

Livewell Southwest

**Assertive Outreach Service
Medication Policy**

Version No 2.2
Review: July 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: Clinical Pharmacist, Mental Health

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Document Version Control

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1.1	Update	23/8/05	Clinical Pharmacist, Mental Health	<ol style="list-style-type: none"> Delete Information Form for Evening/Weekend Shift. Include new forms for Evening Shift and for Weekend Shift. Amendment of Training Checklist and Notes in line with new Safe and Secure Handling Guidelines Rewording of paragraph 8.6 for clarification. Update Reader Information to comply with new Trust requirements
1.2	Update	21/10/05	Clinical Pharmacist Mental Health	<ol style="list-style-type: none"> Addition of information on storage of fridge items

1.3	Update	2/12/05	Communications and Intranet Officer	New Disclaimer and cosmetic changes only
1.4	Review	21/5/07	Clinical Pharmacist Mental Health	<p>Changes to following sections:</p> <p>1.1 Removal of Medication Management Plans – now part of Care Plan only Delivery of medication by support staff now decided by the treatment team. Not to include student nurses.</p> <p>4.6 Medication Receipt/Issues Form changed to Medication Receipt Form as the issue section was not being utilised. Issue now recorded in nursing notes only</p> <p>Changes to format to comply with new Trust requirements</p> <p>EIA Screening Completed</p>
1.5	Updated	23/05/07	Communications and Intranet Officer	Updated for to corporate standards for publication.
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1.7	Reviewed	16/07/10	Clinical Pharmacist, Mental Health	Review – some minor changes. Changes to update format
1.8	Updated	30/12/10	Clinical Pharmacist, Mental Health and AOS Staff	<p>Updated to include reference to pharmacy Staff.</p> <p>Changes to Medication record Card and Medication Receipt Form</p> <p>Removal of Medication Delivery Record</p>

1.9	Extended	March 2013	Clinical Pharmacist, Mental Health	Extended, no other changes made.
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2	Reviewed	December 2013	Clinical Pharmacist, Mental Health	Re written.
2.1	Updated	June 2016	A Hawke	Updated and formatted.
2.2	Extended	February 2017	Advanced Clinical Pharmacist (Inpatients and Mental Health)	Extended no changes

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Assertive Outreach Service Medication Policy

1 Introduction

- 1.1 This Medication Policy provides guidelines to staff working within the Assertive Outreach Service (AOS) on how medication should be prescribed, dispensed, stored, delivered, returned or destroyed and recorded.
- 1.2 The roles and responsibilities of relevant team members are detailed.

2 Purpose

- 2.1 To provide robust and safe systems to manage medication prescribing, dispensing, storage, delivery and recording of medication within the Assertive Outreach Service.
- 2.2 The objectives of this policy are to ensure that:
 - There is an accurate record of each client's current medication (from the AOS service and their GP and any other sources).
 - Medication is supplied in accordance with a valid prescription, in a timely manner and in a supply suitable for each individual client.
 - For each client receiving medication from AOS there is a detailed plan of how this will be achieved.
 - There is a record of all prescriptions and medication issued.
 - There are robust systems to reduce the risk involved in handling of medication.
 - All medication within AOS is stored securely.
 - Medication is delivered safely to clients by the most appropriate person(s).
 - Where medication is to be delivered by persons other than qualified nurses, this is done within a robust system.
 - All staff within AOS are trained in the handling and delivery of medication.

3 Definitions

- 3.1 AOS: Assertive Outreach Service
FP10 NC: LSW Out-patient Prescription

4 Duties & Responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 Responsibility of **line managers**
 - * Ensure all staff have appropriate induction to this and other relevant

policies.

- * Ensure pharmaceutical waste is disposed of correctly.
- * Respond to incident forms.
- * Ensure staff wishing to dispense / check medication attend leave medication training.

4.4 Responsibility of all **staff**

- * Follow the requirements of this policy.
- * Support clients to obtain medication in the most appropriate way.
- * Ensure medication is stored securely.
- * Record all deliveries of medication immediately by making an entry on electronic clinical notes system.
- * Practise within their professional limits.
- * Complete incident forms in the event that this is needed.

4.5 It is the responsibility of the **AOS doctor**

- * Prescribe appropriate medication for each client on prescription chart.
- * Review medications every 6 months as a minimum – including amending prescription charts for medications prescribed by the GP.
- * To ensure that relevant medication related monitoring occurs and is followed up appropriately.
- * Work with the client and other staff groups to resolve medicines related issues.
- * To only dispense / check medication in accordance with the leave medication standard operating procedure.

4.6 It is the responsibility of the **care co-ordinator**

- * Work with the client to develop a care plan that identifies arrangements for prescribing, dispensing, collection and delivery of medication.
- * Ensure the client has an up to date list of their current medication.
- * Provide the client with written information about their medication.
- * Work with the client and other staff groups to resolve medicines related issues.
- * Liaise with community pharmacists and GPs to organise supplies.
- * Confirm with client what medication is currently being taken.

4.7 It is the responsibility of **nursing staff**

- * Check medication prior to delivery to clients and indicate this on the prescription chart (a doctor may also do this if no nursing staff are available).
- * To only dispense / check medication in accordance with the leave medication standard operating procedure.

4.8 It is the responsibility of **AOS administrative staff**

- * Send information to the client's GP relating to changes in medication as advised by AOS doctor.
- * Contact client's GP prior to 6 monthly review to request list of current medication.
- * Fax copies of prescriptions for clozapine to Derriford hospital

pharmacy.

- 4.9 It is responsibility of the **clinical pharmacist**
- * Medicines reconciliation for new patients or at change of care setting.
 - Regularly review all prescription charts.
 - * Advise on medicines related issues.
 - * Work with the client and other staff groups to resolve medicines related issues.
 - * To offer training on the leave medication standard operating procedure.
- 4.10 It is the responsibility of **LSW pharmacy staff**
- * Printing of FP10 (NC) prescriptions for appropriate clients only (see 5.3.4).
 - * Dispense and check medication for clients who routinely have medication delivered by AOS staff
 - * Undertake fridge temperature monitoring
 - * Remove any items that can be returned to pharmacy for re-use
 - * Advise on medicine supply and management issues

5 Medication Policy

- 5.1 Each client on the AOS caseload must have a care plan that identifies current medication and the arrangements for prescribing, dispensing, collection and delivery of medication.

5.2 Records of medication (prescription charts)

- 5.2.1 There should be a single record of the AOS client's medication – this will be the LSW Mental Health and Learning Disabilities Prescription Chart.
- 5.2.2 This prescription chart must be completed by a LSW prescriber(s).
- 5.2.3 The allergy box must be completed.
- 5.2.4 All medications that a patient is prescribed from all sources should be recorded on this prescription chart. If the client is receiving the medication from anywhere other than AOS then this should be clearly marked in the administration section of the prescription chart.
- 5.2.5 Any changes to medication must be recorded on the prescription chart at the time the change is made.
- 5.2.6 The client's GP should be informed of any changes made by AOS as soon as possible (at the latest within 1 working day) by sending a fax (see proforma appendix 1.), followed up with a phone call, stating the change. (A full letter may follow later).
- 5.2.7 The prescription chart must be reviewed by a LSW prescriber at least

once every 6 months.

- Include a review of the continued appropriateness of each medication prescribed and whether any monitoring has been carried out or is required.
- Contact the client's GP surgery and obtain an up-to-date list of medication prescribed by them obtained (by fax).
- Ask the client what medication they are currently taking (note this may be different to what is prescribed). Include over the counter and complementary and alternative medications.
- If reviewed to continue the prescriber should indicate this by writing "reviewed: continue" and initialling and dating in the additional instructions section of the prescription chart.

5.2.8 Clozapine should be prescribed on this chart. When first prescribed, AOS administration staff will fax a copy of the chart to Derriford pharmacy. The prescription will be valid for six dispensing's, after which it will need to be re-written.

If there are any changes to a client's clozapine prescription the clozapine technician at Derriford pharmacy should be informed and prescription chart re-faxed.

5.2.9 Depot antipsychotic medication should be prescribed on the depot section.

- The review period should not exceed 6 months (the depot prescription should be reviewed more frequently in the early stages of treatment).
- A photocopy of the depot page of the prescription chart may be attached to the current prescription chart if this is the only part of the chart that needs to be re-written. This will allow for more administrations. All sections of this page must be completed.

5.2.10 A clinical pharmacist will regularly review all prescription charts to include checks relevant to the safety, appropriateness and legality of the prescription.

5.2.11 If the client is admitted to a LSW mental health unit, the prescription chart should be sent immediately to that unit. Upon in-patient discharge the current prescription chart will be sent immediately to AOS. Normally there will be no need for a new prescription chart to be written on transfer between in-patient and the AOS setting.

5.2.12 For clients who are currently subject to a relevant section of the mental health act (including supervised community treatment) the relevant consent to treatment paperwork should be attached to the prescription chart.

5.3 Supplies of medication

5.3.1 Medication supplies from client's GP

- a) Wherever possible, clients should be encouraged and supported to be responsible for the organisation of their own medication.
 - b) For a client who is on stable medication, the care-coordinator should approach the client's GP to discuss arrangements for the GP to prescribe all of the client's medication.
 - c) GPs can be expected to prescribe medication under the direction of AOS prescribers.
 - d) GPs are not able to prescribe clozapine, which must continue to be prescribed by AOS prescribers.
 - e) The client can choose to have prescriptions issued from their GP surgery and delivered to a community pharmacy of their choice, from where they can collect them or, often, have them delivered.
 - f) The client's consent must be obtained for AOS to liaise with the relevant community pharmacy.
 - g) The care co-ordinator is responsible for ensuring that community pharmacies dispensing / delivering direct to AOS clients are aware of AOS involvement. The pharmacy should be made aware of who to contact at AOS if medication is not collected, or if they have any other concerns about the client, and encouraged to do so.
 - h) Many community pharmacies offer a service where they arrange the repeat prescriptions for clients. This should be considered as an option.
 - i) Alternatively, prescriptions can be collected from the GP surgery and taken to a community pharmacy of the client's choice.
 - j) For clients who are currently having medication supplied by AOS the GP can be requested to prescribe medication if appropriate (GPs are unlikely to prescribe if the client is receiving medication more frequently than once per week).
- Agree with client and see if they have a preferred community pharmacy that they will use regularly (in general this is helpful).
 - Care co-ordinator to call GP to confirm whether GP able happy to prescribe for client.
 - AOS doctor to send letter to GP formally requesting they take over prescribing. This letter must contain complete details of the client's

current medications, frequency of dispensing required, any special arrangements (e.g. if a blisterpack is required), which pharmacy to send the prescriptions to.

- Care co-ordinator to call GP to confirm letter has been received and when GP prescribing will start prescribing
- Provide necessary assistance to clients to obtain prescriptions / medication from GP surgery / pharmacy.

5.3.2 Medication supplies from AOS

- a) In general medication supplied directly by AOS staff will be dispensed by LSW pharmacy staff.
- b) The care co-ordinator or prescriber should inform LSW pharmacy staff of the required amount of medication in each supply (e.g. daily, 2 days, weekly).
- c) LSW pharmacy staff will aim to dispense medication for clients on days when they are not due to be visited.
- d) LSW pharmacy staff will collect the required medication charts from the AOS team base each working morning and write on the tracer card which charts they have taken.
- e) LSW pharmacy staff will check the pharmacy communications book each working morning and respond to queries / requests written here.
- f) Queries / requests can be made to LSW pharmacy staff at other times by bleeping them.
- g) LSW pharmacy staff will dispense medication for AOS clients in accordance with LSW dispensary SOPs.
- h) LSW pharmacy staff will return the prescription charts and dispensed medication to AOS on the same day as the charts are taken.
- i) AOS staff may only dispense medication in accordance with the LSW leave medication standard operating procedure

5.3.4 FP10 prescriptions

- a) AOS should not routinely issue FP10NC prescriptions for clients, unless there are exceptional reasons for doing so (e.g. GP not happy to prescribe and client suitable to collect medication from community pharmacy).
- b) (Blank) FP10NC prescriptions must be kept in a locked cupboard.

- c) FP10NC prescriptions can be printed using template on the AOS shared drive following the specific SOP.
- d) Printed FP10NC prescriptions must be signed by an AOS prescriber.
- e) Prescribers may handwrite FP10NC for AOS clients.
- f) FP10NC prescriptions should be written a duration appropriate to client's needs, up to a maximum of 28 days.
- g) FP10NC can be given to the client (or representative) by a member of AOS staff or sent to the client's chosen community pharmacy.
- h) The prescription chart must be marked in the administration section with the date that the FP10NC is issued to the patient, the quantity (or number of days) and initialled.
- i) All FP10NC prescriptions written should be recorded in the FP10(HP) prescription record book.

5.4 Information for clients

- 5.4.1 Each client should have an up-to-date list of the medication (including dose and frequency) that they are taking. This can be included as part of the care plan or CPA review paperwork.
- 5.4.2 Each client should be offered written information about their medication. www.patient.co.uk is the online source that has been agreed by LSW. There is a link to NHS choices, patient.co.uk and to the Maudsley Hospital (which still hosts the UKPPG leaflets) on the Medicines Management page of the LSW Intranet.

5.5 Compliance Aids

Refer to relevant section of LSW Safe and Secure Handling of Medicines Policy.

5.6 Depot medication

Refer to LSW Depot Antipsychotic Medication Policy.

5.7 Clozapine

Refer to LSW Clozapine Policy.

5.8 Storage of medication

- 5.8.1 Medication that is dispensed by LSW pharmacy or Derriford pharmacy will be stored in the locked medicines trolley in the locked clinic room at Avon House.
- 5.8.2 Medication will be stored alphabetically by surname in the trolley allocated to the team who care co-ordinate.
- 5.8.3 Items requiring refrigeration must be stored in the locked medicine fridge at 2-8⁰C.
- Fridge temperature monitoring will be carried out in accordance with appendix E of the Safe and Secure Handling of Medicines Policy (Medicine Cold Storage and Temperature Monitoring Standard Operating Procedure) by pharmacy staff.
- 5.8.4 Keys will be stored in a locked cabinet within the AOS office. They are only to be held by Registered staff to prepare medication for delivery and must be returned after use. In the event of a lost or misplaced key, this must be reported to the manager immediately and an incident form completed.
- 5.8.5 All staff handling medicines must be security conscious and must report any evidence of tampering or apparent loss of medicines to the AOS Manager.

5.9 Issue of medication

- 5.9.1 When there is a planned issue / delivery of medication to a client, their medication must be removed from their drawer in the medicines trolley by a registered nurse or doctor. This person should be familiar with the client's care plan in terms of how much medication is to be delivered.
- 5.9.2 The medication must be checked against the current prescription to ensure the following:
- * correct client name and NHS number
 - * correct medication name and formulation
 - * correct directions
 - * correct quantity for intended period
 - * medication is in date
- 5.9.3 If the medication is correct mark in the administration chart against each item on the prescription chart that is to be delivered the date and quantity (or number of days) and initial (for both regular and when required medications).
- 5.9.4 If the medication is not correct then a new supply must be obtained before delivery.
- 5.9.5 AOS staff may only dispense medication in accordance with the LSW Leave Medication standard operating procedure.

5.10 Delivery of medication

- a) All staff delivering medicines must adhere to the guidelines in the LSW Safe and Secure Handling of Medicines Policy.
 - b) All staff delivering medication must carry their LSW ID badge.
 - c) Student nurses may only deliver medication under the direct supervision of a qualified nurse as part of their training.
 - d) On arrival at the client's address (or other agreed location), re-check the client's name (and NHS number if available) against that on the medication. If unfamiliar with the client confirm their date of birth with that on the prescription chart.
 - e) Medication may be delivered to a third party only if specified in the client's care plan.
 - f) Following delivery of medication an entry should be made on ePEX / SystemOne as soon as possible to document the details.
 - g) If the client is not in, medication should be returned to the AOS base for a later attempt, or delivered as per a documented contingency plan.
 - h) Under no circumstances should medication be posted through letterboxes or left unattended at the property. Do not deliver to a third person unless specified in the Care Plan.
 - i) Undelivered medication must be returned to the medicines trolley and the client's prescription chart marked with "undelivered", dated and initialled against the relevant items.
 - j) For evening shifts when no registered nurse is working the medication should be issued as per section 5.9 in the shift immediately prior. All the medication to be delivered on the evening shift should be placed in an orange pharmacy bag, labelled with the shift it is intended for and handed by a registered nurse to the evening shift lead outlining the medication to be given to the patient and delivery should proceed as per section 5.11.1 to 5.11.4.
- Any medication returns from the evening shift can be locked away in the clinic room and stored overnight until registered staff can return them to the medication trolley or dispose of them as per disposal policy the following shift.

5.11 Handling and Delivery of Medication by non-nursing / non-medical staff

- 5.11.1 Medication must be issued to other staff groups by a registered nurse or doctor. The registered nurse or doctor must ensure the staff delivering the medication are informed of the details of the delivery as stated in the care plan and must brief the support staff on any monitoring required.
- 5.11.2 Other staff groups may observe a client taking their own medication but may not directly administer medication to clients.
- 5.11.3 Other staff groups must not give advice about medication. Questions must be redirected to a registered nurse, doctor or pharmacist.
- 5.11.4 Other staff groups are not responsible for clinically monitoring the effect of a client's medication. However, if other staff groups observe that a client is experiencing possible side effects of drugs or an alteration in function, this should be reported to the care co-ordinator and discussed with a registered nurse or doctor. Details should be recorded in the client's notes.

5.12 Medicines related issues

- 5.12.1 There may be any number of reasons for concern about an individual and their medication e.g. side-effects, concordance or efficacy.
- 5.12.2 AOS staff groups must be aware of the limitations of their practice in terms of advising about medication. (E.g. non-nursing / non-medical staff may provide support in the organisational aspects of a client's prescription but any clinical problems / queries must be referred to an appropriate clinician). See also section 5.11.
- 5.12.3 Any concerns regarding the prescription for a particular client should always be discussed with a nurse (preferably the care co-ordinator) in the first instance.
- 5.12.4 The client's prescriber should also be made aware of any concerns.
- 5.12.5 The treatment plan should be reviewed and a plan should be made with the client to address any problems with medication.
- 5.12.6 A clinical pharmacist is available who can advise on the management of medicines related issues.

5.13 Waste medication (including returned medication)

- 5.13.1 AOS staff visiting clients may be aware of medication that they have in their possession which is not current or needed e.g. through a change in prescription or non-concordance or stock-piling.

5.13.2 Medication that has been dispensed for a particular client (once in their possession) becomes their property and must not be removed from them without their consent. If the client is in agreement to its removal, they should be encouraged to return it to the dispensing pharmacy (or other community pharmacy), or it may be returned to AOS.

5.13.3 If there is a concern that the medication may harm the client or cause confusion, or there is a risk of abuse, the medication may be removed and returned to AOS without the client's consent. This action and the reason for it must be recorded in the client's clinical record.

- Under no circumstances should AOS staff take possession of schedule 2 or 3 controlled drugs from a client. If no longer needed, the client can be supported to return these to a community pharmacy.
- If considered to be an immediate risk staff can (with consent from the patient) remove them to a community pharmacy or to Mount Gould pharmacy (Monday-Friday 9am-5pm) for storage until they can be reviewed.

5.13.4 Under normal circumstances AOS staff should not remove suspected illegal substances or unknown substances from a client. If the client wishes such a substance to be taken away or if there is serious concern for the client's safety then AOS staff should liaise with the risk department to arrange removal.

5.13.5 Medication returned to AOS must be dealt with as per the LSW Policy for the Disposal of Pharmaceuticals (available on the medicines management page of the intranet).

5.14 Medication Errors and Incidents

5.14.1 A LSW incident form must be completed in the event of a medication error or incident (e.g. wrong medicines delivered to a client, medication missing from drug cupboard, dispensing error).

5.14.2 Appropriate and timely action must be taken to rectify the error and / or manage the incident (e.g. new supply arranged, patient monitoring applied).

5.14.3 If the error involves a client receiving the wrong treatment, or no treatment, the doctor must be informed.

5.14.4 If there is an error in medication from a community pharmacy, contact the dispensing pharmacy to report the problem and then return the medication to the pharmacy for correction if necessary.

6 Training Implications

- 6.1 The AOS staff induction should include:
- The AOS Medication Policy (this policy)
 - LSW Safe and Secure Handling of Medicines Policy
 - Safe Carriage of Medicines
 - Medication incident reporting
- 6.2 Any AOS staff wishing to dispense and check medication must complete the LSW Leave Medication Training.

7 Monitoring Compliance and Effectiveness

- 7.1 There is a data collection form for auditing selected aspects of this policy in appendix 2.
- 7.2 The audit will be carried out monthly by the AOS team leaders on 10% of the AOS caseload.
- 7.3 The results of the audit will be reviewed by the AOS team manager and a clinical pharmacist and an action plan put in

All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Medical Director

Date: 7th March 2014

Appendix 1



Livewell Southwest CIC
Assertive Outreach Service (AOS)
Avon House
Mount Gould Hospital
Mount Gould
Plymouth
PL4 7QD

Tel.
No: 01752 435050
Fax: 01752 314761

www.plymouthcommunityhealthcare.co.uk

Date: _____

To: Dr _____

_____ Surgery

Fax: _____

Medication Change

Re: Name _____
/ /

D.O.B.

Hosp No: _____

NHS No:

This patient was seen today / discussed in _____ clinic

I have changed his/her medication as follows:

I have issued him/her with a prescription for the above medication for

_____ days/weeks/months.

The follow up arrangements are:

A detailed letter will/will not follow

Yours sincerely

Assertive Outreach Team

**Appendix 2
AOS medication audit tool**

Client..... Date of audit.....

Criteria (standard)	Met	Not Met	If not met state why not
Care plans			
There is a care plan that identifies current medication (100%)			
The care plan details arrangements for prescribing, dispensing, collection and delivery of medication (100%)			
Records of medication			
All of the client's medications are recorded on a LSW MH&LD prescription chart (100%)			
All items on the prescription chart have been written or reviewed within the last 6 months (100%)			
All items on the prescription chart (prescribed for over 1 week) have been clinically screened by a pharmacist (100%)			
An up-to-date list of medication has been obtained from the GP surgery within the last 6 months (100%)			
There is evidence of the client's GP being notified of changes to medication prescribed by AOS within 1 working day (100%)			State if not applicable
The relevant consent to treatment paperwork is attached to the prescription chart and is valid for all applicable medication currently prescribed (100%)			State if not applicable
Complete if medication is supplied by AOS (complete for most recent supply)			
Medication is dispensed by LSW pharmacy staff or (for patients on clozapine only) Derriford hospital pharmacy (90%)			
Medication issued is signed for on the prescription chart on the day of delivery by a nurse or doctor (100%)			
The amount of medication supplied is clear on the prescription chart (100%)			
An entry is made on ePEX following			

each delivery of medication (100%)			
Complete if medication is stored at AOS			
Medication is stored in the designated alphabetical section of the medicines trolley or (for items requiring refrigeration) in the fridge at 2-8°C (100%)			
The trolley drawer / fridge are locked (100%)			
Medication is bagged up with client's name and NHS number on the bag (100%)			
All medication stored in the designated drawer is current (e.g. correct items, doses) (95%)			