

Document Type:	Standard Operating Procedure	
Reference Number : 2655	Version Number: 1	Next Review Date: 4 December 2023
Title:	Standard Operating Procedure (SOP) for the Transfer of ‘Prescription and Medication Administration Record’ and ‘Community Prescription Continuous Subcutaneous Syringe Pump Infusions’ (known as PMAR’s) from Prescriber to Community Nurse or Intermediate Care Teams.	
Document Author:	Locality Clinical Director for Newton Abbot Integrated Service Unit Community Nurse Lead for Moor to Sea Integrated Service Unit	
Applicability:	Trust Wide	

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1. PURPOSE

- 1.1 The aim of this SOP is to ensure ensure safe prescribing when transferring PMAR’s between Prescriber and Community Nursing or Intermediate Care Teams.

2. INCLUSION

- 2.1 The Policy applies to all Community Nurses, Intermediate Care Team and Medical Practitioners employed by the Trust and within the Primary Care setting.

3. EXCLUSION

- 3.1 Just in Case Bag (JICB) and insulin PMARs **cannot** be sent electronically and are not included in this SOP.

4. INTRODUCTION

- 4.1 This Standard Operating Procedure describes the process for the transfer of the 'Prescription and Medication Administration Record' and 'Community Prescription for Continuous Subcutaneous Syringe Pump Infusions' (both referred to in this SOP as PMAR) from Prescriber to Community Nursing or Intermediate Care Teams.
- 4.2 The preferred method of transfer of the PMAR form is by secure NHSmail. The form must be sent by the clinician that completes the form. Due to differing functionalities in Primary Care clinical systems the method of transfer is specific to the system used by the clinician. This is necessary to ensure there is an appropriate audit trail, confirming the form has been sent by the clinician who has completed the form. This replaces the need for a physical signature.

5. PROCESS

5.1 SystemOne

- 5.1.1 The Prescribing Clinician creates the PMAR digitally within the patient record. In the 'signature' box the prescriber must insert their name **and** professional registration code (GMC, NMC number etc.) this replaces the need for a handwritten signature. **Without this the Community Nurses cannot use the PMAR.**
- 5.1.2 The PMAR form is sent directly from the patient record using the right-click option 'Send by NHSmail'. It is the responsibility of the GP Practice to set up their local address book to contain the email address for their community team see Point 6.
- 5.1.3 The email must be sent by the Prescribing Clinician using their own SystemOne log-in details. Although the email will then be sent from a practice 'generic' account it will contain the patient identification details and the name of the clinician who has sent the message. This text cannot be changed by the user and therefore confirms that the PMAR has been completed and sent by the same individual.

5.1.4 The Prescribing Clinician must confirm and record receipt of the PMAR with the Community Nursing Team by task, email or phone.

5.2 EMIS

5.2.1 The Prescribing Clinician creates the PMAR digitally within the patient record. In the 'signature' box the prescriber must insert their name **and** professional registration code (GMC, NMC number etc.) this replaces the need for a handwritten signature. **Without this the Community Nurses cannot use the PMAR.**

5.2.2 The PMAR form is emailed directly from the patient record by opening the document, then clicking 'send' on the bottom right of the screen, this will automatically open Microsoft Outlook email with the PMAR attached.

5.2.3 Then email it to your local Community Nursing Team (Point 6)

5.2.4 It is the responsibility of the GP Practice to set up their local address book to contain the email address for their community team.

5.2.5 The Prescribing Clinician or their practice are responsible for confirming and recording receipt of the PMAR with the Community Nursing Team by task, email or phone.

6. COMMUNITY NURSING TEAMS GENERIC EMAILS

6.1 Generic email addresses for Community Nursing Teams across the Trust.

Email address for local area	
Community Nursing Team	Email Address
Bovey Tracey	boveytracey.districtnurses@nhs.net
Ashburton	ashburtonbuckfastleigh.districtnurses@nhs.net
Teignmouth/Dawlish	communitynurses.teignmouth@nhs.net
Torquay	tsdft.torquayhsc@nhs.net
Newton Abbot	newton.districtnurses@nhs.net
Totnes	totnes.districtnurses@nhs.net
Dartmouth	dartmouth.districtnurses@nhs.net
Brixham & Paignton	paigntonhsc@nhs.net
Out of Hours	ooh.districtnurses@nhs.net

7. REVIEW

7.1 A review of this document will be conducted every 3 years or following a change to practice or generic emails.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2655		
Document title:	Standard Operating Procedure (SOP) for the Transfer of 'Prescription and Medication Administration Record' and 'Community Prescription Continuous Subcutaneous Syringe Pump Infusions' (know as PMAR's) from Prescriber to Community Nurse or Intermediate Care Teams.		
Purpose of document:	To ensure safe prescribing when transferring PMAR's between Prescriber and Community Nursing or Intermediate Care Teams.		
Date of issue:	4 December 2020	Next review date:	4 December 2023
Version:	1	Last review date:	N/A
Author:	Locality Clinical Director for Newton Abbot Integrated Service Unit Community Nurse Lead for Moor to Sea Integrated Service Unit		
Directorate:	Trust Wide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	End of Life Board		
Date approved:	25 November 2020		
Links or overlaps with other policies:	Medicine Policy For Torbay and South Devon NHS Foundation Trust (0806) https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0806.pdf		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	<i>Please select</i>	
	Yes	No
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
4 December 2020	1	New SOP	End of Life Board

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)	Standard Operating Procedure (SOP) for the Transfer of 'Prescription and Medication Administration Record' and 'Community Prescription Continuous Subcutaneous Syringe Pump Infusions' (know as PMAR's) from Prescriber to Community Nurse or Intermediate Care Teams.	Version and Date	Version 1 18 th November 2020
Policy Author	Locality Clinical Director for Newton Abbot Integrated Service Unit Community Nurse Lead for Moor to Sea Integrated Service Unit		
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
To ensure safe transfer of PMAR's between Prescriber and Community Nursing or Intermediate Care Teams.			
Who was consulted when drafting this policy?			

Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input checked="" type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... Primary Care <input checked="" type="checkbox"/>
What were the recommendations/suggestions?		
None		
Does this document require a service redesign or substantial amendments to an existing process? PLEASE		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below		
ACTION PLAN: Please list all actions identified to address any impacts		
Action	Person responsible	Completion date
Not Applicable		
AUTHORISATION:		
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them		
Name of person completing the form	Associate Director of Nursing and Professional Practice for Integrated Service Unit Paignton and Brixham	Signature
Validated by (line manager)		Signature

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.