



Public – To be published on the Trust external website

Title: Access to medicines and pharmacy services outside working hours

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Status: Approved

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Overarching Policy: Medicines overarching framework

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1 Introduction

This procedure signposts nurses, doctors, pharmacy staff and other professions to appropriate access to medicines and advice outside of normal pharmacy working hours.

This procedure aligns with and supports the delivery of [Our Journey To Change: the next chapter](#).

2 Purpose

Following this procedure will help the Trust to:

- Ensure appropriate continuity and initiation of medicines use outside of normal working hours
- Provide personalised care through the effective prescribing of medicines
- Comply with legal and professional requirements in the authorised supply of medicines

3 Who this procedure applies to

This procedure applies primarily to in-patient teams needing to access medicines outside of normal pharmacy opening hours but also highlights the availability of community pharmacy for our crisis and community teams.

4 Related documents

This procedure describes what you need to do to implement the Access to medicines and pharmacy services outside normal working hours section of the Medicines Overarching Framework.



The Medicines Overarching Framework defines compliance requirements for prescribing and initiating treatment safely which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ [Pharmacy, Medicines and our Medicines Optimisation Interactive Guide | TEWV Intranet](#)
- ✓ [Medicines Overarching Framework](#)
- ✓ [Controlled drugs standard operating procedures](#)
- ✓ [FP10 Management procedure](#)
- ✓ [Ordering, storage, transfer, security and disposal](#)
- ✓ [Patients Own Drugs procedure](#)
- ✓ [Diabetes management for inpatients](#)
- ✓ [Medicines Optimisation – Interactive Guide](#)

5 What are normal working hours

There are three pharmacies (dispensaries) providing medicines for in-patients and community services. They are in Darlington, York and Middlesbrough.

The standard opening hours for the dispensaries in each locality are:

- 9am-5pm Monday to Friday (except bank holidays)

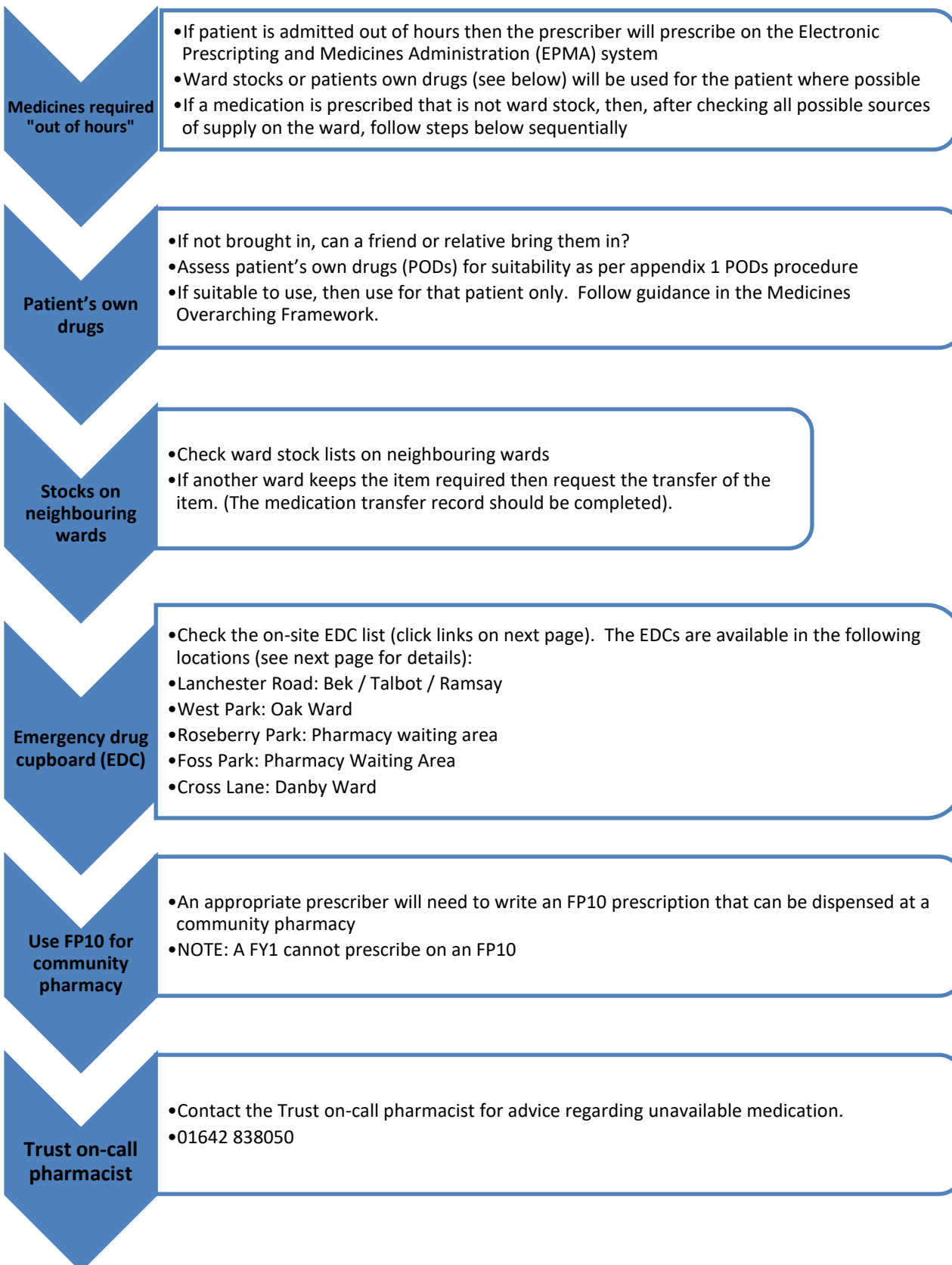
On a weekend, only 1 dispensary will be open (on a rotational basis) with orders able to be placed:

- 9am-12pm Saturday & Sunday

Full details of opening hours including the weekend dispensary are available in the [Medicines Optimisation – Interactive Guide](#) (available to access by TEWV staff only).

6 Procedure for wards to obtain medicines outside of working hours

The flow chart below highlights the sequential steps that wards should take when the trust pharmacies are closed. More information is then provided in the subsequent sections of this procedure.



7 Access to an emergency drug cupboard (EDC)

Emergency drug cupboards containing a range of medicines for use outside normal working hours are located at:

- Darlington: [West Park Hospital](#), Oak Ward
- Durham: [Lanchester Road Hospital](#), Bek / Talbot / Ramsay
- Middlesbrough: [Roseberry Park Hospital](#), Pharmacy Waiting Area
- Scarborough: [Cross Lane Hospital](#), Danby Ward
- York: [Foss Park Hospital](#), Pharmacy Waiting Area

The hyperlinks above provide stock lists for the EDC. These links are accessible only by staff working in TEVV.

8 Access to emergency clozapine

Emergency clozapine supplies are available to access on each site with an AMH or MHSOP ward. The correct process can be found here: [Clozapine: process for prescribing, dispensing, supply & monitoring](#) (section: accessing clozapine out-of-hours)

9 Access to insulin supplies out of hours

Insulin is stored in specific ward fridges for access out of hours in the locations listed below. The standard insulin available are:

- NovoRapid (Insulin Aspart) 3ml Flexpen
- Lantus (glargine) 3ml Solostar

Locations:

- Bishop Auckland: Auckland Park Hospital, Ceddesfeld Ward
- Darlington: West Park Hospital, Oak Ward
- Durham: Lanchester Road Hospital, Farnham Ward
- Middlesbrough: Roseberry Park Hospital, Bransdale Ward
- Scarborough: Cross Lane Hospital, Danby Ward
- York: Foss Park Hospital, Moorcroft Ward

See [Diabetes Management for Inpatients](#)

10 Transferring medicines between wards

When transferring medicines, the complete container (e.g. box, bottle etc.) must be transferred to the receiving ward (note – the container does not need to be full). Medicines must never be

transferred into another container. Use the medication transfer book when transferring medicines to record the audit trail of medicines.

The Designated Practitioners in Charge of both wards must keep signed records of the transfer of medicines.

See [Ordering, storage, transfer, security and disposal](#)

NOTE: controlled drugs must NOT be transferred using this procedure – see [Controlled Drugs Standard Operating Procedures](#).

11 Access to dispensing services out of core hours

Available community pharmacies within each area (including opening times) can be found here [Find a pharmacy - NHS \(www.nhs.uk\)](#)

This website is kept up to date with opening hours – just type in the postcode of the place you are working, and the nearest pharmacies will be listed. You can also filter just to the ones “open now” if immediate access is required.

12 FP10 Prescription access

Each ward has a FP10 pad which is stored securely with controlled access. The use of FP10s will be monitored regularly by pharmacy. See [FP10 Management procedure](#).

Note: Resident (formerly FY1) doctors cannot legally prescribe on an FP10.

13 Accessing Controlled Drugs from other wards

See section 15 [Controlled Drugs Standard Operating Procedures](#).

14 Contacting a pharmacist

Contacting a pharmacist outside of normal opening hours should be restricted to situations when accessing urgently required medicines via the usual alternative routes has been unsuccessful, or in situations where professional pharmacy advice on the use of medicines is required urgently.

Contact with the on-call pharmacist should only be made after checking appropriateness with the senior registered nurse on site.

15 Definitions

Term	Definition
FP10	<ul style="list-style-type: none">NHS Prescription for dispensing at a community pharmacy

16 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

16.1 Training needs analysis

No training needs identified

17 How the implementation of this procedure will be monitored

No implementation monitoring requirement identified.

18 References

N/A

19 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	26 March 2026
Next review date	31 March 2029
This document replaces	V4.0
This document was approved by	Drug & Therapeutics Committee
This document was approved	26 March 2026
This document was ratified by	N/A
This document was ratified	N/A
An equality analysis was completed on this policy on	Sits under the EIA for the Medicines Overarching Framework
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
2	28/07/2016	Flow charts added in appendix 1 and 2 Appendix 3 new. Amendments throughout York access added	Superseded
2.1	20/06/2017	Version 2.1: on call contact number updated	Superseded
2.2	18/09/2017	Version 2.2: Updated location of York FP10s in section 10 & 11.9	Superseded
2.3	30/08/2018	Appendix 4 removed as no longer used. Updated for York to align with the rest of TEWV.	Superseded
3.0	26/09/2019	updated removing references to Lloyds pharmacy. List of community pharmacies updates.	Superseded
3.1	26/02/2020	Removed FP10 information and updated to Foss Park	Superseded

4.0	27/07/2023	<p>Refreshed and updated throughout. Appendix 1 flowchart (which is a summary of the whole procedure) moved to main body of procedure for ease of use.</p> <p>Appendix 2 (list of community pharmacies) removed as the information is quickly out of date – procedure now directs to up to date website (section 10).</p> <p>Section 12 – language changed from borrowing CDs to accessing CDs</p>	Superseded
5.0	26/3/26	<p>Updated flow chart including reference to EPMA. Hyperlinks added to EDCs to internal staff to access stocklists. Links to other documents updated. Minor language changes.</p> <p>Refreshed section 5: “What are normal working hours”.</p> <p>Enhanced section 7: “Access to an emergency drug cupboard (EDC)” with details of EDC locations.</p> <p>New section 9: “Access to insulin supplies out of hours”</p>	Approved

Appendix 1 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	

6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	N/A	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	N	Part of overarching EA
Have Equality and Diversity reviewed and approved the equality analysis?	N/A	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	