



**Nottingham City Council**

**MEDICATION PROCEDURE: Care, Support & Enablement (Supported Living)**



**Date: April 2015**

**Review date: April 2017**

**Authors and contributors:**

Tania Cook, Specialist Senior Medicines Management Technician - Social Care Lead NHS Nottingham City CCG

Kate Fisher- Dementia Specialist Nottingham City Council

Gillian Sweeney- Development Consultant Talent and Skills Development Team Nottingham City Council

Jake Jacobs Locality Manager Learning Disability & Transitions (North) Mental Health & LD

This guidance has been authorised for use within Nottingham City by the Cross Cluster Medicines Management Group (CCMMG) NHS Nottingham City Clinical Commissioning Group and the Adult Provision Department Nottingham City Council

## CONTENTS

Item No.	Subject	Page No.
	Procedure Statement	4
1	General Principles	7
2	Roles and Responsibilities	9
3	Assessment of Needs of the Service User	12
4	Hospital Discharge	14
5	Consent (See also section 1 - General Principles)	15
6	Medication – (With which a Supported living Worker may assist a Service User)	16
7	Dispensing and Storage	18
8	Administration of Medication	20
9	Recording	23
10	Medication Records	24
11	Training	24
12	Advice to Service Users on Medical Issues	24
13	Error and Near-Miss Reporting	25
14	Confidentiality	25
15	Glossary of Terms	26

<b>Item No.</b>	<b>Subject</b>	<b>Page No.</b>
Appendix 1	Medication Checklist for Supported living Workers	28
Appendix 2	Disposal Of Medication No Longer Required	30
Appendix 2a	Medication Disposal Form	31
Appendix 3	Special Dosage Instructions	32
Appendix 3a	Variable Dose Medication	34
Appendix 4	Equality Act 2010 (Service Users Medication and the Community Pharmacist)	35
Appendix 5	Nottingham City Council Medication Record Chart	36
Appendix 5a	Nottingham City Council Medication Record Chart codes	37
Appendix 6	NHS Nottingham City Community Pharmacies	38
Appendix 7	NHS Nottingham City Community Pharmacies '100 hour opening'	41
Appendix 8	NHS Nottingham City – GP practices (A – Z)	42
Appendix 9	Covert Administration of Medicines Disguising Medicine in Food and Drink	51
Appendix 10	Medication Incident report form	58
Appendix 11	Warfarin Risk Assessment	61
Appendix 12	Health and Safety – Handling and Disposal of Needles	62
Appendix 13	Good Practice Guidance for the use of fentanyl patches	63

## PROCEDURE STATEMENT

The majority of Service Users will take responsibility for administering their own medication however this procedure is designed to cover those situations where Service Users are unable to take responsibility for administering their own medication and require assistance which is provided by Supported living Workers in a Service User's home. Service Users may require social care support and health related input. This will necessitate employees from all agencies to work together to meet individuals' needs.

All members of staff have an important role to play in risk identification, assessment and management of medication. It is important the department learns from events and situations where things have, or could have gone wrong in order that the reasons for the occurrence of the event or situation can be identified and rectified. This is to encourage a culture of openness and willingness to admit mistakes.

Nottingham City Council fully indemnifies staff against claims for alleged negligence provided they are acting within the scope of their employment and following guidelines set out within this procedure.

All medicines are potentially harmful if not used correctly, and care must be taken in their ordering, collection, storage, administration, control and safe disposal.

The Care Quality Commission Essential standards of quality and safety March 2010 states that, the registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity (Regulation 13 Health and Social Care Act 2008 Regulations 2010).

People who use services must receive care, treatment and support that:

- Ensures the medicines given are appropriate and person-centred by taking account of their:
  - age
  - choices
  - lifestyle
  - cultural and religious beliefs
  - allergies and intolerances
  - existing medical conditions and prescriptions
  - adverse drug reactions
  - recommended prescribing regimes.
- Ensures the person's prescription for medicines, for which the service is responsible, is up to date and is reviewed and changed as their needs or condition changes.

- Includes monitoring the effect of their medicines and action when necessary if their condition changes, including side effects and adverse reactions.
- Includes supporting and reminding them to self-administer their medicines independently where they are able and wish to do so by minimising the risk of incorrect administration.
- Follows clear procedures in practice, which are monitored and reviewed, which explain how up-to-date medicines information and clinical reference sources for staff are made available.

This procedure therefore is intended to provide guidance to Care Workers and their managers on the safe administration and recording of Service User's medication.

It gives clarity and direction around roles, tasks and activities associated with medication. It does not define responsibility; this is dealt with in the 'Wavy Line' document, which must be referred to when seeking guidance in this matter. The Wavy Line document is a health and social care protocol for areas of responsibility in Nottingham.

Medication will not be administered without the consent of the Service User or informal carer/relative/agent, providing the Service User has been assessed as requiring such medication, as detailed in the person centred care plan and with the agreement of the Supported living worker's line manager. The administration of the medication should not be contrary to this procedure.

## **CAPACITY AND CONSENT**

This procedure should be read in conjunction with the [Mental Capacity Act 2005](#), the [Mental Capacity Act Code of Practice](#), and the [Nottingham and Nottinghamshire Joint Policy and Procedures on the Mental Capacity Act 2010](#). Other reference sources are [Nothing Ventured, Nothing Gained](#) and [Supporting People with Dementia Using the MCA](#).

The professional who prescribed the medication has a responsibility to assess that either the Service User has capacity to consent to treatment with medication at the point of prescribing, or, if the Service User lacks capacity, that it is in their best interests to take the medication. Any Advance Decisions to Refuse Treatment should be taken into account by this professional

The person who undertakes an assessment of the Service User's ability to manage their medication (the assessor) will then have a separate responsibility to ensure the Service User has capacity to consent to this assistance or, if the Service User lacks capacity, that it is in their best interests to have this assistance.

The majority of Service Users take responsibility for taking their own medication and their independence should be supported as much as possible. Consent **must** be given by the Service User in writing during the assessment before Supported living Workers may support with medication (whether this is reminding, assisting and or administration tasks). Where the Service User appears to lack capacity to give consent for the assistance, the assessor must carry out an assessment of his/her capacity to make this decision according to the local guidance.

If the Service User lacks capacity, the assessor should check if there is a Lasting Power of Attorney who may have authority to make the decision about assistance with medication. If not, when a Service User is assessed as lacking capacity a best interests decision must be made by the assessor on their behalf consulting relevant people based on the best interests checklist and local guidance taking into account any advance statements. A record on CareFirst will be made of the reasons and circumstances of the Best Interests decision and who was involved in the process.

Confirmation of consent for support with medication will be noted on the Service User's person centred plan. Unless it has been concluded that the Service User lacks capacity to provide authorisation, the Service User should sign to confirm authorisation on the person centred care plan.

Administration of medication covertly should only ever be seen as a last resort. A risk assessment and detailed care plan must be in place and agreed by the Supported living Manager, GP and relatives. Confirmation should also be obtained from a pharmacist and included in the risk assessment that the medication can be administered in this way (i.e. medication is suitable to be mixed with food or liquid).

Only medication which is regarded essential for the Service User's health and well-being, or for the safety of others, should be considered for administration in a covert way. (Refer to Appendix 9 for further information).

## 1 GENERAL PRINCIPLES

The aim of this procedure is to provide clear guidance to the Supported living Worker/Manager, Service User and their informal carers as to the nature of support that may be given with medication administration by paid carers in the domiciliary setting.

This will be by:

- Encouraging Service Users independence particularly around medication management at home where appropriate being encouraged.
- Applying the principles in the Mental Capacity Act (2005) to be applied.
- Where there is no informal carer or other responsible adult willing and able to assist the Service User to take their medicines at home, or where the Service User requests that informal carers are not to be involved in administration of their medication, Supported living Workers will undertake this task as part of the agreed person centred care plan.
- Where Supported living Workers assist Service Users to take their medication there should be formal agreement with the Service User and their informal carers as to which tasks are the responsibilities of the Supported living Service. This must be noted on an individual person centred care plan relating to medication.
- Any assistance provided with medication will be by trained competent employees.

Therefore - the result of using this procedure must be that Service Users have the,

- ✓ **Right medicine**
- ✓ **Right dose**
- ✓ **Right time**
- ✓ **Right route**

and that medication is assisted/administered to the **right person**.

- 1.1 All medicines are potentially harmful if not used correctly, and care must be taken in their storage, administration, control and safe disposal.
- 1.2 Consent must be given by the Service User or their agent and recorded appropriately. An individual person-centred care plan around medication must be completed.

- 1.3 For new Service Users, it is the responsibility of the assessor to obtain consent where it is considered that the Service User will require assistance with their Medication.
- 1.4 Should a current supported living Service User's situation change in that they require support with Medication the necessary assessment will be carried out and consent obtained by the Supported living Manager.
- 1.5 Consent will be noted on the Service User's person centred care plan.
- 1.6 Supported living Workers must only assist with the administration of Medication following authorisation by their Line Manager, who has deemed them competent and confident to do so and the consent of the Service User or their agent has been obtained. See 1.2
- 1.7 Supported living Workers must immediately report any concerns relating to a Service User's Medication to their Line Manager.
- 1.8 Where a Service User has responsibility for their own medicines, and the Supported living Worker is concerned about the Service Users ability to continue to manage their own treatment, the Supported living Worker must report this to their Line Manager.
- 1.9 In the circumstances described in 1.7, the Line Manager is responsible for the assessment of the Service Users need for assistance with their medication. In line with the Equality Act 2010 an assessment must be carried out by the dispensing pharmacist (See Appendix 4)
- 1.10 Service Users have the right to expect that any assistance with medication is carried out in a professional manner by properly trained and competent Supported living Workers. Any invasive clinical procedure must be carried out by appropriately qualified staff that have the necessary knowledge, skills and training (see Section 3 which includes 'Complex Clinical Invasive Procedures required' for examples).

## **2 ROLES AND RESPONSIBILITIES**

### **Role/responsibility of the Pharmacist to:**

- 2.1 Pharmacists are responsible for the supply of medicines and appliances prescribed by a Doctor, Dentist or Nurse Prescriber. (See Appendix 6 for a list of Community Pharmacists within NHS Nottingham City).
- 2.2 Pharmacists provide advice to patients and carers on the correct use, storage and disposal of medicines and appliances. They are also able to offer advice on self-care, promotion of healthy lifestyles, signposting to other NHS/Social Care services.
- 2.3 Service Users may be using medicine and appliances supplied by a hospital pharmacy, emergency medical service, or dispensing doctor, in addition to those prescribed by their regular GP.
- 2.4 Pharmacists keep computerised records of the medication that their regular patients receive on prescription. These records provide useful information and can indicate potential drug interactions.
- 2.5 It is advisable to arrange for prescriptions to be dispensed at the pharmacy where the Service User's records are held.
- 2.6 Pharmacists will advise on the use of alternative packaging of medicines. Monitored Dosage Systems may enable a Service User to retain responsibility for their own Medication, requiring the Supported living Worker only to remind the Service User to take their medication. Pharmacists can assess the Service User's ability to take their medication correctly and can make appropriate adjustments under the Equality Act 2010 to help the Service User take their medicines as intended by the prescriber. This may include the provision of a dosette box, large print label, easy to open tops etc. (Refer to Appendix 4)
- 2.7 Pharmacists offer advice on many aspects of the use of medicines, however some services offered by pharmacists e.g. collection of prescriptions from GP surgeries and delivery of dispensed medicines are not funded under the NHS and are thus undertaken on a goodwill basis.
- 2.8 Doctors and Dentists may issue private as well as NHS prescriptions.
- 2.9 In addition to GPs, other groups of professional staff (e.g. specially trained nurses and some pharmacists) are now able

to prescribe medicines on the NHS. A limited range of medicines may also be supplied in accordance with a Patient Group Direction (PGD). Patient Group Directions permit the supply of Medication in defined circumstances without a prescription.

**Role/responsibility of the Supported living Manager to:**

- 2.10 Ensure that all Supported living Workers/relevant staff can access/view a copy of this procedure along with the summary of tasks that can be undertaken by each group.
- 2.11 Provide information to all Supported living Workers as part of their induction training, as to what tasks they can and cannot undertake prior to receiving enhanced training and being signed off as competent. Records should be kept of the date training is undertaken and the date of competency sign off.
- 2.12 Ensure any reported medication changes are updated promptly on the person centred plan and ensure arrangements have been made to update the Medication Administration Chart (MAR) chart in line with procedure. Ensure this is checked and counter-signed by another supported living worker. The person centred plan should be signed and dated by the Service User and appropriate Supported living staff.
- 2.13 Ensure an up to date authorised signatories list is maintained alongside the person centred plan in order that signatories on the MAR chart can be easily identified.
- 2.14 Provide support to employees who report errors and facilitate a culture of “Fair Blame”. Where an error has been reported, or the manager is made aware of potential for an error to occur, then a review of systems and processes must occur to determine appropriate actions. (Refer to Appendix 10 – Business Alert Form – Medication Incident)

**Role/responsibility of the Supported living Worker to:**

- 2.15 Adhere to protocols and procedures as set out in this document.
- 2.16 Not undertake medication tasks unless they have received training and been signed off as competent.
- 2.17 Concentrate on support with medication tasks to the exclusion of all other duties and distractions.

- 2.18 Record all provision of support with medication as detailed on the MAR chart including any refusal/omission of medication along with the reason for the refusal occurring.
- 2.19 Ensure they complete the authorised signature sheet in the person centred care plan in order for their signature to be identified.
- 2.20 Talk to the Service User about the support they are providing with their medication. The views of the Service User should be taken into account and acted upon as appropriate.
- 2.21 Notify the Supported living Manager of any changes to a Service User's medication regime and update the person centred care plan in conjunction with the Supported living Manager as appropriate.
- 2.22 Refer any observations/concerns about a Service User's condition back to the Supported living Manager.
- 2.23 Inform the Supported living Manager of any risks and potential for error associated with medication in order that risk assessments can be undertaken and safe systems and processes can be implemented. In addition any occurrence of errors should be reported immediately using the Medication Incident Report Form (see Appendix 10).
- 2.24 Inform the Supported living Manager immediately should they become aware of discrepancies in quantities of medicines. Whether the discrepancy is due to medicines being mislaid, stolen or the incorrect quantity being supplied by the pharmacy a medication incident form should be completed in conjunction with their line manager, and, if applicable, should be raised as a Safeguarding Alert.
- 2.25 Contact their line manager if they consider that a Service User may benefit (i.e. may be able to continue to retain responsibility for their medication) from a Monitored Dose System or other compliance aid.
- 2.26 Will find it helpful to introduce themselves to local Pharmacists.
- 2.27 May collect prescriptions from the surgery and or medicines from the pharmacy if a Service User does not have capacity to take delivery of medicines delivered by the community pharmacy.
- 2.28 Ensure medicines are stored appropriately, and documented correctly in the care plan.

### 3 ASSESSMENT OF NEEDS OF THE SERVICE USER

- 3.01 This is key to the whole process to identify what, if any, assistance is required. It will also highlight Service Users whose medication needs are beyond the knowledge and competence of supported living workers.

When making the assessment, particular care should be taken if one or more of the following high risk factors apply:

- i. Health would deteriorate rapidly without medication
  - ii. Language problems (this may be due to the person's medical condition e.g. stroke, or because their language is not English)
  - iii. High risk illness, e.g. diabetes, epilepsy
  - iv. People who have problems understanding the need for, or how, to take the medicines and who may have difficulty with memory
  - v. People who have poor vision or dexterity problems
  - vi. Any other factor
- 3.02 Appropriate fieldwork staff will be able to carry out this assessment in discussion with the Service User, their carers where appropriate, and following the guidance given in this procedure.
- 3.03 If the initial assessment identifies the need for support with medication for a Service User, it will be the responsibility of the assessor to ensure that all necessary information, consent, guidance and risk assessment is obtained from the Service User and/or their agent. Completed documentation must be sent to the supported living team prior to any responsibility being accepted by supported living.
- 3.04 If the requirement for assistance with medication arises after services have been commissioned with the supported living service it will be the responsibility of the supported living manager to ensure that all necessary information, consent, guidance and risk assessment has been completed and obtained from the Service User and/or their carer.
- 3.05 Advice and assistance on the assessment can be obtained from the CCG Medicines Management Team, Community Pharmacists, District Nurses, GPs and Health and Safety Officers where required. (See Appendix 8 for a list of NHS Nottingham City CCG GPs).
- 3.06 The result of the assessment will be one of the following:

Ability to self medicate without assistance

These Service Users will therefore retain maximum control of their medication, thus preserving their independence and choice. This should be encouraged wherever possible.

Ability to self medicate with reminders or with use of administration

aids

These Service Users will still retain maximum control following verbal reminders, or by using aids to administration to enable them to self medicate. A range of aids are available for purchase by the Service User from community pharmacies.

Records should be maintained on the reminders given.

### Assistance Required

With regard to the following, the Service User must agree to assistance being given.

- i. Prescribed medication
- ii. Individual Service User needs. These can be provided by Supported living Service staff following the guidance in Appendix 1

### Complex Clinical Invasive Procedures required

Invasive medical or medication procedures will be the responsibility of Health Care Professionals who are qualified and competent practitioners with appropriate training, skills and knowledge.

Examples are injections – including insulin and blood glucose testing -, removal of stitches, insertion of catheters, changing of dressings. See Appendix 11

There may be occasions when supported living is asked to assist with a 'low-level nursing task' that is considered to be within the competence of supported living staff. In such situations the following must occur.

- i. A full assessment of the task.
- ii. The completion of a risk assessment.
- iii. The consent of the Service User and/or their agent.
- iv. The provision of training and support for supported living staff from and by health professionals who are competent in the task. (This training will be recorded on the supported living workers file and initialled by their manager that it is appropriate for the task to be carried out.)
- v. Confirmation by the manager that the supported living worker has the relevant knowledge, skills, competence and confidence to carry out the task.

The results of this assessment must be recorded and made available to all staff who will be involved in the care of the Service User.

The assessment will need to be reviewed to take account of any changes in the medication needs of the Service User. GPs should review medications on a six-monthly basis for patients aged 75 and over who are on 4 or more medications.

If the results of the assessment suggest that refusal or withdrawal of service may be involved, the appropriate Supported living Manager should be consulted for advice.

Details of sources of advice must be recorded in the care plan, therefore being made available to all Supported living workers involved in the care of the Service User.

The sources to be identified are as follows:

- Pharmacist
- GP
- Nurse
- Service User
- Family
- Next of Kin

#### **4 HOSPITAL DISCHARGE**

All Service Users discharged from hospital with a package of supported living support that includes assistance with medication, must be reviewed. If the person being discharged has recently been assessed by an assessing officer it will be expected that they will inform the supported living provider of the medication requirements for the individual and will facilitate the review of medication. If there has been no assessment and the discharge is for a current Service User then it will be the responsibility of the supported living manager to review medication and the assistance required from supported living with the administering of medication.

## 5 CONSENT (See also section 1 - General Principles)

- 5.01 It is the responsibility of the Assessor at the time of the initial assessment to determine if help with medication is required and to obtain consent from the Service User and/or their agent.
- 5.02 In a situation where a Service User is already supported by supported living it will be the responsibility of the supported living manager to obtain consent from the Service User and/or their agent.
- 5.03 Details of consent must be kept on the Service User's file and consent must be reviewed at a minimum every 12 months, or earlier as necessary. The supported living manager will be responsible for ensuring that reviews are conducted.
- 5.03.1 Where consent cannot be obtained where the Service User may be thought to lack capacity, the 2-Stage mental capacity test should be used and an assessment will have to be taken about the potential risk, and the Service User's ability to consent. Where a Service User is unable to give consent because of the severe nature of their condition, consent should be obtained from an authorised person acting on behalf of the Service User, e.g. Lasting Power of Attorney etc.
- 5.04 Where consent is refused, **Supported living Workers must not administer medication.** They should inform their manager immediately.
- 5.05** Where it is considered that refusal to consent to assistance with medication will place the Service User at risk, the refusal should be reported to their agents, the Service User's doctor or other member of the GP practice team. This should be reported by whoever is assessing at the time i.e. social worker, supported living manager.
- 5.06 Where it is felt that refusal of consent by a Service User is not made of their own free will it may be appropriate to refer to the Nottingham and Nottinghamshire Safeguarding Adults Policy, Procedures and Guidance. The Supported living Manager and/or the assessor must take appropriate action in line with the guidelines in such circumstances.
- 5.07 The Supported living Worker must contact their line manager for advice in the event of a Service User, who has previously given consent, refusing to take prescribed medication.

## 6 MEDICATION - with which a Supported living Worker may assist a Service User

### 6.01 Prescribed medication

Supported living Workers may assist a Service User to take medication that has been prescribed by the Service User's doctor, or dental practitioner or by a nurse prescriber responsible for aspects of the Service User's care.

All Supported living Workers, who have undertaken the appropriate basic training on the management of medicines may provide assistance with the following:

- Medication taken by mouth (oral preparations) e.g. tablets, capsules and oral liquids
- Medication applied externally to the skin e.g. ointments, creams, lotions
- Medication applied to the eye (drops or ointment) and ear.
- Medication in inhaler form via a spacer device

Assistance with the administration of drops or other preparations for instillation into the nose, and medication in patches to be applied to the skin (transdermal patches) may only be given after specific training from a health care professional and written instruction from the supported living manager. The supported living manager must be satisfied that staff are competent and confident in carrying out such tasks. (Refer to the Medication training Workbook Competency Assessment)

Assistance with nebulisers must only be given by Supported living Workers who have received instructions on the use of the particular device and have written authorisation from their line manager.

Supported living Workers must not administer the following medications: injections, suppositories, pessaries, enemas, rectal or vaginal creams, or the application of dressings involving wound care. The administration of these medications is the responsibility of a health care professional (e.g. a District Nurse).

Supported living Workers **must not** administer medication through a peg feed.

Creams, ointments, and lotions should only be applied by Supported living Workers where the skin area to be treated is unbroken. Supported living Workers must contact their line manager if they have concerns regarding the application of external preparations.

The application of medication to broken skin must only be undertaken where this has been prescribed, has been agreed and risk assessed by the Supported living Manager and is detailed in the Care Plan. Disposable gloves should be worn when applying external preparations e.g. ointments, creams, lotions.

Usually no more than 28 days supply of medicines, including those on repeat prescriptions should normally be requested for a Service User at any one time.

Supported living Workers should make themselves aware of the exact arrangements for assisting the Service User with their medication. They should be aware and ensure that details are recorded whenever another worker or family carer is also involved in assistance with medication.

Supported living Workers must contact their line manager for advice in the event of a Service User, who has previously given authorisation, refusing to take prescribed medication.

## 6.02 **Non-prescribed medicines and remedies**

Supported living Workers must not offer advice on medicines and remedies. It may be **DANGEROUS TO DO SO**. The Service User may be allergic to the treatment or be taking other medicine that may result in harm to the Service User.

When Supported living Workers are asked by the Service User to assist with the administration of non-prescribed medication or to purchase a non-prescribed medicine, they must either:

- Refer the Service User to seek advice from their GP or Pharmacist.
- Seek advice from their line manager, who will take further advice from the Service User's GP or pharmacist.

Before contacting the line manager the Supported living Worker **MUST** ask the Service User what other medicines they are taking. The pharmacist requires this information in order to determine if it is safe for the Service User to take the non-prescribed medication. This course of action must be followed in circumstances where a Supported living Worker is responsible for assisting the Service User and where a Service User manages their own medication.

Non-prescription medicines may **only** be purchased on behalf of a Service User, after the line manager has contacted the Service User's GP to confirm if the medication is appropriate. This action must be undertaken for every request, even if it is previously purchased medication.

## 7 DISPENSING AND STORAGE

- 7.01 The pharmacist will supply medicines in appropriate packaging for the Service User to administer their own medication.
- 7.01 If the person conducting the initial assessment considers that the Service User is unable to manage medication supplied in individual bottles without assistance, they must contact the Pharmacy nominated by the Service User to discuss alternative forms of packaging (see 7.05 below).
- 7.02 If the Supported living Worker considers that the Service User is experiencing difficulties managing their own treatment due to the nature of the medicine container, they must report this to their line manager.
- 7.03 The line manager will be responsible for contacting the Service User's GP and/or pharmacist to discuss what action is needed.
- 7.04 The pharmacist may advise that a Monitored Dosage System or other compliance aid may be appropriate. These devices are available free of charge to patients eligible under the Equality Act 2010. The community pharmacist is able to assess eligibility. The Service User or a relative may wish to fund the use of such a device if they are assessed as being ineligible.
- 7.05 Supported living Workers will normally only administer medication from medicine containers, including monitored dosage systems or other compliance aids, which have been assembled or supplied by a pharmacist, hospital pharmacy or dispensing doctor practice.
- 7.06 If a supported living worker has any concerns or doubts regarding medication, they should contact their line manager immediately for advice and guidance.
- 7.07 All medication should be stored in a secure location in the Service User's home that is accessible to adults but not children. This may also apply to the Service User, if it is deemed not appropriate for the Service User to have access to the medication.
- 7.08 Some medication requires refrigerated storage. It is acceptable to store medicines requiring refrigerated storage in a domestic refrigerator. However do **NOT** store medicines in, or immediately adjacent to, the ice box of a refrigerator or in the freezer compartment of a combined fridge freezer. Do not store medicines adjacent to uncooked meats or other food. Store medicines, (if possible) in a door compartment that can be reserved for medicines.
- 7.09 The label on the medicine should indicate any special storage conditions. Storage arrangements should be noted on the Service User's care plan.

- 7.10 Unused, out of date medication, or medication no longer required, must be returned to the pharmacist, with the Service User's consent where possible. Where there is no carer or informal carer (e.g. a family member) who can be responsible for the return of medicines no longer required, the Supported living Worker must obtain approval of their line manager to return the medicines to the pharmacy. Details of returned medicines must be recorded on the Disposal of Medication no longer Required Form, Appendix 2a.

## 8 ADMINISTRATION OF MEDICATION

- 8.01 A Medication Administration Record (MAR) must be maintained for each Service User who is receiving assistance with the administration of their medication from a Supported living Worker.
- 8.01.1 The Medication Administration Record chart must be kept in the Service User's home in an agreed location, and must be examined on each occasion the Supported living Worker attends the Service User's home, in order to note any changes in medication.
- 8.02 **Supported living Workers must always check the Medication Record to ensure that the medication has not already been administered.**
- 8.03 Administration of medication for the purposes of these guidelines means assisting the Service User to take medication. It includes the following:
- a. Reminding (prompting) the Service User to take their medication.
  - b. When a) is not possible, helping the Service User to take medication from the container.
  - c. When a) and b) are not feasible, removing the dose of medication from the container and assisting the Service User to take the dose (see 9.06 and 9.07 below).
- 8.04 Doses of liquid medication must be measured using a 5ml medicine spoon, or a graduated medicine measure supplied by the pharmacist. Where the Service User experiences difficulty in taking liquid medicine from a medicine spoon or measure, an oral syringe may be required. Supported living Workers should contact their line manager if the Service User is experiencing difficulties with liquid medicines.
- 8.05 Medication should not be handled, and solid dose forms e.g. tablets and capsules should be passed to the Service User on a spoon or appropriate container. Where the Supported living Worker has to place the dose in the Service User's mouth, the Supported living Worker should wear disposable gloves
- 8.06 Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label.
- 8.07 Supported living Workers must wear disposable gloves when applying external medication (e.g. ointments, creams or lotions).
- 8.08 Always follow the dosage directions and other instructions on the medicine label e.g. take with food
- 8.09 Medication must only be administered if the container is clearly labelled with the Service Users name, the name of the drug/s and dosage.

- 8.10 A Service User must never be forced to take medication.
- 8.11 If a Service Users refuses their medication this must be reported to the Supported living Worker's line manager.
- 8.12 Details of the administration must be recorded in the Medication Administration Record (MAR) by the Supported living Worker at the time the medication is administered. Any entry in the Medication Administration Record (MAR) must be initialled against the date by the Supported living Worker.
- 8.13 Supported living Workers must only administer medication from containers that have been assembled up by the pharmacist, supplied by a hospital or dispensing doctor practice.
- 8.14 If the label becomes detached from the container, is illegible, or has been altered, medication must not be administered. Advice should be sought, **through the line manager who should seek further advice where necessary**. Out of normal working hours advice can be sought from NHS Direct, the Emergency Medical Service or the Emergency Supported living Service. Details should be recorded on the Medication Administration Record (MAR) chart.
- 8.15 Medicines have an expiry (use-by) date. The expiry date must be checked to ensure that the medicine may still be used.
- 8.16 The Supported living Worker must inform their line manager about any medication that has expired. The line manager must contact the Service User's doctor to ascertain if the medication is still required in which case the doctor will be requested to issue a new prescription. The Supported living Worker must enter the details on Service User's Medication Administration Record (MAR) chart and the expired medication should be returned to the pharmacist (see appendix 2 and 2a).
- 8.17 If medication is labelled with imprecise or ambiguous directions e.g. 'take as directed', 'take as before', 'apply to the affected part', the Supported living Worker must seek clarification through their line manager.
- 8.18 Most Medication will be prescribed for administration on a regular basis. Some treatments may be prescribed on an 'as required' basis. It is essential that the Supported living Worker has sufficient information in order to determine if a dose being requested by the Service User is appropriate. If in doubt the Supported living Worker must contact their line manager who must contact the GP practice for clarification.
- 8.19 Some medication is prescribed on a reducing or variable dosage regime in order to prevent the possibility of the wrong dose being given it is essential that you have clear instruction (see appendix 3

and 3a). If there are any doubts or concerns in respect of the medication and dose required **none should be given** and **you must immediately contact your supported living manager for further guidance**.

- 8.20 It is important to note that alcohol will interfere with the action of many drugs and therefore all staff should remind Service Users of the potential for adverse effects of alcohol consumption whilst taking medication. Where a known interaction exists between a medicine and alcohol, a warning should appear on the label of the medicine container. Supported living Workers should notify their line manager of any concerns about the use of alcohol by the Service User.
- 8.21 Some medication causes side effects and the supported living worker should be alert to this possibility and report any concerns to their line manager.
- 8.21.1 When necessary the line manager should discuss any concerns relating to a Service User's medication with the supplying Pharmacist or General Practitioner.
- 8.22 If there is more than one provider, or a provider and a family carer involved in assisting the Service User with their medication, their respective roles and responsibilities should be clear and recorded on the care plan. The care plan will be kept in the Service Users home. Everyone involved in the care of the Service User will be expected to fulfil their agreed responsibilities and to record the same in the care plan/Medication Administration Record MAR).

## 9 RECORDING

- 9.01 The Supported living Worker must confirm that a dose has been administered by entering their initials or signature in the appropriate administration record box on the Medication Administration Record (MAR) chart. (Initials and signatures must be legible. Where just initials are used, the full name of the carer and their initials must be entered on the care plan/MAR sheet).
- 9.02 If a family member is sharing responsibility with the supported living service for the administration of any part of the medication regime during the day it will be expected that they record the medication and dose given on the medication record chart. (Any shared responsibility will be recorded in the Service User's care plan after being agreed and explained fully.) This is to ensure that there is continuity of records in order to reduce any risk of an inappropriate dose/overdose being given.
- 9.03 If a Service User refuses their medication or does not take their medication, the Supported living Worker should inform their line manager who should seek advice from the Service User's GP practice.
- 9.03 Non-administration of prescribed medication must be recorded on the Medication Record chart and must be reported immediately to the line manager who should seek advice from the Service User's GP practice.
- 9.04 A single spoilt or refused dose should **not** be returned to container, and advice should be sought from the Pharmacist.
- 9.05 If medication has been removed from the container and is not used, it should be returned to the pharmacy. It is vital that details of any medication destroyed in the Service User's home must be recorded in the Medication Administration Record (MAR) Form and in the daily record. (See Appendix 2 and Appendix 2a)
- 9.06 If the Service User requests that a spoilt dose is not destroyed (e.g. after having been dropped on the floor) and that the dose be administered the details must be recorded on the Service User's medication record and the Supported living Worker should report the administration of the spoilt dose to their line manager. This situation may occur if the spoilt dose is the only dose remaining.

## **10 MEDICATION ADMINISTRATION RECORDS (MAR)**

10.02 The current Medication Administration Record (MAR) should be kept in the Service User's home. Completed Medication Administration Record (MAR) charts must be sent to the Service Provider's branch or team office for storage on the Service User's file.

10.03 Where Supported living Workers assist Service Users with their medication this should be recorded on the Service User's Care Plan.

## **11 TRAINING**

11.02 A training programme will be implemented for all Supported living Workers.

11.03 Any training provided will give underpinning knowledge that will contribute towards the appropriate core unit in the Qualifications Credit Framework (QCF) or other recognised training as this becomes available.

## **12 ADVICE TO SERVICE USERS ON MEDICAL ISSUES**

12.02 It is the responsibility of the Prescriber to explain the reason for the treatment and the likely effects (including side effects) of any medication prescribed to the Service User.

12.03 The Prescriber will decide whether to explain to the Service User the nature of an illness and the implications of any treatment. This decision will be respected by Supported living Workers.

12.04 Supported living Workers **MUST NOT** discuss or disclose a Service User's medical history or treatment to an agent without considering the issues of consent, capacity and best interests. Any questions must be re-directed to the Service User, the Service User's medical practitioner. See also 14.01 in this procedure.

## **13 ERROR AND NEAR MISS REPORTING**

- 13.01 Any instances of error involving medication should be reported to the Supported living Manager immediately. Medical advice must be sought via the services user's GP, NHS Direct (0845 4647) or out of hours service (GP telephone service will direct you to the out of hours service) as appropriate.
- 13.02 In the event of a serious error outside normal office hours NHS Direct (111), out of hours GP service, Adult Social Care Contact Point - 0300 300 3333 [adult.contactteam@notinghamcity.gov.uk](mailto:adult.contactteam@notinghamcity.gov.uk) or the Emergency Duty Team (0115 9159299 or 0115 8761000) should be contacted immediately for further advice and next steps.
- 13.03 The Supported living Manager will complete a Business Alert Form – Medication Incident Form (Appendix 10) with information provided by the Supported living Worker.
- 13.04 Following report of an error or circumstances where an error could have occurred (a near miss) the Supported living Manager should investigate systems and processes to identify contributing factors and implement appropriate actions. The Supported living Manager should facilitate shared learning with colleagues to prevent reoccurrence of the error in the Supported living Service, and through the appropriate mechanism for independent providers.
- 13.05 At all times support should be provided to employees who report errors or near misses in order to encourage an environment of openness and shared learning.

## **14 CONFIDENTIALITY**

- 14.01 All Supported living Staff must not discuss or disclose a Service User's medical history or treatment to a relative or lay person. Any questions must be re-directed to the Service User or the Service User's medical practitioner. See 12.03.

**THERE MAY BE OCCASIONS WHERE SITUATIONS ARE NOT COVERED IN THIS PROCEDURE. PLEASE BRING ANY CONCERNS YOU HAVE TO THE ATTENTION OF YOUR LINE MANAGER.**

## 15 GLOSSARY OF TERMS

<b>Agent</b>	Shall mean an authorised person acting on behalf of the Service User, i.e. family, carer, guardian, person with Lasting Power of Attorney etc.
<b>Assist (in the administration of medication) / Administer / Administration</b>	Shall mean: <ul style="list-style-type: none"><li>- Passing medication container or packaging to the Service User (assistance)</li><li>- Removal of medication from container or packaging for it to be passed to the Service User</li><li>- Placing dose of medication in the mouth of the Service User if Service User is unable, due to disability, to do so themselves</li></ul>
<b>CareFirst</b>	An electronic system for recording contact and relevant information regarding a Service User's social care support
<b>Container</b>	Shall mean the packaging of the medication supplied by the pharmacist. For example glass or plastic bottle, foil strip or blister packaging, tube containing ointment or cream for external application. Includes a Monitored Dosage System cassette or other compliance aid.
<b>Cytotoxic medicines:</b>	Used in the therapy of various cancers and other conditions. Their effects are produced by interference with some human cell functions. There is a possibility that prolonged; uncontrolled exposure to cytotoxic drugs could produce some type of adverse effect on people who handle these medications.
<b>'Fair Blame' culture:</b>	A culture in which staff are not blamed, criticised or disciplined as a result of a genuine slip or mistake that leads to an incident. Disciplinary action may still follow an incident that occurred as a result of misconduct, gross negligence or an act of deliberate harm.
<b>Supported living Worker</b>	Shall mean the Service Provider's employees engaged in delivering supported living services to the Service Users.
<b>Medication</b>	Shall mean a collective term for medicine(s) to be administered to the Service User. The term drug may also be used.
<b>Medication Administration Record</b>	This is a document which gives details of all medicines that a Service User is given support to

<b>(MAR) chart:</b>	manage. It shows the name of the medicine, the dose to be given, the time it is to be given and the identity of the person supporting with administration.
<b>Monitored Dosage System / Compliance Aid</b>	Shall mean a form of packaging in which all medication required at specific times of the day is grouped together in individual compartments of the container by the Pharmacist.
<b>Prescriber</b>	Shall mean the individual's GP, hospital doctor or consultant, specially trained prescribing nurses and specially trained pharmacists.
<b>Remind/Prompt</b>	Shall mean to indicate to the Service User that it is time for their medication - this will usually be done verbally but may be physical e.g. by signs.
<b>Service Provider</b>	Shall mean the organisation that has been contracted or commissioned to provide supported living services to the Service User.
<b>Service User</b>	Shall mean the individual assessed by the Assessor to receive supported living services and assistance with their medication.
<b>Transdermal patches:</b>	A medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.

## APPENDIX 1

### MEDICATION CHECKLIST FOR SUPPORTED LIVING WORKERS

- You must NEVER involve yourself with Service User's medication unless you have been asked to do so by your manager and the Service User has given consent (this will be noted in the Service Plan).
- You **must not** fill Monitored Dose System cassettes.
- You **must not** put out medication in advance in egg cups, saucers etc. where a Service User is unable to access it from the original packaging, unless there is an assessed need which is detailed in the care plan.
- You must always administer medication in line with the correct procedure:
  - a) The Medication Record and the Care Plan will be set up and kept in the Service User's home and should be examined on each occasion for any changes in medication
  - b) Check the Medication Record Form to ensure that the medication has not already been administered
  - c) Select the medication required
  - d) Check the name of the Service User, name and dose of the drug on the label with the description on the Medication Record
  - e) Administer the medication
  - f) Record the administration of medication by entering your initials in the correct date and time box on the Medication Record
  - g) Record on the Medication Record if medication is not taken, indicating the reason using the appropriate code on the Medication Record
- Under **no** circumstances should staff alter the labels on medication
- Medication **should not** be handled. Tablets and capsules should be shaken or tapped onto a spoon or dosing cup to prevent handling. Liquid medication should be measured using a 5ml medicine spoon or graduated medicine measure showing specific measurements to ensure the correct dosage is given
- The use of an oral syringe to measure and administer a dose of liquid may be advisable if a Service User has difficulty taking a liquid medicine from a spoon or medicine measure. Oral syringes are available from the pharmacist on request (see 9.05).
- Supported living Workers **are not** authorised to assist with the administration of certain types of medication such as injections,

suppositories, pessaries, enemas, rectal or vaginal creams, or the application of dressings involving wound care (see 7.01). Nor should they ever administer medication through a peg feed (7.01).

## APPENDIX 2

### DISPOSAL OF MEDICATION NO LONGER REQUIRED

- Occasionally it may be necessary to dispose of a Service User's medication, for example if the medication has expired or if the Service User's doctor has said that it is no longer required. When this is the case the Supported living Worker must seek authority from their line manager to return medicines to the pharmacist. (Approval for the time allocation may be required).
- Medication no longer required must be returned to the pharmacist, a receipt must be signed by the pharmacist to confirm safe receipt of the medication, this receipt should be attached to the Service User's Service Plan. The Supported living Worker should record details of medication returned on the Medication chart.
- When a single dose of medication is needed to be disposed of, for example if a single tablet is spoilt (e.g. dropped on the floor, or the Service User has refused to take their medication after it has been removed from the container) it should be returned to the pharmacy in line with procedure and **never** flushed down the toilet or placed in the domestic waste.
- If the medication is destroyed in the Service User's home details **MUST BE** recorded in the Service User's care plan and on the Service User's individual file. (See 10.06)



## APPENDIX 3

### SPECIAL DOSAGE INSTRUCTIONS

#### 1. Variable Dose Medication

Supported living Workers should refer to their line managers if they have any queries or concerns about variable dose medication for any individual Service User.

Medicines may be prescribed in a variable dose regime most commonly in the following two categories:

- a) Where the dosage schedule is described at the time the prescriber writes the prescription

For example: Paracetamol 500mg tablets - one or two tablets to be taken up to three or four times a day if required for pain.

The Supported living Worker has to ensure if it is appropriate to administer the medication (i.e. is the Service User complaining of pain, has the Service User received treatment in the previous six to eight hours) and must obtain directions from the Service User as to the quantity of medication needed (e.g. one or two tablets). This should be the Service Users decision, but if the Service User has been taking the maximum dose for several doses it might suggest that the prescriber needs to consider an alternative drug for pain management. Supported living Workers should refer to their line manager who must always contact the Service User's G.P. if there is a problem.

The Supported living Worker must record on the Medication Record the dose of the medicine in addition to entering their initials in the recording panel. (Initials must be legible and the full name of the carer and their initials must be entered on the care plan/MAR sheet).

For example:

<b>Time/date</b>	
Breakfast	2 tabs, BJ
Dinner	
Tea	1 tab, IRJ
Supper	

- b) Where the dosage is dependent on additional information being provided

For example: Warfarin tablets. The Service Users required dose will be dependent upon results of routine lab tests.

The Service User should have a separate record card onto which the dosage is entered by the laboratory service following a routine blood test.

Alternatively, details of the appropriate dosage will be posted to the Service User's home or GP surgery.

The Supported living Worker must ask the Service User for information on the current dosage, and should enter the dose administered on the recording panel on the Medication Administration Record (MAR) chart along with their initials.

If a Service User is not able to give information on the current dosage, the supported living worker should immediately contact their supported living manager in order that advice and guidance can be obtained. In some situations variable doses may be compiled by the pharmacist or district nurse, in others it may be family members that compile a dosette. **Check risk assessment.** The guidance re dosettes must be followed. If there are any queries in respect of variable dose these must be brought immediately to the attention of the supported living manager. No variable dose medication should be given unless the supported living worker is absolutely clear in respect of

- o The medication required
- o The variations of the dose
- o The compilation of the container.

## **2. Sliding Scale Dosage Schedules**

- a) incrementally reduce the dose of a drug over a defined period of time in order to achieve a complete withdrawal of the medication or to reach a maintenance dose
- b) incrementally increase the dose of a drug to achieve a satisfactory maintenance dose of the medication

Information on the dosage scheduling may be shown on the label, or frequently on a separate chart supplied by the hospital, GP practice or community pharmacy. In some cases the separate chart may include provision for recording doses administered. Where separate details of the dose schedule are provided, the label may indicate this e.g. Medicine to be taken as directed on the accompanying chart.

Supported living Workers must always refer to any accompanying information or charts.

Where an accompanying chart includes space to record doses administered, this should be completed by the Supported living Worker in addition to completing the Medication Administration Record (MAR) Form. The dose of drug administered should be recorded in addition to the Supported living Workers initials.



**Equality Act 2010 (Service Users Medication and the Community Pharmacist)****General Principles;**

- All medicines are potentially harmful if not used correctly, and care must be taken in their storage, administration, control and safe disposal.
- Consent must be given by the Service User or their agent in writing before Supported living Workers may assist with the administration of Medication.
- For new Service Users, it is the responsibility of the assessor to obtain consent where it is considered that the Service User will require assistance with their Medication.
- Should a current supported living Service User's situation change in that they require support with Medication the necessary assessment will be carried out and consent obtained by the supported living manager.
- Consent will be noted on the Service User's Service/care Plan.
- Supported living Workers must only assist with the administration of Medication following authorisation by their line manager, who has deemed them competent and confident to do so and the consent of the Service User or their agent has been obtained.
- Supported living Workers must immediately report any concerns relating to a Service User's Medication to their line manager.
- Where a Service User has responsibility for their own medicines, and the Supported living Worker is concerned about the Service Users ability to continue to manage their own treatment, the Supported living Worker must report this to their line manager.
- The line manager is responsible for the assessment of the Service Users need for assistance with their Medication.
- Service Users have the right to expect that any assistance offered is carried out in a professional manner by properly trained and competent staff.



**APPENDIX 5**  
**Medication Record Chart**

Service User Name:	DoB:	Dr's Name: Phone No:
Address:	Start Date (Day 1):	<b>RO Remind and Observed</b> <b>P= Prepared only    A=Assisted/Applied</b> <b>X= Refused (log reason on back) O=Other (log reason on back &amp; any other relevant documentation)</b>  <i>CODE IN TOP BOX, INITIALS IN LOWER BOX</i>

Medicine Label	Time	Dose	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															

## APPENDIX 5a



**Nottingham**  
**City Council**

### Medication Record Chart Codes

**RO = Reminder and Service User observed taking the medication, RO:** reminding a person to take their medication and that they have been observed taking their medication.

**P = Prepared only, P:** handling the medication in some way, either by shaking a bottle of liquid medication, mixing soluble medicines, taking tablets out of containers and putting onto a spoon/saucer, or pouring liquids into measuring cups or onto a spoon, or squeezing a tube of ointment for use.

**A = Assisted Applied, A:** physically giving a Service User their medication by either placing it in their hand or mouth, by pressing pumps, i.e. an inhaler, or applying creams to a Service User's skin.

**X = Refused, X:** If a Service User refuses to take their medication.

**O = Other reason, O:** Document the reason on the reverse, e.g. in hospital, medication left out for Service User to take later.

Date and time	Medication	Reason for omission	Carer

**Nottingham City Community Pharmacies**

Pharmacy	Address	Phone Number	Opening Times
Applegate Pharmacy	132 Alfreton Road, Radford, Nottingham, NG7 3NS	0115 9785744	Mon–Fri: 9.00–18.00
ASDA Pharmacy	Radford Road, Hyson Green, Nottingham, NG7 5DU	0115 9002510	Mon–Fri: 8.00-22.00 Sat: 7.30-22.00 Sun: 10.00-16.00
Asim's Chemist	14/16 Colwick Road, Sneinton, Nottingham, NG2 4BU	0115 9480865	Mon-Thur: 9.00-18.30 Fri: 9.00-12.15 & 13.30-18.30 Sat: 9.00-13.00
Averroes Pharmacy (100 hr pharmacy)	Bulwell Riverside Centre, Main Street, Bulwell, Nottingham, NG6 8QJ	0115 979 4121	Mon-Sat: 07.30-22.00 Sun: 08.00-21.00
Boots UK Ltd	541 Aspley Lane, Aspley, Nottingham, NG8 5RW	0115 9291009	Mon-Fri: 9.00-18.30 Sat: 9.00-17.00
Boots UK Ltd	11-19 Victoria Centre, Nottingham, NG1 3QS	0115 9410199	Mon, Tue, Thurs, Fri & Sat: 8.00-18.00 Wed: 8.00-19.00 Sun: 10.15-16.45
Boots UK Ltd	1-3 Commercial Road, Bulwell, Nottingham, NG6 8HD	0115 9278057	Mon-Fri: 8.30-17.30 Sat: 8.30-13.30 & 14.30-17.30
Boots UK Ltd	40 Lister Gate, 2 Broadmarsh Centre, Nottingham, NG1 7LB	0115 9507381	Mon-Fri: 8.00-18.00 Sat: 9.00-18.00 Sun: 10.00-16.00
Boots UK Ltd	222-224 Southchurch Drive, Clifton, Nottingham, NG11 8AA	0115 9215630	Mon-Fri: 8.00-19.00 Sat: 8.30-17.30
Boots UK Ltd	594 Mansfield Road, Sherwood, Nottingham, NG5 2FS	0115 9605482	Mon-Fri: 8.30-17.30 Sat: 9.00-17.30
Boots UK Ltd	48 Bracebridge Drive, Bilborough, Nottingham, NG8 4PN	0115 9292316	Mon-Fri: 8.00-19.00 Sat: 9.00-17.30
Boots UK Ltd	Cripps Health Centre, University Park, Nottingham, NG7 2RD	0115 8466384	Mon-Fri: 9.00-17.30
Boots UK Ltd	Unit A, Riverside Retail Park, Queens Drive, Nottingham, NG2 1AL	0115 9864182	Mon-Sat: 9.00-24.00 Sun: 10.00-16.30
Boots UK Ltd	10 Broxtowe Lane, Cinderhill, Nottingham, NG8 5NP	0115 9786928	Mon-Fri: 9.00-18.30 Sat: 9.00-17.00
Boots UK Ltd	Mary Potter Centre, Hyson Green, Nottingham, NG7 7HY	0115 9789029	Mon-Fri: 8.00-19.00 Sat: 9.00-17.00
Boots Pharmacy	234 Beckhampton Road, Bestwood Park, Nottingham, NG5 5PA	0115 9266209	Mon-Wed & Fri: 9.00-18.00 Thur: 9.00-17.30 Sat: 9.00-13.00
Boots Pharmacy	334 Derby Road, Lenton, Nottingham, NG7 2DW	0115 9787169	Mon-Fri: 8.45-18.00
Boots Pharmacy	164 Bramcote Lane, Wollaton, Nottingham, NG8 2QP	0115 9281048	Mon, Tue, Thur & Fri: 9.00-18.00 Wed: 9.00-17.30 Sat: 9.00-17.00
Boots Pharmacy	1-5 Main Street, Bulwell, Nottingham, NG6 8QH	0115 9275352	Mon-Wed & Fri: 8.30-18.00 Thur: 8.30-17.30 Sat: 9.00-13.00
Boots Pharmacy	72 Ilkeston Road, Radford, Nottingham, NG7 3GQ	0115 9783389	Mon-Wed & Fri: 9.00-18.30 Thur: 9.00-18.00 Sat: 9.00-13.00

Pharmacy	Address	Phone Number	Opening Times
Boots Pharmacy	St Albans Medical Centre, Hucknall Lane, Bulwell, Nottingham, NG6 8AQ	0115 9276381	Mon-Wed & Fri: 8.30-18.00 Thur: 9.00-18.00
Canning Ltd	2 Beastmarket Hill, Old Market Square, Nottingham, NG1 6FB	0115 9418402	Mon-Fri: 8.45-18.30 Sat: 8.45-18.00
Canning Ltd	61 Ilkeston Road, Radford, Nottingham, NG7 3GR	0115 9780620	Mon-Wed & Fri: 9.00-18.45 Thur: 9.00-17.00
Carrington Pharmacy	343-345 Mansfield Road, Carrington, Nottingham, NG5 2DA	0115 9605453	Mon-Fri: 9.00-18.00 Sat: 9.00-13.00
Coop Pharmacy	42 Bailey Street, Old Basford, Nottingham, NG6 0HA	0115 9703819	Mon-Fri: 9.00-18.30
Coop Pharmacy	St Ann's Valley Centre, Livingstone Road, St Ann's, Nottingham, NG3 3GG	0115 9504951	Mon-Wed & Fri: 9.00-18.00 Thur: 9.00-17.00 Sat: 9.00-13.00
Coop Pharmacy	176 Southchurch Drive, Clifton, Nottingham, NG11 8AA	0115 9842910	Mon-Fri: 8.30-18.30 Sat: 9.00-13.00
Coop Pharmacy	12 Harrow Road, Wollaton Park, Nottingham, NG8 1FG	0115 9289256	Mon-Wed & Fri: 9.00-18.15 Thur: 9.00-17.00
Coop Pharmacy	The Hucknall Road Pharmacy, Off Kibworth Close, Heathfield, Nottingham, NG5 1NA	0115 9604140	Mon-Fri: 8.30-18.30 Sat: 9.00-12.00
Coop Pharmacy	412 Broxtowe Lane, Aspley, Nottingham, NG8 5ND	0115 9291708	Mon-Fri: 8.30-18.00 Sat: 9.00-13.00
Coop Pharmacy <b>(100 hr pharmacy)</b>	73-75 Bracebridge Drive, Bilborough, Nottingham, NG8 4PH	0115 9295232	Mon-Fri: 9.00-23.00 Sat: 8.00-22.00 Sun: 10.00-16.00
Cox Pharmacy	87 Oakdale Road, Bakersfield, Nottingham, NG3 7EJ	0115 9875487	Mon, Tue, Thur & Fri: 9.00-18.00 Wed: 9.00-13.00 & 14.00-18.00 Sat: 9.00-13.00
D Parmar	298 Woodborough Road, Mapperley, Nottingham, NG3 4JP	0115 9604208	Mon-Fri: 9.00-12.30 & 14.00-18.30 Sat: 9.30-12.30
Day Lewis Pharmacy	372 Southchurch Drive, Clifton, Nottingham, NG11 9FE	0115 9212878	Mon-Fri: 9.00-18.00
Day Night Pharmacy <b>(100 hr pharmacy)</b>	116 Southchurch Drive, Clifton, Nottingham, NG11 8AD	0115 9212777	Mon - Fri: 7.00 - Midnight Saturday: 8.00 - 23.00
Evergreen Pharmacy	232 Highbury Road, Bulwell, Nottingham, NG6 9AF	0115 9278336	Mon-Fri: 8.30-13.00 & 14.00-17.30
Forest Pharmacy	131 Arnold Road, Bestwood Park, Nottingham, NG5 5HR	0115 9608798	Mon-Fri: 8.30-18.30
Glasshouse Chemist	41-44 Glasshouse Street, Nottingham, NG1 3LW	0115 9480658	Mon-Fri: 9.00-18.00 Sat: 9.00-12.00
Hyson Green Pharmacy <b>(100 hr pharmacy)</b>	50 Gregory Boulevard, Hyson Green, Nottingham, NG7 5JD	0115 924 4041	Mon-Fri: 8.00-23.00 Sat: 9.00-23.00 Sun: 10.00-21.00
Jayplex	724 Mansfield Road, Woodthorpe, Nottingham, NG5 3FW	0115 9605226	Mon-Fri: 9.00-13.00 & 14.00-18.30 Sat: 9.00-16.00
Jaysons Pharmacy	97 Arleston Drive, Wollaton, Nottingham, NG8 2GB	0115 9284563	Mon-Fri: 8.45-18.15
Knights Chemist	Unit 4, 9 Bestwood Park Drive West, Rise Park, Nottingham, NG5 5EJ	0115 9277948	Mon-Fri: 9.00-19.00 Sat: 9.00-17.00
Late Night Dispensary <b>(100 hr pharmacy)</b>	501-503 Mansfield Road, Sherwood, Nottingham, NG5 2JJ	0115 9606272	Mon-Sat: 07.30-11.00 Sun: 10.00-17.00
Late Night Pharmacy	69 Sneinton Dale, Sneinton, Nottingham, NG2 4LQ	0115 9859624 0794 6088259	Mon-Wed: 8.00-13.30 & 14.00-18.30 Thur: 8.00-12.00 Fri: 8.00-12.00 & 14.40-16.40
Lloyds Pharmacy	441a Beechdale Road, Aspley, Nottingham, NG8 3LF	0115 9183331	Mon-Fri: 9.00-18.15 Sat: 9.00-12.00

Pharmacy	Address	Phone Number	Opening Times
Lloyds Pharmacy	113 Sneinton Road, Sneinton, Nottingham, NG2 4QL	0115 9504938	Mon-Fri: 9.00-13.00 & 14.00-18.00 Sat: 9.00-13.00
Lloyds Pharmacy	103-105 Hartley Road, Radford, Nottingham, NG7 3AQ	0115 9785826	Mon-Wed & Fri: 9.00-18.00 Thur: 9.00-13.00
Lloyds Pharmacy	682 Mansfield Road, Sherwood, Nottingham, NG5 2GE	0115 9604512	Mon-Fri: 9.00-18.30 Sat: 9.00-17.30
Lloyds Pharmacy	158 Russell Drive, Wollaton, Nottingham, NG8 2BE	0115 9282831	Mon-Fri: 8.30-18.15 Sat: 9.00-13.00
Manor Pharmacy	9 Bridgeway Centre, The Meadows, Nottingham, NG2 2JD	0115 9865526	Mon-Fri: 8.30-13.00 & 13.30-18.00 Sat: 9.00-12.00
Medina Chemist	85-89 Radford Road, Hyson Green, Nottingham, NG7 5DR	0115 9790700	Mon-Fri: 9.00-21.00 Sat: 9.00-19.00 Sun: 10.00-19.00
Midnight Pharmacy <b>(100 hr pharmacy)</b>	194 Alfreton Road, Radford, Nottingham, NG7 3PE	0115 7270999	Mon-Thurs: 9.00-midnight Fri: 9.00-13.00 & 15.00-midnight Sat: 9.00-midnight Sun: 12.00-midnight
Mistry's Chemist	Unit 2-4 Tesco Development, Top Valley Way, Top Valley, Nottingham, NG5 9DD	0115 9752466	Mon-Thur: 9.00-18.00 Fri: 9.00-19.00 Sat: 9.00-17.00
Mistry's Pharmacy	SSAFA Southglade Health Centre, Southglade Road, Bestwood, Nottingham, NG5 5GU	0115 9751844	Mon – Fri: 9.00-18.00
Omega Chemist	25 Flamstead Road, Strelley, Nottingham, NG8 6LR	0115 9296608	Mon-Wed & Fri: 8.45-13.00 & 14.30-18.30 Thur: 8.45-13.00 & 14.30-17.15
Phakey's Pharmacy	The Family Medical Centre, 149 Carlton Road, Nottingham, NG3 2FN	0115 9507402	Mon-thur: 9.00-18.30 Fri: 9.00-18.15 Sat: 9.00-13.00
QMC Pharmacy <b>(100 hr pharmacy)</b>	Medicines Information, B Floor, QMC Campus, Nottingham University Hospitals NHS Trust, Derby Road, Nottingham, NG7 2UH	0115 9249924 x65997	Mon-Fri: 9.00-Midnight Sat & Sun: 11.30-Midnight
Queen's Pharmacy Centre <b>(100 hr pharmacy)</b>	403 Nuthall Road, Aspley, Nottingham, NG8 5DB	0115 9784786	Mon-Fri: 7.00-23.00 Sat: 9.00-23.00 Sun: 10.00-16.00
Radford Road Pharmacy	544 Radford Road, New Basford, Nottingham, NG7 7EA	0115 9782336	Mon-Wed & Fri: 9.00-18.00 Thur: 9.00-13.00
Sainsburys Pharmacy <b>(100 hr pharmacy)</b>	Castle Bridge Road, Castle Marina, Nottingham, NG7 1GX	0115 9484595	Mon-Fri: 7.00-23.00 Sat: 7.00-22.00 Sun: 11.00-17.00
Shalleys Chemist	37 Beech Avenue, Sherwood Rise, Nottingham, NG7 7LJ	0115 9604483	Mon-Fri: 9.00-13.00 & 14.00-18.30
Silverdale Pharmacy	44 Monksway, Silverdale, Nottingham, NG11 7FH	0115 9818134	Mon-Fri: 9.00-13.00 & 14.00-18.00 Sat: 9.00-13.00
Tesco Pharmacy <b>(100 hr pharmacy)</b>	Jennison Street, Bulwell, Nottingham NG6 8EQ	0115 9713847	Mon: 08.00-22.30 Tues-Fri: 6.30-22.30 Sat: 6.30-22.00 Sun: 11.00-17.00
Tesco Pharmacy <b>(100 hr pharmacy)</b>	Top Valley Way Top Valley Nottingham NG5 9DD	0115 9711547	Mon: 8.00–10.30 Tues-Fri: 6.30–10.30 Sat: 6.30–10.00 Sun: 11.00–5.00
Turners Pharmacy	249 Sneinton Dale, Sneinton, Nottingham, NG3 7DQ	0115 9504076	Mon-Wed & Fri: 9.00-18.30 Thur: 9.00-13.00 Sat: 9.00-17.30
Vantage Pharmacy	407 Nuthall Road, Aspley, Nottingham, NG8 5DB	0115 9787472	Mon-Wed & Fri: 9.00-18.30 Thur: 9.00-18.00

**APPENDIX 7**
**'100 Hour Opening' Pharmacies within Nottingham City**

<b>Pharmacy</b>	<b>Address</b>	<b>Telephone number</b>	<b>Opening Times</b>
Averroes Pharmacy	Bulwell riverside Centre Main Street, Bulwell, Nottingham NG6 8QJ	0115 9794121	Mon-Sat: 07.30-22.00 Sun: 08.00-21.00
Coop Pharmacy	73-75 Bracebridge Drive, Bilborough, Nottingham, NG8 4PH	0115 9295232	Mon-Fri: 9.00-23.00 Sat: 8.00-22.00 Sun: 10.00-16.00
Hyson Green Pharmacy	50 Gregory Boulevard Hyson Green Nottingham, NG7 5JD	0115 924 4041	Mon-Fri: 8.00-23.00 Sat: 9.00-23.00 Sun: 10.00-21.00
Late Night Dispensary	501-503 Mansfield Road Sherwood Nottingham NG5 2JJ	0115 9606272	Mon-Sat: 07.30-11.00 Sun: 10.00-17.00
Midnight Pharmacy	194 Alfreton Road, Radford, Nottingham, NG7 3PE	0115 7270999	Mon-Thurs: 9.00-midnight Fri: 9.00-13.00 & 15.00- midnight Sat: 9.00-midnight Sun: 12.00-midnight
QMC Trust Pharmacy	Medicines Information, B Floor, QMC Campus, Nottingham University Hosp NHS Trust, Derby Road, Nottingham, NG7 2UH	0115 9249924 x 65997	Mon-Fri: 9.00-Midnight Sat & Sun: 11.30- midnight
Sainsburys Pharmacy	Castle Bridge Road, Castle Marina, Nottingham, NG7 1GX	0115 9484595	Mon-Fri: 7.00-23.00 Sat: 7.00-22.00 Sun: 11.00-17.00
Tesco Pharmacy	Jennison Street, Bulwell, Nottingham, NG6 8EQ	0115 9809447	Mon: 08.00-22.30 Tues-Fri: 6.30-22.30 Sat: 6.30-22.00 Sun: 11.00-17.00
Tesco Pharmacy	Top Valley Way Top Valley, Nottingham, NG5 9DD	0115 9807047	Mon: 8.00-10.30 Tues-Fri: 6.30-10.30 Sat: 6.30-10.00 Sun: 11.00-5.00
Day Night Pharmacy Ltd	116 Southchurch Drive, Clifton, Nottingham, NG11 8AD	0115 9212777	Mon -Fri: 7.00-Midnight Saturday: 8.00-23.00
Queen's Pharmacy Centre	403 Nuthall Road Aspley Nottingham NG8 5DB	0115 9784786	Mon-Fri: 7.00-23.00 Sat: 9.00-23.00 Sun: 10.00-16.00

**APPENDIX 8**
**NHS Nottingham City – GP practices (A-Z)**

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Windmill Practice</b> Sneinton Health Centre Beaumont Street Sneinton NOTTINGHAM NG2 4PJ	Mark Ebb	<b>Abbott MD</b> Dr H Sperry (P) Dr SA Willott (P) Dr RA Scott (P) Dr N Brown (P) Dr K Kalamanathan (P) Dr E Hughes (P)	883 8660 950 5426	950 5404
<b>Lenton Medical Centre</b> 266 Derby Road NOTTINGHAM NG7 1PR	Funmi Alawale	<b>Alawale E</b>	941 1208	941 2931
<b>St Luke's Surgery</b> Radford Health Centre Ilkeston Road Radford NOTTINGHAM NG7 3GW	Collette Saxon	<b>Amin S</b>	978 4374	970 1478
<b>Wilford Grove Surgery</b> 55 Wilford Grove The Meadows NOTTINGHAM NG2 2DR	Shelley Taylor	<b>Anandappa K</b>	952 8200	952 8248
<b>St Mary's Medical Centre</b> Harvest Close Top Valley NOTTINGHAM NG5 9BW	No Practice Manager	<b>Arya S</b> Arya T (P)	927 6038	927 8941
<b>The Alice Medical Centre</b> 1 Carnwood Road Bestwood Estate NOTTINGHAM NG5 5HW	Helen Goodwin/ Angela Hopewell	<b>Atiomo TM</b>	985 7944	9691123
<b>Beechdale Surgery</b> 439 Beechdale Road Aspley NOTTINGHAM NG8 3LF	Amanda Magee	<b>Bicknell M</b>	929 0754	929 6843
<b>Dale Surgery</b> 67 Sneinton Dale Sneinton NOTTINGHAM NG2 4LG	Jackie Hickman	<b>Chahal P</b> Dr Lisa Steiner (P) Dr S Abbas Dr K Singh (P)	0844 8151161	9644919

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Arboretum Health Team</b> Practice closed 31 December 2012	<b>Practice Manager – Kerry Powell (Nirmala)</b>  <b>Practice Manager – Kirstie Veasey (St Albans)</b>  Jane Feierabend – Head of Operations / Ursula Montgomery – Clinical Head of Surgeries  The Practice PLC, Rose House, Bell Lane Office Village, Bell Lane, Little Chalfont, Amersham, Buckinghamshire, HP6 6FA Tel: 01494 690999 Email: <a href="mailto:info@thepracticeplc.com">info@thepracticeplc.com</a>  Locality Manager – Chris Pearson Tel: 0771 198 1313 Email: <a href="mailto:chris.pearson@thepracticeplc.com">chris.pearson@thepracticeplc.com</a>  Locality Clinical Lead – Dr U Ghauri Tel: 07595 057131 Email: <a href="mailto:ubaid.ghauri@thepracticeplc.com">ubaid.ghauri@thepracticeplc.com</a>			
<b>Nirmala Medical Centre</b> 112 Pedmore Valley Bestwood Park NOTTINGHAM NG5 5NN		<b>Chilvers McCrea</b>	920 8501	967 1910
<b>St Albans Medical Centre</b> Hucknall Lane NOTTINGHAM NG6 8AQ		<b>Chilvers McCrea</b>  Dr A Lukas	927 3444	927 8000
<b>Strelley Health Centre</b> Strelley Road Strelley NOTTINGHAM NG8 6LN	Nina Campbell	<b>Cockrill J</b>  Dr MK Dal	929 9219	929 6522
<b>Queens Bower Surgery</b> 201 Queens Bower Road Bestwood Park NOTTINGHAM NG5 5RB	Ann Dove	<b>Collinson B</b>  Dr T Arya (P)	920 8615	966 6073
<b>Parkside Medical Practice</b> Bulwell Riverside Centre Main Street Bulwell NOTTINGHAM, NG6 8QJ	Louise Owen (Asst Beverley Matthews)	<b>Deolkar A</b>  Dr AW Foster (P) Dr D Hughes (P)	927 9119	913 0692

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Grange Farm Medical Centre</b> Tremayne Road Bilborough NOTTINGHAM NG8 4HQ  Correspondence may be sent via: Derby Road Health Centre 336 Derby Road Lenton NOTTINGHAM NG7 2DW	Emma Bravery	<b>DRHC Limited</b>  <b>Dr JE Jones (clinical lead)</b>  Dr H Hollis Dr E Tyrrell <i>Dr T Mead</i> Dr PM Crowe  Dr KL Hambleton Dr KK Morar Dr RM Lloyd Dr PM Crowe Dr N Vadgama	0115 837 0958	
<b>Sherrington Park Medical Centre</b> 402 Mansfield Road Sherwood NOTTINGHAM NG5 2EJ	Audrey Watkiss	<b>Flewitt A</b>  Dr M Vindla (P)	985 8552	985 8553
<b>Wollaton Vale Health Centre</b> Wollaton Vale NOTTINGHAM NG8 2GR	Seyed Roshanmoniri	<b>Ghaharian K</b>	928 1842	928 0590
<b>Sunrise Medical Centre</b> Radford Health Centre Ilkeston Road Radford NOTTINGHAM NG7 3GW	Sukhi Ghattaora	<b>Ghattaora AS</b>  Dr RS Ghattaora (P)	919 6662	
<b>Branch:</b> <b>Sunrise Medical Practice</b> Nottingham Trent University Clifton Campus Clifton Lane NOTTINGHAM NG11 8NS			848 3100	
<b>Derby Road Health Centre</b> 336 Derby Road Lenton NOTTINGHAM NG7 2DW	Emma Bravery (P)	<b>Hambleton KL</b>  Dr JE Jones (P) Dr KK Morar (P) Dr SA Jones (P) Dr PM Crowe (P) Dr N Vadgama (P) Dr G Srinivasan Dr TJ Mead	0115 837 7987	
<b>Tudor House Medical Practice</b> 138 Edwards Lane Sherwood NOTTINGHAM NG5 3HU	Tricia Gibbons	<b>Henry J</b>  Dr J Lloyd (P) Dr J Simm	966 1233	967 0017

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>The Medical Centre</b> 2a Zulu Road Basford NOTTINGHAM NG7 7DS	Ruth Waldron	<b>Irfan K</b>	979 2255	970 1705
<b>Rise Park Surgery</b> Off Revelstoke Way Rise Park NOTTINGHAM NG5 5EB	Julie Harris	<b>Jones MC</b>  Dr M Salisbury (P) Dr SJ Parker (P) Dr C Malone (P) Dr K Earis (P)	927 2525	979 7056
<b>Boulevard Medical Centre</b> 635 Western Boulevard NOTTINGHAM NG8 5GS	Usha Kachroo	<b>Kachroo MK</b>	978 6557	978 8314
<b>The Forest Practice</b> Mary Potter Centre Gregory Boulevard Hyson Green NOTTINGHAM NG7 5HY	Karen Gabriel	<b>Kagzi N &amp; Chamberlain M</b>  Dr JA Guha Dr J O'Donoghue Dr MT Afzal	942 3759	979 2765
<b>Limetree Surgery</b> 1 Limetree Avenue Cinderhill NOTTINGHAM NG8 6AB	Jayne Sharma	<b>Karim S</b>  Dr R Karim (P) Dr A Raj (P)	979 1281	979 2864
<b>Radford Medical Practice</b> Radford Health Centre Ilkeston Road Radford NOTTINGHAM NG7 3GW	Karen Murch (Asst Jill Feltham)	<b>Kaur K</b>  Dr RE Lonsdale (P) Dr FA Liao (P) Dr PB Delmas	979 2691	942 2672
<b>Branch:</b> <b>Nottingham Trent University</b> Student Health Centre Sandby Hall Hampden Street NOTTINGHAM NG1 4FW			848 6481	
<b>Bilborough Medical Centre</b> 48 Bracebridge Drive Bilborough NOTTINGHAM NG8 4PN	Anila Khaliq	<b>Khaliq A</b>  Dr S Tiwari Dr A Tiwari Dr L Lau (P)	929 2354	942 5100
<b>Branch:</b> <b>Assarts Farm Medical Centre</b> Upminster Drive Nuthall NOTTINGHAM NG16 1PT			9794456	
<b>The High Green Medical Practice</b> Mary Potter Centre Gregory Boulevard Hyson Green NOTTINGHAM NG7 5HY	Shaheen Khan	<b>Khan Z</b>  Dr M Ali	942 3216	970 4640

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Meadows Health Centre</b> 1 Bridgeway Centre The Meadows NOTTINGHAM NG2 2JG	Joy Pitt	<b>Larner JR</b>  Dr NS Jadoon (P)	986 5410	985 1821
<b>John Ryle Medical Centre</b> Clifton Cornerstone Southchurch Drive Clifton NOTTINGHAM NG11 8EW	Marion Tongue	<b>Lavelle P</b>  Dr SP Riley (P) Dr SH Ko (P) Dr SC Yap (P)	921 2970	984 6878
<b>Rivergreen Medical Centre</b> 106 Southchurch Drive Clifton NOTTINGHAM Fmatin NG11 8AD	Mark Milnes	<b>Lewis H</b>  Dr M Arora (P) Dr H Law (P)	921 1566	940 5579
<b>Greenwood &amp; Sneinton FMC</b> 249 Sneinton Dale Sneinton NOTTINGHAM NG3 7DQ	Mark Shipston  Asst. Man. Yvette Maddams	<b>Martin GDR</b>  Dr ME Smith (P) Dr S Layzell (P) Dr J Taplin	950 1854	958 0044
<b>Victoria and Mapperley Practice</b> Victoria Health Centre Glasshouse Street NOTTINGHAM NG1 3LW	Alison Parker	<b>Mawji H</b>  Dr F Elias (P) Dr C Worsey (P) Dr L Gaden (P) Dr L Baig (P) Dr B Adams (P) Dr C Nighingale (P)	883 9080	911 1074
<b>Branch:</b> Mapperley Surgery 858 Woodborough Road Mapperley NOTTINGHAM NG3 5QQ			969 1166	955 0831
<b>Hucknall Road Medical Centre</b> Off Kibworth Close Heathfield NOTTINGHAM NG5 1NA	Maxine Lewis Victoria Rhodes - Business Manager	<b>McLachlan A</b>  Dr MA Butler (P) Dr M Crowe (P) Dr G Bajek (P) Dr AE Gilbert (P) Dr S Kinra (P) Dr Chinta (P) Dr E Gladman Dr G Wilkinson Dr C Stanton Dr K Hainsworth Dr A Tiwari (P) Dr K Bradbury (P)	960 6652	969 1746
<b>Bakersfield Medical Centre</b> 141 Oakdale Road Bakersfield NOTTINGHAM NG3 7EJ	Diane Parr	<b>Mehat B</b>  Dr G Dhaliwal (P)	940 1007	940 2022

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Deer Park Family Medical Practice</b> Wollaton Vale Health Centre Wollaton Vale NOTTINGHAM NG8 2GR	Louise Perkins	<b>Merry JR</b>  Dr G Rose (P) Dr W Tao (P) Dr S Vogelzang Dr S Raybould	928 2216	928 9281
<b>The University of Nottingham Health Service</b> (Cripps Health Centre) University Park NOTTINGHAM NG7 2QW	Daniel Hammersley	<b>Nash DL</b>  Dr ER Gibbs (P) Dr JF Porter (P) Dr FE Armitage (P) Dr A Connor (P) Dr TM Baker (P) Dr Manktelow (P) Dr A Walton Dr S Royal Dr SL Oakley Dr R Booker	846 8888	948 0347
<b>(NEMS) NHS Nottingham 8am-8pm Health Centre</b> 79a Upper Parliament Street Nottingham NG1 6LD	Julie Kent  Emma Cartledge (Administration Manager)  Lead Nurse: Sue Belton	<b>NEMS Healthcare</b>  Dr R Rosser Dr B Adams Dr D Black Dr J Turill Dr R Steed	883 1960	
<b>NEMS Platform One Practice</b> Forward House Station Street Nottingham NG2 3AJ	Julie Kent	<b>NEMS Healthcare</b>  Dr R Rosser Dr D Black Dr J Turrill Dr N Ilyas Dr R Steed Dr J Killingley	883 1900	
<b>Leen View Surgery</b> Bulwell Riverside Centre Main Street Bulwell NOTTINGHAM, NG6 8QJ	Linda Lawton  (Elizabeth Brain (P) Nurse)	<b>Pabla HS (P)</b>  Dr S Khan (P) Dr L Robinson (P)	977 1181	977 1377
<b>Radford Health Centre</b> Ilkeston Road Radford NOTTINGHAM NG7 3GW	Amjid Yaqub	<b>Phillips Naomi (N)</b>	979 1313	979 1470
<b>Bilborough Surgery</b> 112 Graylands Road Bilborough NOTTINGHAM NG8 4FD	Amjid Yaqub	<b>Phillips Noble (NV)</b>	929 2358	9295878
<b>Sherwood Rise Medical Centre</b> 31 Nottingham Road Sherwood Rise NOTTINGHAM NG7 7AD	Hali Qureshi	<b>Qureshi SM</b>  Dr M Iqbal (P) Dr FB Lo (P)	962 2522	962 2989

<b>Practice Name and address</b>	<b>Practice Manager</b>	<b>GPs</b>	<b>Tel</b>	<b>Fax</b>
<b>Springfield Medical Centre</b> 301 Main Street Bulwell NOTTINGHAM NG6 8ED	Reeta Mohindra	<b>Rao AR</b>  Dr S Mohindra (P)	975 6501	916 6004
<b>Meadows Health Centre - Rao</b> 1 Bridgeway Centre The Meadows NOTTINGHAM NG2 2JG	Kashmira Patel  Asst PM Kiran Grewal	<b>Rao RSC</b>  Dr M Kiran (P)	986 1128	985 1836
<b>Mayfield Medical Practice</b> 12 Terrace Street Hyson Green NOTTINGHAM NG7 6ER	Sheila Davis	<b>Rao YVS</b>	942 3582	900 2330
<b>Churchfields Medical Practice</b> Old Basford Health Centre 1 Bailey Street Old Basford Nottingham NG6 0HD	Julie Frankish	<b>ROY K</b>  Dr TA Mills Dr L Cookson (P) Dr R Ibrahim (P) Dr K L Brown (P) Dr N Sarwar (P) Dr R Madhu Dr A Maharaj	978 1231	979 0419

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>The Fairfield's Practice</b> Mary Potter Health Centre Gregory Boulevard Hyson Green NOTTINGHAM NG7 5HY	Helen Davies	<b>Rudrashetty S</b>  Dr SM Taylor (P) Dr JEP Coleman (P) Dr Z Marsh (P)	942 4352	979 2765
<b>Melbourne Park Medical Centre</b> Melbourne Park Aspley NOTTINGHAM NG8 5HL	Lynda Cotton	<b>Russell AS</b>  Dr D Ridley (P) Dr F Khalid (P) Dr K Anandappa (P) Dr A Khanna (P) Dr I Mendis (P) Dr P Badhe (P)	978 7070	924 9334
<b>SSAFA</b> <b>Southglade Health Centre</b> Southglade Road Nottingham NG5 5GU	Margaret Moore  Lisa Maclean (SAFA Project Manager)	<b>SSAFA CIC</b>	0115 977 0224	0115 977 7889
<b>RHR Medical Centre</b> Calverton Drive Strelley NOTTINGHAM NG8 6QN	Yvette Beighton	<b>Sharma K</b>	979 7910	975 3888
<b>Greenfields Medical Centre</b> 12 Terrace Street Hyson Green NOTTINGHAM NG7 6ER	No Practice Manager	<b>Sharma OP</b>	942 3386	970 4640
<b>Wollaton Park Medical Centre</b> 12 Harrow Road Wollaton Park NOTTINGHAM NG8 1FG	Annette Gerrard	<b>Silcock NA</b>  Dr AN Duffy (P) Dr JA Ambrose (P) Dr EH McVicar (P) Dr A Walsh (P) Dr R Thomas (P) Dr JWR Parker (P)	9855016  Or 9829719	9829710
<b>Mapperley Park Medical Centre</b> Malvern House, 41 Mapperley Road Mapperley Park NOTTINGHAM NG3 5AQ	Julie Guest	<b>Stevens M</b>	841 2022	841 2022
<b>Riverlyn Medical Centre</b> Station Road Bulwell NOTTINGHAM NG6 9AA	Lynette Ward (temporary)  Asst. Jackie Pates	<b>Tangri A</b>  Dr C Tangri (P)	975 2666	975 8990
<b>Clifton Medical Practice</b> Clifton Cornerstone Southchurch Drive Clifton NOTTINGHAM NG11 8EW	Marilyn Brooks	<b>Taylor HD</b>  Dr L Beale (P) Dr H Patel (P) Dr C Collins (P) Dr J Edmeades Dr M Bolarinwa (P) Dr C Atherton (P)	921 1288	984 4047

Practice Name and address	Practice Manager	GPs	Tel	Fax
<b>Wellspring Surgery</b> St Ann's Valley Centre 2 Livingstone Road St Ann's NOTTINGHAM NG3 3GG	Joanne Sherwood  <i>St Anns Valley Joint service Centre 23/04/12</i>	<b>Teed AR</b>  Dr A Neville (P) Dr SA Caplin (P) Dr C Campbell (P) Dr BG Karrasch (P) Dr C Bell Dr MJ Swinscoe (P) Dr H Gandhi (P)	950 5907	988 1582
<b>Elmswood Surgery</b> Sherwood Health Centre Elmswood Gardens Sherwood NOTTINGHAM NG5 4AD	Mary Simpson	<b>Trimble I</b>  Dr J Millburn (P) Dr RL King (P) Dr IA Malik (P) Dr CJ Bond (P) Dr AC Bloor (P)	985 8822	933 9050
<b>NDU Surgery</b> St Ann's Valley Centre 2 Livingstone Road St Ann's NOTTINGHAM NG3 3GG	Zareena Bibi  <i>St Anns Valley Joint service Centre 23/04/12</i>	<b>Udenze C</b>	950 5455	9437970
<b>Hartley Road Medical Centre</b> 91 Hartley Road Radford NOTTINGHAM NG7 3AQ	Jai Verma/ Anthony Carroll	<b>Verma MS</b>  Dr A Bhatia (P)	942 2622	925 7007
<b>Welbeck Surgery</b> 481 – 491 Mansfield Road Sherwood NOTTINGHAM NG5 2JJ	Ruth Cutler	<b>Worth KV</b>  Dr A Barber (P) Dr R Lloyd (P)	962 0932	962 0065
<b>Aspley Medical Centre</b> 509 Aspley Lane Aspley NOTTINGHAM NG8 5RU	Cheryl Miller (Asst Julie Birch)	<b>Wright S</b>  Dr J Harte (P) Dr C Michel (P) Dr P Shields (P) Dr M Macarthur (P)	929 2700	929 8276

Practice Code	Practice Name and address	GPs	Tel
C84720	<b>NOTSPAR</b> Fanum House 484 Derby Road Nottingham NG7 2GT	Dr Page N	07980 566808

## APPENDIX 9

### **COVERT ADMINISTRATION OF MEDICINES - DISGUIISING MEDICINE IN FOOD AND DRINK**

This statement has been prepared to explain the NMC's position on the covert administration of medicines, or disguising medication in food or drink. It supplements and should be read in conjunction with the NMC Standards for medicines management.

The NMC recognises that this is a complex issue that has provoked widespread concern. It involves the fundamental principles of patient and client autonomy and consent to treatment, which are set out in common law and statute and underpinned by the Human Rights Act 1998.

#### **OVERVIEW**

This position statement seeks to deliver guidance on the covert administration of medicine and the deceptive nature of this practice. This should not be confused with the administration of medicines against someone's will, which in itself may not be deceptive, but may be unlawful.

Disguising medication in the absence of informed consent may be regarded as deception. However, a clear distinction should always be made between those patients/clients who have the capacity to refuse medication and whose refusal should be respected, and those who lack this capacity. Among those who lack this capacity, a further distinction should be made between those for whom no disguising is necessary because they are unaware that they are receiving medication and others who would be aware if they were not deceived into thinking otherwise.

The NMCs Code of professional conduct: standards for conduct, performance and ethics (2004) requires each registrant to act at all times in such a manner as to justify public trust and confidence. Registrants are personally accountable for their practice and, in the exercise of professional accountability, must work in an open and co-operative manner with patients/clients and their families, foster their independence and recognise and respect their involvement in the planning and delivery of care.

As a general principle, by disguising medication in food or drink, the patient /client is being led to believe that they are not receiving medication, when in fact they are. The registrant will need to be sure that what they are doing is in the best interests of the patient /client, and be accountable for this decision.

The registrant will need to ascertain whether they have the support, or otherwise, of the rest of the multi-professional team, and make their own views clear. It is inadvisable for registrants to make a decision to dispense medication in this way in isolation.

Even with completed risk assessments and guidelines, and following the involvement of all relevant parties, it is imperative that good record keeping should support duty of care arguments.

## **GENERAL PRINCIPLES**

The best interests of the patient or client are paramount. The interests of the registrant, team, or organisation should not determine any decision to administer medicines. In drafting a local procedure or protocol on covert medication, health professionals should seek advice from their trust's or service provider's legal advisors. There should be a framework within every clinical setting for open multi professional discussion and access to legal advice if necessary.

These discussions and any possible resulting action must be documented in the current care plan.

The NMC believes that local policies or procedures should be revised and developed in accordance with this position statement and the Code of professional conduct: standards for conduct, performance and ethics (2004).

## **THE GENERAL FRAMEWORK OF PROFESSIONAL CONDUCT**

The guidance given in this position statement is presented on the understanding that registrants administering medicines do so within the boundaries of the NMC's Code of professional conduct: standards for conduct, performance and ethics (2004).

Every registrant involved in this practice should reflect on the treatment aims of disguising medication. Such treatment must be necessary in order to save life or to prevent deterioration or ensure an improvement in the patient's /clients physical or mental health. In other words, it must be in the best interests of the patient /client.

Registrants involved in the practice of administering medicines covertly should be fully aware of the aims, intent and implications of such treatment. Disguising medication in order to save life, prevent a deterioration, or ensure an improvement in the person's physical or mental health, cannot be taken in isolation from the recognition of the rights of the person to give consent. It may, in such situations, be necessary to administer medicines covertly, but it is worth bearing in mind that, in some cases, the only proper course of action may be to seek the permission of the court to do so.

Some forms of forced or disguised medication are recognised by law, for example, if a person is lawfully detained under a section of the relevant mental health legislation.

## **CONSENT**

Every adult must be presumed to have the mental capacity to consent or refuse treatment, including medication, unless he or she:

- Is unable to take in and retain the information about it provided by the treating staff, particularly as to the likely consequences of refusal
- Or is unable to understand that information
- Or is unable to weigh up the information as part of the process of arriving at a decision.

The assessment of capacity is primarily a matter for the treating clinicians, but practitioners

retain a responsibility to participate in discussions about this assessment.

Where adult patients /clients are capable of giving or withholding consent to treatment, no medication should be given without their agreement. For that agreement to be effective, the patient /client must have been given adequate information about the nature, purpose, associated risks and alternatives to the proposed medication. A competent adult has the legal right to refuse treatment, even if a refusal will adversely affect his or her health or shorten his or her life. Therefore, registrants must respect a competent adult's refusal as much as they would his or her consent. Failure to do so may amount not only to criminal battery or civil trespass, but also to a breach of their human rights. The exception to this principle concerns treatment authorised under the relevant mental health legislation.

When a patient /client is considered incapable of providing consent, or where the wishes of the mentally incapacitated patient or client appear to be contrary to the best interests of that person, the registrant should provide an objective assessment of the person's needs and proposed care or treatment. He or she should consult relevant people close to the patient/client, such as relatives, carers and other members of the multi-disciplinary team, and respect any previous instructions that the patient/client gave.

In some cases the patient/client may have indicated consent or refusal at an earlier stage, while still competent, in the form of a living will or advance statement. Where the patient's/client's wishes are known, registrants should respect them, provided that the decision in the living will or advance statement is clearly applicable to the present circumstances and there is no reason to believe that the patient or client has changed their mind. The ultimate decision to administer medicines covertly must be one that has been informed and agreed by the team caring for the patient/client.

Nobody, not even a spouse, can consent for someone else, although the views of family and close friends may be helpful in clarifying a patient's /client's wishes and establishing his or her best interests.

The administration of medicines to patients/clients who lack the capacity to consent and who are unable to appreciate that they are taking medication (unconscious patients / clients, for example) should not need to be carried out covertly. If such patient/clients recover awareness, their consent should be sought at the earliest opportunity.

A patient /client may be mentally incapacitated for various reasons. These may be temporary reasons, such as the effect of sedatory medicines, or longer-term reasons such as mental illness, coma or unconsciousness. It is important to remember that capacity may fluctuate, sometimes over short periods of time, and should therefore be regularly reassessed by the clinical team treating the patient/client.

## **CHILDREN**

It cannot be assumed that children are unable to give consent. It is important that both legal and professional principles governing consent are applied equally to all, whatever the health care setting, but with the following significant restrictions:

- Children under the age of 16 are generally considered to lack the capacity to consent to or refuse treatment, including medication. The right to do so remains with the parents, or those with parental responsibility, unless the child is considered to have significant understanding and intelligence (sometimes referred to as the Fraser guidelines, formerly Gillick competence) to make up his or her own mind about it. Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age up to 18. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.
- The Legal Capacity (Scotland) Act 1991 sets out the current position on the legal capacity of children, including giving or withholding consent to treatment. The law is broadly similar to that in England and Wales. However, one important difference is that a parent's consent cannot override a refusal of consent by a competent child. In Scotland a child under the age of 16 has the legal capacity to consent to his or her own treatment where, according to the act, "... in the opinion of the qualified medical practitioner attending him/her, he/she is capable of understanding the nature and possible consequences of the procedure or treatment."

The covert administration of medicines is only likely to be necessary or appropriate in the case of patients or clients who actively refuse medication but who are judged not to have the capacity to understand the consequences of their refusal.

The NMC recognises that there may be are certain exceptional circumstances in which covert administration may be considered to prevent a patient/client from missing out on essential treatment. In such circumstances and in the absence of informed consent, the following considerations may apply:

- The best interests of the patient/client must be considered at all times.
- The medication must be considered essential for the patients/ client's health and well being, or for the safety of others.
- The decision to administer a medication covertly should not be considered routine, and should be a contingency measure. Any decision to do so must be reached after assessing the care needs of the patient/client individually. It should be patient/client-specific, in order to avoid the ritualised administration of medication in this way.
- There should be broad and open discussion among the multi-professional clinical team and the supporters of the patient/client, and agreement that this approach is required in the circumstances. Those involved should include carers, relatives, advocates, and the multidisciplinary team (especially the pharmacist). Family involvement in the care process should be positively encouraged. The method of administration of the medicines should be agreed with the pharmacist.
- The decision and the action taken, including the names of all parties concerned, should be documented in the care plan and reviewed at appropriate intervals.

Regular attempts should be made to encourage the patient/client to take their medication. This might best be achieved by giving regular information, explanation and encouragement, preferably by the team member who has the best rapport with the individual.

There should be a written local policy, taking into account these professional practice guidelines.

## **CLINICAL SUPERVISION**

Clinical supervision enables the registered nurse, midwife or health visitor to develop a deeper understanding of what it is to be an accountable practitioner and to link this to the reality of practice. The NMC recommends that a practice dilemma such as the covert administration of medicines be discussed in this context.

This advice sheet is currently being updated to reflect the new Code, but the information is otherwise accurate.

## **FURTHER INFORMATION**

- NMC Code of professional conduct: standards for conduct, performance and ethics
- NMC Midwives rules and standards
- NMC Standards for medicines management
- Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)
- Scottish Executive [www.scotland.gov.uk](http://www.scotland.gov.uk)
- Health and personal Social Services in Northern Ireland [www.n-i.nhs.uk](http://www.n-i.nhs.uk)
- Northern Ireland department Health Social Services and Public Safety [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
- Royal College of Nursing [www.rcn.org.uk](http://www.rcn.org.uk)
- Royal College of Midwives [www.rcm.org.uk](http://www.rcm.org.uk)
- Community and District Nurses Association [www.cdna.org.uk](http://www.cdna.org.uk)
- UNISON [www.unison.org.uk](http://www.unison.org.uk)
- Community Practitioners and Health Visitors Association [www.msfcphva.org.uk](http://www.msfcphva.org.uk)
- Commission for Social Care Inspection [www.csci.org.uk](http://www.csci.org.uk)
- General Medical Council [www.gmc-uk.org](http://www.gmc-uk.org)

### ***Medicines and Healthcare Products Regulatory***

*Market Towers*

*1 Nine Elms Lane*

*London SW8 5NQ*

Telephone 020 7084 2000

**Royal Pharmaceutical Society**

1 Lambeth High Street

London SE1 7JN

Telephone 020 7735 9141

Website [www.rpsgb.org.uk](http://www.rpsgb.org.uk)

**The Pharmaceutical Society of Northern Ireland**

73 University Street

Belfast BT7 1HL

Telephone 028 90 326 927

Website [www.dotpharmacy.com/psni](http://www.dotpharmacy.com/psni)

**Scottish Pharmaceutical General Council**

42 Queen Street

Edinburgh EH2 3NH

Telephone 0131 467 7766

Website [www.rpsgb.org.uk/scotland](http://www.rpsgb.org.uk/scotland)

**Office of the Chief Pharmacist**

Department of Health

Richmond House

79 Whitehall

London SW1A 2NS

Telephone 020 7210 5761

**Home Office**

*50 Queen Anne's Gate*

*London SW1H 9AP*

*Telephone 020 7273 3474*



**PART C**

**What was the error (Please tick)**

Wrong Service User	<input type="checkbox"/>	Omission	<input type="checkbox"/>
Wrong amount	<input type="checkbox"/>	Wrong medication	<input type="checkbox"/>
Wrong strength	<input type="checkbox"/>	Out of date	<input type="checkbox"/>
Wrong form	<input type="checkbox"/>	Recording error	<input type="checkbox"/>
Other – Part D	<input type="checkbox"/>	Wrong time	<input type="checkbox"/>

**PART D Briefly describe the circumstances**

**PART E Remedial action: What advice was given? Date and time error reported**

Did you contact the GP / Pharmacist / NHS Direct?  
Numbers should be displayed in a prominent place.

**Did you act upon their advice?**

**Was any medical treatment necessary?**

**Did you contact your line manager?**

**Did you inform the Service User?**

**Did you contact the carer / relative if the Service User consented?**

**Does the Service User wish to take the matter further?**

**PART F What do you think went wrong?**

<b>Medication poorly labelled</b>	<b>Interruptions</b>
<b>Wrong Service User Name</b>	<b>Other</b>
<b>Product out of date</b>	

**Name:**.....

**Job Title:**.....

**Signature:**.....

**Date:**.....

**PART G Action taken to prevent a reoccurrence? Manager completes**

<b>Review of Systems / Procedures</b>
<b>Employee Training</b>
<b>Medication review</b>
<b>Request change of packaging</b>
<b>Product separation</b>
<b>Photos of Services Users</b>
<b>Other</b>

**Name:**.....

**Job Title:**.....

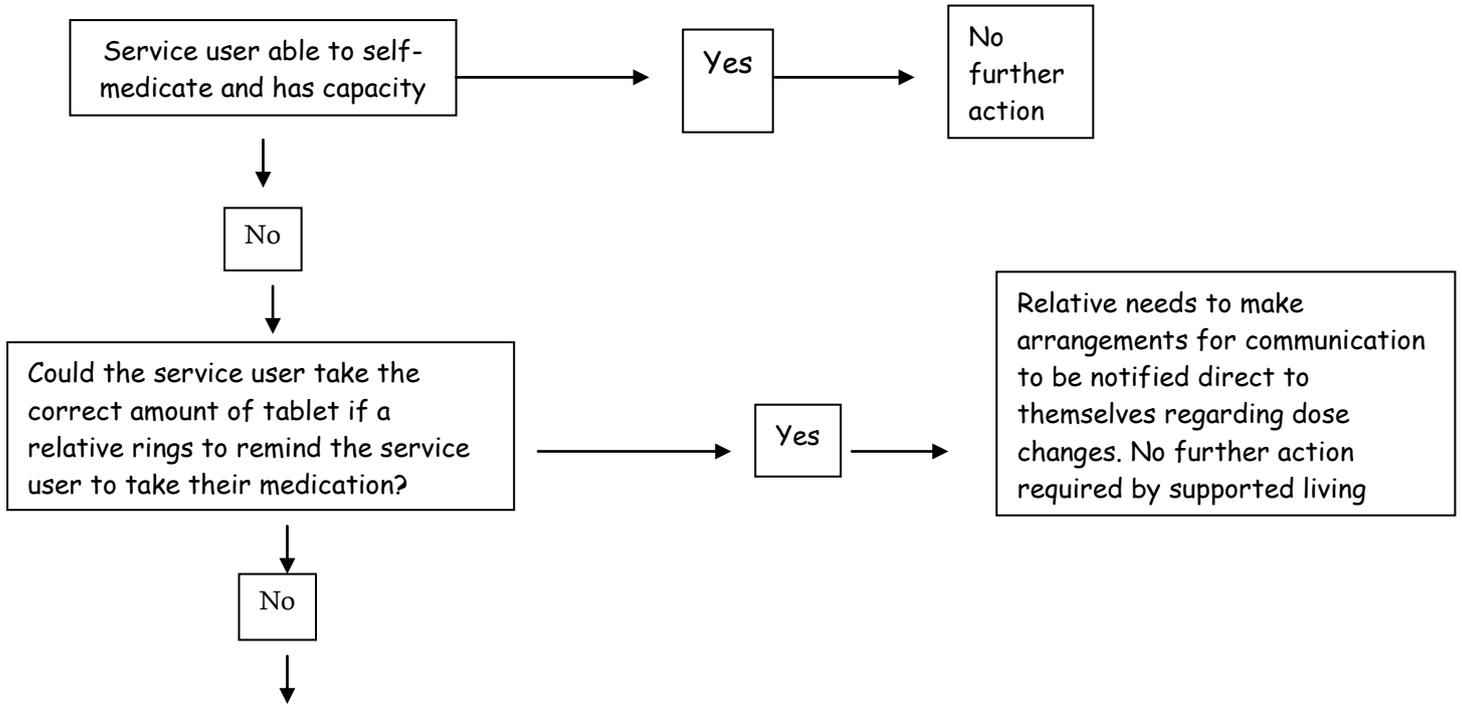
**Signature:**.....

**Date:**.....

Send copy to: Head of Service and Business Manager

APPENDIX 11

# WARFARIN RISK ASSESSMENT



The following should be considered in the risk assessment

- Ability to be able to receive and accept responsibility for receiving communication direct from the clinic that makes warfarin dose adjustments (currently either GP or hospital anticoagulation clinic). This may be by collecting the most recent INR charts from the GP surgery.
- Ability to receive urgent dose adjustments out of office hours (early evening).
- Being able to ensure that written confirmation of anticoagulation dose is attached to the MAR chart. Plus instruction on the MAR chart that warfarin is to be given in line with attached instruction.
- Ensuring that assistance with warfarin only occurs from an original labelled container from the pharmacy.
- Checking of who takes blood sample for INR test - Community nurse, or GP practice.
- Ensuring the hospital anticoagulation clinic and or GP practice are informed of specific arrangements as appropriate

Prior to assisting with warfarin at each administration time the following should be checked

- Check the dose required for that day on the attached instructions.
- Check when the next INR test is due, if that test date has already gone then there may be a more up to date test sheet available (check with line manager for further action).

## APPENDIX 12

### **Health and Safety – Guidance and Information Sheet No. 29.**

Date: August 2007

Issue: No. 5

Subject: Handling and Disposal of Needles

Guidance can be accessed on the Intranet:

<http://gossweb.nottinghamcity.gov.uk/nccextranet/CHttpHandler.ashx?id=16891&p=0>

## Good Practice Guidance for the use of fentanyl patches

There have been a number of serious incidents relating to fentanyl patches recently including one case that has involved the coroner's court. The following guidance has been produced to remind staff of the procedures that need to be followed to ensure the safe administration and management of transdermal fentanyl patches to all service users

The use of fentanyl patches can be compromised by incorrect administration, in particular Medication errors have been reported when old patches are not removed at the time of the new application.

### Key Points

- Fentanyl is a controlled drug and so it is vital that care staff should be trained and deemed competent by a nurse before applying patches to service users.
- Fentanyl patches are worn continuously and should be **changed every 72 hours (3 days)**
- Medication errors with fentanyl patches have been reported, highlighting the need to thoroughly check that old patches are removed from the service user before application of new patches.
- Extreme care should be taken when starting, and stopping therapy with fentanyl patches because of its long duration of action.
- Used patches should be disposed of appropriately.

### Application and removal of patch

- It is important that disposable gloves are worn by staff applying patches as fentanyl is an extremely potent painkiller, and it is important that staff do not absorb any of the drug through their skin.
- Apply to clean, dry, non-inflamed, non-irradiated, hairless skin on the upper arm or trunk of the service user.
- Press in place firmly with the palm of the hand for 30 seconds. Body hair may be clipped but do not shave. Some patients may need a semi-permeable dressing to ensure adherence.
- Service users can bathe or shower (with care) whilst wearing a patch but the water should not be too hot.
- A new patch should not be applied immediately after a bath or a shower or immediately after using creams, talc or soap on the skin.
- Remove the old patch before applying a new one. The patch should be dated or a patch chart used to indicate the date and position of the patch on the service user so that sites can be rotated. It should also be clear on the MAR chart when a service user's patch should be changed.
- Ideally the underlying skin should be allowed to rest for 3-6 days before applying another patch to the same area.
- Heat (e.g. hot baths, electric blankets, hot water bottles) should NEVER be applied over the top of the patch as it may enhance the absorption of fentanyl.
- An increased temperature / fever may also increase absorption and the service user should be monitored for side effects and toxicity. Advice from the service user's GP should be sought.
- Site irritation, usually from the adhesive, may necessitate a change of brand and so should be discussed with the service user's GP.

- When ordering repeat fentanyl patches it is important to ensure the service user has enough for continued therapy but it is also important not to over order the patches as the dosage of the patch may need to be changed.

### **Disposal of fentanyl patches**

- Please note that used patches still contain fentanyl and therefore should be treated with care and caution.
- After removal, fold the patch with the adhesive sides inwards.
- Place the old patch in the empty foil pack from which the new patch came out of and return to the supplying pharmacy for destruction- following the correct procedure.
- Remove gloves and wash hands thoroughly.

If you have any questions relating to the above guidance please contact Tania Cook – Medicines Management Specialist Technician Manager - Social Care Lead, on 8833143 or email [Tania.cook@nottinghamcity.nhs.uk](mailto:Tania.cook@nottinghamcity.nhs.uk)

*Adapted from the NHS Oxfordshire 'Guidelines on the use of Transdermal Fentanyl Patches' and NHS Blackburn and Darwen 'The use of fentanyl patches for severe chronic pain – guidance for care homes and domiciliary care.'*



**Nottingham**

**City Council**

**I have read and understood this Supported living Medication Procedure and agree to work to it;**

*Signature*.....

*Print name*.....

*Date*.....