Heart of England NHS
NHS Foundation Trust

Building healthier lives

Medicines Policy
v1.0

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Document Type:	Policy
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Purpose:	To describe the framework governing how medicines are managed within the trust and to signpost the appropriate procedures
Responsible Directorate:	Medicines Management
Executive Sponsor:	Dr David Rosser, Deputy CEO (Clinical Quality) and Medical Director
Document Author:	Tania Carruthers, Clinical Director of Pharmacy
Approved by:	Board of Directors
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Related Controlled documents	Medicines Management Procedures
Relevant External Standards/ Legislation	Full list of legislation and standards can be found in the References section
Target Audience:	All staff involved in Medicines
Further information:	Clinical Director of Pharmacy

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Version No.	Date of Release	Document Author	Ratified by	Date Ratified
1.0	27/03/2017	Tania Carruthers/Gurdeep Chopra	Board	27/03/2017

Summary of changes from last version:
This policy has been substantially revised to act as an overarching framework to over 20 Medicines Management Procedures and set the corporate context of the management of medicines. Any procedural related information has been placed in the appropriate procedure.

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1 Policy Statement

The Heart of England NHS Foundation Trust (the Trust) is committed to ensure the safe, appropriate and secure handling of medicines to protect its patients, staff and visitors.
The objective of this policy is to ensure that:

- Patients benefit from timely, safe, cost effective and efficient use of medicines;

- Medicines are handled safely and securely minimising the risks associated with medicines management;

- Relevant evidence-based guidance and good practice relating to medicines management published by expert and professional bodies including NHS England, National Institute of Health and Clinical Excellence (NICE), Medicines Healthcare products Regulatory Agency (MHRA), and the Health Protection Agency (HPA) are adopted within the Trust;

- Medicinal products used for clinical trials are handled in accordance with the clinical trial protocol which must be covered by a Clinical Trial Authorisation (CTA) issued by the MHRA, favourable ethical opinion from a Research Ethics Committee and Trust Research and Development approval.

- It is essential that all staff involved in the prescribing, supply and administration of medicines are made aware of this policy on joining the Trust and practice at all times in accordance with it. This policy should be read in conjunction with the Trust Controlled Drugs Procedure and the Staff Handbook – Standards for Safe Medicines Practice

2 Scope

This policy applies to all staff within the Trust including individuals employed by the Trust, students, locum and agency staff and all staff employed on honorary contracts, who are involved in the prescribing, supply, dispensing, handling, storage, administration and disposal of all medicines on and off, Trust premises.

3 Definitions

Definition of 'Medicines'

The term 'medicines' embraces all products that are administered by mouth, are applied to the body or introduced into the body for the purpose of treating or preventing disease, diagnosing or ascertaining the existence, degree or extent of a physiological condition, contraception, inducing anaesthesia, or otherwise preventing or interfering with the normal operation of a physiological function.

CE Marking is a mandatory conformity mark on a product placed on the single market in the European Economic Area (EEA). The CE Marking certifies that a product has met EU health, safety and environmental requirements, which ensure consumer safety. This does not provide any guarantees regarding quality of the 'medicinal product' and these will need to be risk assessed as required.

4 Framework

This policy sets out the broad framework for the management of medicines throughout the Trust. Detailed requirements and instructions are provided in the associated corporate procedural documents referred to in Section 13.

The Chair of the Medicines Management Group (MMG) shall approve all corporate procedural documents associated with this policy and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy, legislation and current guidance.

Due to the necessity for timely update of medicines management procedures in line with ever changing legislation, amendments to the procedural documents listed in Section 14, may be approved by the Chair of MMG without full stakeholder consultation (see exception in the Controlled Document Procedure).

Local procedural documents related to, or including, medicines (i.e. documents applicable to specific departments or areas) must be approved by the Clinical Service Lead in the respective area and the Medicines Management Group.

5 Medicines Management Group (MMG)

The MMG is responsible, on behalf of the Executive Medical Director, for providing strategic direction for the implementation of medicines management and practice within the Trust
The primary objective of MMG is to ensure appropriate clinical and cost effective use of medicines, promoting the highest standards of medicines management and safe practice throughout the Trust, by ensuring that senior managers are aware of issues relating to the use of medicines within the organisation as part of the overall clinical and corporate governance structure.
The MMG reports to the Clinical Quality Monitoring Group (CQMG). The MMG has representatives from all the major user groups and representation from the other organisations, for example the local CCGs and the Medicines Assessment and Advisory Group (MAAG) who directly and indirectly are responsible for ensuring seamless medicines management and practice across the interface of acute and primary care. The MMG has a number of sub-groups responsible for implementing the objectives of the MMG. The governance structure for these groups is outlined in Appendix B.
Any exceptions under this policy or issues arising in the Trust impacting on the policy, will be reported from MMG to the Clinical Quality Monitoring Group.
The CQMG will provide assurances to the Board of Directors that the clinical services offered by the Trust including medicines management, are of the highest quality. The

CQMG will assess and monitor the quality of care provided. The Executive Medical Director will make recommendations for actions to be taken from the information provided at its meetings; working with Divisional Directors and Divisional Clinical Governance Quality Groups and will monitor the measures taken.

6 Medicines Management Governance Structure

6.1 Medicines Management Groups

The MMG and its sub groups shown in Appendix B provide a framework that enables the Trust to comply with relevant medicines legislation and guidance.

The role of **The Safe Medications Practice Group (SMPG)** is to consider all aspects of medicines management which relate to the safe use of medicines within the Trust, promote continued improvement in systems which relate to the safe use of medicines and to advise the MMG on matters relating to the safe use of medicines. The SMPG will report exceptions relating to the safety of medicines to the MMG.

The role of **The Trust Antimicrobial Group (TAG)** is to ensure that the Trust has robust systems in place to ensure the clinically effective, evidence-based, safe and cost effective use of antimicrobials (antimicrobial stewardship) as part of its overall governance structure. The Antimicrobials Group provides the Trust with the means to ensure corporate responsibility for the use of antimicrobial drugs across the organisation and will report exceptions relating to the use of antimicrobials to the MMG.

The role of **The Non-Medical Prescribing Steering Group** is to provide overarching multidisciplinary leadership for non-medical prescribing (NMP) within the Trust. In doing so, it manages the process of Trust approval to train as a non-medical prescriber and to prescribe, taking account of service redesigns and improved patient access to medicines. The NMP Steering Group aims to strengthen and monitor the governance issues associated with non-medical prescribing, to determine potential and support existing non-medical prescribers, advise the MMG on matters relating to non-medical prescribing and will report exceptions relating to non-medical prescribing to the MMG.

The role of **The Medicines Assessment & Advisory Group (MAAG)** is to provide a forum to discuss any issues relating to the use of medicines and introduction of new medicines. The MAAG will provide a robust process for the introduction of new medicines to the Trust. The MMG will oversee the use of unlicensed drugs within the division and ensure risk assessments undertaken and maintain an effective formulary for each clinical speciality. MAAG will report any exceptions in prescribing to the MMG.

6.2 Medicines Management Procedures

The Trust implements operational procedures to cover all aspects of medicines management.

The Medicines Management Procedures are developed and implemented in accordance with the Controlled Document Procedure and includes approval by MMG.

Each medicines management procedure sets out the respective training and competence required to work against the procedure, documentation, monitoring and audit requirements.

Compliance with all such procedures is mandatory. Failure by any member of staff to comply with this policy or any of its associated procedures will result in consideration of the use of disciplinary action.

6.3 Documentation, Record Keeping and Audit

Records are to be maintained, in accordance with the associated medicines management procedures to provide a full medicines audit trail complying with medicines legislation and best practice guidance.

Routine audit of record keeping, systems and documentation will be undertaken in accordance with the procedures, together with the implementation and monitoring of appropriate actions where identified.

Risk assessments for associated procedures must be undertaken where appropriate.

6.4 Purchasing of Medicines

The Clinical Director of Pharmacy (with delegation as appropriate) is responsible for obtaining all medicinal products that are required in hospitals of the Trust, ensuring that they are of a suitable quality, and for their issue against an appropriate order. Other employees of the Trust are not empowered to purchase medicines for use within the Trust other than by delegated authority of the Clinical Director of Pharmacy.

In purchasing medicines for the Trust, the Pharmacy Department makes full use of national and procurement hubs purchasing contracts to minimise the acquisition costs of medicines but also for the assurance that contract lines have undergone additional NHS Quality Assurance prior to the awarding of contracts. In certain circumstances, consideration is also given to the impact of differential pricing between primary and secondary care.

In an effort to minimise the risks associated with medicines, the Trust follows a Purchasing for Safety procedure.

6.5 Incident Reporting

All medication related incidents and near misses must be managed through the Trust Procedure for The Reporting and Investigation of Incidents Including Serious Incidents Requiring Investigation.

Incidents must be reported through the Trust’s incident reporting system using the electronic reporting system, Datix.

The Chief Pharmacist will receive daily notification of all medication related incidents/near misses and ensure that an appropriate review is undertaken and any necessary actions are implemented.

To ensure lessons are learned from both actual incidents and near misses, the SMPG will receive an incident report summary from the Pharmacy Governance Team and Medication Safety Officer (MSO). SMPG will then review the incidents/near misses and is responsible for implementing risk management strategies to address elements of risk identified.

6.6 Accuracy of Prescription Charts

The Electronic Prescribing medications administrative system ensures that prescribing and administration of medicines is in accordance with approved and validated medication templates.

6.7 Research medicines

All medication that is to be used as part of any research undertaken within the Trust, whether licensed or unlicensed, must be managed via the Pharmacy department. The responsibility for the quality of any products involved rests with the trial investigator/sponsor whilst the management of medicines within the Trust is the responsibility of the Chief Pharmacist.

7 Responsibilities

7.1 Individual responsibilities

A detailed description of duties and responsibilities of individuals involved in all aspects of the use of medicines (i.e. prescribing, supply, dispensing, handling, storage, administration and disposal of all medicines, including controlled drugs) within the Trust can be found in each associated procedural document.

7.2 Chief Executive Officer

The Chief Executive of the Trust has overall responsibility for medicines management within the Trust. The Clinical Director of Pharmacy has delegated responsibility as the Trust's Lead of Medicines Management which includes the safe and secure handling of medicines throughout the Trust. The Clinical Director of Pharmacy reports directly to the Chief Executive for this purpose across the whole of the organisation. The Clinical Director of Pharmacy is also the Trust's Accountable Officer for the safe and secure handling of Controlled Drugs within the Trust.

7.3 Medical Director

The Executive Medical Director is responsible on behalf of the Chief Executive Officer for ensuring compliance with standing legal and quality frameworks relating to the safe and secure handling of medicines.

7.4 Chief Pharmacist/Clinical Director of Pharmacy

The Chief Pharmacist/Clinical Director of Pharmacy, on behalf of the Medical Director, is responsible for the implementation and monitoring of this policy through the MMG, its subgroups and the CQMG. To maintain multidisciplinary involvement in medicines related issues the Chief Pharmacist will liaise with the Chair of MMG.

7.5 Executives and managers

To include: Executive Directors, Divisional Directors, Associate Divisional Directors, Divisional Directors of Operations, Group Managers, Clinical Service Leads, Pharmacy Operational Managers and Principal Pharmacists, Associate Directors of Nursing, Matrons and other line managers

Managers are responsible for:

- Incorporating the Medicines Policy into their procedures and working practices.
- Making arrangements so that staff are able to implement the policy.
- Ensuring appropriate audit related to medicines management and practice is undertaken.
- Ensuring that following audit, action plans to improve safe medicines practice are implemented and monitored.

7.6 Consultants' and Department Managers' Responsibilities

Consultants' are responsible for ensuring that all prescribers in their team are trained to be competent in all aspects of prescribing medicines, as specified in the Medicines Policy.

Senior Sisters and Managers of all departments using medicines must ensure that:

- A copy of the Medicines Policy is available to their staff
- Staff are fully aware of the Policy and associated procedures applicable to their ward or department
- Staff are competent to carry out any of their duties encompassed by this Policy and associated procedures.

7.7 All Staff outlined in the scope

All registered clinical staff are responsible for their own professional practice.

All staff involved in the prescribing, supply, dispensing, handling, storage, administration and disposal of medicines, including controlled drugs, must:

- Receive appropriate training and assessment of competence before commencing their roles as detailed in the associated procedural documents.
- Be familiar with this Trust policy as well as relevant associated procedural documents.

- Implement the policy within their own practice by incorporating Medicines Policy and associated procedural documents into their working practices.

8 Roles and Responsibilities

8.1 Medicines Policy Accountability

The Trust's Medicines Management Group is responsible, with the Clinical Director of Pharmacy, for producing and distributing this Medicines Policy.

The Medicines Policy is a Trust Policy approved by the Medicines Management Group, Policy Review Group and Board/CEG.
The Trust's Medicines Management Group reports to the Trust's Clinical Quality Monitoring Group. The Medicines Policy describes the Trust's control measures for reducing medicine-related risks. The Medicines Policy supports clinical governance within the Trust.

8.2 Medicines Policy Application and Personal Responsibility

The Medicines Policy covers the policy and procedures associated with prescribing, administration, requisitioning and storage of medicinal products. **It is mandatory for all staff employed by and/or working for Heart of England NHS Foundation Trust.** This includes all midwifery and nursing personnel working in the home or visiting general practitioners' premises but excludes those staff seconded to other organisations.

Healthcare staff involved with medicines should undertake continuing professional development, keeping up to date with changes in medicines and medicines management, and regularly updating themselves on the changes in content of this policy.

9 Training

Defined responsibilities, competences and training are in place for staff involved in medicines management and are set out in the associated Medicines Management Procedures and Trust Mandatory and Statutory Training Policy.

9.1 Training Requirements

Awareness training is delivered at Corporate Induction day 2 for clinical staff and is included on the FY1 and FY2 web-based induction. This training is provided to staff prior to commencing work.

A training needs analysis has been developed to outline the Trust's expectations in relation to staff training.

9.2 Monitoring of Training Compliance – Mechanisms

Corporate day 2 training is logged on OLM and tracked by Corporate Induction Team. The Professional Education Team monitors completion of the pre-start website information prior to the doctors starting in the Trust. Professional Education follow up staff who have started in the Trust but who have not (for varying reasons) completed the training.

10 Implementation and Monitoring

A copy of this policy will be available on the Trust Intranet site.
All healthcare professionals and other appropriate clinical and non-clinical staff newly employed within the Trust must read this policy and adhere to it at all times when involved in the management and use of medicines.
All healthcare professionals and other appropriate clinical and non-clinical staff newly employed within the Trust will be made aware of their responsibilities in relation to medicines management as part of their induction as detailed in the Trust Mandatory and Statutory Training Policy.

Overseeing delivery and compliance monitoring of the policy is the responsibility of the MMG through exception reporting from the sub-groups identified within Appendix B.

11 Monitoring and Compliance

See detailed Monitoring Matrix at **Appendix A** which provides full details on how the policy will be monitored by the Trust.

12 References

Due regard has been taken of all appropriate statutory medicines legislation and professional guidance including:-

Department of Health (2015) The "Never Events" List 2015/2016

SI 2012 No 973 The Misuse of Drugs (Amendment 2) (England, Wales, and Scotland) Regulations 2012

The Human Medicines Regulations 2012

Medicines, Ethics and Practice: A Guide for Pharmacists and Pharmacy Technicians No.36, July 2012

NMC circular 07/2011 Issue date 17/6/11 (replacing 06/2010) Changes to midwives exemptions

Care Quality Commission (2010) 'Essential Standards of Quality and Safety'

Safer Management of Controlled Drugs – A guide to good practice in secondary care (England). Department of Health, October 2007

NMC – Covert administration of medicines: disguising medicine in food and drink. Updated Nov 2007

Mental Capacity Act 2005 (and associated Code of Practice, 2007)

Standards for Medicines Management, Nursing and Midwifery Council, (October 2007)
National Patient Safety Agency – patient safety alerts

Great Britain (2007)	Mental Capacity Act – Code of Practice
Department of Health (2007)	Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care (England)
Great Britain (2007)	Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations

Health Act (2006) & associated regulations

Great Britain (2006)	The Controlled Drug (Supervision of Management and Use) Regulations
Great Britain (2006)	The Health Act
Department of Health (2006)	Safer Management of Controlled Drugs: (1) Guidance on Strengthened Governance Arrangements
Department of Health (2005)	Research Governance Framework for Health and Social Care (2nd Edition)

S I 2005 No 2864 Dangerous Drugs – The Misuse of Drugs and the Misuse of Drugs (Supply to Addicts) (Amendment) Regulations 2005
The Safe and Secure Handling of Medicines: A Team Approach. (The revised Duthie Report). The Royal Pharmaceutical Society of GB, March 2005

Department of Health (2005)	Medicine Matters – A Guide to Mechanisms for the Prescribing, Supply and Administration of Medicines

Midwives' Rules and Standards, Nursing and Midwifery Council, August 2004
The NMC Code of professional conduct: standards for conduct, performance and ethics. Nursing and Midwifery Council (November 2004)

Department of Health (2004)	Building a Safer NHS for Patients: Improving Medication Safety - A Report by the Chief Pharmaceutical Officer
Department of Health (2004)	HealthCare Commission - Standards for Better Health

UKCC position statement on the covert administration of medicines: disguising medicine in food and drink. NMC statement published September 2001

Great Britain (2001)	Misuse of Drugs Regulations 2001 - The Stationery Office, London

Health Service Circular HSC 2000/026 Patient Group Directions. Department of Health (July 2000)

Great Britain (1984)	Misuse of Drugs Act 1971- The Stationery Office, London

Great Britain (1973)	Misuse of Drugs (Safe Custody) Regulations 1973 (as amended) - The Stationery Office, London
Great Britain (1972)	Medicines Act 1968 (as amended) - The Stationery Office, London

13 Associated Documentation in use

These procedures were extracted form the old Medicines Policy

Prescribing and administering Procedure
Intravenous Infusion and Intravenous Medication Administration Procedure
Medicines Procedure for Nurses, Midwives and AHPs practising in the community
Ward Department and control of medicines

These procedures have been converted from policies

Conscious Sedation Procedure
Controlled Drugs Procedure
Electronic Prescribing Disruption Procedure
Homecare Medicines Procedure
Intravenous Potassium Procedure
Issue of pre-packed medicines Procedure
Managing patients who may require a monitored dosage system blister pack on discharge Procedure
Managing the Risks of Loose Ampoules and Vials of Medication Procedure
Medicines Reconciliation (collating, checking and communicating of a patient medication history on admission) Procedure
Non Medical Prescribing Procedure
Non registered practitioners and medicines administration Procedure
Patient Group Directions Procedure
Patient Self Administration of Medicines in Adults Procedure
Prescribing and Dispensing Medication - Recovery at Home team Procedure
Prescribing, Dispensing and Administration of Vinca Alkaloids Procedure
Purchasing for Safety Procedure
Unlicensed and Off Label Medicinal products for Adults and Children Procedure
Visiting Pharmaceutical Representatives Procedure

These oncology related policies have been converted into procedures and brought under Medicines management.

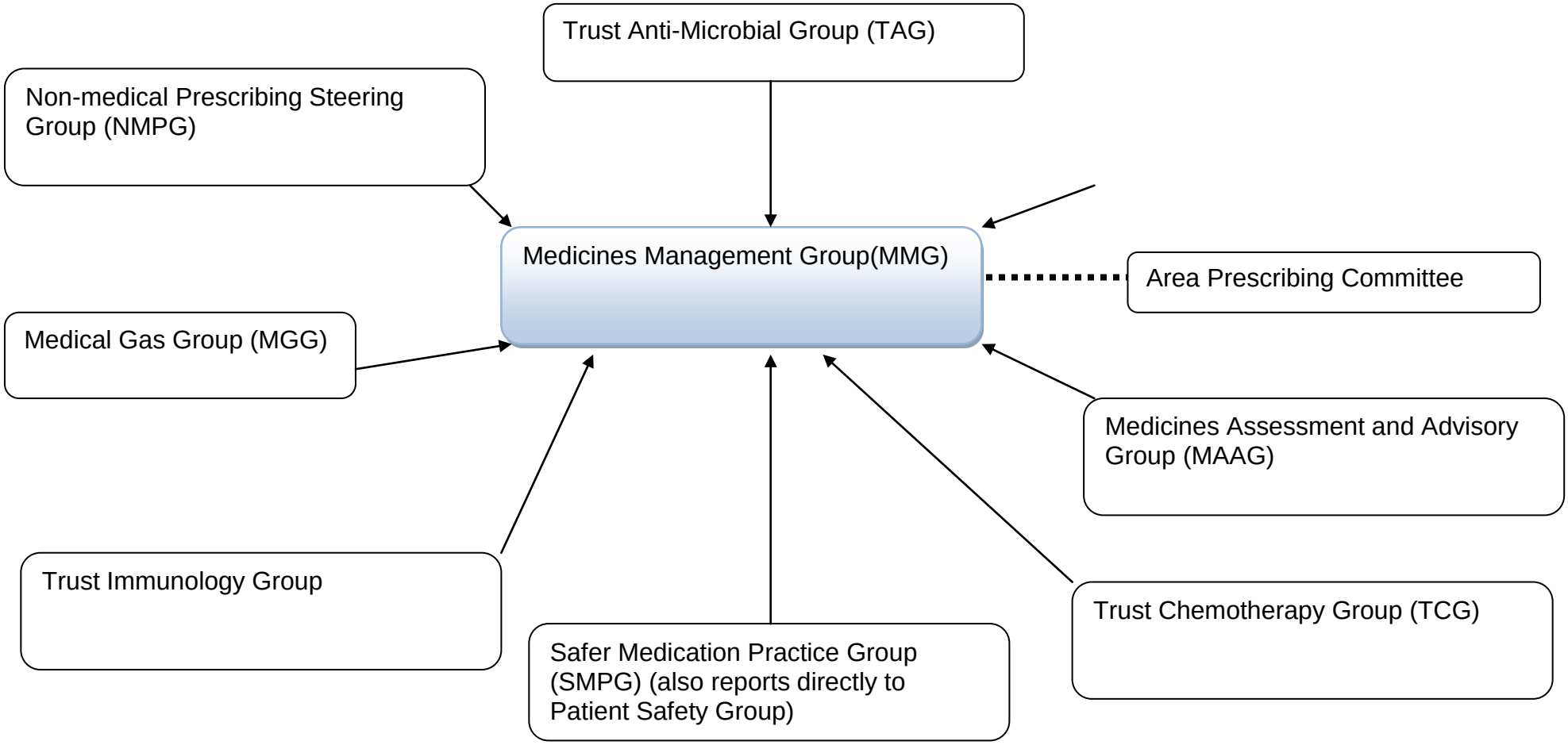
Safe Prescribing , handling and administration of cancer agents procedure
Intrathecal Chemotherapy Procedure
Intra-vesical Chemotherapy Administration procedure
Intra-vesical Bacillus Calmette-Guerin (BCG) Administration Procedure

Appendix A Monitoring Matrix

IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Quality of prescribing	Principal Pharmacist (Clinical Effectiveness and Medication Safety (MSO)	Non-medical Prescribing Group And Safe Medication Practice Group (SMPG)	Clinical pharmacist review as set out in the local procedural document	Continuous monitoring Full report annually
	Principal Pharmacist (Clinical Effectiveness and Medication Safety (MSO)		Monitoring of EP reports measuring missed doses and adherence to Clinical Pharmacy standards	
	Chief Pharmacist/CD Pharmacy	SMPG & CQMG	Monitoring of incidents/near misses	Continuous monitoring Exceptions reported quarterly Full report quarterly
Incidents related to medicines	Head of Clinical Risk and Compliance/MSO	SMPG & CQMG	Summary Incident Report	Quarterly
Compliance with NHSE/NPSA safety alerts	Chair of SMPG	SMPG Exception report to MMG	Annual audit programme of compliance	Annual
Routine audit of record keeping, systems and documentation	Principal Pharmacist CE + MS (MSO)	SMPG & CQMG	Controlled Drug audits Safe and secure handling of medicines audit	3-6 monthly Annually

Appendix B Medicines Management Governance Structure

(Terms of reference for these groups can be found on medicines management sharepoint http://pharmacy/?page_id=935)



Appendix C Sources of Information about Medicines for Professional Staff

Information on medicines that can be accessed easily whilst working on the ward/ unit includes the following:

- The latest **British National Formulary (BNF)** available in hard copy or via the intranet http://www.bnf.org or http://medman/medinfosources.aspx

- **Package inserts** in medicines

- The **Electronic Medicines Compendium** (EMC) containing the 'Summary of Product Characteristics' (data sheets) and patient information leaflets of branded proprietary medicines, via the intranet http://www.medicines.org.uk or http://medman/medinfosources.aspx

- **Medusa Injectable Medicines Guide:** This provides information on the preparation and administration of intravenous medicines

- **Your ward pharmacist**

- **The Trust's Medicines Information Centre** (Mon. – Fri. 9.00am – 5.00pm) on Ext. 45508.

For **urgent and essential** medicines information outside the local Pharmacy's opening hours contact the **out- of- hours on-call pharmacist** via switchboard.

For information on **medicines management policies, procedures and guidance** that has been issued by Pharmacy visit the Medicines Management intranet website on http://medman

Where harm occurs and medicines are suspected the medicines should not be disposed of until suitably investigated.

Appendix D Groups of Staff

Throughout this Medicines Policy (and associated medicines management procedures)the term “his” or “her” refers to all staff for whom the Policy & associated procedures is intended.

In the application of this Medicines Policy the following groups of staff are referred to: -

Nurse:	This encompasses all practising nurses and midwives, registered with the Nursing and Midwifery Council, working for and on behalf of the Trust.
Nurse-in-Charge:	The most senior nurse or midwife on duty for the ward or department who has been identified as the nurse/midwife in charge for that shift.
Designated Nurse:	Any nurse or midwife who has been identified by the Ward/Department Manager as competent and appropriate to perform a specific task or function. This competence should be communicated to and recognised by any other relevant professionals.
Senior sister:	The senior nursing appointment for the ward or department (e.g. senior sister, charge nurse, clinical nurse manager, team leader, senior midwife).
Duty Senior Nurse:	The most senior nurse or midwife on hospital site cover.
Non-medical prescriber:	A nurse, midwife, physiotherapist, radiographer, podiatrist, chiropodist or pharmacist who has successfully completed a validated supplementary / independent prescribing course and who has been designated to carry out a role as a supplementary prescriber or as an independent prescriber.
Advanced Clinical Practitioner	A registered practitioner has successfully completed a validated advanced clinical practice course and who has been designated to carry out a role as an advanced clinical practitioner.
Pre-registration Nursing Students:	Can administer medicines only under the direct supervision of a registered nurse. The registered nurse is accountable and responsible for both the conduct of the learner and the safety of the procedure. Pre-registration students nurses may administer an intramuscular and subcutaneous injections under direct observation of the registered nurse. The Pre-registration student nurse can participate in the preparation intravenous medications only under the direct supervision of the Registered competent nurse who can administer intravenous medication. **Under no circumstances can the student nurse administer intravenous medication.** Student nurses can observe the process of controlled drug administration only as the third person but the preparation and administration process must be undertaken by two registered

	nurses. Pre-registration students taking part in these procedures must ensure they are familiar with the particular policies and procedures of the hospital. Students who are already registered on another part of the register and are undertaking further training (e.g. conversion course students) are not considered to be registered in their training allocations for the purposes of this Policy. Student midwives may administer medicines on the midwives exemptions list, except controlled drugs, under the direct supervision of a midwife.
Operating Department Assistants/ Operating Department Practitioners:	Operating Department Assistants/Practitioners (ODAs/ODPs) having completed a recognised training course, assist in theatre procedures. ODPs are registered with the Health and Care Professionals Council. ODAs/ODPs who have attended an approved training course and who have been deemed competent by the Theatre Manager may be involved in the administration of a limited range of medicines. ODAs are <u>not</u> legally authorised to requisition Controlled Drugs. The nature of the involvement of an ODA/ODP is set out in local policies agreed by the Clinical Director (Anaesthetics) and the Theatre Manager. These policies are reviewed annually.
Doctors & Dentists:	All medical and dental staff are registered with the relevant professional body. Medical staff may have full, limited or provisional registration. For the purposes of this document the three types of registration will be treated as synonymous. The term "registered dental practitioner" refers to a dentist or orthodontist or any dental practitioner qualified and registered to prescribe or administer medication. Throughout the document, in respect to prescribing rights, the term “doctor” applies to other professional staff authorised to prescribe such as dentists and non-medical prescribers working within their remit of authorisation.
Prescribers:	The term is used to include doctors, dentists and non-medical prescribers working within their remit of authorisation.
Pharmacists:	Pharmacists are registered with the General Pharmaceutical Council. The terms "clinical pharmacist” and “ward pharmacist” are used synonymously. See also role of the pharmacist, section 3.9.
Pharmacist-in-Charge:	The term "pharmacist-in-charge" refers to the most senior pharmacist on duty at that site, at the time (usually the Clinical Director of Pharmacy or a Principal Pharmacist). Outside normal working hours, this will be the on-call pharmacist. The

	Responsible Pharmacist is the pharmacist in charge at that time for the registerable activities of the pharmacy.
On-call Pharmacist:	A pharmacist providing an emergency out-of-hours pharmacy service when the Pharmacy Department is closed.
Pharmacy Technicians:	Pharmacy technicians have completed a recognised Pharmaceutical Sciences course and are registered with the General Pharmaceutical Council
dietician	Dieticians are registered with the Health and Care Professionals Council
Registered Health Professionals:	In addition to the staff groups listed above other registered health professionals working within HEFT may include: Physiotherapists, Radiographers and Biomedical Scientists. These staff groups are registered with and regulated by the Health and Care Professions Council
Non-registered staff: may include Healthcare Assistants, Nursery Nurses and Physicians Assistants	Are excluded from participating in the administration of medicines except in the circumstances described in the Non-registered Practitioners and Medicines Administration procedure approved by the Trust Medicines Management Group

Appendix E Medicines management Group Terms of referece

Medicines Management Group

Terms of Reference

Approved by: Medicines Management Group in March 2017

Ratified by Clinical Quality Monitoring Group/Medical Director in March 17

Review date: March 2019

Purpose

To develop medicines management strategy and policy

To take an overview of medication safety

To monitor medicines management performance against standards and outcome measures and agree action plans

To commission relevant audit or other work related to medicines management

To engage various stakeholders regarding medicines management

Membership

Chair: drawn form the core membership, by agreement
Medical representation from clinical specialities (min 4 specialities represented)
Representative of Cancer services
Clinical Director of Pharmacy (deputy chair)
Senior Nurse/Corporate Nurse
Advanced Nurse Practitioner
Non-medical prescribing lead(s)
Representative of clinical standards committee/principal pharmacist, clinical effectiveness & medication safety
Representative of Medicines Advisory & Assessment Group/Interface Prescribing Manager
Heads of Medicines Management of the locality CCGs
General Manager of Pharmacy (as required)
Senior Finance representative from Clinical Support Services (as required)
Representative of Safety & Governance (as required)

It is important to note that there is the expectation that lead medical representatives express views on behalf of their directorates/clinical group across all sites where appropriate.

1. Declaration of Interest will be required to be lodged with the line manager in accordance with Trust Business Code of Conduct Policy and declared at each meeting
2. Alternates may be nominated

The Pharmacy Directorate services this group.

Membership will be reviewed no less frequently than every 3 years.

Secretary

Clinical Director of Pharmacy

Quorum

A quorum comprises six members of whom one is a Trust pharmacist, two are secondary care medical specialists, and one is a formulary/interface specialist. This person may represent the local CCGs.
A meeting of six or more members which is non-quorate by virtue of the specialities of the attenders may continue, and the minutes submitted to the Chair as an informal record pending later ratification by the next quorate meeting. Deputies with full authority count towards the quorum.

Deputies are acceptable and have full delegated authority. Deputies have to be approved by the Chair before the meeting unless there are exceptional circumstances in which case they may be approved at the meeting.

Non-members who are not deputies may be invited to attend the Committee but they may not speak unless invited to and their attendance is recorded in the minutes.

All papers submitted to the Group must be presented by a suitable member of the Group or a speaker invited by the Group.

Frequency of meetings

The group shall meet on the second Wednesday of every month and at such other times as the Chairman of the group shall require. Items for the agenda should be submitted to the Secretary a minimum of two weeks prior to the meeting.

Notice of meetings

Dates of meetings are organised one year in advance for following year

Minutes of meetings

Minutes shall be produced for the transactions of the Group. The minutes shall be concise and shall include all decisions made by the Group. They shall refer to the papers as appropriate. The meeting papers will not be summarised/reproduced in the minutes.

External considerations

Compliance with Care Quality Commission standards
NHS England guidance and directions
Compliance with legislation and best practice guidance

Accountability

Safety Group

The Medicines Management Group is chaired by one of its members, normally a Consultant.
The Clinical Director of Pharmacy (or nominated deputy) will deputise for the Chairman in their absence.
The Medicines Management Group is where the major decision making process regarding multi-disciplinary Trust-wide Medicines Management will take place.

The sub-groups and their frequency of reporting are:-

- Medicines Advisory and Assessment Group (monthly)
- Safe Medication Practice Group (monthly)
- Trust Chemotherapy Group (quarterly)
- Trust Antimicrobial Committee (quarterly)
- Medical Gas Group (six monthly)
- Non-medical Prescribing Steering Group (quarterly)
- Trust Immunoglobulin Group (annually)

Minutes of MMG are provided to South East Staffordshire and Seisdon Peninsular Area Prescribing Group.

Responsibilities

1. To improve quality and safety of medicines use through:
    - audit (of policies/procedures and guidelines)
    - approval of protocols, guidelines for treatment/choice

- approval or production of policy and procedures related to the prescribing/dispensing/administration process
- approval of prescribing and administration documentation e.g. prescriptions, patient specific directions. It is the guardian of these documents and no changes can be made to Trust medicines documentation without permission.
- review of medication incidents and trends and support and monitor related action plans
- identification and reporting of significant risks identified by the MMG for inclusion on risk register
- monitoring of regular updates on implementation of national guidance and patient safety alerts e.g. National Patient Safety Alerts.
- Receipt of regular updates on issues relating to implementation and management of electronic prescribing and medicines administration system.

2. Ensure safe, cost effective use of medicines
   - Receive recommendations from Medicines Advisory and Assessment Group to approve decisions made regarding the introduction of new drugs and follow up with a review as necessary
   - Consider applications for compassionate use
   - Management of unlicensed medicines
   - Receive and approve patient group directions for non-medical supply and administration of medicines without prescription
   - Support clinical pharmacists and directorate pharmacists on development, implementation and monitoring of protocols and policies and provision of information on safety aspects
   - Formulary management and adherence e.g. inclusion of new products added to pharmacy system.

3. Advise the Trust on prescribing contract matters
   - Approve shared care guidelines, RICADS or other supporting prescribing documents and facilitate cross boundary working
   - Collaborate to agree guidelines which can operate in both primary and secondary care
   - Advise directorates on specific medicines through directorate pharmacists.

4. Promote education and research
   - Education through formulary and associated policies, protocols, newsletters.

Reporting

The MMG will report six monthly and interim ad hoc issues to the Clinical Quality Monitoring Group