



# Procedure for the supply of specified medicines to adults after assessment by the Home Treatment Teams (HTT)

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Type of document	Policy
Target audience	All clinical staff
Document purpose	To allow appropriate supply of specified medicines outside pharmacy opening hours to enable home treatment in crisis situations.

Document consultation		
AMH – Wirral	Yes	Jan Pye; Rashmi Parhee; Jose Ferran; Geraldine Swift; Joanne Hurley; Neal Fenna; Linda Friend; Iain Wells; June Thornton; Home treatment team
AMH – West	Yes	Joanne Knowles; Joy Fenna; Daniel Carlson; Dave Appleton; Home treatment team
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LD services	Yes	Jan Patton; Janet Lomas; Suzanne Cottier; Jean Brennan; Sarah Evans; Susan Rawson; Christina Theobald; Alison Woodhouse;
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Other –	Yes	Sally Bestwick; Amanda Miskell; Helen Pilley;

Approving meeting	Medicines Management Group	25-Apr-13
Original issue date	Jul-05	
Implementation date	Apr-13	

CWP documents to be read in conjunction with	<a href="#">HR6</a> <a href="#">MP1</a>	Mandatory Employee Learning (MEL) policy Medicines policy
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Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)
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Financial resource implications	No
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## Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnic origins (including gypsies and travellers)</li> <li>• Nationality</li> <li>• Gender</li> <li>• Culture</li> <li>• Religion or belief</li> <li>• Sexual orientation including lesbian, gay and bisexual people</li> <li>• Age</li> <li>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</li> </ul>	No No No No No No No No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
<ul style="list-style-type: none"> <li>• If so can the impact be avoided?</li> <li>• What alternatives are there to achieving the document without the impact?</li> <li>• Can we reduce the impact by taking different action?</li> </ul>	N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

## Document change history

Changes made with rationale and impact on practice
<ol style="list-style-type: none"> <li>1. Location of Home Treatment Teams amended</li> <li>2. Location of stock for Home Treatment Teams amended</li> <li>3. Update of section for taking verbal orders from current medicines policy</li> <li>4. Stock of Home Treatments holistically amended</li> <li>5. Reference to Non Medical Prescribers within policy</li> </ol>

## External references

References
1.

**Monitoring compliance with the processes outlined within this document**

<p>Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.</p>	<p>Home treatment team (HTT) practitioners in conjunction with the Locality pharmacy teams</p> <p>Reviewing usage of stock on a regular basis and amending locality stock lists if appropriate</p> <p>Audit usage of pre-packed medication by the home treatment teams</p> <p>Review and update policy in line with national guidance and changes in clinical practice.</p>
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## 1. Introduction

The Home Treatment Teams operate in three adult / older people localities across the Trust. Their purpose is to manage clients in their own home thus avoiding the need for an inpatient admission. As part of the team's role they will have to manage changes in medication and be involved in the assessment, initiation and monitoring of new medication based on an individual's clinical need.

In order for medication to be managed safely under clinical governance and within the confines of the law pertaining to the supply of medicines this policy and procedure must be adhered to by all CWP staff working within / for the Crisis / Home Treatment Teams (HTT).

The three teams are:

<b>Wirral:</b> Home Treatment Team
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Management Suite, Springview, Clatterbridge Hospital, Bebington. CH63 4JY
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<b>West Cheshire:</b> Home Treatment Team
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Based at Churton House, Liverpool Road, Chester CH2 1BQ
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<b>East Cheshire:</b> Home Treatment Team
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Congleton Library Market Street, Congleton, Cheshire, CW12 1BP
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## 2. Procedure

### 2.1 Supply of medication in-hours and outside normal working hours

The duty doctor or Non Medical Prescriber (NMP), if present within the home treatment team, will make an assessment as to whether the client requires a new medication to be commenced or have a current medicine dosage altered based on the client's clinical presentation.

If a new medication is required, and an admission is not necessary, then a prescription can be written for the necessary medicine(s) by the client's GP where possible.

Where it is not possible for a GP to issue a prescription, then a prescription can be written for medicine(s) listed in the agreed "pre-labelled medicine packs stock list" for use "by the Home Treatment Team" (see [appendix 1](#)). This list is limited and is based on what is normally prescribed in a crisis situation. The list will be reviewed periodically and updated based on team experience.

The purpose of the supply of "Pre-labelled medicine packs" is to cover up to 72 hours until a GP prescription can be obtained for continuation of the supply. This enables the client to receive a supply of medication at the point of assessment by a mental health practitioner. The medication can then be commenced without undue delay to the resolution of the crisis symptoms.

All stock is stored in the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) out of hours reserve cupboards located at:

- ECT suite, Springview;
- Rosewood clinic, Bowmere Hospital;
- Bollin ward, Macclesfield Hospital.

The cupboard is accessed by fingerprints only. In the event of a systems failure the on-call pharmacist must be contacted.

All "pre-labelled medicine packs" carry the product warning labels and space for the patient's name and dispensing date to be filled in. Each pack will be supplied with the approved product patient information leaflet.

The prescription will be written by the assessing doctor (or NMP if present within the home treatment team) in the “Duplicate Prescription book for the Home Treatment Team” (an example of a prescription sheet is illustrated in [appendix 3](#)). This book will be found in a locked cupboard within the home treatment team’s base, copies will also be found in the duty doctor’s information pack.

If a doctor (or NMP within the home treatment team) is not available at the point of assessment and the practitioner in the team who makes the assessment feels that medication needs to be prescribed for the client, the practitioner must contact the duty doctor by telephone and discuss the case. If medication is still deemed appropriate the duty doctor can prescribe medication from the list of pre-labelled medicines by means of a “verbal order” (refer to [medicines policy](#) section 3.9 for detail – see [appendix 2](#)). This should be written in the duplicate book by the practitioner taking the order and annotated ‘verbal order’. The prescribing doctor must fax the prescription details to the Home Treatment team base after the conversation using the Home Treatment team prescription in the duty doctor’s folder, in order to fulfil the legalities of providing a prescription to cover the issue of medication.

The prescription can then be reconciled with the named medicine(s) from the medicine cupboard situated within the Home Treatment Team.

Reconciliation of the prescription with the medicine(s) requires either two registered nurses or a doctor and a registered nurse to be present, so that the prescription can be checked against the medicine selected. The “client’s name” and the “date of issue” of the medicine need to be recorded on the pre-labelled medicine.

The doctor and registered nurse or two registered nurses will complete the dispensing section of the prescription:

- Both will check the prescription;
- Both will check the medicine(s) selected from the cupboard;
- Both will sign the prescription;
- One of the two will record in this section what has been supplied in terms of the name and strength of the medicine and the number of packs issued.

In the case of a verbal order for the prescription: the two registered nurses will complete the dispensing section as above and match this verbal order prescription up with the prescription from the doctor once received by fax, along with the details of the verbal order, written down as per the telephone conversation, as described in section 3.9 of the Trust’s [medicine policy](#).

The white top copy of the prescription will then be filed in the client’s case notes to acknowledge that the medicine(s) have been supplied. The carbonated-yellow copy will be used for stock replenishment from the pharmacy and for audit purposes.

## **2.2 Stock replenishment**

Fax the yellow copy and a copy of the prescription to the supplying pharmacy and then file in the home treatment Stock Replenishment file also held in the cupboard. For verbal orders: copies of the faxed prescription and the dispensing details should be filed together in the case notes. The yellow copy must then be faxed with together with a copy of the prescription to the supplying pharmacy and then both documents filed together in the Home Treatment Stock Replenishment File for audit and replenishment purposes. The supplying pharmacy will send a replacement item once a copy of the prescription has been received. A member of the clinical pharmacy team will re-stock the medi 365 as soon as the item has been delivered. The pharmacy will be alerted to the removal of any stock with an email and the person who removed it from the fingerprint access. Top up will only be performed only on receipt of the prescription by Lloyds Pharmacy. It is the responsibility of the nurse removing the stock to ensure that the prescription is written and communicated to Lloyds pharmacy.

Inform the client’s GP, by letter or fax, of the supply of medication made and whether this has to be continued by the GP after the 72 hours supply has finished. This should be done as soon as practically possible after the assessment has been made.

Pre-labelled medicine packs will contain a maximum of 72 hours of that medicine the purpose of which is to sustain the client until they can get a regular prescription from their GP. It also ensures that the client is followed up soon after the intervention is made for ongoing management of the condition.

Replacement Home Treatment team prescription books can be obtained by sending an order to Bowmere Stores, Bowmere Hospital Chester. The completed book must be kept for two years in the medicine cupboard for audit purposes.

### **2.3 Dose adjustment of regular medication**

It is not always necessary to make a supply of medication to the client at each assessment. Sometimes the dose of their current medication may need slight alteration in order to bring about resolution of the crisis symptoms.

- If the client requires adjustment of dosage of current medication this should be discussed with them during the assessment. At the doctor or NMP's discretion this information can be given in writing as to how to alter the dose with their current medicine supply, particularly if the medicine regime is complex, the client has difficulty understanding the medication or if the explanation is given to the client's carer.
- The client's GP should be informed by fax or letter by the home treatment team as soon as practically possible of the necessary adjustment to their medication and the rationale for the change. This is so that this can be entered on the client's medication record and a new prescription issued by the surgery where necessary.
- If this is not practically possible then an FP10<sub>HNC</sub> prescription, where this available to the Team, may be written by the duty doctor or NMP within the home treatment team making the prescription for no more than 28 days supply (original pack) of the medicine. Again, the supply made should be detailed to the client's GP so that their records are updated and further supplies can be made by the GP if necessary.

### **2.4 Medicine advice**

The Clinical Pharmacy Services can be contacted for advice on medication during opening hours or contact the emergency duty clinical pharmacist out-of-hours via the appropriate hospital switchboard.

## **3. Duties and responsibilities**

### **3.1 Executive Director for medicines management**

Has the responsibility of overseeing the review and updating of this policy in line with national guidance and changes in clinical practice.

### **3.2 Chairs of Medicines Management Group**

It is the responsibility of the chair to ensure that the minutes of the meetings reflect the approval process and that all reviews of the policy are timetabled within the work programme.

### **3.3 Author**

Responsibility to seek consultation on the policy and any updates and then to seek approval of the policy via the appropriate trust channels. Once approved, ensuring that the policy has been disseminated appropriately and raising staff awareness of the policy.

### **3.4 Line managers**

Have responsibility to cascade information on the policy to all staff that they manage. Ensuring that any training required on the policy is included in staff's Personal Development Plan (PDP) and clinical supervision.

Medical staff or	To assess the client
Home treatment team NMP	<ul style="list-style-type: none"> <li>- To prescribe medication if necessary using the “duplicate prescription book for the crisis team”.</li> <li>- To reconcile medication with the Prescription if required</li> </ul>
Nursing staff	<ul style="list-style-type: none"> <li>- To reconcile medication with the prescription</li> <li>- To fax the prescription to Lloyds to ensure replacement stock is issued.</li> </ul>
Pharmacy staff	<ul style="list-style-type: none"> <li>- To supply stocks of pre-labelled medicine packs as agreed locally</li> <li>- To monitor use of pre-labelled packs</li> <li>- To replace stock supplied from Pharmacy into the Out of Hours Cupboard.</li> </ul>



## Appendix 1 - Pre-labelled medicine packs

The following pre-labelled packs of medicines will be stored in the Home Treatment Team drug cupboards in each locality.

- 3 x Zopiclone 7.5mg tablets.  
Labelled "Take one tablet at night as required to aid sleep"
- 9 x Diazepam 2mg Tablets.  
Labelled "Take one tablet up to three times a day as required for the short-term relief of anxiety"
- 7 x Lorazepam 1mg tablets. (East and West, not Wirral)  
Labelled "Take one or two tablets up to twice a day as required for the short-term relief of severe anxiety or agitation"

Each pack of medicine should be issued with product patient information leaflets, which are kept with the medicine packs in the medicine cupboards.

## Appendix 2 - Abstract from the Medicines Policy section 3.3.7

### Prescribing by telephone / verbal orders

**In the interests of patient safety, prescriptions must not be given or accepted over the telephone, except in an emergency.**

A verbal order may result in the administration of a medicine without a prescription written by the responsible medical officer.

In an emergency, or where waiting for a Doctor is considered detrimental to patient care, that Doctor may prescribe medicines (excluding controlled drugs) over the telephone. The prescription must be dictated clearly to the senior nurse in charge of the ward or CPN and repeated to a second registered nurse / blepholder. The doctor is advised to record the verbal prescription contemporaneously.

For all such verbal requests:

- The drug, dose, date and time must be written in the “once only” section of the prescription sheet by the nurse who takes the message; clearly indicating that it was a “telephone message” and recording the name of the prescriber and the signature of the nurse;
- The drug, dose, indication, date and time of administration must be written in the multidisciplinary notes;
- The reason for administration on telephone request must be written in the multidisciplinary notes;
- The prescription must be signed by the doctor within 24 hours. If this does not occur the senior nurse manager / team manager or modern matron should be informed;
- When a community designated practitioner receives a verbal order to alter the dose or time interval of a depot medicine the prescription must be signed within one week. After one week the verbal order is no longer valid;
- Crisis / home treatment team staff or inpatient staff that are working on a remote site for which there is no doctor presence 24hrs a day may use verbal orders for the supply of medication when it is not viable for a doctor to assess the client at that moment in time;
- It is unacceptable for a verbal message to be given for a controlled drug;
- The designated practitioner retains the right to refuse to take a verbal message to administer a medicine.

Where possible the prescriber should be encouraged to make required amendments to prescriptions in person and original prescriptions should be presented for dispensing.

### Appendix 3 - Example prescription paperwork

Home Treatment Team

Prescription for pre-labelled medicine pack supply			
Patient		Date	
Address		Unit No	
Rx			
Signed:	(Prescriber)		
Print Name			

### Medication dispensed from home treatment team cupboard

Medicine	Strength	Date	Quantity Supplied

Signed	Doctor / RMN	Print name	
Witness	RMN	Print name	