



# Policy for the reuse of patient's own drugs (PODs')

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Type of document	Policy
Target audience	All clinical staff
Document purpose	To ensure accurate assessment and safe use of patient's own drugs.

Document consultation	Locality General Managers, Community Teams, Mental Health Pharmacists	
Approving meeting	Medicines Management Group	9-Feb-12
Ratification	Document Quality Group (DQG)	16-Mar-12
Original issue date	Apr-09	
Implementation date	Mar-12	

CWP documents to be read in conjunction with	<a href="#">HR6</a> <a href="#">MP1</a> <a href="#">MP19</a>	Trust-wide learning and development requirements including the training needs analysis (TNA) Medicines policy Medicines reconciliation policy
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Training requirements	There <b>is</b> specific training requirements for this document. Medicines management mandatory training in accordance with training needs analysis.
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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	
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> </ul>	N/A	

<ul style="list-style-type: none"> <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	
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. Feb 2012 - New patient information leaflet (appendix 1) to educate patient's regarding bringing medicines from home to reduce medicine wastage.</li> <li>2. Section 3.4 added, 'within pharmacy hours contact a member of your clinical pharmacy team for all discharges'. This is to speed up the discharge process.</li> <li>3. Section 3.8 removed 'red' from the term red sticker in line with current practice.</li> <li>4. Appendix 1 - replaced leaflet with current pharmacy team POD leaflet.</li> <li>5. Appendix 2 - updated table for clearer record keeping</li> <li>6. Appendix 3 and 4 - Updated wording and grammar.</li> </ol>

### External references

References
<ol style="list-style-type: none"> <li>1. NICE &amp; NPSA (Dec 08) Patient Safety Group (PSG) 001; Technical patient safety solutions for medicines reconciliation on admission of adults to hospital.</li> <li>2. CWP Medicines Policy (MP1).</li> </ol>

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

Is this document linked to the NHS litigation authority (NHSLA) risk management standards assessment?	No
	NB - The standards in bold above are those standards which are assessed at the level 2 and 3 NHSLA accreditation.

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## 1. Introduction

The National Institute for Health and Clinical Excellence (NICE) and the National Patient Safety Agency (NPSA) guidelines aim to reduce medication errors, which occur most commonly on transfer between care settings and on admission to hospital.

The objective of this policy is to provide guidance on how to assess patient's own drugs (POD's) effectively and to a set standard ensuring the quality and suitability for use of medicines, therefore reducing medication errors.

All healthcare professionals involved with the use of POD's must understand the standard procedures for dealing with POD's and adhere to them and all legislation with respect to POD's at all times.

## 2. Definition

A POD is a medicine which is brought into hospital by a patient that is either prescribed for them by their doctor or purchased for their use.

## 3. Process

### 3.1 Pre-admission

- Patients should be encouraged to bring their medicines from home;
- Information to this effect will be supplied to GPs and the ambulance service;
- Leaflets regarding POD use will be displayed in GP surgeries, community pharmacies and provided to patients on discharge from hospital.

### 3.2 Procedure on admission

- On admission to hospital all patients must be asked if they have brought in their medicines from home;
- If a patient / carer / relative has brought the patient's medication into hospital then consent for use should be requested;
- An explanation about the use of patient's own drugs should be given at this time, along with a copy of the information leaflet ([appendix 1](#));
- Any regularly taken medicines remaining at home should, if possible, be brought in by relatives as soon as possible;
- The drugs should be locked in a POD cupboard and/or fridge in the clinic for assessment by the pharmacist, clinical technician or two trained nurses (see [appendix 3](#));
- POD training and competency assessment is provided by the clinical pharmacy team;
- Stickers for POD screening are available from the clinical pharmacy team.

For controlled drugs see section 3.10.

### 3.3 Procedure on Re-admission

- All medication must be checked as per protocol on re-admission;
- Discharge medication must be treated as a POD and assessed accordingly;
- Medication that already has a checked sticker must be checked again;
- The sticker will include assessor's initials and the date it was assessed, the original sticker must be removed and a new sticker with the date of re-assessment and the initials of the assessor must be attached to the medication packet (as per protocol).

### 3.4 Procedure on discharge

- A discharge prescription needs to be written by the doctor in the usual way, including any depot medication;
- Within pharmacy hours contact a member of your clinical pharmacy team for all discharges;
- PODs or medicines supplied for that individual must be checked as per the discharge flowchart before releasing as discharge medicines;
- Medicines requiring cold/fridge storage can be supplied to the patient on discharge provided they have been correctly stored on the ward;

- PODs which are controlled drugs can be used for discharge provided they meet all the criteria in the discharge flowchart and the correct entry is made in the controlled drug register;
- All medicines must be checked by two authorised staff (see Medicines Policy MP1) or a member of the pharmacy team and the pharmacy column dated and signed by both staff;
- In the Pharmacy column on the discharge prescription, annotate 'POD' for patient own supply, 'WS' for ward supply or 'At Home' if the patient has their own supply of medication at home;
- If the medicines are available but the dose on the label is not correct, do not amend the label but contact the clinical pharmacy team and they will arrange a new label or supply;
- If any items need to be ordered from Lloyds Pharmacy, fax a copy of the discharge prescription. If the discharge prescription has not been clinically checked by a pharmacist, also fax a copy of the inpatient chart clearly indicating which items you require supplying.

### 3.5 Consent

- Drugs brought in from home remain the patient's property and it is therefore important that they understand that whenever possible their own drugs will be used during their stay in hospital. This is explained fully in the POD information leaflet ([appendix 1](#));
- If any drugs are considered unsatisfactory for use the nurse, pharmacist or clinical technician should inform the patients of the risk associated with poor quality medicines or poor labelling and then obtain signed patient consent for destruction.

### 3.6 Patients who do not wish to use their own medication

- Patients have the right to refuse to agree to the reuse or destruction of PODs whilst in hospital. In either case the patient will be informed in the interest of safety their medication will not be stored on the ward and should be sent home with their representative;
- In this case medication will be provided by the trust in the usual manner.

### 3.7 POD assessment

- Only medicines which have been positively identified and have passed the algorithm ([appendix 3](#)) will be accepted for use;
- Count the PODs and complete the POD monitoring form (see [appendix 2](#));
- The responsible nurse, technician or pharmacist must be satisfied with the condition of the product and its packaging and labelling. Even if the medicine algorithm has been passed, professional discretion should remain the over-riding factor in assessing suitability;
- PODs will be checked by a nurse, technician or pharmacist using the algorithm ([appendix 3](#)). The signature of the checker on the POD monitoring form along with the details of suitable and unsuitable PODs will be confirmation that the PODs are suitable for use or not. Suitable PODs will have a sticker that is signed and dated by the checker.

### 3.8 Unsuitable Drugs

- Drugs which are deemed unsuitable should be disposed of into the pharmacy waste bin by a member of the pharmacy team or ward staff and a new supply should be organised. Consent must be obtained from either the patient or their carer, via a signature on the POD monitoring form ([appendix 2](#)), in order for the POD(s) to be destroyed. Discontinued medication should be disposed of by ward staff;
- The date and quantity of drugs removed from the locker/ward must be entered on the POD monitoring form ([appendix 2](#)) and initialled.

### 3.9 POD Monitoring Form

- PODs should be checked on the wards;
- The POD monitoring form ([appendix 2](#)) should be completed;
- Full patient details should be logged in the designated box;
- The details and quantity of PODs suitable for use and for PODs unsuitable for use as a result of following the POD protocol ([appendix 2](#)) are logged in the appropriate column on the form;

- The staff member checking the PODs should sign the form along with giving their designation;
- The PODs that are suitable for use should have a sticker attached, this should be signed and dated by the assessor;
- If any PODs are unsuitable, the patient or carer must sign the monitoring form for consent to disposal.

### **3.10 Use of Patients Own Controlled Drugs (CDs)**

CDs brought into hospital by a patient may be used for that patient providing that the following criteria are met:

- There is no ward stock;
- Pharmacy does not stock the drug required;
- POD protocol is adhered to.

The CD should be entered into either:

- A controlled drug register maintained solely for the use of patients' own controlled drugs, or
- A separate page in the main ward controlled drug register.

In both cases the drug and the patients name will be logged on the top of the page. Each drug will be entered on a separate page.

- All CDs must be stored in the ward CD cupboard;
- If the criteria above are not met or where staff do not wish to use controlled drugs brought in by patients, the drug may be destroyed on the ward as per CD SOPs ([appendix 1](#) in the [medicines policy](#)).

## **4. Duties and responsibilities**

### **4.1 Executive Director for medicines management**

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

### **4.2 Chairs of Medicines Management Group and Patient Safety and Effectiveness Sub Committee**

It is the responsibility of the chairs to ensure that the minutes of the meetings reflect the approval of the policy via the appropriate trust channels. Once approved, ensuring that the policy has been disseminated appropriately and raising staff awareness of this policy.

### **4.3 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.

### **4.4 Line Managers**

Have responsibility to cascade information on the revised policy to all staff that they manage. Ensuring that any training required on the policy is included in the staff's personal development plan and clinical supervision.

### **4.5 Trust Staff**

All trust staff working in a clinical environment where they will be administering medication must be familiar with this policy and any subsequent updates, which will be annotated on the front page of the revised policies. It is the responsibility of staff to keep up to date with this policy and any training identified to go along with it.

### **4.6 Clinical Pharmacy Services**

Have the responsibility of delivering training on how to assess PODs to other authorised staff.

## Appendix 1 – Making the most of your medication leaflet

### What to do if you have any questions about your medicines?

We have a ward based pharmacy team who will be available to answer any questions you may have about your medicines during your stay. If we are not available on the ward then ask a member of the nursing staff to contact us and we can arrange for a convenient time to speak to you.

The Pharmacy Team will ensure you have all the information you need about your medicines before you go home.

If you require translation services or a copy of this document in other languages, audio tape, Braille or larger print, please speak to a member of CWP staff, e-mail [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) or write to: Communications, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

यदि आपको अनुवाद सेवाएं या इस दस्तावेज़ की अन्य भाषाओं में नक़ल, ऑडियो टेप, ब्रेल या बड़ा अक्षरों में प्रिंट की आवश्यकता है, तो कृपया सीधे चर्च (CWP) कर्मचारियों के साथ बातचीत करें। या हमें लिखें: [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) या हमें पते पर लिखें: Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

如果您需要翻譯服務或想索取這份文件的其他語言、錄音帶、凸字或大字體版本，請向我們的職員查詢。您亦可以寄電郵至 [info@cwps.nhs.uk](mailto:info@cwps.nhs.uk) 或寄信到 Communication, Cheshire and Wirral Partnership NHS Foundation Trust, Upton Lea, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ.

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### Feedback

We welcome any suggestions you have, please send your **comments, concerns, complaints and compliments** to: Cheshire & Wirral Partnership NHS Foundation Trust, **PALS, Complaints and Claims Team**, 1829 Building, Liverpool Road, Chester, CH2 1HJ.

For more information see [www.cwps.nhs.uk](http://www.cwps.nhs.uk)

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The information in the leaflet was valid at the date of production **January 2012** and is due for review in **January 2014**.

Leaflet code: **G-BYOMIH-12-504**



Bringing Your Own Medicines into Hospital

Making the most of your medication

Care • Well-being • Partnership

### Introduction

At CWP we run a scheme where we use your own medicines brought in from home during your stay in hospital.

### Why use your own medicine?

- To see what medicines you were taking before your admission to hospital
- To reduce wastage
- To make sure that you don't have too many boxes of the same medicine.
- To ensure your medicines are labelled correctly and suitable for use
- To speed up the discharge process
- To free up ward staff time, so that they can spend more time with you

### What medicines should you bring in?

Bring in any medicines that you take, including those prescribed for you by any doctor you are under the care of and any that you buy over the counter. Medicines include;

- Tablets and capsules
- Liquids
- Creams and ointments
- Inhalers and sprays
- Eye drops and ear drops
- Injections and Patches
- Any medicines you buy from a pharmacy, supermarket or herbal shop. eg. vitamins

Where possible bring your medicines in the original container that they were supplied in.

If you come into hospital without your medicines please ask a friend or relative to bring them in for you.

### What happens to your medicines?

Your medicines will be checked by a member of the pharmacy team or a nurse and they will have a sticker placed on them to show that they are safe to use.



Once they have been checked as suitable for use your medicines will be kept in a locked cupboard for safety. A nurse will give them to you at the correct time each day.



### What happens if my medicines change?

If your dose changes but your medicine remains the same we can put a new label on your medicine. If you need a new medicine we will supply it to you.

### What happens to the medicines I no longer need?

We can safely dispose of these for you. If you have medicines at home that you no longer need please return them to your local pharmacy who will dispose of them for you.



In 2008 it was estimated that wasted medicines cost the NHS an estimated £800 million each year.

### What happens with my medicines when I go home?

When you are due to go home we will send you home with the same medicines that you brought in, unless they have changed during your stay.

We will make sure that you have at least two weeks worth of medication.

We will contact your GP and tell them about any changes that we made to your medicines, so that your treatment can continue.

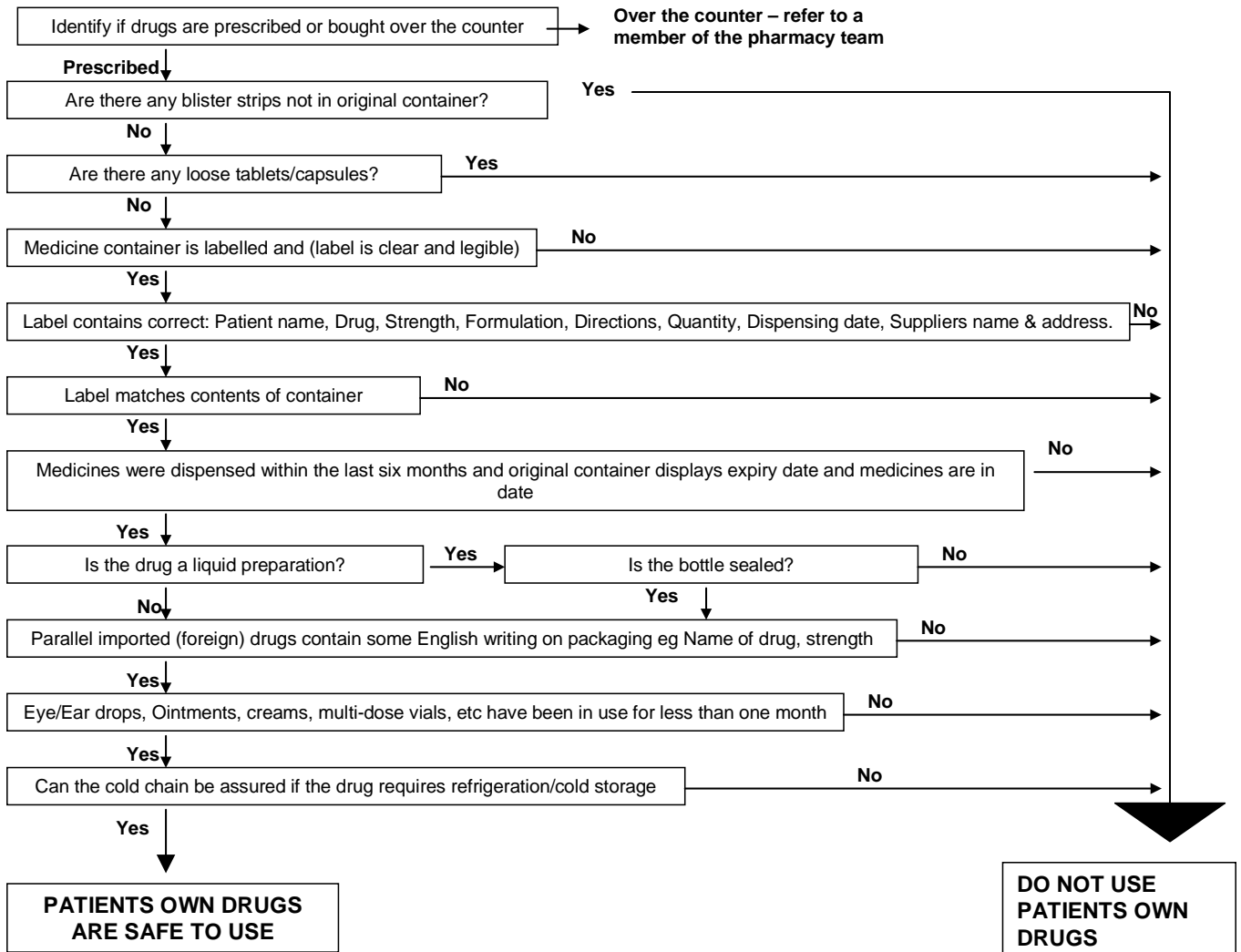
After leaving hospital your GP will continue your treatment. Please contact your GP at least 48 hours before your medicines run out as they require this time to issue a repeat prescription.





### Appendix 3 - Patient's own drugs criteria flowchart for admission

This flowchart is designed to assess the suitability of Patient's Own Drugs for reuse during their stay in hospital. Check one drug at a time against the criteria.



**Note:** If the POD is a controlled drug follow section 3.10 of this policy and CD SOPS in [Appendix 1](#) of the [Medicines Policy](#) in addition to the steps above.

## Appendix 4 - Patient's own drugs & individual patient supplies criteria flowchart for discharge

This flowchart is designed to assess the suitability of patient's own drugs and ward individual patient supplies for reuse on discharge. Check one drug at a time against the criteria.

