Medicines Management and Prescribing Policy

SpiroSense - Independent Respiratory Diagnostics
Person responsible - Catherine Bridges
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Purpose

This policy outlines how Spirosense ensures the safe assessment, prescribing, documentation and governance of medicines within its respiratory assessment service.

Spirosense provides respiratory assessment and, where clinically indicated, issues private prescriptions for bronchodilators and associated devices.

Spirosense does not store, supply, or dispose of medicines.

1. Scope of Service

Spirosense provides respiratory assessment and, where clinically indicated, issues private prescriptions for bronchodilators and associated devices.

Spirosense does not:

- Store medicines
- Handle controlled drugs
- Provide ongoing medication management
- Dispose of medicines

All medicines are dispensed by a registered community pharmacy.

2. Assessing Service Users' Medication Needs

Before issuing any prescription, the clinician will:

- Take a full medical history
- Confirm respiratory diagnosis or clinical indication
- Review current medication use
- Screen for contraindications and allergies
- Assess inhaler technique where relevant
- Confirm suitability for salbutamol prescribing

Prescribing decisions will be evidence-based and in line with current NICE guidance (see section 14).

3. Consent and Capacity

Spirosense works in line with the **Mental Capacity Act 2005**.

- Informed consent will be obtained prior to assessment and prescribing.
- Consent will be documented in the clinical record.
- For individuals aged under 16, Gillick competence will be assessed. ● Where a person lacks capacity, prescribing will only proceed if it is in their best interests and in line with legal requirements.
- If capacity is in doubt, referral to the GP or appropriate service will be made.

4. Levels of Medication Assistance

Spirosense provides:

Level 1 – Prescribing only

- Clinical assessment
- Issuing a written prescription
- Patient education regarding correct inhaler use

Spirosense does **not** provide:

Ongoing medication management

5. Covert Medication, PRN, Controlled Drugs, Sharps, and Gases

- **Covert medication**: Not provided.
- **PRN medication**: Not provided.
- **Controlled drugs**: Not prescribed or handled.
- **Sharps**: Not used or stored.
- **Medical gases**: Not supplied or managed.

6. Delegated Healthcare Tasks

Spirosense does not provide delegated healthcare tasks.

7. Safe Prescribing and Medicines Management

To ensure safe prescribing:

- Only an appropriately qualified and registered prescriber will issue prescriptions.
- Prescriptions are written on secure prescription pads.
- Prescription pads are stored securely when not in use.
- All prescriptions are recorded in the patient's clinical notes.
- Any errors identified are documented and managed immediately.

Spirosense does not store or handle medicines.

8. Safe Administration

Spirosense will administer 400mcg of a bronchodilator for the purpose of spirometry reversibility via a spacer chamber.

Patients are provided with:

- Clear written dosage instructions
- Verbal explanation of inhaler technique/any likely side effects

- Safety advice including when to seek urgent medical attention

9. Medicine Supply

Spirosense does not maintain medicine stock.
Prescriptions are dispensed by registered pharmacies.
Patients are responsible for obtaining their medication.

10. Refusals and Disposal

If a patient declines medication:

- The discussion will be documented.
- Risks will be explained.
- Alternative advice or referral may be offered.

Safe disposal of unused medication is the responsibility of the dispensing pharmacy.
Patients are advised to return unused inhalers to a pharmacy.

11. Staff Training and Competency

- The prescribing clinician will hold appropriate professional registration and prescribing qualifications.
- CPD in respiratory care and safe prescribing will be maintained.
- Competence will be reviewed annually.
- Updates from NICE and MHRA will be monitored.

12. Escalation of Concerns

The practitioner must escalate medication concerns to:

- The patient's GP (with consent)
- Emergency services where clinically required

All concerns will be documented.

13. Governance and Record Keeping

- Each prescription is recorded in the patient's clinical record.
- Records include dose, frequency, indication, and advice given.

- Clinical notes are stored securely in line with GDPR.
- Any incidents or near misses are recorded and reviewed.

14. Legal and Regulatory Compliance

This policy complies with:

CQC – Medicines management & prescribing policy requirements
https://www.cqc.org.uk/guidance-regulation/registration/supporting-documents-provider/document/medicines-management
NICE Asthma Guideline (NG245) – *clinical prescribing, assessment, advice and monitoring*
https://www.nice.org.uk/guidance/NG245
NICE Asthma Topic Page – *supporting evidence and best practice*
https://www.nice.org.uk/guidance/conditions-and-diseases/respiratory-conditions/asthma
CQC Medicines Management Governance Guidance – *safe use and governance expectations*
https://www.cqc.org.uk/guidance-providers/healthcare/medicines-management-healthcare-services
Mental Capacity Act 2005 – *consent and best interests*
https://www.legislation.gov.uk/ukpga/2005/9/contents
MHRA Yellow Card Scheme – *safety monitoring and adverse reaction reporting*
https://www.gov.uk/report-a-problem-with-a-medicine-medical-device-or-vaccine

Review of Policy

This policy is reviewed annually or following changes to legislation or guidance. Legislation and guidance links are checked and updated as part of the annual policy review.

Last review date: 04/02/2026
Next review date: 03/02/2027