journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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Self-Medication Procedure

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1 Introduction

This procedure provides guidance to inpatient clinical areas that wish to operate a self-medication scheme.

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

The self-medication scheme promotes greater independence and enables patients to participate in their own care. It should be used to support the patient to achieve their therapeutic goals

This guidance allows the self-medication process to be well led and managed by providing clear guidelines on roles and responsibilities when a patient is self- medicating in an inpatient clinical area.

2 Purpose

This document is to provide guidance to inpatient clinical areas that wish to operate a self-medication scheme. It recognises that there may be different aims and requirements depending on the location of the scheme i.e., rehabilitation, Secure In-patient Services, MHSOP etc. and attempts to address these differences. All self-medication schemes in operation within the Tees, Esk & Wear Valley's NHS Foundation Trust must have involvement by a member of the TEWV Trust pharmacy team.

2.1 Aims of self-medication

The aims of the self-administration scheme are:

- To improve concordance through increased understanding of the purpose of a patient's medicines
- To increase patients' confidence with their medicines in preparation for taking their medicines in the community and identify any potential problems prior to discharge
- To promote greater independence, patient centred care and better patient involvement which underpins recovery model
- To trial whether the patient is able to manage their own medicines at home as part of their assessment as an inpatient.

Participation in the self-medication scheme does not automatically mandate the need for medication to be dispensed in a compliance aid.

3 Who this procedure applies to

- The self-medication procedure enables partnership working between patients and multi-disciplinary teams on in-patient units. The appendices outline inclusions and exclusions based on an appropriate risk assessment.

4 What is outside the scope of this procedure

- Self-administration in respite units using Medicines Administration Records (MAR) or any patient in the community.
- Self-administration of medication by patients without a discharge plan as part of promoting independence and wellbeing on the ward.

5 Procedure

5.1 General principles of self-medication

5.1.1 Inclusion and exclusion criteria

Patients to be referred for self- medicating are identified and assessed using inclusion and exclusion criteria (see appendix 1) or by discussion in multi- disciplinary team (MDT) meetings. The inclusion/ exclusion criteria can be completed by nursing staff with or without pharmacy support and any issues identified discussed with the Trust pharmacy team. The use of inclusion/ exclusion criteria form is optional for acute adult and elderly wards, but mandatory for Secure Inpatient Services and Rehabilitation wards.

5.1.2 Risk assessment

Risk assessment (see appendix 2) and MDT discussion to be documented in patient electronic record. The completed risk assessment must be signed off as a written agreement by the Responsible Clinician (RC)/Approved Clinician (AC) on behalf of the MDT. The risk assessment is then scanned and saved to the patient's electronic record. The safety summary needs to be updated to indicate that the patient is self- medicating.

5.1.3 Consent

Information to be supplied to the patient in respect to the self-medication scheme. Written consent should be obtained from patient, including withdrawal of consent at any time in the process (see appendices 3 and 4).

- Consideration should be given at this time as to whether the patient requires additional written information about their medication. This can be provided in a variety of ways, e.g.,

Choice and Medication website, TEWV medication reminder chart or NHS My Medication Passport.

5.1.4 Compliance aids

If a compliance aid is required, a compliance aid assessment must be completed. A member of the pharmacy team must assess the medicines to be held in the compliance aid to ensure their appropriateness. Further information can be found in the Multi Compartment Compliance Aids procedure.

5.1.5 Limitations

Medication not suitable to be included in self-medication includes but is not limited to:

- Injectable medicines unless they are expected to be self-administered at home e.g., insulin.
- Once only doses.
- 'As required' medicines for the use of behaviours that may challenge.
- Any Controlled drugs (CD) defined as schedule 2 and 3 in the CD Standard operating procedures, unless their inclusion is deemed in patient's best interest and a risk assessment is completed and documented by the MDT including pharmacy and approved by the CD Accountable Officer or deputy.

Secure In-patient Services also excludes:

- All 'as required' medication unless covered by a separate intervention plan.
- All medication covered by a 'Controlled Drug' schedule.

5.1.6 Record keeping

The patient's medication is prescribed on their electronic prescription and administration (EPMA) record. The EPMA record must clearly indicate that the patient is self-medicating using the correct attribute on EPMA and the level of self-medication (where applicable).

5.1.7 Ordering

Medication should be ordered using normal ward processes. This medication can be used as leave medication if needed.

5.1.8 Checking medication

Once received, nursing staff should check the supply against the EPMA record, where possible, this check should be completed with the patient. The check involves ensuring the medication label matches the EPMA record (check patient name, drug, strength, dose & frequency – do not open the boxes).

5.2 Progression from supervised administration to patient self-administration

The medication should be initially kept in the clinic, with administration being supervised by a nurse. This could then progress to a patient self- administering medication in their own bedroom, depending on whether the appropriate facilities are available on the ward i.e. a lockable cupboard.

5.2.1 Self-medicating patients whose medication is kept in the clinic.

Initially the patient is prompted to attend the clinic, and the staff nurse would observe the patient taking medication (Level 0). The aim is that the patient will self- present to the clinic without prompts at the correct times and self- administer their medication (Level 1). Nursing staff can mark the administration as self- administered on EPMA if they are satisfied that the medication has been taken as prescribed i.e., by direct observation in the clinic.

5.2.2 For self-medicating patients who keep medication in locked cupboard in patient's bedroom.

Nursing staff have a responsibility to regularly ask the patient if medication is being taken as prescribed and document that this has been done. If the patient self-medicates in their bedroom, nursing staff must check medication for compliance (initially daily, then every 3 days, then random spot checks). A random check is expected each week as a minimum. MDT to review frequency of checks regularly.

When a new supply is given to patients self-medicating in their bedroom, the patient should return empty containers before receiving new supply to allow confidential disposal. Nursing staff are to annotate the patient progress report with the number of days supplied (Appendix 4). Investigate if medication is not requested on the correct day and report any concerns to the responsible clinician (RC).

5.3 Communication with pharmacy

Any changes to medication for a self- medicating patient need to be communicated with pharmacy as soon as possible and a new supply obtained using normal ward processes.

a) Medication stopped – remove from self-medication supply if in boxes. Discontinued medication must be removed from the patient's possession immediately on discontinuation.
b) New medication prescribed – administer new medication from ward stock/named-patient supply (not to self-medicate from this supply).
c) Dose change – remove old dose from self-medication supply if in boxes and administer new dose from ward stock/named-patient supply (not to self-medicate from this supply).
d) Changes involving compliance aids – contact pharmacy for advice.
e) Under no circumstances should labelled medication be altered in any way.

5.3.1 Nursing staff must record progress on EPR

Nursing staff should record the patient's progress on the electronic patient record at regular intervals. This can be done by using the template provided in appendix 4 or by documenting this as part of the MDT meeting/ report out meeting. The goal of self- medication for that patient should be linked to the progress notes to aid assessment. Any identified issues e.g., with compliance or medication security should be highlighted with the RC/AC as soon as possible.

5.3.2 Monitoring medication compliance

Continue monitoring medication compliance to support the decision to continue with self-medication and to move through the levels of self-medication (where applicable).

- If any changes to the patient's ability to self-medicate occur, staff must act immediately upon these changes and withhold the patient from the scheme temporarily until MDT to reinstitute self- medication scheme.

Each speciality should refer to the relevant flowchart in the Appendix section for details on implementing the self-medication policy in each clinical area.

5.4 Storage of medicines

All medication must be stored in an approved drug cupboard, which includes individual patient medicine lockers (usually fixed to a wall in a patient's bedroom) and in ward treatment rooms medicine trolleys or cupboards that have individual compartments for each patient.

Some clinical areas have an electronic safe within the patient's bedroom that can only be accessed by individuals or staff. These are also acceptable for the storage of medicines for self-medication. The patient's ability to manage the security of their medicines must be included in the overall assessment and must be included in the decision-making process in respect of the patient's progression through the various levels (where applicable).

A risk assessment must be completed by each clinical area as to the appropriateness of using individual patient medicine lockers, as in areas of high risk i.e., where other patients may be tempted to obtain medication inappropriately, such lockers may not be suitable. Modern Matrons, Locality Managers and Security Leads where appropriate should be included in the decision-making process of using individual patient medicine lockers, when necessary.

Where individual patient medicine lockers are in the patient's room, such lockers should be assessed, as with all other furnishings, in respect of their ability to be used as a ligature point. The ward would be responsible for arranging the ordering and fitting of lockers.

5.5 Security of keys

Where individual patients' medicine lockers are used; if the key to the locker is lost or misplaced the medication must be removed from the locker using the spare key. Medication should not be stored within the locker until either the key is found, or the lock replaced.

The ward will be responsible for holding a spare key for patients' medicine lockers as per local arrangements e.g., in a key safe in the ward office. They must ensure that a patient returns any medicine locker keys on discharge.

5.6 As required medication for leave

As required medication in the form of injectable's, CDs or medicines for managing behaviour that may challenge are not part of self-medication, however, there may be occasions when a supply of as required medicine is needed to facilitate leave or discharge.

Any requests for as required medication should be agreed by the MDT and a small supply arranged. There will need to be a clear plan agreed of how this will be monitored.

6 Roles and responsibilities

Role	Responsibility
Pharmacy	Involvement with the assessment process including the use of aids and commencement of self-medication for identified patients. Educate patients about their medication, providing written Patient Information and Medication Reminder charts when requested. Support nursing staff and other members of MDT to provide this information where pharmacy is not readily available. Ordering procedures
Service Manager/Modern Matron	Implementation of guidance
Team Managers	Monitoring adherence to guidance, MDT involvement in decision making process around self-medication.
Responsible Clinician (RC) / Approved Clinician (AC)	Ensure suitability criteria, self-medication risk assessment and other documentation is completed and signed off at MDT. Regularly review patient progress in MDT, including compliance and medication security, and record decision-making around frequency of checks.

Registered Nurses	Involvement with the MDT assessment process and the implementation of self-medication with individuals including monitoring adherence, supplies, and security. Nurses retain overall responsibility for medication storage on the ward, even when storage is devolved to the patient in a secure locker in their bedroom.
Patient	To take medication as prescribed but will let nursing staff know: If they are having difficulty in taking medication If they have forgotten to take medication on time If they have not taken medication as it is prescribed To keep medication safe and secure in a locked medication cupboard and NOT give medication to anyone else To keep medication cupboard key in a safe and secure place and report immediately if lost To tell staff straightaway if anyone tries to take their medication.

7 Related documents

This procedure also refers to: -

- Medicines Overarching Framework
- Safe and Secure Handling of Medicines (for non-registered practitioners, e.g. HCAs) (e Learning package)
- Medicines: Prescribing and Initiation of Treatment procedure
- Medicines: Ordering, storage, transfer, security and disposal
- Controlled Drugs Standard Operating Procedure
- Medicines: Multi-compartment Compliance aids procedure

8 Definitions

Term	Definition
MHSOP	• Mental Health Services for Older People
MAR	• Medicines Administration Record
RC/ AC	• Responsible clinician/ Approved clinician
MDT	• Multidisciplinary team
CD	• Controlled Drugs

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.

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing	Nursing staff to read and be familiar with the procedure within induction period	1 hour	On induction to clinical area
Medical	Medicine management induction training	Face to face 1 hour	At induction
Pharmacy (including dispensary staff)	Induction training	Adhoc during induction period	During induction period

10 How the implementation of this procedure will be monitored

10.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Ad-hoc audit of compliance with self medication procedure to be added to a future pharmacy audit programme	Provide assurance of good practice	Dec 2026 onwards	Pharmacy Leadership team	Inclusion into pharmacy audit programme

11 References

- Nursing and Midwifery Council
- Leeds and York Partnership Foundation Trust – Self Administration of Medicines Practice Guidelines

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	27 March 2025
Next review date	01 April 2028
This document replaces	PHARM-0022-v4 Self Medication Procedure
This document was approved by	Drug & Therapeutics Committee
This document was approved	27 March 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	General Pharmacy Equality analysis applies as this document sits directly underneath the Medicines Overarching Framework which has an EIA
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
V2	March 2012		Superseded
V3	March 2018	Total revision of stages of self-medication	Superseded
V3.1	Sep 2019	Lloyds references removed	Superseded
V4	25 Nov 2021	Full review of the document	Superseded

V5	27 Mar 2025	Full review of the document – key changes:
		• Inclusion and exclusion criteria (Appendix 1) now optional for AMH/ MHSOP, compulsory for SIS/ Rehab wards
		• References to paper charts replaced with EPMA
		  • Auto population of administration on EPMA turned off
		  • Meds marked as self-administered when nurse observes administration (Level 0 and 1)/ enquires whether patient has taken medication (Levels 2 and 3)
		• Levels of self- medication clarified
		• Format of risk assessment in Appendix 2 changed to a table, mitigations to identified risks added
			Approved

Appendix 1 - Inclusion/exclusion criteria for self-medicating

Please complete and submit to the Trust Pharmacy Team for consideration before agreeing to allow patient to self-medicate. Please discuss with the Trust Pharmacy team if exceptional circumstance exists	
Patient name and identifiers:	
Inclusion criteria:	**TICK all that apply**
Self-medication is going to be part of the discharge plan	
The patient will be responsible for managing their own medicines in the community (either alone or with support)	
Patient will stay on the ward for a sufficient period to allow for assessment	
Medication is stable and there are no planned changes to medication treatment plan	
The patient has capacity and consents to treatment	
The patient understands the need for medication and consents to self-medication scheme	
The patient routinely complies with medication and associated monitoring	
The patient does not need to use 'as required' psychotropic medication on a regular basis.	
Secure In-patient Services only: • No change in the last 3 months of both mental and physical medications. • Discharge is expected within the next 12 months. • The patient routinely presents for medication without the need for prompting. • The patient has capacity and consents to treatment under a T2	
Does the patient require assessment to manage their medication with a compliance aid?	
Exclusion criteria:	
Patients whose mental health is currently unstable.	
Patients who do not have proven skills and/or capacity to self-medicate.	
Patients using liquid or orodispersible medication to improve compliance.	
Patients who do not want to self-medicate.	
Patients who are at risk of being manipulated by fellow patients to supply medicines.	
Patients who are having changes made to their mental or physical health medication	
Patients taking schedule 2 and 3 CDs in the CD Standard operating procedures or CD no register controlled drugs that need to be administered by staff nurses	
Completed by (Print name): -	**Date: -**

Appendix 2 - Patient Risk Assessment Template for Self-Administration of medicines

(To be completed, signed and scanned into electronic patient records)

Date of MDT discussion:

MDT present:

See daily entries for details of current mental health status

Risk:	Yes/No	Comments
Any issues from inclusion/ exclusion criteria to consider?		
Is the patient capable of other tasks that would indicate they can administer their own medicines?		
Does the patient have a history of drug/alcohol abuse? • Consider completion of AUDIT- C/ DUDIT tool as appropriate		
Does the patient have a history of overdose, accidental or intentional?		
Does the patient have a history of secreting medication?		
Can the patient read standard size printed labels?		
Is a compliance aid required? (Refer to the Medicines Multi- compartment Compliance aid procedure)		
Have relevant arrangements been made for the continued supply of medication using a compliance aid after discharge if required? Name of community pharmacy: Contact details: Date contacted:		
Any additional risks identified		

Assessment of the patients understanding about their medicines	Yes/ No	Comments
Does the patient have insight into their illness and understand their need of medication?		
Does the patient know how to administer their medication correctly?		
Does the patient know the potential side effects of their prescribed medication and how to manage them if they occur?		
Has any necessary monitoring that is required when taking the medication been explained to the patient?		
Is the patient aware of potential problems with their medication in relation to buying and taking over-the-counter medicines?		
Written information leaflets supplied to the patient in respect of their medicines:		

Mitigations to risks identified:	
Risk assessment completed by:	
Outcome of risk assessment:	
Signature of RC/AC	

Appendix 3a - FOR WARDS WITH MEDICATION LOCKERS IN PATIENT BEDROOMS

Patient Information and Agreement form for Self-Administration of Medication

What does the self-medication scheme involve?

The self-medication scheme is used:

- To help you understand the purpose of your medicines.
- To help you understand how to take your medicines safely.
- To increase your confidence with your medicines in preparation for when you will have to take your medicines when not in hospital.

What are the different self-medication levels?

There are 4 levels to the self-medication scheme:

Level 0	Medication is held in the trolley and staff support you to take your medication
Level 1	Medication is held in the trolley, but you will take responsibility for requesting access to your medication. Staff will observe you taking your medication and will help if needed. When you no longer need prompting to take your medication, Level 2 may be considered.
Level 2	You keep one day supply medication in your locked medication cupboard. Staff will check daily that you are taking your medication.
Level 3	You may keep an agreed amount, up to 7 days' supply in your locked medication cupboard. Staff will randomly check that you are taking your medication.

At each level, staff will check how you are getting on at regular intervals.

What will be expected of me?

I will be expected to take my medication as prescribed, but I will let nursing staff know:

- If I am having difficulty in taking my medication
- If I have forgotten to take my medication on time
- If I have not taken my medication as it is prescribed

If I reach a level where I take responsibility of my own supply of medication, I also agree that I will:

- Keep my medication safe and secure in my locked medication cupboard and NOT give my medication to anyone else
- Keep my medication cupboard key in a safe and secure place
- Tell staff straightaway if I lose my key or if anyone tries to take it from me.

- **I understand that if I have any questions about my medication or the self-medication scheme, I can ask at any time.**
- **I understand that my care team can remove me from the self-medication scheme at any point if it is felt to be in my best interest.**
- **I have read and understand this information and wish to take part in the self-medication scheme.**

SIGNED_____ DATE _____

NAME (PRINT) _____

Copy to be kept with drug chart and / or progress form and copy to be kept by service user

Appendix 3b - FOR WARDS WITHOUT MEDICATION LOCKERS IN PATIENT BEDROOMS

Patient Information and Agreement form for Self-Administration of Medication

What does the self-medication scheme involve?

The self-medication scheme is used:

- To help you understand the purpose of your medicines.
- To help you understand how to take your medicines safely.
- To increase your confidence with your medicines in preparation for when you will have to take your medicines when not in hospital.

Before you start the scheme, your care team will talk with you about what the self-medication scheme involves and together you will decide if this is the best option for you. Self- administration is not compulsory, and you do not have to take part if you do not want to.

What are the different self-medication levels?

There are 2 levels to the self-medication scheme:

Level 0	Medication is held in the trolley and staff support you to take your medication
Level 1	Medication is held in the trolley, but you will take responsibility for requesting access to your medication. Staff will observe you taking your medication and will help if needed.

At each level, staff will check how you are getting on at regular intervals.

What will be expected of me?

- I will attend the clinic at the appropriate times to self-administer my medication. I will take my medication as prescribed.
- I will not give my tablets to any person other than the nurse/pharmacist or doctor.
- I will not exceed the stated dose.
- If I forget to take my tablets/medicines or if at any time I have any queries, I will talk to a nurse or pharmacist

- **I understand that if I have any questions about my medication or the self-medication scheme, I can ask at any time.**
- **I understand that my care team can remove me from the self-medication scheme at any point if it is felt to be in my best interest.**
- **I understand I can opt out of the self-medication scheme at any time by informing one of the nursing staff or ward pharmacist.**
- **I have read and understand this information and wish to take part in the self-medication scheme.**

SIGNED_____ DATE _____

NAME (PRINT) _____

Copy to be kept with drug chart and / or progress form and copy to be kept by service user

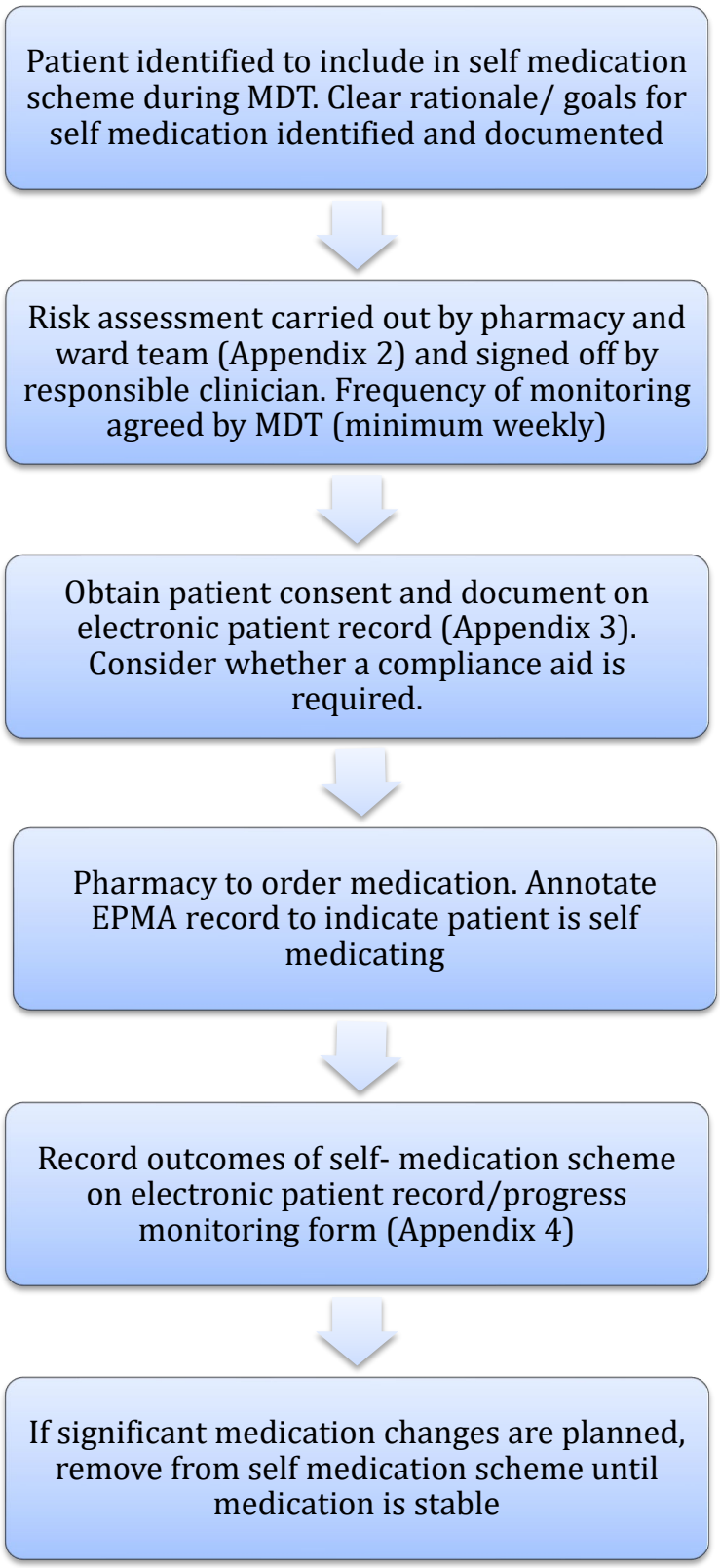
Appendix 4 - Patient Progress Report for Self-Administration of medication

This is form is optional- if not completed, progress must be documented in the patient electronic record/ MDT meeting/ report out

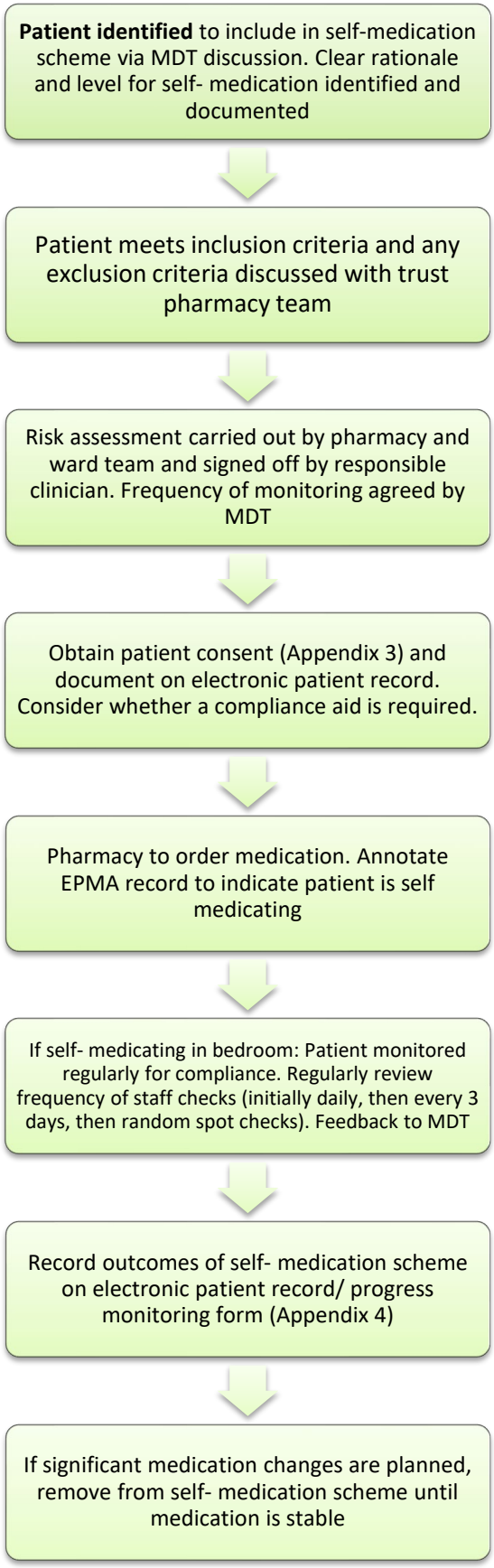
Patient name:	**D.O.B:**	**Month:**

	Any concerns e.g., compliance, security of medicines, prompts and interventions made by staff. **SIS: Document date and number of days supplied**	**Checked by**
Week 1		
Week 2		
Week 3		
Week 4		

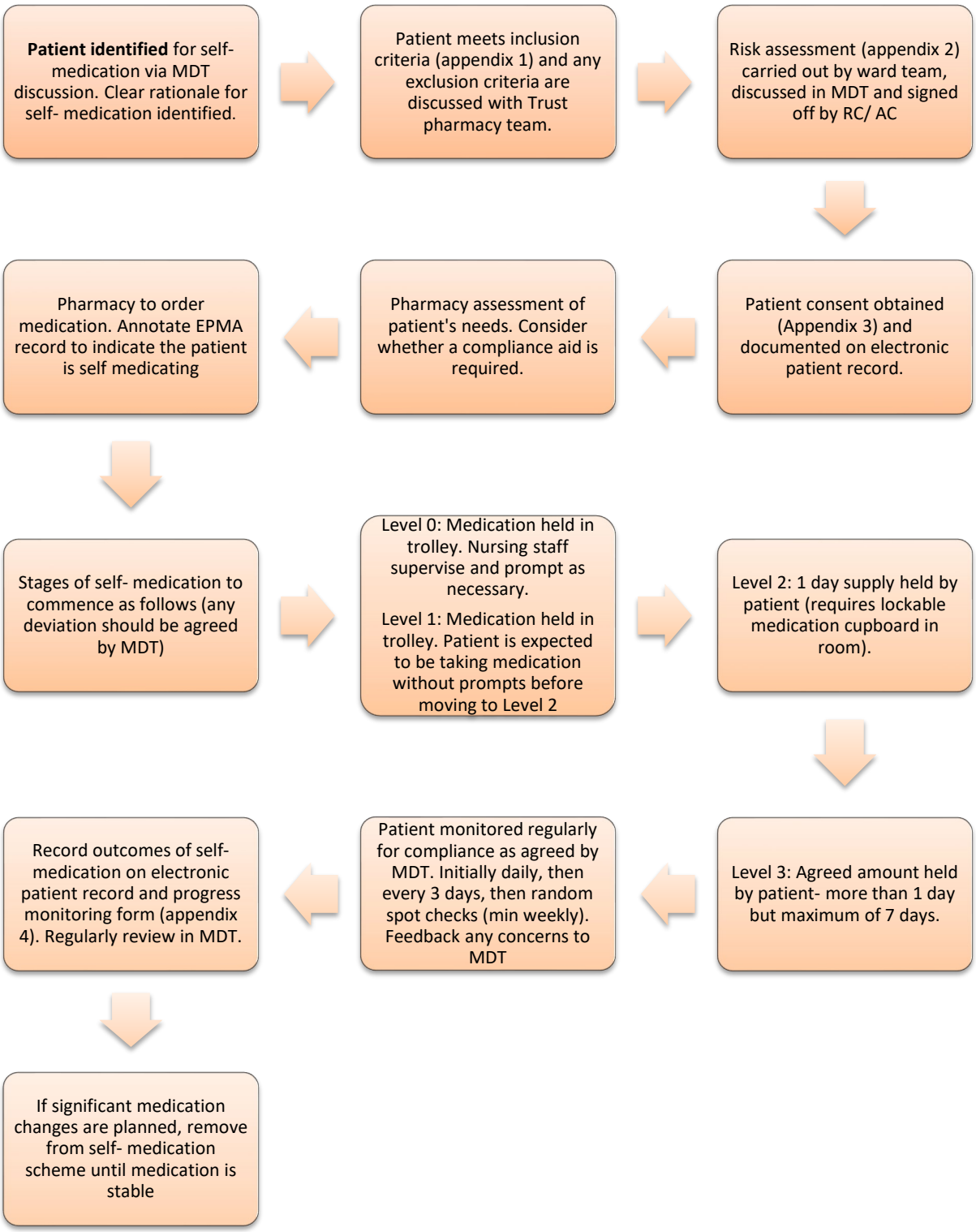
Appendix 5 - Self-medication flowchart for AMH / MHSOP



Appendix 6 - Self-medication flowchart for Rehab units



Appendix 7 - Self-medication flowchart for Secure inpatient services



Appendix 8 - 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	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	n/a	General Pharmacy Equality analysis applies as this document sits directly underneath the Medicines Overarching Framework which has an EIA
	Have Equality and Diversity reviewed and approved the equality analysis?	n/a	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the document 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?	N/A	