

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 1. For Prescription Reception

To ensure Rx details are accurately recorded on the Rx form, any exemptions are noted and payments taken. To ensure the patient is clear about when the Rx will be ready.

This covers the reception of any kind of prescription brought to the counter by a patient or representative (except methadone, etc. prescriptions dealt with under its own SOP, and Repeat prescriptions similarly having its own SOP).

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Establish contact with the patient / representative

- Greet the patient with a smile
- Take in the script. First observe the name (clarify if unclear)
- Carefully explain to the patient /representative what to do if they try to hand you something which is not a prescription. Typically the repeat half (RHS) of a computer generated script is assumed to be a prescription form, certain types of forms used in a hospital pharmacy, or a private Rx signed by a non-UK doctor
- If applicable, ascertain the name of the representative - record the name on the Rx (brought in by....)
- Having established who the individual standing in front of you is, use their name at every opportunity (but not in a false way!)

Check and record the relevant data on the Rx form

- Check the front is filled in with the patient's name and address, including postcode and has been signed by the doctor
- If any details, such as the DOB or name and address, are missing let the patient fill it in rather than asking them to tell you out loud. There must be a D.O.B if the patient is under 12.
- If the Doctor has not signed the front, check with the dispensary staff to see if they will deal with it. If not, return it to the patient or representative. Explain to the patient whatever the outcome

Hand the patient/representative a numbered buzzer and ask them to wait outside while the prescription is being processed. Advise them that it will buzz/beep when it's time to come back in.

Take any charge or document the reason for exemption

- Check the back of the prescription to see if it is filled in.
- If the patient is claiming exemption, make sure a box is ticked and they have signed in the correct place. Ask to see proof of their exemption.
- If it is a private Rx ask the patient would they like to know how much it will cost before the dispensary staff prepare the item
- Put 1/2, 2/2 etc. on each prescription if the patient hands in more than one.

- Tell the patient the expected time for dispensing of the script, either using your judgement as to the number of items on the script, the number of scripts already in and the number of staff available, or by asking a member of the dispensary staff. Average waiting time is 10 – 15 minutes

Pass the Rx form and any docket to the dispensary staff

- Hand the Rx to the dispensary staff or place in "the queue" which is located at computer two or three and pass on any points the patient has raised, e.g. specific brand or any item the patient has run out of.

Press the number appropriate to the buzzer given to the patient/representative to bring them back in and take the appropriate number of charges.

If you are unsure how many fees to take for, ask a member of the dispensary staff.

I am involved with

Prescription Reception

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 2.

For Prescription Assessment

To ensure the prescription is legally and clinically valid and that it is safe to dispense

This covers the pharmaceutical, legal and clinical assessment of the prescription by the pharmacist and adjustments to be made if necessary.

Responsibility

Job Titles: pharmacists

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

This procedure must be done by the Pharmacist at some point during the process

- Check that the prescription has been legally written and for items allowed on the NHS for that prescriber type. Has it been forged?
- Consider the age of the patient
- Look at each individual drug and consider whether it is suitable for that patient, considering their age and gender.
- Now think about the dose - is there a dose? Is it an overdose? If there isn't a dose, try to discover either from the past records or the patient what the dose should be. If you are still unsure, check with the surgery. It is not a good idea to leave any drug without a dose. If it is the first time the patient has had the drug, they will need to know how to take it. If they have been on it a long time they may have forgotten how to take it.
- Having discovered the dose, assess that it is suitable for that patient and their condition. Check in the PMR and, if not there, ask the patient. You are not always going to know the condition, and the patient may not know either.
- Go through the same procedure for each drug on the prescription(s).
- Now consider the possibility of any interactions between the drugs and assess their likely impact on the patient depending on whether they have had them before.
- If you feel any need for clarification or reporting to the prescriber then do so, following the relevant SOP.
- Once you are satisfied that the prescription is accurate and safe to dispense, then do so.

I am involved with

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 3.

For Prescription Intervention and Problem Solving

To quickly and efficiently resolve any problems with the prescription, to ensure patient safety.

The aim is to resolve all problems which present themselves after gaining information from the Rx, PMR, pharmacy reference books or the patient/representative. The process should be done tactfully so as to maintain the pharmacists' good name with other healthcare professionals, and retain the patient's faith in their prescriber.

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Resolve the problem to your satisfaction

- If there is a problem with the items on the prescription compared to what the patient ordered, then either put ND by any that are not required or explain to the patient they will have to return to the surgery for those items that have been missed off.
- If the patient has run out of their medication, then following the SOP for emergency supply, you can offer an emergency 28 days supply, as long as their surgery is not open.
- If it is a product that needs ordering, follow the owings SOP
- If there is a mistake in the actual prescription e.g. the dose is incorrect or the tablets are not suitable for the patient etc., then it will be necessary to speak to the surgery/ hospital department/dentist following the SOP for contacting third parties. Inform patient if you need to take these steps
- If you have to wait for further instructions, make a note of the problem and the steps taken so far on the patients PMR along with the date and your initials. Leave the prescription in the query pot.
- Do not forget to follow up on the problem. It is very easy to overlook, especially when you are busy, so make it a routine to go through the query pot at least twice a day.
- If on doing this, you come across a query that has not been resolved, start the procedure again. It may take several attempts before you have an answer but you have a duty to the patient to persist. It is not good customer service if there is no follow up until the patient's return prompts further action.

Communicate with the patient/representative

- Explain to the patient what the problem is, always ensuring that you retain the patient's confidence in their GP. Suggest that, as it may take a while, the patient may like to do the rest of their shopping and return a little later.
- If the problem may take even longer to resolve, then ask the customer to call us later on that day (after 5pm or 11am next day to allow for stock to come in).

Dispense the prescription

- Once you have an answer, make the prescription up in the usual manner and leave for checking.
- If the problem has not been resolved to your satisfaction - make a decision about what you should do and let the patient/representative know as soon as possible

Record the intervention

- Make sure you record in the PMR what your intervention was and how you resolved it

I am involved with

Prescription Intervention and Problem Solving

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 4. For Prescription Labelling

This covers the labelling of any kind of prescription brought to the counter by a patient or representative (except methadone, etc. Prescriptions dealt with under its own SOP).

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, pre reg

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Access the Patient Record

- To ensure patient confidentiality, you should always have your own password to get into the computer programme
- Enter this password
- Enter the patient's name into the computer by using the first three letters of the surname followed by the first three letters of the first name.
- Check if the patient is already in the computer. If the name matches but not the address, check the date of birth.
- Check that there are no double entries and if there are then merge the patient files if you are certain the two files represent a single patient. Ask for someone to check for you before merging as this is irreversible.
- If you have a patient match check the following details are present: any middle names, DOB, postcode, doctor's name, NHS number, reason for exemption, and then print the labels
- If not, enter the details on the computer as completely as you can. It is important to capture the NHS number, postcode, D.O.B and if possible the telephone number. If the relevant details are not present ask the patient for them. Always record the patient's usual doctor

Print the Labels

- Having now got the right patient, enter the first drug into the computer using the normal system.
- You can either call up the repeat screen and label from there but you must be careful to check that none of the details have changed since it was last dispensed or you can label as though it was a new item.
- Think as you enter the details if there is anything wrong with the quantities, doses or strengths. If there is, deal with it as an intervention. Many PMRs display max daily dose while you are labelling.
- Once you have dispensed all items on the script, take it out and endorse it in the usual manner.
- The ADU (Automatic Dispensing Unit) will dispense the medication.
- Put the prescription and medication in a basket for labelling.
Using a tote, pile the baskets up and when full, give to another member of staff to add the label to each medication pack. If there are any queries or problematic items such as part packs or fridge lines issued on the prescription, put these in another tote labelled 'problems' for another person to deal with.
- When you have finished using your computer, do not leave it on any patient's records, return to main screen.

**I am involved with
Prescription Labelling**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 5.

For Prescription Assembly

To ensure that the correct items are correctly labelled and assembled ready for final checking

This covers the assembly of any kind of prescription brought to the counter by a patient or representative (except methadone, etc. Prescriptions dealt with under its own SOP).

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Picking the order

- Deal with ONE prescription form at a time
- If it is clear that anything will be owed, check with the patient first, and ensure they do not mind calling back at some later time
- If the patient is happy with this, make a small note on the script of the amount you have in stock.
- Select the correct product from the ADU whilst labelling. Check expiry dates of medication issued from ADU
- Apply 3rd owing label to owing ticket and write on the remaining 2 owing labels the day, AM or PM and supplier for when the remainder is expected back in stock e.g. Wed AM, AAH
- Put all the products in a basket with the script and labels
Put all the products on the script on the checking bench

Counting, packing and applying the labels

- Re-check each item against the script
- Count the tablets or cut the strips to obtain the amount you have decided to dispense
- Repack cut strips in card cartons leaving the part packs in their original containers and clearly mark the container with the quantity left which contains the product description to indicate it is a part pack so that it can be put back into the ADU
- Ensure that a patient leaflet accompanies each supply.
- If the product has no leaflet with it ensure the patient has had the product before and has already read the leaflet or print the leaflet from www.medicines.org.uk
- Pour any liquid medicines into a measure and pack in a standard medicine bottle with a child resistant clic-loc lid
- Using your experience pour to the required level straight into the medicine bottle with a child resistant clic-loc lid
- Ensure that if a bulk container is to be split, that the stability of the product will not be compromised
- Follow any instructions on the bottle of any medicine that requires reconstitution. Make a note to attach to the bag to reconstitute when the patient/representative arrives to collect as it cannot be done if they are not there due to the shelf life after reconstitution.
- If the patient is to receive an amount of antibiotics that would last longer than the reconstituted expiry date, then only make up a single container.

- Ask the patient or representative to return at an appropriate time and issue an owing slip in accordance with your SOP on owing medications
- Check the label matches the product
- Check the label matches the script
- Carefully attach each label to the correct product so that it does not cover any Braille dots on the packaging or major warnings (such as on Cytotec etc) and so that it can be conveniently and easily read
- Put the label on the inside container in the case of eye drops / inhalers / creams etc
- Add an additional label to any product inside an outer container
- Once you are totally happy that each product has been dispensed correctly, sign the "dispensed by" label on each product
- Leave the dispensed items in a basket in a discrete area for final checking
- Clear the dispensing bench down ready for the next prescription ensuring that no part of the previous prescription has been left behind
- Put away all unused items in their proper places
- Clean the tablet counter, if you used it, to avoid cross contamination.

**I am involved with
Prescription Assembly**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 6.

For Prescription Final Check

To achieve a final safety and quality control check on all aspects of the final prescription, ensuring the right items go to the right people.

This covers the prescription final check of prescription repeats.

Responsibility

Job Titles: ACT, Pharmacists

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

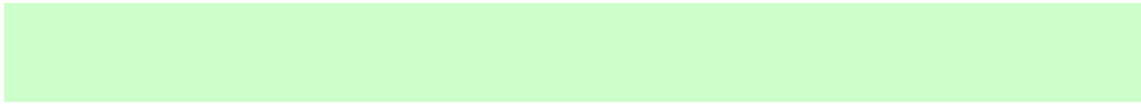
Final Check prior to handing out to the patient

Accuracy Checker to check all repeat prescriptions including schedule 2 and 3 CD's, Warfarin and Cytotoxics, as agreed by all 'permanent pharmacists'.

- The accuracy checker must not play any part in the dispensing and label generation of the prescription.
- Any prescriptions with change of medication, strength, dose or new medication must be annotated by the Pharmacist before the ACT checks the prescription. The Pharmacist annotates the prescription by initialing the top corner.
Ensure a second person performs a final check on all items
Keep distractions and interruptions down to a minimum.
- Read through the prescription once, including the details of the patient name, as well as drug name, strength and quantity.
- Check the prescription is signed and dated by the prescriber.
- Lay each dispensed item out in the same order as they appear on the prescription, by the side of the prescription
- For each item in order, check the patient's name on the printed label matches the name on the script.
- Check that the patients address is correct on the bag label.
Check the name and strength of the drug on the label matches that on the script and that on the actual container it came from
- Check the quantity matches the script and that in the actual container.
- Check that the instructions on the label match the script
The final check must also include a check of the expiry date and the ACT should be satisfied that the product is the "genuine article" and not counterfeit.
- For controlled drugs, these are created as an owed item at the time of dispensing (to be redeemed when the patient/representative collects or is delivered) check the quantity on the prescription matches the quantity on the owing slip.
- If any error is spotted fill in the incident report book / an incident report form promptly, according to the SOP for error reporting
Point out any errors to the person who dispensed them quickly. At the time or, if it is very busy, at a quieter time, discuss ways to avoid this happening again. Use your root cause analysis SOP
- If any issues arises with the prescription and it needs to be referred back to the pharmacist, then put all items back into the basket and take to the pharmacist explaining the issue. If the pharmacist is busy then write a short note explaining the issue. Once the issue has been resolved carry on checking prescription items as per the SOP.
- Sign your name in the Checked by box.
- Bag all the items, checking against the script so that all the items go in the bag.
Attach the script/owing slip to the bag and put in the usual storage area.

6. SOP for Prescription Final Check

If the bag contains a fridge item, controlled drug or something that you wish to discuss with the patient, mark the prescription bag clearly with the item to be discussed / dealt with.



I am involved with

Prescription Final Check

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 7.

For Transfer of Prescription to the Patient or Representative

To ensure that the patient or representative collects the whole of the correct prescription, has the opportunity to ask any questions of the pharmacist, and that the collector is given any information the patient needs to correctly and safely use the medication

This covers all collections of any type of prescription or owed item which takes place at the counter. It is intended to reduce errors in prescription transfer, pass on necessary details about the medication and encourage the patients to ask for more information

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Identify the correct prescription

- Greet patient with a smile and an **open** question like "How may I help you?"
- Ask for the patient's name.
- Ascertain whether they have come to collect a complete prescription or an owed item.
- Check their PMR for the shelf location, if the items have been dispensed recently that day, check the call-back basket. Make sure you find any items noted on the bag as being in the refrigerator, CD cupboard etc.
- Ensure you take into account any other instructions left on the prescription bag, e.g. the pharmacist needs to speak to the collector, two NHS charges still to be taken or the private charge has to be paid.
- If you cannot find it, ask a member of the dispensary team to see if there is a problem with it.

- Once you have found the correct bag, take it back to the waiting patient or pass over the checking bench to whomever is serving customers.

Hand out the prescription

- Before you hand it out, ask the patient to tell you what their house number is (do not say "is your address 12, Dashwood Road", because often they will say yes, even if that address is incorrect) and confirm it matches that on the bag label.
- If it does not, ask them if they have changed their address recently.
- If the answer is no, return to the dispensary and explain the problem.
- If the answer is yes, immediately change the patient's records to this new address if it has been updated on the prescription but not on the PMR.
- Hand out the prescription.
- When handing the bag out make sure you give any information that the patient should know e.g. if items need to be kept in the fridge, any eye drops and cream should be discarded a month after opening, that antibiotic courses should be completed etc. Ask them if they have any questions of any kind that the pharmacist could help them with.
- Check also if a spoon or oral syringe is required by the patient/carer

I am involved with

Transfer of Prescription to the Patient or Representative

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 8a.

For Dealing with Items owed on prescriptions presented at the counter

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers the process of controlling and rectifying any shortfalls from the identifying of the owing through to the returning of uncollected owings back to stock.

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Dealing with the shortfall:

- Make certain there is a shortfall! Is it still in the delivery? Check the computer and see if it is in the ADU, if there are multiple brands then check the interface system to be certain.
- Inform the patient (or representative) that you cannot dispense the full amount, explain when it is likely to be in stock, and give him or her the opportunity to take the prescription elsewhere.
- Record the owing on the PMR and generate 3 copies of the owing label.
- Write on the first 2 owing labels the expected day, time (AM or PM) and supplier for the remainder of the quantity. Apply the 3rd owing label to the owing ticket. Make sure that the pharmacy name and contact number is present on the ticket.
- Leave owing ticket with the prescription and items in the basket for checking.
- Check whether the person collecting dispensed items is the patient or a representative.
- Check that the PMR contains an up-to-date contact telephone number in case of difficulty obtaining stock.
- Inform patient of when to collect.
- Give the owings slip to the person collecting the medicines
- Offer to deliver or post the balance of the prescription (if you operate a collection/delivery service). Bear in mind the profit implications of this.
- If you intend to deliver the balance, file the owings documentation according to your SOP for your Collection and Delivery Service
- If practicable offer to send the item through the post. (Again bear in mind the profit implications).
- Explain that some medicine(s) is (are) owing to them and be clear about the reason for this. If it is due to stock shortage in the pharmacy, explain when further supplies will be available. If it is for other reasons, e.g. a preparation which has a short shelf life such as a reconstituted oral antibiotic mixture, be clear about when the customer should return for further supplies.

- Explain that some owings for generic medicines could be dispensed using stock from a different manufacturer.
- Inform when to call back for the balance and explain that it is important to present the slip when collecting the balance.
- File the prescription form with the owing slip attached in the designated owing pots

Avoiding future out-of-stocks

- Use the pharmacy computer to check stock usage for the item concerned and alter the recorded stock holding if appropriate. If only one customer uses a certain medicine each month, do not keep stock, order only with the prescription.

Dealing with longer-term unavailability

- If the item is out of stock at the wholesaler or manufacturer, explain this to the patient or representative and, if possible, be clear about when further stocks will be available again.
- Ring the wholesaler for the patient if they are anxious and tell them what the wholesaler says.
- Note patient's contact details on the PMR.
- If patients are likely to run out of their medicines (or already have), before new stocks are expected to be available, or are due to start a new medicine which is temporarily unavailable, advise them to contact the doctor to discuss an alternative, as soon as possible.

I am involved with

Dealing with Items owed on prescriptions presented at the counter

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 8b.

For Dealing with Items Owed on prescriptions presented at the counter

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers dispensing of owed items at the various possible points, ensuring that the dispensing is from the original prescription (or copy) to reduce possible errors.

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Dispensing the owing when stock comes in

- For medicines that have a short expiry when the pack is split or made up, label the stock but with a note stating the short date and if it is one of two or three packs, make it clear to use this pack first. Leave a clear note to the person handing out that there is a short dated item in the bag.
- Take current owing prescriptions from the designated owing pots and dispense owing items if stock is available.
- Always dispense the owing item from the original prescription, not from the owing slip.
- Dispense the item in accordance with the pharmacy's SOP for Assembly and Labelling, remembering that labels for owings may be generated in a different way.
- Check item for accuracy in accordance with the pharmacy's SOP for Accuracy Checking and place dispensed items in dispensing bag.
- Place in designated place for prescription bag filing and if patient is age exempt, file prescription in designated slot.
- Bulky owing items are stored on the XL shelf.
- When the customer returns, cross-check their copy of the owing slip against the original prescription form, taking care to check patient name and date of owing.

Dispensing the owing when customer returns

- Greet the customer and take the owing slip.
- Tell the customer you will get the item(s) immediately.
- Check that the item is now in stock.
- Place the owing slip in the designated place which is located ready for dispensing
- Take the original prescription from the designated place which is located in the owing box, checking carefully that patient details are correct: name of patient, date of owing slip, name and strength of medicine, quantity owing, etc.
- Always dispense the owing item from the original prescription, not from the owing slip.

- Check stock levels of the medicine again to decide whether to order further supplies. Check item for accuracy in accordance with the pharmacy's SOP for Accuracy Checking.
- Give checked items to the patient or representative in accordance with the pharmacy's SOP for Transfer of Medicines to Patient.

Dispensing owings when dispensing routine repeat prescriptions

- When dispensing repeat prescriptions for a particular patient, note any current owings and retrieve prescription from owing pot.
- Dispense the owing from the original prescription, to avoid error, and check in the usual way.

- Bag up owing medicine with other repeat items.
- When the patient or representative collects, remember to tell them that the owing medicine is included with their repeat medicines.
- If the customer has the owing slip with them, retrieve it and check details, etc.
- File the prescription with other completed forms.
- Record collection using the PMR system as F4 (collected).

I am involved with

Dealing with Items Owed on prescriptions presented at the counter

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____
Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 8c.

For Dealing with Items Owed on prescriptions presented at the counter

To ensure that any shortages of stock are correctly recorded and re-ordered, and that the patient / representative knows when the shortfall can be corrected

This covers lost owing slips, CD owing scripts and uncollected owings

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Lost owing slips

- If the patient or representative visits the pharmacy to collect an owing without their owing slip, take care to check: - that the medicine is still owing (check PMR and prescription form) - patient details (name, address, name of medicine, etc.)
-
- If in doubt, refer the customer to the pharmacist.
- Where any doubt persists, insist on seeing the owing slip or discuss with GP.

Owings for Controlled Drugs, or for medicines which might be abused

- Consider not giving owing slips to patients or their representatives for: - Schedule 2 Controlled Drugs or buprenorphine. - Any medicines where there is any suspicion of any kind of abuse.
- Alternatively sign the owing slip/label and ask for ID, then explain that the CD can only be collected by that person with ID.
- Attach pharmacy copy of the owing label (plus the customer owing slip) to the original prescription form and file in the designated place which is located beside the computer one. Ensure the patient/carer is fully aware that an amount of medicine is owed to them.
- Advise the patient/carer that they must return to collect the balance within 28 days of the date written on the original prescription.
- Only make an entry for the completed amount in the Controlled Drugs Register when the patient/carer returns to collect the CD.

Uncollected dispensed owings

- Once a month check through uncollected owings and remove any that are more than 2 months old.
- Return any items in complete packs with clear details of batch numbers, expiry dates, etc. to stock. Check expiry dates.
- Ask your assistant to double check the expiry dates and replace the items in stock - taking care to adjust stock levels
- Any broken bulk such as loose tablets/capsules, cut-up blister strips with no batch no and expiry, split packs of oral liquids, etc. should be destroyed as quality cannot be guaranteed, and batch numbers/expiry dates cannot be checked.
- Attach the owing slip to the prescription form.
- Keep for a further 1 month in case the patient eventually returns.
- File prescription forms ready for sending to the PPA.

Uncollected non-dispensed owings

- Once a month, go through owing prescriptions in the designated place which is located Behind the 4th computer. Make a good photocopy of any NHS prescription forms retained to dispense from. Make sure the attached owing label is also photocopied (or transferred) and that all details are clear. Write 'COPY' on the top.
- Place the photocopy in a designated place (such as a card index file) for future use.
- Keep for a further one month in case the patient eventually returns.
- Remove the owing label from the original form and file the form ready for sending to the Prescription Pricing Authority.
- Where it is known that the owed medicine is no longer required (e.g. because the patient has died, or the doctor has discontinued the treatment) endorse the prescription with the actual amount dispensed and give the reason (e.g.. patient died).

I am involved with

Dealing with Items Owed on prescriptions presented at the counter

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 9a.

For Repeat Dispensing

This aims to apply criteria to pick suitable patients to have repeat dispensing

This covers the various ways a patient may become eligible for repeat dispensing

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, Pe-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Repeat dispensing is not suitable for all patients on repeat medication. Therefore any request from a patient will have to be dealt with carefully.

Self Selection REPEAT DISPENSING

- Greet the patient with a smile.
- When the patient asks about the repeat dispensing scheme, check that the request is for him/herself.
- If it is not, explain the issues of confidentiality and the need for informed consent.
- Ask them to discuss it with the patient and if they wish to go ahead, to visit the GP.
- If it is the patient requesting and they are a regular in this pharmacy, check their PMR to ensure that a) they have not had a medication change in the last six months b) their medical condition is stable c) there have been no recent hospitalisations.
- If this is not the case, explain the situation to them and suggest they try again when their condition is better controlled.
- If the patient fits the criteria, then advise them to speak to the GP about using this system for their prescriptions in the future.

Selecting suitable patients REPEAT DISPENSING from their PMR

- Set aside a period of time when you can scan through the PMR or
- Go through the daily prescriptions and then check the PMR or
- As you are dispensing prescriptions, make notes of those patients that look as though they may be eligible
- Look through their medication and see if there have been any changes to either the drugs or the doses in the last six months. Either of these would indicate that the patient's condition is not stable and therefore they will not be able to join the scheme.
- If there are months when they have not collected, check the quantities dispensed to see if they are on 56 day scripts.
- If there is any doubt you will definitely have to discuss it with the patient next time they collect their drugs.
- If you are happy that their condition is stable and they are suitable for repeat dispensing, chat to the patient explaining the system.
- Give them a patient information leaflet detailing how the system works.
- If the patient agrees, fill in the relevant referral form for their GP

**I am involved with
Repeat Dispensing**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____
• Name _____ Signature _____ Date _____

Pharmacist's Name

Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 9b.

For The Receipt and Endorsement of Repeat Prescriptions

To deal effectively with repeat prescription forms and batch issues

Covers how to accept repeats and batches, explanation of the system to the patient and how to send the repeats and batch issues to the PPA.

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, Pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Repeat dispensing is not suitable for all patients on repeat medication. Therefore any request from a patient will have to be dealt with carefully.

Receipt of Repeatable Prescriptions

These scripts need to be handled in a slightly different way from the usual FP10.

- Greet the patient with a smile
- Explain how the repeat dispensing system runs, giving them a copy of the patient information leaflet if needed. Emphasise that the patient now comes directly to the pharmacy rather than their GP for repeat medication but that they can only get their repeat medication from this particular pharmacy.
- Check that the patient has brought the repeatable prescription and at least one batch issue to you.
- Ensure that all the details on the master copy are in place, that there are no handwritten amendments and that it is signed by the prescriber.
- Ask the patient to fill in the back of the first batch issue in the usual manner and take the necessary charge if the patient pays.
- Check with the patient whether they wish to have all the items on the prescription, that they are not suffering from any side effects and they understand how to use their medicines/appliances. This is a very important step as it reduces waste.
- Ask if they wish to keep the remaining batch issues with you to make it easier in the future.

- Dispense the prescription following the dispensing SOPs.
- Retain the repeatable prescription and any batch issues if requested but explain to the patient that if they wish to change pharmacies, they must return to their GP for a new repeatable prescription and batch issues.

Endorsement, Storage and Re-imburement of Repeatable and Batch Issues

- Endorse the repeatable prescription in the usual manner.
- Fill in the date and quantity dispensed
- Or: Fill in a compliance sheet for the patient noting which medicines were supplied and which were not, the date and any interventions made.
- Endorse the batch issue in the usual manner.
- Store any batch issues we are asked to retain in the lockable cabinet located in the cupboard outside the back office.
- On dispensing the final issue remind and write on the repeat as a reminder for the patient to make an appointment with their GP for a review and to collect a further repeatable prescription.

- If the repeatable prescription is no longer needed because all the batches have been dispensed, there have been medication changes or it has expired, submit it, separately from the batch issues at the end of the month.
- Submit all batch issues for payment as normal at the end of the month but keep the initial batch issues separate from the subsequent batch issue forms.
- Shred any batch issues that are no longer required.

I am involved with

The Receipt and Endorsement of Repeat Prescriptions

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off rayne road) Braintree

Standard Operating Procedure 11.

For The disposal of unwanted medicines

To ensure the safe disposal of waste drugs, either returned by patients or expired stock.

Collecting and separating medical waste which either originates in or is returned to the pharmacy, and storing it safely until it is transferred to a specialist waste disposal company and records retained for at least 2 years.

Responsibility

Job Titles: pharmacists, dispensers, dispensing assistants, counter staff, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

- Medicines may now only be received from “households”. This term means only from individual patients homes or homes previously known as residential homes.
- These unwanted medicines must be brought to the pharmacy by the patients or their carers and not collected by you.
- There is no requirement to sort it into various bins
- If there is outer packaging you may remove it, but you cannot take tablets out of blisters etc. as this is defined as "waste processing" and requires a separate licence.
- Ensure when handling the waste that you protect your hands and face from cuts on broken glass etc.
- If you need to destroy controlled drugs, you should keep a record of the number and description of what was collected from patients and hence what is being destroyed, preferably in the CD register.
- You destroy these drugs using the specific CD denaturing kit, and you can then add this mixture to the customer returned waste medicine bin.
- There should be a witness to the whole procedure to prevent any suspicion of misbehaviour. The witness should countersign the record kept in the CD register.
- If the waste comes from out of date stock in the dispensary, this too must be split into solid, liquid and aerosols.
- This waste of dispensary origin must be kept separately from the waste collected by the public. An official person e.g. the RPSGB inspector or the CD police inspector, must still destroy any CD out of date stock that has never been dispensed. Check with your PCT because certain PCTs have authorised persons who can destroy CDs for you.
- The bins that all this waste is stored in should be collected at regular intervals, of no more than six months.
- There should be no more than 5 litres of waste at any one time in the pharmacy
- On collection the paperwork that is provided should be stored in a folder, drawer, file for a minimum of 2 years.
- If you find that your collections are not frequent enough and you have overflowing bins, you must contact the relevant PCT department and ask for an emergency collection or a more regular one.

I am involved with

The disposal of unwanted medicines

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____
• Name _____	Signature _____	Date _____

Pharmacist's Name

Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road)

Standard Operating Procedure 12.

For Supplying Patient medication in an auxiliary aid

To ensure accurate dispensing into an auxiliary aid to help a patient deal with their drug regimen

All cases, whether eligible under the DDA (Disability Discrimination Act) where a customer wants or needs to have their drugs dispensed in an auxiliary aid

Responsibility

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

In these circumstances, the prescription will more likely be collected by the pharmacy from the relevant surgery.

- Assess the prescription in the usual way, according to SOPs for Prescription reception, assessment and Intervention.
- If all is ok, sort out which items will be put in the aid and which will be dispensed as normal. Refer to the list in the pharmacy
- Print a backing sheet and compare with the prescriptions.
- Make changes to this sheet immediately upon notification, and date the changes - preferably noting on whose authority. Separate the non blister items and deblister the items going into the blister using the deblistering machine being careful for the exact quantity of each item required.

Dispensing the Drugs

- Using a disposable compartmental system.
- Fill the medication into the appropriate compartments
- Carefully place the lids onto the system
- Once this is completed, and before it is sealed, make sure it is checked by another member of the dispensary staff.
- Then carefully insert the seal
- Then very carefully, place the backing sheet so it is encased in the outer covering. Place the week 1 to 4 labels and bag labels on the plastic case.

Final Accuracy check and labelling

- Make sure a final check is performed and signed for by the Pharmacist, checking again that the right tablets are in the right slots.
- Attach the usual labels to the appropriate spaces on the casing.
- Underneath the labels, write the description of each tablet in the spaces provided. This can now be done on proscript so the description is printed.
- Label the front of the casing, with the name and address of the patient.
- Follow normal procedures according to your SOP for transfer to the patient
- If the patient is eligible under the DDA then no charge is made

I am involved with

Supplying Patient medication in an auxiliary aid

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
Supplying Patient medication in an auxiliary aid
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

12. SOP for supplying patient medication in an auxiliary aid

I am involved with
Supplying Patient medication in an auxiliary aid
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with
Supplying Patient medication in an auxiliary aid
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off Rayne Road)

For Assessing patients' eligibility under the DDA (Disability Discrimination Act) to have their medicines dispensed in an auxiliary aid

To make sure that the DDA is complied with, so that all patients who need an auxiliary aid are provided one free of charge

This covers assessment of those individuals or representatives who request an auxiliary aid for whatever reason

Responsibility

Names:

Job Titles: pharmacists,

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

The new pharmacy regulations do not include essential service 7 because legal problems became apparent when it was being drafted. Therefore the money set aside by the government for this service has been added back to the general dispensing fee.

This means that anybody who is disabled i.e. has a physical or mental impairment, which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities, would be discriminated against if a contractor fails to comply with his "section 21 duty" under the DDA.

A "section 21 duty" means that a contractor must not have a policy, practice or procedure, which makes it impossible or unreasonably difficult for a disabled person to use a service that that contractor provides. The contractor must take reasonable steps to change that practice, unless failure to comply can be justified.

Obviously this applies to many aspects of the pharmacy but this SOP is considering only the dispensing aspect. In that context, auxiliary aids should be considered e.g. an audio tape for a visually impaired person, reminder charts, large print labels, winged tops for arthritic patients or an MDS. No charge can be made for these aids.

Not all disabled patients will require help taking their medicines e.g. if the person has trouble walking, they may not require a dispensing aid but may need collection and delivery of their prescriptions.

Failure to comply may be justified e.g. if putting the tablets in a compliance aid will cause them to deteriorate and so endanger the patient or if, by removing a child proof lid, children in the patients home may be put in danger.

Initial Contact

- Greet the patient or carer.
- Assess what is wrong with the patient and, what if anything, the patient or carer thinks might help
- Ask the patient/carer to wait while you talk to the pharmacist
- Explain as quickly as you can to the pharmacist what the problem is and see if the pharmacist would like to see the patient immediately.
- Explain to the patient the answer.

Assessment as to whether they are eligible under the DDA

- Before the meeting, make copies of the assessment forms and their guidance notes that are kept with this SOP.
- Familiarise yourself with the various assessment tools so you feel confident to discuss the situation with the patient/carer.
- At the meeting, greet the patient/care and using the guidance notes, fill in the initial contact assessment form. You must bear in mind that these tools and guidance notes are not definitive and each case must be dealt with on an individual basis.
- At this stage between you, you will hopefully have established whether the patient is disabled as outlined, under the act and whether an auxiliary aid may help them with their medication.

- If they are disabled but they answer “no” to the questions relating to day to day problems that they have with their medication, no further support is required.
- If they are disabled but their needs include an element of confusion or are complex, a non-pharmacy based assessment may be required. If appropriate, you may refer them into a local care pathway.
- If they are disabled and they have problems with the day to day tasks associated with their medication, the patient/carer must fill out the self-assessment form, using the guidance notes.

- If they want help to do this, you or one of your staff must help them.
- If they are not disabled but would still like help with taking their medication, discuss with them various alternatives, e.g. reminder charts, dosette boxes, winged caps for bottles, etc. making sure that they know there will be a charge for this
- Ensure that you keep records of all encounters regarding this assessment as, at a later date, you may have to justify your decision.

When a patient or representative returns with a completed questionnaire

- Greet the patient/carer and thank them.
- Explain that the initial form and the self assessment form will have to be reviewed together to decide whether a full pharmacy assessment is needed.
- If the pharmacy is busy or it is inconvenient to compare the forms, ask the patient/carer for their phone number and arrange to ring them with the result.
- Make sure you do not forget to do the comparison or to let the patient/carer know of the result.

- If the comparison suggests that an aid would not help them, explain why and keep records of the decision and why.
- If you decide a full assessment is needed ring the patient/carer to make an appointment.

When a patient or representative returns for a full review

- Greet the patient and take them to a place where you can both sit down, preferably a consulting room.
- Using the guidelines for the assessment form, conduct the face to face interview.
- During the interview, hopefully you will agree the type of support the patient needs.
- The items that should be considered are collection and delivery, non CRC tops, winged tops, large print labels, coloured or symbol use on the labels, tick charts, symbol charts, daily regimen table, medication administration record, blister packed medicines only, non blister packed medicines only, choice of multiple dose symptoms, 5ml spoon, 20ml measure, oral syringe, haleraid, dropper device, other auxiliary aids.

13. SOP for Assessing Patients' eligibility under the DDA

- The summary sheet with the key risk areas and the outcome of the assessment should be completed.
- The summary sheet should be stored in the pharmacy and a copy may be sent to the GP.

- If an MCA / MDS system is recommended the summary sheet must be sent to the GP.
- The patient needs to be reviewed after one month and then managed according to local protocols.

I am involved with

Assessing patients' eligibility under the DDA (Disability Discrimination Act) to have their medicines dispensed in an auxiliary aid

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



13. SOP for Assessing Patients' eligibility under the DDA

I am involved with

Assessing patients' eligibility under the DDA (Disability Discrimination Act) to have their medicines dispensed in an auxiliary aid

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

13. SOP for Assessing Patients' eligibility under the DDA

I am involved with
Assessing patients' eligibility under the DDA (Disability Discrimination Act) to have their medicines dispensed in an auxiliary aid
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with
Assessing patients' eligibility under the DDA (Disability Discrimination Act) to have their medicines dispensed in an auxiliary aid
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off Rayne Road)

Standard Operating Procedure 14.

For Dispensing Private Prescriptions

To make sure that all private prescriptions are dispensed according to the law and the appropriate charges are made and records made

This covers all items which are presented at the pharmacy as private prescriptions

Responsibility

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, counter staff, driver

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Receipt of a Private prescription

- Follow the general procedures for reception of prescriptions
- Take in the prescription. Be aware that several items on private prescriptions are of a sensitive nature, so take the patient to a quiet area of the pharmacy.
- Explain to the patient that it is not an NHS item and they will have to pay for it.
- If they wish to know how much it will be, hand the script to a member of the dispensary team and ask them to cost it.
- Explain to the customer that it will take a few minutes to price the prescription and suggest they take a seat or wait outside with a buzzer, to be called back in when ready.
- Once the price has been worked out, pass the figure on to the customer in a confidential area. If there are any other problems i.e. that the item has to be ordered, explain that at the same time.

- If they are happy about that, give them an estimated time it will be ready and pass the prescription back to the pharmacist.

Dispensing of a Private Prescription

- Proscript Connect now has a facility to record private prescriptions automatically.
- If it has been dispensed before, check that the prescription still has outstanding repeats on it. Bear in mind that the number of dispensings a private prescription is valid for, is the number of repeats plus one.
- If the item is a Schedule 2 or 3 controlled drug for human use then you must ensure that it is written on the standardised private prescription form FP10PCD, whether it is issued by a doctor, dentist or non-medical prescriber e.g. nurse or pharmacist. Vets do not have to use the standardised form.
- You cannot dispense from a photocopied standardised private prescription form. It must be an original.
- On a private prescription for controlled drugs the prescribers six digit private prescription code must be present for you to be able to dispense it. If it is not present you cannot dispense the prescription.
- A private prescription for a controlled drug cannot be repeatable.
- Dispense the item in the usual way, making sure that you use private prescription mode when labelling.
- Endorse the prescription on the back.

- Mark it as the first dispensing if it is the very first one. If it has been dispensed elsewhere, check the number of times it has been dispensed and record the sequential number by your stamp.
- If there are more repeats available leave the prescription with the item to be returned to the patient on the shelf.
- If it is the last dispensing retain the prescription in a secure place for two (5 for CD items) years.
- If the private prescription was for a controlled drug you must send the original of that prescription in to the NHS Business Services Authority at the end of the month using a special submission document FP34PCD

Giving out a Private Prescription

- Greet the patient and collect their prescription from it's storage area. If it is a CD it will need to be redeemed.
- Make sure you can read the amount that is to be charged
- Check with the dispensary staff if the script form has been returned to the patient or not.
- If the item is a CD, ask the patient to sign the script to show they have received the drug. If the patient is not known to you, you must ask for proof of identity.
- With a CD, advice should be given on handling,storage and return of unwanted medication to the pharmacy.
- Otherwise take the patient to a quiet area, tell them the cost and explain whether the private script form has been retained or returned to the patient and why.
- Ring the charge in under a non VAT channel and give the item to the patient, explaining any storage information, expiry dates as per the usual giving out SOP.
- Check that there is nothing the patient is unsure about or wants to discuss with the pharmacist

I am involved with

Dispensing Private Prescriptions

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

14. SOP for Dispensing Private Prescriptions

**I am involved with
Dispensing Private Prescriptions**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

14. SOP for Dispensing Private Prescriptions

**I am involved with
Dispensing Private Prescriptions
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.**

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
Dispensing Private Prescriptions
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off Rayne Road)

Standard Operating Procedure 15.

For Dispensing and record keeping of Controlled Drugs

To ensure that CDs are legally dealt with and dispensed with as little "hassle" for the patient / representative as practical

This deals with all controlled drug prescriptions but see also specific SOP for methadone. As these drugs are very strong extra care is required in their dispensing, recording and giving out

Responsibility

Job Titles: pharmacists, dispensing technicians, checking technicians, dispensing assistants, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

- The key to the robotic dispenser is kept in a safe place, under the pharmacists supervision. Access to the CDs are password protected on the robot software ARIM.
- Check the script to see which class of CD is being requested. If you are not sure look in the Medicine and Ethics guide for details.
- If it is a CD Schedule 3 e.g. Temazepam which only needs storage in the CD cabinet, then dispense as per normal prescription.
If it is a CD Schedule 2 e.g. MST tablets you must check that all the details on the prescription are filled out completely (either hand written or computer generated) i.e. the patient's name and address, the drug, it's strength and the quantity (in words and figures), the total amount of drug to be supplied (in words and figures), the dose, date and signature of the prescriber. These details can be checked in the front of the BNF. Nurse Independent Prescribers may prescribe a limited list of Controlled Drugs. Both Pharmacist and Nurse Supplementary Prescribers may prescribe Controlled drugs where these are included in the patient's Clinical Management Plan.
- Check that the prescription is not older than 28 days. Older prescriptions are no longer valid Prescribers are being encouraged to prescribe for no more than 30 days but this is not mandatory so if the quantity is larger you can dispense it
- If you do not have the full quantity, you will create an owing but you must explain to the patient/carer that any owings must be collected before the 28 expiry date.
- Be aware that CD scripts are prone to being forged. Carefully examine each CD script and rely on your instincts to tell you if there is anything suspicious about it. Do not ignore the "alarm bells" if they ring in your head. You should recognise the signature before dispensing the script. If you do not, you should check with the prescriber.
- Small technical errors on NHS CD scripts may be amended, provided you are sure that the prescription is genuine and the prescribers intentions are clear.
- The only errors you can amend are minor spelling mistakes, minor typographical errors or where the amount ordered is EITHER only in words OR figures. You can add one or the other. If both are missing the prescription must be returned to the prescriber.
- If all is well, dispense in the usual way, being extra vigilant about the drug, strength and dose as it is especially important with such strong drugs.
- If there is any query, you must check with the prescriber. However there are times when it is not possible to contact them immediately. In this case explain the situation to the patient or their representative and give them a time to call back.

15. SOP for Dispensing and record keeping for Controlled Drug Scripts Page 2 of 3

- If the script is urgent, explain the problem to the receptionist and ask to speak to another doctor in the practice or for the actual prescriber to phone you back as soon as possible.
- If the script is urgent and the above has not been possible, see if the patient has previous dispensings on the PMR. If so check with the patient that there have been no recent changes and dispense the minimum of the medication, provided it is legally written, to tide them over till the doctor has been contacted, when there may be changes. Record the part supply as usual in the CD book
- CD's are stored in a locked Controlled-drug cabinet once dispensed. However they should be left as an owing until patient is collecting or it is going out for deliveries if they are Schedule 2 CD.
- Record on the patients PMR in the note section 'cd' and the date if the prescription is separate from an electronic token with other items prescribed.
- Once the item has been given out, record the date, name and address of the patient, the authorising doctor, the drug, quantity, strength and form of the drug in to the relevant section of the CD book/ computer record.
- You must now establish who is collecting a Schedule 2 CD i.e. is it the patient, their representative or a health care professional acting on the patient's behalf. The delivery drivers name is entered into the CD register as the person collecting the medication. The delivery driver also gets a signature from the patient/patient's rep when delivering.
- If it is a healthcare professional, you must obtain their name and address as well.
- You do not need to ask for proof of identity if the patient is a regular who is known to you.
- If the person collecting the CD is not known to you and cannot produce identification then we will not supply the medication.
- Discretion over proof of identity and supply of the CD if the person collecting the medication refuses to sign the back of the script, will lie with the pharmacist, so check they are happy for the item to go out.
- With the new CD prescription forms, you must ask the person collecting the Schedule 2 or 3 controlled drugs to sign the back of the form as a receipt.
- The name and address of patient/representative must be entered on the prescription, a YES or NO must be entered into the CD register to whether identification was provided by the person collecting.
- On supplying a CD, advice as to how to handle, store and return unwanted CDs must be given to the patient/carer.
- The GPHC now recommends you should maintain running balances in the register and record the prescriber identification number or professional registration number where known and the name and professional registration number of the dispenser. These records will eventually become mandatory.
- When a stock delivery is received it must be signed for by a pharmacist or whoever He/She authorises to sign. The CD's are then entered into the registers and stock levels checked. The CD's should then be manually fed into the robot via the input belt and the invoice marked 'R' and signed on the invoice by that member of staff.
- Any unresolved discrepancy must be referred to the manager or pharmacist for investigation. They will do a drug recall up to and including the last dispensing transaction where the stock balance was zero. Reconcile each transaction from the drug recall sheet with the entries in the CD register. If it's still not reconciled then an invoice check with the wholesalers for all deliveries received in this period should be done. If still unresolved the manager needs to make record on the NHS incident reporting website the next working day.
https://www.cdreporting.co.uk/nhs/portal/modules/events/incident_2/index
- Fill out the running total record for that medication and cross check this with the stock levels in the robot and reconcile stock balance for every transaction. Stock balances will be done monthly for the remaining stock as prompted by CD Smart.

15. SOP for Dispensing and record keeping for Controlled Drug Scripts Page 3 of 3

I am involved with

Dispensing and record keeping of Controlled Drugs

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Christchurch Pharmacy

Mace Avenue (off Rayne Road)

Standard Operating Procedure 16.

For The sale of OTC medicines without the intervention of a Pharmacist

To make sure that all items which can be sold for a range of symptoms can be safely sold without unnecessarily taking up the pharmacist's time

This covers all ailments which have been self diagnosed and which fall into a list of low risk areas and rules out more serious problems / at risk individuals

Responsibility

Names:

Job Titles: dispensing technicians, checking technicians, dispensing assistants, counter staff, pre-reg

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

Greet the customer

- Greet the customer as you would a close friend. This may not always be easy but if you attempt this with most individuals you will be rewarded by a pleasant experience and repeat custom
- Start your conversation with a set of words that form an open question (most people recommend "How may I help you?", or the less grammatically correct "How can I help you?". Specifically you should not use a closed question such as "Can I help you?" We do not recommend the use of the quite commonly heard "Yes?"

Find out what the problem is

W Wwham: If the customer asks for a medicine by name or by describing symptoms suffered by someone else, ask them WHO the medicine is for.

- Listen carefully to the answer
- If the request is for an individual who is pregnant, under 16 or over 65 pass the query to a pharmacist

W wWham: Ask what the WHAT the symptoms are.

- Listen carefully to the answer
- If there is any indication of blood loss from any orifice, unexplained weight loss, severe prolonged headaches, blackouts etc. Refer to the pharmacist

H wwHam: Ask the customer HOW LONG they have been suffering from the symptoms

- Listen carefully to the answer
- If the answer is more than ONE week refer to the Pharmacist

A wwAm: Ask them if they are taking ACTION taken already.

- Listen carefully to the answer
- If the answer is yes (refer the query to the pharmacist)

M wwAm: Ask the customer if they have already tried any MEDICINES for the current symptoms and whether it worked

- Find out whether the patient concerned has any long term conditions.
- If they have then refer to the pharmacist who will want to offer them advice on their condition(s)

16. Standard Operating Procedure for Sale of OTCs by Counter Staff Page 2 of 5

Recommend and sell product(s) Don't miss linked sales such as tissues etc.

- If you feel confident in advising an appropriate remedy, bearing in mind the advice you received in your training, anything you have learnt from listening to your pharmacist, and your personal experience, then go ahead and suggest it. If it is a pattern of symptoms you do not feel confident about, refer to the pharmacist
- Be aware that there are certain medicines that can be abused. When selling these products, you need to refer to the pharmacist if the purchaser wants to buy a lot or has been in several times that day or week to buy them. Such items include Kaolin and Morphine mixture, Codiene linctus and recently Pseudoephedrine products
- The quantity you can sell of certain products is restricted by law e.g. paracetamol which is no more than 32 unless by a pharmacist and now pseudoephedrine sales are restricted to 720mg at one time and preferably by the pharmacist.
- Explain how the medicine is to be used, any side effects it may cause and what to do if the symptoms do not clear up
- Make the sale using your usual till procedures
-

I am involved with

The sale of OTC medicines without the intervention of a Pharmacist

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

16. Standard Operating Procedure for Sale of OTCs by Counter Staff Page 3 of 5

Pharmacist's Name

Pharmacist's Signature

16. Standard Operating Procedure for Sale of OTCs by Counter Staff Page 4 of 5

I am involved with

The sale of OTC medicines without the intervention of a Pharmacist

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

<ul style="list-style-type: none">• Name _____ Signature _____ Date _____• Competence checked by _____ Date _____• Restrictions

Pharmacist's Name

Pharmacist's Signature

16. Standard Operating Procedure for Sale of OTCs by Counter Staff Page 5 of 5

I am involved with

The sale of OTC medicines without the intervention of a Pharmacist

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Competence checked by _____	Date _____	
• Restrictions		

Pharmacist's Name

Pharmacist's Signature

I am involved with

The sale of OTC medicines without the intervention of a Pharmacist

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off Rayne Road)

Standard Operating Procedure 17.

For Sales of OTC medicines with the intervention of a Pharmacist

To make sure the customer gets the right OTC medicines or is referred if not

This covers requests made by members of the public for help with minor ailments, which require the intervention of a pharmacist

Responsibility

Names:

Job Titles: pharmacists

Date of Preparation:

24th February 2023

For Review before:

24th February 2025

- Greet the customer with a smile.
- Ask them what the problem is. If they have been passed to you from a less experienced member of staff, bear in mind they may be a little annoyed, impatient or worried.
- If the patient is present, assess their appearance. Very often if a person is really unwell they will look ill, especially if it is a child. Rely on the individual's "body language"
- If they do appear ill, refer them to A&E or their own GP.
- Explain to them what you are doing and why, so they can explain to the receptionist at the next point.
- If the patient is not present, but the symptoms the carer is describing are indicative of a serious problem refer them on as above.
- If the patient and/or the symptoms they describe, do not appear serious, reassure them as to why they have been passed over to you, if necessary.
- Ask them the usual relevant questions about their symptoms, how long they've been going on, what other medication they are taking and anything they have already tried.
- Using your clinical judgement and the personal experience you have gained from working in community pharmacy over the years, suggest the best remedy you feel will help relieve their symptoms without interfering with any medication they are already on.
- Explain the dosage, how long they should take it for and any side effect the patient may suffer.

- Be sure to indicate, if the symptoms are still persisting, at what stage they should seek further medical help.
- Check if they are a regular patient of yours and if they are diabetic, hypertensive, smoke or are over weight.
- If so decide whether the advice you have given needs to be recorded in their PMR.
- If so, do so after you have completed the transaction in the usual way.

I am involved with

Sales of OTC medicines with the intervention of a Pharmacist

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with

Sales of OTC medicines with the intervention of a Pharmacist

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

17. SOP for Selling OTC medicines or referral by the pharmacist

I am involved with
Sales of OTC medicines with the intervention of a Pharmacist
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 22.

For Obtaining Special items

To obtain as cheaply and quickly as possible any items that are not available from the usual wholesaler, and keep an audit trail of the progress of the order.

This covers ordering and administering all purchasable items, not obtainable from the usual wholesaler, but ordered by a prescriber.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Explain to the patient that there will be a delay in getting their drug and take their phone number or give them the pharmacy phone number so you can advise them when the product will arrive
- Check that the product is not available from a normal manufacturer. The easiest way is to speak to either the local drug information department or the NPA.
- If there is no licensed product available you need to approach a Specials Manufacturer.
- If a supplier was suggested, record the phone number on your Specials Record Form. If not then contact the Specials Manufacturer of your choice.
- Ring the company and record who you are speaking to.
- Order the product, making sure you are clear about the ingredients, strength and quantity that you need. Refer to the original prescription every time.
- If the product is listed in part VIII B of the drug tariff, confirm the purchase price will be below what you will be paid by the government
- Confirm the anticipated date of delivery and the method of payment.
- Store the record of the relevant details as above.
- Let the patient know if applicable.
- Leave the prescription and order details on a query clip/designated area.
- Make sure this clip/area is checked regularly so if the product does not arrive, it can be chased up before the patient returns.
- Record any details from this follow up.

When the Product Arrives

- When the product arrives, check that it is what was ordered.
- Fill in the specials book with all the relevant details.
- Attach a copy of the prescription and the label supplied.
- Endorse the prescription with "SP" if the product was supplied by a company operating under an MRHA special's licence or importer's licence.
- Endorse a prescription with "ED" if the product has been extemporaneously dispensed by the manufacturer
- Dispense in the usual manner.
- Ring the patient to let them know the item has arrived.
- Leave the dispensed item in the usual area.



Gets you up to date & keeps you ahead of the game

**I am involved with
Obtaining Special items**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Obtaining Special items**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Obtaining Special items which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 23.

For Advising on Chronic Conditions

To pro-actively, gently probe customers for signs of a long term condition and try to provide appropriate help and advice. Pharmacies are the health care arena which have the most footfall of the population, so you are best placed to offer help and advice in this way.

Covers any health related conversation had by pharmacists which might reveal a long term condition of any kind, that needs further help.

Responsibility

Names:

Job Titles: Responsible Pharmacists, Pharmacists

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

This can originate in several ways: a customer may come in looking for a treatment for a minor ailment and it may become clear that there is an underlying chronic condition that the patient / carer could benefit from some advice about; you may be dispensing for a regular patient and when giving out the prescription, may feel it is appropriate to give some advice about their long-term condition: you may see a regular patient and while chatting realise that they need some help with their medical problems; or a patient may simply come up and ask for advice.

- If you have limited experience in the pharmacy be aware of your capabilities and pass the problem sensitively on to the GP or specialist as soon as you become "out of your depth". As you gain experience you will soon learn the tell-tale signs to look for.
- If the patient is not a regular, try to establish what their problem is, how long they have suffered and what treatment they are having at the moment.
- Ask the patient how they are feeling? Are they coping with the symptoms? When did they last have their condition monitored by the doctor?
- Be sensitive to the patient – they may prefer to discuss this in private, they may be in a hurry or they may not want to talk about it at all, especially if they have not been taking their medicine or getting their tests done.
- Also be very careful not to imply any criticism of their GP or of their practice.
- Ensure you know the basic monitoring tests for the major conditions and what the results for each test should be. One of the best ways to keep this sort of knowledge up to date, is to check if your LAT will pay you to do sessions in a local GP practice, doing full medicine reviews. Alternatively TheInformacist.com runs seminars to cover these items.
- Taking in to account all the information you have gathered about the patient and their condition, give the advice that you think will be most useful for them or refer onto a specialist – see signposting SOP.
- Research in smokers who want to quit, has shown that the odd few minutes spent by a pharmacist chatting to them about giving up, does help improve their chances of doing so.
- Hence advice in other areas may have a similar effect.



Gets you up to date & keeps you ahead of the game

- If the patient is a regular, ask the same sort of questions as above then record any advice that you feel may be clinically significant on their PMR. See your SOP for assessment of clinical significance
- It may be a good idea to keep a record of all advice you give to patients with long term illnesses, to show to your LAT that you are complying with the essential services in the contract. These, as it stands at the moment can be recorded on paper.
- Just the date, time, long term illness and a brief note of the advice should suffice.

I am involved with

Advising on Chronic Conditions

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Advising on Chronic Conditions**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Advising on Chronic Conditions So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with Advising on Chronic Conditions which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature



Locum Pharmacist's Name

Locum Pharmacist's Signature



Locum Pharmacist's Name

Locum Pharmacist's Signature



Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 24.

For Assessment of clinical significance in recording interventions

This aims to ensure that clinically significant facts are recorded in the appropriate place and that time is not wasted recording items of small significance (it could be argued that no piece of information is insignificant).

This specifically covers any advice given, by anyone on the staff, to a patient or carer inside the pharmacy premises.

Responsibility

Names:

Job Titles: Responsible Pharmacists, Pharmacists

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- There are two areas in the contract where it states that records should be kept of advice given and interventions or referrals made; dispensing and support for self-care.
- Whilst dispensing there are a number of areas that may need recording on a patient's medication record:
 - e.g. You have contacted a doctor to query a dose and they have told you to give that dose anyway or they have suggested you alter the dose.
 - e.g. You contacted the doctor regarding a significant (having the potential to cause harm) side effect, contra indication or drug interaction. The outcome should be recorded.
 - e.g. The doctor is contacted because the patient cannot take the tablets so they are changed to, for example, a soluble form.
 - e.g. Any advice given on contraindications or interactions of dispensed medicines e.g. advice on taking weekly bisphosphonates, does the contraceptive pill affect psoriasis, do codeine tablets interfere with blood glucose control.
- In each of these cases, records of the incident and the resolution of it should be recorded on the patient's PMR.
- Then when it comes to self-care you should record the following sorts of things:
 - Advice on OTC medicines, their interactions, side effects etc. e.g. advice on using co-codamol when breast feeding, malaria prophylaxis, can a pregnant women take cough medicine.
- Any referrals made to other healthcare professionals e.g. to a doctor after several high BP readings.
- However in these circumstances, you need only record the incident if you know the patient. It is not made clear in the regulations if that patient is a regular but you don't recognise them, whether you should establish if they are a patient that you dispense to or not.



Gets you up to date & keeps you ahead of the game

**I am involved with
Assessment of clinical significance in recording interventions
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Assessment of clinical significance in recording interventions
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Assessment of clinical significance in recording interventions
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 26.

For Dealing with other Health Care Professionals

Organise your telephone contacts with other Healthcare personnel so that you efficiently collect the information you require.

This covers telephone calls to all healthcare and other personnel whose assistance you need to satisfy your customers needs.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- There are a number of times that communication with other professionals becomes necessary, e.g. a query over a prescription, information about services from the LAT or finding out about a new drug.
- Check out all sources you have in the pharmacy as in some cases you may not need to make a phone call at all. You can often quickly find the answer to a problem by interrogating a search engine on the Internet.
- Before you make the phone call, make sure you have all the relevant facts to hand.
- If it is a prescription query and you are suggesting the drug the doctor has ordered is not available or suitable, then the GP will often expect you to offer alternatives.
- Therefore you need to research the alternatives, their doses, side effects, suitability for the patient and possibly cost compared to the product ordered.
- If it is a newly released drug you are researching, you will need to know the manufacturer, phone number etc. and be clear in your mind what information you need to suit patient's, doctor's needs etc.
- If it is the LAT, be clear in your mind what exact details you are looking for.
- In all cases, the best policy is to write the questions down, as it is very easy to forget to ask one or more of the important questions which will then lead to another telephone call and more expense. This applies no matter how experienced you are!
- It may be a good idea to create a phone query form for use in the pharmacy, so details can be recorded and nothing is missed.
- Try to establish who you need to contact, before picking up the phone. If this is not possible, then ring the contact you have been given and explain to the person who answers, what your query is.
- Make a note of their answer and also ask for the name of the person you are speaking to, so if you are not successful with your query you can at least, hopefully re-contact that person if you need to.
- If they offer to put you straight to the person who can answer your query, ask for the direct number and record it, so if you are cut off or have to phone back you can get back to the right individual.



Gets you up to date & keeps you ahead of the game

- Once you have contacted the person, you very often find that you are speaking to an answer phone. If so give brief details of your query, the date and time and your contact number.
- If, as is often the case with a GP's surgery, you are told to phone back later at a set time make sure you do.
- Make a note of the phone call and put the query form in a set place, possibly with the script queries in general.
- As mentioned in other SOPs make sure this clip is checked at least twice a day, so follow up is not delayed.
- When speaking to other healthcare professionals, make sure you are always polite, keep to the point of your phone call and thank them for their assistance.
- Even if you have to make several calls, do not lose your composure. Most of the people you are dealing with will be doing their best to help you.
- Once you have got the answers you need, make a note of them.
- Act on it, if necessary i.e. dispense the script, let the doctor or patient know what you have found out or record what the LAT is planning.



Gets you up to date & keeps you ahead of the game

I am involved with

Dealing with other Health Care Professionals

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with

Dealing with other Health Care Professionals

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Dealing with other Health Care Professionals
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 27.

For Stock Control

To ensure that money is not wasted on overstocking and expired stock but ensure that patients are not inconvenienced by owings at an unnecessarily high level.

This covers stock management from identifying an item is needed through to receiving and accepting or returning the stock. There is also a separate SOP for receipt of stock

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Stock Control should constantly in the back of your mind in the pharmacy

- When assembling drugs for a prescription, be aware of the quantities on the shelf / in the drawer, especially if you have not got enough or have far too many.
- If the stock is not at the right level, correct the stock level in the computer if there is automatic stock control.
- If you do not use computerised stock control, taking into account any quantities owing, order more manually or make a note not to reorder that product until the levels are reasonable.
- Always balance the cost of the money tied up in overstocking versus the inconvenience and costs of losing a script or a customer disgruntled at the level of owings.

Wholesaler ordering

- Make sure you order the majority of lines through Drug Comparison to maximise our discount.
- Always thoroughly check the order line by line before you send it so you do not order any unnecessary stock.
- If your transmission system gives you advance warning of out of stocks, order immediately directly on wholesaler websites to see if this is a manufacturing issue.
- Always check invoices delivered against those ordered and/or paid for.
- Make sure you claim for non-delivery as soon as possible and make sure you send back stock sent that you did not order.
- A day or so later discipline yourself to re-check the invoices and send back anything (particularly if it is expensive) that you realise you don't need.



Gets you up to date & keeps you ahead of the game

Stock Rotation

- Make sure that new stock packs are always put behind stock already there so that the oldest gets used first.
- Use the coloured sticker stock control system.
- Allocate an area of the dispensary to each member of staff.
- On a scheduled rota every three months that member of staff must go through ALL the stock in their location and attach a coloured sticker so that the sticker can be seen while dispensary staff are dispensing.
- Three months later choose a different colour sticker and apply to all stock in the same way. Any stock remaining from the first sticker will now have two coloured stickers.
- This way you can immediately see that a box with stickers has been in the dispensary a while. This should prompt staff to a) use that box first, b) question the need to re-order the stock if it is used so infrequently - particularly if it is an expensive item and c) double check the expiry date as it is dispensed.

Weeding out aging stock

- If any stock has more than one sticker on it you are unlikely to use it. If you are a member of a chain of shops offer all such stock immediately to other members of your chain. If not try ringing your closest friends who are pharmacists and offer them the stock at a discount. See if there is somewhere to advertise to all pharmacists, or set one up.
- When transferring stock keep very tight records. You can either swap for stock or you can invoice the recipient. Either way the point is lost if you do not get paid.
- Ensure the remaining stock levels are adjusted for the removed stock.
- Decide if the item is worth replacing and re-order if necessary.

Date Checking

- Perform a regular check on expiry dates of ALL the stock every 2 months if they are not in the robot.
- Monitor the robot dashboard which make us aware of unused drugs before they expire.
- Adjust the stock levels for the stock you now cannot use.
- Dispose of the stock according to ES3.
- Decide if the item is worth replacing and re-order if necessary.



Gets you up to date & keeps you ahead of the game

**I am involved with
Stock Control**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Stock Control**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Stock Control
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 28.

For Ordering Stock from wholesalers

To obtain quality stock at the right price to maintain service levels without wasting money on unnecessary stockholding.

Covers general purchases of both prescription and retail stock

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

This is probably one of the most important functions in the pharmacy. If you do not buy at the right price, you will not make enough profit to pay the rest of your overheads.

- Do not delegate this job unless you are confident that that person is as keen as you to make a profit.
- Check the most recent Drug Tariff for the price you will be paid by the government for the drugs you use. Luckily this only needs to be done monthly. Keep an eye on the PSNC website for extra details of pricing specific to that month.
- Concentrate on the items a) you use the most, and b) are the most expensive.
- Study the price lists of the wholesalers, both full line and short line to get the best price. Unfortunately this needs to be done at least weekly, as often the special offers change that regularly.
- If you are debating between branded products and the PI versions, bear in mind the wholesalers discount you will get at the end of the month off the branded products.
- Beware that the wholesalers may have the same generics, by different manufacturers at vastly different prices.
- So choose the cheapest brand at that time, unless of course you are dealing with Theophylline, Nifedipine, Diltiazem etc. where the brand is significant, in which case Parallel Imports could be used.
- If you come across a bargain, buy enough to last till the end of the month but don't be tempted to overstock.
- Use your computer, where ever possible, to find out how much of a certain product you use daily and monthly and order accordingly. You can get data on product usage even if you do not control the stock by computer.
- Adjust your computer so that the particular brands you have decided to order that month or week, are the ones that will be automatically put through to your preferred supplier.
- Remember that you receive two orders a day, so there is no need to stock more than one day's supply. Just in time ordering will save you a good deal of money from being tied up in working capital.
- If you only dispense an expensive item once a month, do not reorder it till the first day of the next month. This will give you an extra 30 days credit.
- For the same reason, towards the end of the month, delay any items you will not need for a couple of days until the first day of the following month.



Gets you up to date & keeps you ahead of the game

- Most computer ordering systems have the ability to put orders on hold, so use this.
- On the first day of the next month, reorder all that you need. Again this will increase your credit by 30 days.
- Check your invoices regularly, to confirm that you did receive the cheapest brand of generic. There are times when the wholesalers just send whatever comes first.
- Invoice checking is especially important if you have employed locums or your staff are not as vigilant as they could be.
- Remember you only have 3 days to return goods and fridge items cannot be returned. This is particularly difficult as many insulins are very expensive and they are often ordered incorrectly.

- If you have more than one branch, it is essential to exchange stock that has stuck in one branch but is used in another, so get into the habit of asking the other branches before you order any expensive item say above £45 per month supply . This can save huge amounts of money. You can save twice the stock price.
- Much of your profit, though not your turnover, will be made in the retail side of your business, so it is important to buy good bargains that can create good offers for your customers. If you can get repeat sale products at extra discounts if you buy a large quantity, then push the boat out and buy three or four months stock. You can then have the stock at a good price for the normal time the offer lasts but you can then reintroduce a good price later on when your competitors are buying and selling for the usual price.
- These need to be marketed and bundled to take full advantage of your purchases and increase market share.
- Check your invoices to ensure you are getting the price you wanted.



Gets you up to date & keeps you ahead of the game

**I am involved with
Ordering Stock from wholesalers
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Ordering Stock from wholesalers
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Ordering Stock from wholesalers
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 29.

For Receiving Stock from the wholesaler.

To ensure that stock that is received is genuine, of good quality, is well within date and that the stock that was ordered has been delivered and invoiced correctly. Any shortages or uninvoiced stock must be corrected in good time.

This covers receipt of stock from any source, checking it against the invoice

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Check goods against the invoice

- Collect the bins from the dropping off area.
- If lifting is involved, make sure you follow the Health and Safety procedures, especially with regard to safe handling and lifting.
- If possible, empty the contents of the box onto a dispensary side, putting boxes of the same drug together, so you can easily see the products.
- Be especially careful of generic boxes that use similar colours for different drugs.
- Using your experience, get used to which items have a short expiry date and make sure you check it before putting it away. Periodically check a standard line which usually has a long date and record that you have done so on the log.
- There is little you can do to guard against counterfeit drugs. Experience of handling packs may alert you to variations in quality, but with PIs etc. differing pack sizes and carton textures and markings are commonplace. Also modern fakes are of higher and higher quality and are thus harder to detect. Just keep in mind the fact that there are fakes around and they are on the increase.
- Get the relevant invoice and carefully check the item, strength and quantity of the drug against the invoice.
- Mark each item on the invoice with a tick as you check it. If there are discrepancies, mark them on the invoice.
- Repeat for each container.

Follow stock control procedures

- Accept the order on the computer, deleting any items that did not arrive.
- Put the stock away, making sure they go in the right position.
- If there appears to be an overstock, check the computer for usage levels and adjust the quantity as necessary.
- Note any out of stocks, particularly if they are owing.
- Discuss with the pharmacist or a regular member of staff the best course of action to deal with these.
- If there were discrepancies, ring the wholesaler and explain, either asking for credit or to return uncharged for items.
- Fill in any relevant documentation for the wholesaler.
- Stack the empty bins in the appropriate place for collection later.
- Prepare any owings still outstanding from stock that has just arrived see Owings SOP.



Gets you up to date & keeps you ahead of the game

I am involved with
Receiving Stock from the wholesaler.
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Receiving Stock from the wholesaler.
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with
Receiving Stock from the wholesaler.
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 30.

For Complaints Procedure

The aim is to provide the correct response to a customer complaint as required under the New Contract

Covers common complaints arising from customers. For disputes not covered by this SOP please see in the box below.

Responsibility

Names:

Job Titles: Complaints Manager, Deputy Complaints Manager, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

The only people able to deal with this SOP are the complaints manager or their deputy. The best way to deal with complaints is to provide supremely good customer service, and treat customers as friends (even the more obnoxious ones!). If they regard you as a friend they are MUCH less likely to complain in the first place. Generally the error can be corrected and no more is said. Also most complaints arise from poor customer service. Certain complaints or disputes are not covered by the regulations and so are not covered by this SOP. They are:

- An oral complaint that is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made
- A complaint that is the same as one dealt with orally as above
- A complaint that has been previously dealt with
- A complaint, which is being investigated by the Health Services Commissioner.
- A complaint arising out of an alleged failure to a request for information under the Freedom of Information Act 2000.

Under the regulations April 2009 a pharmacy contractor MUST designate a responsible person who MUST ensure compliance with the regulations and in particular, make sure action is taken if necessary in light of a complaint. That responsible person MUST be the CEO of a company, one of the partners in a partnership or the sole trader in a single handed practice. They can deputise somebody to act on their behalf, i.e. a complaints manager, but the ultimate responsibility lies with them.

Initial steps

- Firstly greet the customer. Don't be intimidated by any displays of aggression - customers occasionally have to build up a "head of steam" before they make a complaint. Also by far the majority of complaints are genuine, and not people "just trying it on".
- Suggest you discuss their problem in the consultation area of the pharmacy if possible.
- They may be very annoyed, so first let them tell you briefly what they are upset about.
- Assess whether you have the authority or ability to deal with an angry customer and their complaint.
- If not pass them onto the complaints manager, or their deputy if they are not available.



Gets you up to date & keeps you ahead of the game

- For reasons of confidentiality, it is important that the manager establishes the person making the complaint is the person affected, or that they have the authority to make the complaint on behalf of that person.
- If you feel that the complaint should be dealt with by a different body, you should, if the customer agrees, send the complaint on.
- Assuming you are able to deal with the situation, record all the details i.e. date, details of the complaint and name of complainant.
- Treat the patient/representative with politeness at all times.
- Acknowledge the problem they are describing in order to confirm you have heard what they have been saying. At this stage do not specifically admit any liability.
- Be sympathetic and apologise for any upset they may have suffered with out actually admitting to an error at this point. Be sincere in your apology.
- Ask them how they would like the alleged error/problem to be remedied. Very often patients simply want their complaint heard and action taken to ensure it doesn't happen again. Sometimes an apology is all that is required.
- The rules now state that you must discuss the manner in which the complaint is to be handled and the response period within which a) the investigation of the complaint is likely to be completed and b) the final response is likely to be sent to the complainant. The time for the response should be agreed but should not normally be more than 6 months.
- If the complainant will not discuss the problem, then the pharmacy contractor must determine the response period and notify the complainant in writing.
- During the interview or as soon as the interview is over immediately write down details as you remember them. If you leave this for a while you will not recollect so clearly.

Responding to the complaint

- You must acknowledge the complaint in writing to the patient/representative within 3 working days of your receipt of their complaint.
- If the complaint was made orally in person, or via the phone, send a copy of the details, recorded at the time, with the acknowledgement and ask them to sign and return this copy back to the pharmacy, to indicate that they agree with the details recorded by the complaints manager.
- You must send this acknowledgement by first class post.
- The envelope must be marked "private and confidential".
- You must include in this envelope details of the complainants right to assistance from the NHS Complaints Advocacy Service. Their website has contact details of the service in your area, www.nhscomplaintsadvocacy.org
- You may decide at this time that it would be prudent to let your insurers know of the incident.

Investigation

- You must investigate the complaint.
- If the complainant has suggested how he would be happy for the situation to be resolved and you are able to follow his suggestion, this is the best way forward.
- You must keep the complainant informed of the progress of the investigation.
- Record any conversations you have for future reference.
- If the investigations are protracted for any reason, the complainant should be communicated with at, at least fortnightly intervals.
- Once the investigation has finished, write a response, which details the original complaint, describes the investigation and summarises the conclusions. It must also include any remedial action that is needed and confirmation as to whether the contractor is satisfied that the remedial action has been taken or is due to be taken



- This must be signed by the responsible person
- You must send the response within 6 months of the original complaint, but this should not be used as a reason to delay the response i.e. if the investigation has been completed before the six months is up.
- You must notify the complainant of his right to refer the complaint to NHS England (england.contactus@nhs.net tel:0300 311 2233 Mon-Fri 8-6 except bank holiday) if they are not satisfied with your response.
- Again explain that the patient can get further help from NHS Compliants Advocacy Service. To find their nearest office visit their website www.nhscomplaintsadvocacy.org
- The response must be sent to all parties who were sent a copy of the original complaint.
- As a complaint may have been made to gather information for a future civil action, it would be wise to seek advice about the response from your insurers, before sending it.
- If the complaint involves any aspect of patient safety, a report of the incident should be made and passed to the National Patients Safety Agency, www.npsa.nhs.uk
- Any lessons that you learn from the investigation by running a root cause analysis, should be implemented within the pharmacy.
- Check over the next few weeks that these changes do help to prevent any re-occurrence of the original problem and does not produce other problems as a side effect.
- For the purposes of monitoring, you must now record: each complaint received, the subject matter and outcome of the complaint, and where you informed the complainant of the response period or any amendment to that period: whether you sent a report to the complainant within that time frame.
- At the end of the financial year i.e. 31st March you must prepare an annual report which specifies the number of complaints you received, the number that you felt were well founded and the number that you have been informed have been referred to the Health Service Commissioner/NHSEngland to consider under the 1993 Act.
- You must then summarise the subject matter of any complaint, any matters of general importance arising out of these complaints or the way in which they were handled and any action that has been taken to improve services as a consequence.
- This report must be available to any person on request and you must send a copy to your LAT as soon as is practicable after the end of the year to which it relates



Gets you up to date & keeps you ahead of the game

**I am involved with
Complaints Procedure**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Complaints Procedure**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Complaints Procedure which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 31.

For Confidentiality

Aims to keep information of a patient - specific nature confidential at all times

This covers any work which involves the collection, discussion, and storage of information about our patients

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Patients must be made aware that information they give may be recorded and shared to provide them with the best care, which includes clinical audits to monitor the quality of care. If you think your patients would be surprised about the information you hold on them, then they are not being effectively informed.
- Within pharmacy there are many areas where respect for a patient's confidentiality becomes important.

The first we will deal with is talking to a customer in the shop.

- If the customer starts to discuss something of a sensitive or private nature, encourage them to move to an area where they will not be over heard.
- Once you have understood the basics of what the customer wants, you may have to pass this information to another member of staff.
- Make sure that you do this in a discreet manner, such that other customers and staff who are not involved, do not overhear.
- Anything that is discussed in the shop is confidential between the customer and the member of staff.
- Therefore, at no stage should any member of staff discuss anything that they have found out about a customer, even among staff unless there is a reason that is in the customer's best interests.

Secondly when a prescription is being dispensed.

- Generally as the computer is in the back of the dispensary and customers do not have access to this area, this is less of a problem. The general philosophy of the staff should still be to protect the patient's confidentiality.
- With any patient that comes in for a prescription, the information that you gather from dispensing that script is not to be passed onto any other person, unless it is with the patient's consent.
- If you need to get into a patient's records you must use your own password and log out when you have finished.
- You must keep back up discs in a secure location e.g. the CD cabinet.
- When you need to discuss the patient with, for example, their surgery ensure that the person on the other end of the line is a member of the surgery staff.
- Also make sure that you cannot be overheard, by members of the public or visiting tradesmen etc. while making the phone call.
- It is assumed at this stage that the patient will understand and accept that if you have to order some special drug for them or there is a query about their prescription, some confidential information may need to be passed on in some circumstances, but this should be kept to an absolute minimum.



Gets you up to date & keeps you ahead of the game

- There should be a leaflet available in the pharmacy that explains to the patient what information is held within the pharmacy and the precautions that are taken to ensure that the information remains confidential.
- However if you feel that the patient may object for whatever reason, it is best to get their consent before discussing their confidential information.
- If you have to fax any information concerning a patient, ensure the receiving fax machine is in a secure site. This is referred to under the Caldicott guidelines as a "Safe Haven fax". See SOP for Faxing.
- If it is not, then ring before hand to tell them the fax is on its way so that it can be attended by a responsible individual.
- Fax it and then confirm they have received it.
- If for any reason, other people come into the dispensary e.g. the delivery driver, waste disposal personnel or repairmen, as much as is possible, do not leave confidential information of any description lying around.
- Ensure the computer screen does not stay on a patient's records. Keep scripts in boxes rather than on the dispensary bench and queries on a clip.
- If for any reason you have information about a patient or their medication that you no longer need, do not just throw it in the bin. It must be passed through a shredder. This includes items like unused labels and unwanted repeat halves of scripts.
- When you are involved in repeat dispensing or if you have a collection service, the batch scripts and/or the repeat request forms should be kept in a locked cabinet.
- If you keep details of near misses, dispensing errors or complaints that detail non-anonymised information that too should also be kept in a secure place.

Now we move onto the more difficult area of carers, parents and representatives.

- If you are dealing with children, who are 16 or 17, they are presumed competent and therefore their information should be treated with same respect as adults. You cannot discuss their prescriptions or purchases with their parents without their consent.
- If you are dealing with children who are competent, regardless of age, then their consent will also be required before any disclosure is possible.
- There will be more problems with people who bring in somebody else's prescription, as they obviously have access to quite a lot of the patient's confidential information on the prescription already. The general rule is that you must not disclose if you are uncertain in any way.
- Through discussion, you will have to decide if this representative has the consent of the patient to discuss that patient's information or if you need to speak to the patient directly. It may depend on what level of information you are discussing.
- When it comes to carers of patients, you will have to decide whether the patient is competent or not. If they are, the carer will need their explicit consent to talk to you.
- If the patient is not, you can only release the bare essentials of information that are required to maintain the patient's health.

Next is the area of audits, especially since the new contract calls for two of these a year.

- An internal audit carried out within an NHS organisation i.e. a pharmacy, has the intention of informing management of services and is therefore an essential part of health care provision.
- However, you should make every effort to tell your patients that audits take place and are an essential part of your service.
- Also there are the numerous outside bodies that may wish to see patient information. The following are defined as medical purposes other than healthcare:
 - 1. If asked to supply data for research purposes you should, wherever practicable, only supply anonymised data but if this not possible the consent of the patient must be gained in every case.



- 2. You are required to give various statutory bodies access to patient's records e.g. GMC, Audit Commission, The Health Service Ombudsman, CHAI. It is up to them to decide the level of information they require. The patient must be informed that disclosure was required.
- 3. You can only allow NHS complaints committees access to patient's records if the patient has agreed. You need to explain to the patient that their complaint can only be investigated if they are prepared to give their consent.
- 4. The United Kingdom Association of Cancer Registers works on behalf of a number of cancer organisations and they have been granted temporary support under section 60 of the Health and Social Act 2001, to obtain patient identifiable information without the patients consent.

Finally we look at non-medical purposes.

- In non-statutory investigations e.g. by a Member of Parliament, if the investigation is appropriately authorised, the minimum necessary information should be disclosed.
- Government departments require information to carry out their functions. There needs to be a statutory gateway to permit desired information disclosure and government departments should ensure that tests of appropriateness and necessity are satisfied.
- The police have no general right of access to health records but there are a number of statutes which require you disclose to them and some that permit disclosure. If there is no requirement there must either be consent or a robust public interest justification. When justification is present the minimum amount of information should be disclosed and the patient informed, unless that would defeat the purpose of the investigation i.e. allow a potential criminal to escape.
- The courts, some tribunals and persons appointed to hold enquiries have legal powers to require disclosure but you must only disclose strictly in terms of the relevant order.
- Disclosure to the media under normal circumstance is not permitted and if questioned, for example, if there has been a fire or road traffic accident, a patient's confidentiality should be respected at all times.
- Finally if solicitors request information, they must have the patient's written consent.
- If in any doubt do not supply information until you have checked either with the patient if possible or a member of NHS England, involved in confidentiality matters.
- If you are unsure or cannot get hold of the patient you should check the National Data Opt Out service by following the relevant SOP



Gets you up to date & keeps you ahead of the game

I am involved with Confidentiality

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Confidentiality

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Confidentiality which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 32.

For Near Miss Recording

To keep a clear record of all potential dispensing errors so as to minimise their occurrence.

All areas of the dispensing process where there is a possibility of contributing to a dispensing error. This includes staffing etc.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Identify

- If at the final check stage of the dispensing process, you discover an error these are the steps to follow.

Correct and Record

- Recheck the items on the script, to ensure everything else is correct.
- Make a record of what the error was on the near miss report.
- Record on e-form
- Record the general dispensing conditions.
- Find out who made the error, just for awareness and error correction purposes.
- Creating a blame culture will not help staff morale, so avoid it.
- Correct the error.
- Recheck all the items for the last time and put the completed bag to await collection.

Review and Assess

- When it is convenient, gather all members of the dispensing team together and discuss what was likely to have caused this and any other events following the root cause analysis SOP
- Refer to the near miss report, so you can assess the general conditions at the time e.g. very busy, lunchtime, staff sickness etc.,
- Between you, try to see if there was a way to reduce the likelihood of this type of mistake happening again.
- Record these discussions and their conclusions.
- Implement any suggested changes.
- Recheck in a couple of weeks to see if the changes are working or causing more unexpected problems.
- Again record this result



Gets you up to date & keeps you ahead of the game

**I am involved with
Near Miss Recording**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Near Miss Recording**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Near Miss Recording
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 33.

For Dispensing error recording and reporting

To correct and document all dispensing errors in order to help with complaints handling and strive towards the event never recurring.

All areas of the dispensing process where there is a possibility of contributing to a dispensing error. This includes staffing etc.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Due to current European employment legislation, we are obliged to use human beings in many of our processes! Humans make mistakes. No matter how hard we try, mistakes are going to happen. All we can do is minimise the frequency and severity. One excellent way to minimise complaints from customers is to ALWAYS provide excellent customer service. The customer is more likely to be understanding and forgive a minor mistake if they are always taken care of.

This SOP is to be followed when a dispensed item is returned because it is not correct.

- Greet the patient with a smile as this can be heard over the phone.
- The patient / representative may not be angry or wish to complain just to have the mistake corrected. If this is the case, reassure the patient / representative and pass on details to the pharmacist.
- As the pharmacist, confirm that an error has occurred and redispense the item following the relevant SOP, apologise for the mistake and thank them for their time.
- On the other hand if the patient/representative wishes to complain, invite them to an area of the shop that is quiet, preferably the consulting room if you have one. It is far better to air a complaint in private - not in front of a shop full of customers.
- Explain that all complaints are dealt with by the complaints manager or their deputy.
- Explain to the complainant what you are doing and go to find the complaints manager and explain quickly about the patient / representative's complaint.
- As the complaints manager, you now follow the complaint procedure SOP but when dealing with a dispensing error there are certain other steps that need to be followed.
- Firstly if you are dealing with a representative, check that they have the authority to talk for the patient. (Check the confidentiality SOP for details on who may have authority)
- Listen to the complainant. They will have built themselves up to complain and will want to have their complaint properly heard



Gets you up to date & keeps you ahead of the game

- Collect the details of the alleged dispensing error and any evidence that the patient has brought with them, as sensitively as possible.
- Make a record of what you have been told. You may have to use this information at a later date, so be as thorough as possible.
- If you are not the pharmacist, give these details to the pharmacist.
- The pharmacist needs to find out, as quickly as possible, if the complaint is justified i.e. has there been a dispensing error, was the prescription incorrect or has the patient not realised that the tablets have changed etc.
- This will require the retrieval of the prescription and comparing it against the PMR and/or the returned medication. This should be simple if it is a recent dispensing.
- However if the prescriptions have been sent off to the PPA, obviously this will take more time.

- You will need to explain the problem with the patient and decide on a course of action. Have they got other quantities from previous scripts or is it something they do not use all the time?

- If they need the medication and you cannot get hold of the prescription, you could refer to your older PMR records or confirm with the doctor what he actually prescribed if there is any doubt and dispense the item again using the emergency dispensing SOP
- If, at any of the above stages, you confirm that a dispensing error has occurred, dispense the correct item using the relevant SOPs.
- Confirm with the patient, that they are happy with the outcome.
- If this is not the case, continue with the complaints procedure using the relevant SOP.
- In any of the above scenarios, a record of the dispensing error must be made.
- If it could have led or has led to serious consequences, then a report must be made to the NPSA via their website.
- At a quiet time, the whole incident must be reviewed among the staff to discover ways of preventing a similar problem arising again.



**I am involved with
Dispensing error recording and reporting
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Dispensing error recording and reporting
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Dispensing error recording and reporting
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 34.

For Minor Ailments Scheme enhanced service

To ensure efficient service when supplying medicines through any Minor Ailments (care at the chemist) enhanced service

All aspects of the enhanced service and all points where the service integrates other services

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Try to integrate this function as much as possible so that the patient / representative is not kept waiting an unduly long time.

Counter Staff

- Greet the patient with a smile.
- Listen carefully to the symptoms they are describing.
- When they ask if they can get something for their complaint on Care at the Chemist or Minor Ailments scheme, ask for their passport.
- If they haven't got one, ask them to complete one for each member of the family that wants a medication or help.
- If they are new to the system, explain how it works.
- Once this is done, collect and fill out the prescription form that is used to record the name of the patient and the category that their symptoms come under.
- To keep the system as streamlined as possible, try keeping the passport, prescriptions and list of symptoms and their corresponding numbers in a convenient area of the counter, with a copy if necessary in the dispensary.
- Pass the prescription form with the passport into the dispensary for the pharmacist to deal with.

Pharmacist

- Assess the completed prescription form. If you have any questions, ask the patient.
- You may decide to only give advice or refer on.
- If so fill out the form appropriately.
- Check that the patient has not come in with the same symptoms more than..... in months as per the protocol for the Care at the Chemist (MAS) system.
- If this is the case, refer them to the doctor as there may be an underlying, more serious problem.
- If you decide on a remedy consider the list for those that are allowable.
- You do not have to give the named remedy. You may substitute an alternative make but you will only get paid for the product listed.
- Fill out the form with the product you are giving out, sign and stamp it.



Gets you up to date & keeps you ahead of the game

- Complete the passport with the details as required.
- Label the item that you are supplying, as you would a dispensed item though record it as an OTC sale to distinguish it from GP prescribed items on the PMR.
- Check in the usual manner
- Pass it back to the counter staff with any extra advice you feel may be necessary.
- Record the item you supplied on the master sheet that goes in for payment at the end of the month.

Counter staff.

- Take the medicine from the pharmacist.
- Bag it up for the customer
- Pass on any advice that is appropriate for that medicine, according to the medicine protocols you have.
- Make sure you return the passport to the patient.

Pharmacist

- At the end of the month, gather the prescriptions you have supplied together.
- Fill out the required documentation
- Photocopy any forms that detail the sums of money you are due, so you have a copy if they get mislaid in the NHS system.
- You can also check that you have been paid the correct amount.
- Send these forms to the correct department.



Gets you up to date & keeps you ahead of the game

**I am involved with
Minor Ailments Scheme enhanced service
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Minor Ailments Scheme enhanced service
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Minor Ailments Scheme enhanced service
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 35.

For Health and Safety involving the public

To reduce hazards presented to the public by planned inspections and remedies

Covers the safety of the customer areas of the shop including the consulting room and toilet (if you allow the public to use it) and the area in front of your shop including the shop front

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- A General Risk Assessment of the shop area is a good idea at least annually and when some change is made. Record your observations and any remedial action planned and or carried out
- Produce a record sheet with the following items on it, plus any others you can think of. Mark this record off, with the date, after your inspection. This will show that you are taking the subject of public safety seriously:
- Check all plugs are safe by checking that there are no frayed wires, the correct amperage fuse is being used and there are no bare wires exposed.
- Check that the flooring is secure i.e. no loose tiles or carpet
- Make sure any inclines or small steps are very clearly marked and that any handrails are properly installed. Look at ways of eliminating differences in level cost effectively.
- Check the floor surface is clear. Remove as many obstacles as you can.
- Never block the aisles with items such as stock or shelving etc.
- If there are permanent wires crossing the floor, check they are securely attached and covered.
- Check the edges of shelving are not sharp.
- Check that the goods kept on the lower shelves could not cause harm to children.
- Check that the goods on the higher shelves are not heavy and can be reached safely.
- Make sure the lighting in the shop is adequate and that bulbs are replaced regularly.
- If there is a spillage or the floor has been mopped, have a warning sign to tell the public of the danger of slipping.
- If any member of staff is working on the shelves or window display, keep the equipment to the bare minimum and as neat as possible.
- Ensure that the fire exits (there should be at least two) are clearly marked and the passages to them are free of clutter at all times.
- Make sure the fire extinguishers are readily available and the staff know how to use them.



Gets you up to date & keeps you ahead of the game

- Have a regular fire drill, so if there is ever a necessity to clear the shop the staff will not panic but will be able to help the customers. Identify an external assembly point for the staff and encourage customers to use it as well.
- If any equipment is to be used in the shop area such as kick stools, step ladders or electrical equipment with trailing wires make sure they are used safely.
- If you have a hatch etc. in your shop floor ensure that it is NEVER left open and unattended. There have been several cases of customers falling down such openings!
- Have safe practices for all processes i.e. SOPs that will reduce the chances of any harm coming to a member of the public.
- Check that grilles and fascias etc. are still securely fixed to the building. High winds can sometimes loosen fascias, signs and awnings thereby presenting a problem to the public



Gets you up to date & keeps you ahead of the game

**I am involved with
Health and Safety involving the public
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Health and Safety involving the public
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Health and Safety involving the public which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 36.

For Health and Safety involving the staff

This extends the previous SOP to include activities done by and areas and equipment used by the staff

This covers all areas under your control which are used by staff

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Maintain a Health and Safety At Work Manual.

- This should include:
- General Policy Statement
- Health and Safety Policy statement
- A marked up plan of the Pharmacy and surroundings
- Specific Health and Safety policies e.g. violence in the pharmacy
- Fire regulations
- General Risk assessment forms
- RIDDOR policy
- COSHH risk assessment
- Electrical appliance list
- Accident book
- Etc.

Carry out a risk assessment every 3 months

- Re-visit the HASWA manual and update any policies that need changing
- Confirm that every member of staff knows where the HASWA manual, the First aid kit, the accident book, the RIDDOR reporting sheets, the fire extinguishers, the fire assembly point and the fire procedures are
- Check to see if any more hazardous items are in use
- Assess electrical items
- Carry out a General Risk Assessment:
- Pay particular attention to the following:
- Make sure the entrance and exit from the shop is well lit.
- Keep the locking up procedure as simple as possible.
- If necessary have a burglar alarm fitted with panic buttons and train the staff on their use, especially when new members of staff start.
- Have regular test runs so that if there should be a hold up, all members of staff are familiar with the shop procedures under such circumstances.
- Have fire drills to ensure there is no panic if a fire should happen.
- Teach the staff the various types of fire extinguishers you have and how to use them.
- Explain to the staff the importance of keeping the fire exits completely clear and not locking the doors.
- Keep the staff areas, dispensary and back stock rooms in good repair and well lit.



Gets you up to date & keeps you ahead of the game

- Do not leave clutter on the stairs or in doorways.
- Keep fan heaters clear.
- Ensure all electrical equipment is checked regularly.
- If stock is kept on high shelves make sure there is a safe method of collecting that stock e.g. a kick stool or small ladder.
- Do not keep heavy stock on high shelves. If you use a drawer system in the dispensary do not keep heavy items in the top drawers.
- Have at least one person trained on first aid
- Teach the staff how to lift heavy items in a safe manner.
- When the cashing up is to be done, ensure the procedure is undertaken in a safe area, well away from the public.
- Check the storage arrangements of LPG cylinders and Oxygen cylinders. They should not be in the same area and they should be chained securely
- If you do needle exchange, ensure everyone realises the significance of needle stick injury and ensure Hep B protection is offered to all staff.
- Reinforce the significance of unlabelled containers of any description in the dispensary
- Make sure you take steps to reduce Repetitive Strain Injury (RSI), e.g. while using a computer screen / keyboard / mouse etc.



Gets you up to date & keeps you ahead of the game

**I am involved with
Health and Safety involving the staff
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Health and Safety involving the staff
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Health and Safety involving the staff which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 37.

For Sale of Emergency Hormonal Contraceptives

To collect the correct information and assess the patient's need for EHC

This covers only the sale of EHC to patients over 16 by sale over the counter.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Greet the patient with a smile.
- As soon as you are aware that they wish to buy the morning after pill, move to a quieter area of the pharmacy.
- Explain to them about the cost involved. There is no point in the pharmacist going through the interview, if the patient then says they won't buy it because of the cost.
- If they agree, go to the pharmacist and quietly explain that the patient wants to buy EHC

For the pharmacist

- Before speaking to the patient, collect the recording form you use and remind yourself of the advice you need to give.
- Always talk to the patient in the consulting room, if available
- Check their age. If they are under 16 you cannot sell EHC.
- Check that their last period was normal.
- Check whether there is a possibility they could already be pregnant.
- Check there is no hypersensitivity to the ingredients of EHC and that she is not taking any medication that may interfere with the pill e.g. phenytoin, carbamazepine, St John's Wort, etc.
- Check she does not have condition that prevents her using EHC e.g. Crohn's disease, breast cancer. A copper IUD is the best alternative in many cases.
- Ask what form of contraception they normally use and what happened to make them think they may be at risk of becoming pregnant.
- Ask when they made love and explain the decreasing efficacy of the morning after pill up to 72 hours.
- Explain they can miss certain pills and not get pregnant (refer to Theinformacist.com EHC sheets) but if the patient is still anxious it may be better to allow her to buy the EHC just for her peace of mind.
- Give the patients details of the importance of taking the tablet immediately and the possibility of nausea and occasionally vomiting. Tell her what to do if this happens.
- Remind her to use other forms of contraception for the remainder of her cycle and if the next period is in any way abnormal to go to the doctor.
- Supply her with an EHC patient Leaflet.
- Retain the record in the EHC folder.



Gets you up to date & keeps you ahead of the game

**I am involved with
Sale of Emergency Hormonal Contraceptives
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Sale of Emergency Hormonal Contraceptives
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Sale of Emergency Hormonal Contraceptives
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 38.

For Blood Pressure monitoring / screening

This outlines what needs to be done when a customer requests you to measure their blood pressure

Record keeping for, and testing of blood pressure

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Greet the patient with a smile.
- Explain the process to the patient, if necessary.
- Check that they have not drunk anything with caffeine in, smoked a cigarette, run for the bus or participated in any other activity likely to have raised their blood pressure, for the last 30 minutes.
- If they haven't done anything, then ask them to come into the consulting room.
- Settle them in to a chair with their lower arm resting on a table such that it is about the level of their heart.
- Using an accredited automatic BP machine, put the appropriate cuff on the resting arm to above the elbow.
- Turn the cuff round to place the part where the tube comes out of the cuff on the inside of the arm, roughly along the centre of the inside of the elbow joint.
- Tighten the cuff, but not too tight, just tight enough that the cuff does not slip down under gravity, but not tight enough to constrict the arm.
- Press the start button
- Do not let the patient talk or flex any muscles in their arm while they are having their blood pressure measured. Try to ensure that they are relaxed as possible. If necessary, chat to them quietly for a few minutes before you take the blood pressure, but not while the actual measurement is being done.
- For best results ignore the first measurement and take another two and average them. One result will, however usually be indicative if that is all you have time for.



Gets you up to date & keeps you ahead of the game

Interpretation

- Record the result to the nearest 5mm of Hg as the machine is accurate to 5mm/ Hg
- Compare the result with the Blood Pressure Association chart.
- Check if they are taking any medication or have any long-term conditions.

Refer to GP

- If appropriate, organise to have their BP rechecked by the pharmacy or refer on to their GP.
The NSF for CHD suggests the following indications for referral
- a) New symptoms e.g. chest pain, increasing shortness of breath, claudication
- b) Poor control of BP or lipids. Check concordance.
- c) If BP is equal to or greater than 180/100
- d) Side effects of medication, anxieties or difficulty in adhering to medication.
- Make a note of the BP and any referrals on their PMR, if they are a regular patient, and on their own printed card.
- When referring try using a written form as this tends to be taken more seriously by both the patient and the healthcare professional you are referring them on to.



Gets you up to date & keeps you ahead of the game

I am involved with

Blood Pressure monitoring / screening

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with

Blood Pressure monitoring / screening

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Blood Pressure monitoring / screening
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 39.

For Self care advice for diabetics

To ensure that information is passed on to patients with chronic conditions in easily understandable amounts in a conversational, but organised way.

This SOP is aimed at regular customers who you know have Diabetes Mellitus (mostly Type II DM).

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- If you are aware that one of your customers is a diabetic, under the new contract you must give self care advice to that patient such that they can maintain as healthy life style as possible.
- Greet the patient
- Ask how they are keeping
- Try not to be too intrusive but build up a relationship. This may take some time but as the patient trusts you more, they will hopefully listen to your advice. Remember most of these long term patients feel they have more than enough interference from the doctors and nurses at their GP practice. The huge advantage a pharmacist has, is that they are approachable and available without an appointment.
- If they smoke, try to encourage them to give up. Use No Smoking Day or New Year Resolutions or the rise in duty on cigarettes etc. to start the conversations. Always mention that they can get help to quit for free from the NHS.
- If they are overweight, explain the effect of their weight on their diabetes and insulin production. Many times you may feel your advice is falling on deaf ears but you never know what small spark may be enough to bring about eventual change.
- Talk to them about their diet and the glycaemic index. If possible give them a leaflet explaining the index and it's effect on their diet.
- Encourage them to take regular exercise. It doesn't have to be down at the gym. A small increase in their exercise levels could well make a huge change. So parking the car farther away from where they work or where they are going shopping, climbing stairs instead of taking the escalator, taking a short walk at lunchtime are all important.
- Make sure they keep regular appointments at their GP's to have their blood levels checked. There are many diabetics who do not feel any worse and therefore see no need to get their levels checked, especially if they perceive they may have to take more tablets as a result. So it is important to explain that unless their glucose levels are kept low they could well suffer from blindness, kidney failure and amputation.



Gets you up to date & keeps you ahead of the game

- They also need their BP and cholesterol levels checked at least every 6 months. Both these levels need to be lower than for a non-diabetic, so again explain this to them.
- If the patient understands what the tests mean and what they should be, they are more likely to feel in control of their condition and more likely to comply with your and other healthcare advice.
- Talk to them about the various levels and what they all mean. Often they have not understood or remembered what they have been told by the various health professionals they have seen
- Remind them that they should visit the chiropodist and optician annually for their check ups. A year has a habit of coming around all too quickly. Again explain why it is important that they have these check ups.
- These patients are ideal candidates for MURs as many of them have compliance issues. A quiet chat from their local pharmacist may help them to understand the various medications they are on and why.
- As these patients are usually on a lot of tablets some type of reminder chart or compliance aid may help them keep track.
- Obviously, this information should be given over numerous conversations rather than in one big lump, as they are far more likely to "digest" it in small bites.
- Make notes on their PMR when this advice is given and follow up on any suggestions that you have made.



Gets you up to date & keeps you ahead of the game

I am involved with

Self care advice for diabetics

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with

Self care advice for diabetics

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Self care advice for diabetics
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 40.

For Self care for patients who smoke

To ensure that information is passed on to patients with chronic conditions in easily understandable amounts in a conversational, but organised way.

This SOP aims to give the appropriate advice to anyone you suspect of having a smoking addiction

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Greet the customer with a smile.
- Listen to their request for help
- Decide whether the problem has any relation to smoking e.g. if they complain about a dry cough, upset tummy, sore throat etc.
- If it does and you suspect they smoke, ask them and if the answer is yes....
- Gently suggest that the problem may be greatly improved if they stopped smoking.
- Ensure that you have the latest statistics to hand i.e. how many smokers die of heart attacks each year, that smoking affects their coughs, throats, and digestion, how much money they could save etc.
- Tell them that there are about 4000 chemicals in a cigarette, of which about 60 are carcinogenic. Only one is really addictive and that is nicotine so using a nicotine replacement instead of continuing to smoke, will stop the bad effects on their health while helping them to quit.
- If they show the slightest interest in quitting, talk about the various ways they can give up and which products you have to sell.
- Tell them about the smoking cessation schemes that are available, especially if you run them in your shop.
- It is important that immediate help is on hand if somebody has decided to quit. So if you run a scheme, try to arrange an immediate session to see a counsellor.
- If this is not possible, give the patient some directions around how to give up e.g. a smoking diary and make them an appointment as soon as possible.
- If you do not run a scheme, give them details of the schemes that are running in the area.



Gets you up to date & keeps you ahead of the game

Damage Limitation

- If the patient does not want to quit, talk about ways that will do them less harm.
 - Explain that it is better to smoke 10 half cigarettes rather than 5 complete ones. The chemicals become more concentrated the further down the cigarette you smoke.
 - Try to encourage them to smoke fewer, rather than quitting altogether.
 - Try to encourage them not to suck (drag) on the cigarette as this raises CO intake.
 - Try to discourage roll-up cigarettes because although there is a lower intake of Carbon Monoxide, the tar and nicotine levels are higher in the better quality tobacco used for rolling your own.
 - Explain that they should take extra Vitamin C, because smoking depletes the body's store of this.
 - Make sure they have plenty of fruit and vegetables, as this may help to balance the increased risks of cancer they will have from smoking.
 - Ensure they do not smoke around young children as this not only encourages them to smoke in later life but greatly increase the chances of them having chest problems.
 - Explain the dangers of passive smoking generally
 - Tell them about the effect of smoking on fertility for both men and women.
 - Explain the dangers to their unborn child, of smoking whilst pregnant.
- **Try to give these messages in various ways and at various times to eventually encourage them to quit but make sure it's always in a light hearted way or they will just feel pressured and avoid your pharmacy.**



Gets you up to date & keeps you ahead of the game

**I am involved with
Self care for patients who smoke
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Self care for patients who smoke
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with
Self care for patients who smoke
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 41.

For Prescription counting of non-ETP

Daily checking and counting of prescriptions ready for filing

Daily and query checked prescription counting for NHS prescriptions and Repeats

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- At the end of the day/first thing in the morning, collect all the scripts that have been dispensed that day/ the previous day.
- If they are not to be counted immediately, put the date on the pile so that it is easy to see which pile relates to which date it was dispensed and an elastic band round the whole pile, paid and non-paid.
- Sort through the Query clip and see if any have been settled and can now be filed

Sort the day's prescriptions

- Check the front of each one is signed by the doctor, unless it is from a repeat dispensing batch.
- Those that are not signed need to be returned to the doctor for signing, using the usual form/ photocopy the script so you have a record of which scripts need returning.
- Then check the back of all the scripts to ensure they are signed on the back with either a reason for exemption or the amount paid by the patient.
- If it is a paid script check that the amount paid is the amount due.
- If it is not correct, put it to one side to chase up later.
- If it is exempt but there is no reason ticked on the back, check in the patient's records for a reason.
- If one cannot be found, once again put it on the query clip to chase up with the patient later in the day.
- Taking the scripts that do not have a query, sort into Repeat Script batch issues and normal prescription forms
- Now separate each of these into Paid and Exempt.
- Count the number of forms in each pile and record on the relevant sheet which is kept on back office laptop
- Count the number of forms in each pile and record on the Rx program on your computer
- Then count the number of items in each pile and record on the same sheet / computer
- Then, keeping the piles separate i.e. with an elastic band/paper clip, put them to one side for filing.

Discipline

- Once you have counted the script, file it as soon as possible
- Once counted and filed always remember that if you take a script out it must be put back immediately because it is counted.
- Never put scripts that are not counted in with counted ones



Gets you up to date & keeps you ahead of the game

**I am involved with
Prescription counting of non-ETP
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Prescription counting of non-ETP
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Prescription counting of non-ETP
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 42

For Daily Prescription Filing

To ensure the prescriptions received are stored so that they can be easily retrieved if necessary and to minimise the work load at the month end when they have to be sorted for submission to the pricing bureau.

To check the details on the front and backs of the prescriptions are correct, to separate the scripts into paid and unpaid and batch repeats and then into prescribers. Finally to put into the storage area in separate batches.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Once the scripts have been counted, they need to be filed.
- Make sure that the script numbers for a particular day have been recorded on the daily sheet, otherwise all the scripts for that month will have to be recounted.
- Separate out any scripts with items that are worth more than £100, any that have any hand written added information, any that are for several fees in the same item i.e. different flavours of feeds
- Separate the bundle into the doctors that prescribed the medication.
- This can lead to confusion as sometimes doctors use other GP pads within the surgery.
- File under the prescriber's name on the pad not the signature.
- File the paid, exempt, repeat dispensing batch issues and scripts returned from the PPA separately.
- Keep dental, hospital, specialist drug clinics, nurse/pharmacist etc. prescribed items and those from other LATs etc. all in separate piles but within the above separation i.e. a paid hospital script is still filed with the paid scripts.
- For those doctors that produce a lot of scripts in the pharmacy create their own piles.
- For those doctors that send less than 20 scripts, keep all the scripts from the various GPs together but file in alphabetical order within that pile.
- Once you have finished filing, put elastic bands around the larger piles and maybe use paper clips for the smaller piles.
- Do not use sellotape or staples.
- As the days pass and more scripts are added, smaller piles may need an elastic band.
- Store the piles in the appropriate script boxes.
- Make sure these boxes are kept away from the general public and any tradesmen just entering into the pharmacy as part of their job, in the interests of patient confidentiality.
- Be very careful to replace any scripts that have been taken out of this filing system for any reason otherwise your count will be wrong.



Gets you up to date & keeps you ahead of the game

**I am involved with
Daily Prescription Filing**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Daily Prescription Filing**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Daily Prescription Filing
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 43.

For Submitting Prescriptions to the NHSBSA

To ensure that all the prescriptions sent to the NHSBSA are correctly submitted to prevent resubmissions, and sent off in the way the NHSBSA asks.

To recheck the fronts and backs of all submitted prescriptions, to include any scripts separated because of queries and any corrected resubmissions from previous months, to pack as per the NHSBSAs instructions, to fill out the FP34C and send off to the designated division.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Gather together all the prescriptions that you intend to submit for payment.
- Scour the dispensary for any prescriptions that should go to the NHSBSA. Check the queries clip; the prescriptions awaiting collection - replace the Rx with a copy; the owings clip - leave a copy, etc. etc. If you do not do this you will lose money.
- Check that they have been signed by the prescriber and filled in on the back.
- If there are any unsigned by the prescriber, put to one side, to be returned to the surgery at a later date. If the surgery is next door, or close by, get them signed today.
- If they are unsigned by the patient but are in the exempt charge pile, they too must be checked.
- If you have recorded on the computer, the details about the patients entitlement to free prescriptions, or if the prescription is for tablets, indicating automatic exemption of the patient and this prompts you to remember having seen their exemption certificate before, or if their age makes them exempt, then sign the back of the form as their representative, stamp the back with shop stamp and return them to the exempt pile. Remember that if you sign the back of a form and their certificate has expired then you become liable to pay the charge and possibly open to a charge of fraud.
- If the patient is not covered by any of the above, you will have to contact the patient to find out the reason for exemption.
- It is important this is done, as the patient will be contacted by the government if it is thought they are claiming for free prescriptions that they are not entitled to. On the other hand you will be charged for any patient not having signed the back of the script regardless of whether you collected prescription charges or not.
- Once you have checked all the scripts, you need to divide them into piles for exempt, paid and paid at the old rate.
- You then record the number of forms and items in each of the piles. This may have already been done by keeping a running total throughout the month but you must remember to subtract any scripts that have been removed because they have not been signed properly and add in any queried scripts that are now complete.
- You must also include any returned forms that are being re-submitted, added to the appropriate section.



Gets you up to date & keeps you ahead of the game

- When you are completing the FP34C form, do not forget to include the number of No Charge items that appear on any paid form, in with the total for exempt items or you will lose that money.
- Now within each of the 3 major groups you need to separate out and batch together.
- Resubmitted forms from previous months.
- FP10MDA (Controlled drug scripts).
- FP10D (dental scripts).
- FP10P/NC or SS with PN indicator (practice nurse scripts).
- FP10P/NC or SS with CN indicator (community nurse scripts).
- FP10P/NC or SS with SP indicator (supplementary prescriber).
- FP10SS/NC hospital forms.
- Repeat Dispensing – first batch issues i.e.1 of x.
- Repeat Dispensing – Batch issues i.e.2 of x, 3 of x etc.
- You need to put into the red separators all scripts where you have made claims for broken bulk, have items with a total NIC of more than £100 and "specials" - any unlicensed medicine for a named patient where a licensed product is not available.
Do not include invoices in any section
- You should also put in scripts where there have been hand written adjustments or where the prescriber has provided additional information not in the product information field i.e. the first two lines e.g. preservative free
- The forms in the red separators do not have to be separated into alphabetical order
- All other FP10 forms by prescriber surname.
- When batching them together do not use sellotape, staples or pins as these have to be removed and can delay processing. Elastic bands or paper clips are best. It is worth a reminder here that if you affix labels to the script and then peel them off, inevitably some of the gum is left on the script. This causes the scripts to stick together in the sheet counting machines at the NHSBSA and may delay payment.
- File the prescribers within each section, in alphabetical order.
- If you have a large number of prescriptions for one particular practitioner, say more than 20 forms, it is acceptable to band these separately.
- If you have several practitioners with larger numbers of forms, these piles may be banded together, separately from the rest.
- The smaller piles are then banded together, starting from the top of the above list down.
- You then place all the scripts in an appropriately sized box.
- Finish filling in the rest of the FP34C form.
- Simply tick if any ETP tokens and repeat dispensing forms are being submitted.
- Count the number of FP57 forms (ones where patients are claiming back any prescription charges they paid) and how much you refunded in total.
- You must fill in the number of hours that pharmacists and dispensing staff support the dispensing process rounded up to the nearest whole hour. This should include time on the counter when prescriptions are being taken in or given out, time when empty bottles, cardboard boxes etc. are being replaced and dispensary orders are being prepared or being put away. Whoever does these jobs it is counted towards supporting the dispensing process and so can be included.
- You then fill in the number of MURs, AURs, Appliance customisations and NMS that have been completed by your pharmacy in the last month.
- Finally you sign and date the FP34C form and make a copy of it for your records and in case the box is mislaid.
- You must use the original form that you have been sent. Do not use photocopies
- Fold the form along the fold line and place it on top of the prescriptions in the box such that the bar code is visible when the box is opened.
- You then seal the box securely and attach the address label.
- Arrange either for it to be delivered to the relevant processing division or put it through the normal postal service.
- For IG purposes you should use a tracking system



- The prescriptions must arrive at the processing division by the 5th day of the month to guarantee payment at the end of the month.



Gets you up to date & keeps you ahead of the game

**I am involved with
Submitting Prescriptions to the NHSBSA
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Submitting Prescriptions to the NHSBSA
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Submitting Prescriptions to the NHSBSA
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 46.

For Pregnancy Testing

To ensure accurate testing of a patients urine to see if they are pregnant

Collecting and recording sensitive information discreetly from the patient, testing the urine in a clean environment but away from any other operations, giving the result, again discreetly, and answering any questions that they may ask

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Ensure you have a commercial bulk pack for pregnancy testing, as these are generally much cheaper than the OTC ones. They also come with packs of forms that the customer fills in and passes on to her doctor if necessary.
- Greet the customer with a smile
- Once you have established what the customer is asking for, take her to a quiet area. Check the date of her last period and the time the sample was taken. The first morning sample is always the best as the hormone you are testing for concentrates overnight.
- Provided the period is long enough ago for the test to be effective, go and collect the relevant forms.
- Take the money for the cost of the test.
- Ask her to complete the form, while you take the sample she has supplied to the testing area. As it is urine, the best place is a shelf in the lavatory.
- Always use latex or pvc gloves to protect yourself from contamination.
- Following the instructions on the pack, perform the test.
- Try to ensure that no drops of urine are spilt but if it does happen, mop them up with kitchen towel and use a disinfectant cleaner to decontaminate.
- Once the test is complete, dispose of all the equipment that has been used and take the stick out to the customer.
- Complete the form with the relevant result, tear the top sheet off the record book, fold it in half and hand it to the customer so that they can read the result for themselves.
- Do not discuss the matter with the customer unless she asks and certainly not with any other member of staff.

Results

The results are 99.99% accurate and can reveal a pregnancy at least by the day the woman should have begun her period.

The only false positive likely to be encountered is where a hydatiform mole is causing secretion of human chorionic gonadotrophin.



Gets you up to date & keeps you ahead of the game

**I am involved with
Pregnancy Testing**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Pregnancy Testing**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Pregnancy Testing
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 47.

For Root Cause Analysis

To find all the causes, both direct and indirect, leading to any kind of patient safety incident

Create a team to look at the incident, gather information, collate it, diagnose the problem, suggest solutions, ensure they are implemented and then review to check the new methods have not created their own problems

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- This covers the investigation that should begin after a patient safety incident or loss of PCI has occurred. This would cover such things as:
 - a) A patient falling over a trailing wire in the shop.
 - b) A medication error of any description.
 - c) Disruptive or aggressive behaviour by staff.
 - d) Breach of confidentiality.
- A system to deal with such an incident should be set up before an actual situation arises. A simple definition of what your pharmacy or group has decided constitutes a patient safety incident that requires recording and then which ones would require reporting should be in place. It should then be made clear to whom the report should be made and in what format.
- Prescriptions lost or stolen, computer stolen etc.
- It may be useful to run a root cause analysis on a near miss problem to gain experience on how the process should be conducted.

A patient safety incident has occurred.

- A simple report of the incident has been made to the designated person or office. Thank whoever has made the report – better to you rather than NHS England, GPhC or local papers – and make sure they are included in the feedback of the final results.
- That person or officer must now decide if the incident warrants a root cause analysis. Obviously any incident leading to any level of harm to the patient must be investigated as would any less serious problem that has occurred on several occasions.
- Having decided to do a root cause analysis you need to appoint a facilitator – somebody who understands the process of root cause analysis- and a team leader – somebody who understands the processes that led up to the event occurring.
- You must point out to them that the facilitator is in charge.
- As the facilitator you must decide with the team leader what information you need to collect about the incident. This could include medical records, statements from staff and patients, instruction manuals, maintenance records, SOPs etc.
- You then need to decide who should be in the team. It is better to be over inclusive because then everybody learns the process of root cause analysis and some of the best solutions may come from people not involved in the event.
- This may cause problems if there is only a small number of staff but the meetings could be scheduled over lunch or immediately after work.
- Ask each person attending to bring with them a written report of everything that they have observed and every idea that has occurred to them.



Gets you up to date & keeps you ahead of the game

- Set a date and time for the first meeting which usually lasts for about 2 hours.
- Have a recorder of the meeting, preferably not one of the active participants and a wipe board to record any ideas.
- Introduce anybody that doesn't know each other.
- Tell people why they are meeting – to find out how the event happened and how it might be prevented in the future. Emphasize that these meetings are not to find fault but as prevention for the future. There will be disbelief but explain that often what appears to be one person's fault turns out to be a breakdown in the system e.g. a medication error is made by a pharmacist but they have been doing a 12 hour shift on a busy Friday with no back up because the dispenser is on holiday and the counter assistant is busy in the shop. Who is at fault - the pharmacist or the system? This is the distinction between immediate or proximal cause and root cause or contributory factor.
- Begin by going through the sequence of events that led up to the incident. It is best to record this on a computer as well as on the wipe board. In fact using a computer projector is even better as then everybody can see the sequence building up and a record is being made at the same time.
- At this time many side issues, ideas etc. will be brought up which, though important, are not immediately relevant to the sequence. These are best put in a separate place on the wipe board to be referred to later.
- Let the brainstorm continue in detail till everybody is satisfied with the result – usually about an hour.
- Now move on to any immediate corrective action that was taken at or near the time.
- Once all that is recorded, a break may be needed.
- Next go over the sequence and mark any item that any member thinks might have contributed to - not caused- the error.
- You may find it useful to bring in the NPSA incident decision tree. This goes through the possible scenarios of
 - Deliberate Harm – were the actions as intended? If this is not so:
 - Physical/Mental Health – was the person suffering from a physical or mental problem i.e. a hang over, lack of sleep due to new baby, substance abuse, migraine etc. and how much did that really have a bearing on the incident? If this is not so:
 - Foresight Test – did the individual depart from the agreed protocols? Were there agreed protocols which were readily available, workable and regularly followed? If this is not so:
 - Substitution Test- If there were no clear protocols would another individual, from the same professional group with similar qualifications and experience, have done the same?
- Brainstorm each marked item in the sequence of events, noting down any possible solutions or interesting but incidental thoughts on the white board.
- Use verbal brainstorming as this encourages ideas from other members of the team.
- When everybody is satisfied with the results, go back and eliminate duplications and combine similar ideas so you produce logical clusters.
- You stop the meeting at this point and set the next one for about a week's time.
- During that week you and the team leader go through the possible causes and contributory factors, possibly making a flow chart of them.
- At each stage ask why for every cause and contributory factor until you can go no further. If you discover you need additional information to answer why, then assign people to find the answer before the next meeting.
- At the next meeting go over the diagram that has been produced and check that all the members agree with it. See if they come up with other answers to the question why?
- Adjust the diagram if the team agrees with the omission or change etc.
- Decide which items are considered by the group to be non-correctable. (make double sure that they really are) and those which are non-contributory.
- You now have a root cause analysis.



Action Plan

- You must now create a grid with
- Contributory factor
- Corrective action
- Person Responsible
- Action Due Date
- Measurement technique
- Follow up date
- Person responsible
- If there is not time to create this grid in the meeting, you and the team leader must do it at a later date.
- At the final meeting you should present the sequence of events, the contributory factor diagram and the root cause analysis reporting grid.
- Ask for feedback, especially for any additional ways of improvement and identify who the report should go to e.g. everybody on the team, the NPSA, NHS England, the original complainant, head office etc.
- Address any items that came up in the discussions, not already dealt with.
- Dissolve the team
- The facilitator should ensure all agreed parties are sent a written report of the investigation and results.

Implementing the plan

- Ensuring that the corrective actions agreed upon are put in place is now the job of clinical governance lead with in your pharmacy.
- Once the corrective action is in place, let the system run for a few days then check that it in itself has not created unforeseen problems. If it has, the team may have to meet again to discuss the situation and produce a different solution.
- All stages should be documented, both for future incidents and to be shown to inspectors from NHS England, GPhC, NRLS (NHS Reporting and Learning System) etc.



Gets you up to date & keeps you ahead of the game

**I am involved with
Root Cause Analysis**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Root Cause Analysis**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Root Cause Analysis
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 48.

For Self Care Advice for the Overweight

To sensitively encourage customers and patients to reduce their BMI in the interests of their long term health

As often as possible, without alienating the patient, supply information and encouragement about how to lose weight, the dangers of being overweight and how to reduce their risks if losing weight is not possible

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Weight loss will only occur if the calorie intake a person has is less than the calories they use. So this is the basis of all advice you will, at various times, want to give to patients that are overweight, especially those in the obese range.
- You may want to run campaigns, possibly with the public health ones that are part of your contract, at the obvious times i.e. before and after Christmas, before and after the summer holidays etc.
- Greet the patient with a smile
- Listen to what they are requesting
- Ask the necessary open questions to establish exactly what and for whom they are seeking advice.
- If it has any slight connection with being overweight, try to bring some general advice into the conversation.
- Try to encourage patients who are diabetic or have high blood pressure as a priority, as the weight reduction will improve their overall long term condition.
- Bear in mind that these patients are often well aware they are overweight and it is not for the want of trying that they are heavier than they should be.
- So be as helpful as you can, without being critical.
- The younger patients on the other hand may not be so aware, so explain as much to them as you can.
- Make sure you know the expected height/weight levels so you can talk about the weight they should be for their height. Many patients do not know their height so it may be helpful to measure their height.
- As there is a direct correlation between waist measurement and heart disease risk, you might like to measure the patient's waist as well.
- Obviously any height/weight measurements should be done in the consulting room to avoid embarrassment.
- If you have diet sheets available, give them to the patient.
- If you have tried diets or know of customers who have been successful discuss those.
- There is usually much interest in the latest ideas of encouraging people to lose weight. So make sure you are aware of these ideas and possibly sell the book or at least signpost people to the website.
- Signposting will be important in these discussions. Details of local Slimming World/Weight Watchers clubs venues and times, local gym clubs, any local schemes etc. should all be available to you and hence your clients. You could use your NPWR website to help signpost your customers to national and local groups.



Gets you up to date & keeps you ahead of the game

- Explain the importance of exercise to these patients. This may be more valuable than dieting, as some people find it easier to do more exercise than to reduce their calories.
 - Obviously the best answer is to increase exercise while reducing calorie intake.
 - Give the patient a chart which shows how many calories are burnt off during various forms of exercise, which should be useful to the patient.
 - Explain to the patient that the exercise they take, must be something that they enjoy and will keep up. Many people join a gym, at great expense, and then just give it up after the first couple of months
 - Encourage brisk walking which has many other benefits as it is a weight bearing exercise which helps prevent osteoporosis, it forces the blood back to the heart, so it helps prevent varicose veins, and it improves balance so reducing the likelihood of falls.
 - If the patient is on a diet, give them as much support as you can to improve their motivation. Graphs and charts of weight loss over time are always an incentive.
 - It has been shown that motivational texts help clients stay on the straight and narrow
 - Remember the 80/20 rule i.e. if they are good for 80% of the time then 20% of the time they can have a few treats. This is important as few people will stick to a strict diet for any length of time.
-
- These advice points need to be spread over a period of time and repeated often. Trying to give it all at once will lead to over load for the patient and hence general lack of interest.
 - Be sensitive to the patient. There will be times when giving this sort of advice will not be appropriate i.e. if they are in a hurry, depressed etc.



Gets you up to date & keeps you ahead of the game

**I am involved with
Self Care Advice for the Overweight
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Self Care Advice for the Overweight
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Self Care Advice for the Overweight
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 49.

For Self care advice for Hypertensives

To ensure those suffering from hypertension understand their condition and the importance of taking their tablets and reducing stress etc.

Explain the condition in simple terms, the consequences of not taking their medication and the steps they can take to reduce the impact of being hypertensive on their long term health

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- This group of patients are often older males who are overweight though not exclusively.
- Having high blood pressure is well recognised as a contributory cause of death from heart disease and hence it is important to keep it within the national guidelines.
- The first step is to know the blood pressure guidelines, so that you can advise when a reading is too high.
- If you take blood pressures in your shop, follow the SOP 38 on how to do it.
- If the patient is overweight, go through the SOP for those with weight problems.
- If the patient is diabetic go through the SOP for advice to this group.
- Explain the effects of blood pressure. Very often the doctor/nurse does not have time to give details of consequences of high blood pressure. In general if a patient understands the why's and wherefores, they are more likely to comply with their medication regime.
- Discuss the medication they are on and check that it is not causing side effects. Many patients do not feel unwell when they have blood pressure and what's worse, the tablets make them feel lethargic etc. hence the patient often decides to stop taking them.
- Encourage them to keep a record of their blood pressure- it does not need to be taken more than about every 6 months, if it is stable-as people generally respond well to measurements they can track. This in turn may motivate them to take their tablets and adjust their lifestyle, if possible, to a more healthy one.
- Explain that there are many different types of tablets to reduce blood pressure and if one doesn't suit another may be better.
- Talk to them about OTC medicines and that some may well interfere with their condition e.g. pseudoephedrine so they have to be careful when making purchases and should always seek advice.
- Discuss stress factors in their life showing that keeping stress to a minimum will reduce the possibility of a heart attack. Relaxation exercises, yoga and meditation can all help.
- Signposting to local and national groups is important here. Many patients feel very isolated and talking to people with a similar problem can be a great help. Also these people may come up with solutions to problems as they have suffered similar difficulties.
- As with all long term conditions, these hints should be given over a period of time and repeated often to help the patient remember them.



Gets you up to date & keeps you ahead of the game

I am involved with

Self care advice for Hypertensives

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Self care advice for Hypertensives**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Self care advice for Hypertensives
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 50.

For Signposting

To direct patients to those services that could be of benefit to them, whilst ensuring they are not sent to the incorrect department which would waste their time and money, as well as that of the department they were sent to.

The understanding by the staff of the various departments within the health and social services and other organisations that could help those patients requiring assistance in areas that community pharmacy does not deal with.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Greet the customer.
- Listen carefully to what they are saying to you. It may be specific advice they are asking for or it may simply be during a discussion about a long term problem that they have been trying to sort out, that it becomes clear they require additional help.
- Either way you may find yourself being taken to areas that you do not have a great deal of knowledge about.
- Usually you would then ask a more experienced member of staff for help but if you are that more experienced person or they do not know the answer then:

Types of Service

- It is vital that you take a holistic approach to your patient. If they have a specific need, such as a long term condition, there may be a great deal you can do to help, without referring them to another service.
- National organisations can be a huge benefit to people with long term conditions. They help people to accept they are not alone, and can often offer advice based on personal experience which can be powerful. They usually have local branches as well. The publications they provide are among the most useful.
- You should be in a position to refer to all the obvious primary and secondary care services provided locally, such as opticians or walk in centres or wheelchair services etc.
- If you suspect they are having money problems try to find a good debt counselling service to refer them to. This could be a huge benefit to them.
- They might be best referred to a priest or the CAB!
- Their best option might be a complimentary or alternative therapist
- It is important that you familiarise yourself with the details of the various departments, so that you can direct the patient with confidence. Part of the contract is that patients should be correctly signposted so that neither their time nor that of other health and social service departments is wasted.
- It is also advisable for you to keep adding to your signposting lists as things tend to change quickly with so many government initiatives.



Gets you up to date & keeps you ahead of the game

- If you have this information on your website (as suggested by the guidance given to pharmacy clinical governance facilitators by NHS Primary Care Contracting), this would be an ideal opportunity to direct the customer to your website, so freeing you up to continue with your other jobs and allowing the patient to consider who they wish to contact, in their own time. Obviously tell them they can come back to you if they need more help
- Hopefully you will have a brief description about each organisation, such that you can assess which groups would be most appropriate, to deal with the customer's queries.
- Once the customer has decided which department she wishes to approach you should, as a matter of routine, fill out a referral form, giving details of the problem and any help you have been able to provide.
- Retain a copy of this referral for future reference, in a safe and discreet place.
- If the patient is known to your pharmacy and the pharmacist deems that the problem was one of clinical significance, details of the problem and the referral made need to be recorded on the patients PMR.



Gets you up to date & keeps you ahead of the game

**I am involved with
Signposting**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Signposting**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Signposting which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 51.

For Monitoring Owings

Ensuring that as few owings occur within the pharmacy as is possible

The establishment of an understanding of the causes of owings, a discussion of how to reduce them, bearing in mind economic and physical considerations and a record of the information

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Owings can be a problem both to patients and to you. You will not be able to afford to keep a large enough stock to ensure you never owe anything, so you need to optimise to try to reduce your owings.
- Under the new contract, it is now necessary to pinpoint the reasons behind owings being created with a view to improving your service to the patient. This can be time consuming but must be done.
- To perform an audit, you must first measure the process you are intending to study, before you change your systems.
- Hence you need to create a recording system for the number of owings and more importantly the reasons behind them.
- Record the owings on Proscript with the relevant patient details.
- As you dispense an item and realise an owing is going to be necessary, decide what is the cause of that owing i.e. is this a new patient, is it an usually large quantity because the patient is going on holiday, is the item out of stock at the wholesaler or have you just forgotten to send the order etc.? Record this on Proscript
- Review these records and every 4 weeks divide the results in to their various categories.
- Hopefully this will give some indication of the biggest cause of your owings.
- You then need to address the problem.
- If it is a new patient – is the patient going to be a regular so do you need to adjust your stock levels accordingly or if it was because you forgot to send the order can you get an alarm to remind you, or if it was a wholesaler shortfall should you have an immediate back up system.
- Having decided on the cause of the owing and the remedial action you are going to take, make sure you implement it.
- Continue to monitor owings in the usual way and look to see if your action has made any difference.
- If not, you need to investigate the problem further. It might be a good idea if you can set yourself targets to improve certain causes of your owings.
- Unlike most audits that are usually an annual event, the contract requires that owings are monitored all the time.
- You need to keep records of all the steps you have taken throughout this procedure, so you can show the LAT inspectors that you are doing the monitoring, measuring the result, changing the systems you use and then measuring again.
- As in many things, the steps you are taking are as important as the result.



Gets you up to date & keeps you ahead of the game

**I am involved with
Monitoring Owings**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Monitoring Owings**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Monitoring Owings which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 52.

For Handling Drug Alerts, Recalls and GP early warnings

This SOP is trying to ensure that all drug alerts early warnings and recalls are implemented efficiently

All Drug Alerts, Recalls and Early Warnings from whatever reliable source.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Drug Recalls

- As soon as a drug recall is received, it must be passed to a senior member of staff, either the pharmacist or senior dispenser.
- They must go to the relevant stock area and check the batch numbers on the stock against those being recalled.
- Remember to check and swap any items which have been dispensed but not handed to the patient yet.
- Also check all split boxes of calendar packs as these may contain some of the recalled batches

- If any stock is found that needs to be returned, adjust the computer stock levels and reorder if necessary
- If none is found then, the recall should be stored in a relevant file for a period of time.
- Any new stock coming into the pharmacy in the next few days should be checked against the recall to confirm none has been sent out inadvertently by the wholesalers.
- If stock is found, it should be put into the wholesalers return system immediately.
- Make sure that this stock is kept well away from stock being used and clearly marked as part of a drug recall.
- Keep a record of the stock returned on the drug recall sheet for future reference.
- Under the new FMD rules it is possible that during the scanning process to decommission the drug, a red light will appear on the scanner stating that the pack has been recalled or withdrawn in which case the above steps should be followed.

Drug Alerts and GP early warnings

- As soon as a drug alert is received, copies of it should be circulated to all members of dispensing staff.
- GPs early warnings, e.g. notice that Rx's have been stolen and the GP is writing in red for four weeks, should be similarly dealt with
- Make sure each member of staff signs the drug alert sheet to confirm that they have read and understood the alert.
- The alert should be put up on the notice board for a short period of time to remind everybody dealing with that drug about the new information. After a certain period of time, these should be removed on a regular basis or people will stop paying attention to them.
- The alerts should be retained in a file until the new information becomes part of the standard information available about that drug i.e. it is in the BNF or on the PMR system.



Gets you up to date & keeps you ahead of the game

**I am involved with
Handling Drug Alerts, Recalls and GP early warnings
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
 Handling Drug Alerts, Recalls and GP early warnings
 So my signature below indicates that I have read and fully understand the procedure. By
 signing this procedure I agree to follow the procedure at all times. If I have any
 suggestions for improving the procedure I agree to suggest them at the earliest
 opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Handling Drug Alerts, Recalls and GP early warnings which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 56.

For Dealing with Fire and Fire prevention

Ensures that all staff know how to prevent fires and what to do if one occurs

Training in fire prevention techniques and evacuation procedures as well as tackling fires if appropriate

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Precautions are better than cure so there are certain steps that need to be done on a regular basis to minimise the impact of a fire.
- Regular fire drills e.g. twice a year should be organised to ensure that all the staff are aware what should happen if a fire is discovered within the pharmacy.
- The fire exits should be clearly marked and never locked or blocked when the pharmacy is trading.
- All premises should have a minimum of two exits, so if one is blocked the other can be used.
- All passages to the fire exits must be kept clear at all times. A person should be appointed to check these passages on a daily basis but anybody seeing a blockage as they are passing by should ensure the blockage is removed. Fire prevention is everyone's responsibility
- Sufficient fire extinguishers, of the correct type, should be placed at various points throughout the premises.
- These points should be well known to all members of staff.
- They should also be aware of which type of extinguisher is where and what that particular type of extinguisher does.
- The fire extinguishers should be maintained on an annual basis – see SOP for equipment maintenance.
- Some practice at using the extinguishers would be an advantage, and at the very least a thorough understanding of the instructions is necessary. These points should be covered in the staff induction and training.
- A plan of the shop and the immediate area, with the fire exits and assembly points marked should be made and placed at various points throughout the premises.

If there is a fire

- Once a fire has been detected, the situation needs to be assessed, very rapidly.
- Do not panic as this will simply alarm everybody and make the situation worse.
- Quietly tell another member of staff that there is a fire and to calmly but quickly begin evacuation procedures.
- If it is a small fire, say within a waste paper basket or a small corner, that can be easily reached, get an appropriate fire extinguisher and use it.



Gets you up to date & keeps you ahead of the game

- If is a larger problem or cannot be reached easily, ring the fire brigade and then help your colleagues to get everybody to the appropriate assembly point.
- Make sure EVERYONE knows that fire is unpredictable and without experience what looks like a small fire can become life threatening in a couple of minutes. Anyone who thinks it is safe to return and get "precious" possessions could be putting not only themselves at risk but also the lives of anyone who attempts to rescue them.
- If possible check all floors and all rooms to ensure they are clear but do not put your own life in danger.
- As soon as is possible, do a check list to assess that everybody has left the building.
- Do not under any circumstances re-enter the premises until the fire brigade have given the all clear.
- Keep an eye on the exits/entrances into the premises, as it is possible that the whole situation arose to distract attention from a robbery.
- If you spot anything unusual try to remember as much detail as possible to give to the police at a later date.

I am involved with

Dealing with Fire and Fire prevention

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Dealing with Fire and Fire prevention
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Dealing with Fire and Fire prevention So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with Dealing with Fire and Fire prevention which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 57.

For Cleaning routines and rotas

To ensure the entire premises including the shop front right to the back storage areas are kept clean and safe and looking business-like

Cleaning routines and rotas for all members of staff in all areas of work.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Pharmacy is based on the principle of improving people's health, and health, in the patient's perception, is linked to cleanliness so it is vital that your pharmacy reflects a clean and tidy image.
- Much as you would not buy something to eat from a butcher that does not present a clean and professional manner the same applies to your pharmacy.
- And just as many butchers have disappeared because they did not appear clean, the same may happen to those community pharmacies that do not change their image.

"Front of house"

- Cleaning should start with shop front.
- Make sure the windows, their sills, the fascia etc. are all regularly cleaned.
- Remove from the window any out of date or scruffy posters, as they block the customers view of the interior of the premises.
- Change your shop window display weekly to maintain the customer's interest and prevent a build of dust and dead flies!!
- Do not put the back of stands in the window if you can possibly avoid it. They block the customers view in to the interior and discourage them from coming in.
- Clear the shop floor allowing movement between the gondolas for both the disabled and mums with pushchairs or prams.
- Sweep or Hoover the floor on a daily basis, again moving any stock off the floor so you can reach underneath the bottom shelving.
- Do not store any stock on the floor. It is important that the floor is easy to clean
- If it is a tiled floor, clean it weekly at least.
- Clean the counter tops on a daily basis and move as much unnecessary clutter as possible, especially from the area where the prescriptions are given out and medicines are sold. Try to restrict the encroachment of items that do not make you any money. In the extreme too many charity boxes and the like can impede normal sales.
- There should be a rota for shelf cleaning by section, in the shop area with tick boxes to show when and by whom it was completed.
- Start at the top shelf of the chosen section, remove all the stock, clean the shelf and replace the stock, dusting it as you go.
- As you return the stock to the shelf, ensure the oldest stock is at the front.
- Make sure the stock is replaced in neat lines, facing forward, with all items priced on the back or bottom of the stock or correctly placed shelf edge prices.



Gets you up to date & keeps you ahead of the game

- Then move onto the next shelf down and so on.
- Once a section has been cleaned it should be marked off on the rota, dated and signed by the person who did it. This ensures all sections get cleaned regularly and it can be seen that all members of staff take their turn.

Dispensary

- In the dispensary, a similar routine needs to be set up.
- Clean the dispensing benches throughout the day, returning all stock to it's shelf/drawer as it is used.
- Brush the floor daily and clean it at least twice weekly.
- Wash and dry all equipment and crockery as it is used.
- Set up a rota for shelf cleaning, as described above.
- Check for out of date stock as you clean.
- Make sure all passages, stairs and fire exits are clear from clutter.
- Book shelves etc. should also be cleaned on a regular basis.

"Back Stage"

- Keep the lavatories and staff room neat and tidy at all times. This is the responsibility of all staff members but if this keeps falling on a few conscientious people, a rota will have to be set up.
- Clean the lavatory, wash basin and floor at least on a weekly basis and whenever soiled.
- Clean the staff room floor, sink and surfaces on at least a weekly basis.
- Keep the stock room neat and tidy. It is as important that staff can clearly see what the shelves contain in the stock room as it is in the shop. We all know stock doesn't sell in the stock room, so everyone should know what is there.
- Remove the stock from outer packages as much as possible as this takes up less room.
- Remove as much stock as possible from the stock room and avoid putting heavy items on top shelves.
- Make sure the stock is rotated to prevent old stock going out of date.
- Sweep the stock room floor on a monthly basis.
- Clean the shelves on a three monthly basis.
- Finally ensure all members of staff look neat and tidy with clean overalls changed on a regular basis. Ensure all staff have enough white coats etc. so they can clean them frequently
- Research has shown that customers have more confidence when advice is given by staff wearing white overalls so this is something you may wish to consider, when buying new overalls.



I am involved with

Cleaning routines and rotas

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with

Cleaning routines and rotas

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Cleaning routines and rotas
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 58.

For Opening up the pharmacy in the morning

To ensure the shop is safely and securely opened up each morning.

All procedures involved in shop security, safety and efficiency at the start of a shift.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- It is very important for all members of staff to turn up and be on time, when they are due to work.
- If you are not well, you must telephone another member of staff, preferably a senior member, to let them know you will not be coming in.
- This is especially true if you are a key holder or the pharmacist.
- Otherwise be at the door through which you normally enter the pharmacy at least (nn) minutes before the shop is due to open for business.
- Wait until another member of staff arrives before entering the premises.
- If a second member of staff does not arrive, especially if they are the key holder, phone a senior member of staff to let them know and follow their instructions as to what to do.
- Make sure all members of staff have each others mobile numbers to make communication easier.
- Once a second person has arrived, together unlock and lift any security devices such as grills.

- Once a second person has arrived, together unlock the door and enter.
- Go swiftly to the alarm box.
- Enter the alarm code to disable the alarm.
- Hang your coats and bags up (put your belongings in your locker) and put on your white coats.

- Turn on the lights and the heaters
- Switch on the computer(s) and till(s) etc.
- Take the float out of the safe and put in the tills.
- If necessary collect the scripts from yesterday into a pile for counting later.
- Under present legislation, you can only perform those jobs allowed before the RP has arrived. Check the RP SOPs for further information
- If no pharmacist arrives after say 15 minutes, start procedures to find out who should be on duty and where they are. Follow the absent pharmacist SOP



Gets you up to date & keeps you ahead of the game

**I am involved with
Opening up the pharmacy in the morning
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Opening up the pharmacy in the morning
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Opening up the pharmacy in the morning
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 59.

For Closing the pharmacy down at the end of a work period

To ensure the shop is safely and securely closed down each evening (lunchtime).

All procedures involved in shop security, safety and efficiency at the end of a shift.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- As the end of the day approaches, you need to check that the usual daily maintenance items have been completed e.g. the computer has been backed up, the fridge temperature has been recorded, the CD's, private prescriptions etc. have been recorded, the RP log completed.
- Go through the query slips to check if any further action needs to be taken with those.
- If you are not in the next day, make sure there are adequate notes for the next pharmacist to take over. Explain anything urgent or complicated to somebody who will be in the next day as well as writing it down in case it is not dealt with next day.
- Go through the owing slips and make sure all that is owed has been ordered.
- Put all stock items away neatly.
- Gather the scripts together.
- Count and record following the script counting SOP.
- Put the order through to the wholesaler.
- Try to put the bulk order through at an earlier time as the phone lines to the wholesalers get very busy near closing time.
- If certain lines are returned as unavailable, try ordering from your second line wholesaler, especially if they are owed.
- Cash up the till(s), following the cashing up SOP.
- If the driver returns with undelivered items, make sure they are put down on the next day's drop sheet and stored in the appropriate place e.g. fridge for any fridge items.
- Do any washing up that is necessary and wipe down the sides.
- Check that all is left neat and tidy for the next day.
- Lock and secure any entrances that are not used as the exit.
- Log off the computer.
- Turn off any heaters, heat sealing equipment etc.
- Switch off all lights except security ones.
- Activate the burglar alarms.
- Leave the premises by the designated door.
- Lock it.
- Drop any security items into place.
- If necessary hand the keys over to the next person who will need them.



Gets you up to date & keeps you ahead of the game

I am involved with

Closing the pharmacy down at the end of a work period

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Closing the pharmacy down at the end of a work period
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Closing the pharmacy down at the end of a work period which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 60.

For Maintenance of the Pharmacy Refrigerator(s)

To ensure safe and efficient storage of items which require refrigeration to maintain their product integrity.

All procedures required to ensure the long term storage of items at fridge temperatures.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Monitoring 'Fridge Temperatures

- Ensure that you have a fridge in good working order.
- Ensure you have a method of recording the temperature of the fridge on a daily basis- these systems may be brought from the NPA in a paper form or from Theinformacist.com on a CD that can be printed off as and when they are needed.
- Using one of those fridge magnet plastic pegs or some such device, attach the record to the fridge, so that it can be clearly seen.
- At the beginning of each month, write the month and year on the top and starting on the day 1 record the maximum and minimum temperature as it appears on the thermometer
- This must be done on a daily basis and should become part of the daily check list system along with running a computer backup, recording all CD entries, pharmacist log, private prescriptions etc.
- The temperature should be somewhere between 2 and 8 C. Clearly mark any entry outside these limits, e.g. draw a ring around the result.
- If the temperature moves outside this range, remedial action is required.
- Firstly check that air is allowed to circulate properly around the 'fridge. People have a tendency to leave paperwork on top of fridges, so blocking circulation. Also the fridge can be pushed too close to the wall or cupboards on either side of it.
- If any of this is the case, move the paperwork and/or fridge so it has a good supply of circulating air.
- There is usually a temperature control dial so move that in the appropriate direction to raise or lower 'fridge temperature.
- If it is still not falling within the permissible range check whether or not the 'fridge needs to be defrosted.
- If this is the case, defrost as soon as possible.
- Finally if there is still a problem, call out an engineer, to see if it can be adjusted.
- The details of the make and model of the fridge should be recorded on the equipment maintenance records. These should also have the phone number of the engineers who usually repair the equipment (See equipment maintenance SOP)
- Once the repair is complete, make sure the equipment maintenance log is filled out, signed by the engineer and returned to it's appropriate file for future reference.
- If at any time the 'fridge should fail, most insulins will still be usable so long as they have not risen above 40 for more than 24 hours. For instance if you come in on Monday and you discover the fridge at room temperature you will have no choice but to destroy any insulin vials. For more accurate information call the manufacturer and check whether it is right to destroy your stock.



Gets you up to date & keeps you ahead of the game

Cleaning the Refrigerator

- It is important that the dispensary fridge is kept clean and neat so that it runs at maximum efficiency. Air should be able to circulate around the stock.
- No food or drink items should be stored in the dispensary fridge. A second fridge, preferably in the staff area, should be used for these.
- Once a month, try to reduce the amount of stock you have in the fridge. The end of month is probably the best time to do this.
- Collect all the fridge items together, preferably in plastic boxes with padding around the items to minimise the increase in temperature.
- Fill a small bowl with barely warm water and add a small amount of sodium bicarbonate powder. This will reduce any smells and help with the cleaning.
- Using a clean cloth, thoroughly wipe all the internal areas of the fridge.
- Dry with a clean tea towel.
- Return the stock to the fridge.
- As you do, check the dates on all the products and mark any that are near their expiry date. Stack stock back neatly so that it is easily seen and counted.
- Also it is a good time to generally go through the fridge and replace the items in a neat and easy to follow system.
- Overstocking on fridge items, especially insulins, happens very quickly if they are not kept in neat piles.
- Record on the fridge maintenance records the date that the cleaning was done and by whom.

Defrosting the 'Fridge

- This should be done 3 monthly unless there has been a build up of ice with in the fridge or the temperature readings have been out of range.
- Take all the items out of the fridge.
- Store them in containers, preferably in another fridge i.e. one that is used for the staff usually.

- Make sure you clear a shelf in this second fridge and keep all the dispensary items separate from the staff items.
- If there is no second fridge available, wrap the containers in newspapers and cloth to keep them as cool as possible.
- Turn the fridge off.
- Leave until all the ice dissolves, making sure the water can be conveniently drained.
- If the fridge is taking a while to defrost, put a bowl of boiling water at the bottom of the fridge, to speed up the process.
- Once all the ice has melted, remove the excess with a cloth.
- Clean the fridge using a clean cloth and water with sodium bicarbonate in it.
- Dry the fridge with a clean tea towel.
- Turn the fridge back on.
- Leave for a couple of hours and then replace the stock.
- Do a date check as you replace the stock.
- Place the oldest stock at the front to ensure good stock rotation.
- Replace the stock in a neat and orderly fashion so all the stock can be seen at a glance.
- This helps to prevent apparent out of stocks or excess stock holding, which can be expensive.

- Mark the maintenance records with the date of the defrost and who did it.



**I am involved with
Maintenance of the Pharmacy Refrigerator(s)
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Maintenance of the Pharmacy Refrigerator(s)
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Maintenance of the Pharmacy Refrigerator(s) which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 64.

For Running a Smoking Cessation Service

This procedure gives guidance on how to encourage your customers to stop smoking to improve their health.

This SOP is dealing with the patient who has decided to stop and wants help from your pharmacy and also fielding casual enquiries at the counter.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Linked with this SOP is the one for those who smoke. Obviously you should encourage any patients/clients, that you know are smokers, to stop smoking. Just a few minutes spent educating them about the dangers of smoking both to them and to the people they live and work with has been shown to increase the likelihood of a smoker wanting to quit.
- A particularly compelling argument for parents is that, their children are far less likely to smoke if their parents do not

For the casual enquiry:

- Greet the customer with a smile.
- When they ask if you have anything to help them stop smoking ask them if they would like to join your smoking cessation scheme.
- Tell the patient that if they do not pay for their prescriptions, they can receive the smoking cessation products for free and if they do have to pay, it will only cost them the normal price of a prescription per item.
- Explain that it involves an initial consultation, taking approximately 20 minutes, to assess their smoking habits and how best they can be helped, followed by weekly returns where their carbon monoxide levels are measured to confirm they have not been smoking and they will be given more product.
- If they then want to join, find out from your smoking cessation consultant when would be convenient to see them.
- Research has shown that it is far better if the smoker can be seen right away, before they lose their nerve. So if possible arrange an immediate interview.
- If it is not possible, make an appointment, preferably giving them a reminder card and taking a note of their phone number, preferably their mobile, in case you need to contact them to cancel or remind them of the appointment. This may stop the problem of patients who forget to turn up.
- Give them a 3 day diary. Explain to them, that this is to record when, where and why they smoke. It will help them to understand what triggers them to smoke and help you decide on the best smoking cessation product for them when they return.



Gets you up to date & keeps you ahead of the game

- If you do not run a scheme, then ask them questions about their smoking habits, as below, and recommend a suitable product, again as detailed below.
 - You could also give them a diary to fill out about their last 3 days smoking so again the patient/client and you learn a bit more about their habit.
 - Explain that the more they plan ahead and think in detail about how they are going to deal with the various problems they are likely to encounter, the more likely they are to be successful.
-
- Once you have the patient requesting a smoking cessation product, either through an enhanced service or as a sale, you must first enquire about how many they smoke a day and how early in the morning they start.
 - If possible look at their diary to see how and when they smoke.
 - At some stage through the process you need to take their Carbon Monoxide level. This is for your records and because the patients like to see that level decrease, as they begin to stop smoking.
 - Now move on to their smoking habits. If they need that first cigarette within 30 minutes of waking up, the best type of smoking cessation product for them would be a patch that they can wear for 24 hours. The other products tend to take a while to get the nicotine into the blood stream.
 - If they don't start smoking for at least half an hour after they have woken up, any of the other products will be suitable.
 - If you do recommend patches, check that the patient understands they need to change the area they apply the patch to each day, to reduce the likelihood of skin irritation.
 - Then ask how many cigarettes they smoke in a day. If it is more than 20 they need the highest strength, 10 to 15 the medium strength and less than 10 the lowest strength.
 - If they smoke a lot more than 20, they may need a top up every so often, of one of the other types of product like the tablets or lozenges.
 - Explain that there is 1mg of Nicotine in a cigarette so the lozenges and tablets that have 2mg of nicotine in them are the equivalent of 2 cigarettes. As it takes about 30 minutes for these to dissolve in the mouth, the patient could take it out after 15 minutes, wrap it up and save the rest for later.
 - If the patient puts the tablet or lozenge underneath their tongue, they will get an immediate hit of nicotine, as the blood from underneath the tongue goes straight to the brain first before travelling the rest of the way round the body. Thus the tablets or lozenges will best mimic the effects of cigarettes.
 - Tell the patient that with the gum, half the nicotine remains in the gum so a 2mg gum is the equivalent of one cigarette. It takes about 30 minutes of continuous chewing to extract all the nicotine available.
 - Then discuss the inhalators. They hold 10mg of nicotine but only about 3mg is available, hence they are the same as 3 cigarettes. Sucking on the inhalator for about 7 minutes will release the same as one cigarette.



- Finally there are the nasal sprays but these are only intended for the very heaviest of smokers.
- During the conversation, fill in any forms that you use to keep the relevant patient details.
- Tell the patient about the fact that much smoking is done through habit so they must think of ways they can avoid the trigger factors e.g. if they smoke in the pub may be they could avoid it for a couple of weeks or use the no smoking area instead, if they smoke while they are watching TV maybe they could eat chopped vegetables or fruit, if they have a cigarette after they have eaten maybe they could do the washing up straight away etc.
- If the patient is worried about putting on weight because they have stopped smoking explain that they could use the gum or try sugar free chewing gum/ sweets etc. The average ex smoker only puts on about half a stone, which is far less dangerous than continuing to smoke.
- Once the patient has decided on which of the many types they would like to use, fill out the form or voucher
- Give them the products and take their prescription fee if necessary.
- Make an appointment for them to return in one week.
- Research has shown that texting short motivational messages during the week will really help them too remain committed
- When they do return, chat with them about how they are finding it.
- If they have any particular problems, try to give advice to help them through it.
- Take their carbon monoxide levels.
- Hopefully congratulate them on how well they are doing or commiserate on their difficulties and encourage them to keep focused.
- Explain how important it is to keep trying and that most smokers take several attempts before they actually manage to give up.
- Re issue with their NRT products, having checked they are happy with their original choice.
- If they wish to adjust their choice, go through the options as above.
- Fill in your record form and the prescription/voucher.
- Make an appointment for the next week.
- Once the patient has come to the end of the course that your local authority will pay for, tell them that they can continue to use an NRT product if they need to but they will have to pay for it.
- Explain that it is far better to use NRT, as it much safer, than returning to smoking so suggest they always have a supply of NRT with them just in case they get tempted at a party or in the pub etc.



Gets you up to date & keeps you ahead of the game

- It is important for your local authority, that you keep a record of the numbers of patients that reach the four week and twelve week quit targets.
- The evidence shows that those smokers that manage to stop smoking for 12 weeks are far more likely to stay stopped

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
Running a Smoking Cessation Service**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Running a Smoking Cessation Service
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 63.

For Dealing with Violent Customers

This SOP covers the procedures to be adopted when dealing with violent customers in the shop.

All areas of contact by any of the staff with situations which could potentially develop into violent situations.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

There are a number of ways that a situation can become difficult and each one needs to be handled differently:

A customer with a complaint

They may be angry as soon as they walk into the shop or they may become angry as they feel their problem is not being dealt with satisfactorily.

Prevention is better than cure in all these cases, so with regular customers, make them your friends. Make sure you are all caring, understanding, fair and helpful at all times and the chances of a confrontation are much reduced. You know from your own experience it is much harder to become angry with a friend, than with a stranger but if it does happen:-

How to handle a complaint

- Greet them with a smile and listen carefully and attentively to what they are saying. Let them blow off steam and be sympathetic, if possible.
- Then repeat back to them what you have understood to be the problem.
- Decide whether you feel you can deal with the problem or if you need to involve a more senior member of staff. People want to explain their complaints to someone who they feel can rectify the problem.
- Be aware of the general rules within your pharmacy about replacing goods if they are damaged (or not replacing medicines/cosmetics) etc.
- Do not become angry yourself even if the customer is becoming so, as it will only inflame the situation.
- Speak calmly and clearly and use non aggressive body language. Do not be patronising.
- Remember that usually people who complain, really do have genuine complaints and may well have worked themselves up, before coming in to complain, so give them as much time as they need, to calm down.
- Ask the customer how they want the problem rectified.
- If, according to your company's rules it is not possible to comply with those wishes, explain to the customer why it is not possible.
- See if there is an alternative that you could suggest that may be acceptable. It may be a good idea to run some practice scenarios with other staff so when these situations arise you know what to do.
- If you feel that you are losing control of the problem, ask a more senior member of staff to explain the situation again to the customer.



Gets you up to date & keeps you ahead of the game

- If the customer is still not happy, you may have to consider the consequences of sticking to your guns. One unhappy customer will tell at least 13 other people about their poor treatment.
- In the end it may be best to placate the customer but record who they are and the result of the complaint, so you can check that this does not happen again with this same customer.

Drug addicts

Addicts become agitated very quickly if they do not get their own way

Handling unruly addicts

- It is important when running a drugs clinic to treat the clients with the same respect as you would normal patients. Bear in mind, these are the abused and neglected children we see on the NSPCC adverts, just adults now.
- Set up a strict system with them. They are generally undisciplined and chaotic and therefore respond better to a teacher-like figure who is firm but fair.
- Make sure you treat them all the same.
- Clients are usually likely to “kick off” when they know that they have either broken the rules or they are going to make a request that is likely to be turned down, so they are spoiling for a fight.
- If you have set up a regime where the addicts know that they must stick to the rules, these situations are going to be easier to handle.
- Listen to what they have to say and explain why their request is going to be turned down. If they have had the rules explained to them before, this should be a restatement of those rules.
- Do not get angry or raise your voice as this will merely make matters worse.
- Just keep repeating what you have already said and the reasons behind it.
- You may, on rare occasions decide that this is the first time this client has broken the rules or that they may be left without drugs over a bank holiday etc. in which case it may be better to explain that on this occasion you will do what they ask but this is a one off and will not happen again. ALWAYS RECORD ON THE PMR WHEN YOU HAVE GIVEN THEM THE BENEFIT OF THE DOUBT and only do it ONCE
- However if this has happened before and you feel it is important to enforce the rules you may at this stage have to threaten that they will be barred and reported to the clinic.
- On the whole clients do not want to be reported to the clinic so they may leave, swearing at you.
- Depending on how bad their departure was, you may still wish to bar and report them.
- If they do not leave and start to threaten violence, either push the panic button or get somebody to call the police.
- Many of these clients may already be in trouble with the police, so very often just the threat of calling the police will be enough to encourage them to leave, but if they do not you must carry through your threat. As with children, you cannot threaten to do something and then not carry it through. You will completely undermine your authority and this will lead to much more trouble later on.

Criminals

There is the situation where a person or persons have come in to commit a crime. It may simply be to shop lift or, far more seriously, actually demand drugs or cash while threatening you with some kind of weapon. These scenarios need to be treated differently



Dealing with a shoplifter

- If you become suspicious of the way somebody is acting. Watch them closely. The obvious signs are hanging around the shelves, wandering aimlessly but checking out who is watching them. They typically seem to be intent on reading the back of a packet. They are particularly keen on the higher priced goods that are easier to resell i.e. cosmetics, perfumes, suntan lotion, electrical items.
- The best policy is actually to go up close to them and start tidying the shelves where they are. If they are regular shop lifters they will realise they have been "sussed" and decide to leave, although be careful if you become busy and have to leave them.
- Do not be confrontational in any way - just make them aware they are under surveillance.
- Make sure you take a good look at their face so you will recognise them next time.
- You may actually catch them stealing. In this case, if you want to prosecute you have to let them leave the store before stopping them but if you just want to retrieve the goods, ask them to put the items back on the shelf and to leave the shop.
- This is when the situation is most likely to become "ugly". It is important you appear confident. The more confident, but not aggressive, you are the less likely the thief will be to attack you. You are entitled to use reasonable force to protect your property but it is best to avoid physical contact if you can. However if there is physical contact, try to grab some hair as the police may be able to do DNA testing from this and possibly match it to their database. (This might not be usable in court).
- If they do steal, ring the police with a description of their appearance and the items they have stolen. This may seem a pointless exercise but if you do it often enough they will eventually get caught and all those other cases will be taken in to consideration.
- Very often the thief will be one of your clients or ex clients. Shop lifters tend not to travel far to commit their crimes. In this case, banning from the shop is the best policy.
- Try to put a name to the face. It is much easier for the police to catch somebody that you have recognised and can name. Keep any tapes from your security cameras for identification purposes (these should preferably be in colour and good definition)
- As soon as you see them enter the shop, just calmly ask them to leave. If they resist, tell them you will call the police. Again they do not want to be caught by the police so they will leave.
- Do not be intimidated as they will sense this and become more aggressive. Just stay calm but firm.

Weapons

Finally there is the hold up. This is a far more serious situation and calls for calmness and does not call for any heroics.

Dealing with a hold up

- When faced with this problem, try not to panic. Easier said than done, but vital! The thieves will be fairly worked up themselves and any sudden movements or noises may scare them into using their weapons, sometimes by accident.
- Do as the thieves ask you. A few hundred pounds is not worth anybody's life.
- Answer any direct questions as simply and briefly as you can, without embellishment.
- Do not volunteer information. If they ask you for all the money in the cash draw, don't suggest there is more in the safe or if they demand tablets off the shelf do not say there is more in the delivery box on the floor
- Try to remember as much as you can about their height, weight, hair colour outfit and accent. If they are masked, concentrate on mannerisms, smell and voice.
- If you have a panic button and you can get to it without the robbers seeing you, then do so but be careful. There have been occasions when security firms have rung up to check whether you meant to press the button.
- As soon as the thieves have left, call the police.
- While you are waiting, and before you have all had a chance to calm down, get everybody to write down as much as they can remember of the whole incident. Do not confer until you have all finished as you will probably remember different things.



- These things are usually over extremely quickly and the longer you leave your account the more times your brain will run through the events as it attempts to fill in the blanks.
- Be prepared for your mind to run and run the scenario after an event like this. This is normal and passes away in a short space of time.
- It would be wise to recommend to all those present that they attend formal counselling sessions in order to come to terms with the events in a balanced way. Staff will usually resist counselling but they would be well advised to accept it.

**I am involved with
Dealing with Violent Customers**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Dealing with Violent Customers**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Dealing with Violent Customers

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with
Dealing with Violent Customers

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 66.

For keeping a running tally of CD stocks

To ensure running totals are kept of CDs so that if any go missing there is early warning so that appropriate action can be taken

Covers all CDs including powders and liquids and ampoules etc.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

As a result of the Shipman enquiry it will soon become mandatory to maintain running balances of all your CD stock. The GPhC recommends this to be good practice as of now.

- Once a controlled drug has been given out, the quantity supplied, to whom, in what form and on whose authority must be entered electronically into the CD register.
- Make these records on the day of dispensing or no later than the day after.
- At the same time, you may start to keep a running total for each drug you stock.
- To start this register, choose a certain date and count each individual tablet that you have in stock
- Enter the figure for each type and strength clearly into the corresponding section of your CD register.
- If your CD register does not have this facility, start a separate book until the new CD registers that will contain this information are available. Mark your old register so that no new entries are put into it, as they would be out of chronological order.
- Next measure all the liquid stock you have and record that in a similar way.
- With liquids and powders supplied from manufacturers, there is normally an allowance for overage. It will be necessary to accurately measure the quantity in each container, on receipt. Add this to the stock level and mark the amount on the container label. Seal the bottle in some way as an indication that the bottle is still full when you come to re-check stock so you don't have to keep rechecking it
- When you next dispense a CD item, make sure you subtract the amount supplied from the stock level record to produce a new stock level.
- When you receive new stock of a CD, add this quantity onto the stock level figure for that drug.



Gets you up to date & keeps you ahead of the game

- If you supply a large quantity of a certain CD (e.g. Methadone) on a daily basis, you can add the individual amounts supplied and subtract this figure in one sum.
 - If you have a spillage, break an ampoule or lose a tablet, you should record the event in the register, have a witness sign that they agree the incident occurred and subtract the quantity lost from the running total. Re-measure the remaining stock if an unknown quantity of liquid or powder is spilled. Any spillages must be denatured.
 - At set intervals, you will then have to check the amount that your record says you should have in stock, against the amount you actually have. This is called a tally.
 - With drugs that are rarely used, this could probably be done on a monthly basis.
 - With those that are used more, you should tally weekly
 - When supplying large quantities regularly you should tally the figures on a daily basis.
 - This job does not have to be done by a pharmacist but the duty pharmacist is responsible for overseeing the task and taking appropriate action if a discrepancy occurs.
 - If there is no regular pharmacist (if you are running on part-time managers and locums) you should do the tallies daily, so an easy to follow record is produced.
 - Initial and date the tally so an audit trail is kept.
 - If you find there is a discrepancy, tell the pharmacist immediately.
 - There must then be an investigation into how this happened.
 - Check all CD prescriptions for that drug, all wholesaler invoices and patient medication records.
-
- If the situation is resolved, make a dated footnote in the register correcting the discrepancy, or else that it is under investigation. Start a new tally.
 - If the discrepancy cannot be resolved, tell the contractor or Superintendent Pharmacist.
 - You must keep records of the actions taken when a discrepancy occurs and ensure systems are in place to allow effective monitoring of the records so patterns or recurring reasons for discrepancies can be identified.
 - If after investigation, you cannot resolve the discrepancy or there is an immediate cause or concern the accountable officer at the LAT, who is , the police and/or a GPhC inspector or appropriate investigating authority should be notified.
 - A root cause analysis should be done at this stage, to identify and learn from any untoward incident.



I am involved with
keeping a running tally of CD stocks
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with keeping a running tally of CD stocks
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with keeping a running tally of CD stocks which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 67.

For Running a Clinical Audit

Shows how to run your ongoing clinical audits as required by the Contract

Includes choice of audit, the data capture and the summary of results

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Under the new contract each pharmacy must prepare two clinical audits a year:

- a) One that they decide and organise themselves
- b) One that the LAT decides and will be multidisciplinary.

Clinical audit relates to all aspects of patient care provided by any health care professional. The NHS has defined clear aims for clinical audit

- a) A clear patient focus
- b) Greater multi-professional multi-disciplinary working across different clinical and managerial disciplines
- c) An inter-sectoral approach where patient's care involves primary, secondary and continuing care.
- d) A role in professional self development
- e) Better information about clinical effectiveness, variations in practice, cost effectiveness, critical appraisal skills and outcome measurement.

Running an Audit

- First choose a topic. This choice is vital. The topic must be important to the pharmacy, patients and practice. It must be something that can be measured and changed by you. The benefits of this topic should be clear as that will help motivate people
- Consider topics that include high risk or volume, local issues, areas of concern, including financial where a large amount of people, time and money is used, or areas from the new contract e.g. MUR and repeat dispensing.
- You then breakdown the performance into
 - a) Structure - what you need or what facilities are there?
 - b) Process - what you do or what was done to the patient?
 - c) Outcome - what you expect to happen or what was the result for the patient?
- Choose a topic that is a real problem that can be measured, where standards can be set and changes made and where those changes will be welcomed by everyone, where the effort required is acceptable and it is not a controversial subject.
- Choose one person to be the co-ordinator for this audit responsible for the overall management.
- Decide how long the audit will last – the simplest method for the shortest time is a great motivator
- Include affecting change as the purpose of the audit.
- It must be stressed to people involved in the audit that there is a need for confidentiality and explain that the audit is not an inspection or to criticise anybody.



Gets you up to date & keeps you ahead of the game

- Only collect data that is necessary
- Once the topic has been chosen, you need to set the criteria (what should be happening) i.e. a simple statement about the delivery of the service you are auditing. It should focus on clinically relevant, clearly defined and measurable points.
- Decide what standard you are aiming for. It needs to be realistic, measurable, achievable and agreed. The audit will compare current practice with this agreed standard.
- Collect the data (what is actually happening). Do not collect more data, for a longer time than is absolutely necessary.
- Analyse the data (compare the actual with what should be happening)
- Make sure the data collected was complete and accurate and there was nothing significantly exceptional happening that affected the results i.e. staff sickness, holidays etc.
- Examine the results of the audit with all the participants.
- Identify whether the standards have been met or not (decide on change). If not the audit should have shown where changes are needed. If the standard has been met, the audit may have shown where further improvements can be made.
- Implement the change. This is where it is important that the people involved in making the change were also involved in the audit. They are much more likely to change if they understand why they are doing so.
- Monitor the progress (was the change successful?), so the cycle continues. The change needs to be re-measured and the next audit cycle started.

**I am involved with
Running a Clinical Audit**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Running a Clinical Audit**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Running a Clinical Audit**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
Running a Clinical Audit**

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 68

For Child protection

To ensure your responsibilities under the Child Protection guidelines are able to be fulfilled.

Covers all contacts between staff and customers, paying particular attention to children and how adults behave towards them.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

The definition of a child is any one under the age of 18.

Bear in mind that if you alert social services to the possibilities of a neglected or abused child, there will follow an enormous invasion into that family's affairs. Make sure you are fairly sure that abuse/neglect is taking place, but don't react to minor suspicions. Let your conscience be your guide. Could you live with what you have observed if you have not passed on the information?

- Be alert to the possibility of abuse or neglect. There are certain categories of patients that you will see everyday e.g. drug addicts, those with learning difficulties, mentally ill patients etc. that are more likely to abuse or neglect their offspring. However, as we all know, that does not mean that the problem does not occur in apparently more stable "normal" households. These concerns may also apply to children who are at risk of honour based violence.
- New laws have recently been enacted which make forced marriages illegal so if you suspect that a child may be at risk, for example they suddenly disappear for reasons that do not ring true, you will need to report this to the relevant authorities.
- Be able to recognise the indications that a child may be at risk:
 - a) Evidence of poor growth, poor overall care, lack of supervision
 - b) Self mutilation or swallowing of harmful substances by the child.
 - c) Evidence of sexual activity that is inappropriate to the child's age or experience
 - d) Unexplained or unusual injuries say to the neck, armpits or sole of the feet of bite marks, scalds or fingertip bruising.
 - e) Behavioural problems such as aggressiveness, hyperactivity, being socially withdrawn or nervous but of course bear in mind that autism, attention deficit disorder etc. can produce similar symptoms.
- Be concerned:-
 - a) If the account given is inconsistent with the age of the injury, blamed on siblings (though again be aware that the NSPCC says that much bullying and even sexual abuse within a family is actually done by older siblings) or there is repeated injury.
 - b) There is delay in seeking treatment and lack of concern over the severity of the injuries.
 - c) There is reluctance to give information or allow treatment
 - d) There is aggressive behaviour towards children
- If you do suspect abuse or neglect, you should seek advice from the named professional within your LAT that deals with child protection and follow local procedures.
- It may be helpful if you discuss matters with the child's GP.



Gets you up to date & keeps you ahead of the game

- If after these discussions you still feel abuse or neglect is a possibility, you should make a referral to the social services department or the police.
- Even if the suspicion is more of concern than known facts, it should still be passed onto social services, as it may help to build up a picture along with similar concerns from other quarters and so improves the chances of abuse being dealt with.
- As an allegation of abuse or neglect could lead to a criminal investigation, you should not ask leading questions or attempt to investigate the suspicions yourself.
- You are expected to discuss your concerns with the parent or guardian of the child but only if it will not put the child at further risk i.e. the parent or guardian may be the person causing the harm.
- If a child tells you something that gives rise to concern, speak to the child in a way that they will understand but do not promise them that you won't tell anybody.
- You should only share private and confidential information about your suspicions if the parent or carer agrees, you are required to by law, under a court order or it is in the best interests of the child.
- If you do inform social services, seek agreement on what the child and the parents or guardian will be told and by whom. Children have a right to know what is happening and should be consulted on actions and decisions that affect them
- Once you have spoken to social services on the phone you must follow it up with written confirmation of the phone call within 48 hours.
- If you do not receive a written acknowledgement from social services within 3 working days you must contact them again.
- You must keep records of all the concerns and discussions about the child, the decisions made and the reasoning behind them. As an abuse or neglect case is usually built up over time, records should be kept even if no further action is taken at this time.

**I am involved with
Child protection**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Child protection**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with
Child protection

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions _____

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions _____

Pharmacist's Name

Pharmacist's Signature

I am involved with
Child protection

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 71.

For Maintaining Data Security

To make sure the pharmacy fulfils its responsibilities under the Data Protection Legislation.

Covers all items of personal data and how they are stored, retrieved and disseminated.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

This act came into force on 1st March 2000 regulating the processing of personal data of living people, both computerised and manual, throughout the UK.

- “Personal data” is information that relates to a living, or dead, individual who can be identified from that data e.g. date of birth or name and address or other information in possession of the data controller.
 - “Sensitive personal data” consists of information, including opinion, as to the data subject’s physical or mental health or condition. A PMR system would be defined as containing sensitive personal data.
- The act has 8 principles that require data be
- 1) Processed fairly and lawfully (certain requirements must be met)
 - 2) Obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or purposes.
 - 3) Adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed
 - 4) Accurate and where necessary, kept up to date.
 - 5) Not kept longer than is necessary.
 - 6) Processed in accordance with the rights of data subjects under this act.
 - 7) Protected against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
 - 8) Not transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.
- If you process data through the PMR, you must comply with Principle 1 of the act which states that either the data subject (the patient) has given their consent or at least one of the conditions of Schedule 2 is met. Pharmacies rely on conditions 5 and/or 6 of Schedule 2 i.e. that the processing is necessary because the services provided are in the public interest and are for legitimate purposes.
 - As the PMR would be defined as sensitive personal data, you must ensure at least one of the conditions of Schedule 3 is met. These conditions include that either explicit consent has been given or the processing is necessary for medical purposes and is done by a healthcare professional (pharmacist/registered technician) or a person who has a duty of confidentiality equivalent to that of a healthcare professional.
 - You do not need explicit consent (a positive response as opposed to non-response) to keep medication records. Patients cannot decline as it is a statutory requirement to keep Patient Medication Records.
 - You should advise patients that you operate a PMR that is subject to confidentiality and about their access rights.



Gets you up to date & keeps you ahead of the game

- If a patient wishes to have their records removed from the computer for any reason, you will have to make a professional decision, as removal may be a breach of your terms of service. Try explaining to the patient that if you do not maintain records, difficulties may arise if they then bring in another prescription or purchase an OTC product. Get them to sign a disclaimer e.g. “ I understand that removal of my patient medication records means that the pharmacist is not able to check previous medications, dose changes and interactions, and cannot be held liable for any mishaps resulting from it”
- You, as the data controller, decide how long records should be kept and following the record retention SOP, but it should be no longer than necessary. If it is a one off patient it might be no longer than a year but for a regular it may be for as long as they remain a patient. Under the provisions of the Consumer Protection Act you may want to keep the records much longer so you can identify the source of the medicine supplied. This ought to be 13 years for an adult patient or 23 years for a pregnant woman.
- If a patient wants to see their record you must provide it within 30 days of receiving a written request
- You may not disclose third party data unless the third party has the patient's consent OR it is reasonable in all the circumstances to disclose the information without the consent of the patient. If a patient has requested non-disclosure you may not release any information to a third party.
- If there is a claim arising from the death of an individual, you may disclose only directly relevant and necessary information from the deceased's records to a personal representative or executor to benefit the deceased's estate or to an individual who was a dependent of the deceased and has a claim relating to that dependency which has arisen from the death.



Gets you up to date & keeps you ahead of the game

**I am involved with
Maintaining Data Security**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Maintaining Data Security**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Maintaining Data Security
which I have read and appreciate the principles behind. Whilst here in locum tenens, I
will follow this procedure to help the smooth running of the shop, provided it does not
compromise my professional judgement. Clearly I accept responsibility for any
variations that I do make.**

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 72.

For Giving Advice on Healthy Lifestyles

Ensures the pharmacy staff are aware at all times that they should be pro-actively helping their customers with improving their lifestyle.

Covers all points of contact between staff and customers.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

This is now one of the responsibilities in the pharmacy contract. It is important that everybody in the pharmacy makes the effort to encourage a healthy lifestyle to all your customers.

- Firstly make sure that all members of staff are aware of the general principles of a healthy lifestyle i.e. eating at least 5 portions of fruit and vegetables a day, regular exercise, moderate drinking and no smoking.
- When you are generally chatting to your customers, note any habits that will affect their future well being and try to encourage them to make small changes that could make a big difference
 - a) Ways to eat 5 portions of fruit or vegetables. You may even be able to sell from a fruit bowl on your counter, single portions of fresh fruit and vegetables in season, or fruit juices if you have a chiller cabinet.
 - b) Ways to increase their exercise without the expense of joining a gym- like parking their car further away from the place they want to get to, always taking the stairs instead of the escalator or lift, having a short walk at lunchtime instead of sending somebody else for their sandwich. Sell pedometers so people can see how many extra steps they have taken, and encourage them to increase their steps daily.
 - c) Ways to reduce the amount of alcohol they drink- like alternating an alcoholic drink with a soft one, making one drink last longer or having smaller drinks each time.
 - d) Ways to reduce the amount they smoke- like only smoking half a cigarette at a time (most of the dangerous chemicals build up in the bottom end of the cigarette so they will inhale less of them if you only smoke the first half), pacing themselves during the day to limit the number, using NRT to replace some cigarettes.
 - e) Ways to reduce stress in their lives like- planning their work load, learning the 5 minute relaxation technique and others, ensuring they have a day away from their usual routine and time for themselves.
- Have in the shop leaflets on these subjects that customers can pick up easily, including diet sheets etc.
- Run campaigns, either as part of a LAT one, local initiative or national drive.
- Have window displays, run competitions, involve the local community.
- Keep books on healthy living, stress reduction, diets, etc. so you can direct people for further advice.



Gets you up to date & keeps you ahead of the game

- Encourage people on regular medication to make sure they take their tablets. Run MURs to help with any problems they have.
- The more you explain to customers the benefits of changing their lifestyles the more likely they are to attempt to.
- Tell them that it takes about 60 days to change a habit and the more you follow the new routine the more likely it is to become the new habit.
- Improve your knowledge of herbal medicines, vitamins, minerals, body building supplements, aromatherapy etc. so you can give impartial advice. More and more of the population, especially the young, are moving into these areas and hence you should too.

**I am involved with
Giving Advice on Healthy Lifestyles**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
Giving Advice on Healthy Lifestyles**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with Giving Advice on Healthy Lifestyles
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with Giving Advice on Healthy Lifestyles
which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature



Locum Pharmacist's Name

Locum Pharmacist's Signature



Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 73.

For running a Patient Satisfaction Survey

Objective: This SOP covers the procedures for running a Patient Satisfaction survey in ensuring sampling techniques are the best possible to obtain an accurate picture of our services.

Scope: The annual Patient survey which covers the number of returned questionnaires needed to meet the minimum requirements of the contract.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Driver

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

The aim of this is to get some feedback from our patients as to how they view us and our services. It is part of the pharmacy contract and the LAT will want to see that we have assessed the results and made some effort to improve any areas that we are weak in.

The contract specifies the following minimum number of returned questionnaires required, depending on the number of prescription items we dispense:

Minimum returned questionnaires required to meet the contract

Up to 2,000	50
2,001-4,000	75
4,001-6,000	100
6,001-8,000	125
over 8,000	150

- Now as we dispense over 8000 items per month we must collect 150 completed questionnaires.
- Set a date to start the survey and divide the number we have to collect by the number of days we intend to run the survey (we suggest 10 working days). This will tell us how many completed questionnaires we have to collect during the hour we ask people.
- To ensure we get a random sample that is not influenced by knowing the patient, we will ask every third person who comes in for an NHS service (see selection of patients below) to complete a questionnaire until we have completed. This will ensure that we catch a variety of patients.
- Keep a check on the number of completed questionnaires that are put in the box, possibly by having a running tally on the side of the box.
- We will start this at 9am on the first day, 10 am on the second day, 11 am on the third day and so on till we have reached our target.
- In week One:
 - Monday start at 9:00 and collectsurveys
 - Tuesday start at 10:00 and collectsurveys
 - Wednesday start at 11:00 and collect ... surveys
 - Thursday start at 12:00 and collect ...surveys
 - Friday start at 1:00 and collect ... surveys
 - Saturday start at 2:00 and collect ... surveys
- In week Two:



Gets you up to date & keeps you ahead of the game

- Monday start at 3:00 and collect ... surveys
- Tuesday start at 4:00 and collect ... surveys
- Wednesday start at 5:00 and collect ... surveys
- Thursday start at 9:00 and collect ... surveys
- Friday start at 10:00 and collect ... surveys
- Saturday start at 11:00 and collect ... surveys
- The easiest time for the patient to complete a questionnaire is while they are waiting for their script to be dispensed or to be seen for a consultation.
- Ask them if they mind completing the questionnaire and hand them a pen to do so.
- It may be a good idea to keep a pair of reading glasses handy for those who have left their own at home
- Explain to them that when they have completed it, to fold it in half and pop it in the box provided, so their comments will be totally confidential. Say that we would prefer honest comments as it gives us a chance to improve things for them.
- If we get refusals to complete the survey move on to the next patient until one accepts, then miss two and so on.
- Patients must be given the choice of completing the survey at home if they want to. Any given to the patients to take home and complete will not be counted, as we cannot assume they will return them.

Selection of patients

- This survey is exclusive to those receiving NHS services. Obviously those collecting prescriptions or using enhanced or advanced services are included.
- Anyone receiving general advice on healthcare and lifestyle are included.
- If anyone only buys an OTC medicine without asking advice from the pharmacist they must be excluded.
- Obviously anyone only buying other OTC products will also be excluded.

Analysis of the results

- Once we have collected the required number, the questionnaires' results must be reviewed and the number and types of reply for each question recorded. This can be done on paper or by computer.
- So if on counting the "How friendly were the staff?" answers, there were 10 very poor, 20 poor, 10 good, 5 very good answers and 5 don't knows, then 60% of our customers thought our staff were poor or very poor.
- Now each question has to be summarised like that and a report produced so the LAT inspector can look at the result on their next visit.
- An action plan must be produced from the results which list our pharmacy's best point, worst point and how we intend to improve the worst point.
- This action plan must be published either by sticking it on public display in the shop, or on our website, Facebook page or, if possible on our NHS choices entry.
- The questionnaire may also give us some insight into how our customers are split by gender and by age which could be useful in deciding what we should stock.
- In the meantime any results that do indicate a serious problem like the one above, needs attention.
- Together we must decide what we can do to improve.
- Record what we intend to do, who will do it, the date we intend to have completed the change and who will check that it has been done.
- Keep this sheet with the questionnaires and the results record to show the inspector.
- Next year we will be able to compare the results and hopefully will see an improvement.



I am involved with running a Patient Satisfaction Survey
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with running a Patient Satisfaction Survey
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with running a Patient Satisfaction Survey
 So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with running a Patient Satisfaction Survey which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 75.

For receipt, storage and destruction of CDs

Objective: To ensure that controlled drugs are received, recorded, stored and destroyed in an accountable, legal and safe way.

Scope: Receipt, storage and destruction of all controlled drugs within this pharmacy

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Receipt

- Having dispensed a CD, decide whether it is necessary to reorder the item, depending on the amount used and the amount left.
- Order the required amount.
- Ensure that if you are not going to be in when the CD is due to be delivered, you have informed the next most senior member of dispensing staff of the impending arrival.
- If there is no dispensary staff to take this message, then make a note that will be easily seen by the incoming pharmacist.
- The note should clearly state what has been ordered, how much, from whom and when it is due in.
- Once the order has arrived, the delivery driver will present you with a form to sign to confirm that the ordered drug, quantity etc. has been safely delivered.
- Ensure that the goods are checked against the delivery note before you sign. If a discrepancy is later discovered it is difficult to argue the case if the delivery note has been signed without that check.
- If the goods that were ordered, have not arrived, check the delivery notes to see if they were out of stock. If they are, order them from another wholesaler as the patient may be desperate for them.
- If the goods were not out of stock, make sure you have not been charged for them.
- If you have, contact the wholesaler to find out what has happened to them.
- Once you are satisfied that the correct drug and amount has been delivered, you must make an entry into the relevant section of the CD register.
- At this stage you may want to check the anti tamper device is in tact and the FMD system to confirm the drug is "active"
- Measure the quantity that has been delivered. Manufacturers normally supply an overage in their bottles so the correct amount, must be measured and recorded in the register.
- Record any bottles of powder or liquids etc. as the quantity marked on the container and leave the container sealed until you need to use it.
-
- Be aware that when you open a container of powder or liquid, you must accurately measure the quantity and record any overage as an additional supply to you. Manufacturers are obliged to supply an overage to try to keep the stated quantity above the quantity stated. Some add 10%.
- Record the actual amount you have received on the bottle and then seal the bottle with Sellotape, packing tape etc. and sign across it to show no tampering has occurred,
-
- You must also adjust the CD tally for that drug to take account the new amount now stocked.

Storage

- Having entered the details of the receipt into the register the drug should immediately be put into the CD cabinet.



Gets you up to date & keeps you ahead of the game

- The CD cabinet is located by the toilet
- The key to the CD cabinet should be under the personal control of the pharmacist at all times. This ensures that they are aware of all activity surrounding the CD cabinet and hence should be able to prevent unauthorised access.
- Within the cabinet, stock CD items should be kept separately from items returned from patients.
- Expired stock items should also be kept separately.
- Once the stock has been put into the cabinet it must then be locked.
- At the end of the day, ensure all CD stock is in the CD cabinet and the cabinet is locked.
- If the shop is running on locums, then the key should be left with the most senior dispensary staff or as a last resort the shop manager.
- If the key is left with a non qualified member of staff, put the key into a sealable bag, which is then signed by the out going pharmacist, such that the next incoming pharmacist can check in the morning that the bag has not been tampered with overnight.

Destruction

- When doing your regular stock takes, to confirm that the tally and stock match, ensure that you check all the expiry dates.
- If some have gone over that date, separate them out.
- Mark them clearly as expired stock and the quantity that is in the bottle.
- Make an entry into the CD register and the tally with the amount, type etc. and subtract the amount from the running total.
- Ensure you have a witness to agree these details and that they sign, with their position and qualification number if possible, the register and CD tally.
- If possible seal the containers until they can be destroyed.
- Decommission the drug from the FMD system
- Next time a suitable inspector calls, ask them to witness the destruction of these stock CDs using a denaturing kit.
- The denatured mixture can then be added to the normal drug waste disposal bin.
- If at any time you have concerns about expired stock that has gone missing etc., inform the designated person within the pharmacy of these concerns immediately. The designated person within this pharmacy is any of the Pharmacists .
- Destruction of CDs should be recorded on the CD reporting portal <https://www.cdreporting.co.uk> as should any accidentally damaged or lost CDs



I am involved with receipt, storage and destruction of CDs
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

Name _____ Signature _____ Date _____
Competence checked by _____ Date _____
Restrictions

Name _____ Signature _____ Date _____
Competence checked by _____ Date _____
Restrictions

Name _____ Signature _____ Date _____
Competence checked by _____ Date _____
Restrictions

Name _____ Signature _____ Date _____
Competence checked by _____ Date _____
Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with receipt, storage and destruction of CDs
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with receipt, storage and destruction of CDs which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 76.

For managing medication changes from POM to P (or P to POM)

Objective; To ensure an understanding among the pharmacy staff of any legal changes in the status of certain drugs

Scope; All drugs that were previously POM and have been changed to P or GSL

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Once it has been agreed that a particular product is going to move from POM to P status it is important that you have an action plan in place
This is to ensure that you and all your colleagues are aware of the patients who can and cannot take these tablets and what side effects they need to be aware of.

- So firstly make sure you keep up to date with any changes.
- Then think of the 2WHAM that is used when giving advice for any counter medicine but this time the initials stand for:
 - W** Who is the drug intended to help?
 - W** What is the licensed indication and dose?
 - H** How long should it be taken for?
 - A** Adverse effects and interactions to look out for?
 - M** Medical referral – when should the patient be sent to the GP?
 - Research the above information.
 - Create a sheet with these details on, if one hasn't been sent out by the drug company that is promoting the change in legal status.
 - Also produce a second sheet which has the questions that should be asked of the patients, and depending on those answers, a list of people the drug is not suitable for.
 - Include on this sheet what other medicines that the patient might be taking that would mean they cannot take the newly released drug.
 - Also include any conditions that contraindicate the new P drug.
 - Make sure each member of staff has copies of these sheets and learns them so that they are aware of the details.
 - Have a 30 minute review a few days after they have had a chance to study the document, to make sure that they understand all the points and know what to ask and advice to be given when approached by customers.
 - This time should be logged in their training records as part of their CPD.
 - To begin with you may want to keep a list of all newly transferred drugs that you want referred to the pharmacist for, say the next 6 months.
 - Keep this list in easy view of the counter staff.
 - Review it regularly so that it does not just become part of the furniture.
 - Do try to promote these drugs to suitable patients as they are generally far more effective than the old (usually less potent) remedies they replace.



Gets you up to date & keeps you ahead of the game

I am involved with managing medication changes from POM to P (or P to POM) So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with managing medication changes from POM to P (or P to POM) So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with managing medication changes from POM to P (or P to POM) which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 77.

For maintaining a smoke free environment

Objective: To comply with the smoking ban imposed on public and work spaces and enforce the legal requirements of the smoking ban in this pharmacy

Scope: To prevent any smoking occurring within these premises

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Now the smoke free law has come into force it is necessary that the rules are followed with no exceptions. It is the duty of all members of the team to ensure that the law is complied with, as the penalties for failure to do so are quite severe

- Ensure that everybody on the staff is aware that they can no longer smoke in any area of the premises.
- Make sure any areas within the premises where smoking has previously been allowed, are now designated non smoking. This will include staff rooms and toilets.
- If some of your staff do smoke, you may provide them with a “non-substantially enclosed area” outside the shop for this purpose but you will have to consider planning permission, building controls, litter etc.
- Prominently display no smoking signs that comply with the legal requirements i.e.
 - a) They must be a minimum of A5 size
 - b) Display the international no smoking sign at least 70mm in diameter
 - c) Say “No smoking: It is against the law to smoke in these premises” large enough to be easily read. You can personalise the sign to read “this pharmacy” if you wish. at all entrances to your premises.
- If you are part of a larger complex e.g. a shopping centre or health centre you may simply use the international no smoking sign that is at least 70mm in diameter at all entrances.
- Any vehicle that is used by more than one person for work, must be smoke free as well.
- The vehicle must display the no smoking sign in each compartment.
- Once all the above is in place, you now have a legal responsibility to ensure that the law is complied with both by staff and clients/patients.
- If a client is smoking in your premises point to the signs and ask them to stop or go out side.
- If they refuse tell them you will be committing an offence if you allow them to continue to smoke and they too are breaking the law and you could both be fined.
- If the person persists in smoking, explain that the staff will refuse to serve them and they must leave the premises.
- If they won't leave, implement your usual SOP for dealing with anti social/violent customers, including summoning the police if necessary.
- Keep a record of where and when the incident took place, the name of the people involved and the outcome.
- If a member of staff is caught smoking on the premises, at first remind them of the new law and that it is to protect other members of staff and the public.
- If they get caught again, begin the usual disciplinary procedure of warning them that this behaviour is not good for anybody and must stop etc.



Gets you up to date & keeps you ahead of the game

- As above, keep records of the incidents and the outcome and also mark it on their employee record.
- This law will be enforced by your local council and the penalties for non compliance are as follows:
- For anyone smoking in your premises £30 to £200; for failing to display the required signs £150 to £1000; For failing to prevent someone from smoking up to £2,500
- There is a free phone number 0800 587 1667 for people to report possible breaches of the law. These will be passed onto local councils for follow up.

I am involved with maintaining a smoke free environment

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
maintaining a smoke free environment**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with maintaining a smoke free environment

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with maintaining a smoke free environment

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 78

For managing an accuracy checking technician

This is to explain how prescriptions that are suitable for a checking technician are chosen and designated. Then to clarify when these should be referred back to the pharmacist or the final check performed.

It covers all prescriptions except those for controlled drugs, methotrexate, oxygen and extemporaneous preparations.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- This SOP is for checking technicians that have been accredited and any pharmacist working with them so they are confident in their ability to perform that job.
- A script is received into the dispensary in the usual way.
- The pharmacist studies the script to ensure that they are happy with the drugs, quantities, doses, possible interactions etc. for that particular patient. However if these have been prescribed previously to the patient (a repeat prescriptions) it will not require a clinical check by the Pharmacist.
- At the same they decide whether they are confident that this prescription can be checked by the checking technician.
- If they are, a small triangle should be made on say the top corner of the script to show that the checking technician can give this out.
- If while the script is being dispensed an alert for a serious interaction, a change in dose, strength or form of any of the items or a new medicine is noted on the script then it needs to be referred back to the pharmacist for checking.
- Check the list on the dispensary wall to check whether the pharmacist needs to be re-involved in the process.
- The prescription should be assembled and labelled by a different dispenser to the checking technician. It is very easy for a mistake to be missed when it is checked by the same person who made the original error.
- So once the script is ready to be checked, lay the dispensed items alongside the prescription in the same order as they appear on the script.
- Then, taking one item at a time,
 - a) Check that the name of the drug is the same on the prescription, the label on the medicine to be given out and on the bulk pot, if one was used, or the calendar pack if not.



Gets you up to date & keeps you ahead of the game

- b) Check the strength of the drug is the same in all 3 cases.
- c) Check the quantity of the dispensed item is the same as was ordered on the prescription. If using blister packs, check each box has the correct number of complete strips inside.
- d) Check the dose is the same on the dispensed item and on the prescription.
- e) Check that the name of the patient is the same on the script and the medicine.
- f) Check the expiry date on all items being dispensed and, as far as possible, ensure that they are not counterfeit; check for holograms etc.
- g) Ensure a patient information leaflet is supplied with each item dispensed.
- h) Initial the checked by box on the label.
- While you are doing this ignore all other distractions e.g. staff chatter, the phone ringing, customers trying to attract your attention.
- If you cannot do this, deal with the distraction and then return to the checking procedure and start from the top again.
- Once you are satisfied that the items are all correct, put them into a dispensary bag, again ticking off the items against the script as they go in the bag to ensure you don't miss anything or put in any extra items.
- Seal the bag with the patient's docket/prescription and put in the usual shelf for later collection.
- Put away all any extra items left out to make sure the dispensing bench is kept as clear as possible.
- If you spot something is wrong, point it out to the dispenser and get it corrected.
- Record the "near miss" following the appropriate SOP.

I am involved with

managing an accuracy checking technician

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
managing an accuracy checking technician**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with managing an accuracy checking technician
 So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with managing an accuracy checking technician which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 79.

For cashing up at the end of the day

Objective: To ensure that an accurate record is made of the daily takings of the pharmacy

Scope: Any transactions involving the till i.e. cash, cheques, card payments, vouchers taken and any pay-outs i.e. refunds, petty cash payments etc.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- At the end of each day the till should be cashed up. This should be done by a regular senior member of staff but not the locum. If the locum does it, the taxman may interpret that as them being part of the staff and therefore part time employed rather than self employed. This could have serious tax implications for the business .

Take a final reading on the till

- The senior staff member should cash up at around 4:15 each afternoon.
- Take an X reading on the till and immediately follow this by a Z reading
- The X reading is a running total that does not reset the memories, while a Z reading is a final reading and returns the memories to zero, So it is vital to do the X reading first.
- Remove the cash drawer and take it somewhere safe e.g. a quiet spot in the dispensary or the office.
- Take out all the notes, money off vouchers, receipts for items purchased with cash and any explanations of over rings, returns etc.
- Put each type of coin into a pile on the bench. Do not mix the types together.
- Count out 5 of every type of coin and put them back into the appropriate place in the cash drawer. You now have £9.40 in the till. This is your temporary float.
- Return the drawer to the till. You can now continue to trade with that till. This should have taken no more than 60-90 seconds
- If you require a note for change you must take the customers note and give the exact money back in smaller denominations.

Make up the till float

- Now count out each type of coin as fast as you can. Do not make piles of £1 etc. as this is time consuming, just count the actual number of coins off the bench into your hand, record it and return all the coins to the till as soon as possible.
- Multiply up the coins by their value and record the cash amount, i.e. 7 x 5p coins is 35p
- Total up the amount.
- Say you have counted £26.55 in to the till. Our float for this till is £25.00 so you must take out £1.55
- If you had only counted say £23.25 you would then put a £5 note into the till and take out £3.25 in change.
- Now make up the float to £25. You need to put $£25 - £9.40 = £15.60$ back into the till in the lowest denominations possible i.e. start with pennies and work your way up
- So you now have in the till exactly £25 as float. plus any money taken since cashing up was started.



Gets you up to date & keeps you ahead of the game

Count the takings

- Record the details from the Z reading on the cashing up sheet.
- Next confirm that all the notes for any customer's returns, over rings etc. have been witnessed by another member of staff
- Record all the vouchers, cash payments, over rings etc. in the appropriate place on the cashing up sheet
- Count up all the notes.
- Record the amount of cash you have.
- Now add all these up, i.e. cash vouchers and cash purchases etc., and check that it equals the Z reading on the till.
- If the totals are the same, or within the acceptable limits, then place the cash in a bag and seal it with the cash sheet and Z reading stapled to the bag and put in the CD cupboard until it is time to bank.

Procedure if there is a discrepancy (whether under OR OVER)

- If there is a significant discrepancy outside the agreed acceptable limits, clearly mark that on the cash sheet possibly in red and inform the owner as soon as possible.
- Recount the cash, vouchers, pay-outs etc. It may be better that a different person does this as you may make the same miscalculation again.
- Go back and re-check your float.
- Take another X reading (NOT a Z reading!) and replace a float of £25 plus the takings since you last cashed up.
- If you still have a discrepancy:
- Question everybody to make sure all refunds, vouchers, pay outs have been correctly recorded. Ask them if they forgot to put in a note about anything
- Maybe someone will remember giving change of £20 instead of £10
- Review the till roll to see if an incorrect amount has been entered by mistake
- If you discover a mistake, alter the cashing up sheet with an explanation as to why.
- If you are sure that there has been no error, the owner must be informed of the problem.



I am involved with cashing up at the end of the day
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with cashing up at the end of the day
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with cashing up at the end of the day which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 81.

For ensuring your patients operate a peak flow meter correctly

Objective: To ensure that those patients needing to use a peak (expiratory) flow meter know how it should be used.

Scope: All times when giving advice to asthmatics about helping to measure and control their symptoms.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

This demonstration may happen in various circumstances. It may be that the patient has come in with their first script for a peak flow meter, it may be that it is some time since they had their last one or their peak flow readings (PFR) may be a bit odd and you wish to ensure that they are using the device correctly.

This demonstration may happen in various circumstances. It may be that the patient has come in with their first script for a peak flow meter, it may be that it is some time since they had their last one or their peak flow readings (PFR) may be a bit odd and you wish to ensure that they are using the device correctly.

- Greet the patient with a smile.
- Make sure the patient has had a new peak flow meter prescribed some time during the last three years.
- Check that this is a convenient time to demonstrate the equipment.
- Show the patient the meter and the instructions that go with it. Make sure it is the correct scale for Peak flow readings (yellow scale).
- Put a disposable mouth piece onto the meter.
- Put the marker to zero.
- Take a deep breath your self and put the mouthpiece into your mouth.
- Ensure that your lips have formed a seal around the mouthpiece.
- Blow out as fast and as hard as you can.
- Make a note of the reading.
- Now get the patient to do the same procedure with a clean mouthpiece.
- Record this reading.
- Repeat this process two more times.
- Record the reading each time.
- Take the highest reading as the PFR to be recorded on the graph that the patient should keep somewhere safe.
- Tell the patient that they should take this reading morning and night so they can keep an eye on their symptoms.
- This way they may begin to see a pattern with things that they do or the seasons.
- This may give an indication of some of their trigger factors.
- Show them, and if possible give them, a sheet showing the expected peak flow reading for men and women depending on their age and height. This gives them an idea of what they should be aiming at.
- Explain to them that, if they start to see a worsening in their peak flow readings or to feel unwell, they should increase the dose of their steroid inhaler.
- Suggest what the increase should be depending on the dose they are already on.
- They should continue at this higher dose until the readings improve and they feel better.
- They can then return to their usual dose, as long as they continue to feel better and their readings remain steady.
- Signpost them to any local or national groups that may give them additional support and information.



Gets you up to date & keeps you ahead of the game

**I am involved with
ensuring your patients operate a peak flow meter correctly
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
ensuring your patients operate a peak flow meter correctly
So my signature below indicates that I have read and fully understand the procedure. By
signing this procedure I agree to follow the procedure at all times. If I have any
suggestions for improving the procedure I agree to suggest them at the earliest
opportunity.**

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with ensuring your patients operate a peak flow meter correctly which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 82.

For dealing with the Freedom of Information Act 2000

Objective: Promoting public openness and accountability within this pharmacy.

Scope: Responding to public requests for information, providing it is not deemed exempt, and ensuring that such requests are dealt with promptly

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- This act aims to promote openness and accountability amongst public authorities and community pharmacy is included among these.
- Since 31st October 2003 every health sector public authority has had to make some information available as a matter of course through a publication scheme.
- A publication scheme must specify the classes or types of information that will be published, the manner in which it will be published and whether the material will be available for free or for a fee.
- A model publication scheme has been developed for community pharmacies by the NHS FOI Project Board. Unless your pharmacy has communicated with the Information Commissioner to the contrary, it will be assumed that you have adopted this scheme.
- However simply adopting the model is not sufficient. You must publish your scheme either as a hard copy, via your website or on a CD etc. Any new information must be included in the publication scheme so it will have to be updated regularly.
- Then from January 1st 2005 the public also had the right to request any information held by a public authority as long as it does not clash with the 23 clauses of exemption e.g. data protection or confidentiality rules.
- Under the Freedom of Information Act 2000 members of the public have the right to know how public services are organised and run, how much they cost and how the decisions they make are reached.
- So your pharmacy must respond to any requests (subject to certain exemptions e.g. protection of commercial interests or personal information under the Data Protection Act 1998) from your clients
- When you receive a request for information made under the act, you need to ensure that it is in writing, this includes email, and has details of both the applicant e.g. name and address and the information sought.
- If any of this is missing you should explain to the applicant what they need to change.
- The request must be dealt with promptly and certainly within 20 working days
- If there is a fee involved e.g. for printing, making a CD etc. the period can be extended to up to 3 months until the fee is paid.
- Once you have accepted that the request is in the correct format and the charge, if any, has been paid you need to check that the information requested does not clash with any of the 23 exemption clauses listed under the FOI act.
- If it does not you must then produce the information in the form requested.



Gets you up to date & keeps you ahead of the game

I am involved with dealing with the Freedom of Information Act 2000
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

• Name _____ Signature _____ Date _____

• Competence checked by _____ Date _____

• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with dealing with the Freedom of Information Act 2000
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with dealing with the Freedom of Information Act 2000
 So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

<ul style="list-style-type: none"> • Name _____ • Competence checked by _____ • Restrictions 	Signature _____	Date _____
		Date _____

Pharmacist's Name

Pharmacist's Signature

I am involved with dealing with the Freedom of Information Act 2000 which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 83.

For giving correct advice to patients on anticoagulant therapy.

Objective: This SOP aims to ensure all patients using anticoagulant therapy are taking the correct dose to maintain their INR results at the target levels and thus make their treatment safer.

Scope: This SOP covers all patients requiring anticoagulant therapy.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- Greet the patient with a smile.
- On checking the prescription and realising that that they are on anticoagulant treatment (check the list by the till), ask for a member of staff who has the necessary ability to discuss the new rules with the patient.
- If you are dealing with the patient, you must first check what they understand and remember about their treatment. This can be a bit tricky as they may have been on the drug for years and will wonder why you are suddenly asking questions.
- Explain that there is concern about the number of problems some patients are having with anticoagulants so new guidelines have been set by the NPSA (National Patient Safety Agency). These include pharmacies checking a number of points with patients before they dispense any anticoagulant. Ask them to be patient please.
- As you get the answers to these various questions fill in the check list on the warfarin dispensing sheet. This will remind you of the questions to ask and confirm you have done so for each patient, thus providing an audit trail if it is ever needed.
- Next check that the patient has been issued with appropriate information (e.g. yellow book) and has had the contents fully explained to them.
- Confirm that INR monitoring and follow up procedures are in place and that the patient and/or carer understand these arrangements.
- Ensure that the patient's INR is at a safe level before a repeat prescription is dispensed.
- Check that the patient and/or carer understand the prescribed treatment and the lifestyle implications of the treatment.
- Confirm that the patient/carer is taking the correct dose in relation to the number of milligrams and number of which tablets to be taken.
- Ensure that the drugs are dispensed with written instructions e.g. patient information leaflet explaining what they are for, how and when to take them, the date dispensed and the expiry date.
- Check the patient is aware of side effects or symptoms the drugs may produce, how common or rare these are, how to recognise them and what actions to take.
- Ensure the patient is aware of the potential for anticoagulants to interact with other medicines, including those bought over the counter, and that they understand the need to consult with a pharmacist or the prescriber before taking other medicines.
- Make sure all staff involved in medicine sales is aware of the potential for anticoagulants to interact with OTC products and that they understand when to consult with the pharmacist. Staff should always ask whether a patient is receiving anticoagulant therapy.
- If one or more clinically significant interactions is noted when dispensing, then organise additional INR blood tests.



Gets you up to date & keeps you ahead of the game

83. SOP for giving correct advice to patients on anticoagulant therapy. Page 2 of 4

- If the patient uses a MDS, carry out a risk assessment.
- Do not dispense warfarin in monthly compliance aids.
- If the patient receives their warfarin in weekly compliance aids, include this information in their yellow book with contact details for your pharmacy.
- Once you have been through this check list, record any actions or interventions in the patient's PMR.

I am involved with

giving correct advice to patients on anticoagulant therapy.

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with giving correct advice to patients on anticoagulant therapy. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with giving correct advice to patients on anticoagulant therapy. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

Pharmacist's Name

Pharmacist's Signature

I am involved with giving correct advice to patients on anticoagulant therapy. which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 85.

For giving advice on prevention of falls in the elderly.

Objective: To identify and provide advice to prevent falls in older patients

Scope: Aimed at all elderly patients but especially those with conditions and treatments most likely to lead to fractures from falls

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- As we get older we tend to be less steady on our feet, take medication more likely to make us light headed or drowsy, have slower reactions when we do fall and the consequences tend to be more serious. Falls account for 5% of all deaths in the elderly.
- DEFINITION: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.' Tinetti et al 1997
- Patients with certain conditions are more likely to fall:
Intrinsic Risk factors: The ageing process itself (risk increases over 65yrs); Poor mobility; cognitive impairment / confusion/ agitation; continence problems; history of falls; medical conditions (e.g. epilepsy, parkinsonism, vertigo, cerebral vascular disease etc.); sensory deficits (vision, hearing, sensation); poor nutritional status or malnutrition; emotional distress / depression
Extrinsic Risk Factors: Medication known to affect balance/cognition; polypharmacy; lack of exercise; environmental hazards (steps, stairs, worn carpets, rugs etc.); inability to provide appropriate nutrition due to physical factors (lack of transport to shops, inability to use equipment for preparing / cooking etc.)
- So we want to identify patients in these categories.
- The best way to give advice may well be in an NMS, when you are discussing their medication. At this time you can find out when they take their tablets and if there is anything that can reduce the likelihood of falls, i.e. changing their tablets.
- Pull out from your PMR records, those patients with these conditions or on various tablets especially those on sleeping, antidepressant tablets or high doses of pain killers. The effects of these tablets may make the patient drowsy.
- Run NMSs to check if they have any of these side effects and if they do, what ways could reduce the possibility of a fall e.g. if it is a sleeping tablet could they lower the dose to prevent morning drowsiness, if an anti depressant again reduce the dose or take it at night rather than the morning.
- Pull out from your PMR records any patients on osteoporotic treatment and arrange NMSs for them.
- These patients will have fragile bones and therefore a fall is far more likely to have serious consequences for them. 25% of patients who have a hip fracture will die within the first year and many of the remainder will be permanently disabled.
- So check they are taking their calcium and vitamin D tablets and/or alendronate etc.
- Explain the importance of taking these medications.
- Also discuss weight bearing exercise e.g. walking or dancing as this increases the bone density
- It also helps their sense of balance so they are less likely to fall over in the first place.



Gets you up to date & keeps you ahead of the game

- Pull out from your records any asthma patients. Many of these take high dose long term steroids and these will make them more likely to have osteoporosis.
- Explain the consequences as above and suggest they go for a DEXXA scan to check if they have it.
- Discuss with all the above patients ways of avoiding falls in the home.
- Let them talk you through their house and check if there are any loose or wrinkled carpets, loose tiles, cracked walkways round the house.
- Suggest they get these repaired as soon as possible.
- Check that there are hand rails on all steps and stairs.
- Check there are hand rails in their bathrooms
- Check there are no loose or trailing wires and if there are get them secured.
- Make sure the houses are well lit and steps are highlighted by hazard markings.
- Discuss with the patients ways of avoiding falls when they are out.
- Make sure they have suitable foot wear that fits securely round their feet.
- If necessary they use a walking stick, making sure that it has been measured to fit them, a Zimmer frame or walker to help their balance.
- Check their eyesight is good enough to allow them to see potential hazards like cracked paving stones.
- If they require more information, direct them to the LAT group that deals with falls in the elderly



Gets you up to date & keeps you ahead of the game

I am involved with giving advice on prevention of falls in the elderly. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with giving advice on prevention of falls in the elderly. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with giving advice on prevention of falls in the elderly. which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 86.

For preventing and dealing with falls in the pharmacy

Objective; To reduce the likelihood of a fall or slip in the shop or surrounding area and to understand what to do if one happens

Scope; To cover all falls in and around the shop and all staff that might be involved

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Prevention

- Firstly it is important that all areas of the shop are safe for both customers and staff.
- All walking surfaces should be sound i.e. no worn areas, no raised tiles, no wrinkled carpets, no trailing wires
- No obstacles should be left around, stock boxes, piles of stock awaiting being put away, Kik-stool etc.
- This should be checked regularly as part of your health and safety checks but if you spot something in between times then get it repaired as soon as possible
- In the meantime try to cordon off the area
- If there is a spillage or the floor has been cleaned then put out a notice warning that the floor is wet.
- All stairs should have rails and all step fronts should be highlighted

Dealing with a Fall

- If a person does fall get the nominated first aider to attend to them as quickly as possible
- Check whether there has been any unconsciousness or nausea.
- Ask what they were doing when they fell either from them or an eye witness
- Check how long they have been on the floor
- Ask about any symptoms they had just before they fell or since they have fallen.
- If necessary phone for an ambulance
- If not, phone for a relative/friend who can help them home and stay with them for a couple of hours
- If this is not possible offer to order a taxi or drive them home yourself.
- Explain the importance of making an appointment with their GP to let them know about the fall and discuss any changes in medication that may be needed
- If the fall occurred in the shop record the incident in the accident book with details of what may have been the cause, what happened and what was done to help.



Gets you up to date & keeps you ahead of the game

I am involved with preventing and dealing with falls in the pharmacy. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with preventing and dealing with falls in the pharmacy. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with preventing and dealing with falls in the pharmacy which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 90.

For supplying Methotrexate

Objective: To ensure that all patients/carers who take/give Methotrexate understand what they are for, how they should be taken, precautions that are necessary and the need to keep good records.

Scope: This is to cover any supply of methotrexate tablets and further information that a patient on Methotrexate may ask for.

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

Methotrexate was first used in high doses to treat cancer but over the years, it became clear that in much lower doses it can help in a number of joint, skin and bowel conditions, where the body's natural defence mechanism is overactive.

Methotrexate slows the production of new cells by the body's immune system which helps to reduce the causes of swelling and stiffness of joints, thickened skin or damage to the bowel. It also reduces permanent damage to joints caused by continuing inflammation but it is not a pain killer in the accepted sense.

- Greet the patient with a smile
- If they are bringing in a prescription with Methotrexate on it, pass it in the usual way to the dispensary.
- If they ask a question about the tablets they are on or want OTC remedies and they tell you they are on Methotrexate pass the patient onto the pharmacist
- As the pharmacist, when you receive a prescription for Methotrexate and you have dispensed Methotrexate for this patient before, you need to ensure that the following steps are taken
 - a) Check the patient's monitoring booklet for any dose changes since the last prescription. If the patient does not have a monitoring booklet, give them one.
 - b) Assess the needs of the individual patient. If they have trouble getting the tablets out of the container, provide larger containers with easy to open lids (kept in the), to reduce the likelihood of the patient putting the tablets in a different container without the label on, once they get home.
 - c) The same strength of tablet should be given each time to prevent confusion. Also it is recommended that you only use 2.5mg at all times. Check their monitoring record and your PMR to make sure they agree.
 - d) Explain to the patient about the number of milligram's and hence the number of tablets they need to take, stressing that the dose is ONCE A WEEK (occasionally on more than one day, if a high dose), and if the GP/Consultant prescribes say, a daily dose, then alarm bells should ring in your head.
 - e) Show the patient the difference between the methotrexate and the folic acid tablets and their packaging if they are taking both, and try to mark them in some way to further separate them.
 - f) Be aware of patients on Methotrexate who have breathlessness, dry persistent cough, vomiting or diarrhoea as these are signs of methotrexate toxicity or intolerance and you may have to refer them back to the GP
 - g) It is good practice to maintain a record of any OTC items supplied to the patient.



Gets you up to date & keeps you ahead of the game

- If the patient has not collected Methotrexate from you before, you need to go through the medication with them in detail
- Explain that the medication may take 12 weeks to work so they must continue with it and that though it cannot cure their condition it will keep their symptoms controlled.
- Confirm that they have had blood tests to check their blood count, their liver function and their kidneys.
- Ensure that they are using effective contraception, whether they are male or female, as methotrexate can damage both sperm and ova.
- Explain that their dose is for ONCE A WEEK but if they miss their dose they can take it the following day or two. If they are 3 or more days late they should not take the dose. A flare up is unlikely in that time span.
- In both cases they should take the next dose on their usual day the following week
- Discuss the use of folic acid to help their body cope and reduce possible side effects if it has been prescribed.
- Go through taking the tablets by mouth and show them how to count out the tablets without touching them i.e. using a spoon etc.
- It is important that you explain the different strengths Methotrexate comes in and that the patient must not take the tablets if they think they have the wrong ones.
- Explain that to begin with they will have blood monitoring tests weekly or fortnightly but once the dose is stable the frequency of the tests will reduce.
- Stress the importance of them attending for these tests.
- Details of these tests will be recorded in their monitoring booklet, so discuss the importance of keeping it safe and taking it with them each time they visit the hospital or their GP.

- Go through the certain side effects which mean that the patient must stop taking their tablets and seek immediate medical advice.
 - a) Shortness of breath with no runny nose or temperature - caused by inflammation of the lungs
 - b) The whites of their eyes turn yellow - possible signs of liver problems
 - c) Have infections including fever, chills or severe sore throats- teach the patient how to avoid infections .i.e. regular hand washing for at least 15 seconds, avoiding touching their face etc.
 - d) Severe and continuing diarrhoea or vomiting- may lead to dehydration which means their kidneys may be unable to flush Methotrexate from their blood
 - e) Possible pregnancy – Methotrexate can affect men’s sperm so it is important that both sexes take precautions
 - f) Chicken pox and shingles –if the patient has never had chicken pox, they may be at risk of a severe infection if they come into contact with someone who has chicken pox or shingles

- Other side effects are not so serious but the patient should not take their next dose until they have spoken to a doctor, nurse or pharmacist and these include
 - a) Feeling sick, upset stomach or diarrhoea – these normally settle but can persist. These symptoms can be helped by increasing the folic acid, taking an anti emetic or changing their treatment to an injection. If the patient is sick within a few hours of taking their tablets, tell them not to repeat the dose but inform the doctor if it happens again the following week
 - b) Effects on their bone marrow or liver – these lead to increased infections, bruising and bleeding easily. These effects will be spotted by the regular blood tests
 - c) Mouth ulcers, sore throat and sore mouth – the patient should report these



- d) Infections- Explain to the patient that Methotrexate reduces their ability to fight infections so it is important they report wounds that fail to heal properly, pain or burning on passing water or a chest infection.
- e) Rashes – a new rash or severe itching should be reported.
- f) Thinning of the hair – this is uncommon and usually very slight but if it becomes more tell them to talk to their doctor.
- Explain to the patient that it is important that they tell their doctor about all the medication they take including OTC remedies and alternative therapies.
- Tell them that if they accidentally take too much Methotrexate they may need urgent hospital treatment. They need to keep the bottle or carton and make a note of how many tablets they have taken.
- Discuss taking alcohol with the patient. As both Methotrexate and alcohol damages the liver it is important they do not drink more than the recommended maximum i.e. 2-3 units per day for women and 3-4 for men. Patients with psoriasis may be recommended not to take any alcohol
- As methotrexate reduces the body's ability to fight infection it may be sensible if the patient avoids things like unpasteurised milk, soft cheeses etc. This is especially so if they are on more than one tablet that reduces immunity.
- Explain that neither sex should try for a baby whilst taking methotrexate and need to wait 3 months after stopping treatment to start a family. Women should not breast feed.
- Tell the patient not to have any LIVE vaccines i.e. yellow fever, MMR or Rubella whilst they are on Methotrexate. However they may have flu and Pneumovax as these are not live. Ask them to alert health professionals before accepting any injections.



I am involved with supplying Methotrexate

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



**I am involved with
supplying Methotrexate**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with supplying Methotrexate which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 95.

For running the shop when the pharmacist is absent

Objective: To ensure that this pharmacy complies with the Code of Ethics in relation to the presence of a pharmacist, at all times

Scope: To cover the procedure to be followed whenever a pharmacist is not present and the pharmacy is due to open.

Responsibility

Names:

Job Titles: Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- All staff should arrive at least 10 minutes before the pharmacy is due to open. This allows time for the doors, grills and alarms to be opened, lifted and switched off and for the lights, computers, tills and heaters to be turned on.
- This procedure should only be started once there are 2 members of staff present. It is important that all the team have each other's mobile numbers so that if one person has a problem getting into work, the most senior member is told about it.

If the Pharmacist has notified you he/she will arrive late

- If the duty pharmacist has phoned to say that they will be late, ask for an estimated time of arrival.
- You may open the pharmacy but no medicines, even those on the GSL, can be sold until the pharmacist arrives.
- You can sell other items that the pharmacy stocks .
- You may take in prescriptions but you will have to explain to the patient that the pharmacist is late, so their script will not be ready for a while.
- Give an estimated time when they will be able to collect the medicines and mark it on the prescription.
- Take their phone number so they can be told, either if there are further delays or once their prescription is ready. Record it on their PMR for future reference.
- Offer the option of delivery to reduce any inconvenience to them.
- Prescriptions may be prepared, provided there is a suitably trained team member present, who can follow the relevant SOPs.
- No prescriptions, even those checked by a previous pharmacist, can be given out until the pharmacist arrives.
- Once the pharmacist does arrive, get the prescriptions checked as soon as possible and either, inform the patients their prescriptions are now ready, give them out or put them into the delivery system.

If there has been no contact with the expected pharmacist

- If there has been no phone call from the expected pharmacist to tell you that they will be late, open the shop up as usual.
- When the pharmacist is not present then follow the procedures as above with regards to sales and prescriptions.
- In the meantime try phoning the pharmacist to find out where they are and what time they will arrive. You should always have the mobile phone number of the pharmacist due to attend that day, in case of just such a situation.
- If after say 15 minutes, the pharmacist has not arrived and you cannot contact them, speak to the owner or head office to let them know of the problem.
- Follow the instructions you are then given.
- If you cannot contact the necessary people, start looking for a replacement.



Gets you up to date & keeps you ahead of the game

- Ring round any other locum pharmacists that your pharmacy employs to ask if they can work that day. They may be able to do a couple of hours, so giving you time to find somebody else.
- In the last resort, contact a locum agency, preferably one that your company regularly uses, to provide emergency cover as quickly as possible.
- If the locum that didn't turn up is booked for several days, keep trying to contact them to ensure they will be covering those days.
- If not, try to sort out alternative cover.
- If after all these attempts you cannot find a pharmacist to cover by 10:30am, the shop must be closed until a pharmacist can be found.
- Two members of staff should stay in the shop in order to reduce inconvenience to customers and patients.
- First, explain to customers that prescriptions can be left with you and that their prescriptions will be ready say by the next afternoon. Again offer our delivery service.
- Secondly, explain that you are not allowed to sell them anything - this may prove difficult for them to understand, which might mean if you get too much hassle you may have to close anyway.
- A large notice should be put on the door to tell the patients what the problem is and when you hope to re-open. Give a telephone number that they can contact for any questions they may have.



Gets you up to date & keeps you ahead of the game

I am involved with running the shop when the pharmacist is absent. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with running the shop when the pharmacist is absent. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with running the shop when the pharmacist is absent which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 97.

For dealing with the absence of the CD key

Objective: to explain procedure to follow if CD keys are misplaced or lost

Scope: to cover all incidents involving the loss of the CD keys

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

In normal circumstances the CD key should be on the pharmacist at all times when they are in the shop. Once they leave the premises it should be handed to the next most senior person in a signed, sealed bag. If the pharmacy is closing, this bag should be stored in a locked cabinet somewhere on the premises. The bag should only be opened by the incoming pharmacist. In case of emergency a spare key should be kept in a separate locked area known only to the manager/owner.

- You have arrived at the premises and, after the usual opening procedures, you are told that the CD key cannot be found.
- You must initiate another exhaustive search. Check the whole premises and all staff including all the places it seems unlikely it could be.
- If any CDs arrive from the wholesaler (or returned by a patient) you must keep them under your personal supervision until the CD cabinet can be opened.
- It is not advisable to use the new CDs until they have been entered in the register. If you do need to use them keep very careful records and enter them into the CD register by the next working day.
- You may now be faced with a dilemma as there may be clients waiting for their daily prescription.
- If the key cannot be found quickly it may be necessary to ask the owner/manager where the spare key is kept and retrieve it.
- When you have more time (or if the spare key is not available), check who locked the CD cabinet last and ask them where they put the key.
- Talk to the last pharmacist to see if they left with it still on them.
- If, after several hours, the key can still not be found, inform the manager/owner of the problem. They should then call out a locksmith who should be able (with supervision) to pick the lock or drill out the casing to at least gain access to the cabinet.
- A new lock should then be fitted (or new keys made if the lock was pickable) as soon as possible. Installation of a new cabinet may be necessary if the old one is beyond repair.

Once the CD cupboard is open

- If the CD cabinet is not securable you should transfer the stock to a second CD cabinet or a safe. Otherwise the pharmacist must supervise the contents until securable.
- Run a stock take on the contents of the CD cabinet.
- Check this against the running tally to ensure no CDs are missing.
- If any are missing, fill out an incident report and inform the necessary people, including the LAT accountable officer.



Gets you up to date & keeps you ahead of the game

I am involved with dealing with the absence of the CD key
So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



I am involved with dealing with the absence of the CD key. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with dealing with the absence of the CD key which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 98.

For dealing with a lost CD prescription form

Objective: To explain how the problem should be resolved to the satisfaction of the patient and the GP within the constraints of the law

Scope : To cover all the occasions when a prescription for controlled drugs is mislaid or lost

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

There are a number of ways that you may become aware of a lost CD prescription. The most likely being the patient may arrive at the pharmacy requesting their medication or a warning may be sent through the drug alert system for stolen scripts.

How you react in these circumstances will to a certain extent depend on the patient. It is far more likely to be a genuine situation if the patient is not a drug addict.

- The patient arrives at the pharmacy.
 - Greet them with a smile. This lets them know you have seen them and will be with them shortly, if you are busy with somebody else at the time.
 - When they ask for their script, go into the dispensary and look for it. As it is for a controlled drug it should be in the CD cabinet. However, you may not know this at this stage.
 - If you cannot find the completed script in the collection section, check the dispensing bench and query clip to make sure it is not there.
 - Then check the PMR system for details of when the lost script was dispensed and what it was for.
 - If there is no record on the computer, return to the patient and enquire further as to where they collected the script from, when they brought it into the pharmacy, who served them and what was said by the assistant.
 - Ask them for the docket if you operate that system.
 - Check with the assistant to see if they remember the patient and/or their prescription.
- If the assistant does remember the patient - chances are the Rx was done here**
- A thorough search of the dispensary, the assistants' overall pockets, the completed script tray etc. must be performed.
 - At this stage, explain to the patient the situation, get their contact number and ask them to do some other shopping, go onto work or go home while you try to find the script. Tell the patient you will update them on the situation by telephone.
 - Call the GP to check that a CD prescription was actually supplied to the patient and what it was for.
 - Explain to the GP what has happened. It is unlikely (but not impossible) that they will issue another script as it is for a CD but clearly you cannot dispense a controlled drug without a valid prescription.
 - The patient will need to revisit the surgery so he can get a replacement script and you will need to report the lost script to the LAT accountable officer to prevent it being dispensed elsewhere.
 - Contact the patient to let them know what has happened.
 - Record the whole scenario on the CD incident sheet.



Gets you up to date & keeps you ahead of the game

If the assistant does not remember the patient - further checks are needed

- If on checking with the assistant, they do not remember the patient or the prescription, confirm with the patient that they definitely brought the prescription into this pharmacy and ask them who they were served by.
- If they are sure they brought it in, ring the GP and check as above and follow the same steps.

- If there is a record of the script being labelled, then search the CD cabinet thoroughly, the usual script collection area, the delivery driver's box, the fridge, the script boxes and the whole dispensary.etc. Check unlikely places as well - prescriptions have been misplaced for several hours because it blew downwards and ended up underneath the fridge
- Check in the CD register to make sure it has not been picked up by somebody else. If it has, tell the patient by whom and when.
- If you cannot find the prescription, and you can be certain that it has not been dispensed, you will have to redispense from the computer records.
- As you will not have the prescription to send off with the other scripts at the end of the month, you will have to include a letter explaining the situation.
- Fill in a CD incident report and inform the LAT accountable officer, head office etc.

I am involved with dealing with a lost CD prescription form

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

• Name _____	Signature _____	Date _____
• Competence checked by _____		Date _____
• Restrictions		

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with dealing with a lost CD prescription form. So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

I am involved with dealing with a lost CD prescription form So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

I am involved with dealing with a lost CD prescription form which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

Christchurch Pharmacy

Mace Avenue (off Rayne Road) Braintree CM7 2AE

Standard Operating Procedure 99

For needle stick injury

Objective: To limit the potential harm caused by needle stick injuries, mainly from HIV, Hepatitis B and C.

Scope : To cover the prevention and treatment of needle stick injuries - when the skin is accidentally punctured by a used needle - within the pharmacy

Responsibility

Names:

Job Titles: Responsible Pharmacist, Pharmacists, Pharmacy Technicians, Accuracy Checking Technicians, Dispensers, Dispensing Assistants, Medicines Counter Assistants, Counter Staff, Secretary, Driver, Cleaner

Date of Preparation:
24th February 2023

For Review before:
24th February 2025

Version:
1.00.00

- All colleagues working in a pharmacy at risk from exposure to needles, e.g. If they run a syringe exchange scheme, should have a Hepatitis B vaccination to prevent infection. There is no vaccination available for HIV or Hepatitis C.
- The risk of contracting HIV, after an infected needle has passed through the skin is 3 per 1000 injuries, via the mucous membrane is 1 in a 1000 and there is no risk if intact skin is exposed to infected blood.
- If accepting bags of returned medication from patients, always empty the contents on a bench and use tweezers to sort through the medication to reduce the risk of being stabbed by loose needles within the bag.
- If loose needles are reported by customers in the vicinity of the pharmacy, report this to the relevant department at the LAT so they can arrange a clean up.
- Never knowingly accept loose needles from a client.
- Provide them with a sharps bin to put the needles into. Then direct them to put that bin into the large bin used to collect small sharps bins.
- If you do at any stage, get stabbed by a needle you should wash with soap and water or an alcohol based rub/solution if soap and water are not available.
- If possible get the name and address of the user of the needle and find out if they have been diagnosed with HIV, Hepatitis B or C.
- Notify your supervisor/health and safety officer of the incident.
- Fill out an accident report form.
- Go straight to your doctor or the nearest A&E department.
- Here, they will take details of the injury including when it happened, how deep the injury was whether there was visible blood on the needle and any first aid measures used. So it is important these details are noted at the time of the injury.
- You will be counselled and offered blood tests at your GP surgery.



Gets you up to date & keeps you ahead of the game

- They will contact the original user, if possible, and offer them blood tests as well.
- You will be advised on how to reduce the risk of transmission until the test results are known. You should practise safe sex and avoid donating blood.
- If the original user is unknown but likely to be a drug addict and a skin puncture has occurred you may be recommended post exposure prophylaxis (PEP). This is usually treatment with AZT and should be started within 24 hours and preferably within one hour of exposure.
- AZT treatment for 4 weeks after exposure was associated with an 80% reduced risk of seroconversion.

**I am involved with
needle stick injury**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

• Name _____ Signature _____ Date _____
• Competence checked by _____ Date _____
• Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
needle stick injury**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature



Gets you up to date & keeps you ahead of the game

**I am involved with
needle stick injury**

So my signature below indicates that I have read and fully understand the procedure. By signing this procedure I agree to follow the procedure at all times. If I have any suggestions for improving the procedure I agree to suggest them at the earliest opportunity.

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

- Name _____ Signature _____ Date _____
- Competence checked by _____ Date _____
- Restrictions

Pharmacist's Name

Pharmacist's Signature

**I am involved with
needle stick injury**

which I have read and appreciate the principles behind. Whilst here in locum tenens, I will follow this procedure to help the smooth running of the shop, provided it does not compromise my professional judgement. Clearly I accept responsibility for any variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature



Gets you up to date & keeps you ahead of the game