Mersey Care NHS
NHS Foundation Trust

MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

Medicines Management Services aim to ensure that
(i) Service users receive their medicines at times that they need them and in a safe way.
(ii) Information on medicines is available to staff, service users and their carers.

What we do to support Medicines Optimisation in the Scott Clinic.

MM06

KEY ISSUES

This procedure sets out the procedural guidance for a medicines optimisation approach within the Scott Clinic. It should be read in conjunction with the trust's Handling of Medicines Policy (SD12).

OBJECTIVES

- **To ensure that there is a consistent approach to medicines optimisation in the Scott Clinic.**
- **Along with the trust's Handling of Medicines Policy (SD12) to promote Medicines Optimisation to help service users to:-**
    - **Improve their outcomes**
    - **Take their medicines correctly**
    - **Reduce wastage of medicines**
    - **Improve the safety of medicines**
- **To ensure that all members of staff working within the Scott Clinic are aware of their roles, responsibilities and limitations with respect to Medicines Optimisation.**

Medicines Management Procedure – MM06
Approved by Drugs and Therapeutics Committee
March 2017
Author(s) L Knowles Chief Pharmacist
Version 1.3
For Review
April 2020

1. Introduction

Medicines Optimisation is a patient-focused approach to ensure the best use of medications by focusing on patients and their experiences.
There are four guiding principles for medicines optimisation; they are as follows:-

- Aim to understand the patient experience
- Evidence based choice of medicines
- Ensuring medicines use is as safe as possible
- Making medicines optimisation part of routine practice

There are key components within SD12 – The Handling Medicines Policy that support the trusts strategic approach to Medicines Optimisation, these include how we support:-

- Self Medication, Concordance and Adherence and monitoring of side effects

- Service users and carers with the provision of information and education around medicines and their use

- Clinicians with an evidenced based approach to medicines selection

- How the organisation reports and learns from medicines related incidents

2. Procedure

2.1 Pharmacy

The following tasks will be undertaken by the pharmacist when prescriptions are reviewed to give assurance that inpatient prescription cards are written in a clear, accurate and safe manner as part of the medicines optimisation process.

- The pharmacist will ensure that medicines reconciliation has been carried out for new admissions by the prescriber in accordance with the Trust's medicines reconciliation procedure. Their role is to consolidate the information using appropriate source(s) that are listed in the Trust's medicines reconciliation procedure.

- As part of the above process the pharmacist will complete a clinical profile for each service user on admission which will include details of:-
  - Service user name
  - Date of birth
  - Date of admission

- Consultant
- Pharmacy plan
- Brief medical history and psychiatric history
- Blood results if relevant
- Any obvious pharmaceutical issues e.g. concordance, requirement of compliance aids

This information will be obtained from the service user's medication card and ePEX

Exceptional circumstances – in some cases it may not be possible to obtain full information due to individual service user circumstances. However every effort should be made to ensure the prescription is safe and appropriate for that individual and if possible a full history should be obtained at the first opportunity.

This form will also be used to note any information from the MDT meetings.

Within the Scott Clinic upon step down to Reed Lodge prior to discharge or transfer to another ward or unit these forms will be passed to the pharmacy department secretary who will archive them in an appropriate place for two years.

All clinical interventions made will be recorded on the pharmacy clinical intervention database.

Process

A pharmacist will review prescriptions in accordance with local policy

- Inappropriate, unsafe, ineffective and uneconomic medicines are discussed with a relevant member of the health care team
- Prescriptions are checked for transcription errors when cards are rewritten
- Clinically significant drug interactions are managed appropriately
- Prescriptions must be written clearly by generic name, dose must be written in full if less than 1mg
- Any medication prescribed above BNF limits is noted in the client's clinical notes after discussion with the prescriber
- Prn doses are checked to ensure the 24 hour maximum dose, as prescribed, has not been exceeded
- Missed doses are challenged on the ward with the nursing staff
- Treatment course lengths are monitored and stopped once finished e.g. antibiotics
- Discretionary medication is checked to ensure policy is adhered to
  Any discrepancies must be reported to nurse in charge and also a DATIX form must be completed
- All pharmacist clinical interventions will be recorded on the pharmacy clinical intervention database
- Information or advice that may have significant impact on patient care is recorded on ePEX

Ward rounds

Pharmacists will attend MDT meetings on a regular basis where resources allow. Pharmacists will be available to contribute to the pharmaceutical care of the patient and provide medicines information to the MDT. A record should be kept of all contributions made to patient care. This includes all medicines information given, whether at the MDT or subsequently

Service User counselling

Any discussions with services users about medication need to be offered in an open and consistent manner. Points of concern need to be brought to the MDT's notice at the earliest opportunity. This will allow the most appropriate response to the points raised by the service user or there care or family. It will also allow the issues to be noted and monitored to ensure that a appropriate response is available in a timely manner.

If a service user wishes to discuss their medication with a member of their MDT and specifically a pharmacist a convenient time should be arranged and relevant information provided. This may be verbal or written, with this contact be noted on epex. This information must be in an accessible format and can be found at:-

http://www.merseycare.nhs.uk/What_we_do/CBUs/Specialist_Management_Services/Pharmacy/patient_information.aspx

The initial sharing of information should be followed up to ensure clarity and where this is not evident subsequent plans need to be activated by the clinical team.

2.2 Responsibilities of Nursing Staff

2.2.1 It is the duty of the named nurse on behalf of the MDT and as part of the CPA process to assess service user's concordance and adherence with their medication. This can be assisted / supported by utilising the Mersey Care Trust Self Medication Procedure (handling of medicines policy SD12) if appropriate.

2.2.2 Nursing staff should regularly document and report to the multidisciplinary care team that medicines concordance and adherence has been assessed. Any issue in concordance/adherence should be considered by the team and an individualised care plan agreed.

2.2.3 In line with the trust's Handling of Medicines Policy it is the responsibility of the service user's allocated nurse to bring issues linked to the assessment of tolerability and side effects of medications as and when required. The issue should be a routine and noted agenda item in the MDT meetings

3. Responsibilities of Responsible Clinician

The responsible clinician must ensure that a record of medicines concordance/adherence issues/assessment is made on ePEX and is reflected in the CPA documentation

4. Step-down to Reed Lodge

When service users are preparing for discharge from the Scott Clinic, they are cared for in the step-down facility Reed Lodge. As part of this pre-discharge process it is recommended that the care team utilise the trust's approach to self administration (the Self Administration of Medicines Procedure MM01) to assess and review medicines adherence.

The approach allows service users to have the responsibility of administering their own medicines, under the guidance and supervision of the multidisciplinary team. The system of supervision and on going assessment by the team ensures that medication is correctly and safely taken and that the service user understands their medication regime. Although service users take responsibility for their own medicines, nurses will still have a duty of care to their service users.