

**To:** All GPs,  
All Non-medical Prescribers,  
Community Pharmacists,  
Out of Hours Centres,  
For onward cascade to relevant staff

**15 May 2013**

Dear Colleague

**Re: Learning from a Serious Adverse Incident – Community Pharmacist communication with GPs and management of information from secondary care**

The Health and Social Care Board (HSCB) has been made aware of a serious adverse incident whereby a patient was prescribed medicines intended for another patient as a result of two separate letters from secondary care being combined into one patient's records.

On being presented with the prescriptions, the community pharmacist phoned the surgery to determine whether or not the new medicines were in addition to or were replacing some of his current medicines. It appears that non-clinical practice staff subsequently confirmed with the pharmacist that the medicines were in addition to the current medicines. These medicines were then dispensed by the pharmacist and taken by the patient, who it is suspected suffered harm as a result.

The two issues that have been flagged up in this serious adverse incident are the handling of hospital letters by practice staff; and lack of direct contact between the pharmacist and the prescriber when a clinical/safety issue has been identified.

**Action for GPs**

- One of the key pieces of learning from this incident is that **when a community pharmacist has a clinical/safety query around a patient's medication, they must speak directly to the prescriber\* rather than reception staff**. Recent advice from the GMC on Good Medical Practice echoes this recommendation. *'When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support'* ([http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp))
- GP practices should ensure that there is a process in place to allow community pharmacists to speak directly to a GP (or other prescriber\*) when they have a clinical/safety query about a prescription. Involvement of third parties, such as reception staff, can lead to confusion with potentially serious consequences for patients.
- Any changes to a patient's medication should be made by a GP or other prescriber\*. **Reception staff should not make changes to patient's medication.**

- All acute requests for medicines should be documented for the GP or other prescriber\* to action. **Reception staff should not generate prescriptions for acute medicines**, even if the patient has previously received the medicine.
- All changes to medicines, especially those from secondary care should be actioned by a GP or other prescriber\* within the practice.

GPs are advised to have a robust acute and repeat prescribing protocol and to audit this regularly. Acute and repeat prescribing audit templates can be found on the primary care intranet at the link below:

[http://primarycare.hscni.net/PharmMM\\_Resources\\_Non%20Clinical%20Resources.htm](http://primarycare.hscni.net/PharmMM_Resources_Non%20Clinical%20Resources.htm)

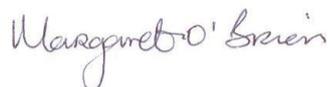
### **Action for community pharmacists**

- Ensure that any clinical/safety queries regarding a patient's prescription are discussed directly between the pharmacist (and not other dispensary staff) and the GP or other prescriber\*.
- All pharmacy staff should be aware of and should facilitate the policy around healthcare professionals speaking directly to each other regarding clinical/safety queries.

In the event of a query being raised in respect of a medicine, pharmacists and GPs should record this clearly in their respective clinical records.

If you have any queries about this, please contact your local Medical Adviser and/or Medicines Management Adviser.

Yours sincerely,



Dr Margaret O'Brien

Head of GMS



Mr Joe Brogan

Head of Pharmacy and  
Medicines Management

*\*A prescriber is defined as a doctor, a dentist, a supplementary prescriber, a community practitioner nurse prescriber, a nurse independent prescriber, a pharmacist independent prescriber, an optometrist independent prescriber or a doctor or dentist from the European Economic Area or Switzerland.*

