

Standard Operating Procedure: Management of Risperidone Long Acting Injection (Risperdal Consta®) when Supplied by Polarspeed® directly to Community Clinics

1 Context

- 1.1.1 Polarspeed® is a cold chain pharmaceutical transportation company that also provides a dispensing and delivery service of Risperdal Consta®. The company will deliver risperidone long acting injection (RLAI) on a named patient basis, directly to community clinics where the medication is given or collected by community practitioners. Using this company, bypassing the need to pass the medication through a hospital pharmacy reduces the break within the cold chain. **This service is for community based teams ONLY and is not suitable for inpatient units.**
- 1.1.2 RLAI must be stored and transported between temperatures of 2-8 degrees centigrade to preserve the shelf life as it is labelled on the external packaging. Failure to do this will reduce its longevity to seven days. Teams must have a medicine fridge and be comply with the Trust Refrigerator Monitoring Procedure.

2 Lead Nurse

- 2.1.1 A nominated lead nurse for RLAI for should be given responsibility within the team to ensure the system is managed effectively and in line with this procedure and other relevant trust policy.

3 Registration

3.1 Team/Unit registration:

- 3.1.1 The lead pharmacist from your locality will visit the team and register the team with a unique reference number. This reference number should be included with the unit name on any documentation sent to Polarspeed®.
- 3.1.2 Each individual team must be registered by name with Polarspeed® before the service can operate. It is not sufficient for the team to register under a shared address where more than one team operates from the same address. Each team must be separately identifiable by name and unique reference number and have a nominated lead nurse for this service.
- 3.1.3 Unit Registration form (appendix 1) must be completed in full and sent to Polarspeed. A copy of the form that can be completed electronically and downloaded is available on Trust intranet under templates and forms / medicines. Information on how to send is included at the bottom of the form.

Note: The sections on the Unit Registration form listed below should be completed as follows:

- *Unit Details*
 - *Unit Name:* – Specific team name
- *Unit Contact Details*
 - *Lead consultant:* – this can be any consultant that works within the team

3.2 Prescriber registration:

- 3.2.1 Only prescribers employed directly by ELFT and who are registered with Polarspeed® will be able to sign the private prescription needed for supply and administration of RLAI.
- 3.2.2 To register, prescribers must have their names, qualifications, registration number and sample signature logged with the Polarspeed® pharmacy. RLAI will not be dispensed against any prescription if the signature of the doctor/NMP is not logged with the pharmacy. Details should be included on the form (appendix 2) and sent to Polarspeed®. A version of the form that can be completed electronically and downloaded is available on Trust intranet under templates and forms / medicines. Details on how to send are included at the bottom of the form.
- 3.2.3 A copy of the form must be kept at the team base. The form must be updated following a change in prescriber(s) and sent to Polarspeed®. The nominated lead nurse for RLAI should have responsibility for this.

3.3 Patient registration:

- 3.3.1 All patients to be dispensed RLAI by Polarspeed® must be registered with the service. Patient Registration form (appendix 3) should be completed by the prescriber or care co-ordinator and sent to Polarspeed®. A version of the form that can be completed electronically and downloaded is available on Trustnet. Instructions on how to send are detailed at the bottom of the form. A copy of the registration form should be filed in the patient's notes.
- 3.3.2 The sections on the Patient Registration form listed below should be completed as follows:

- *Patient Details*
 - *Delivery Address:* This MUST be the address of the team, as registered with Polarspeed®. The RLAI should not be delivered direct to the patient's home.

- *Prescriber Details*
 - *Consultant:* The consultant must be registered with Polarspeed®, as described in section 3.2.
 - *Care Co-ordinator:* This should be the patient's care co-ordinator, lead professional or most appropriate member of nursing staff directly involved in the administration of the RLAI to the patient.

- *Trust Contact Details*
 - *Pharmacist:* lead pharmacist for location (contact local pharmacy team for details)
 - *Finance:* details for invoicing

3.4 Patient change of status

- 3.4.1 If a patient's details or status changes, such as transfer to another team, admission to inpatient unit, termination of treatment or patient death, then the changes need to be registered with Polarspeed® using a Patient Change of Status form (appendix 4). A version of the form that can be completed electronically and downloaded is available on Trustnet. Instructions on how to send are detailed at the bottom of the form. A copy of the form should be filed into the patient's notes.
- 3.4.2 If the patient transfers to another team within the trust, then the address and unique reference number (issued by ELFT pharmacy) for that team must be included on the Patient Change of Status form in the '*Change of Address*' section. The current prescription will remain valid but the RLAI will be delivered and invoiced to the receiving team. If the receiving team is not registered with Polarspeed® then the prescription should be stopped and the new team will need to make arrangements for the supply of RLAI.

3.5 Next steps

- 3.5.1 On receipt of the registration forms Polarspeed® will send out relevant information and documents to the team. This should take approximately 5 working days. Polarspeed® will contact the nominated lead nurse for RLAI to agree the start date and a convenient day and time in the week for regular delivery to the team. Deliveries will normally be made on a fortnightly schedule.
- 3.5.2 Polarspeed® will send a confirmation letter to the trust upon receipt of the registration forms, detailing the delivery address and delivery dates.

3.6 Confidentiality

All patient and ELFT staff details sent to the Polarspeed® pharmacy is confidential and access is restricted to pharmacy staff only.

4 Prescribing

4.1.1 All patients prescribed RLAI must be registered with Polarspeed® using a patient registration form (see section 3.3).

4.1.2 Prescribers of RLAI must be registered with Polarspeed® using the prescriber registration form (see section 3.2).

4.1.3 Triplicate RLAI repeat prescription forms are available in pads from Pharmacy.

4.1.4 Prescribers will complete a triplicate RLAI repeat prescription form (sample copy shown in appendix 5). Each prescription can cover a period up to a maximum of six months.

- *White top copy* must be sent to Polarspeed®
- *Pink middle copy* must be attached to the patient's Community Medicine Chart
- *Yellow bottom copy* should be filed in the patient's notes

4.1.5 Prescribers must also complete a Trust Community Medication Chart for the patient. This chart must be used by the nursing staff to record administration of the RLAI to the patient and must be valid and correspond to the triplicate prescription sent to Polarspeed®. Each time the prescription needs to be renewed and rewritten for Polarspeed® delivery the Community Medicines Chart must also be reviewed.

4.1.6 New patients to the scheme will be initially prescribed the starting dose for a six month period even if this is subsequently amended. Doses can be altered using a second prescription. This is to ensure that there is no break in prescription status with Polarspeed®.

4.1.7 In the event of a sudden dose change, the prescriber must inform the nominated lead nurse for RLAI or a nominated deputy responsible for managing RLAI. This information must be relayed to Polarspeed® as soon as possible by the lead nurse or nominated deputy. This will avoid the unnecessary delivery of unwanted doses to the clinic and therefore, cost. An interim supply should be ordered through ELFT pharmacy to ensure continuity in treatment if there is insufficient time to get a new prescription to Polarspeed®. Contact Polarspeed by telephone to verbally stop the current supply then send the new prescription to Polarspeed, contact pharmacy if this won't arrive in time for next due depot.

4.1.8 The Polarspeed® RLAI repeat prescription and the Trust Community Medicines Chart should be written at the same time to avoid errors and omissions.

5 Documents

- 5.1.1 All registration and amendment documents are available on Trust intranet (*link to be included*).
- 5.1.2 Triplicate repeat prescription forms and pre-paid envelopes will be supplied by Pharmacy email:

6 Delivery, receipt and storage

- 6.1.1 Polarspeed® will deliver the RLAI directly to the clinic every fortnight on a mutually agreed day. The exception to this is over the Christmas and New Year period when a larger monthly double order will be delivered.
- 6.1.2 Polarspeed® will contact the nominated lead nurse or deputy at least one week prior to the delivery date of the product to confirm time and date of next delivery.
- 6.1.3 Reception staff must contact a member of nursing staff to take receipt of the delivery. Immediately after delivery the medication must be unpacked, checked and put into the medicines refrigerator to ensure the cold chain is maintained.
- 6.1.4 Nursing staff responsible for taking receipt of medication should check the contents of the box against the delivery list. They should also check that all medicines received are well within their expiry date. Once checked the stock must be immediately stored in the designated medicines refrigerator. The packing and monitoring of the medicines refrigerator must conform to the standards set out in the Trust Refrigerator Monitoring Procedure.
- 6.1.5 The delivery note will list the patients for whom Polarspeed® received an order (current repeat prescription form) and made a supply. This list should correspond with the medication that has been delivered in the cold box and what was ordered.
- 6.1.6 All delivery notes, including those marked with discrepancies, must be faxed to the pharmacy department and then filed in an allocated folder at the team. This is to ensure that supply and payment can be accurately monitored.
- 6.1.7 If there are discrepancies between what was ordered and what is on the delivery note or what is actually in the box, Polarspeed® must be contacted immediately. The delivery note should be amended to show the quantity received and a note made of any action taken. Ideally the problem can be rectified before the medication is needed, but the nominated lead nurse for RLAI / manager of the clinic should also be informed. Individual patient supplies may be ordered from the pharmacy if necessary, to ensure continuity in patient treatment.

Mile End Pharmacy fax number: 0208 223 8065
City & Hackney Pharmacy fax number: 0208 510 7251

7 Invoices & Statements

7.1.1 Pharmacy will send a copy of the monthly statement to the lead nurse/service manager, this statement must be checked against delivery documentation and if correct signed by the lead nurse/service manager and returned to pharmacy Mile End Hospital within 14 days for invoices to be processed. If there is a discrepancy on the statement the lead nurse/service manager must inform pharmacy Mile End within 5 working days.

Pharmacy address: Procurement Team
Pharmacy Department
Mile End Hospital
275 Bancroft Road
London E1 4DG

Tel: 020 8223 8014
Fax: 020 8223 8065

8 Administration

8.1.1 RLAI supplied by Polarspeed® will only be supplied on a named patient basis. All medication delivered to the clinic will be clearly labelled with the patient's name. **Only RLAI labelled with the patient's name can be given to that patient.**

8.1.2 Before administering RLAI, staff must check the patient details on the medication pack label and ensure this corresponds with the patient's details that are on the Community Medication Chart. The Trust Patient Identification policy must also be adhered to as part of this process.

8.1.3 In the case of a product defect being identified, Polarspeed® must be informed immediately. A replacement supply or 'credit note' should be arranged. See also trust Medicines Policy, for further information on appropriate action to be taken.

9 Trouble shooting

9.1.1 Polarspeed® and the manager of the clinic/nominated lead nurse for RLAI will keep a list of staff who understand the ordering and delivery process within the clinic, so that if any person needs to contact anyone about orders, deliveries or associated problems, it will be someone that is aware of how the system works. Staff expected to deal with Polarspeed® will have their own contact list, which will contain details and contact names and numbers of the different departments within Polarspeed® (ordering, delivery, patient registration etc).

9.1.2 A Polarspeed® emergency enquiry number for service and deliveries is available on 01525 216641. This is in operation from 08:30 – 17:00 Monday to Friday.

Shameem Mir

Chief Pharmacist

Date: January 2011

Review: January 2012

Unit Details

Unit Name and unique identifier no:

Address:

Town:

County:

Post Code:

Tel. No. Fax No.:

Unit Contact Details

Lead Consultant: Name:
 Tel. No. Fax No.:
 E-Mail

Lead Nurse for RLAI: Name:
 Tel. No. Fax No.:
 E-Mail

Pharmacist (Local Lead): Name:
 Tel. No. Fax No.:
 E-Mail

Deputy Lead Nurse for RLAI: Name:
 Tel. No. Fax No.:
 E-Mail

Invoice/ Finance Details

(Please insert to whom invoices should be sent)

Name: Tel No.: 0203 214 5700

Position: Fax No.:

Department:

Trust Name: East London NHS Foundation Trust

Address: Trust HQ

(if different from above) 22 – 24 Commercial St

E16LP

Special requests

Janssen-Cilag Key Contact

Key Contact: Mobile No:

E-Mail:

Additional Information

Prescription: Produced Manually Produced electronically

Please tick appropriate box.

Anticipated Start Date:

APPENDIX 2

Please E-Mail/Fax (in the first instance) to: - 01525 217917 or e-mail to **pharmacy@pol** box. Post originals to Polar Speed Pharmacy, 8 Chartmoor Road, Leighton Buzzard, Bec

Name of Unit	
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Full name including initials	Qualifications	Registration Number <i>For example GMC/Nurse Prescriber number</i>	Sample Signature

Please send to:

APPENDIX 3
Private and Confidential
Patient Registration Form
Patient Details

Team Details

Name:

Team:

Title:

Patient Home Address:

Street:

Town:

County:

Post Code:

Delivery Address:

Street:

Town:

County:

Post Code:

Date Of Birth:

Sex (M/F):

Tel. Number:

E-mail:

Allergies / Other relevant Information:

Prescriber Details

Consultant

Name:

Tel. Number:

Address:

Street:

Town:

County:

Post Code:

Care Co-ordinator

Name:

Tel. Number:

Address:

Street:

Town:

County:

Post Code:

Trust Contact Details

Pharmacist:

Email:

Tel.:

Fax:

Finance:

Email:

Tel.:

Fax:

Lead Nurse for RLAI:

Email:

Tel.:

Fax:

Please register the above patient on the Janssen-Cilag service programme

Service Start date:

Signed:

Designation:

Date:

Please fax (01525 217 917) and then post originals to :- **Polar Speed Pharmacy, 8 Chartmoor Road, Leighton Buzzard, Bedfordshire, LU7 4WG**

APPENDIX 4

Patient Change of Status Form

Private and Confidential

Unit Name	<input type="text"/>	Polarspeed Reference No.	<input type="text"/>
Patient Name	<input type="text"/>	Title: Mr/Mrs/Ms/Miss/Other	<input type="text"/>
Patient existing Postcode:	<input type="text"/>	Patient Date of Birth	<input type="text"/>

Change of Patient Status

Deceased	<input type="text"/>	Moved	<input type="text"/>
Suspended	<input type="text"/>	Where to?	<input type="text"/>

CHANGE OF ADDRESS? Yes / No If yes, please insert new address(es) below

Home Address		Delivery Address	
Street 1	<input type="text"/>	Street 1	<input type="text"/>
Street 2	<input type="text"/>	Street 2	<input type="text"/>
Town	<input type="text"/>	Town	<input type="text"/>
County	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

Please amend the above details on the  **JANSSEN-CILAG** Ltd home delivery scheme

Change Date	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/>

Please fax (in the first instance) to : 01525 217917 and then post originals to:
 Polarspeed Pharmacy, 8 Chartmoor Road, Leighton Buzzard, Bedfordshire, LU7 4WG

APPENDIX 5
 RISP/C/09-0286 Date of preparation: September 2010

HOME DELIVERY PRESCRIPTION

Patient's Name:

New Patient: **Y / N**

Dose Change: **Y / N**

Hospital Number:

Care Co-ordinator:

Address:

Post Code:

Date of Birth:

Telephone No.:

Risperdal Consta

Please state the dose needed by circling strength in black ballpoint pen.

Route of Administration	Strength (mg)	Frequency
Intramuscular	25mg 37.5mg	
Gluteal or Deltoid	50mg	

This prescription will be valid for a maximum period of 6 months from the date of first dispensing unless otherwise indicated

Repeat Details (state number of repeats):

Discontinuation Date: _____

Signature: _____

Sensitivities / Allergies:

Name of Prescriber (capitals):

GMC No.:

Signature: _____

Date:

Qualifications (include Prescriber no.)

FOR URGENT ATTENTION – please fax in the first instance to 01525 217917, then post originals in the prepaid envelopes provided within 24 hours to the address below:

Hospital Address:

Polar Speed Pharmacy
8 Chartmoor Road
Leighton Buzzard
Bedfordshire LU7 4WG

FREEPHONE: 0800 7833 178

APPENDIX 6

Roles and Responsibilities for the SOP:

Standard Operating Procedure: Management of Risperidone Long Acting Injection (Risperdal Consta®) when Supplied by Polarspeed® directly to Community Clinics

Janssen:

- Manufacturer of Risperdal Consta and overall management of the dispensing and delivery of RLAI through the agent Polarspeed®

Polarspeed®:

- Maintain confidentiality of all patient and ELFT staff data.
- Register individual teams (following receipt of *Unit Registration Form*)
- Send out relevant information, documents and pre-paid envelopes (following receipt of *Patient Registration Form*)
- Record any changes to patient details (following receipt of *Patient Change of Status Form*)
- Contact the nominated lead nurse for RLAI to agree the start date and a convenient day and time in the week for regular delivery to the team (usually every two weeks)
- Send a confirmation letter to the trust upon receipt of the registration forms, detailing the delivery address and delivery dates
- Register prescribers of RLAI (following receipt the prescriber registration form *Names/Qualifications and Signatures of Prescribers*)
- Supply triplicate RLAI repeat prescription form pads
- Receive white top copy of the repeat prescription when completed
- Dispense doses clearly labelled with the patient's name
deliver Risperdal Consta® directly to the clinic every fortnight (over the Christmas and New Year period double order will be delivered)
- Contact the nominated lead nurse or deputy at least one week prior to the delivery to confirm time and date of next delivery.
- Send a delivery note with each delivery listing patients and medications provided
- Send monthly statement to nominated lead nurse and Trust finance department, THQ, keep a list of ELFT staff who understand the ordering and delivery process within the clinic
- Provide a contact list with details and contact names and numbers of the different departments within Polarspeed® (ordering, delivery, patient registration etc).

Manager / lead nurse:

- Take responsibility for ensuring the procedures relating to this service are followed
- Nominate a (local) lead nurse for RLAI within team.

Nominated Lead Nurse:

- Take responsibility to follow this procedure and comply with relevant trust policy.
- Complete registration form for the team (*Unit Registration Form*)
- Ensure individual patient registration forms are completed correctly by the prescriber (*Patient Registration Forms*).
- Ensure the prescriber registration form is completed correctly, and an up to date version maintained and sent to Polarspeed®.
- Agree the start date and a convenient day and time in the week for regular delivery to the team (usually every two weeks) with Polarspeed®
- Ensure Polarspeed® are informed of any changes to patient details (using the *Patient Change of Status Form*) and a copy the *Patient Change of Status Form* is filed in the patient's notes

- Ensure Polarspeed® are informed in the event of a sudden dose change (following notification by the prescriber) and order an interim supply from a ELFT pharmacy if necessary
- Provide Polarspeed® with a list of ELFT staff who understand the ordering and delivery process within the clinic
- Fax delivery notes, including those marked with discrepancies, to the pharmacy department at Mile End and City & Hackney Centre for Mental Health and file in an allocated folder at the team

The following can be delegated to any trained and competent nursing staff:

- Take receipt of medication on delivery and check the contents of the box against the delivery list
- Check that all medications received are well within their expiry date.
- Store stock immediately in the designated medicines refrigerator once checked on the delivery list
- Ensure packing and monitoring of the medicines refrigerator conforms to the standards laid down in the Trust Refrigerator Monitoring Procedure.
- Contact Polarspeed® immediately if there are discrepancies between what was ordered and what is written on the delivery note or what is actually in the box.
- Order an interim supply from a CNWL pharmacy if Polarspeed® cannot supply in time for the next dose
- Inform Polarspeed® of any changes to patient details (using the *Patient Change of Status Form*) and a copy the *Patient Change of Status Form* is filed in the patient's notes
- Inform Polarspeed® in the event of a sudden dose change (following notification by the prescriber) and order an interim supply from a CNWL pharmacy if necessary

Lead consultant:

- Provide details for the relevant section of the *Unit Registration Form* to be sent to Polarspeed®

Prescribers (must be employed directly by ELFT):

- Register with Polarspeed® (on the *Names/Qualifications and Signatures of Prescribers* form)
- Complete the triplicate prescription needed for each registered patient (each prescription can cover a period up to a maximum of six months)
- Send white top copy to Polarspeed® (scan before sending) in the pre-paid envelope.
- Complete a ELFT Community Medicines Chart for the nurse to use as an administration record
- Review the ELFT Community Medicines Chart each time the prescription needs to be renewed and rewritten for Polarspeed® delivery
- Inform the nominated lead nurse for RLAI or a nominated deputy responsible for managing RLAI in the event of a sudden dose change.

Pharmacist:

- Provide details for the relevant section of the *Unit Registration Form* to be sent to Polarspeed®

Reception staff:

- Inform nursing staff immediately when a Polarspeed® delivery arrives

Nursing Staff:

- Use the Community Psychiatric Nurse Drug Prescription and Administration Chart (Depot chart) to record administration of the RLAI to the patient
- Check the Depot Chart is valid and corresponds to the triplicate prescription sent to Polarspeed®

If given the responsibility by the nominated lead nurse:

- Take receipt of medication on delivery and check the contents of the box against the delivery list
- Check that all medications received are well within their expiry date.
- Store stock immediately in the designated medicines refrigerator once checked on the delivery list
- Ensure packing and monitoring of the medicines refrigerator conforms to the standards laid down in the Trust Refrigerator Monitoring Procedure.
- Contact Polarspeed® immediately if there are discrepancies between what was ordered and what is written on the delivery note or what is actually in the box.
- Order an interim supply from ELFT pharmacy if Polarspeed® cannot supply in time for the next dose
- Amend the delivery note to show the quantity received; make a note of any action taken. Inform the nominated lead nurse for RLAI / manager of the clinic
- Give the delivery note to the nominated lead nurse to fax to pharmacy.
- Inform Polarspeed® of any changes to patient details (using the *Patient Change of Status Form*) and a copy the *Patient Change of Status Form* is filed in the patient's notes
- Inform Polarspeed® in the event of a sudden dose change (following notification by the prescriber) and order an interim supply from a ELFT pharmacy if necessary