



## Administration of Red and Amber Drugs within Integrated Community Care Services Standard Operating Procedure

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16.6.2018	Emma Baggaley	New SOP Created	
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## 1. INTRODUCTION

The Traffic Light System (TLS) is a colour coded system which provides guidance on prescribing responsibilities and commissioning intention for selected products. It aims to provide clear understanding of where clinical and prescribing responsibility rests between specialists and primary care practitioners. The guidance on the TLS has been agreed with local Hull and East Riding clinicians, and therefore may not always mirror guidance produced outside of this local area.

The TLS is determined by Hull and East Riding Prescribing Committee (HERPC). HERPC is made up of members from both primary and secondary care from medical, nursing and pharmacy backgrounds and addresses prescribing and medicines management issues across primary and secondary care.

Each product is classified under one of the following TLS categories:

- **RED - specialist prescriber only**
- **AMBER - prescribed in accordance with approved shared care framework**
- **GREEN - other items listed on formulary suitable for initiation and prescribing by any prescriber**

The category a product is placed in determines the circumstances in which it is recommended to be prescribed (or not) and any guidance/rationale which needs to be taken into consideration.

Criteria for the inclusion of medicines on these lists, or the moving of medicines between the TLS categories, will be primarily based on:

- Evidence base
- Clinical competence and experience
- Patient safety
- Monitoring and follow-up requirements of the drug and/or the condition

Review of the product and its classification takes place when new guidance/information is released on the product.

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## 2. PURPOSE

The purpose of this document is to describe the standard operating procedures for the administration of **RED** and **AMBER** drugs within City Health Care Partnership (CHCP) Integrated Community Care Services.

## 3. SCOPE

This standard operating procedure (SOP) applies to all CHCP staff who administer **RED** and **AMBER** drugs within CHCP Integrated Community Care Services and all CHCP Care Co-ordination staff who are responsible for receiving referrals for the administration of **RED** and **AMBER** drugs from Hospital Specialists and GPs.

Hospital Specialists and GPs referring patients to Integrated Community Services should be aware of this SOP.

## 4. ABBREVIATIONS & DEFINITIONS

### Abbreviations:

CHCP - City Health Care Partnership

SOP – Standard Operating Procedure

HERPC – Hull and East Riding Prescribing Committee

TLS – Traffic Light System

DOOP - Disposal of out of date or old pharmaceuticals

DoH – Department of Health

MAAR - Medication Authorisation and Administration Record

S1 – SystemOne

SCF – Shared Care Framework

### Definitions:

**RED drug** – a drug or medicine that can only be prescribed by a specialist hospital prescriber

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**AMBER drug** – a drug or medicine that is initially prescribed by a specialist hospital prescriber but with the potential to transfer to primary care, this will include prescribing in accordance with an approved shared care framework

**GREEN drug** - other drugs or medicines listed on formulary suitable for initiation and prescribing by any prescriber

**SystemOne** – An electronic patient record system

## 5. DUTIES AND RESPONSIBILITIES

**Senior/Operational Manager** – is responsible for ensuring compliance to the SOP.

**Clinical Lead/Manager** is responsible for:

- Review of the SOP at agreed time intervals or when process changes, and cascading the new revised information to all department staff.
- Ensuring appropriate records are kept as described within the SOP
- The staff they manage adhering to the SOP

**Nurses** must follow procedures as documented within this SOP in accordance with CHCP Medicines Policy. All nurses must follow the management plan as instructed by the prescriber/shared care framework. A copy of this must be available within SystemOne. All Nurses are accountable for their actions and they must ensure they are familiar with the medication and are competent to administer. Any concerns must be discussed with their line manager.

## 6. PROCESS

### a. RED Drugs

Red drugs are only to be prescribed by a specialist. Red drugs include those

- Requiring long-term specialist monitoring of efficacy
- Requiring long-term specialist monitoring of toxicity (either because of difficulty in recognising side effects or high cost/availability of investigations to identify toxicity)
- Designated as 'hospital only' by product licence, by NHS England or by the company.

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- That are new or a new indication for an existing drug that needs evaluation to be undertaken to establish the place in therapy, with a recommendation that a formal review process be undertaken
- That are hospital initiated unlicensed or clinical trial materials
- That are not licensed for any indication in the UK

A list of red drugs can be found at

<https://www.hey.nhs.uk/herpc/red/>

### Responsibilities of Clinicians Involved

**Hospital Specialist** - It is the responsibility of the Hospital Specialist to refer the patient through CHCP's Care Co-ordination Service via 01482 247111 stating that the medication is a **RED drug**. Care Co-ordination will check the following information is provided by the hospital when referring the patient:

- Full patient details (including name, address, date of birth and NHS number)
- Name and contact details of the referring specialist
- All necessary blood tests/monitoring have been undertaken
- Hospital Specialist **MUST** have reviewed the results and confirmed that the patient can receive the next dose of medication
- Date medication needs administering

The Hospital Specialist must then prescribe medication for the patient and complete a CHCP Medication Authorisation and Administration Record (MAAR) drug chart.

### CHCP Community Nurse

**For information regarding accessing the SystemOne unit please see the Community Nursing Record Keeping SOP.**

Detail the information on patient's record on SystemOne (S1):

- Date medication needs administering on caseload planner/visit
- All blood tests/monitoring as detailed by Hospital Specialist have been undertaken

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- Hospital Specialist has reviewed the results and patient can receive the next dose of medication
- Hospital Specialist has completed an appropriate CHCP MAAR drug chart and it is in the patient's home prior to the nurse visit to administer. If the chart isn't available, the nurse should contact the hospital prescriber to advise this is needed prior to administration of the medication.

Be aware of correct disposal of medication e.g. cytotoxic medication requires disposal in purple lidded disposal of out of date (DOOP) bin

Create management plan for the patient on SystemOne for:

- Which bloods are needed for monitoring and when they are due
- When to review bloods with Hospital Specialist prior to next visit to ensure the medication is safe to administer
- When medication is due

If unable to administer medication i.e. patient is in hospital, communicate with the hospital for seamless transfer of care for patient informing when medication needs to be administered and ask for re-referral via CHCP Care Co-ordination Service 01482 247111 when patient is discharged.

### **b. AMBER Drugs**

Amber drugs require initiation by a specialist, but with the potential to transfer to primary care, within written and agreed shared care frameworks, and according to the agreed process for transfer of care. Transfer to primary care is expected to be the normal practice. Amber drug include those;

- Requiring short or medium term specialist monitoring of efficacy
- Requiring short or medium term specialist monitoring of toxicity
- Requiring specialist assessment to enable patient selection

A list of Amber Drugs and a copy of the shared care framework for each drug can be found at

<https://www.hey.nhs.uk/herpc/amber/>

### **Responsibilities of Clinicians Involved**

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**GP** - It is the responsibility of the GP to refer the patient through CHCP's Care Co-ordination Service via 01482 247111 stating that the medication is an **AMBER drug** and to ensure that share a copy of the SIGNED Shared Care Framework with the Integrated Community Services Nursing team.

Care Co-ordination will check the following information is provided by the GP when referring the patient:

- Full patient details (including name, address, date of birth and NHS number)
- All necessary blood tests/monitoring have been requested or undertaken as detailed in the Shared Care Framework
- GP has reviewed the results and patient can receive the next dose of medication can be administered
- Date medication needs administering

The GP must then prescribe medication for the patient and complete a CHCP Medication Authorisation and Administration Record (MAAR) drug chart.

### **CHCP Community Nurse**

**For information regarding accessing the SystemOne unit please see the Community Nursing Record Keeping SOP.**

Ensure have a copy of the SCF detailing monitoring requiring requirements and any considerations for administration of the medication

Detail the information on patients' record on S1

- Date any blood tests/monitoring need to be undertaken as per the prescribers request/shared care framework
- All blood tests/monitoring as detailed in the SCF have been undertaken
- Case manager contacts the GP to ensure they have reviewed the results and patient can receive the next dose of medication
- Date medication needs administering on caseload planner/visit

Be aware of correct disposal of medication e.g. cytotoxic medication requires disposal in purple lidded waste medicines (DOOP) bin.

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Create management plan for the patient on SystmOne for:

- Which bloods are needed for monitoring and when they are due
- When to review bloods with GP prior to next visit to ensure the medication is safe to administer
- When medication is due

Refer to GP if patient has any side effects.

Ensure regular liaison with GP to confirm administration.

For GP practices on SystmOne, phone the GP to notify of administration and they can view the notes

For GPs practices which do not use SystmOne notification of administration of the medication must be sent to the GP practice. Information should be sent utilising secure NHS Mail to a designated practice email account, provided by the practice.

If unable to administer medication i.e. patient is in hospital, communicate with the hospital for seamless transfer of care for patient informing when medication needs to be administered and ask for re-referral via CHCP Care Co-ordination Service 01482 247111 when patient is discharged.

### **c. Administration**

Refer to SCF and/or Summary of Product Characteristics (SmPC) for each medication which can be accessed at [www.medicines.org.uk](http://www.medicines.org.uk)

Nursing staff are accountable for ensuring they are competent to undertake the administration

## **7. TRAINING REQUIREMENTS**

Prior to undertaken the duties outlined in the SOP all staff members are required to:

- Access, read and sign up to the SOP

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## 8. APPROVAL

This SOP has been reviewed and approved by the stakeholders identified on the document checklist submitted to the Therapeutics and Pathway Group which reviewed the checklist and ratified this document.

## 9. MONITORING & COMPLIANCE

The application of this procedure will be discussed and reviewed within clinical supervision.

## 10. REVIEW

This SOP will be reviewed every 2 years or sooner if prompted by changes in legislation or best practice requirements.

## 11. REFERENCES AND ASSOCIATED DOCUMENTATION

[HERPC website](#)

CHCP Medicines Policy

CHCP Guide to the Safe & Secure Handling of Medicines

CHCP Community Nursing Record Keeping SOP

CHCP Hull & ER Nursing Conditions Medicines Management SOP

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