Pharmacy Interface Incident Quarter 2 Summary Report 2017-18

This report provides an overview of the interface incidents reported during quarter 2, 2017-18. The report summarises the number of reports received, incident types reported and actions taken.

Number of incidents per severity

Table 1 demonstrates the severity and number of interface incidents received and recorded within the Safeguard incident report system at WUTH. This in turn reports to the National Reporting and Learning System (NRLS). The table outlines the actual harm score attributed to each incident or report.

1 – No Harm	2 – Very Low Harm	3- Low harm	4 – Moderate	5 – Severe/Death
3	0	0	0	0

Table 1: Severity and number of interface incidents

3 reports were received during Quarter 2 and for each one a response was sent within the agreed 15 working day timescale. Upon investigation all 3 reports were not deemed to be attributed to a secondary care prescribing error.

2.0 Types of Incident

The first report relates to a non-formulary requests/the use of formulary medication outside of Wirral formulary recommendations. The second report relates to a GP requesting an alert to be added to a patient's medical notes. The third report relates to unclear discharge recommendations.

3.0 Actions taken as a result of incidents reported

The WUTH Medicines Management Team has an escalation system for managing incidents where the same prescriber repeatedly requests inappropriate formulary/shared care or non-formulary prescribing:

- On first occasion, the Pharmacy CG team will discuss with the prescriber
- On second occasion, the Wirral Drug and Therapeutics Panel (WDTP) Secretary will contact the prescriber
- On third occasion, a letter from the WDTP Chair and Director of Pharmacy will be sent to the prescriber, copied to the Clinical Service Leads and if necessary further escalation to Divisional Management Team.

3.1 Recommendations to prescribe non-formulary medication

The first report relates to a recommendation to a GP to prescribe MacuShield eye supplements or an alternative multivitamin in its place for an ophthalmology patient. Eye vitamins are non-formulary as they are considered to be of lesser clinical value. The issue has been raised since at the Ophthalmology Clinical Governance meeting and the team have agreed not to prescribe or make recommendations to prescribe MacuShield in future as it is not on the formulary.

3.2 GP requesting an alert to be added to a patient's medical notes

The second report relates to a GP requesting an alert to be added to a patient's medical notes to prevent supply of codeine to an individual with a history of misuse. In response to this an allergy to codeine has been added to the patients' medical records with the reaction status documented as 'misuse/abuse'. This information will be available to all prescribers and an alert will appear if the patient is prescribed any form of opioid medicine on the EPS reminding any prescribers the patient has a history of misuse. Therefore this was not deemed as a secondary care error, it was a report to prevent an incident relating to this individual.

3.3 Unclear Discharge Recommendations

A report was received which described confusion over discharge information being communicated to the nursing home. Upon investigation, two of the medicines on the discharge medication summary had 'NOT to continue' documented but were supplied on discharge. The WUTH electronic prescribing system (EPS) Wirral Millennium documents all medicines that are not to be continued long-term post discharge as 'medicine NOT to continue'. The EPS prompts all prescribers to select if the medication is to continue or not to continue. Prescribers select the 'not to continue' option when the medicine is not to continue long term and would need to be reviewed by the GP if the patient requested further supply. The nursing home interpreted this as medication incorrectly supplied on discharge. WUTH informatics team have been contacted regarding this issue but feel that a change to the wording of the EPS is not justified. The EPS had previously had the options GP to continue or not to continue but this was not considered appropriate for some drugs as they were to be continued by other serves and not the GP. As a result the Trust will continue to use the current discharge medication format. Therefore this was not deemed to be a secondary care error, it was clarified that the communication received was misinterpreted by the nursing home.

4.0 Summary and Recommendations

3 reports were received during quarter 2 17/18. 1 of these reports related to non-formulary recommendations, 1 related to an alert to be added to a patient's medical notes, and 1 related to discharge information. In line with the agreed escalation process, one non–formulary request reached first stage escalation i.e. this report was discussed at the ophthalmology clinical governance meeting.

GP practice and CSU MM team staff are recommended to review the current level of under reporting of prescribing issues so that inappropriate requests can be addressed and prescribing standards improved. Any feedback or improvements that can be made to the process are welcomed so that this goal can be achieved.