

## Learning from incidences in Primary Care

- **Lost prescriptions in the post**

6 loose prescriptions were delivered to a practice with the incoming mail which had apparently been found at the Sorting Office. These prescriptions had been posted in an A5 envelope and taped at both ends. A postage label to the Prescriptions Pricing Authority had been secured to the package.

The practice immediately identified that 39 prescriptions were unaccounted for. Royal Mail advised that 3 working days should be left before contacting the recipient to check the outstanding items had been delivered.

Key learning points are:

- 1) that all prescriptions need to be sent recorded or special delivery as loss of prescriptions has both income and information governance implications.

- **Medication error into a Monitored Dosage System (MDS)**

Carer returned an unused MDS for a change in medication. The pharmacy team removed the Ramipril 2.5mg and 5mg Capsules and dispensed 10mg Capsules into the MDS but failed to identify that Ticagrelor was not present in the MDS.

Key learning points are:

- 1) Ensure MDS is not accepted for alterations or re-dispensing. A new prescription should be requested and any changes should be recorded on the MDS record card.
- 2) The content and the dispensing label on the MDS should always be checked against the MDS record card and prescriptions as per Standard Operating Procedures.

- **Patients refusing to attend hospital**

Recently a number of Serious Incidents and Significant Events in Primary Care have been identified with patients refusing to attend hospital. NHS South, Central and West Commissioning Support Unit (SCW CSU) have investigated similar issues.

Key learning points are:

- 1) Informed consent needs to be accepted and understood by the patient. For consent to be truly informed, the information given needs to be fully understood by the patient.
- 2) Healthcare Professionals must explain all reasonably and foreseeable risks of any patient decision. SCW CSU call this 'informed consent - explaining the risk'.
- 3) This conversation needs to be documented, including the risks discussed.
- 4) It should be noted that this applies not just to patients refusing to attend hospital, but particular treatments also.

SCW CSU also note that:

"If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected." – NHS Choices.'

- **EPS system does NOT allow urgent prescriptions to be highlighted to the receiving pharmacy when sent from a GP system**

A recent incident has occurred whereby, following a home visit from the GP, a patient was prescribed Amoxicillin 500mg capsules for a suspected chest infection. The GP issued this prescription electronically on their return to the surgery via EPS, which was confirmed as received and downloaded at the patients chosen pharmacy.

The EPS token was sent to print@ the visual alert on the PMR which would indicate the patient required a delivery was not seen by staff at the pharmacy. Additionally, there was no record of any verbal request from the GP, patient or the patients family requesting the medication be delivered urgently. Consequently, the medication was neither dispensed nor supplied.

The patient collapsed 5 days later and was admitted to hospital. Sadly the patient died 3 days later with the cause of death noted as sepsis.

This incident highlights the importance of reiterating to General Practice teams that the EPS system does NOT allow urgent prescriptions to be highlighted to the receiving pharmacy when sent from a GP system.

NHS Digital are currently reviewing the options available to support the identification of clinically urgent prescriptions however, this is likely to take time in order to follow due process therefore unlikely to happen in the foreseeable future.

- **Community Pharmacies running One You Heart Age Campaign in South (South West)**

Just to make GP practises in the South (South West) aware that community pharmacies in the South (South West) for the next 6 weeks will be running Public Health England's 'One You Heart Age' campaign. The campaign focuses on lifestyle related factors like high blood pressure and high cholesterol, as well as smoking, poor diet and how a lack of exercise can increase a person's risk of developing heart disease or having a stroke: The Heart Age Campaign provides a great opportunity to keep heart health and blood pressure top of mind.

Consequently, GP practices may (potentially) note an increase in patients requesting a blood pressure check. Most pharmacies will offer blood pressures check in store however if pharmacies do not offer this service it may result in re-direction to a GP and therefore potentially increased thoroughfare at GP practices.