

17. Personal Use and Self Prescribing

17.1 Personal Use

- Hospital medications must not be used for personal use; this includes all Ward / Department / Unit stock of general sales list (GSL) medications, prescription only medicines (POM) and pharmacy only (P) medications.
- Staff who use hospital medicines for personal use will be subject to the Trusts HR Disciplinary Procedure. This is also classed as theft and may be subject to criminal investigations and proceedings.
- If a line manager suspects a member of staff is taking hospital medicines for personal use, they should contact the Chief Pharmacist for further advice on how to investigate this. Pharmacy can provide reports which track the quantity of medicines issued to clinical areas.
- Staff are able to access the Outpatient Pharmacies on any site for over the counter medications they might need and are recommended to have a supply of appropriate medication for their own use.
- Staff who need any medication in an emergency must see their own GP. In emergency situations where a member of staff does not have their regular prescription only medicine (such as insulin or an inhaler) and it is urgently needed, an emergency supply of medicines can be obtained from the pharmacy department. This is usually limited to 5 day supply and excludes controlled drugs.
- Staff should only present themselves to the Emergency Department if they require emergency treatment e.g. trauma, serious injury resulting from an incident.
- Staff who bring in their own legitimate medicines to use from home are responsible for ensuring that these medicines are kept securely away from vulnerable patients and do not get mixed with hospital medicines.

17.2 Self Prescribing

All hospital staff and their families should be registered with a GP through whom they will obtain all routine NHS care including prescribed medicines

The General Medical Council, GMC issues general guidance and advises that: -

*‘ Wherever possible you **must avoid** prescribing for yourself or anyone you have a close personal relationship with ’*

‘You should prescribe medicines only if you have adequate knowledge of the patient’s health and you are satisfied that they serve the patient’s needs.’

‘Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless:

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- a) No other person with the legal right to prescribe is available to assess and prescribe without delay which would put you or the patient's life or health at risk
- and
- b) The treatment is immediately necessary to save a life, avoid serious deterioration in health or alleviate otherwise uncontrollable pain or distress'

*Good practice in prescribing and managing medicines and devices Jan 2013,
Updated 5th April 2021*

17.2.1 Prescribers **may not prescribe** for themselves and their families on Trust Out patient prescriptions or FP10s. Private prescriptions are also not accepted and any prescriptions will be challenged by members of the pharmacy department.

17.2.2 Prescribing for colleagues

Medical staff employed by UHL may prescribe for colleagues or other staff in the context of the following arrangements

- A regular NHS referral by GP or other clinician including self-referral, recorded in the UHL patient case notes and reported in correspondence back to the individual's GP.
- Self – presentation with an acute episode to another clinician within the Trust who makes a formal clinical record of the episode of care and documents the care in a letter to the patient's GP thereby generating an NHS case note or updating NHS case notes.

Concerns about individual prescribers will be raised with the Medical Director as soon as identified.