

Administration and Supply of Medicines Policy

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Applies to	All Staff, Duty Doctors and Pharmacists
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1. INTRODUCTION

South East London Doctors Co-operative (SELDOC) and South London Doctors Urgent Care (SLDUC) provides out-of-hours and unscheduled primary care services to patients registered with a GP practice in Lambeth, Lewisham, Southwark, Merton, Kingston, Wandsworth and Sutton CCGs including unregistered patients residing within its boundaries.

The service SELDOC/SLDUC provides is for urgent medical conditions, not for routine care such as the administration or supply of on-going or long term medication.

However, in an emergency or urgent care situation, it may be necessary to administer or supply medicines to alleviate or treat acute symptoms.

2. LEGAL, ETHICAL AND GOOD PRACTICE GUIDANCE FOR PRESCRIBING

The law relating to administration and supply of medicines is detailed in the Medicines Act 1968¹, the Prescription Only Medicines (Human Use) Order 1997², the Medicines (Pharmacy and General Sale – Exemption) Order 1980 (as amended)³, the Misuse of Drugs Act, 1971 (as amended)⁴ and the Misuse of Drugs Regulations 2001⁵. The General Medical Council (GMC) and the General Pharmaceutical Council (GPhC) expects doctors and prescribing pharmacists to comply with the standards of good practice set out in their guidance – *Good practice in prescribing medicines – guidance for doctors*⁶, *The Single Competency Framework for all prescribers*⁷. This policy will be updated in response to changes in regulations.

3. KEY PRINCIPLES TO CONSIDER

The documents cited above are clear on the following principles:

If you are the doctor administering, or authorising the supply by another of, a medicine, you bear the legal and professional responsibility for that treatment

A medication must be authorised to be administered or supplied by a prescription or patient specific direction

You should consider if the medicine is required before the next working day

¹<http://www.legislation.gov.uk/ukpga/1968/67/contents>

²<http://www.legislation.gov.uk/uksi/1997/1830/contents/made>

³<http://www.legislation.gov.uk/uksi/2000/1919/contents/made>

⁴<http://www.legislation.gov.uk/ukpga/1971/38/contents>

⁵<http://www.legislation.gov.uk/uksi/2001/3998/contents/made>

⁶http://www.gmc-uk.org/guidance/ethical_guidance/prescriptions_fags.asp

⁷ <http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf>

4. KEY POINTS FOR DOCTORS WHO WISH TO AUTHORISE A SUPPLY OF MEDICINE

SELDOC/SLDUC expects the following principles to be followed by all prescribing doctors:

- 4.1 The legal responsibility for authorising supply of a medicine to a named patient lies with the doctor /pharmacist who signs the prescription
- 4.2 The doctor should consider if the medicine is required urgently before the next working day by:
 - considering the consequences of not supplying the medicine until the next working day
 - considering the risks associated with the medicine, i.e. risk of side effects, interactions or abuse (see linked Prescribing Policy for High Risk Medicines)
 - considering alternative access to medicines such as purchasing over the counter medicines or homely remedies
- 4.3 A 'patient pre-pack' of the medicine should be supplied from stock when local community pharmacies are closed and treatment is required

5. KEY POINTS FOR DOCTORS WHO WISH TO ADMINISTER A MEDICINE

SELDOC/SLDUC expects the following principles to be followed by all doctors administering medicines:

- 5.1 The legal responsibility for the outcomes of a medicine lies with the doctor who administers the medicine
- 5.2 In the exceptional circumstance that administration of a medicine is warranted, the doctor must have sufficient knowledge and expertise to administer the medicine safely and confidently
- 5.3 Only medicines for acute symptoms should be administered by a doctor providing urgent care
- 5.4 The responsibility for administration of on-going or long term medication lies with the doctor that is responsible for on-going care, not with doctors/pharmacist providing urgent care

6. SPECIAL CONSIDERATION FOR CONTROLLED DRUGS

- 6.1 SELDOC/SLDUC holds a stock of controlled drugs for use in palliative care.
- 6.2 A record of any medication supplied must be entered in the patient's case notes in ADAstra – drug name, formulation, strength, quantity and dose regime.
- 6.3 The Domiciliary CD register must also be completed (kept at SELDOC/SLDUC)

base).

7. RECORD KEEPING AND ISSUE OF FP10s

7.1 The prescriber must clearly identify and record on ADASTRA:

- complete patient details (name, age, address)
- complete drug history details
- known medicines sensitivities or allergies – ‘none known’ must be stated if appropriate
- adequate assessment of the patient’s conditions and current symptoms

7.2 The prescription to authorise supply from stock must be generated, recorded and printed from Adastral (i.e. NOT recorded as free text) whether issued during a base attendance or telephone advice call so that an accurate audit trail exists and the patient’s GP can be informed the next working day. The prescription should be signed, dated, scored across and annotated with “supplied from stock”.

7.3 When a prescription cannot be printed directly from Adastral (e.g. during a home visit), generate and record the prescription within ADASTRA but DO NOT PRINT, instead select the ‘HAND WRITTEN’ function within the prescribing window. This stores the information in the medical record and facilitates clinical audit.

7.4 The visiting doctor must complete the **Record Sheet for Medication Issued from Stock** citing the Medication, Case number and Batch Number. This completes the audit trail and enables re-stocking of used items.