



NHS

Mid Essex

Clinical Commissioning Group

Mid Essex CCG

Medicines Standards

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1 Introduction

The Commissioner requires that NHS organisations establish, document and maintain effective systems to ensure that medicines are managed in a safe and secure manner.

This standards document forms part of the contract for any organisation or contractor commissioned by Mid Essex Clinical Commissioning Group (Mid Essex CCG) to provide healthcare services which include pharmaceutical or medicines management/optimisation activities such as purchasing, storing, transporting, prescribing, dispensing, administering and disposal of medication. Adherence to the standards is monitored via the Clinical Quality Review process.

It defines the standards expected by Mid Essex CCG as the commissioner, and is in addition to specific contracts and agreements. Private and NHS Organisations 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 but providers are responsible for ensuring that they refer to the current versions, and any new standards introduced following publication of this document.

CCG members and other contractors providing pharmaceutical services within the CCG area are expected to meet the same standards as a matter of good practice and to ensure consistent clinical care for local residents.

Providers could be NHS or private organisations including but not limited to:

- Acute trusts
- Community hospitals
- Private hospitals
- Community services
- Social care organisations
- Community Interest organisations
- Non practice prescribers
- Paramedics
- Hospices
- Commissioning Support organisations
- Out of hours and urgent care primary care services
- GMS, PMS etc contractors
- Community Pharmacy contractors
- Dental contractors
- Dispensing appliance contractors
- Dispensing doctors
- Mental health trusts

Providers are expected to have a formal arrangement in place for access to pharmaceutical advice from a suitably experienced pharmacist to support them in achieving these standards – this may be from an employed pharmacist or through an agreement with an organisation or individual. Prescribing advice may only be given by a registered pharmacy professional or prescriber and will



be in line with CCG policies and guidelines. Advice provided by all healthcare professionals e.g. pharmacists, nurse practitioners, nurses, dieticians, physiotherapists and others must be in accordance with agreed NHS Mid-Essex CCG guidelines and any recommendations to patients or other clinicians that may affect prescribing should be within these parameters.

Providers are expected to have a formal arrangement in place for the governance arrangements and development of the infrastructure to support safe medicines handling and use within the organisation. This should meet national best practice and include:

- A functioning medicines management committee/group (MMC/MMG) with Terms of Reference and specific accountabilities to the organisations board/governing body. The MMC/MMG should include input from a pharmacist pharmaceutical adviser and other stakeholders as appropriate. MECCG expects that providers will adhere to the Mid-Essex CCG formulary and have active participation in the Mid-Essex Area Prescribing Committee or equivalent Mid and South Essex STP arrangements once established.
- A named registered professional lead who operationally is accountable and responsible for the day to day delivery of the medicines governance infrastructure
- An overarching medicines policy or code that describes the principles or basis on which medicines are used and handled within the organisation. This policy should be underpinned and operationalised by formularies, procedures and relevant additional policies.

Providers are responsible for networking with other providers of pharmaceutical services to their area of provision e.g. acute hospitals, and through this networking, be able to evidence the sharing of best practice.

2 Handling medicines

Mid Essex CCG 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.

Provider type	Standards
All providers	<ul style="list-style-type: none"> • 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

Provider type	Standards
	<p>GMC 2013</p> <ul style="list-style-type: none"> • Prescribing Unlicensed Medicines Nov 2015 • DH Protocol for ordering, storing and handling vaccines • Control of Substances Hazardous to Health (COSHH) Guidance • The safe use and management of controlled drugs-NICE • Medicines optimisation: helping patients to make the most of their medicines. Good practice guidance for healthcare professionals in England May 2013 (Royal Pharmaceutical Society) • Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes-NICE guidelines • The Safe and Secure Handling of Medicines: a team approach (Royal Pharmaceutical Society) • CQC Regulation 12: Safe care and treatment • Current good practice guidance issued by organisations including RPS, GPhC, MHRA, DoH, NICE, Home Office, NHS Improvement etc
<p>Acute Hospital Services</p> <ul style="list-style-type: none"> • Wards • Operating departments • Emergency departments • Outpatient departments • ITE, CCU and transplant units • Midwives <p>Ambulance Services</p> <p>Mental Health Trusts</p>	<ul style="list-style-type: none"> • Community Pharmacy Contractual Framework • Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses (General Pharmaceutical Council) • Good Dispensing Guidelines (members-Royal Pharmaceutical Society) • Guidance on the Procurement and Supply of Pharmaceutical Specials (Royal Pharmaceutical Society) • Professional Standards for a Hospital Pharmacy Services (Royal Pharmaceutical Society) • Midwives rules and standards • Talking about medicines The management of medicines in trusts providing mental health services- Healthcare Commission 2007
<p>Community Services</p> <ul style="list-style-type: none"> • Community Health Services • Community Sexual Health services • Walk-in centres and Minor Injuries units • Drug addiction treatment units • Community mental health services 	<ul style="list-style-type: none"> • The Safe and Secure Handling of Medicines: a team approach (Royal Pharmaceutical Society) • The “rough guide” to community services (CHS). How to navigate your way through Medicines Optimisation in CHS, January 2017 • The safer management of controlled drugs, July 2015 • CQC Regulation 12: Safe care and treatment • Service Standards for Sexual and Reproductive Healthcare • Department of Health (2006) Improving Patient’s Access to Medicines • Clinical governance in drug treatment-A good practice guide for providers and commissioners 2009 • Talking about medicines The management of medicines in trusts providing mental health services- Healthcare Commission 2007
<p>Social Care services</p>	<ul style="list-style-type: none"> • NICE guideline NG67 Managing medicines for adults receiving social care in the community (March 2017) • CQC Regulation 12: Safe care and treatment • Medicines and related tasks Standards, Guidance and Workbook (Essex County Council Adult Social Care) • NICE Clinical Guideline (SC1) Managing Medicines in Care Homes



Provider type	Standards
<p>Independent contractors (doctors including dispensing doctors, dentists, pharmacists, out of hours services, dispensing appliance contractors)</p> <p>Primary care providers are expected to meet the requirements of their standard NHS contract in addition to any specific standards applicable to CCG commissioned services.</p>	<ul style="list-style-type: none"> • The safer management of controlled drugs. CQC July 2015 • Community Pharmacy Contractual Framework • Standards for pharmacy owners and superintendent pharmacists of retail pharmacy businesses (General Pharmaceutical Council) • Good Dispensing Guidelines (members-Royal Pharmaceutical Society) • Guidance on the Procurement and Supply of Pharmaceutical Specials (Royal Pharmaceutical Society) • Dispensary Services Quality Scheme (DSQS) supplementary guidance for revisions to the GMS (General Medical Services) • Standards in dispensing practices (members Doctors Dispensing Association) • Medical Emergencies and Resuscitation standards for General Dental Practice (Resuscitation Council UK) • NHS Primary Medical Services Directions
<p>Controlled drugs only: Private controlled drug prescribers Private paramedics Private hospitals Private clinics Midwives</p>	<ul style="list-style-type: none"> • The safer management of controlled drugs. CQC July 2015 • Circular 027/2015: Approved mandatory requisition form and Home Office approved wording- controlled drugs • Controlled Drugs-safe use and management • The safe use and management of controlled drugs-NICE

2.1 Handling medicines – additional points

2.1.1 Dispensary Standards Quality Scheme (DSQS)

Dispensing doctors are encouraged to participate in the DSQS scheme aimed at assuring the quality of services provided.

2.1.2 Purchasing ‘special order’ products

Contractors will consider the cost to the NHS when purchasing ‘special order’ products which are not listed in the Drug Tariff and:

- Advise the prescriber of the cost and discuss alternatives
- Ensure that the quantity prescribed and ordered minimises waste
- Purchase from a supplier offering best value to the NHS. It may be quicker and cheaper to order directly from the manufacturer rather than via a wholesaler / distributor. Information is available from the Medicines Management team.

2.1.3 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. Patient specific prescriptions will not be used to top up stock.
- It is up to the patient or their representative to choose where their prescription (other than in-patient prescription or hospital specific out – patient prescription) is dispensed. Health professionals may provide signposting information on services and opening times but will not direct prescriptions to a particular supplier. This applies to all prescriptions including those for dressings, feeds, and continence and stoma appliances where there is no homecare or similar arrangement in place.

2.1.4 Prescription charges

Providers who supply medication which attracts a prescription charge will meet the requirements for collecting the appropriate charges or confirming exemption. This applies to day patients, out patients, medicines for self-administration delivered through homecare and A&E attenders in hospitals, and to medication supplied via Patient Group Direction (PGD) as well as on FP10 prescription forms.

2.1.5 Emergency Medicines

In settings where it is recommended that medication is held in case of medical emergency (for example GP surgeries, vaccine clinics) providers will comply with national guidance where available (eg , [Resuscitation Guidelines](#)). 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.

2.1.6 Transfer of medicines

- Green self-sealing plastic bags should be made available in surgeries, clinics, hospital pharmacies for patients to use to hold their medication when going into hospital or moving between care settings. Red bags are used for patients moving between care homes and hospital, and medicines together with a copy of the MAR chart should be sent in these bags.
- Providers should use appropriate bags or equivalent packaging when they need to send medication anywhere with patients to identify patients own drugs, support medicines reconciliation and minimise loss.
- Patients/Care homes will be encouraged to keep bags at home for their own use

2.1.7 Patient's own drugs in compliance aids

- Compliance aids which have been filled by a community pharmacist or dispensing doctor and
 - allow identification of individual products
 - are fully labelled
 - are assessed as suitable by a suitably trained member of staff.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 may be used for supported/self-administration after risk assessment; but nurses and carers can assist with the task of administering medication but cannot take accountability for administering the medicines as they will be unable to confirm the identity of the medication/frequency of administration etc .
- Patients should be encouraged to self-administer their medication from the compliance aid, where they can do so safely, to ensure that the skills are not lost during their stay.

2.1.8 Illegal drugs

Providers will have in place a procedure for dealing with apparent illegal drugs brought in to their premises by service users or other visitors.

2.2 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 the provider-e.g. pharmacy departments, community pharmacy contractors and dispensing doctors:
- Patient assessment and the selection of appropriate adjustment e.g. provision of compliance aids (which include monitored dosage systems, reminder charts, easy open containers and large print labels) is a decision for the provider/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

2.3 Controlled Drugs

- Providers commissioned by the CCG are expected to comply with Controlled Drugs (CD) regulations and any local requirements specified by the NHS England CD Accountable Officer (CD AO) including
 - Appointing a CD AO or CD Lead depending on the type of organisation and will notify the NHS England CDAO and commissioner of any change of post holder.
 - Ensuring that the Standard Operating Procedures specified by the CDAO are in place and adhered to
 - Reporting concerns relating to Controlled Drugs and submitting quarterly reports to the NHSE sub-regional team CD AO



- Attendance at the Essex Controlled Drugs Local Intelligence network meeting, unless agreed otherwise by the NHS England CD AO.
- CDAOs and CD leads will, within the framework of the NHS England Essex CD Local Intelligence Network, share concerns, intelligence and information regarding the management and use of CDs
- Responding to requests for self-assessments and other information
- Ensuring that CDs are destroyed in the presence of the appropriate witness (for stock CDs this is a witness authorised by the relevant CD AO, who in primary care settings is the NHS England CD AO)
- It is the legal responsibility of the provider to acquire and evidence to the commissioner and NHS England CDAO that the necessary [Home Office CD Licences](#) are in place for both possession of CDs, acquiring stock CDs from licensed CD suppliers and for wholesaling CDs to another authorised person/organisation.
- Prescribers will adhere to CCG/local prescribing guidance for the safe management of Controlled Drugs such as prescribing by brand to ensure consistency of supply and reduce the risk of error. Prescribers who wish to prescribe or requisition controlled drugs from a community pharmacy in connection with their private practice must have a unique prescriber ID available on application to the NHSE sub-regional team.
- Providers will have procedures in place to monitor inappropriate, unusual or excessive prescribing
- The Medicines Management team will monitor inappropriate, unusual or excessive CD prescribing by primary care prescribers (including non-practice prescribers, non-medical prescribers). Practices will respond promptly to requests for information or clarification.

3 Prescribing

The CCG 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.

The arrangements for prescribing to patients of each service will be defined within the contractual framework for that service. Generally where a consultant initiates a new medication, s/he will provide the first prescription.

Provider type	Standards
All providers	<ul style="list-style-type: none"> ● 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 ● Nursing & Midwifery Council Standards for Medicines Management ● Good Practice in Prescribing and Managing Medicines and Devices GMC 2013



Provider type	Standards
	<ul style="list-style-type: none"> • Prescribing Unlicensed Medicines Nov 2015 • Guide to Medication Review (National Prescribing Centre, 2008) • Current good practice guidance issued by organisations including RPS, GPhC, MHRA, DoH, NICE, Home Office, NHS Improvement etc • CCG prescribing policies, guidelines, formularies • BNF guidance and individual product SPCs • NICE Guideline (NG5) Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes
Hospital Services <ul style="list-style-type: none"> • Wards • Operating departments • Emergency departments • Outpatient departments • ITE, CCU and transplant units • Midwives • NHS Ambulance services 	<ul style="list-style-type: none"> • NICE Guideline (NG46) Controlled Drugs: Safe use and management, April 2016 • The Safe and Secure Handling of Medicines: a team approach (Royal Pharmaceutical Society) • CQC Regulation 12: Safe care and treatment • NICE NG5. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, March 2015 • Homecare Medicines “Towards a Vision for the Future” DH November 2011 • Professional Standards for Homecare Services (Royal Pharmaceutical Society 2013)
Community Services <ul style="list-style-type: none"> • Community Health Services • Community Sexual Health services • Walk-in centres and Minor Injuries units • Drug addiction treatment units • Community Psychiatric Services 	<ul style="list-style-type: none"> • The safer management of controlled drugs, July 2015 • CQC Regulation 12: Safe care and treatment • NICE NG5. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes, March 2015 • Drug Misuse and Dependence: UK Guidelines on Clinical Management (DH July 2017)
Social Care services	<ul style="list-style-type: none"> • NICE guideline NG67 Managing medicines for adults receiving social care in the community (March 2017) • CQC Regulation 12: Safe care and treatment
Independent contractors (doctors including dispensing doctors, dentists, pharmacists, out of hours services,	<ul style="list-style-type: none"> • Electronic repeat dispensing guidance. NHS England, May 2015 • Improving the quality of medicines reconciliation, A best practice resource and toolkit. Specialist Pharmacy Service June 2015 • The safer management of controlled drugs, July 2015

Provider type	Standards
dispensing appliance contractors)	
Controlled drugs only: Private controlled drug prescribers Private paramedics Private hospitals Private paramedics	<ul style="list-style-type: none"> • The safer management of controlled drugs, July 2015

3.1 Prescription forms

- Providers who use individual prescription forms will have Standard Operating Procedures in place which ensure that prescription stationery is handled to the standards specified in [Management and control of prescription forms A guide for prescribers and health organisations](#) March 2018.
- Providers who use prescriptions sheets (e.g. Prescription and Medication Administration Records) and charts (e.g. for syringe drivers) will give consideration to the security of blank sheets.
- Where a provider is required to use NHS prescription forms -FP10s CCG commissioners will determine whether
 - The provider will be responsible for the cost of the prescriptions (drug and community pharmacy service costs) and will manage the costs within the contract (for example most Foundation Trusts meet prescription costs as part of the service for the commissioner). The provider will be responsible for the purchase and administration of prescription forms.
 - OR
 - The commissioner will manage the prescription costs directly, in which case the provider will be added as a cost centre i.e. 'spurious practice' with the commissioner as the 'parent organisation'. The provider will be responsible for the purchase and administration of prescription forms.
- Specialist services may be set up as a 'spurious practice' and allocated a budget and nominal practice size in order to monitor prescribing, or authorised as a 'parent organisation' and be able to establish cost centres themselves.
- Where commissioned and authorised by the CCG, Independent Sector Healthcare Providers (ISHPs) may use FP10s but will be responsible for all costs associated with prescribing, including costs of the prescription forms, drugs and community pharmacy service costs, when using FP10s. Further information on setting up ISHPs can be found [here](#)
- 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 NHS England sub-regional team who will issue an alert to the relevant contractors. CCG Commissioners should also be informed.
- Providers using FP10s are responsible for the secure destruction of any unused prescriptions when prescribers leave their organisation
- Prescriptions will be written or computer-generated in line with [guidance](#) in the current BNF, and include dose and frequency.
- Prescriptions will include contact details which allow the prescriber to be contacted by the dispensing pharmacist if necessary.

- 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.
- Legal and clinical responsibility for prescribing lies with the prescriber who signs the prescription.
- Where the following activities are carried out there will be Standard Operating Procedures in place to ensure legal, safe and accurate prescribing:
 - The use of prescription sheets (e.g. Prescription and Medication Administration Records) and charts (e.g. for syringe drivers) to include the management of multiple sheets
 - Transcribing prescriptions previously prescribed by a registered prescriber
 - Amending prescriptions
 - Verbal orders
 - Prescribing for discharge
- Prescribing will be by generic name except where clinically inappropriate or when branded prescribing is specified in the area formulary or by the medicines management team e.g. Controlled Drugs.
- Blank green prescriptions generated as the left hand side of a repeat request slip or private prescription will be removed before giving the printed side of the form to the patient.

3.2 Supply arrangements

The arrangements for supplying medication to patients of each service will be defined within the contractual framework for that service.

3.2.1 Patient Group Directions

- Providers who are commissioned to deliver a service which involve the use of PGDs will develop and operate those PGDs in accordance with current legislation, and the [NICE PGD Good Practice Guidance](#)
- Organisations which are listed in [legislation](#) as able to authorise their own PGDs will do so
- Those organisations which are not listed in legislation as able to authorise their own PGDs will arrange authorisation by the commissioner of the service. The commissioner is responsible for authorising from a governance point of view; the provider is accountable for the clinical content of the PGD, which must be developed and signed off by the provider organisation in line with NICE guidance.
- A pre-authorisation checklist is available from the CCG Medicines Management team. Some of the main points to consider are:
 - Suites of PGDs will include a description of how the various PGDs fit together and the criteria for selecting a particular medication
 - PGDs for antimicrobials will be considered only if the local consultant microbiologist has been involved in the development process
 - Any points noted as 'Cautions' will list the appropriate action to be taken if the caution applies
- PGDs will only be used where there is no opportunity for assessment by a prescriber who could issue a prescription or Patient Specific Direction.
- Supply or administration of the medication must be carried out by the professional who is operating the PGD, it cannot be delegated to another member of the team.
- Providers are expected to consider the arrangements for the purchase, storage and supply of medication packs as specified in PGDs for take away medication. Packaging and labelling will meet regulatory requirements.
- Providers will arrange for the appropriate training of staff who will operate the PGDs

- Prescription charges will be collected where applicable.
- Where a provider adopts a PGD written by another organisation, for example a GP practice or community pharmacy adopts a PGD written by the CCG or NHS England, the PGD will be signed by a governance lead or manager on behalf of the provider. That person is responsible for the governance arrangements for the use of the PGD within their organisation, and ensuring that each practitioner who operates the PGD is suitably qualified and signed up to it individually at that organisation.

3.2.2 In patient medication

- GPs will not be asked to prescribe drugs and dressings which are included in the commissioned service and intended for treatment of in patients, or in preparation for admission
- Patients will be encouraged to bring in their medicines from home to aid medicines reconciliation and reduce waste.

3.2.3 Outpatient prescriptions

- GPs will not be asked to prescribe drugs and dressings which are included in the commissioned service and intended for treatment of patients attending out-patient clinics or day-care surgery
- GPs will not be asked to prescribe drugs which are not funded by the CCG but are commissioned by NHS England at a regional or national level unless there are local arrangements in place for recharging NHS England.
- Out-patient prescriptions and supplies of medicines will be provided where:
 - It is the initiation of a new treatment or an increase in dose which will cause the patient's supply to run out before their next GP repeat is due.
 - The treatment is for hospital prescribing only, is for a specialist treatment outside the expertise of the GP, requires continued monitoring before stabilised, or is pending agreement from the GP to enter into a formal shared care agreement. Where it is not appropriate for a GP to accept clinical responsibility for prescribing the provider will continue to prescribe for patients on an on-going basis.
 - And as otherwise specified within contractual arrangements.
- Arrangements will be in place for out-patient prescriptions to be dispensed or medication supplied promptly. Patients must not be advised to ask their GP to transfer their hospital out-patient prescription to an FP10 prescription

3.2.4 Verbal orders/Remote Prescribing

- Providers who administer medication will assess the risks associated with verbal orders/remote prescribing, 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. Guidance is provided by professional/registration bodies e.g GMC Remote prescribing via telephone, video-link or online
- Where remote prescribing/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 remote prescription/ 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

3.2.5 Eligibility for NHS services

NHS prescriptions will only be issued to those who are eligible for NHS services – see CCG guidance [“Eligibility for NHS prescriptions Policy for medicine supply on going Abroad”](#), [“Eligibility for NHS treatment – patients visiting from abroad”](#) and [Prescribing Situations not covered by the NHS](#)

3.2.6 Homecare for CCG commissioned medicines and services

- The services provided through homecare are excluded from the National Tariff.
- Providers will work with commissioners to maximise the use of homecare where appropriate to take advantage of savings on VAT and activity costs
- Providers will have formal contracts in place with homecare providers to manage quality and cost-effectiveness in delivery of the service, and will utilise externally funded schemes whenever possible to minimise costs to the NHS and CCG.
- Any new arrangement must be agreed in advance with the commissioner. It should take into account the best practice guidance Homecare Medicines [“Towards a Vision for the Future”](#) DH November 2011 and [Professional Standards for Homecare](#) RPS 2013

3.3 Medication review

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

- For all types of review there will be a procedure in place which complies with the principles of medication review outlined in the [Guide to Medication Review](#) (National Prescribing Centre, 2008). The document [“Polypharmacy Guidance”](#) published by NHS Scotland is also useful.
- The review will include considering the discontinuation of medication which is no longer effective or adhered to

3.3.1 Clinical medication reviews

- Providers will ensure that their policy includes the identification of patients for review based on risk factors such as number of medications, repeat medications, long term conditions and others in line with any local medicines optimisation service specification, national service frameworks and best practice guidance.
- The policy will include how patients who do not present for review are managed
- The policy will include how the results of Medication Use Reviews (MURs) and Dispensing Review of Use of Medicines (DRUMs) and New Medicines Service (NMS) provided by community pharmacists and dispensing doctors are used to trigger clinical medication reviews, and how patients are referred for MURs, DRUMs and NMS

3.3.2 Community Pharmacy Medicines Use Review (MUR)

Pharmacy contractors meeting the conditions of the national [Advanced Service](#) may offer MURs. The service is monitored and funded by NHS England. The service can be offered to any patient who will benefit from the review, but at least 50% should be offered to patients in one of three nationally defined groups:

- Patients taking high risk medicines;
- Patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; and
- Patients with respiratory disease.

3.3.3 Appliance Use Review (Community Pharmacy and Dispensing Appliance Contractors)

- Pharmacy contractors meeting the conditions of the national [Advanced Service](#) may offer AURs. The service is monitored and funded by the NHS England.

3.3.4 Dispensing Review of Use of Medicines (DRUM) (Dispensing practices)

- The service forms part of the Dispensary Services Quality Scheme monitored and funded by NHS England

3.3.5 Community Pharmacy New Medicines Service (NMS)

- Pharmacy contractors meeting the conditions of the national [Advanced Service](#) may offer NMS. The service is monitored and funded by NHS England.

3.4 Duration of treatment

- Prescriptions will generally be for a maximum of 28 days or a single original pack

3.4.1 Commissioned services

- Where a prescription is written by someone other than the patient's general practitioner, there will be a system in place to communicate the prescription and any request for continuing prescribing to the GP within 14 days.
- Patients discharged or transferred between care settings should have in their possession sufficient medication, dispensed and labelled for individual patient use, to ensure continuity of care. This would normally be the complete course, unless it is long term treatment when it should be for at least 14 days.
- Providers will ensure that the discharge summary contains a list of current medications (with indications) and details of any changes made to therapy with explanations

3.4.2 Electronic Prescription Service

- EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff
- GP practices are activated to use EPS, and should have procedures in place to encourage and support patients to use EPS.

3.4.3 Repeat dispensing (GP practices)

- The [NHS Repeat Dispensing service](#), using batch prescriptions, is available from all community pharmacies and will be used by GP practices in preference to repeat prescribing whenever appropriate. Electronic repeat dispensing (eRD) enables repeat dispensing without the need for batches of paper prescriptions. GP practices are encouraged to increase eRDs to 25% of repeat prescribing.
- Prescribers will leave the dispensing interval blank unless there are clinical reasons why it should be used (if a dispensing interval is entered the pharmacy contractor and the patient have no flexibility in the date of subsequent supplies)
- Practices will have a procedure for managing changes to a current prescription when using paper prescriptions for repeat dispensing, to include communication with the community pharmacy that holds the Repeat Authorisation.
- Practices live with EPS should manage repeatable prescriptions in accordance with guidance - [Electronic Repeat Dispensing - Guidance - NHS England](#)

3.4.4 Repeat dispensing (pharmacy contractors)

- Pharmacy contractors will provide this essential service in line with regulations to include:

- Confirmation that there have been no changes in the patient's condition or treatment that mean a supply would be inappropriate or unsafe
- A check, on each occasion that medication is supplied, that every item is required
- Informing the prescriber of any clinically significant issues relating to the prescription

3.4.5 Repeat prescribing (GP practices)

- There will be a repeat prescribing protocol, regularly audited, which meets the standards of the [GMC guidance on repeat prescribing and prescribing with repeats](#)
- Repeat medication for children 16 years and under will be reviewed at least every 6 months, and at least every 3 months in the absence of a definitive diagnosis/indication
- Prescriptions initiated by a specialist will be reviewed by the practice before being included on a repeat prescription
- The electronic repeat dispensing service will be used where appropriate

3.4.6 Managed repeat prescription service

Pharmacy and appliance contractors who provide this service can be expected to

- Have a Standard Operating Procedure in place
- Have a record of the patient's request to be part of the service
- Provide the service only at the explicit request of the patient or their representative. The contractor may operate a reminder system but will not request a prescription from the patient's surgery without their consent **on each occasion**
- Establish with the patient or their representative, each time a prescription is requested, which items are needed on that occasion, and ensure that items which are not needed are not included on the request
- Check again on collection whether everything is needed on that occasion. Unwanted items will be marked 'not dispensed' and returned to stock as appropriate
- Notify the prescriber of items which should no longer be on the repeat prescription list
- Give the patient the most recent repeat request form, including any communication from their surgery (or be provided with a copy)

3.5 Prescribers

3.5.1 General

- Providers will ensure that their prescribers have access to clinical supervision, Continuing Professional Development, up to date information sources, relevant information about prescribing policies and practice
- Providers will ensure that prescribers are registered as prescribers with the relevant governing body, and that any restrictions on their prescribing are adhered to
- Providers will maintain a list of prescribers and their status, with specimen signatures
- The CCG and NHSE are responsible for setting up and updating FP10 prescribing arrangements with NHS Prescription Services. Providers will use the form provided to notify the CCG of any new medical/ non-medical prescribers, and changes of name, location or status of prescribers. Changes to GP prescribers must also be notified to NHSE.
- Authorised signatories within provider organisations (e.g., NHS Foundation Trusts, Independent Sector Healthcare providers) are responsible for notifying [NHS Prescription Services](#) of organisational and prescriber changes so prescribing costs can be attributed to the correct prescriber and prescribing budget, and NHSBSA can then provide accurate and detailed prescribing information.
- Prescribers are responsible for ensuring that arrangements are in place for drug monitoring where relevant to the medication prescribed.

3.5.2 Non-medical prescribers

- Providers will have a non-medical prescribing policy to cover the activities of nurses, pharmacists and other allied health professionals who become qualified prescribers. The policy will include:
 - The governance arrangements for assuring safe and effective non-medical prescribing
 - Employer liability
 - Professional indemnity
 - CRB checks
 - Prescribing for self, family and friends
 - Repeat prescriptions
 - Off-label prescribing and unlicensed medicines
 - Regular reviews of prescribing and identification of CPD needs
- Non-medical prescribers will:
 - Be registered as prescribers with the relevant governing body and comply with their code of practice
 - Act as prescribers only when formally contracted to do so
 - When using FP10 prescriptions, only use forms bearing their name and registration number
 - Agree a scope of practice with their employer and prescribe within this scope only
 - Ensure that they are remain up to date with current legislation on prescribing and the safe management of Controlled Drugs

3.6 Formulary

Organisations will ensure that staff are aware of the [CCG prescribing policies, guidelines, formularies](#) and that they prescribe and advise within these parameters. Providers will ensure that where an electronic version of the formulary is available for use in clinical systems, this formulary is uploaded and prioritised for use.

3.6.1 Mid Essex Area Prescribing Committee

- Organisations with prescribing responsibilities are expected to participate in and abide by the decision making processes of the Mid Essex Area Prescribing Committee or STP equivalent body when in place, which develops prescribing guidelines and manages the entry of new drugs into the local health economy.

3.6.2 Mid Essex Area Formulary/STP Formulary

- Clinicians will recommend and prescribe medicines, dressings and appliances from the locality formulary except when variance has been agreed with the CCG medicines management team. This approach will be supported by the dispensing pharmacy.
- Prescribing will be within agreed policies and care pathways, which will include both the choice of drug, clinical audit requirements and reporting mechanisms.
- A decision to treat outside the formulary list is a clinical decision. The CCG will monitor non formulary prescribing and may request information to support these decisions.
- Prescribing of high cost and National Tariff excluded agents outside of agreed care pathways and formulary will not be funded unless prior approval has been obtained.
- When agreed within their contract, providers will support formulary prescribing by actively reviewing all patients on non-formulary medicines and switching to formulary drugs where appropriate

3.6.3 NICE guidance

- Providers are expected to comply with NICE Technology Appraisals and follow local prescribing policy reflecting NICE TAs.
- The CCG, in conjunction with the Area Prescribing Committee (APC), will determine when and how NICE Clinical Guidelines and Public Health guidance with medicines implications are to be implemented. Inclusion in NICE clinical guidelines does not confer agreement to prescribe, and a local decision will be made through the APC.

3.6.4 Shared- and continuing- care agreements

- For drugs subject to a shared- or continuing-care protocol, specialists will continue prescribing until a patient-specific agreement has been put in place with the GP
- When a shared- or continuing-care agreement is in place, specialists and GPs will undertake the responsibilities outlined in the protocol.

3.6.5 Traffic lights

- The CCG operates a '[traffic light](#)' system to minimise risks around prescribing. Providers must operate within this system.
 - 'Red' drugs (not to be prescribed by GPs) will be prescribed on an on-going basis by the specialist at no additional charge, unless the drug is specifically excluded from the National Tariff.
 - 'Amber' drugs i.e specialist initiated – see section on shared-care agreements
 - 'Yellow' drugs are those requiring the decision to initiate therapy to be taken by a specialist e.g. Consultant (or GP with Special Interest), and where necessary an indication will be given as to how long (months) a specialist should retain prescribing responsibility before GPs prescribe. Where no period is indicated GPs may initiate prescribing if recommended by the specialist.
 - 'Green'-represent formulary drugs which may be initiated by all competent prescribers to meet the clinical needs of a patient.

3.6.6 Unlicensed products

- Unlicensed drugs, or drugs used 'off label', will only be included in the formulary where there is a substantial body of published evidence and support from local clinicians.
- See [Mid Essex Policy on Unlicensed Medicines](#) and [MHRA](#) current guidance. The BNF can be used to check whether a product is licensed and to identify suitable licensed alternatives.
- Consultants should seek the agreement of a GP before handing over the clinical and prescribing responsibility for non-formulary unlicensed products.
- Where the drug is part of a care pathway and included in the Mid Essex formulary then a GP can be recommended to prescribe as with any other drug
- Many unlicensed medicines are 'special order' products which can be expensive.
- For FP10 prescriptions, where an unlicensed medication is listed in the Drug Tariff, the stated quantity should be ordered as a minimum (the dispensing contractor will be paid that amount even if a smaller quantity is ordered)

3.6.7 Prescribing for patients with swallowing difficulties / feeding tubes

Providers will have a policy in place to manage patients with swallowing difficulties or feeding tubes. The policy will take into account the fact that special order liquid medicines are unlicensed and can be expensive, and should adopt the following stepwise approach:

1. Check that the medication is still needed
2. Use a licensed preparation (e.g. liquid, dispersible tablet). Consider changing to a different drug of the same class in order to use a licensed preparation

3. Use a licensed medicine in an unlicensed manner (disperse tablets in water, crush tablets, open capsules). [Guidance](#) is available on the ways in which different preparations can be treated, their suitability for use with feeding tubes, and how they can be administered
4. Where no licensed option is suitable, consider an unlicensed liquid special

The prescriber must give clear instructions in writing for inclusion in the care plan, and the same instructions should appear on the label, in order for staff to be able to administer a product in an unlicensed manner. Patients should be informed that an unlicensed preparation is being prescribed.

3.6.8 Prescribing for covert administration

Providers who are involved in administering medication will consider current legal and best practice frameworks and make a full assessment of the capacity of the patient to refuse their medication before undertaking covert administration. Providers will have policy and risk assessment tools in place to support covert administration.

3.6.9 Availability of NHS treatment

- GPs may not issue private prescriptions to their registered NHS patients unless the item is not available on the NHS, or the patient knows that they could have NHS funded medicine but chooses to pay privately for it.
- Where an NHS doctor has referred a patient to a consultant for advice, privately or otherwise, the referring doctor should issue NHS prescriptions, formulary, for ongoing treatment where this complies with current CCG formulary and [guidance](#). There is no requirement for GPs to continue to prescribe a medication started privately which they would not normally prescribe on the NHS. [Defining the boundaries between NHS and Private healthcare](#)
- NHS prescriptions are not available to patients who refer themselves for private assessment and need ongoing treatment as part of that care. Patients must be re-assessed under the current agreed NHS criteria before transferring to NHS Care and treatment
- NHS prescriptions may not be available to patients who travel abroad. Providers must abide by national and [CCG guidance](#).
- Travel and occupational health vaccines which are not included in the NHS contract may be prescribed privately (see [Travel Vaccine Prescribing Policy](#) and [Vaccination in Primary Care Guidance](#))

3.6.10 High Cost Drugs

- The arrangements for supplying high cost drugs to patients of each service will be defined within the contractual framework for that service.
- Providers will comply with local and East of England High Cost Drugs policies
- Prior approval will be sought using the appropriate [pro forma](#)
- Payment will only be made where the drug has been used for an approved indication and the relevant criteria are met

3.6.11 National Tariff exclusions

- Providers will notify or obtain prior approval from the commissioners for National Tariff excluded drugs for all patients.
- Providers will routinely prescribe lower cost drugs where these have been proven to be clinically effective. e.g. biosimilars
- Providers will not prescribe National Tariff excluded drugs where there is a clinically appropriate, non-excluded drug unless specifically agreed in writing

- Providers will ensure that National Tariff excluded drugs (and devices) charged are as listed within the National Tariff exclusions list (for that year) and only used for approved indications

3.6.12 Individual Funding Requests / Exceptional cases

- Requests for individual drug funding may be made by a clinician, in line with the CCG [Service Restriction Policy](#), when there are exceptional clinical circumstances for the patient, the associated published evidence supports the requested use and there is evidence that the particular patient will benefit from the treatment

3.6.13 Cancer drugs

- Cancer drugs will be prescribed in line with NHS England agreed pathways.
- Notification proformas will be used where available including for treatment from the Cancer Drug Fund available on [NHS England](#) website.

3.6.14 Oxygen and medical gases

- Oxygen is ordered by the Respiratory Team from the regionally commissioned provider using a Home Oxygen Order Form ([HOOF](#))
- GPs may order an initial supply of short burst oxygen using HOOF part A only pending assessment by the Respiratory Team
- In exceptional circumstances an initial supply may be ordered on discharge by hospital staff using [HOOF](#) (part A only) pending assessment by the Respiratory Team.

3.6.15 Dietetic products

- Foods for special diets will only be prescribed on FP10s/supplied by commissioned services in line with [local guidance and restriction policies](#). This includes enteral feeds, foods for PKU and infant milks.
- Oral nutrition products will be prescribed in line with the Mid Essex locality "[Policy for shared Management of Oral Nutritional Support in the Community](#)" only after the 'food first' approach has been tried, and in line with prescribing restriction policies.

3.6.16 Dressings

- Only dressings from the Mid Essex CCG [Primary Care Wound Care Formulary](#) will be funded for use within Primary Care. Providers may choose to operate their own in-house dressing formularies but will be required to continue to supply these to patients post-discharge if the dressings being used are not listed in the [Mid-Essex Primary Care Wound Care Formulary](#).
- Dressings (in line with the [Primary Care Wound Care Formulary](#)) should be supplied to the patient on discharge-minimum 7 days and their GP should be notified of the patient needs. Where ongoing Community Nurse involvement is needed for dressings (or in other circumstances) the provider will contact the practice and community nursing teams
- Where a provider is commissioned to provide a service which includes the supply of dressings, these will not be requested from the GP
- Dressings which are not on the [Primary Care Wound Care Formulary](#) must continue to be supplied by the Provider following discharge.
- Larvae therapy will be prescribed only after recommendation by a member of the Tissue Viability team, in line with the clinical protocol.

3.6.17 Homely remedies

Providers of residential and domiciliary care will have a policy on the treatment of minor ailments and the use of homely remedies and self-purchased medicines by their service users.



3.6.18 Appliances

- Where the Mid Essex [formulary](#) covers a type of appliance, formulary items only will be prescribed unless agreement has been obtained from the CCG.
- Where the formulary does not cover a type of appliance, the prescriber should take the cost into account when prescribing and seek specialist advice where necessary. Inclusion of products/appliances in the Drug Tariff does not mean that they can be prescribed locally.
- Only appliances listed in Part IX of the [Drug Tariff](#) are available on FP10 prescription. Other appliances must be supplied directly by the provider or alternative arrangements made.

3.6.19 QIPP/Cost Improvement Plans (CIP)

- Prescribers will participate in therapeutic switches/prescribing initiatives as advised by the CCG MMC and/or Area Prescribing Committee and as clinically appropriate for their patients

3.6.20 Prescribing Support Software

Providers, including GP practices, are expected to use prescribing support systems if made available to practices. e.g. Optimise Rx, Scriptswitch, Eclipse Live .

- When a GP practice has agreed to use prescription support software, it will be available on all computers routinely used to issue prescriptions
- The clinical system will be set up to accept changes e.g. updating Scriptswitch/Optimise Rx profile which are issued periodically by the system provider
- If the system becomes inactive on one or more computers, the practice will contact software supplier and / or the CCG medicines management team so that it can be reinstated
- Practices will undertake regular uploads as required to maximise the benefit of prescribing support software e.g. weekly uploads to Eclipse Live.

3.6.21 Do Not Prescribe Policies

These policies refer to non-formulary medicines where a clear decision has been made that there should be no local prescribing. Providers contracted by the CCG must adhere to these policies. . Drugs listed and those defined in the BNF as 'less suitable for prescribing', and drugs listed on the PrescQIPP [DRugs of Low Priority](#) ('DROP') list should not be routinely prescribed, and any prescribing must be supported with a justification which is documented. Providers must seek agreement from the patient's GP if there is a need to continue prescribing in primary care. In addition to the DROP list, NHS England have issued guidance indicating drugs of low clinical priority and medicines available 'Over The Counter' which should be purchased by patients for self-limiting conditions. [Prescribing Policy Statements](#) are in place for all of these drugs and therapies and it is expected that the Policy Statements are adhered to unless there are clinically exceptional circumstances.

3.6.22 Complementary medicines

Complementary medicines, e.g. aromatherapy, herbal, homeopathic remedies, are used for therapeutic purposes and require the same safeguards as with other medicines. They are included on the NHS England list of drugs with low clinical priority and prescribing/NHS funding is not supported.

3.6.23 Medicines for clinical trials

Providers will seek the appropriate ethics approval before undertaking clinical trials which should be conducted according to current Good Clinical Practice standards. Any trial which may result in additional activity or change to existing pathways will be agreed in advance with the commissioner. The CCG will not accept any costs or on-going costs arising from clinical trials without prior agreement.

4 Advice to patients

4.1 Drugs for self purchase

- When the indication is covered by the product licence, patients will be made aware of medicines that are available to buy, and advised to purchase them from a community pharmacy where they can obtain professional advice. The CCG have produced a range of resources to encourage self-care ([self-care and over the counter resources](#)). This is supported by NHSE guidance on over the counter medicines which should not be prescribed for self-limiting conditions.

- Patients presenting at a community pharmacy to purchase medicines for self care will be supported in this and not referred to a GP to obtain a prescription unless clinically necessary.

4.2 Promotion of self care

Providers will offer opportunistic brief interventions whenever appropriate to advise patients and service users on lifestyle measures that will enable them to get the best from their medication. See also the [resources available on the MECCG website](#).

5 Governance

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

- Information governance
- Complaints and incidents
- Record keeping
- Mental capacity
- Business continuity
- Safeguarding
- Consent
- Whistleblowing
- Bribery
- Fraud
- Theft

5.1 Standard Operating Procedures

- Providers will develop Standard Operating Procedures (SOPs) to describe the processes of handling and managing medicines for the services commissioned by the CCG
- 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

5.2 Working with industry

- Providers will adhere to the Mid Essex locality guideline [“Working with the Pharmaceutical Industry”](#) or their own equivalent policy.
- The policy will apply to all employees including non-medical prescribers and non-clinical staff
- Samples of medicine will not be accepted by staff or made available to patients

5.3 Near miss errors

- Providers will maintain an error 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.

5.4 Adverse reactions

- Suspected adverse reactions to medicines, particularly black triangle medicines under intensive monitoring, can be reported to the MHRA by anyone including non-clinical staff and patients.



- Reports can be made online at <https://yellowcard.mhra.gov.uk/>, by downloading the Yellow Card App via a smartphone, or using the form in the BNF. Adverse reactions to new psychoactive substances and illicit drugs are encouraged to be reported by healthcare professionals using an [RIDR online form](#).

5.5 Medicines Safety alerts

Providers will have a process for receiving, acknowledging and acting on medicines safety alerts, including drug recalls, whether national or local.

5.6 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 NHS contractual requirements.