Public – To be published on the Trust external website

Title: Patient Own Drugs (PODs)

Ref: PHARM-0056-v7.1

Status: Approved
Document type: Procedure
Overarching Policy: Medicines Overarching Framework

Contents

1 Introduction

This procedure supports Our Journey to Change as set out in the Medicines Overarching Policy

- This procedure is needed to give all practitioners a framework and guidance in the process for using patients own medicines. It promotes safe practice in the activities of assessment and administration pf patients own medicines. It covers risk, safety, and legality to help ensure that our patients receive the safest care we can provide.
- It supports the Trust goals: To co-create a great experience for our patients, carers, and families, to co-create a great experience for our colleagues and to be a great partner.

2 Purpose

Following this procedure will help the Trust to:

- Ensure safe management and appropriate use of Patients Own Drugs (PODs)
- Improve continuity of care for patients in relation to medicines

3 Who this procedure applies to

- This procedure applies to all staff who use patients own medicines.
- It has been developed to provide a standardised approach and guidance for use of patients own medicines to staff involved with these process' and aligns to all three of the Trust values.

4 Related documents

This procedure describes what you need to do to implement the Patients own drugs section of the Medicines Overarching Framework

The Medicines Overarching Framework Policy defines **Patients own drugs use**. Consult this information before carrying out the procedures described in this document.

This procedure also refers to:

- Medicines reconciliation procedure
- MAR charts procedure
- Medicines - preparation and administration procedure
- Controlled Drugs Standard Operating Procedure

5 The framework for using PODs

- PODs are defined as medicines that are the legal property of the patient. They have been prescribed for or purchased by the patient prior to admission or whilst on leave.
- PODs should be used wherever possible and practical.
- PODs must only be used for the individual patient for whom they have been prescribed.

5.1 Permission

The Trust operates a system of using Patients Own Drugs on admission unless the patient has any objections. Any objections should be discussed with ward staff on admission.

Any medication assessed as unsuitable for use, will be destroyed unless the patient objects. Any medications destroyed must be documented on the patient's electronic record . Medications may be returned to the patient on discharge, unless it is in the best interest of the patient not to do so.

5.2 Admission

Crisis team will collect medications which the patient is currently taking at home and will take them to the admitting ward in a green medicines bag. RNs or pharmacy staff are to inform the patient of any medications that are deemed as unsuitable to use on the ward, when appropriate to do so. Unsuitable medications can be quarantined until a discussion can take place with the patient, apply a quarantine sticker, see Appendix 8.

5.3 Suitability of PODs

5.3.1 When can PODs be administered?

PODs can only be administered by Registered Nurses (RNs) and Nursing Associates (NAs) if:

- They are deemed appropriate for use (see below) AND
- Prescribed on a prescription chart by a trust prescriber

  OR
- Recorded on a medicine administration record (MAR) chart in services approved to use MAR charts (see MAR charts procedure for use)

5.3.2 Which PODs are deemed appropriate for use

- Medicines must be positively identified including controlled drugs; where this is not possible the medication may be returned to the patient (on discharge) if it is deemed appropriate and safe to do so. If it is not safe to return the medicines then place the medicines in the pharmacy returns section in the medicines cupboard to be destroyed.
- Medicines should be in their original dispensing container.
- The container must contain the correct drug, form and strength as stated on the label and nothing else.
- The container must not contain more tablets/capsules than the quantity on the dispensing label.
- Each container must contain only one type or brand of preparation.
- Medicines must not have passed their expiry date.
    - When opening all creams, liquids, drops or insulin the date of opening must be written on the label, checking whether the manufacturer states a reduced expiry once opened. If there is no date of opening, the date of dispensing should be used as the date of opening.
- On in-patient wards, liquid preparations should be sealed, i.e. unopened, to ensure the integrity of the medicine when possible. In respite units, a disclaimer must be sought from the carer/relative/patient stating compliance to all the parameters required of the medicine, e.g. storage or date opened. Where the bottle is not sealed, but there is no alternative, it is advisable to discuss with Trust pharmacy before use.
- Respite units only - Labelled containers (i.e. amber plastic dispensing bottles) of loose tablets or capsules dispensed by a pharmacy can be used providing these can be positively identified and are all the same size, shape, colour and have the same markings.
- Loose tablets should not generally be used on acute inpatient units unless there is no alternative. If no alternative available these would need to be identified by pharmacy by accessing Tic-tac.
- Parallel imported (foreign) medicines must have been labelled/over labelled in English by a registered pharmacy; if not, the medicine cannot be used.
- Insulin – unlabelled insulin pens can be used provided the type of insulin has been confirmed and date of removal from the fridge has been confirmed.

Note: All the legal and Trust requirements relating to Controlled Drug (CD) recording keeping and storage apply to CD PODs.

5.3.3 When is a POD normally considered to be inappropriate for use?

- The following PODs should not normally be used unless there are exceptional circumstances. Exceptional circumstances could include; the medicines are specialist in nature or there is a lack of availability.
    - Medicines purchased by the patient (sometimes known as “over the counter” – OTC – medication) as these will not have a pharmacy dispensing label. However, if OTC medications have been purchased, they have been prescribed on the prescription

chart, checked for any interactions and a dispensed supply cannot be obtained, the OTC supply can be used if they are in date and all the same size, shape and colour as described on the packaging.

- However, due to changes in prescribing from GPs, respite units can use OTC medications, see MAR procedure. Carer/parents must complete the OTC section on the medication/invite letter. Dosage and frequency being administered must be within the administration guidance on the packaging. OTC medications must be brought into the unit in the original packaging.
- Unboxed blister strips – to be used in exceptional circumstances all relevant details must be visible on the strip and they should be checked by Trust pharmacy.
- Containers holding a mixture of different medicines or strengths. The medication inside the box must match the description on the pharmacy dispensing label.
- PODs in a compliance aid
    - To use a medicine from a compliance aid the healthcare professional must be able to clearly identify which drug is which. Advice can be sought from the pharmacy team, including the on-call pharmacist out of hours.

5.3.4 When should a POD definitely not be used?

- If there is any doubt of the integrity of medicines requiring specific storage, e.g. medicines requiring maintenance of a cold chain, they must not be used.
- Expired medicines
    - Expired eye drops – medication past the opened expiry.
- Different patients name

5.4 Discharge

- Patients Own Drugs should be given back to the patient on discharge. This should include any PODs that (at admission) were deemed unsuitable for use but were not destroyed due to the patient not consenting to this.
- Consideration should be given to any risk associated with returning PODs to the patient on discharge, bearing in mind that they are the patient's property. A decision not to return PODs to the patient based on a risk assessment should be recorded in the electronic patient record.
- PODs should be checked to see if there is sufficient quantity to meet the recommended supply before writing the discharge prescription.
- When the prescriber writes the discharge prescription, an annotation should be noted on the prescription against those items that are PODs and do not need to be dispensed.
- RNs or pharmacy staff should add the PODs to the discharge medication bag at the point of discharge.

5.5 Training and reaccreditation of staff

5.5.1 Trust Pharmacists

- Clinical pharmacists new to the Trust must be familiar with this procedure and must be deemed competent to assess PODs by their line manager; a record of competence must be kept on their personal file with a central record held in Trust pharmacy.
- All competent pharmacists must use clinical supervision to maintain skills and knowledge.
- Pre-registration pharmacists can be an accredited POD assessor by completing in house training.

5.5.2 Trust Pharmacy Technicians

- Pharmacy technicians must be accredited by completion of the appropriate module (National Medicines Management Course) or locally agreed training and evidence held in their personal file with a central record held in Trust pharmacy
- There is no requirement for technicians to reaccredit every two years, this is a rolling process of ongoing competency. If an individual has a break in practice for a 6-month period (or more) – the line manager will discuss a suitable period of reaccreditation and agree a plan.

5.5.3 Student Nurses

With regard to Patients' Own Drugs (PODs) and Medicine Administration Records (MAR), student nurses may:

- be involved in the administration of medicines against a MAR chart, using PODs, under the direct supervision of a suitably accredited DP.
- observe the process of POD assessment for suitability of use but cannot be directly involved

5.5.4 Preceptorship nurses

- Registered Nurses in preceptorship, working in units that operate MAR & POD system & Durham and Darlington crisis team can access POD training after three months and with agreement from line manager.

5.5.5 Bank Registered nurse

- RNs working as a bank nurse can access POD training if they are working on a ward/unit where PODs are used as the only source of medicine supply. They must complete the relevant training and be accredited before they can assess PODs. They must maintain competency by completing POD assessment on a ward every SIX months.

5.5.6 Registered nurses working on units that operate MAR & POD systems

- Registered Nurses working on units that operate a MAR & POD system will receive specific training to assess PODs (see appendix 2,3,4)

5.5.7 Registered nurses and Nursing associates working on in-patient wards.

- Registered nurses and Nursing associates working on inpatient wards will not be formally trained in assessing PODs for use on inpatient wards. They will be expected to understand this procedure and follow the same principles for preparing medication for administration (see Medicines Preparation and administration) See appendix 1.

5.5.8 Reaccreditation for RNs

- Reaccreditation is not required for RNs working on units that operate a MAR & POD system.
- If an error occurs, the error will be reported and reflection will occur. If there are a number of errors or a theme in errors, the RN will be given the opportunity to re-train with the lead pharmacy technician – medication safety.

6 Audit

- Pharmacy staff will audit the use of PODs in areas where they are regularly in use within a locally agreed timeframe.

7 Errors

- An electronic incident form must be completed for any errors involving PODs. Staff involved must reflect on the error in clinical supervision.

8 Definitions

Term	Definition
GTN	• Glyceryl trinitrate
MAR	• Medicine administration record
Medicines Reconciliation	• Medicines reconciliation involves collecting and documenting relevant information about all current medicines prescribed for the patient from all/any services involved in their care
POD	• Patient's own drugs
RN	• Registered Nurse
OTC	• Over The Counter medication. Medication that has been purchased from a shop or pharmacy that will not have a pharmacy dispensing label on.
Original container	• A box or bottle that has a computer-generated label, which has been dispensed by a registered pharmacy, where the quantity is equal to or less than the quantity stated on the label.

9 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.
- Via medicines management training for Registered Nurses
- Via Safe and Secure Handling of Medicines for non-registered practitioners

9.1 Training needs analysis

See Medicines Overarching Framework Policy

10 How the implementation of this procedure will be monitored

See Medicines Overarching Framework Policy

11 References

Underpinning legislation, information, and guidance:

- NMC Standards for Medicine Management
- Medicine Overarching Framework
- HEE Module 1 Medicines Optimisation: Assessment of Patient's Own Drugs (PODs)

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	23rd November 2023
Next review date	01 October 2026
This document replaces	PHARM-0056-v7 Patient Own Drugs (PODs) Procedure for use
This document was approved by	TEWV Drug & Therapeutics Committee
This document was approved	23rd November 2023
This document was ratified by	TEWV Drug & Therapeutics Committee
This document was ratified	N/A
An equality analysis was completed on this policy on	Generic Pharmacy Equality analysis applies, see Medicines Overarching Framework
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1.0	09 Jan 14		Superseded
2.0	May 2016	Reviewed to be able to use PODs in preference General editing	Superseded
3.0 (2.1)	June 2017	Amendment to paragraph 3.3.5 & appendix 6	Superseded
4.0 (2.2)	March 2018	Amendment to appendix 6	Superseded
4.1 (2.3)	April 2019	Amendment to paragraph 1.1 and appendix 6	Superseded
5.0	September 2019	Full review and updated. Shildon Recovery House references removed; Nursing associate information added. Discharge and admission sections added	Superseded
6.0	July 2020	Amendment to reaccreditation training for RNs	Superseded
7.0	July 2023	Full review	Superseded
7.1	16 April 2024	Section 5.5.3 Student Nurses – text clarified	Published

Appendix 1 – Inpatient checklist to administer PODs against Prescription chart

The following must be followed to use PODs for administration against a prescription and administration chart

□ **Must be prescribed on the prescription and administration chart**.

□ **Must have the patients name on the pharmacy dispensing label.**

□ **Must be within the manufacturer expiry date, or within six months of dispensing if it is a bottle dispensed by pharmacy containing loose tablets**

□ Check all storage information on product box for reduced expiries once open.

□ **Containers must hold only one type or brand of preparation and must match the label and box description.**

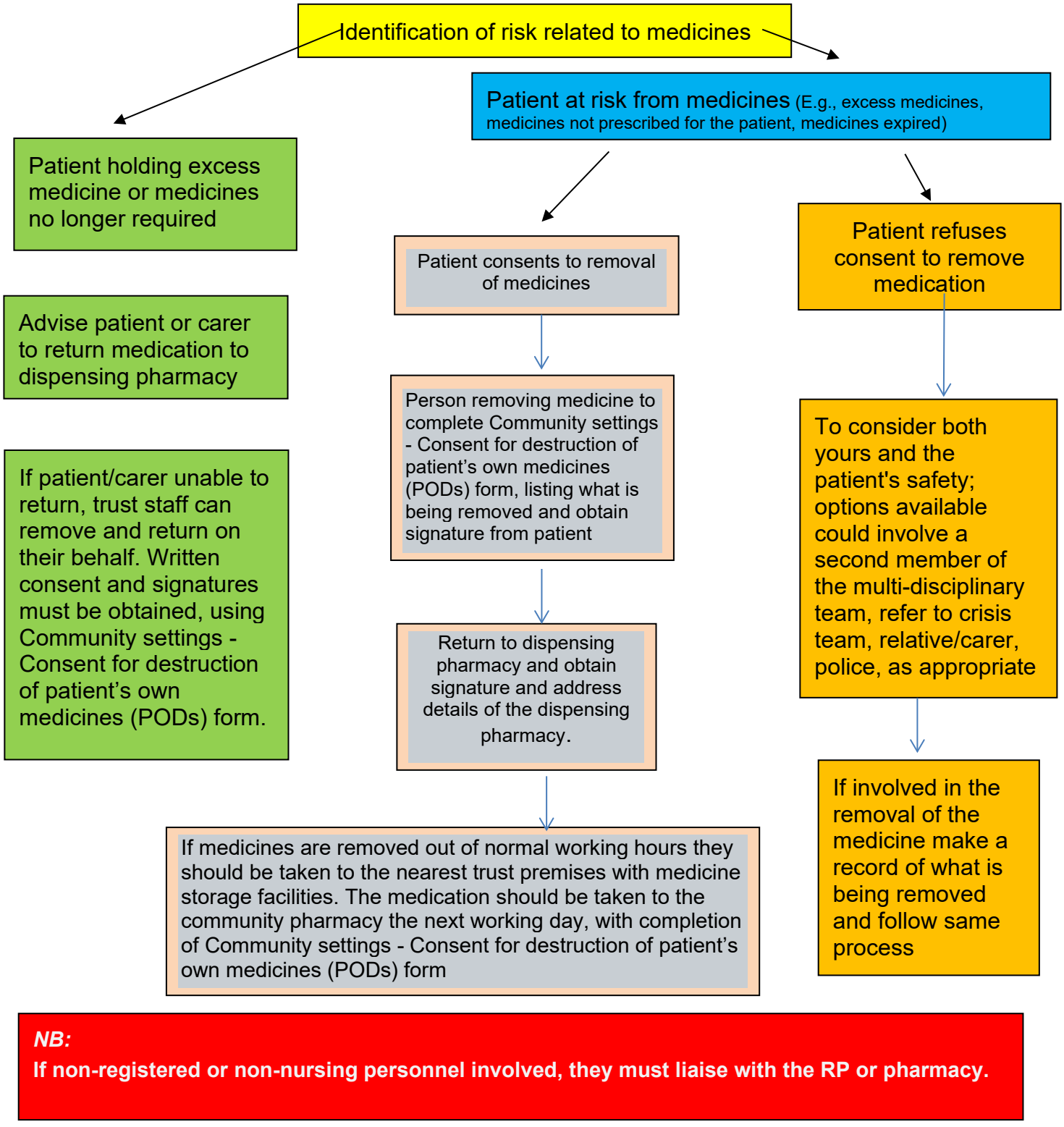
□ PODs must only be used for the individual patient; they must not be used for other patients.

□ Controlled drugs must be recorded in the CD register as per Controlled Drugs Standard Operating Procedures

Note

All staff involved in using PODs for administration must be satisfied with the general condition of the medicine, its packaging and labelling.

Appendix 2 – Removal of medicines from a patient's home



NB:
If non-registered or non-nursing personnel involved, they must liaise with the RP or pharmacy.

Appendix 3: POD assessment training for RNs on Respite and day units operating an approved MAR & POD system

Aims

To ensure registered nurses working on units that operate a MAR & POD system are adequately trained in the assessment and safe and appropriate use of PODs.

Registered nurses (RNs) who successfully complete the training will be able to:

- ✓ Understand the framework and assessment of POD's.
- ✓ Correctly assess PODs
- ✓ Gain the patient's/carer's consent for destruction of unsuitable POD's when needed
- ✓ Complete the appropriate documentation

Framework for training Registered Nurses in the assessment of POD's

Stage 1: Managers approval obtained to undergo training.

Stage 2: Staff read and understand the framework and assessment procedure for POD's.

Stage 3: RNs attend a training presentation and a practical assessment with a trust pharmacy technician to assess suitability of twenty-five mock PODs. Respite unit staff using MAR & PODs will assess suitability of PODs against a MAR chart.

Stage 4: A Trust pharmacy technician will review the assessed PODs to ensure they have been assessed correctly. Any errors in the assessment will be recorded on the log and depending on the severity of the error further training may be necessary before approved status is decided. See appendix 3 & 4.

Stage 5: Once the above stages have been successfully completed staff will be signed off as competent. An email will be sent to confirm successful completion of training.

Appendix 4 : POD assessment marking criteria

Table One

Type of error	Number of bags to assess
Up to five minor errors	One complete bag (5 items)
Between 5 – 10 minor errors	Two complete bags (10 items)
More than ten minor errors	Complete further twenty-five items
Major error	Complete further twenty-five items

Major error
Assessed as suitable but it is one of the following:

- Medicine expired (code C)
- Name of patient incorrect (code G)
- Container contains more than one type of medicine (code I)
- Quantity incorrect (code E)
- Code A documented but it is unsuitable

Minor error

- Assessed as unsuitable but it is suitable to use
- Wrong code written on assessment form but correct outcome.

If the candidate fails the first assessment, POD assessing cannot be undertaken until they pass an assessment.

Assessment no. 1
Pass **Fail**
↓
See table one

Assessment no. 2
Pass **Fail**
↓
See table one

Assessment no. 3
Pass **Fail**
↓
Unable to assess PODs → **Actions –** Personal reflection, shadow accredited POD assessor for three months, supervision then assess twenty-five new PODs.

Re-assessment will be needed every 3 years to ensure evidence of continued competency. 25 PODs will be assessed using the same process as above.

Appendix 5: Respite Units & Day units' guidance for using PODs

Assessment of PODs for use on a MAR chart unit may be carried out by accredited RNs only.

- Follow the POD assessment flowchart.
- Assess one medication at a time and document on the Patients Own Drugs (PODs) Assessment Record.
- Assess rescue medication first.
- Ensure sufficient supply for length of patients stay.
- Apply suitability stickers
    - Suitable medication – green POD sticker
    - Unsuitable medication – red POD sticker
    - Medication suitable on this occasion (advice sought from pharmacy during the assessment process or to use for feeds) – yellow sticker
- Store in the patient's individual drawer/locker in the medication cupboard/trolley.

Unsuitable medication must be labelled with a red 'POD unsuitable for use' sticker, be sealed in a clear sealable bag or envelope and placed at the back of the patient's individual drawer/locker in the medication cupboard/trolley until patient leaves the unit or given back to the patient's representative after assessment.

Carers/parents must be informed of the reasons for unsuitability.

Any remaining medication must be counted and logged on the assessment record at the end of the stay.

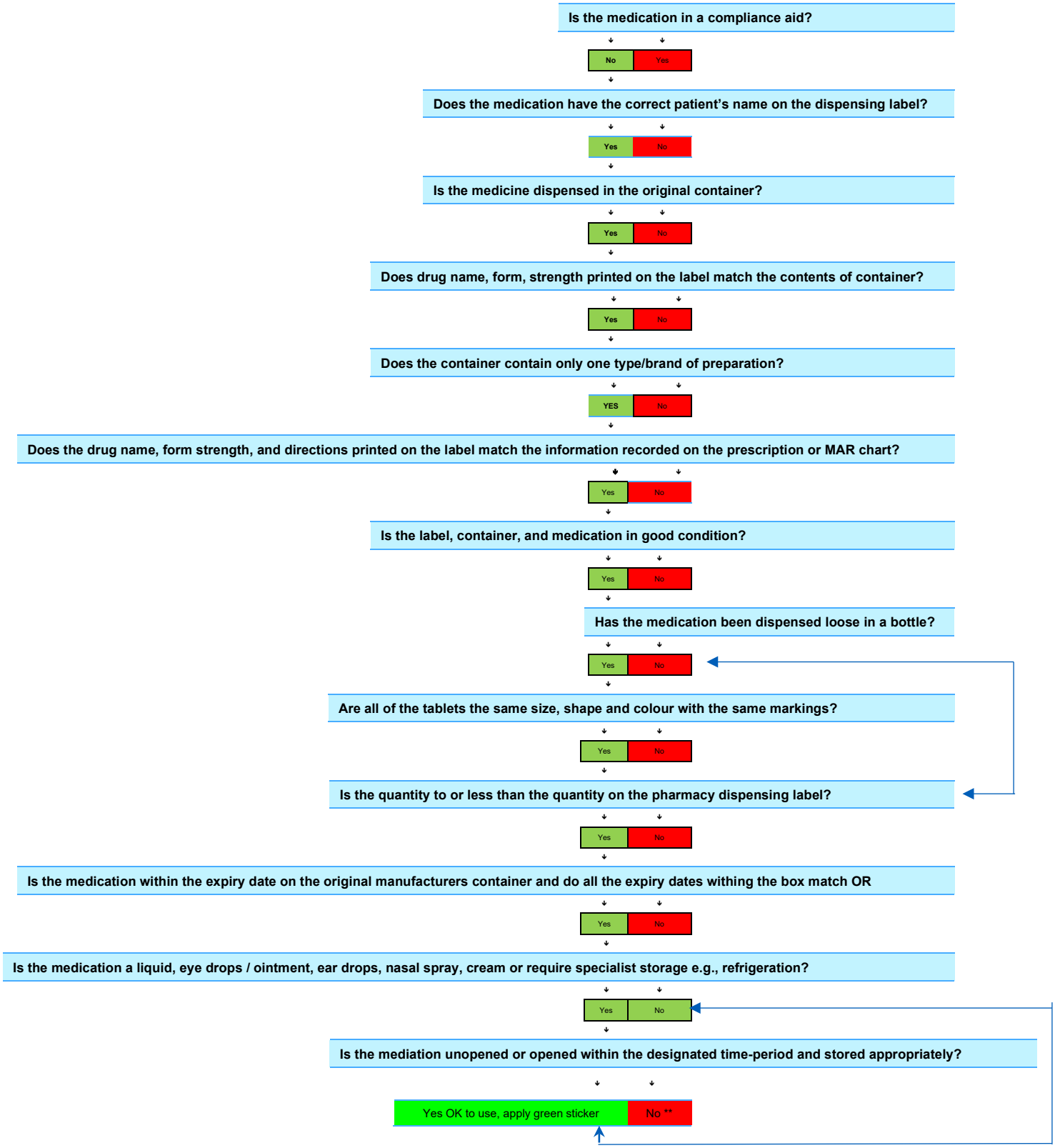
Keep the POD assessment record with the MAR chart until the patients respite/day attendance has ended. If used as a source of evidence for medicines reconciliation, keep the form with the current sources of evidence & the MAR chart.

PODs must only be used for the patient they are prescribed for; they must not be used for other patients.

PODs in a compliance aid – can be used as long as:

- The compliance aid has been prepared / dispensed by a pharmacy (not the patient themselves or a carer)
- Dispensing labels for each medication are attached.
- The dosage instructions on the labels match those on the MAR chart.
- It is the current 'in use' compliance aid.

Appendix 6 : POD Assessment Flowchart for use by pharmacy, respite & day staff where MAR charts are in use



POD Assessment Flowchart for use by pharmacy, respite & day staff where MAR charts are in use

Reverse side of flowchart

EXPIRY DATES & SUITABILITY FOR USE

Regular medicines: within manufactures expiry, it meets the opened criteria and confirmation that it is currently prescribed

As required medicines: within manufactures expiry, it meets the opened criteria and confirmation that it is currently prescribed

Creams & Liquid Medicines: use within manufacturer date of opening recommendations, if there is no reduced expiry length stated once opened, use within 6 months of opening

Eye & Ear drops: use within 4 weeks of opening, unless otherwise specified by manufacturer

Insulin: not stored in the fridge, use within 28 days of opening unless otherwise specified by manufacturer. NB. Unlabelled insulin pens can be used, provided the type of insulin has been confirmed

Glyceryl Trinitrate Tablets: use within 8 weeks of opening

Inhalers: where a dose counter is available, ensure sufficient doses available

Bottles of loose tablets / capsules: use within 6 months of dispensing date, unless otherwise specified by dispensing pharmacy.

**** If a medication is not suitable for re-use as indicated by a red box please apply a red sticker. If it is a critical medicine or an alternative supply cannot be sourced in a timely manner, please contact the Trust Pharmacy Team for advice. Out of hours, the on-call pharmacist can be contacted on 01642 838050**

Appendix 7: POD Assessment Record

Patient Name:……..**NHS Number:**……**Date of Birth:**…….
Assessed on admission by:
Name:…… Signature:…… Designation:…… Date:…… Page …… of ……

Remember to assess rescue medication first	**Drug name, form, strength**						
Quantity of medication received on admission:							
Dispensing date:							
Medication suitable							
Medication suitable on this occasion **(Respite only)**							
Medication Unsuitable							
Notes e.g. advice from pharmacy							
Quantity of medication returned on discharge: **(including unopened feeds)**							
Medication on discharge counted by							

Medication returned to patient/carer by:

Name:…… Signature:…… Designation:……Date:……

Patient Name:…… **NHS Number:**…… **Date of Birth:**…….

Assessed on admission by:

Name:…… Signature:…… Designation:…… Date:…… Page …… of ……

Remember to assess rescue medication first	**Drug name, form, strength**						
Quantity of medication received on admission:							
Dispensing date:							
Medication suitable							
Medication suitable on this occasion **(Respite only)**							
Medication Unsuitable							
Notes e.g. advice from pharmacy							
Quantity of medication returned on discharge: **(including unopened feeds)**							
Medication on discharge counted by							

Medication returned to patient/carer by:

Name:…… Signature:…… Designation:…… Date:……

Appendix 8: Example of POD assessment labels

Yellow sticker to be used in respite and day units ONLY.

TEWV
Medication suitable on this occasion

Advice from (name)
Pharmacy Technician/Pharmacist

Date:

PODs assessed by:

Green sticker – assessed as suitable for use

MEDICINES SUITABLE
FOR RE-USE
TEWV

Assessed by **Date**

Red sticker – assessed as unsuitable to use

MEDICINES UNSUITABLE
FOR RE-USE
TEWV

Assessed by **Date**

Quarantine – Inpatient wards

QUARANTINE
Patient's own drugs
NAME……
DATE……..
Unsuitable for use on ward – to return to the patient on discharge after confirming with the doctor

Appendix 9 : Community settings – Consent for destruction of patient's own medicines (PODs)

Disposal needs to be arranged for medicines that have been changed and are no longer prescribed, they are not fit for use or they could pose a safety risk. If you are happy for us to dispose of any medication no longer required, please sign this consent form.

I give consent for any medicines that are unsuitable for use or are no longer prescribed or could pose a safety risk to be destroyed.	
Patient / Patients representative (print and sign)	Date
Staff removing medication (print & sign name):	

Drug Name	**Strength & form**	**Quantity**

Name and address of pharmacy medication handed into	**Community Pharmacy staff. Sign and print name**	**Tewv staff. Sign & print name.**	**Date:**

File in patients notes and make an entry in the patients' electronic record

Appendix 10 – Approval checklist

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

6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	
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)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	