NHS
Derby and Derbyshire
Clinical Commissioning Group

Check list: Safe Use of Medicines in a Community Setting

Site: **Date:**

Overarching Governance

Who is responsible for the safe use of medicines at the site? • Where is this recorded?	
Are there written SOPs to cover all aspects of the provision of service at this site? • Does the clinic have a copy of the organisation's Medicines Policy and other relevant policies, e.g. resuscitation/anaphylaxis, control of infection? • Is there any COSHH information available or is there access to centrally held COSHH information? • Have SOPs been reviewed, read and signed by all colleagues?	
Is the audit trail complete, from ordering to receipt and record of use?	

Clinical Considerations

Does the clinic have access to an up-to-date BNF and or cBNF?	
Is there access to SCR?	
Is there an SOP to cover IG arrangements?	
How are allergies checked?	
How are drug interactions checked?	
How are ADRs or suspected ADRs managed?	

What and how is patient information offered?	

Medicines Safety

Is there a Medicines Safety SOP?	
What are the processes in place for safety alerts e.g. CAS/MHRA?	
Is there a recall procedure for defective medicines?	
Is there a process for reporting medication errors?	
Is there a process for loss of keys, controlled stationery, medicines?	

Ordering of Medicines

Is there an SOP for the ordering of medicines/stock management? • To include ordering, receipt, handling, storage and transfer of medication	
Which supplier(s) is/are used?	
Who is the designated person for ordering? • Is there a list of designated persons within SOP?	
Are orders made on an official requisition form, signed and dated?	
Where are orders delivered to?	
Who is able to sign for the order and check	

stock against delivery note? • Is there a list of designated persons within SOP?	
Who is responsible for regular stock checks?	
Is there a process for stock discrepancy?	

Storage and security arrangements

Is there an SOP to cover the safe storage of medication on site?	
Where are the medicines cupboards situated? Do the cupboards meet BS2881? The location of medicines cupboards should be based on the following recommendations: · in a room without direct access (i.e. door or window) to the exterior of the building · where it is not obvious to 'prying eyes' (e.g. not in front of a window or door) · adjacent to storage units of similar appearance · in a room that can be secured when unattended (i.e is it lockable) · away from sources of heat and humidity (e.g. radiators and sinks)	
Are the cupboards locked? Are the cupboards secured/fixed to a wall?	
Is the room suitable for the storage of medicines with respect to temperature and humidity?	
Who has access to the keys? Is there a list of designated key holders within SOP? Where are keys stored overnight?	
Is storage space adequate? • Are only medicines stored in the medicine cupboard? • Are internal and external medicines segregated?	
Is there an SOP(s) to cover the receipt, storage and supply of Control Drugs on site	
Are there separate SOPs for the storage of	

refrigerated medicines, medical gases, flammable/hazardous substances? • Do these SOPS include receipt, storage, handling, monitoring as per legal requirements.	
Is there a process to manage failures in the storage of refrigerated medicines?	
Are medicines transported between sites? If so how and by who.	

Supply and administration

Is there an SOP for the supply and administration of medicines?	
Which medicines are stocked on site?	
Under what legal basis are the medicines supplied, PGD or PSD?	
Are there current and legal PSD (templates) / PGDs that cover the supply and administration of medicines?	
Are the medicines administered or supplied?	
Are anaphylaxis kits available and in date?	
Are stocks suitably labelled for supply to patients? (Note: Drugs that are immediately administered to the patient (e.g. 1st dose of antibiotics) do not require labelling)	
How is the medicine supply recorded, paper or electronic? Is there a template within the SOP?	
Does the SOP include a process for recording the consultation in patient notes?	
Does the SOP include a time frame for the	

completion of patient consultation?	
Are the medicine, batch number and expiry date, recorded in patient notes?	
Is a Read Code include in patient notes (for audit purposes)	
For medicines that are supplied how is exemption status confirmed and recorded?	
For medicines that are supplied - how are prescription charges collected?	
Does the patient have access to a prescriber or a pharmacy professional for advice after the supply of medication?	

Stock Control

Is there a Stock Management SOP	
Is the amount of stock appropriate for the clinic?	
Is there a process for Owing Medication	
Is there a process for stock rotation?	
Does the SOP include date checking procedures?	
Is out-of-date stock present? And has it been isolated from current stock?	

Waste Arrangements

Is there an SOP to cover Pharmaceutical Waste (out of date/unwanted medicines)?	

If so what arrangements are in place for removing out-of-date/unwanted medicines?	
Are these arrangements within waste regulations?	

Complaints

Is there a Complaints SOP?	
Who is the Complaints Officer?	

Form completed by

Name	Job Role	Date	Time	Signature

Document control

Document update	Date updated
Page 4. (Note: Drugs that are immediately administered to the patient (e.g. 1st dose of antibiotics) do not require labelling)	May 2020

References

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/RCN%20RPS%20additional%20guidance.pdf?ver=2020-03-05-121229-987