Essex County Council and Essex CCGs Medicines Standards for Domiciliary Care Providers

Relevance: The standards are mainly developed for domiciliary care providers (separate standards are available for Care and Nursing home providers)

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SCHEDULE 6d

MEDICATION GUIDELINES

Essex County Council and Essex CCGs Medicines Standards for Domiciliary Care Providers

1 Introduction

The Commissioner requires that organisations/individuals who provide domiciliary care establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.

This standards document forms part of the contract for any organisation or contractor commissioned to provide services which include pharmaceutical or medicines management activities such as purchasing, storing, transporting, prescribing, dispensing, administering and disposal of medication in a domiciliary care setting. Adherence to the standards is monitored via the Quality and Clinical Governance processes and Contract monitoring processes.

Providers will need to develop local policies and procedures to ensure that medicines are handled safely, securely and in accordance with the legislation, professional standards and best practice guidance that applies to their activities. Links to the relevant documentation are given for convenience, they are not exhaustive and providers are responsible for ensuring that they refer to the current version.

Providers are expected to have a formal arrangement in place for access to pharmaceutical advice to ensure there are robust governance processes in place for medication management and to support them in achieving these standards – this may be from an employed pharmacist or through an agreement with an organisation or individual.
Individuals procuring their own medication can obtain advice from their Community Pharmacist. Prescribing advice may only be given by a pharmacy professional or prescriber and will be in line with local policies and guidelines. Advice provided by other healthcare professionals e.g. pharmacists, nurse practitioners, nurses, dieticians, physiotherapists and others must be within the Commissioners guidelines and any recommendations to patients or other clinicians that may affect prescribing should be within these parameters.

For many patients taking medication and being assisted with related tasks is an everyday but essential aspect of their life. Regardless of how the support is arranged, or who is providing it, the commissioner and patient can reasonably expect that the people who support them understand good practice, follow guidance and have demonstrated an ability to meet required standards to ensure their support is compliant, safe, appropriate and that they will have their medication and related tasks at the times they need them. This includes support commissioned by Essex County Council or a Customer and provided by an Agency Care Worker or a Personal Assistant.
Each Customer must be enabled to take their own medication as fully as their understanding and physical abilities allow, therefore the Customer has the right to administer their own medication without assistance from a Care Worker/Personal Assistant. The assessment should include the Customer's ability to manage medication and related tasks, and this should be clarified and detailed in the Support Plan and/or Support Plan Summary and form part of the ongoing risk assessment.

Employers have a responsibility to ensure Care Workers/Personal Assistants have an appropriate level of knowledge and ability to undertake the work safely and competently.

Training can be sourced from accredited providers such as on the Royal Pharmaceutical Society (RPS) or Care Quality Commission (CQC) website.

Care Workers will only be able to prompt, assist or administer medication and carry out related tasks once they have completed training and are assessed as competent. A record must be kept of training

and competence. Training should be refreshed and assessed at regular intervals and annually as a minimum.

Prior to completing any Core or Specialist Competencies, all Care Workers/Personal Assistants must be assessed as competent and this should be evidenced in their training/personal development record.

A detailed plan will be developed for each Customer which will specify the approach for supporting the individual. This will include support around medication and related tasks.

The roles and responsibilities of key people involved in the Customer's medication support should be documented in the Support Plan/Support Plan Summary and the Information to Service Provider.

The particular issues that must be considered by people providing care at home include:
- The amount of help and support with medicines that the person needs from the care worker
- Which medicines the care worker may administer, after being trained to do so
- The way that the care worker keeps records
- What the care worker must not do, for example, offer advice on treatment of minor ailments.

It is not usually appropriate for a care worker to influence:
- How the person chooses to obtain medicines
- How and where the person chooses to keep medicines in the home
- How medicines that are no longer in use are disposed of
- The choice of over-the-counter medicines that the person/parent wishes to buy.

Personal care is still a mainstay of a home care service, but many of the people who are cared for in their own homes need help with taking their medicines. The care provider must be very clear whether care workers are involved in medicine administration or are limited to providing general support for each child or adult they care for. This will be recorded in the plan of care and must be monitored and reviewed regularly. It can be a real challenge to find out what medicines the person has so that the care worker may support the person safely. The home care service may not be responsible for ordering repeat medicines and will not be notified officially when the person's treatment changes. Unlike a care home, there may not be links with a single community pharmacy. Communications between care workers, their supervisors and prescribers must be robust and effective.

Care workers need procedures for the following:
- What to do if a person refuses or decides not to take his/her normal medications
- What to do if a person's mental or physical state changes significantly
- How to communicate between care workers and different agencies.

In England, there is guidance about administering medicines in domiciliary care available from the CSCI website www.csci.org.uk/professional.

2 Handling medicines

The Commissioner expects providers to meet the standards of the relevant legislation and local and national guidance for the processes of ordering, storing, transport, supply, administration and disposal of medicines, including but not limited to those in the table below.
It is essential that care workers have a written medication policy and procedures for helping people with their medicines in their own homes. Homecare providers should satisfy themselves that their insurance policy provides suitable indemnification for the policies and procedures that are followed.
The majority of people who receive domiciliary care are taking medicines that come as tablets, capsule, liquids, eye, ear and nose drops, inhalers and products that are applied to the skin. However, a small number could also be having specialist treatments such as subcutaneous insulin, intravenous feeding (TPN), cytotoxics, anti-cancer medicines, or intravenous antibiotics. This may result in the person having care at home from several different agencies.
The provider must have arrangements in place to ensure that care workers manage medicines safely and securely.

- Where a service user has difficulty in managing his or her medicines, a mechanism is in place to ensure that there is a referral to the community pharmacist for medicines management scheme, and advising other appropriate partners as appropriate.
- Administration of, or assistance with, medication is facilitated when requested by the referral agent, in situations where the service user is unable to self-administer and there is no other carer available, with the informed consent of the service user (or where the assessment indicates he or she is not able to give informed consent, his or her representative) and the agreement of the care worker's line manager, and not contrary to the agency's policy.
- Where packages of care may be provided on a multiagency basis, policies and procedures on the management of medicines are agreed between the agencies and followed.
- The agency ensures that the administration or assistance with medication is detailed in the care plan and forms part of the risk assessment.
- The policy and procedures cover each of the activities concerned with the management of medicines.
- The policy and procedures identify the parameters and circumstances for care workers administering or assisting with medication. They identify the limits and tasks that may not be undertaken without additional training.
- Care workers who administer medicines are trained and competent. A record is kept of all medicines management training completed by care workers and retained for inspection
- The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of care workers.
- When necessary, training in specific techniques (e.g. the administration of eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.
- The agency ensures that the care worker documents, on each occasion, the administration or assistance with medication.
- The agency ensures that, where care workers are involved, records are kept of all requests for, receipt and disposal of medicines.
- The agency ensures that all those involved in the management of the service user's medication agree the arrangements for the safe storage within the service user's home.

- Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.
- Practices for the management of medicines are systematically audited to ensure they are consistent with the agency's policy and procedures and action is taken when necessary.

Standards
• Human Medicines Regulations 2012 • Controlled Drugs (Supervision of Management and Use) Regulations 2013 • Misuse of Drugs Act 1971 • Misuse of Drugs Regulations 2001 • Misuse of Drugs (Safe Custody) Regulations 1973 • The Health Act 2006 • Health and Social Care Act 2008 • The Equality Act 2010 • European Community Directive 2001/83/EC • Environment Agency T28 – Sorting and Denaturing Controlled Drugs for Disposal • Royal Pharmaceutical Society Medicines, Ethics and Practice • Nursing & Midwifery Council Standards for Medicines Management • Good Practice in Prescribing and Managing Medicines and Devices GMC 2013 • DH Protocol for ordering, storing and handling vaccines • Control of Substances Hazardous to Health (COSHH) Guidance • Current good practice guidance issued by organisations including RPS, GPhC, MHRA, DoH, NICE, Home Office, NHS Patient Safety etc. • The Safe and Secure Handling of Medicines: a team approach (Royal Pharmaceutical Society) • A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (National Prescribing Centre) • CQC Standards for Medicines Management Outcome 9 • A Guide to Good Practice in the Management of Controlled drugs in Primary Care (National Prescribing Centre) • NICE Clinical Guideline (SC1) Managing Medicines in Care Homes

2.1 Handling medicines – additional points

2.1.1 Dispensing

- Medication will be supplied on a named patient basis whenever possible and patients who wish to self-administer their medication will be supported to do so when it can be done safely.
- It is up to the patient or their representative to choose where their prescriptions are dispensed. Health professionals may provide signposting information on services and opening times but will not direct prescriptions to a particular supplier.
- Original pack dispensing should be routine and is preferred. Each patient should be assessed for self administration. The need for monitored dosage systems (MDS) should be reviewed on an individual basis taking into consideration the stability and suitability of individual medicines and not be used routinely for the benefit of the organisation.

2.1.2 Prescription charges

Providers who supply medication which attracts a prescription charge will meet the requirements for collecting the appropriate charges or confirming exemption.

Emergency Medicines

In settings where it is recommended that medication is held in case of medical emergency, there will be procedures in place to ensure safe and secure storage, and regular recorded checks on expiry dates. Staff will be trained in the use of the medication and be aware of the location. There will be protocols on the use of the medication.

2.1.3 Transfer of medicines

- Green self-sealing plastic bags will be made available for patients, whether in care homes or in their own homes ,to use to hold their medication when going into hospital or moving between care settings
- Providers will use the bags or equivalent packaging when they need to send medication anywhere with patients to identify patients own drugs, support medicines reconciliation and minimise loss.

2.1.4 Patient's own drugs in compliance aids

- Compliance aids which have been filled by a community pharmacist or dispensing doctor:
    - allow identification of individual products
    - are fully labelled
    - are assessed as suitable by a suitably trained member of staff.
    - do not contain schedule 2 or 3 controlled drugs

  and should be treated as all other patient's own medication in line with local policy.
- Compliance aids which have been filled by the patient or a family member will not be fully labelled to allow identification of the medicines. They may be used for self-administration after risk assessment, but medicines from them cannot be administered by a nurse or carer.
- Self-administration by patients should be encouraged where appropriate to ensure that these skills are not lost.

2.1.5 Illegal substances

Providers will have in place a procedure for dealing with potential illegal substances and prescription drugs liable to abuse by service users or other visitors.

2.2 The Mental Capacity Act

Assessment of the Customer's capacity to give their consent is vital. If the Customer's capacity is being challenged, an assessment must take place under the Mental Capacity Act. People with capacity must give consent each time medication is given. The Support Plan Summary should clearly state action to be taken if circumstances change, and any specific preferences that have been identified relating to equality and diversity.

A Customer may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage, arrangements made to accommodate them and relevant details recorded in the Support Plan and/or Support Plan Summary and Information to Service Provider form

2.3 The Equality Act

- Providers are expected to meet the requirements of The Equality Act 2010 by assessing patients and making appropriate adjustments to their services. Where this involves the provision of medicines compliance aids by community pharmacy contractors and dispensing doctors:
- Patient assessment and the selection of appropriate compliance aids (which include monitored dosage systems, reminder charts, easy open containers and large print labels) is a decision for the contractor who dispenses that patient's prescriptions.
- The duration of the prescription is a decision for the prescriber and where a prescriber considers that there is a clinical risk in a patient having more than a certain amount of medication in the house at any one time, they will issue prescriptions of the appropriate duration
- The requirement is to support the patient in managing their own medication. There is no obligation to provide compliance aids where the patient is not self-medicating, although a private service may be offered (to individuals, care homes or care agencies). Patients with a learning disability, who are training to self-medicate but who currently have a carer, may be an exception to this.
- Stability of the products within the compliance aid will be a factor in the decision

2.4 Controlled Drugs

The Provider shall ensure it has robust arrangements for the safe and secure use and handling of controlled drugs (CDs) in line with legislation, national regulations and guidance.
Organisations will have procedures in place to ensure that complaints, incidents and concerns relating to Controlled Drugs are brought to the attention of the appropriate CD Accountable Officer (CDAO) and the commissioner.

- Serious concerns about any element of the management and use of controlled drugs should be reported to the Area team CDAO, the police, the Local Intelligence Network, the local Clinical Performance or equivalent group, the commissioner and / or the relevant regulatory body.
- Destruction of out of date and unwanted stock CDs will be witnessed by one of the groups listed in the regulations.
- Providers who administer CDs will have a procedure in place to cover the arrangements for the disposal of any unused portion of an injection. Where possible there should be a witness to this procedure.
- Providers will have Standard Operating Procedures in place to cover the handling of CDs
- Providers will have procedures in place to monitor inappropriate, unusual or excessive prescribing and report this to the commissioner and Area Team CDAO.

- The Area Team CDAO and commissioner will monitor inappropriate, unusual or excessive CD prescribing by prescribers (including non-practice prescribers, non-medical prescribers and private prescribers). Providers will respond promptly to requests for information or clarification and requests for self-assessments.

3 Medicines Policy

The Provider will have a medicines policy which complies with NICE Guideline recommendations, including:

- A process for managing personal and sensitive information covering the 5 rules set out in 'A guide to confidentiality in health and social care'.
- Training needed by staff who are managing information, and how their skills will be assessed.
- Details of how changes to a patient's medicines should be communicated between staff at shift changes.
- A process for the secure sharing of data.
- A process for ensuring that everyone involved in a patient's care knows when medicines have been started, stopped or changed.

Ensuring that records are accurate and up-to-date:

- Include a process for ensuring that records about medicines are accurate and up-to-date.
- Give details of how processes for record-keeping will be monitored and audited.
- Identifying, reporting and reviewing medicines-related problems
- Include a process for reporting all suspected adverse effects from medicines. The process includes:
    - how to report
    - what to record
    - who to feedback to (for example, the patient and/or their family or carers, and the supplying pharmacy).
- Include a process for managing medicines-related errors/ incidents and safeguarding incidents, which gives details of:
    - how to identify them (include actual errors or incidents and 'near misses')
    - how to report them
    - who to report to (the process follows any local reporting processes, CQC or other regulator, Commissioner).
    - what to record (as soon as possible)
    - how the incident will be investigated (including how to find the root cause)
    - who will investigate
    - the time scale for investigation
    - how the results of the investigation and any lessons learnt will be shared, both with the staff of the provider and more widely (local shared learning)
    - how the incident will be reported to the patient and/or their family or carers.

The process follows local safeguarding processes.

- Include a process for providing information to customers and/or their families or carers about:

    - how to report a medicines-related safety incident
    - how to report a medicines-related safeguarding incident or concern
    - how to discuss their concerns about medicines
    - how to use the provider's complaints process, local authority (or local safeguarding) processes and/or a regulator's complaints process
    - how to use advocacy and independent complaints services.
- Include a process for identifying any training needed by staff who are responsible for managing and administering medicines. The process notes that if there is a medicines-related safety incident, review may need to be more frequent to identify support; learning and development needs.
- Include a process (where appropriate) for accurately listing a patient's medicines (medicines reconciliation), which covers:
    - who is responsible for coordinating medicines reconciliation
    - who to involve (including the patient and/or their family or carers, a pharmacist, other health and social care staff)
    - details of other contacts defined by the patient and/or their family or carers (for example: GP, consultant, regular pharmacist, specialist nurse)
    - known allergies and reactions to medicines or ingredients, and the type of reaction experienced
    - medicines the patient is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
    - changes to medicines, including medicines started, stopped or dosage changed, and reason for change
    - date and time of the last dose of any 'when required' medicine or any medicine given less often than once a day (weekly or monthly)
    - other information, including when the medicine should be reviewed or monitored, and any support the patient needs (adherence support)
    - what information has been given to the patient and/or family or carers.
    - the training and skills needed for medicines reconciliation (for example, effective communication skills, technical knowledge of relevant medicines management systems and evidence-based therapeutics).
- Include a process for ordering medicines (where appropriate), which ensures that medicines prescribed for a patient are not used by others
- Include a process for ensuring patient information leaflets are available for staff and patients where appropriate

The process details:

- the 6 R's of administration:
    - right resident
    - right medicine
    - right route
    - right dose
    - right time
    - patient's right to refuse
- that records should:
    - be legible

  - be signed by the staff
  - be clear and accurate
  - be factual
  - have the correct date and time
  - be completed as soon as possible after administration
  - avoid jargon and abbreviations
  - be easily understood by the patient, their family and carers.
- the information a medicines administration record should include:
  - the full name, date of birth and weight (for those under 16 or where appropriate, for example, frail older people) of the patient
  - details of any medicines the patient is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration)
  - known allergies and reactions to medicines or their ingredients, and the type of reaction experienced (this will require liaison between the agency/worker and the patient's GP)
  - when the medicine should be reviewed or monitored (as appropriate)
  - any support the patient may need to carry on taking the medicine (adherence support)
  - any special instructions about how the medicine should be taken (such as before, with or after food, or whether the medicine could be crushed or split). Any change in administration method must be carried out with the patient's consent and within agreed guidelines
- who will produce the medicines administration records
- how to record medicines administration (including medicines administered by visiting health professionals)
- how to cross-reference separate relevant administration records (for example, Patients on warfarin should have a yellow book (Oral anticoagulant therapy pack) where blood test results are recorded with dose changes and instructions')
- how to administer specific medicines such as patches, creams, inhalers, eye drops and liquids if competent and trained
- using the correct equipment depending on the formulation (for example, using oral syringes for small doses of liquid medicines)
- how to record and report administration errors and reactions to medicines
- how to record and report a patient's refusal to take a medicine(s)
- how to manage medicines that are prescribed 'when required'
- how to manage medicines when the patient is away for a short time (for example, visiting relatives)
- monitoring and evaluating the effects of medicines, including reactions to medicines
- agreeing with the patient, prescriber and pharmacist the timing for administration of medicines
- how to reduce interruptions during medicines administration
- how to ensure information on the medicines administration record is accurate and up-to-date
- how to access appropriate medicines information and resources.

For 'when required' medicines, the process includes:

- the reasons for giving the 'when required' medicine
- how much to give if a variable dose has been prescribed
- what the medicine is expected to do
- the minimum time between doses if the first dose has not worked
- when to check with the prescriber any confusion about which medicines or doses are to be given
- recording 'when required' medicines in the care plan.

The process specifies that medicines prescribed as 'when required' are kept in their original packs and not monitored dosage systems.
For controlled drugs, the process includes:

- how to make appropriate records of controlled drugs that have been administered
- the requirement for signing the medicines administration record.
- Include a process for recording prescribing instructions given remotely,
- Include details of the training and skills required by staff, as follows:
  - induction training
  - training and competency assessment for staff designated to administer medicines, including the learning and development requirements for this role
  - internal or external learning and development programmes for the skills needed to manage and administer medicines
  - annual review of the knowledge, skills and competencies relating to managing and administering medicines
  - a requirement that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines
- Include a process for managing and administering non-prescription medicines and other over-the-counter-products (homely remedies) for treating minor ailments. Complementary medicines, e.g. aromatherapy, herbal, homeopathic remedies, are used for therapeutic purposes and require the same safeguards as with other medicines.
- Include a process for the covert administration of medicines

Providers who are involved in administering medication will consider current legal and best practice frameworks and make an assessment of the capacity of the patient to refuse their medication before undertaking covert administration.

4 Supply of medicines

When relevant to the service, the commissioner expects providers to meet the standards of the relevant legislation and local and national guidance for prescribing including but not limited to those in the table below.

Standards
• Human Medicines Regulations 2012 • Controlled Drugs (Supervision of Management and Use) Regulations 2013 • Misuse of Drugs Act 1971 • Misuse of Drugs Regulations 2001 • Misuse of Drugs (Safe Custody) Regulations 1973 • The Health Act 2006 • Health and Social Care Act 2008 • The Equality Act 2010 • European Community Directive 2001/83/EC • Royal Pharmaceutical Society Medicines, Ethics and Practice 36 • Nursing & Midwifery Council Standards for Medicines Management • Good Practice in Prescribing and Managing Medicines and Devices GMC 2013 • Guide to Medication Review (National Prescribing Centre, 2008) • Current good practice guidance issued by organisations including RPS, GPhC, MHRA, DoH,

Standards
NICE, Home Office, NHS Patient Safety etc • CCG prescribing policies, guidelines, formularies • BNF guidance and individual product SPCs • A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (National Prescribing Centre) • CQC Standards for Medicines Management Outcome 9 • NICE PSG001 Technical patient safety solutions for medicines reconciliation on admission of adults to hospital 2007 • Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH September 2007) • Handling Medicines in Social Care (Royal Pharmaceutical Society) • CQC Standards for Medicines Management Outcome 9 • National Prescribing Centre. (2004). *Good Practice Guide to Quality Repeat Prescribing* • National Prescribing Centre. (2008). *Medicines Reconciliation; A Guide to Implementation* • A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (National Prescribing Centre)

The home care service may not be responsible for ordering repeat medicines and will not be notified officially when the person's treatment changes. Unlike a care home, there may not be links with a single community pharmacy.

4.1 Prescription forms

- Providers will have a process in place to manage incidents involving lost, stolen or forged prescriptions. If there is a need to notify local pharmacies to prevent fraudulent prescriptions being dispensed, the provider will notify the local area NHS team.
- The process for handing out prescription forms to patients, their representatives or healthcare staff will take into account prescription security and patient confidentiality. Consent must be obtained before handing a prescription to anyone other than the patient.
- Robust, reliable and secure communication systems should be in place to ensure accurate and timely information about an individual patient's medication is available to the appropriate professionals responsible for his/her care.

4.2 Supply arrangements

If the provider is ordering prescriptions on behalf of a patient:

- All prescriptions must be requested in writing allowing 48 hours' notice (or longer on bank holidays or weekend).
- The provider must have in place robust ordering systems to ensure continuity of supply and to avoid requesting urgent repeat prescriptions.
- Must ensure that where it is not possible for a GP to indicate an exact dose on a prescription for medication that is to be administered, for example insulin, they are provided with written instructions by the GP. Indication for use and maximum doses must be stated for "as needed" prescriptions

4.2.1 Verbal orders

- Providers who administer medication will assess the risks associated with verbal orders, issued in an emergency to authorise the administration or discontinuation of a prescribed medication, and when they are used, have a governance framework in place to manage those risks.

- Where verbal orders are used, providers will have a procedure in place to ensure that they are issued by a prescriber, and received, recorded and acted on by a designated practitioner.

- The procedure will specify the duration for which a verbal order will apply, and the process for obtaining the prescriber's written instructions
- The procedure will cover other methods of receiving remote instructions such as fax, email and text if applicable.

Controlled drug orders should not be accepted verbally or by fax.

4.3 Medication review and Medicines Reconciliation

Medication reviews take place in many settings and providers are encouraged to work together to provide a complimentary service.

The following are examples of reviews that a patient may receive:

- Clinical medication reviews in primary care (GP practices)
- Community Pharmacy Medicines Use Review (MUR)
- Appliance Use Review (AUR) -Community Pharmacy and Dispensing Appliance Contractors
- Dispensing Review of Use of Medicines (DRUM) (Dispensing practices)
- Community Pharmacy New Medicines Service (NMS)

4.3.1 Medicines Reconciliation

Providers should establish communication links with other providers including, general practitioners, care homes, and community pharmacies to ensure that adequate information about a patients medicines arrangements, (including any supplies of medicines) are transferred with the patient. Information from 'Medicine Use Reviews' (provided by community pharmacists) should be used where appropriate.

4.3.2 Disposal of medicines

- Medicines are to be returned for disposal to a community pharmacy when they are no longer required.
- A record of returned medicines must be kept. This record is to be signed by the community Pharmacy where medicines are returned.
- Sealed sharps containers should be returned to the GP surgery.

4.4 Duration of treatment

Prescriptions will be written for the duration that meets the patient's need and must not exceed local guidelines.

5 Advice to patients

5.1 Promotion of self care

- Providers will offer opportunistic brief interventions whenever appropriate to advice patients and service users on lifestyle measures that will enable them to get the best from their medication.

6 Governance

Providers are expected to have governance arrangements in place appropriate to the services they provide. The following governance arrangements are not specific to medicines management and are not covered in detail in these standards:

- Information governance
- Performance management
- Complaints and incidents
- Record keeping
- Mental capacity
- Business continuity
- Safeguarding
- Consent
- Whistle-blowing
- Bribery
- Fraud
- Theft

6.1 Standard Operating Procedures

- Providers will develop Standard Operating Procedures (SOPs) to describe the processes of handling and managing medicines for the services commissioned
- SOPs will be formally approved by the provider, and reviewed at least every 2 years
- SOPs will indicate who is authorised to carry out each activity, what training is necessary, and what records will be kept

6.2 Near miss errors and medication incidents

- Providers will maintain an error /medication incident log
- The log will be reviewed regularly and providers will be able to provide evidence that they have identified and acted on trends and put corrective action in place to prevent recurrence of errors /medication incidents.
- Number of medication incidents, trends and action plans should be shared with the Commissioner.

6.3 Adverse reactions

- Suspected adverse reactions to medicines, particularly black triangle medicines under intensive monitoring, can be reported to the Medicines and Healthcare Regulatory Agency (MHRA) by anyone including non-clinical staff and patients.
- Suspected adverse reactions must be reported to the pharmacist and GP
- Reports can be made online at www.yellowcard.gov.uk or using the form in the British national Formulary (BNF).

6.4 Medicines Safety alerts

Providers will have a process for receiving, acknowledging and acting on medicines safety alerts, including drug recalls, whether national or local and provide assurance of implementation to the commissioners if requested

6.5 Audit

Providers will have a programme of audit in line with their organisation's clinical governance framework, their professional code of conduct, individual service specifications and their contractual requirements.