

The Safe Use of Medicines Policy

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NHS Shetland Document Development Coversheet*

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Proposed groups to present document to:		
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Date	Version	Group	Reason	Outcome
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Examples of reasons for presenting to the group	Examples of outcomes following meeting
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***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
17/5/24	Minor changes to formatting and wording

Contents

1. Purpose	5
2. Introduction	5
3. Summary of national policy	5
4. Policy Statement	5
5. Scope.....	6
6. Roles and responsibilities	7
7. Associated materials.....	7
8. Communications arrangements	7
Appendix 1 – Rapid Impact Checklist.....	8
Summary sheet	10

1. Purpose

NHS Shetland is responsible for establishing, documenting and maintaining an effective system to manage medicines safely and securely to meet patients' clinical needs. All areas where medicines are handled and used must have a system of procedures that meets legal requirements, that are in line with national guidance, and that ensure medicines and medicines use risks relating to patients and staff are managed effectively in all care settings.

2. Introduction

NHS Shetland is responsible for establishing, documenting and maintaining an effective system to manage medicines safely to meet the clinical needs of the patients. This includes formal performance reporting systems and a commitment to promote the significance of the system within the organisation. Medicines management is a multidisciplinary activity involving doctors, pharmacists, pharmacy technicians, nurse, allied health professionals and managers as well as patients. There is a network of multi-professional committees and groups across acute and primary care as well as links with committees in NHS Grampian that support effective communication on medicines handling issues in Shetland.

This policy will cover all areas of healthcare in NHS Shetland. The NHS Shetland Safe use of Medicines Policy provides a framework for the preparation of the required local procedures which must be in line with this document. This should be used alongside relevant professional codes/standards.

Where the "nurse in charge" is named as the responsible person for certain elements of the system, the equivalent clinical manager or senior registered healthcare professional is the responsible person in areas where there is no senior charge nurse/team Leader.

3. Summary of national policy

The legislation governing medicines use includes the following :-

- The Medicines Act 1968
- Misuse of Drugs Act 1971
- Misuse of Drugs Regulations 2001
- Human Medicines Regulations 2012

The Revised Duthie Report from 2005 helped to establish principles on which this policy is based, as well as the more recent Royal Pharmaceutical Society Professional Guidance on the Safe and Secure Handling of Medicines(2018, updated January 2024)

4. Policy Statement

Medicines management is a multidisciplinary activity involving doctors, pharmacists, nurses, managers as well as patients. The objectives to be met include –

- Ensuring that medicines are of the required quality
- Ensuring clinical effectiveness and to minimise the risk to patients by medicines being available at the time they are needed.

- Ensuring that medicine stocks are kept in an appropriate range and level to minimise wastage and are in line with the recommendations and policies of the Grampian Formulary Committee and the Shetland Area Drug and Therapeutics Committee.
- Ensuring that the quality and security of medicines is maintained during transportation and that medicines are transported with due attention to health and safety considerations.
- Ensuring that the security and quality of medicines is maintained in all areas where medicines are stored or administered within NHS Shetland premises, or where they are issued to midwives, community nurses and ambulance staff for storage and use outwith NHS Shetland premises.
- Ensuring that all prescriptions for medicines are written according to accepted NHS Shetland standards and legal requirements.
- Minimising the risk of errors with the prescribing, administration and supply of medicines.
- Ensuring that training is given to support the prescribing, administration and supply of medicines.
- Maintaining an accurate record of the medicines prescribed, administered and supplied to all patients
- Disposing of unwanted medicines safely.
- Minimising the wastage of medicines
- Ensuring that there are systems in place to maintain the integrity of the supply chain.

5. Scope

- All medicines administered or issued to patients within NHS Shetland premises are procured by and distributed through a pharmacy. Dispensing Doctor premises may purchase medicines direct from approved pharmaceutical wholesale dealers. Exceptions are also made where Patients' own medicines are being appropriately used, or where distribution is through a home delivery company or alternative approved distribution service.
- There are systems for the transport of medicines that ensure their security, quality and integrity, and maintain the health and safety of the staff and the public.
- A record is kept at each step where a medicine changes hands, and when it is administered or destroyed.
- Stock lists and stock levels of medicines for clinical areas are agreed taking into account the requirement to have medicines available to meet patients' needs, and to minimise the risks associated with administration.
- Medicines are stored appropriately to maintain their quality and security.
- All stationery used for ordering medicines is stored securely to prevent fraudulent use.
- All incidents involving medicines, including a breach of the system of security of medicines, are investigated and reported in line with the incident management policy.

- All medicines administered or supplied to patients are prescribed by an authorised prescriber, or are administered or supplied by an approved person operating within legal frameworks.

6. Roles and responsibilities

All staff have a responsibility for implementing this policy and associated procedures as appropriate to their role.

The Medical Director has lead executive responsibility for the management of medicines.

Managers in clinical areas, and in other departments where medicines are handled and used, are responsible for establishing and maintaining procedures that ensure safety, security and efficiency. The policy provides a framework for the preparation of the required local procedures.

Where the charge nurse is named as the responsible person for certain elements of the system, the equivalent manager is the responsible person in areas where there is no charge nurse.

7. Associated materials

Procedures to support the policy are available at –

<https://intranet.nhsshotland.scot.nhs.uk/departments/pharmacy/index.html>

8. Communications arrangements

This policy will be formally reviewed every three years. The Area Drug and Therapeutics committee will review the implementation of the policy and prompt earlier review if required.

Appendix 1 – Rapid Impact Checklist

An equality and diversity impact assessment tool:

<p>Which groups of the population do you think will be affected by this proposal?*</p> <p>Other groups: All</p> <ul style="list-style-type: none"> • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People with mental health problems • People in religious/faith groups • Older people, children and young people • People of low income • Homeless people • Disabled people • People involved in criminal justice system • Staff • Lesbian, gay, bisexual and transgender <p>*the word proposal is used as shorthand for the policy, procedure, strategy or proposal that is being assessed</p>	
<p>In the following sections, please consider what positive and negative impacts you think there may be and which specific groups will be affected by these impacts?</p>	
<p>What impact will the proposal have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs • Risk taking behaviour • Education and learning or skills 	<p>No</p>
<p>Will the proposal have any impact on the social environment?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>No</p>

<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? • Fairer Scotland Duty 	<p>No</p>
<p>Will the proposal have an impact on the physical environment?</p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>No</p>
<p>Will the proposal affect access to and experience of services?</p> <p>For example:</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	<p>The policy will ensure that patients have access to medicines procured, prescribed, stored, supplied or administered in line with best practice guidance and legal requirements.</p>

Summary sheet

Positive Impacts (note the groups affected) All patients will receive medicines which are managed in line with best practice guidelines within NHS Shetland	Negative Impacts (Note the groups affected) There should be no negative impact for any groups identified
Additional Information and Evidence Required	
Recommendations	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? No negative impacts identified	

Signature(s) of Level One Impact Assessor(s):

Mary J M Foster

Date: 17/5/24

Signature(s) of Level Two Impact Assessor(s):

Date: