription *or* to complete a MAR with the full instructions.
- The medication is judged to be contra-indicated by the patient's medical condition/allergies or where medication interactions or other problems have been noted.
- It is felt the medication may have contributed to the reason for admission.

When any currently prescribed medication is not transcribed, the prescriber must be informed.

5. TRANSCRIBING TRAINING AND COMPETENCY ASSESSMENT

The Registered nurse must have at least one year's post registration community nursing experience and have passed their probation period as well as specifically trained and competent to Transcribe medication. Any Registrant carrying out the second check must also be a registered nurse trained and competent in transcribing.

For those new to transcribing, a Trust training session must be attended as arranged via the Trust pharmacy department, and successful completion of Trust transcribing exercises marked against the Transcribing competency assessment tool (link below in Appendix 1).

To be able to transcribe injectable diabetic medications, registered nurses must also have completed training and competencies in insulin safety.

To maintain this transcribing competency, registrants should save a minimum of four copies of any paper MAR charts transcribed by them to produce at their annual review so these can be audited against set criteria by the NMP.

When saving copies of these charts, care must be taken to maintain patient confidentiality and following Information Governance procedures.

The copy should be obtained by taking a photo on their Trust phone with the patient details covered (NHS number only can be kept if required). As the Trust phone is not backed up and could be lost, stolen or broken, the photo should be sent to their NHS email for storing on their O drive.

Any photos taken as evidence of their transcribing must be deleted following the annual competence review.

The transcribing nurses must not transcribe until they have completed the initial competency assessments and deemed competent.

Records must be kept of competency assessments as per professional requirements. Assessment of competency must be by a prescriber following the Trust approved Transcribing competency assessment tool (Link in Appendix 1).

Initial competencies will be sent to ESR by the pharmacy department who have completed the transcriber's assessments. Ongoing annual competency, if assessed by a prescriber in the community teams, should be shown to the nurse's line manager who can update their ESR record as complete.

6. REFERENCES

Electronic British National Formulary (BNF) (2022) - guidance on prescription writing [Prescription writing | Medicines guidance | BNF | NICE](#)

Humber Teaching Foundation Trust (HTFT) Safe and Secure Handling of Medicine Procedures (SSHMP) [Safe and Secure Handling of Medicines Procedures Proc431.pdf \(humber.nhs.uk\)](#) .

NICE Medicines Optimisation Guideline NG5. March 2015 [Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE](#)

Nursing and Midwifery Council (NMC) (2018) The Code [Read the Code online - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

Professional Guidance on the Administration of Medicines in Healthcare Settings (RPS/RCN) (2019) [Admin of Meds prof guidance.pdf \(rpharms.com\)](#)

Royal College of Nursing (RCN) (2020) Medicines Management: An overview for nursing. [Medicines Management | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

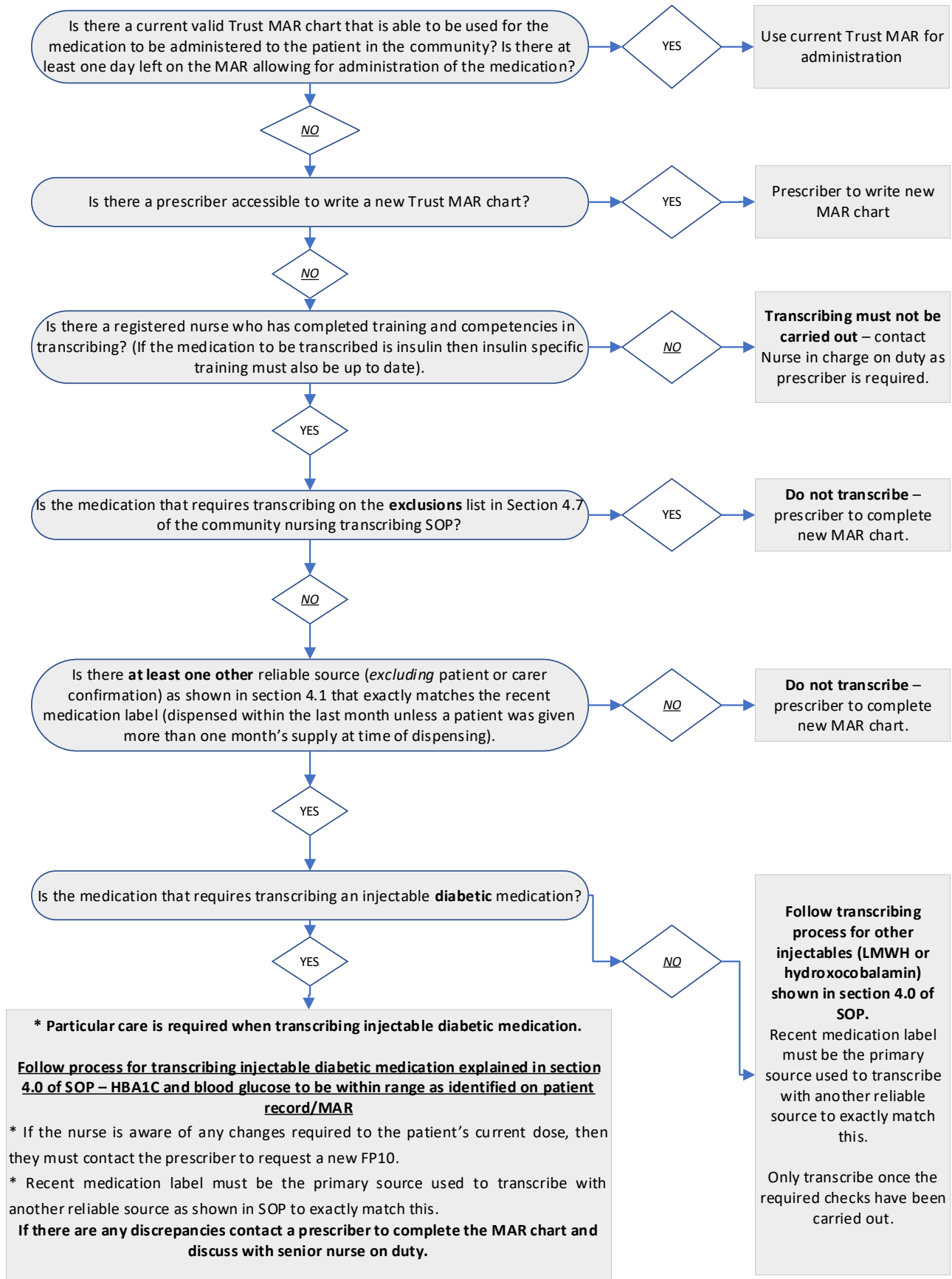
Specialist Pharmacy Service (2022) [Understanding transcribing for medicines administration in healthcare – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Appendix 1: Competency Framework

[CRS23 - Transcribing Community Nursing Teams - Competency Assessment.pdf \(humber.nhs.uk\)](#)

Appendix 2: Flow Chart

APPENDIX 2 – this flow chart is for guidance only and only to be used along with detailed information within the HTFT community transcribing SOP



Appendix 3: Equality Impact Assessment

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

1. Document or Process or Service Name: **Standard Operating Procedure for Transcribing Within Whitby, Pocklington, Scarborough and Ryedale Community Nursing Teams**
2. EIA Reviewer (name, job title, base and contact details): **Diane Pickering, Medicines Optimisation Nurse, Trust HQ.**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Procedure**

<p>Main Aims of the Document, Process or Service</p> <p>These Procedures define the process of transcribing some specific injectable medications within the Trust's specified Community Nursing areas on occasions when a prescriber is not easily accessible and to ensure there is no delay to the patient being administered the medication.</p>
<p>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</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 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 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> 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	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no age group is adversely affected by these Procedures
Disability	<p>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:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no Disability group is adversely affected by these Procedures.
Sex	<p>Men/Male Women/Female</p>	Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no sex/gender group is adversely affected by these Procedures.
Marriage/Civil Partnership		Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that no marriage/civil partnership group is adversely affected by these Procedures.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Pregnancy/ Maternity		Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that this equality target group are not adversely affected by these Procedures.
Race	Colour Nationality Ethnic/national origins	Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that this equality target group are not adversely affected by these Procedures.
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 this equality target group are not adversely affected by these Procedures.
Sexual Orientation	Lesbian Gay men Bisexual	Low	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that this equality target group are not adversely affected by these Procedures.
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	Reviewed by clinical leads, individual clinicians, Pharmacy, Governance and Operations teams to ensure that this equality target group are not adversely affected by these Procedures.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
These Procedures ensure that patients in the community being administered some specified injectable medications, do not have any delays to receiving this medication safely in the absence of a prescriber.	
EIA Reviewer: Diane Pickering	
Date completed: 3/10/23	Signature: D Pickering