

Policy for Self-Administration of Medicines by Patients within Community Hospitals

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Lincolnshire Community Health Services NHS Trust

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Version Control Sheet

Version	Section/Para /Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Policy	March 2013	Petra Clarke
2	Throughout	Update policy template Update references.		
	Section 8, 9, 10, 11	Update processes	May 2015	Lorna Adlington
2.1		Extension agreed	June 2017	Andrew Camm
3.	Throughout	Process changes References	November 2017	Claire Rogers
	Section 14	New Section – patients leaving the ward	November 2017	Claire Rogers

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Lincolnshire Community Health Services NHS Trust
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Community Hospitals
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Lincolnshire Community Health Services NHS Trust

Policy for Self-Administration of Medicines by Patients within Community Hospitals

Policy Statement

Background	The purpose of this policy is to set out a generic framework for a co-ordinated approach in the utilisation of the Self Administration of Medicines (SAM's) within the Community Hospitals across LCHS NHS Trust.
Statement	This policy incorporates legislative requirements and good practice.
Responsibilities	Implementation and compliance with the policy will be the responsibility of all relevant staff.
Training	Heads of Service within individual business units are responsible for arranging the provision of appropriate training to ensure relevant skills, knowledge and competencies are maintained.
Dissemination	LCHS Website Service Leads
Resource implication	This policy has been developed in line with guidelines and legislation to enable the appropriate development and use of SAM's within LCHS and to put in place control mechanisms to ensure governance. There are no additional resource requirements.

1. Introduction

1.1 Self-administration schemes have been shown to improve patients' concordance with, and knowledge of, medication. They aim to preserve independence and prepare patients for their return into the community.

1.2 "Pharmacy in the Future" (DOH, Sept 2000) and "Modernising Medicines Management" (NPC, April 2002), encourage organisations to develop schemes, which support self-care, promote patient care through empowerment and increase patient understanding of their condition. This scheme meets all of these aspirations.

2. Policy Aim

2.1 This policy has been produced to ensure a standardised, efficient and safe self-administration scheme is in operation within community hospitals managed by LCHS NHS trust.

3. Scope

3.1 The policy is for use by clinical staff employed by the Trust and contracted clinical staff working on the wards in the community hospitals.

4. Definitions

4.1 Self-administration of medicines occurs when an inpatient of a Community Hospital retains and administers their own medication. These may be the Patient's own drugs (PODs) or those prescribed within the hospital setting.

4.2 The three levels of administration can be defined as:

Level 1 (NOT ABLE) – Not appropriate for self-administration

Level 2 (SUPERVISED) – Able to attempt self-administration under supervision of nursing staff

Level 3 (ABLE) – Able to self administer with no supervision

5. Principles

5.1 The policy and procedures for self-administration of medicines by patients in Community hospitals will be used in conjunction with the Trusts Safe & Secure Handling of Medicines Policy and the Nursing and Midwifery Council (NMC) Standards for Medicines Management (2010).

5.2 All inpatients within Community Hospitals, where lockable bedside cupboards are available, will be assessed to decide their ability to self-administer their own medication. This assessment will take place as outlined within the procedure detailed later in this document.

5.3 Most current medications including both regular and 'as required' items are suitable for the scheme. However, there are exceptions, see further details below, including warfarin and drugs which are not taken daily for example bisphosphonates. These more complicated regimes must be considered when the patient assessment is undertaken, and decisions taken accordingly.

5.4 Where clinically necessary, registered nurses assessed as competent, may administer single doses of additional items according to the organisations approved Patient Group Directions or Non-Medical Prescribing policy.

5.5 The nurse who conducts the drug round will be responsible for all patients who are self-administering their own medication. Patients will store their medicine in a locked bedside cupboard and will be responsible for the safe keeping of the key. However, there are certain medications which are not suitable to be stored in this way, for example fridge items. These exceptions are detailed in section 6.

6. Drugs that may not be stored in patient medication lockers

6.1 Fridge Items: These must be stored in the treatment room fridge. Insulin in current use may be safely stored in lockers but additional stock should be stored in the treatment room fridge clearly labelled for the individual patient. Patients at Level 3 (ABLE) of the scheme may request the items from the nurse on duty when required.

6.2 Controlled Drugs: Controlled Drugs must be stored in the ward controlled drugs cabinet. Patients at level 3 (ABLE) or 2 (SUPERVISED) of the scheme may request items from the nurse on duty when required, but the nurse must follow the standard procedure for administering controlled drugs and complete the CD register appropriately.

7. Medication Administration Errors

7.1 If a medication administration error occurs when the patient is Level 1 (NOT ABLE), i.e. a registered nurse has administered the medication, the procedure in the Medicines Policy should be adhered to and a report made as per the Incident Reporting Policy.

7.2 If an error occurs when the patient is self-administering at Level 3 (ABLE) or Level 2 (SUPERVISED) then the following action should be taken:

- The incident should be reported to the nurse in charge who will assess the situation and take appropriate action.
- The prescriber or prescriber on duty should be informed.
- Complete appropriate documentation, alert other members of staff.
- The patient should be re-assessed for suitability for self-administration and additional support obtained from the appropriate health professional.
- An incident form should be completed, as is consistent with the Incident Reporting Policy.
- The incident should be recorded in the patients' medical record.
- The Policy for Management of Errors should be consulted.

8. Evaluation & Audit

8.1 Self-administration of medicines should be evaluated following each individual patients participation within the scheme.

8.2 Evaluation should be based on the following indicators:

- Was the patient self-administering prior to discharge?
- Could increasing independence be noted due to the patient participation within this scheme? For example, progressing from level 2 (SUPERVISED) to level 3 (ABLE).
- Number of interventions made by the nurses to address concordance issues.
- Type of interventions made by the nurses to address concordance issues.
- A log should be maintained for each patient to detail interventions.
- Evaluation of patient and carer satisfaction of the service by questionnaire.

9. Procedure for Self-Administration of Medication

9.1 A flow chart (Appendix A) gives an over-view of the self-administration procedure.

9.2 On admission: patient assessment

9.2.1 The patient should be assessed for suitability for self administration of medicines within 1-5 days of admission. This should be done as soon as possible but it is recognised that this may take longer for some patients who may be confused e.g. due to a urinary tract infection.

9.2.2 It should be acknowledged that for some patients it is unrealistic to expect that they will gain any ability to self-administer medicines or have insight into the medicines prescribed.

9.2.3 A registered nurse or a practitioner must conduct the assessment.

9.2.4 In the acute hospital setting, medication regimes may be expected to change frequently. In acutely ill patients, it may be more appropriate to wait until medication has become settled in order to prevent confusion or anxiety resulting from frequently changing treatment and the access to repackaging and relabeling of medication that may result.

9.2.5 The patient must be fully informed about the scheme prior to consenting and a leaflet given to support verbal information (Appendix C).

9.2.6 The assessment form at Appendix B must be used and completed accurately to determine the self-medication level. If mild cognitive impairment or confusion is identified ensure the dementia assessment has been completed.

9.2.7 All patients will be assigned to a level of self-administration according to their assessment score:

- **Level 1 (NOT ABLE)** – Not appropriate for self-administration
- **Level 2 (SUPERVISED)** – Able to attempt self-administration under the supervision of nursing staff
- **Level 3 (ABLE)** – Able to self administer with no supervision

9.2.8 The patient must sign the consent form to indicate their agreement to participate in the scheme (Appendix D). Without this consent it should be assumed that the patient is a Level 1.

9.2.9 When the patient has been assessed as appropriate for self-administration, this can commence and must be documented in the patients' medical records. The SAM level should be documented in the reminders section so that it can be seen when the electronic drug chart is opened. Please record as Self administration level 1,2 or 3.

9.2.10 If the patient has been assessed as level 2 or 3 refer the patient to the pharmacist, who will discuss medication with the patient to improve the patient's understanding and compliance.

9.2.11 If a patient is initially assessed to be Level 1 or 2 (NOT ABLE or SUPERVISED), where appropriate action should be taken to support the patient to develop independence with self-administration Level 3 (ABLE). There are a number of strategies that can be implemented to develop / encourage independence:

- Modification of labels or packaging to improve suitability via the Community or hospital pharmacy
- Education of the patient to improve knowledge. Refer the patient to the pharmacist.
- Use of supervised administration sessions to improve understanding of doses and frequencies
- Provision of support sessions to improve self-administration ability
- Involvement of the multidisciplinary team to promote independence

9.2.12 Patients should be assessed on a regular basis to review their ability to self-administer. This should be documented on the appropriate form (Appendix F). Section 15 provides guidance on the frequency of re-assessment. Any changes or problems must be documented in the medical record.

9.2.13 NB: Only patients successfully assessed at Level 3 (ABLE) should have access to a locker key with instructions regarding safe-keeping of that key

10. Patient Information

10.1 Patients must be provided with an information leaflet, (Appendix C) which will reinforce the details above and enable the patient to make the decision whether or not to self-administer.

10.2 The patient should also be provided with a full explanation of how the scheme will work, including details of: -

- the supply of drugs they will be using, either PODs or a fully labelled supply from the pharmacy
- where to store their self administration drugs (and where not to store them)
- what to do if they miss a dose, forget how or what to take or run out of supplies
- who to contact if they want to stop self administering
- the use of medication records cards and their benefits
- what will happen when the patient is discharged
- using the tablets for their own treatment only and not allowing other patients or visitors to use them
- how to access any items that may be kept by the ward staff – for example fridge items.

10.3 If appropriate, the patients should be given simple explanations of their treatment. The prescriber, nursing and pharmacy staff would be expected to actively offer information and advice to support concordance and compliance.

10.4 If a medication record card is needed (Appendix E). This should be checked and signed by any two registered nurses or a registered nurse and a doctor or pharmacist. If a pharmacist has not been involved in the production of the card it must be final checked by a pharmacist on their next visit.

10.5 If the medication card contains alterations, or there is any ambiguity regarding how the medication should be taken, a new card should be produced. Similarly, if changes are made to the patient's treatment, a new medication card should be produced for the patient, as described in 10.4.

10.6 Use the following guidelines for completing medication record sheets: -

- Use simple, non-medical terms that patients will understand.
- Use time descriptions where appropriate rather than specific times, e.g., breakfast not 8.00am (NB: there are some drugs that do need to be given at specific times, e.g. Parkinson's medication, analgesics. Some drugs also need to be given only once a week e.g. bisphosphonates).
- Use phrases that are familiar to that specific patient.
- Complete the dose detail very precisely stating the number of tablets/capsules and the strength rather than using a tick or writing the whole dose. (See the example below):

Prescription: Aspirin 75mg at 8am on treatment chart, complete drug information card as follows: -

Name, strength and form of medication	Time to take your medication				Comments
	Breakfast	Lunch	Dinner	Bedtime	
Aspirin 75mg tablets	One tablet				Disperse in water and take after food

11. Supply of Drugs

11.1 Patients who are 'self-administering' will administer all their regular medications. The 'as required' medication will be labelled with the frequency and, where necessary the maximum dose to be taken in twenty-four hours. The patients understanding of the labelled instructions must be confirmed before being allowed to self administer the 'as required' medications. At each drug round the nurse must check and record if any 'as required' medications have been taken in the previous period. The dose and time must be recorded.

11.2 If the patient 'usually' self-administers using a multidose aid, this can be continued. Any changes in medication however will require the aid to be re-dispensed by a pharmacy.

11.3 If the patient has a sufficient and satisfactory supply of their own drugs (PODs) (having been assessed) they will self-administer with these PODs.

11.4 Patients who do not have their own drugs but are able to self-medicate will require a new, fully labelled supply to be obtained. These will require ordering through the usual ward process.

11.5 Ward stocks or named patient supplies without instructions should never be given to a patient for self-administration. If it is not possible to obtain a labelled supply before a dose is due, a nurse may administer ward stock or supplies to the

patient from the ward stock supply in the normal way however, the nurse must sign for the administration of this medication.

12. Drug or dose changes

12.1 Doctors and non-medical prescribers should be alert to those patients who are self-medicating and must alert the patient and or nursing staff to any medication changes. The nursing staff must also be alert to any treatment alterations for those patients who are self-administering. This includes changes to dose, frequency and the prescribing of new drugs. It is essential that prescription charts are reviewed daily by nursing staff, and after the patient has been reviewed by the prescriber, a visiting healthcare professional or following a ward round. Any alterations to medication must be reported to the pharmacy department, in the usual way, to ensure a correctly labelled or relabelled pack is provided. Packs bearing the incorrect instructions must be removed from the patient's medicine locker, and doses administered from stock (by the ward staff) until a replacement or relabelled pack is obtained.

12.2 Dosage instructions should not be altered on labels by ward staff – complete new labelled medicines should be obtained from the pharmacy department. In some cases, this may result in nurse administration of medicines until new supplies are obtained. The nurse will sign for the administration in such circumstances.

12.3 If the treatment regime is altered in any way, staff must ensure that this is communicated to the patient and they must clarify that the patient understands the changes.

13. Storage of Medicines

13.1 All patients' drugs will be stored in the individual lockable devices or locked bedside cabinets, unless they are fridge items or controlled drugs.

13.2 If a patient is using any injections, the nurse should discuss the safe disposal of the sharps with the patient to ensure good practice. All medical sharps should be stored safely in the patient's locker and disposed of in the appropriate designated sharps bin.

13.3 Only patients deemed 'ABLE' (level 3) should have the key to their medication locker in their possession.

13.4 Only nursing and pharmacy staff will have access to the master key to the individual lockers.

13.5 All individual keys to the lockers on the wards are unique – no two keys match. If individual keys are lost / mislaid the following action should be taken:-

- 1) Duplicate keys should be available from the Ward Manager
- 2) A maintenance request should be implemented to replace the existing lock
- 3) An IR1 should be completed in line with the Incident reporting policy.

14. Process for patients leaving the ward for planned appointments.

14.1 If patients, who are assessed as SAM level 3, are required to leave the hospital for short periods e.g. hospital appointments and it is thought that they will be away from the ward when their dose is due or may need PRN medication, they may take the relevant medication with them. This will only be the medications that are required

during the period of time away from the ward and will be a prescriber decision based on assessment of the clinical need of the individual patient.

14.2 If the medication is a controlled drug and the patient has their own supply labelled correctly this can be signed out the patient's own drugs controlled drug register and given to the patient as they leave the ward. It should be clearly documented in the clinical record that the CD has been returned to the patient.

14.3 On return the patient should give the controlled drug back to the nursing staff and this should be entered once more into the controlled drug register. All other medication should be locked in the patient's own drug locker.

15. Documentation

15.1 The patient's assessment form must be filed in the multi-disciplinary nursing notes.

15.2 The SAM level should be documented in the reminders section so that it can be seen when the electronic drug chart is opened. If the patient stops self-administration or their level changes, then the reminders section should be amended to show the correct level.

15.3 The drug chart should be completed by the prescriber in the normal way.

15.4 For level 3 (ABLE) and level 2 (SUPERVISED) patients, when satisfied that the patients have taken the prescribed dose (see section 15 below), nurses should complete the administration process on the electronic chart and tick the self-medicating box. To ensure the patient has taken the medication, ask the patient if level 3 (ABLE) or observe the patient taking the medication if level 2 (SUPERVISED).

15.5 The self-medicating box should not be ticked if the nurse doubts that the patient has taken the medicines as prescribed. This is particularly the case with topical preparations such as eye drops and inhalers, where nursing staff must be sure that the product is available and has been self-administered by the patient.

15.6 If any doses are administered to self-administration patients by nursing staff, the treatment chart must be electronically signed by that nurse in the normal way.

15.7 For all patients, the current level of self-administration should be indicated on the front of the electronic chart. If the level changes this must be amended.

16. Monitoring

16.1 When the patient begins self-administration, checks should be made to ensure they are taking their medication appropriately. This should be done by asking the patient whether they have taken their medication and what they have taken. If there is any doubt the nurse should seek the patient's permission to count their tablets.

16.2 At every medicine round, the nurse responsible should ask those patients who are self-administering if they have taken their medication, and ensure the prescription is annotated to indicate this.

16.3 The patient should be reviewed every day to ensure that they remain confident and competent in self-administration, and to address any concerns that they, or

nursing staff may have. Patients should be reassessed weekly to determine whether the patient should be stepped up or down a SAM level.

16.4 If the patient does not appear to be taking the medicines as prescribed this should be discussed with the patient and if necessary the patient should not self administer. Further assessment should be undertaken and following a period of supervision and education a decision regarding the intention of resuming independence at level 3 should be made.

17. Discharge

17.1 Discharge planning and preparation including medication should proceed as for all other patients.

17.2 Specific checks should be made to ensure that:

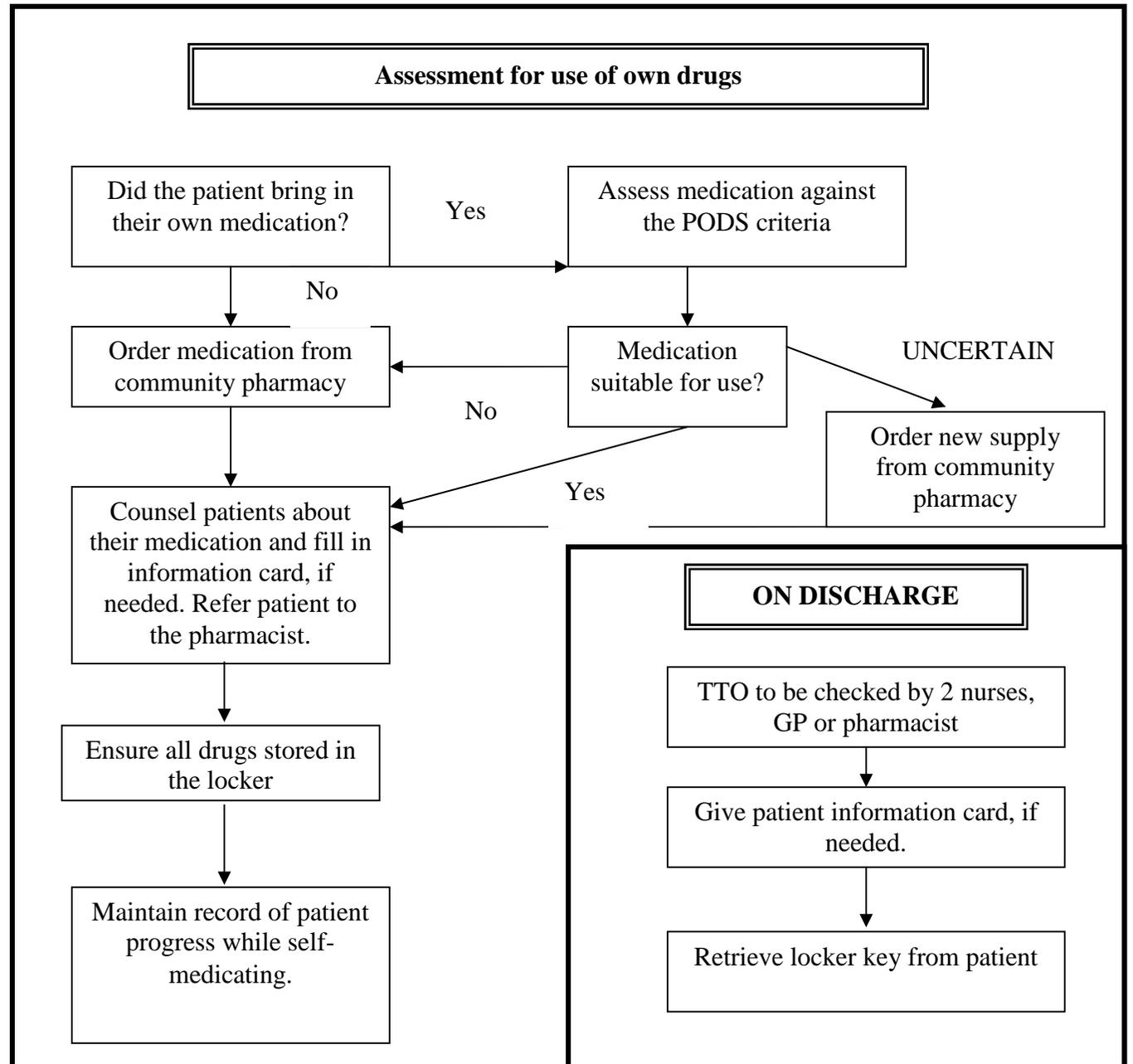
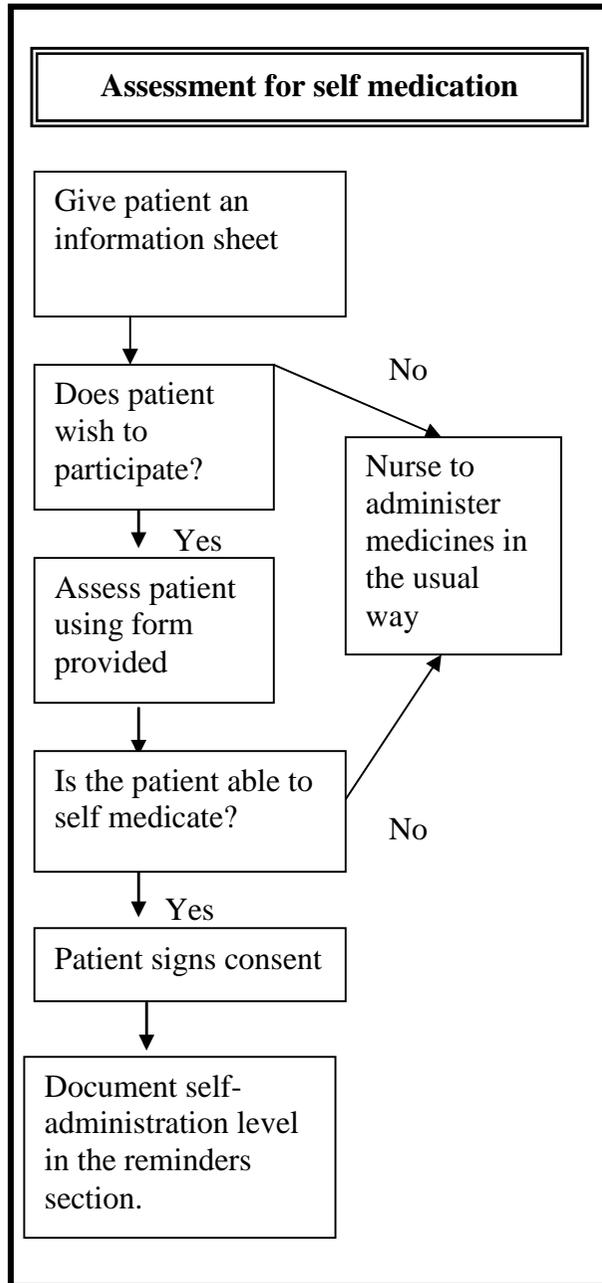
- the medication in the TTO corresponds with the medication record card, if the patient has a card.
- if the patient has been given a medication record card, a copy should be made of the card. The original should be given to the patient and the copy should be scanned into SystemOne.
- the quantity of medication prescribed should be for a minimum of 14 days
- if appropriate, the patient (and relatives/carers) has obtained and understands the medication record card
- if the patient is level 1 or 2 (not self-administering) then appropriate measures have been taken to ensure the patient can manage their medicines when they get home.

18. Dissemination of Policy

18.1 The dissemination of this policy will be via the LCHS website. Additional copies will be sent to the planned care Matrons for each Community Hospital. A form confirming receipt of new paper policy documents must be signed and returned by a nominated person from the work area.

19. References

- LCHS (2016) "Incident Reporting Policy and Procedure".
- LCHS (2017) Controlled Drug policy
- LCHS (2017) Safe and Secure Handling of Medicines policy.
- LCHS (2017) Non-Medical Prescribing Policy
- LCHS (2016) Policy for the management of medication errors.
- NMC (2007) Standards for Medicines Management. London NMC
- NMC (2006) Standards of proficiency for nurse and midwife prescribers London NMC
- NMC (2008) The Code. Standards of Conduct, Performance and Ethics for Nurses and Midwives
- NPC Modernising Medicines Management (2002) available at NPC.
- http://www.npc.co.uk/publications/executive_summary.pdf
- Pharmacy in the Future (2000) available at dh.gov.uk



<p>Patient details</p>

PATIENT ASSESSMENT FORM FOR SELF-ADMINISTRATION OF MEDICINES

Prior to admission	Took medication independently	0
	Required help with medication	1
	Dependent on others	2
Manual dexterity	Opens bottles and packs without difficulty	0
	Sometimes finds bottles and packs difficult to open	1
	Requires help with opening bottles and packs	2
	Cannot manage to open any bottles and packs	3
Memory	Remembers every time to take medication	0
	Forgets occasionally to take medication	1
	Requires frequent prompts to take medication	2
	Appears to be disorientated to time and place	8
Visual acuity	Can read labels clearly	0
	Has some difficulty reading labels	1
	Has great difficulty reading labels	2
	Cannot read even large print clearly and can't manage any identification system	8
Knowledge of dose and special instructions	Can state the dose and special instructions for each medicine	0
	Can state the dose and special instructions for some medicines	1
	Has little awareness of dose or special instructions for some medicines	2
	Is unaware of the dose and special instructions for any medicine	8
Mental state	Scores 8 or above on the dementia assessment	0
	Scores 7 on the dementia assessment	1
	Scores less than 7 on the dementia assessment	3
	History of drug abuse or known suicide risk	8
Total score	Total	

SELF-MEDICATION CAPABILITY SCORE (This scoring is to be used as a guide. If the team consider that the patient is able or not able to self-administer then this should be documented)

SAM level		Score
Level 3(ABLE)	Able to administer with no supervision	0
Level 2(SUPERVISED)	Can administer medicines under supervision	0-7
LEVEL 1(NOT ABLE)	All administration undertaken by a nurse	8+

Self Administration of Medicines - Introduction

Self-administration of medicines scheme is used by community hospitals within Lincolnshire Community Health Services to let you continue taking your medicines by yourself but with the chance to get extra help or information when you need it. The nurses will use the system to tell you more about your medicines and how to take them. Self administering will help increase how much you know about your medicines. It should also help you cope more easily with your medicines when you go home.

Before you start to self-administer

Your nurse will talk to you about the scheme and what the benefits could be to you. You may choose whether or not you want to self-administer your medicines. The scheme is not compulsory and you need not feel that you have to take part in it, even if asked. You can stop at any time if you feel unhappy about self-administration. Your nurse will ask you to sign a form to say that you understand the system and want to self-administer.

What your nurse will explain to you

Your nurse will tell you exactly how the scheme works and what you have to do. The nurse and pharmacist will talk to you about how and when to take your medicines and if needed will give you a card which lists all your medicines and shows the times to take them. If you have your own medicines you may use these while you are on the ward. If you do not have your own medicines the pharmacy will supply all the medicines you need and they will have full instructions on the label. If you think you are running low on any of your medicines, ask the nurse, pharmacist or pharmacy technician to check and obtain a further supply for you.

If you have any problems

Please talk to your nurse or pharmacist if:

- you forget to take a dose
- you are at all unsure about how or when to take any of your medicines
- any of your medicines run out or will run out in a few days time
- you do not want to carry on self-administering your medicines
- you have any questions about your medicines

You can also ask your nurse, pharmacist or your own GP general questions about how your medicines work.

What happens when it is time to go home?

We will always try to send you home with the medicines that you brought in from home. We cannot do this if:

- your treatment has changed
- you do not have enough left to go home with.

In these cases we will give you a new supply of the medicine. If any new medicines have been started a supply of these will be given to you.

Important Points

- Call a nurse at once if any visitors or patients try to take your medicines.
- Always keep your medicines locked in your special medicine box and keep the key out of sight.
- Return the key to the box to your nurse before you go home and if you should forget please post it back to the ward / hospital.
- Never share your medicines with anyone else when in hospital or at home.

SELF-ADMINISTRATION OF MEDICATION CONSENT FORM

I,

agree to being involved in Lincolnshire Community Health Services self-medication system. I have received a clear explanation, both verbal and written, from the Nurse.

I agree that I feel confident to administer my own medication

unsupervised []

supervised []

and I am willing to be responsible for my own actions. I will ask if I have any queries or doubts.

Following discussions, a joint agreement will be made regarding the frequency of the nurse checking that I am taking my medication.

I agree to keep the medication in the locked cabinet in my locker and will not leave the key unsupervised.

Signature of patient:Date:

I have assessed
and believe that he/she is ready to proceed to the self-medication system. A supporting information leaflet and a medication chart has been provided.

Signature of assessing nurse: Date:

Name of assessing nurse.....

Always keep Medication out of Reach of Children

Check the expiry date of your medication regularly. If you are unsure of the expiry date, as a general rule, loose tablets in a bottle should be discarded one year after opening.

Always check with your pharmacist, doctor or GP that any tablets you buy over the counter are safe to take with your prescribed medication.

Never share medication with relatives or friends.

Never over-order medication. Once dispensed it cannot be returned to the pharmacy for re-use. It will have to be thrown away.

PHONE NUMBER OF LOCAL PHARMACIST:

MEDICATION RECORD

PATIENT NAME.....

ADDRESS.....
.....
.....

NAME OF GP.....

SURGERY ADDRESS.....
.....
.....

Appointments Phone no.....

Emergency Phone No.....

ALLERGIES:

Self Medication Scheme Audit

To be completed for all patients admitted to
Hospital betweenand.....

Please tick/circle the appropriate response and give further details as requested.

1. Was the patient considered for self- med scheme? YES/NO

If YES go to question 3

If NO please answer question 2 only

2. Reason patient not considered for self medication scheme

Palliative Care	
Not on any medicines	
Cognitive difficulty / memory	
Not medically fit	
Patient from nursing home	
Known patient – does not look after own meds at home	
Lack of time	
Other – please state	

3. Was patient formally assessed? YES/NO

If NO answer question 4 only; If YES go to question 5

4. Reasons for not formally assessing

Patient declined	
No time	
Deterioration in condition	
Other	

5. Following assessment did patient commence self-administration? YES/NO

If NO answer questions 6 and 7; If YES go to question 8

6.Reasons for exclusion

Patient declined	
Score of 8 or over on assessment form	
Labelled medicines not available	
Other	

7. Was a medication record chart provided? YES/NO

Please complete remaining questions for all those patients who were commenced on the self-medication scheme.

8. Level of inclusion ABLE SUPERVISED

9. How soon after admission did the assessments take place?

Please note any specific reason for delay in assessment e.g. not medically fit at time of admission

Time from admission to assessment	Please indicate(√)	Reason for delay
Same or next day		Not applicable
2 to 4 days		
5 to 7 days		
More than a week		

10. How long before discharge did self medication begin?

1 or 2 days	
3 to 6 days	
7 to 14 days	
2 weeks or more	

11. How many medicines was the patient taking?

12. Was the patient on any controlled drugs? YES/NO

13. Does the patient usually organise his or her own medicines at home? YES/NO

If not who does

14. Did the patient remain on the scheme until discharge? YES/NO

If not please give details.....

15. Any problems identified? YES/NO

If YES please give details

.....

16. Assistance required? (e.g. with boxes, bottles, labels) YES/NO

If YES please give details (e.g. no clic-locs, large print)

.....

17. Was a Monitored dosage system supplied? YES/NO

If a monitored dosage system was supplied;

b) Has the patient used one before?.....

c) Who will fill on discharge? (e.g. patient, relative, carer, community pharmacist)

.....

18. How often was the patient reassessed? Every.....days

19. Did the patient change level of self-med during admission? YES/NO

If yes, please give details (e.g. 2 days at level 2 (SUPERVISED) then level 1 (ABLE))

.....

.....

20. Any further comments.....

.....

.....

Equality Analysis

APPENDIX H

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

Name of Policy/Procedure/Function* Self Administration of Medicines in Community Hospitals	
Equality Analysis Carried out by:	Lorna Adlington
Date:	November 2017
Equality & Human rights Lead:	Rachel Higgins
Director\General Manager:	Lisa Stalley Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This policy has been produced to ensure a standardised, efficient and safe self-administration of medicines scheme is in operation within hospitals managed by LCHS NHS trust.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	The policy is for use by clinical staff employed by the trust and contracted clinical staff working on wards in the community hospitals.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Lorna Adlington		
Date:		November 2017		

APPENDIX I

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
All assessments and completed forms for each individual patient to be critiqued	Audit	Ward Sister, Matron, Medicines management team	Annual	Drug and Therapeutics committee	Matrons, MMO, MM team	Matrons, MMO, Clinical governance groups