Title: **PHARMACIST ENABLING POLICY**

Ref No: 2116 Version 1
Classification: Policy

Directorate: Organisation Wide

Due for Review: 03-02-2019
Document Control

Responsible for review: EPMA Implementation Lead

Ratified by: Clinical Director of Pharmacy

Applicability: As indicated below

Introduction

In-patient prescriptions written by doctors and other independent prescribers may unintentionally be incomplete whilst the intention is clear. The pharmacist role includes the clarification of such discrepancies to facilitate safe administration and dispensing of medications to meet the need of the patient. Historically, the pharmacist will raise this with the prescriber who will action this on their recommendation.

With the introduction of an Electronic Prescribing and Administration (EPMA) system, it is anticipated that minor discrepancies will increase as users learn to use the new system and that the system will bring a new type of prescribing error; mis-selection from a drop down list. In addition to this, there will be the increased burden of transferring patient medications from paper to EPMA and vice versa during deployment.

Scope

The Pharmacist Enabling Policy aims to give non-prescribing pharmacists the authority to prescribe on Galileo (the Trust EPMA system). The Policy will detail the circumstances when this practice is permitted.

Pharmacists registered as non-medical prescribers are excluded from this policy and should prescribe within their professional competence.

Standards

The following outlines circumstances in which a non-prescribing pharmacist may amend a prescription.

Times of administration

Pharmacists may amend the timing of medication doses to maximise its therapeutic effectiveness. This includes:

- Medications which are best given at a particular time of day.
- Interacting medications that should not be physically administered at the same time.
- Medications that require even spacing of doses.
- Medications best administered either with meals or on an empty stomach.

Discrepancies on clerking or transcribing

Pharmacists may amend a dose or frequency of a medication where an error appears to have been made during transcription from a list or chart. The prescribers intention should be clear that no change has been intended (i.e. there is no evidence in the medical notes of any change to the medication). This includes:

- Cutaneous, ocular, nasal or auricular medications that appear to have been unintentionally omitted during the patient's admission.
- Weekly oral bisphosphonates or colecalciferol that appear to have been unintentionally omitted during the patient's admission.
- Discontinue and re-prescribe a calcium (+/- colecalciferol) prescription where the incorrect strength or formulation has been prescribed.
- Discontinue and re-prescribe an inhaler where the incorrect strength or device has been prescribed.
- Amend a 'when required' prescription to include a minimum interval in line with the BNF or SPC monograph.
- Discontinue and re-prescribing a medication with the correct dose, route or frequency if the prescribers intention that there has been no change during admission is clear.
- Stopping a medication that a GP has stopped prior to the patient's admission if the prescribers intention that there has been no change during admission is clear.
- Prescribing a medication that has been unintentionally omitted during medicines reconciliation if the prescriber's intention that there has been no change during admission is clear.

Prescription amendments must not be made to reflect the patient's renal or hepatic function. Where interventions of this nature are identified by the pharmacist, they must be discussed with the clinical team for the doctors or non-medical prescriber to action.

Formulation

A pharmacist may amend the formulation prescribed to meet the needs of the patients and facilitate correct medication administration and dispensing. This includes:

- Discontinuing and re-prescribing as a liquid for patients with a PEG/NG in situ or with swallowing difficulties.
- Discontinuing and re-prescribing as a solid dosage form where liquid is no longer required.

Additional patient needs (e.g. liquid or crushing instructions) may be noted by either the pharmacist or the pharmacy technician in the prescriber, pharmacist or medicines management notes of Galileo as part of the medicines reconciliation (MED006) or clinical review (CLIN001) processes.

Supplementary chart

A pharmacist may prescribe a medication on Galileo that is being administered on a paper chart. This enables the DDS to check allergy and interactions with medications prescribed on Galileo and on paper but does not generate any doses for the nurse to be able to administer against. The medications prescribed on paper alongside Galileo are:

- Warfarin
- Fluids
- Variable and fixed rate insulin infusions
- Unfractionated heparin infusion
- CIWAR – chlordiazepoxide & Pabrinex
- Chemotherapy (prescribed in Chemocare system)
- Other variable rate infusions (e.g. isosorbide dinitrate, labetalol etc)
- PCA & PCEA

Transcription of paper chart to Galileo

During pilot and deployment, there will be an additional burden on prescribers as patients move from a non-EPMA to EPMA ward. This poses the greatest risk to patient care where two systems are being used concurrently. To minimise this risk, pharmacists will prioritise patients transferred from a non-EPMA ward and transcribe their medications to Galileo if this has not already been done by the ward doctors.

Drug interactions

Pharmacists may suspend a simvastatin prescription is there is a concurrent short course of:

- Macrolide antibiotics (azithromycin, clarithromycin, erythromycin)
- Azole antifungals (fluconazole, itraconazole, ketoconazole, miconazole, posaconazole, voriconazole)
- Colchicine
- Daptomycin
- Fusidic acid (withhold simvastatin for 7 days after finished course of fusidic acid)

If an interacting long term medication has been prescribed, this should be referred to the prescriber for review and amendment.

Process

In all cases, if the pharmacist is uncertain of the clinician's intention, the discrepancy should be referred to that team verbally and documented in the clinical notes.

Prescriptions can be changed by either:

- Highlighting the medication on the summary screen, click the 'edit' button and make change to the dose or frequency
- Highlighting the medication on the summary screen, click 'discontinue' and note the reason when prompted. A new prescription can then be generated by clicking on the green '+' button on the In-patient medications banner.

When a pharmacist amends a prescription on Galileo it will appear that they have prescribed it. It is therefore necessary to record in the system why the change has been made. This should be done by adding a 'pharmacist note' referencing this document and the reason for the amendment or prescription.

Non-prescribing pharmacists should only prescribe or amend prescriptions within the limits of this policy. This policy does not provide authority to make prescribing decisions.

User competence

Only pharmacists with the necessary experience and competence should make prescription amendments in line with this policy.

- Pharmacists band 7 and above
- Pharmacists band 6 who have completed the SWIMIT support tool

Glossary

EPMA	Electronic prescribing and medicines administration
Galileo	The name of the EPMA system the Trust has procured from Noemalife UK.
BNF	British National Formulary available at www.medicinescomplete.com
SPC	Summary of Product Characteristics available at www.medicines.org.uk
SWIMIT support tool	A workbook which supports new pharmacists in demonstrating their knowledge, competency and understanding of clinical pharmacy to their mentor and/or clinical supervisor.

11. 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.

Ref No:	2116		
Document title:	Pharmacist Enabling Policy		
Purpose of document:	The Pharmacist Enabling Policy aims to give non-prescribing pharmacists the authority to prescribe on Galileo (the Trust EPMA system). The Policy will detail the circumstances when this practice is permitted.		
Date of issue:	3 February 2017	**Next review date:**	3 February 2019
Version:	1	**Last review date:**	
Author:	EPMA Implementation Lead		
Directorate:	Organisation 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:	Clinical Director of Pharmacy Service Delivery Unit – Medical Services		
Date approved:	31 January 2017		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	Please select	
	Yes	*No*
Have you considered using Equality Impact Assessment?	☒	☐
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☒
Does this document have training implications? *If yes please state:*	☐	☒
Does this document have financial implications? *If yes please state:*	☐	☒
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☒

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
3 February 2017	1	New	Clinical Director of Pharmacy

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 iCare

http://icare/Operations/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.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process? NO	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? NO	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Details *(please state):*			

NHS South Devon and Torbay Clinical Commissioning Group
Torbay and South Devon NHS
NHS Foundation Trust

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	***2116 Pharmacist Enabling Policy***	**Version and Date**	*1* *1 February 2017*
Policy Author	EPMA Implementation Lead		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

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 ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centred care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Implementation of electronic prescribing and medicines administration (EPMA) system

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Director of Pharmacy, Clinical Pharmacy Manager, Tested by pharmacists (and users)

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date
Nil		

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	EPMA Implementation Lead	**Signature**	
Validated by (line manager)	Clinical Director of Pharmacy	**Signature**	