Medicines Management Policy

Policy Author: Lead Pharmacist, East Lancashire
Policy Reference Number: PHA 001
Date Approved: July 2017
Expiry Date: July 2020

Policy Statement/Key Objective:

The trust will have systems in place which ensure the safe and effective use of medication

Supporting Health and Wellbeing
## Summary

<table>
<thead>
<tr>
<th>Title of Policy:</th>
<th>Policy for the Management of All Aspects of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable to:</td>
<td>All networks and staff groups who are involved in any aspects of medication</td>
</tr>
</tbody>
</table>
| People / Groups Consulted: | Pharmacy Management Team  
Drugs and Therapeutics Committee |
| Accountable Group | Network Governance Groups |
| Approved by | Drugs and Therapeutics Committee |
| To be read in conjunction with: | See Appendix 1 |

## Version Control

<table>
<thead>
<tr>
<th>Version number and date approved</th>
<th>Title</th>
<th>Date reviewed</th>
<th>Reason(s) for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.1 2017</td>
<td>Policy for the Management of All Aspects of Medication</td>
<td>March 2017</td>
<td>Full review as policy due for renewal. Updated into the new policy template</td>
</tr>
</tbody>
</table>
Table of Contents

1.0 Introduction and Purpose ................................................................. 4
2.0 Scope ................................................................................................. 4
3.0 Definitions......................................................................................... 4
4.0 The Policy ......................................................................................... 5
5.0 Monitoring......................................................................................... 6
6.0 References......................................................................................... 7
Appendix 1- Supporting procedures....................................................... 11
Appendix 2 - Implementation plan......................................................... 11
Appendix 3 - Policy on a Page ................................................................. 17
Appendix 4 - Equality Impact Assessment Form..................................... 18
1.0 **Introduction and Purpose**

The Department of Health and Care Quality Commission (CQC) requires that NHS Trusts establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.

This policy document outlines the mandatory legal and ethical aspects involved in the processes surrounding medication ensuring compliance with national medicines management standards.

2.0 **Scope**

This policy applies to all employees of Lancashire Care NHS Foundation Trust (the “Trust”) including Bank and Agency staff, and covers all aspects of medication; this will include those employees who are not working within Trust premises.

This policy also applies to members of staff who are not directly employed by the Trust but act in a professional capacity within the Trust through a service level agreement.

This policy covers those members of staff who are identified as having the required legal authority to engage in the processes listed.

3.0 **Definitions**

**Medicine:** - Any substance or combination of substances presented for treating or preventing disease. Any substance or combination of substances which may be administered with a view to making a medical diagnosis or restoring, correcting or modifying physiological or psychological functions.

**Prescribe:** - To authorise in writing the supply of a medicine.

**Dispense:** - To prepare clinically appropriate medicine for a patient for self-administration or administration by another. The act of dispensing includes supply and also encompasses a number of other cognitive functions (e.g. checking the validity of the prescription, the appropriateness of the medicine for an individual patient, assembly of the product). These functions are performed under the supervision of a pharmacist.
Supply: - To supply a medicine to a patient/carer for administration.

Administer: - To give a medicine by either introduction into the body, (e.g. orally or by injection) or by external application (e.g. cream or ointment).

CQC  Care Quality Commission  
SOP  Standard Operating Procedure  
NICE  National Institute for Health and Clinical Excellence

4.0 The Policy

The following legislation is mandatory regarding the use of medicinal products:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Controlled Drugs (Supervision of Management and Use) Regulations 2006
- The Health Act 2006
- The Human Medicines Regulations 2012
- The Poisons Act 1972
- Medicinal Products (Prescription by Nurses Act) 1992
- The Medicines and Human Use (Prescribing) Miscellaneous amendment order May 2006

The additional advisory documents listed in Section 6 have been issued over a number of years to supplements the statutory documentation listed above.

The trust is obligated to ensure adherence to the requirements of legislative documents, national and professional standards. It will fulfil this responsibility by ensuring Standard Operating Procedures (SOPs) cover the following core medicines management functions:

- The Procurement of Medication
- The Prescribing of Medication
- The Ordering and Supply of Medication
- The Storage of Medication
- The Administration of Medication
- The Disposal of Medication
- The Transportation of Medication
- The Management of Controlled Drugs

Local protocols will supplement these SOPs, outlining any particular local arrangements not covered by the SOP e.g. for the ordering of medication.

Additional SOPs will also be developed if a need is identified to provide additional medicines management guidance e.g. in response to Patient Safety Alerts, NICE guidance, themes from medication incidents and investigations.

Competency frameworks will be developed to support safe practice e.g. for the administration of medicines.

Where services are provided under a Service Level Agreement e.g. the procurement and supply of medication, external providers will be required to provide evidence of registration, copies of any licenses held e.g. wholesaler dealers licenses or licenses for the management of controlled drugs and copies of local procedures for the procurement, supply and transport of medication.

### 5.0 Monitoring

<table>
<thead>
<tr>
<th>Standard</th>
<th>Time frame/format</th>
<th>How this will be monitored</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trust will ensure adherence to controlled drugs regulations</td>
<td>Quarterly</td>
<td>Controlled drugs audits</td>
<td>Medicines Management Team to conduct the audit and provide a report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Managers and network to respond to any findings and implement necessary corrective actions</td>
</tr>
<tr>
<td>The trust will ensure that medicines are stored in line with national standards</td>
<td>Quarterly</td>
<td>Storage of Medication audits</td>
<td>Medicines Management Team to conduct the audit and provide a report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Managers and network to respond to any findings and implement necessary corrective actions</td>
</tr>
</tbody>
</table>
### Medicines Management Policy

| The trust will ensure prescribing practice meets national and local standards | Annually | Prescription Chart Audit  
Consent to Treatment Audit | Medicines Management Team to conduct the audit and provide a report  
Managers and network to respond to any findings and implement necessary corrective actions |
|-----------------------------|---------|--------------------------------------------------------------------------------|
| The trust will monitor incidents which involve prescribing | Quarterly | Datix prescribing incidents will be reported as part of the quarterly medicines incidents audits | Medicines Management Team to conduct the audit and provide a report  
Managers and network to respond to Datix incidents and any audit findings and implement necessary corrective actions |
| The trust will ensure that medicines are supplied in a timely manner | Quarterly | Data on missed doses will be provided as part of the quarterly medicines incident audits | Medicines Management Team to conduct the audit and provide a report  
Managers and network to respond to any findings and implement necessary corrective actions |
| The trust will ensure that medicines are administered safely | Quarterly | Datix administration incidents will be reported as part of the quarterly medicines incidents audits | Medicines Management Team to conduct the audit and provide a report  
Managers and network to respond to any Datix incidents and audit findings and implement necessary corrective actions |

### 6.0 References

See intranet for latest version of this document
Controlled Drugs (Supervision of Management and Use) Regulations 2006


Department of Health (2001) Reference guide to consent for examination/treatment
HMSO, London

General Medical Council Good practice in prescribing and managing medicines and
devices (2013)

Health Act 2006

Human Medicines Regulations 2012

MDA/2004/001 – Reporting adverse incidents and disseminating medical device
alerts. Medicines and Healthcare Products Regulatory Agency

Medicines and Human Use (Prescribing) Miscellaneous amendment order May 2006

Medicines Act 1968

Medicinal Products (Prescription by Nurses Act) 1992

Medicines Control Agency (1992) Guidance to the NHS on the Licensing

Requirements of the Medicines Act 1968


Medicinal Products Prescription by Nurses Act 1992. Commencement order


MHRA Patient Group Directions in the NHS.

Misuse of Drugs Act 1971

Misuse of Drugs Regulations 2001

Misuse of Drugs Regulations (2012) Misuse of Drugs (Amendment No.2)
(England Wales and Scotland) Regulations 2012 (Statutory Instrument
2012/973)

(No2) Order 2000 SI No 22899 The Stationery Office, London


Nursing and Midwifery Council – Standards of proficiency for nurse and midwife
prescribers, London: NMC 2006

NHS Protect. Security of Prescription Forms Guidance. 2015

Nursing and Midwifery Council Standards for Medicines Management. NMC, London

Poisons Act 1972

POM Order 1983 (as amended)


Appendix 1- Supporting Procedures

PHA 002  PROCEDURE FOR THE PRESCRIBING PREPATION AND ADMINISTRATION OF INJECTABLE MEDICINES

PHA 003  PROCEDURE FOR THE PHARMACEUTICAL MANAGEMENT OF ALCOHOL USE DISORDERS ON MENTAL HEALTH WARDS AND COMMUNITY TEAMS

PHA 004  PROCEDURE FOR THE ORDERING RECEIPT STORAGE AND USE OF OXYGEN IN COMMUNITY SETTINGS

PHA 005  PROTOCOL FOR THE INTRODUCTION OF NEW DRUGS

PHA 006  STANDARD OPERATING PROCEDURE MEDICINES RECONCILIATION ON ADMISSION

PHA 007  PROCEDURE FOR CLINICAL VERIFICATION OF PRESCRIPTIONS BY PHARMACY STAFF IN CLINICAL SETTINGS

PHA 008  PROCEDURE FOR MEDICINES MANAGEMENT IN LEARNING DISABILITY SUPPORTED LIVING SERVICES

PHA 009  PHARMACEUTICAL WASTE PROCEDURE WITHIN COMMUNITY SETTINGS IN CENTRAL LANCASHIRE

PHA 010  PROCEDURE FOR PRESCRIBING AND ADMINISTRATION OF INSULIN ON MENTAL HEALTH UNITS

PHA 011  PROCEDURE FOR THE INITIATION AND MANAGEMENT OF CLOzapine

PHA 012  PROCEDURE FOR THE PRESCRIBING OF MEDICATION

PHA 013  PROCEDURE FOR NICOTINE REPLACEMENT THERAPY ON INPATIENT AND CRISIS SUPPORT UNITS AND 136 SUITES

PHA 014  PROCEDURE FOR THE STORAGE OF MEDICINES

PHA 015  DISPENSING PROCEDURE

PHA 016  PROCEDURE FOR THE USE OF ZUCLOPENTHIXOL ACETATE
| PHA 017 | PROCEDURE FOR THE TRANSPORT OF MEDICATION AND THE COLD CHAIN |
| PHA 018 | PROCEDURE FOR HOMELY REMEDIES IN PRISONS |
| PHA 019 | PROCEDURE FOR THE GOVERNANCE OF HOMECARE MEDICINES SERVICES |
| PHA 020 | PROCEDURE FOR THE MANAGEMENT OF ORAL ANTICOAGULANTS IN LCFT SUPPORTED HOMES |
| PHA 021 | PROCEDURE FOR THE IN POSSESSION MEDICATION IN PRISON |
| PHA 022 | PROCEDURE FOR USE OF FP10 |
| PHA 023 | PROCEDURE FOR THE PRESCRIBING MONITORING AND ADMINISTRATION OF ANTICOAGULANTS IN PATIENTS |
| PHA 024 | PROTOCOL ON THE MANAGEMENT AND INTRODUCTION OF NICE TECHNOLOGY APPRAISALS REVIEWING MEDICATION |
| PHA 025 | PROCEDURE FOR THE PRESCRIBING AND ADMINISTRATION OF ORAL BOWEL CLEANISNG SOLUTIONS |
| PHA 026 | STANDING OPERATON PROCEDURE FOR THE MANAGEMENT AND USE OF PATIENTS OWN DRUGS |
| PHA 027 | STANDARD OPERATING PROCEDURE FOR THE USE OF FP10 PRESCRIPTIONS AT THE HARBOUR |
| PHA 028 | SUPPLY OF MEDICATIONS ON DISCHARGE STANDARD OPERATING PROCEDURE |
| PHA 029 | PROCEDURE FOR THE PRESCRIBING OF UNLICENSED OR OFF LABEL MEDICATIONS |
| PHA 030 | PROCEDURE FOR THE MANAGEMENT OF SUBSTANCE MISUSE IN INPATIENT MENTAL HEALTH UNITS |
| PHA 031 | STANDARD OPERATING PROCEDURE FOR THE USE OF THE MAIN PHARMACY STORE AT THE HARBOUR |
| PHA 032 | PROCEDURE FOR MONITORING OF PHARMACY REFRIGERATOR TEMPERATURES |
PHA 033  PROTOCOL FOR THE USE OF PRESCRIBED OXYGEN THERAPY FOR ADULTS

PHA 034  STANDARD OPERATING PROCEDURE FOR THE ORDERING AND RECEIPT OF MEDICATION AT THE HARBOUR

PHA 035  SOP FOR MANAGEMENT OF MEDICATION ERRORS BY PRESCRIBERS, MEDICINES MANAGEMENT AND NURSES

PHA 036  PROCEDURE FOR ROOM TEMPERATURE MONITORING

PHA 037  PROCEDURE FOR THE SELF ADMINISTRATION OF MEDICINES

PHA 038  PROCEDURE FOR THE ACCOUNTABILITY OF MEDICATION IN COMMUNITY CLINICS (PHYSICAL AND MENTAL HEALTH)

PHA 039  PROCEDURE FOR HIGH DOSE ANTIPSYCHOTIC MEDICATION

PHA 040  PROTOCOL FOR USE OF THE ADMINISTRATION RECORD FOR MEDICATION PRESCRIBED BY GENERAL PRACTITIONERS

PHA 041  PROTOCOL FOR THE COVERT ADMINISTRATION OF MEDICINES

PHA 042  PROTOCOL FOR USE OF THE COMMUNITY PRESCRIPTION AND ADMINISTRATION CHART

PHA 043  PROCEDURE FOR THE PRESCRIBING AND ADMINISTRATION OF MEDICINES IN SECTION 136 SUITES

PHA 044  PROCEDURE FOR THE REPORTING OF SUSPECTED ADVERSE DRUG REACTIONS

PHA 045  PROTOCOL FOR THE USE OF THE COMMUNITY PRESCRIPTION CHART

PHA 046  PROTOCOL FOR USE OF THE INPATIENT PRESCRIPTION CHARTS

PHA 047  PROTOCOL FOR USE OF THE RECEIPT AND DELIVERY RECORD FOR GP PRESCRIBED MEDICATION

PHA 048  PROTOCOL FOR USE OF THE LEAVE AND DISCHARGE PRESCRIPTIONS
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHA 049</td>
<td>PROTOCOL FOR USE OF THE REPEAT COMMUNITY PRESCRIPTION FORMS</td>
</tr>
<tr>
<td>PHA 050</td>
<td>PROCEDURE FOR THE ACCOUNTABILITY OF MEDICATION ON INPATIENT UNITS</td>
</tr>
<tr>
<td>PHA 051</td>
<td>PROCEDURE FOR THE PROPOSAL DEVELOPMENT AND RATIFICATION OF PATIENT GROUP DIRECTIONS</td>
</tr>
<tr>
<td>PHA 052</td>
<td>SUPPLY OF NICOTINE REPLACEMENT THERAPY FOR STAFF DURING WORKING TIME</td>
</tr>
<tr>
<td>PHA 053</td>
<td>PROCEDURE FOR MEDICINES MANAGEMENT AT TOWNLEY CRISIS SUPPORT UNIT</td>
</tr>
<tr>
<td>PHA 054</td>
<td>PROTOCOL FOR THE AUTHORISATION AND ADMINISTRATION OF IDENTIFIED MEDICATION AT NURSES DISCRETION</td>
</tr>
<tr>
<td>PHA 055</td>
<td>PROCEDURE FOR THE PRESCRIBING AND MONITORING OF LITHIUM THERAPY</td>
</tr>
<tr>
<td>PHA 056</td>
<td>PROCEDURE FOR PRESCRIBING IN CHILDREN</td>
</tr>
<tr>
<td>PHA 057</td>
<td>PROCEDURE FOR ADMINISTRATION OF MEDICATION</td>
</tr>
<tr>
<td>PHA 058</td>
<td>PROCEDURE FOR THE MANAGEMENT OF ALL ASPECTS OF CONTROLLED DRUGS</td>
</tr>
<tr>
<td>PHA 059</td>
<td>PROCEDURE FOR THE SUPPLY OF MEDICATION FROM THE OUT OF HOURS CUPBOARD DARWEN WARD</td>
</tr>
<tr>
<td>PHA 060</td>
<td>PRESCRIBING AND ADMINISTRATION PROTOCOL FOR ORAL ANTI CANCER MEDICINES IN MENTAL HEALTH SERVICES</td>
</tr>
<tr>
<td>PHB 001</td>
<td>NON MEDICAL PRESCRIBING POLICY</td>
</tr>
<tr>
<td>PHB 002</td>
<td>NON MEDICAL PRESCRIBING PROCEDURE</td>
</tr>
<tr>
<td>PHB 003</td>
<td>LANCASHIRE CARE FOUNDATION TRUST STRATEGY FOR NON MEDICAL PRESCRIBING</td>
</tr>
<tr>
<td>PHB 004</td>
<td>PROTOCOL FOR NON MEDICAL PRESCRIBING WITHIN THE CAMHS LEARNING DISABILITY/COMPLEX NEEDS TEAM</td>
</tr>
</tbody>
</table>
PHB 005  PROTOCOL FOR NON MEDICAL PRESCRIBING WITHIN THE CAMHS ADHD SERVICE

PHB 006  PROTOCOL FOR NON-MEDICAL PRESCRIBING WITHIN LCFT MEMORY ASSESSMENT SERVICE

PHB 007  PROTOCOL FOR NON MEDICAL PRESCRIBING WITHIN THE RAPID INTERVENTION AND TREATMENT TEAM

PHB 008  PROTOCOL FOR NON MEDICAL PRESCRIBING WITHIN THE REVIEW & RECOVERY TEAMS & THE CC&TT

PHB 009  PROTOCOL FOR NMP IN SPECIALIST SERVICES

PHC 001  RAPID TRANQUILLISATION POLICY

PHC 002  PROCEDURE FOR RAPID TRANQUILLISATION
## Appendix 2 – Implementation plan

<table>
<thead>
<tr>
<th>Category</th>
<th>Action(s)</th>
<th>Target date</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Discuss this policy in network Quality and Safety Meetings and team business meeting</td>
<td>Aug 2017</td>
<td>Network Management Team Team Leader</td>
</tr>
<tr>
<td></td>
<td>Highlight the new policy in a Greenlight</td>
<td>July 2017</td>
<td>Medicines Management Team</td>
</tr>
<tr>
<td>Training</td>
<td>Identify any additional training needs in 1-1s or PDRs</td>
<td>November 2017</td>
<td>Staff member / Team Leaders</td>
</tr>
<tr>
<td>Other (e.g. resources)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Why we need it…**

“This policy has been written to ensure that medication is managed safely and effectively within the trust.

By following legal, national and local directives and standards, patients will be protected from avoidable harm.

Staff will be aware of the required medicines management standards when undertaking medicines management functions and will practice safely.

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**What do I need to do…?**

Staff involved in any aspects of medication management need to read this policy and any relevant underpinning Standard Operating Procedures (SOPs).

Should staff have any questions about this policy or underpinning SOPs they should seek further advice from their manager, medicines management nurse, the pharmacy team or their clinical supervisor.

Should staff have concerns that their practice is not in accordance with the standards outlined they must highlight this to their line manager immediately.

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**Who does it affect…?**

All employees of Lancashire Care NHS Foundation Trust, including Bank and Agency staff, who order, store, prescribe, administer and monitor medication, or who are involved in the management of pharmaceutical waste.

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**Resources**

Nursing and Midwifery Council Standards for Medicines Management

General Medical Council Good practice in prescribing and managing medicines and devices (2013)

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**Contact**

Medicines Management Team
Contact Details
Appendix 4 – Equality Impact Assessment Form

Equality Impact Assessment (EIA) Form

This assessment should be made of any documents or activity which will have an impact on people

Please refer to the Equality Impact Assessment (EIA) Form Guidance before completing this form.
Equality Impact Assessment – Activity Analysis

1. What is the title and purpose of the activity under analysis?

Medicines Management Policy
To ensure that medicines are managed safely and effectively within the trust

2. Which group/s of people is/are being considered?

Patients / Service Users
Staff

3. What engagement is taking place or has already been undertaken?

Circulation to the Pharmacy Management Team
Circulation to the Equality and Diversity Team

4. What evidence has been analysed?

NICE guidance
LCFT Policy for the Management of All Aspects of Medication (CL005) and procedures which sit under this
5. What impact/potential impact has been identified through the analysis?

Due to age related differences in metabolism, prescribed doses must take account of this and be age appropriate. Sensitivity to side effects of medication may be more apparent in the young and elderly.
Choice of medication should always be individualised to the particular patient considering a number of factors which include physical co-morbidities, disabilities and long term health conditions.

Certain antipsychotic medications increase the risk of weight gain, hyperlipidaemia (raised lipid levels), extrapyramidal side effects, hyperglycaemia (raised blood sugar), lowered blood pressure and raised prolactin levels.

Prescribed medication for physical and/or mental health may need to be changed in the event of pregnancy and breast feeding.

Service users of Asian heritage have a higher incidence of diabetes. There is evidence to suggest that Asian women may be reluctant to visit community pharmacies for contraception; this has implications for the supply of medicines for sexual health services and currently medicines are dispensed within the clinic environment, so there is no need to visit the community pharmacy.

Chen et al. (1991) found a significantly higher number of African Caribbean service users were given high dose neuroleptic medication for disturbed/violent behaviour than service users from other ethnic backgrounds (p<0.03). The NICE Clinical Guideline at the time felt that there was insufficient evidence (due to the availability of only one study) to assess whether African Caribbean service users are given rapid tranquillisation more often than service users from other ethnic backgrounds. The most recent NICE guideline recognises the need to train staff in cultural awareness and in the organisation’s duties under the Equality Act 2010. It stresses the need not to make negative assumptions based on culture, religion or ethnicity and to recognise that unfamiliar cultural practices and customs could be misinterpreted as being aggressive.
When monitoring for the presence of metabolic syndrome in patients prescribed antipsychotic medication, reference ranges for waist circumference differ depending on ethnic background with lower parameters specified for the Chinese, Malay and Asian-Indian populations.

Certain medicines would not be suitable for different religious groups, eg. if they are derived from particular animal products. Jehovah’s witnesses are unable to accept blood or blood products. Advice has been provided by members of the drugs and therapeutics committee that service users from the Muslim faith are exempt from fasting during daylight hours and can also take prescribed medication if there is an urgent clinical need.

Some side effects might be more prevalent in one sex e.g. Males are considered to be at higher risk of dystonic reactions than females.

It is known that people undergoing gender reassignment have a higher incidence of mental health needs, and there may be self-esteem and perception issues as well. Hormone therapy treatment may interact with other medicines

Deprived communities may have reduced access to health care for a variety of reasons. They may also have poorer compliance and concordance with treatment regimes.

Some patients may struggle to take complex medication regimens and may require additional support e.g. through reminder charts or compliance aids
Some patients may require large text medication labels or winged medication caps for ease of opening.

6. Do further steps need to be taken to mitigate or safeguard against the impact/potential impact identified? If so, please complete the action plan below.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Action/s Required</th>
<th>Timescale</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1:</strong> <strong>No major change required</strong> when the scoping exercise has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.</td>
<td>Produce leaflet outlining relative risks of antipsychotic medication audits</td>
<td>Complete</td>
<td>Medicines Management</td>
</tr>
<tr>
<td></td>
<td>Consider adjustments to the timing of medication for patients requesting this during Ramadan</td>
<td>Ongoing</td>
<td>Medicines Management</td>
</tr>
<tr>
<td></td>
<td>Provide advice on most suitable medication regimens where adjustments are required due to age or physical health conditions</td>
<td>Ongoing</td>
<td>Medicines Management</td>
</tr>
<tr>
<td></td>
<td>Participate in POMHUK audits and any agreed local audits for rapid tranquillisation</td>
<td>Ongoing</td>
<td>Networks</td>
</tr>
<tr>
<td></td>
<td>Provide access to patient information</td>
<td>Complete</td>
<td>Medicines Management</td>
</tr>
</tbody>
</table>

**Outcome 2:** **Adjustments to remove barriers identified by further equality analysis.**
We need to be satisfied that the proposed adjustments will remove the barriers identified.
<table>
<thead>
<tr>
<th>Medicines</th>
<th>Management Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>leaflets for medication use during pregnancy and breastfeeding</td>
<td>Complete Medicines Management</td>
</tr>
<tr>
<td>Ensure risks of cardiotoxicity and sudden death are incorporated into the trust Rapid Tranquillisation Policy and Procedure and the Procedure for High Dose Antipsychotics</td>
<td>Complete Medicines Management and IT</td>
</tr>
<tr>
<td>Ensure the trust monitoring guidelines for antipsychotics include the different reference ranges for Europeans and South Asians, and the physical health section on ECR also takes account of this requirement when deciding whether a patient fulfills criteria for metabolic syndrome.</td>
<td>Complete Medicines Management and IT</td>
</tr>
<tr>
<td>Ensure that patients prescribed antipsychotics, mood stabilisers, medicines for rheumatology are monitored in line with trust guidance</td>
<td>Ongoing Networks</td>
</tr>
<tr>
<td>Participate in any POMHUK audits which audit compliance with national monitoring guidance</td>
<td>Ongoing Medicines Management and Networks</td>
</tr>
<tr>
<td>Develop an assessment tool so consideration can be given as to</td>
<td>Complete Medicines Management</td>
</tr>
</tbody>
</table>
whether any adjustments e.g. reminder charts, wing capped bottles, large text labels or compliance aids may support a patient to take medication as prescribed

<table>
<thead>
<tr>
<th>Outcome 3: <strong>Continue despite having identified potential for adverse impact or missed opportunities to promote equality.</strong> In this case, the justification should be included in the EIA and should be in line with the duty to have ‘due regard’. For the most important relevant policies, compelling reasons will be needed. We need to consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Outcome 4: <strong>Stop and rethink.</strong> When an EIA shows actual or potential unlawful discrimination (You will now need to make changes to the activity)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How will we monitor this and to whom will we report outcomes?</th>
</tr>
</thead>
</table>

| For ongoing actions, the Drugs and Therapeutics Committee will review monitoring guidelines and results of audits. Networks will be responsible for developing action plans in response to audits |

| Team |  |  |
Risks identified throughout the assessment process and controls designed to address them, must be described and rated and recorded on Datix or in network risk registers in line with Trust processes. Assurance mechanisms should be developed for each activity to ensure that equality and diversity compliance is achieved on an ongoing basis.

7. Who undertook this analysis and when?

<table>
<thead>
<tr>
<th>Name: Sonia Ramdour</th>
<th>Job Title: Lead Pharmacist, East Lancashire</th>
<th>Date analysis started: 21.3.17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Network: Corporate</td>
<td>Date analysis completed:</td>
</tr>
</tbody>
</table>

8. Authorised by Trust Equality and Diversity Lead Signature:

Date: 21st March 2017

9. Date of next review: