Pharmacy Interface Incident Quarter 4 Summary Report 2015-16

This report provides an overview of the interface incidents reported during quarter 4, 2015-16. The report summarises the number of reports received, incident types reported and actions taken.

1.0 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
6	0	0	0	0

Table 1: Severity and number of interface incidents

6 reports were received during Quarter 4. A response was sent within the agreed 15 working day timescale for the 5 reports that have reached their 15 day deadline. One report is currently being investigated and has yet to reach the 15 working day deadline. Of the 5 reports which are complete, it was not possible to reach a conclusion for 2 cases within the 15 working days, since additional information was requested which has delayed the final outcome being reached.

The overall number of reported interface incidents has significantly declined over the past 2 years, with a total of 15 reports being received during 2015-16, compared to 20 reports during 2014-15, and 141 during 2013-14.

2.0 Types of Incident

2 of the 6 incidents investigated during quarter 4 relate to recommendations to prescribe formulary medication outside of Wirral Formulary, whilst 2 reports refer to requests to prescribe non-formulary/unlicensed medication. One report relates to monitoring information provided on the discharge letter and one report relates unclear prescribing rationale.

3.0 Actions taken as a result of incidents reported

The WUTH Medicines Management Team have 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 formulary medication for indications outside of Wirral Formulary

Two reports relate to the recommendation to prescribe tadalafil for a non-formulary indication. One report is currently being investigated and a response awaited from the Consultant. In the first case, the Consultant has been made aware of the non-formulary recommendation. In line with the first stage escalation process, they have been reminded that a Drug and Therapeutics application is required should they wish to prescribe for an indication not currently included within the Wirral Formulary.

3.2 Recommendations to prescribe non-formulary medication/ unlicensed medicine

One report was received regarding a recommendation to prescribe nebivolol for a patient with hypertension and sinus tachycardia. The Consultant provided an explanation that he preferred nebivolol for patients who do not have established heart disease because it was more cardio selective and for its nitrous oxide potentiating vasodilatory effect. As per the agreed escalation process the Consultant was reminded that nebivolol is a non-formulary medicine and hence bisoprolol was suggested as an alternative formulary choice.

The second report relates to the request for a GP to prescribe paraldehyde for a child with epilepsy. The GP was unwilling to prescribe an unlicensed medicine and in response the Paediatrician sent a letter clarifying the rationale for prescribing. WUTH have continued to supply the medicine whilst the issue is being resolved. The Pharmacy CG team have requested more detail regarding the specific concerns of the GP and cannot progress this further until more information has been provided by the CSU Medicines Management Team or GP practice. The paediatric team have provided the GP with a rationale for prescribing and advice. Paraldehyde prescribing information is available within the BNFC and a child patient information leaflet is available.

3.3 Unclear Prescribing/ Monitoring Advice

The first report related to advice to prescribe multivitamins in addition to Forceval. Upon investigation it was evident that this recommendation was made in error and whilst no harm was caused, it was unnecessary to co-prescribe two vitamin preparations. Therefore the GP was advised to stop the multivitamins since Forceval has the added benefit of providing trace elements in addition to vitamin supplementation.

The second report involved the recommendation to monitor weekly full blood count and chemistry profile, for a patient discharged on a 6 week course of prophylactic dose enoxaparin post an orthopaedic procedure. This monitoring recommendation was made in error, no monitoring was actually required for this patient. The LMWH guidance that had been referenced by the orthopaedic team related to monitoring for LMWH *treatment* courses. There is no evidence base to suggest that monitoring is required for prophylactic doses of LMWHs. The interface report has highlighted the need to update the VTE prophylaxis guideline which will now to addressed.

4.0 Summary and Recommendations

The overall number of reported interface incidents has significantly declined over the past 2 years, with a total of 15 reports were received during 2015-16, compared to 20 reports during 2014-15, and 141 during 2013-14.

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.