

## Pharmacy Interface Incident Quarter 2 Summary Report 2016-17

This report provides an overview of the interface incidents reported during quarter 2, 2016-17. 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
2	0	0	0	0

Table 1: Severity and number of interface incidents

3 reports were received during Quarter 2. A response was sent within the agreed 15 working day timescale for all reports. 5 reports were received during quarter 1 2016/17.

### 2.0 Types of Incident

All 3 reports related to non-formulary drug requests although upon investigation only 2 were categorised as incidents.

### 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 related to the request to prescribe a prolonged course of cefalexin therapy. Upon investigation the Pharmacy Clinical Governance team clarified the patient was awaiting a cystoscopy to investigate recurrent UTI. The procedure was cancelled on the day of the scheduled cystoscopy, due to positive urine dipstick and likely further UTI. The patient had experienced a recurrent E. Coli growth and the Consultant had made the decision not to operate on the urinary tract in the presence of infection / bacteriuria due risk of sepsis. Due to the frequency of positive culture, the management plan was to give prophylactic antibiotics with the aim of maintaining sterile urine so the cystoscopy could be performed and reduce risk of further cancellation or

complications. The recommendation was therefore deemed appropriate by both the Microbiologist and Urologist.

The second report involved the recommendation to commence topical alprostadil and a vacuum erection device for post-operative erectile dysfunction. The current local guidance and NICE post radical prostatectomy guidance recommend that patients can be offered 'vacuum erection device' and alprostadil therapy. Our local guidance however only specifies the prescribing of alprostadil via intracavernosal or transurethral route. The Pharmacy Clinical Governance team has informed the Lead Pharmacist for Surgery of the need for further discussion with the Urology team with regards to updating the local guidance.

The third report received related to a request to initiate Macushield Gold capsules, following an out-patient ophthalmology appointment. This is the second time that a report has been received regarding this issue from this Consultant. Therefore in line with the agreed escalation process, the Wirral Drug and Therapeutics Panel (WDTP) Secretary will contact the prescriber.

#### **4.0 Summary and Recommendations**

2 interface reports highlighted the inappropriate request to prescribe non-formulary medication. In line with the agreed escalation process, one reached first stage escalation ie the prescriber was contacted by the Pharmacy Clinical Governance Team and the other incident reached second stage escalation ie the prescriber was contacted by the Wirral Drug and Therapeutics Panel (WDTP) Secretary.

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.