Medicines Management Operational Procedure
Managing Medicines on Discharge

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	July 2020

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Beth Perry – Ward Based Pharmacy Technician
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Circulated to the following for Consultation

Date	Role / Designation
12/11/19	Ward Based Pharmacy Team

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? Guiding Principles for Medicines Support in the Domiciliary Care Sector https://www.adss.cymru/en/blog/post/principles-for-medicines 2019. Royal Pharmaceutical Society Toolkit for Managing Multi-compartment Compliance Aids.

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	
Age				x	
Disability				x	
Gender reassignment	x				
Pregnancy and maternity	x				
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Human Rights	x				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this procedure?

No risks identified.

Have you identified any Information Governance issues arising from the implementation of this procedure?

All information sharing about medication at discharge is all within national recommended frameworks.

Have you identified any training and / or resource implications as a result of implementing this?

Managers training for the MAR chart service will be provided to all new staff. Pharmacy professionals working on the wards should have or be working towards a medicines management accreditation.

Document Title

1. Introduction

Each Powys hospital ward has input from a PTHB Pharmacist and Pharmacy Technician who are ideally placed to manage the medication aspects of discharge for inpatients from Powys Community Hospitals.

The pharmacy team has robust links with community pharmacies and GP practice dispensaries/practice staff across the county to ensure seamless transfer of medication care. The team is also trained in assessing patients medication compliance needs on discharge and through liaison with community services can help ensure patients obtain correct support in taking their medication where required.

Discharges should be planned and discussed with the multidisciplinary team with realistic estimated dates of discharge set. Medication compliance needs must be assessed as part of that process and options discussed with patients or, when necessary, their family or carers at the earliest opportunity, to allow planning for appropriate measures to be put in place.

The preferred route of obtaining discharge medication is by a TTO (using an MTeD or original paper discharge prescription) with the medication either ordered from the supplying pharmacies at Nevill Hall Hospital (for Brecon, Bronllys, Knighton Llandrindod and Ystradgynlais Hospitals), or Bronglais Hospital (for Llanidloes, Machynlleth, Newtown and Welshpool Hospital) or for a PTHB pharmacy professional to dispense the discharge medication at ward level by labelling and utilising stock drugs, or amending PODs. WP10 or WP10(HP) prescriptions should only be used in exceptional circumstances, such as to support the use of the level 2 MAR chart service or the provision of MCCA.

2. Aims

To provide the Standard Operating Procedure for the provision of medication at discharge.

3. Definitions (Mandatory Heading)

DAL Discharge advice letter.
DDA Disability Discrimination Act
DMS Discharge Medicines Summary
MAR Medication Administration Record (as used by trained domiciliary care workers to support service users with their medication). There is a domiciliary care MAR chart service in which medication is supplied in original manufacturers' packs or packed down in pharmacy cartons with a MAR chart and supplied to record

administration. This service is provided by accredited community pharmacies or practice dispensaries.

MCCA Multi-compartment Compliance Aid – also known as Multidosage System (MDS) or dosette box or blister packs.

MTeD Medicines Transcribing and Electronic Discharge system

PODs Patient's Own Drugs

Prescriber A GP, clinical assistant, SAS doctor, consultant or independent prescriber who is contracted or employed to provide services to the respective community hospital. This could also include an out of hours doctor e.g. ShropDoc, although they are unlikely to be called upon to prepare a hospital discharge prescription.

TTO To Take Out – refers to the prescription form for requesting discharge medications from Nevill Hall or Bronglais Hospital pharmacies. This may be in the form of an MTeD electronically generated prescription, or paper TTO. Nb. nursing staff often use the term TTO to refer to the medications rather than the legal documentation required for discharge.

Wet signed A pen signature on a hard copy paper form of the TTO.

4. Responsibilities

- Pharmacy professionals working within Powys Community Hospitals must carry out the roles as identified in each section of this procedure.
- Pharmacy professionals must work within their own competency and scope of practice.

4.1 Head of Department

- The Head of Department must ensure that each pharmacy professional working at ward level receives the appropriate training to undertake the requirements of this procedure.
- Any new member of pharmacy staff undertaking work at ward level receives appropriate induction around this procedure.

5. Process

General principles

- Patient compliance and the most appropriate method and route of supply should be assessed for all patients by a pharmacy professional at an appropriate point in their inpatient stay.
- Any existing arrangements should be reviewed to ensure that they are still the most appropriate option for the patient and their current circumstances.
- All dispensed medication should be checked against the TTO and medication chart by either a registered nurse or pharmacy professional

before being issued to the patient at discharge. Any errors or omissions should be discussed with the prescriber and/or pharmacy professional, and resolved/resupplied with the supplying pharmacy, dispensary or pharmacy team at ward level as appropriate.

- If a TTO is prepared in advance of discharge (due to pharmacy availability on the ward) then the registered nurse must be alert for any dose changes, additions or stoppages to medications and action this at the time of the change. This should not be left until the day of discharge, when it will not be possible to make timely changes.
- If the patient is not being discharged immediately, any medications requiring special storage e.g. refrigerated or controlled drug (CD) items, must be stored in the appropriate way.
- All patients (or family or carers, as appropriate) should be offered counselling on how to take the medication as part of the discharge process
- Some items, which are not classed as medicines, may be supplied directly from ward stock e.g. sip feeds.
- Stock prescription only medicines (POMs) must never be supplied from ward stock unless labelled by a pharmacy professional with that patient's full name, and correct and clear directions for use matching the TTO and inpatient medication chart. See separate standard operating procedure for labelling of medication at ward level.
- CD's will not be released by the supplying pharmacy until the original top copy of the TTO form is received (including for MTeD generated TTOs, which must be 'wet' signed).
- New or altered CD supplies for discharge cannot be dispensed at ward level and will need to be obtained via the supplying hospital pharmacy or through a WP10.
- If a WP10HP is used (for reasons described later in this procedure) for discharge, the prescriber must ensure that a discharge summary is also produced (via MTeD or a paper copy)

1. Discharge – No Medication Support Required

1.1 Non MTeD Ward

- A paper Powys TTO form may be written by a hospital doctor/ pharmacist but the final decision on prescribing and signing the TTO rests with the doctor.
- The TTO must be written at least two working days in advance of anticipated discharge (3 working days are required for prescriptions containing any schedule 2 or 3 controlled drugs or supplied in MCCA/ with MAR chart).

- If a pharmacist is available they should clinically check the TTO against the inpatient medication chart and stamp and sign and date.
- If no pharmacist is available for a clinical check a copy of the inpatient medication chart must be supplied with the TTO form to allow a clinical check by a pharmacist in Nevill Hall or Bronglais hospital pharmacies.
- When the discharge medication is supplied to the ward it should be checked against the TTO and inpatient medication chart by the receiving member of nursing or pharmacy staff. Any errors or omissions that cannot be rectified at ward level should be flagged up to the supplying pharmacy as soon as possible and agreement made to rectify/ re-supply.
- If the above options are not available, an WP10(HP) prescription may be used to obtain the relevant medication via a community pharmacy.

Post discharge

- Top copy of TTO sent to supplying pharmacy for their records.
- The second copy supplied to the patient.
- The third copy supplied to the patient's GP.
- The fourth copy goes in the patient notes.

For discharges supplied in MCCA or with MAR charts, that the pharmacy team have been involved with, a pharmacy discharge summary (or copy of the DAL/TTO) will be provided to the GP practice and the patient's community pharmacy to ensure they have an accurate record of the patient's current medication to update their clinical systems as appropriate.

Mental Health

In mental health wards, where the discharge version of the All Wales Medication Chart is in use, the TTO section of the medication chart can be filled out by the prescriber and the entire chart should then be faxed (or photocopied and sent) to Nevill Hall hospital.

CDs should be written on a separate TTO.

1.2 Process Where MTeD is in Use

The process is essentially the same as for a non-MTeD ward but instead of a paper TTO form the MTeD system will be used. (See Powys Procedure for using Medicines Transcribing and Electronic Discharge (MTeD) for more detail.)

MTeD TTO's require a handwritten doctors' 'wet' signature for controlled drugs, otherwise an electronic signature is acceptable. The supplying

pharmacy will require an original 'wet' signed copy of the MTeD TTO before releasing any controlled drugs.

A copy of the medication chart is not required by the supplying pharmacy unless the TTO has not been verified/ stamped as clinically checked by Powys pharmacist

Post Discharge

An original copy of the MTeD discharge form must be sent to the supplying pharmacy for their records.

A copy of the MTeD discharge summary should be printed for inclusion in the patient's medical notes.

2019 - All Wales guidance has now been produced on the management National Guiding Principles for Medicines Support in the Domiciliary Care Sector:
https://www.adss.cymru/en/blog/post/principles-for-medicines
This outlines choices around MAR charts and compliance aids.

2. Discharge of a patient requiring a Multi-compartment Compliance Aid (MCCA)

Although MCCA may be of value to help some patients with problems managing their medicines and maintaining independent healthy living, they are not the best intervention for all patients and many alternative interventions are available. The evidence-base indicates that MCCA should not automatically be the intervention of choice for improving patient outcomes

RPS guideline on the better use of multi-compartment compliance aids July 2013

The limits of this type of compliance aid must be considered and the patient assessed appropriately. A pharmacy professional must be involved in this assessment and may suggest an alternative and more appropriate compliance aid option. Patients admitted with a MCCA in place should also be reviewed to establish if this is still the most appropriate option for them.

There isn't always information available to support the stability of medications in this type of device, so it may not be possible for all of a patient's medication to be stored in a MCCA. This will result in a 'two tier' medication regimen. Please refer to a pharmacy professional for advice

regarding any such issues. The patient's ability and understanding of how to use the device should also be considered in deciding whether to use a MCCA.

Note the final decision to supply a MCCA sits with the supplying community pharmacist who has to be satisfied that they have made the most appropriate adjustment for the patient's needs under the Equality Act 2010. The community pharmacist may request a face to face assessment with any new patients before making the decision to supply an MCCA.

The Royal Pharmaceutical Society has provided a toolkit which may be useful in making assessments

https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca

The patient should be identified as requiring an MCCA on the ward 'patient flow' board – so that the multidisciplinary team are aware that this will need to be arranged for discharge.

At least 3 working days before the planned discharge a hospital discharge form should be prepared - using a TTO form or MTeD authorisation, but instead of faxing to the supplying DGH pharmacy, the discharge prescription should be faxed [or other agreed secure transfer method] to the patient's registered GP practice so they can prepare a WP10 for a community pharmacy or practice dispensary to supply the MCCA.

The pharmacy professional should contact the most appropriate member of the GP surgery staff to inform them that a discharge form is being sent to them and that a WP10 is required because the patient needs a MCCA.

Prescriptions should normally be for 28 days supply, a 7 day prescription should only be supplied on clinical or safety grounds and never just to facilitate the provision of MCCA. Seven day prescriptions are recommended if:

- flexibility is required to change the medication at short notice
- the patient's medicine needs are unstable and liable to change
- there may be a risk to the patient or others from having too much medicine in the home

The practice should be advised to send the WP10 to the agreed community pharmacy or their dispensary.

The pharmacy professional should contact the community pharmacy or practice dispensary advising that a prescription will be sent to them from

the GP surgery requiring an MCCA and the likely date of discharge. The pharmacy professional will provide DMS, TTO form or MTeD medication list to the community pharmacy or dispensary so that they can check that the transcribing to the WP10 has be carried out correctly.

All MCCAs should ideally be returned to the ward before discharge so that nursing or pharmacy staff can check the contents against the discharge prescription and the inpatient medication chart. The pharmacy professional should liaise with the community pharmacy or dispensary regarding a suitable collection time for the MCCA or it may be possible for the pharmacy to deliver to the ward.

Ongoing supply arrangements should be agreed with the patient (carer or family) and the community pharmacy – any existing arrangements should be left in place e.g. delivery if still appropriate.

If there are difficulties in setting up the initial prescription through the GP practice then a WP10 (HP) may be written by the hospital doctor and sent to the community pharmacy as described above. Note, dispensing practice staff are not able to dispense handwritten prescriptions and so MCCAs required for dispensing patients will need to be prescribed on a practice WP10.

If a WP10(HP) is used there still needs to be an official communication to the surgery; the ward prescriber should complete a paper TTO or MTeD, so that this can be supplied to the GP practice.

Any WP10(HP) form used should be photocopied and a copy kept in the patient's notes. The ward should also keep a note of the prescription form number and reason for use in their normal prescription pad log book.

Where possible the pharmacy professional should inform the community pharmacy if there are any delays to the discharge or any changes to the medication regimen. For changes, arrangements must be made to furnish the community pharmacy with an up-to-date prescription as per the process above.

3. Discharge Requiring Level 2 MAR Chart Service

The patient should be assessed according to the Powys County Council Social Services Medicines Policy for the appropriate level of care. The All Wales guidance also includes a tool to use - https://www.adss.cymru/en/blog/post/principles-for-medicines

A pharmacy professional, who has received the awareness training, is deemed suitable to support this process, but the decision is likely to

require a collaborative approach with the multidisciplinary team, care manager and pharmacy professional.

This will also require considerable liaison with social services and care agency staff over when a suitable care package is likely to become available.

The community pharmacy or practice dispensary will need as much notice as possible that the patient is going home – to allow time to set up a MAR chart service.

A list of participating community pharmacies and practice dispensaries can be obtained from Powys Medicines Management team or via the Medicines Management page on the PTHB intranet site.

Once the assessment has been completed a MAR chart referral form must be sent to the community pharmacy or practice dispensary (this can be sent pending the identification of the care agency, but will need to be completed before the MAR chart service can be finalised by the community pharmacy).

The prescriber should complete either a TTO form or MTeD discharge as normal but instead of faxing to the supplying DGH pharmacy the discharge prescription should be faxed to the patient's normal GP practice so they can prepare a WP10 for a community pharmacy or practice dispensary to supply the MAR chart and medication.

The pharmacy professional should contact the most appropriate member of GP surgery staff to inform them that a discharge form is being sent to them and that a WP10 is required because the patient needs a MAR chart.

Prescriptions should normally be for 28 days supply.

The practice should be advised to send the WP10 to the agreed community pharmacy or their dispensary.

The pharmacy professional should contact the community pharmacy or practice dispensary to advise that a prescription will be sent to them from the GP surgery and discuss with the community pharmacy the likely date of discharge. The pharmacy professional will provide a copy of the TTO or MTeD form (medication part) or DMS form to the community pharmacy or dispensary so that they can check that the transcribing to the WP10 has be carried out correctly.

All MAR charts, plus medication, should be returned to the ward so that nursing or pharmacy staff can check the contents against the discharge prescription and the inpatient medication chart. The pharmacy professional

should liaise with the community pharmacy or practice dispensary regarding a suitable collection time for the MAR chart, plus medication, or it may be possible for the pharmacy to deliver to the ward.

Ongoing All Wales work should provide consistency of processes with neighbouring Welsh Health Boards.

In some cases if the MAR chart can't be set up in time and the patient is discharged with original packs, carers may be able to administer via documentation in the care plan. This will need to be discussed with the care manager. Seek advice from the Medicines Management team as necessary.

4. Patients Discharged to a Care Home

Care homes usually have existing arrangements in place and it is usually more appropriate to approach each care home on a case by case basis.

Bronglais Hospital Pharmacy can provide MAR charts to care home patients on discharge – but Bronglais MAR charts must not be used long term for community patients requiring the level 2 MAR chart service.

Another option is to send a small supply of medication, which will usually be a supply of one original pack (or at least 7-14 days supply), which could be correctly labelled medicines from the patient's POD locker.

A TTO (MTeD or original paper) form must be completed to provide the legal authority for medications to be issued to patients to take out of hospital. Alternatively WP10 or WP10(HP) prescriptions may be utilised if supporting an existing arrangement via a community pharmacy.

5. Patients Taking Short Term Leave

5.1 To Home or with Family

It is never acceptable for patients to be supplied with unlabelled or incorrectly labelled 'prescription only' medications in any format.

A TTO must be completed to provide the legal authority for medications to be issued to patients to take at home. Multiple, short term discharges (e.g. a 'staggered discharge') will require a new TTO to be written for each leave. However the same discharge medication can be used against successive leaves, provided the medication is reassessed as being of suitable quality and quantity.

Normally original packs will be supplied regardless of the length of leave. Smaller quantity supplies should be arranged where there are safety concerns around supplying larger than needed quantities.

Correctly labelled PODs or labelled stock medicines may be utilised where appropriate.

Short term leave should not require the use of MCCA and any requests should be critically challenged. Patients on short term leave will normally be supported by family who should ideally assist with medication. The pharmacy professional should establish arrangements in place with the MDT and advise family members or carers as appropriate.

Patients should be requested to bring the medication back into hospital with them when they return.

5.2 Patient off ward for external appointment

For regular medication, where possible, the pharmacy professional should review medication to see if timings can be changed so that doses will not be due when the patient is off site.

Withholding or altering the timing of medication, where therapeutic issues may affect the patient, should also be considered on a case by case basis. E.g. will there be interactions with any drugs used; if the patient has gone for tests or a procedure. These should be advised by the external clinic. It may be preferable to withhold medicines, such as diuretics, if a journey is required.

If medicines will be required when off-site the following may be options:-

- Is the patient able to manage the medication themselves?
- Contact the external clinic – will there be registered professionals who could administer the medication to the patient? If so, do they have the medication or does it need to be supplied?
- Is the patient being escorted by a member of staff who is trained to administer medications?
- Any medication supplied must be labelled correctly for the patient with directions for use. It may be possible to supply PODs or label ward stock. If there are safety concerns about the quantity of supply then a smaller quantity labelled supply will be needed either dispensed at ward level or from Nevill Hall or Bronglais Hospital Pharmacies. It is not acceptable for an unlabelled or incorrectly labelled supply of medication to be supplied.

The external clinic will need to be advised that the patient will be taking medication and what that medication is.

If a healthcare professional is administering then the All Wales Administration Chart should be supplied and the health care professional should initial the medication chart in the appropriate administration box.

Because their initials will not be known to PTHB they should also footnote the medication chart with their initials and full name, organisation and position.

6. Patient Transfers

6.1 To another Powys Hospital

Pharmacy professionals from the transferring and receiving wards should liaise with each other to establish if any additional medications need to be sent to or obtained by the receiving ward.

All PODs should be sent with the patient. Any that are already assessed by a Powys pharmacy professional (as indicated by an initialled green sticker) do not need to be reassessed. Any unassessed, or interim assessed (as indicated by a blue sticker) must be assessed by a pharmacy professional.

If the patient has been transferred from a Powys mental health ward (using an inpatient mental health medication chart) to a Powys general ward, then the medication chart should be rewritten by medical staff or transcribed by a pharmacist to the approved All Wales Long Stay chart and vice versa for transfers the other way. This to ensure nursing staff are familiar with the stationary in use. Otherwise Powys transferred medication charts do not need to be rewritten.

6.2 To an out of county hospital

Transfers may be on an emergency basis and therefore planning is likely to be difficult.

All PODs should be transferred with the patient and a copy of the inpatient medication chart must be supplied if the original is not transferring with the patient.

If time allows the transferring member of staff should check with the receiving ward if there are difficulties in obtaining any other patient medicines. Large DGHs should not normally have problems, but smaller hospices may need a supply. If a supply is needed and not available as a POD then a labelled supply should be arranged via a TTO, MTeD or WP10(HP) prescription.

7. Discharge from a PODs Ward

A pharmacy professional should ideally be involved in the discharge and prepare the discharge medication from the POD and any label any new or changed items as required

Under no circumstances must a patient be sent home with unlabelled (except for P or GSL medicines) or incorrectly labelled items.

The medical team will need to prepare TTOs in the normal way (either handwritten or electronically through MTeD) and this forms the legal prescription for the supply of medication on discharge. In many cases the pharmacy team will be able to provide discharge medication directly from the ward. This is a process known as 'One Stop Dispensing' or 'Dispensing for Discharge' utilising PODs or labelling ward stock medicines, as needed.

At least 7 days supply of medicines will be issued on discharge and ideally a minimum of 14 days will be supplied. The pharmacy professional may make a professional decision around making less than 7 days supply, at discharge, if they are absolutely confident that there are sufficient supplies at home of any unchanged medication. **Any discussion around this should be clearly documented in the patient's notes**.

Providing the TTO has been clinically checked by a Pharmacist, the pharmacy professionals may collate any pre-dispensed items that match the TTO ready for discharge without the need for a second check. However, if any items have been relabelled or newly dispensed at ward level these will need to be second checked by an ACT qualified pharmacy technician or pharmacist.

If new last minute discharge medication is required and the pharmacist is not on the ward to clinically check the discharge prescription, then a TTO will need to be sent to Nevill Hall or Bronglais Hospital Pharmacies in the normal way. Work is ongoing around solutions to allow remote clinical checking of charts.

On the day of discharge, if a pharmacy professional is unavailable on the ward, then the task and responsibility of 'bagging up' and checking PODs, which have been collated by the pharmacy team, against TTO and inpatient chart lies with the discharging nurse.

6. Training & development

The procedure applies to registered pharmacy professionals. Pharmacy technicians will receive medicines management accredited training.

All pharmacy professionals will be aware of domiciliary careers training and will receive manager training for assessing the level of medication assistance needs.

The team maintains a monthly staff catch up meeting, where the elements around discharge are discussed, this meeting will also facilitate review of this procedure.

7. Service /professional committees or groups

Details of any committees or groups managed by the service.

- Medicines Safety and Governance Group

8. Audit schedule

Annual audit reported to the Medicines Safety and Governance Group.

9. Service/Department Specific Policies, Procedures & other written control documents

List of:

- Medicines Policy
- Labelling procedure

9.1 Department/Service intranet page

Medicines Management policies:-
http://nww.powysthb.wales.nhs.uk/medicines-management-policies-guidance-a

Medicines Management SOPs:
http://nww.powysthb.wales.nhs.uk/medicines-management-procedures-guidelin

10. Change control /review

This document will be reviewed every three years or earlier should audit results or changes to legislation/practice within the THB indicate otherwise.