



**East Cheshire**  
NHS Trust

# **Policy for Transcribing of Medicines**

<b>Policy Title:</b>	<b>Policy for Transcribing of Medicines</b>		
<b>Executive Summary:</b>	This policy will govern the actions of competency assessed Pharmacists or suitably qualified pharmacy technicians in using their knowledge and skills to transcribe medicines. The aim is to ensure patients receive the correct medicines in a safe and timely manner.		
<b>Supersedes:</b>	Version 4		
<b>Description of Amendment(s):</b>	Inclusion of Paediatric patients Inclusion of suitably trained pharmacy technicians (under specific scenarios outlined in the policy) Requirement to gain confirmation with a prescriber prior to transcribing high-risk medicines eg anticoagulants, cytotoxics Removal of band specification for pharmacists (December 2017)		
<b>This policy will impact on:</b> Patients, medical staff, pharmacy staff.			
<b>Financial Implications:</b> Nil			
<b>Policy Area:</b>	Medicines Management	<b>Document Reference:</b>	
<b>Version Number:</b>	Version 4.1	<b>Effective Date:</b>	December 2017
<b>Issued By:</b>	Medicines Management Group	<b>Review Date:</b>	December 2019
<b>Author:</b>	Deputy Chief Pharmacist	<b>Impact Assessment Date:</b>	June 2017
<b>APPROVAL RECORD</b>			
	<b>Committees / Group</b>	<b>Date</b>	
<b>Consultation:</b>	Non medical Prescribing Lead	April 2017	
	Medical Director	April 2017	
<b>Approved by Director:</b>	Medical Director	May 2017	
<b>Ratified by:</b>	Medicines Management Group	June 2017 (Update approved December 2017)	
<b>Received information:</b>	<b>for</b>		

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## 1. Introduction

This policy and procedure enables pharmacists to transcribe medicines that have previously been prescribed by a doctor. It includes transcribing the patient's existing treatment (i.e. those prescribed by the patient's GP) onto an inpatient prescription sheet. It also allows for pharmacists and suitably qualified pharmacy technicians to transcribe the patient's current inpatient treatment onto a discharge prescription in accordance with the patients' management plan. Specific safeguards are in place to ensure transcribing is accurate.

Practitioners must be very clear in distinguishing between transcribing and prescribing. Transcribing will only occur when duplicating the details of a prescription for therapy that has already been prescribed by a registered prescriber.

No **NEW** medication may be **prescribed** under this policy.

## 2. Purpose

This policy aims to maintain patients safety with regard to their medication by ensuring timely administration, prevention of omitted doses, rapid resolution of prescribing errors and improving the timeliness of discharge prescriptions.

## 3. Responsibilities

**Chief Pharmacist:** is responsible for ensuring that the trust has a comprehensive standard operating procedure for transcribing and will hold a register of pharmacists or pharmacy technicians eligible to transcribe within the trust.

**Deputy Chief Pharmacist:** is responsible for ensuring transcribers are competency assessed and that transcribing only occurs within the scope of this policy.

**Transcribers (pharmacists or suitably qualified pharmacy technicians):** must ensure medicines are transcribed correctly and safely and that other professionals working within the clinical area are aware that they are able to transcribe. The transcriber takes full responsibility for the safe and accurate transcribing of medication, and must feel confident to do so.

**Pharmacists:** must check medicines transcribed by a Pharmacist or suitably qualified pharmacy technician transcriber in the same way as they would check prescribing by a registered prescriber.

## 4. Processes and Procedures

### 4.1 Staff members that may transcribe medicines within this policy

- Pharmacists with a non-medical prescribing qualification
- Pharmacists following successful competency assessment (see appendix 1)
- Pharmacy technicians band 5 and above following successful competency assessment (see appendix 1) (discharges only).

## 4.2 Key points for all transcribing processes

- No **NEW** medication can be **prescribed** under this policy.
- Controlled Drugs, insulin, anticoagulants, cytotoxics and other drugs considered to be high risk must only be transcribed following confirmation with the prescriber.
- Medication **MUST NOT** be transcribed where:
  - details pertaining to the drug are illegible, unclear, ambiguous or incomplete
  - the patient disputes the written evidence
  - the medicine is judged to be contra-indicated by the patient's medical condition or where interactions or other problems have been noted
  - it is felt the drug may have contributed to the reason for admission*The transcriber must highlight these issues to the prescriber.*
- Suitably qualified pharmacy technicians may only transcribe from an inpatient chart onto a discharge prescription and all medicines must have been clinically checked by a pharmacist prior to transcription.
- All transcriptions should be typed or written in indelible black ink and printed clearly using approved names and brand names only when a product is required to be brand specific.
- All transcriptions should be undertaken in line with the specific pharmacy transcribing SOPs
- All transcriptions should adhere to the standards described in the Prescribing of Medicines policy

## 4.3 Patients newly admitted or prior to admission

- Medicines must only be transcribed following completion of a full drug history and level 2 medicines reconciliation in line with the pharmacy standard operating procedures.
- The pharmacist must ensure the medicine has been previously prescribed by a registered prescriber (eg GP) and it is part of the patients current medication regimen.
- All transcriptions should be signed, dated and endorsed TR. A contact number/bleep must be specified on the first or last entry and ID badge number included.
- The need for review and verification of the transcribed medication by a doctor should be documented in the notes, together with any outstanding problems. This entry should be signed, dated and the status of transcriber included.
- Any doubt over the suitability of the medicine for the patient as listed in 4.1 should be highlighted to the prescriber.

## 4.4 Transcribing of Discharge prescriptions

- A Pharmacist or suitably qualified pharmacy technician transcriber can transcribe existing medication from an inpatient prescription chart onto an electronic discharge prescription in accordance with the patients' management plan.
- Transcription of discharge prescriptions may be undertaken by suitably qualified pharmacy technicians only where all of the medicines have previously been reviewed by a pharmacist clinically checked and endorsed in line with standard operating procedures.

- The person transcribing the discharge prescription must resolve any problems or queries prior to transcription.
- The transcriber should complete the pharmacy notes section of the ednf stating 'medications added to ednf by.....name and title.....' and also state 'medication list should be checked by prescriber prior to signing off ednf'.
- The transcriber must inform the nurse in charge of the status of the discharge prescription (eg transcribed and awaiting dispensed items, transcribed and awaiting completion by medical staff)
- In exceptional circumstances (e.g. computer failure), discharges may be handwritten. Where handwritten, transcribers must sign, endorse 'TR' and their status.

## 5. Monitoring Compliance with the Document

Compliance with the policy will be monitored daily by the ward based pharmacy teams and exceptions reported through the incident reporting system. Incidents reported through this system will be monitored monthly by the safe medicines group.

## 6. References

ECNT. Prescribing of medicines policy. <http://www.eastcheshire.nhs.uk/About-The-Trust/policies/M/Medicines%20Policy%20-%20Prescribing%20ECT2710.pdf> (accessed 28/4/2017)

## Appendix 1

### Training and competency assessment

#### 1. Training requirements for pharmacists

Process	Number of assessments
Medicines reconciliation	5 patients*
Transcribed medicines (inpatients)	5 patients (minimum 15 medicines)**
Transcribed medicines (discharges)	5 patients (minimum 15 items)*

#### 2. Training requirements for pharmacy technicians

Process	Number of assessments
Medicines reconciliation	NA
Transcribed medicines (inpatients)	NA
Transcribed medicines (discharges)	5 patients (minimum 15 items)*

\*Assessment is a second check by a qualified pharmacist

\*\*Assessment is a second check performed by a senior pharmacist that holds a non-medical prescribing qualification

## Equality Analysis (Impact assessment)

### 1. What is being assessed?

Transcribing policy

#### Details of person responsible for completing the assessment:

- *Name: Karen Adams*
- *Position: Deputy Chief Pharmacist*
- *Team/service: Pharmacy*

#### State main purpose or aim of the policy, procedure, proposal, strategy or service:

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This policy provides guidance relating to the specific scenarios where pharmacists and pharmacy technicians are able to transcribe medicines for inpatients and on discharge prescriptions

## 2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

### 2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:** East Cheshire and South Cheshire CCG's serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

#### Race:

- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
- Gypsies & travellers – estimated 18,600 in England in 2011.

**Gender:** In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

#### Disability:

- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

#### Sexual Orientation:

- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely

to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (*The Lesbian & Gay Foundation*).

- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

#### Religion/Belief:

The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.

- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
  
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
  
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
  
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers:** In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

**2.2 Evidence of complaints on grounds of discrimination:** (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the **policy, procedure, proposal, strategy or service** or its effects on different groups?)

No

**2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?**

No

### 3. Assessment of Impact

Now that you have looked at the purpose, etc. of the **policy, procedure, proposal, strategy or service** (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the **policy, procedure, proposal, strategy or service** on each of the strands listed below.

#### RACE:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently? Yes

No  x

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments. Where a person's first language is not English, staff will follow the Trust's interpretation and translation policy.

### **GENDER (INCLUDING TRANSGENDER):**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently?

Yes  No

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments. The Trust has a transgender policy and staff will be mindful of this.

### **DISABILITY:**

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes  No

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments. Use of an interpreter may be employed where necessary for Deaf patients or deaf blind. Information can be provided in a variety of formats such as large print, audio, Braille and easy read. For patients with learning disabilities, picture communication books are available in ward communication boxes and staff have access to learning disabilities and autism awareness training.

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### **AGE:**

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently?

Yes  No

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments.

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### **LESBIAN, GAY, BISEXUAL:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes  No

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments.

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### **RELIGION/BELIEF:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently?

Yes  No

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments.

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### **CARERS:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? Yes  No

**Explain your response:** Patient consent would be sought unless life threatening situation.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? Yes  
 No  x

**Explain your response:** Applies to all patients within the scope of the policy following completion of the relevant assessments..

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#### 4. Safeguarding Assessment - CHILDREN

a. Is there a direct or indirect impact upon children? Yes  No

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

Applies to all paediatric patients within the scope of the policy following completion of the relevant assessments

c. If no please describe why there is considered to be no impact / significant impact on children.

#### 5. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*

Policy applies to all patient groups equally.

**6. Date completed:** 13/06/17 **Review Date:** June 2019

**7. Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

Action	Lead	Date to be Achieved

**8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead [lynbailey@nhs.net](mailto:lynbailey@nhs.net)**

Approved by Trust Equality and Diversity Lead:



Date: 15.6.17