



Standard Operating Procedure for the Pharmacy in reach service for Women's Services

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1.0 Introduction

Women’s Services do not have a dedicated ward pharmacy service as described in [Clinical Pharmacy Standards \(September 2020\).pdf \(trent.nhs.uk\)](#). Therefore, this SOP describes the service pharmacy offers to inpatient women’s services.

2.0 Objective

To standardise the service across women’s inpatient areas, these are;

- Antenatal and Postnatal ward
- Birthing Centre

The Gynaecology Inpatient Ward currently has a daily pharmacy provision, which may get stepped down at times of critical staffing within Pharmacy therefore this SOP will apply to gynaecology in those circumstances.

3.0 Scope

This guideline applies to all pharmacy, medical, midwifery and nursing staff working within inpatient women’s services.

4.0 Medicines reconciliation

This is a two-stage process designed to ensure that the medication a patient is currently taking is correctly documented on admission and at each transfer of care. This should be undertaken as per the Trust guidance. [TAD link](#)

	Stage one Basic Reconciliation	Stage two Full reconciliation
Performed by	First registered practitioner who assesses the patient	The ‘in reach’ pharmacy service for any woman admitted to women’s services.
Description	Collection and accurate identification of the medicines the patient was taking prior to admission (See Appendix 1) The patient must be informed if any medications need to be stopped or omitted following initial clinical assessment.	Consolidation of the basic reconciliation with the medicines prescribed on the drug chart, identifying and resolving any discrepancies and recording the outcome
Patient Group	All admissions	Inpatients taking prescribed medications prior to admission- if any discrepancies or unable to verify dosages. Especially if taking controlled medication where the dose cannot be clarified e.g. Morphine, Tramadol, Fentanyl, Buprenorphine, Methadone, Oxycodone
Time frame	Within 14 hours of admission	Preferably within 24 hours of admission, but no longer than 72 hours.



This list is not exhaustive if you are concerned please utilise the In-hours pharmacy service via AP phone 1881/ Medicines information ext:2857 Monday to Friday 9-5 or in an emergency the on-call pharmacy service out of hours on bleep 225.

4.2 Documentation

The full medicines reconciliation list should be documented on page two of the inpatient medication chart which is the medicines reconciliation section. Please see appendix four within the [Medicines Code of Practice](#) guideline for an example:

5.0 Roles and responsibilities

All registered professionals should adhere to this SOP.

6.0 Associated documents and references

[Clinical Pharmacy Standards \(September 2020\).pdf \(trent.nhs.uk\)](#)

[Medicines reconciliation procedure](#)

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

Obstetric medical staffing will be informed of their roles and responsibilities at their trust induction

8.0 Monitoring and audit

Any adverse incidents relating to procedure for the pharmacy in reach service for Women's Services the will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The procedure for the pharmacy in reach service for Women's Service will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.



9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

10 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Equality Impact Assessment

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

Appendix 2

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1.			
2.			
3.			

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed at Women’s Business and Governance meeting	
Approved by CBU 3 Overarching Governance Meeting	
Approved at Trust Clinical Guidelines Group	
Approved at Medicines Management Committee (if document relates to medicines)	



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Procedure
Document title	Standard Operating Procedure for the Pharmacy in reach service for Women's Services
Document author (Job title and team)	Women's Services Lead Pharmacist and Quality Safety and Governance Lead
New or reviewed document	New
List staff groups/departments consulted with during document development	Pharmacy
Approval recommended by (meeting and dates):	WB&G 18/11/22 CBU3 21/12/22
Date of next review (maximum 3 years)	21/12/25
Key words for search criteria on intranet (max 10 words)	Medicines reconciliation, D1, TTO
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Governance Support Co-ordinator



FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governance

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