University Hospitals of Derby and Burton
NHS Foundation Trust

TRUST POLICY FOR PHARMACY ENABLING POLICY

Reference Number POL-RKM/1383/14	**Version:** 4		**Status:** Final	**Author**: James Kerr **Job Title**: Divisional Lead Pharmacist - Medicine
Version / Amendment History	**Version**	**Date**	**Author**	**Reason**
	4	August 2023	James Kerr	Merger with Chemotherapy Enabling Policy.
Intended Recipients: • Pharmacists registered with General Pharmaceutical Council (GPC) and employed directly by the Trust who have completedprescription validation training and received training in the use of the Trust EPMA system. • Medicines Management Technicians (MMT) registered with GPC and employed directly by the Trust who have completed prescription validation training and received training in the use of the Trust EPMA system.				
Training and Dissemination: New staff on induction to Pharmacy Department. Existing staff trained as part of implementation plan.				
To be read in conjunction with: Medicines Code Vancomycin Competency Assessment for Pharmacists Enabling Policy Best Practice Guide: Enabling Policy on Meditech				
In consultation with and Date: Drugs and Therapeutics Committee (v4.19/9/23), Chemotherapy Subgroup (latest version of Chemotherapy Enabling Policy approved 23/5/23).				
EIRA stage One Completed Yes - March 2014 stage Two Completed No				
Approving Body and Date Approved			Trust Delivery Group (TDG)	
Date of Issue			February 2014	
Review Date and Frequency			October 2026 every 3 years	
Contact for Review			Divisional Lead Pharmacist - Medicine	
Executive Lead Signature			 Dr Gisela Robinson Interim Executive Medial Director	

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1. Introduction

Pharmacists and Medicines Management Technicians (MMT) commonly identify prescription errors as part of their review of inpatient, outpatient and discharge medicines. Whilst some of theseerrors need to be brought to the immediate attention of the medical team for management, more minor errors can be rectified with an amendment or clarification to the prescription.

2. Objective

The purpose of this Policy is to enable non-prescribing Pharmacists and MMTs to make amendments to prescriptions under specified circumstances without need for referral to a prescriber. This is intended to deliver thefollowing benefits:

- Expedition of correction of minor prescription amendments and formulary clashes onadmission, during inpatient stay and at discharge
- Reduction of missed doses whilst awaiting such amendments
- Enhance patient safety

It is not the intention that this Policy removes the need for such amendments to be carried out by prescribers.

3. Scope

This Policy covers those pharmacists that are registered with the General Pharmaceutical Council (GPC) and employed directly by the Trust, who have completed prescription validation training and received training in the use of the Trust Electronic Prescribing and Medicines Administration systems (EPMA). The Policy also covers those MMTs registered with the GPC and employed directly by the Trust, who have completed prescription validation training and received training in the use of the Trust EPMA systems.

4. Further information

Validation - A check of clinical, legal, and technical appropriateness applied to a prescription by a registered Pharmacist or MMT. This process includes theactual endorsement of the prescription within the EPMA system (or on the paper chart for non-EPMA areas) by the validating practitioner where EPMA functionality allows this.

Formulary – An evidence based, agreed list of medicines available for prescribing, which represents a safe, clinical, and cost-effective choice for patients.

For Chemotherapy Enabling Section

Allocation - PA process which enables an authorised prescriber to plan a **chemotherapy treatment**, entering or selecting a diagnosis, selecting a treatment protocol and completing atreatment plan. This is the **prescribing** stage of a chemotherapy regimen, done with the provision they can meet logistical, funding and clinical eligibility criteria.

Confirmation - The confirmation that the intended **chemotherapy regimen** can go ahead provided all logistical, funding and clinical eligibility will be met. This includes FBC counts meeting required parameters, appropriate and timely allocation of patient onto a ward with trained staff to administer chemotherapy if an inpatient stay is required.

Authorisation - The final approval of an intended **chemotherapy regimen** where all logistical,funding and clinical eligibility criteria have been met and treatment can be given.

Clinical Check A check of clinical, legal and technical appropriateness applied to a **chemotherapy prescription** by a registered Pharmacist.

5. Policy

Examples given in italics are for illustration purposes only and are not intended to limit the user to these specific scenarios.

Practice Areas	**Specific Scope of Actions Allowable**	**Documentation**	**Staff Group**
Transcription of existing Trust prescription into EPMA system	Supportive therapyfor chemotherapy patients	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists
	Items prescribed on separate chart (Vancomycin, Gentamicin, Warfarin,Heparin, Sliding Scale Insulin)	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists
	Transcription of prescriptions from the Trust paper treatment charts to EPMA following downtime or on transfer between non-EPMA and EPMA areas. Or from one Trust EPMA systemto another. Note - this does not permit transcription from	Validation of prescription by second practitioner (must be pharmacist if original prescription not validated). Documentationin prescribing system. Cancel paper prescriptionand file in medical notes.	Pharmacists, MMTs

	non-Trust paper prescriptions or treatment charts.		
Amendments to Dose of Medicine	Amendment to therapeutically equivalent dose when a prescriber has changed therapy fromsolid oral dose form to liquids and vice versa.	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists
	Amendment of Enoxaparin dose to 'nearest measurable dose'	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Amendment to an appropriate number of drops where eye, ear or nose drops have been prescribed incorrectly	Documentation in prescribing system	Pharmacists, MMTs
	Reduction of dose of Paracetamol in line with MHRA and the Trust guidance on Paracetamol dosing in underweight adults	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists
	Amendment to a dose of a parenteral medication to ensure it is measurable	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists

	Amendment to strength per puff ofinhalers in accordance with a documented medicines reconciliation.	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Amendment to dose in accordance with approved dose banding or rounding policies, including adjusted or ideal body weight dosing *(e.g. Infliximab for Adult Rheumatology and Gastroenterology Patients, Rounding of Paediatric IV antibiotic doses, IV aciclovir, intravenous immunoglobulin dosing)*	Validation of prescriptionby second practitioner. Documentation in prescribing system	Pharmacists
Amendments to Form of Medicine	Amendment to form from solid dose to liquid / or dispersible form (and vice versa) provided the same dose and frequency is maintained.	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs

		Where changes are made to medicines with narrow therapeutic windows or those with complex pharmacokinetics (e.g. Carbamazepine, Phenytoin) consideration mustbe given to monitoring requirements postswitch.	
	Amendment to device type for Insulins and Inhalers in accordance with a documentedmedicines reconciliation. *E.g. Penfill to Flexpen*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Amendment to release profile of a medicine in accordance with a documented medicines reconciliation provided that the total daily dose remains the sameas the original prescription. *E.g. Metformin standard release to MR*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Amendment to brand of medicine in accordance with a documented medicines reconciliation	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacist, MMTs

	Amendment to brand of intravenous immunoglobulins inresponse to product availability.	Validation of prescription by second practitioner. Documentation in prescribing system Provision of appropriate rate calculator at starting rate	Pharmacists
Amendments to Timings or Frequency of Medicine	Amendment to timing of doses provided total daily dose and frequency remains the same as the original prescription. *E.g. switching ACE inhibitor to night time, spreading antibiotic doses through day*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Amendments to day of administration for Weekly prescribed medicines in accordance with a documented medicines reconciliation. *E.g. Alendronic Acid prescribed on a different day to when a patient usually takes it.*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs
	Correction of unintentional daily prescription of medicines usually administered once weekly *e.g. Methotrexate, oral bisphosphonates*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists
Amendments to Strength or Concentration of Medicine	Amendments to strength or concentration of medicine provided that the dose and frequency remain the same as the original prescription. *E.g. changing Bisoprolol 1.25mg tablets to 5mg tablets where a 5mg dose is prescribed*	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists, MMTs

Amendments to Administration Guidance, Volume of Diluents and Rate of Infusion	Amendments to administration guidance, volume and choice ofdiluents and rate of infusion in accordance with preparation in use and local or national guidance.	Validation of prescription by second practitioner. Documentation in prescribing system	Pharmacists
Discontinuation ofMedications	Discontinuation of medicines where a clearly unintentional duplication of the same medicinehas occurred	Documentation in prescribing system	Pharmacists
	Discontinuation of medicines to which the patient has a documented proven anaphylacticreaction	Completion of IR1. Documentation in prescribing system	Pharmacists
	Discontinuation of potassium supplements where the patient's potassium level has been stabilized within the normal range. It is important to establish firstly that the patient will not have a sustained need for supplementation e.g. high outflowstoma, diuretic therapy	Documentation in prescribing system	Pharmacists
Omission of Individual Doses ofMedicines	Omission of individual doses of statins where a patient has beenprescribed an interacting macrolide antibiotic or antifungal.	Documentation of actions and/or amendments in prescribing system	Pharmacists

Addition of Appropriate Diluentsand Flushes to OPAT Prescriptions that Include Intravenous Medicines for Home Administration	Specifically: Sodium Chloride 0.9% (infusionbags, ampoules and Posiflush) Water for Injection (ampoules) Glucose 5% (infusion bags) Heparin Saline 50 units in 5ml	Validation by second practitioner	Pharmacists, MMTs
Pharmacist authorisation of Vancomycin dosing(RDH)	Writing up of doses and indication of when to take levelsin accordance with the 'Vancomycin Competency Assessment for Pharmacists'	Validation by second practitioner	Pharmacists (on successful completion of the competency assessment)
Addition of topical and ocular medicines and medical devices listed below that have been identified as unintentional omissions from the inpatient chart on admission to hospital. • **Emollients** • **Topical analgesics and rubefacients** • **Eye drops and ointments for dryeye** **Nasal sprays (including steroid containing) for allergic or seasonal rhinitis**	The following criteria must bemet: • Full medicines reconciliation • Confirmation that the product has been supplied in the last two months (e.g. Pts own drug, SCR, community pharmacist) • Item(s) not documentedas intentionally held or stopped in the medical notes Admission not related touse of item(s).	Validation by second practitioner	Pharmacists

Chemotherapy Enabling			
Practice Areas	**Specific Scope of Actions Allowable**	**Documentation**	**Staff Group**
Amendment to start date of chemotherapycycle	Pharmacists are allowed to de-authorise and defer the date of a prescription if the following criteria are met: - Treatment cannot go ahead on an allocated date due to logistical reasons only– e.g. bank holiday, unable to attend award on time. - It is not a mobilising cycle of chemotherapy (cannot be delayed) - No alteration to dose / frequency / supportive medicines are needed and / or made in the process - No clinical assessments, (including repeat blood tests / scan reviews) will berequired prior to the new start date.	A clinical check must be undertakenby a second chemotherapy trained pharmacist once amendment has been made. Documentation of amendment and reason for it must be made on patent's ChemoCare prescription under 'Notes'. The documentation should be made asa '**pharmacy note'**	Pharmacists who have completed prescription validation training, chemotherapy clinical screening training and received training in the use of the ChemoCare prescribing system.
Deferral of subsequent days of an authorised cycle (e.g. Day 8,15)	Pharmacists are allowed to deferthe start date of an authorised cycle already in progress (e.g. Day 8) if the following criteria aremet: - Treatment cannot be unauthorized due to the system build on ChemoCare V6 (e.g. no critical tests are in place inbetween treatment days) - Treatment cannot go ahead on an allocated date due to logistical reasons only e.g. DNA,bank holiday	A 'sense' check must be undertakenby a second chemotherapy trained pharmacist once amendment has been made. Documentation of amendment and reason for it must be made on patent's ChemoCare prescription under 'Notes'. The documentation should be made as a '**pharmacy note'**	Pharmacists who have completed prescription validation training, chemotherapy clinical screening training and received training in the use of the ChemoCare prescribing system.

	- Under explicit instructions from a clinician if the reason for deferral is clinical (e.g. patient did not pass enough urine, unwell after day 1) - No alteration to dose / frequency / supportive medicines are needed and/or made in the process No clinical assessments, (including repeat blood tests / scanreviews) will be required prior to the new start date.		

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement :	Inclusion in induction of new Pharmacists and Medicines Management Technicians. Compliance with guidance.
Monitoring Method:	Review of induction plans. Contributions Audit (planned, annual audit) Ad hoc Audit
Report Prepared by:	Deputy Chief Pharmacist - Clinical Services
Monitoring Report presented to:	Drugs & Therapeutics Committee
Frequency of Report:	Annual

In addition, the following interim / operational reports will be provided and will inform the above composite report:

• Additional reporting and review of guidance triggered by reported incidents related to application of guidance.

7. Responsibilities

This Policy is applicable to the following staff groups:

- Pharmacists registered with the GPC and employed directly by the Trust who have completed prescription validation training and received training inthe use of the Trust EPMA systems

- MMTs registered with the GPC and employed directly by the Trust who have completed prescription validationtraining and received training in the use of the Trust EPMA systems.

Before making any alteration or amendment the Pharmacist or MMT will satisfy themselvesby reference to the medical notes or to the prescriber that perceived discrepancies are not intentionally required by the medical team. If there is any doubt as to the course of action, the patient's medical team must be contacted before amendments to the prescription are made.

Amendments to prescriptions must be documented in the electronic prescribing system as 'amendment under the Pharmacy Enabling Policy'. Pharmacy staff should consider whether additional documentation is required in the medical notes.