NHMC Homecare Update

Susan Gibert, MRPharmS,
Chair NHMC

NHMC

National Homecare Medicines Committee

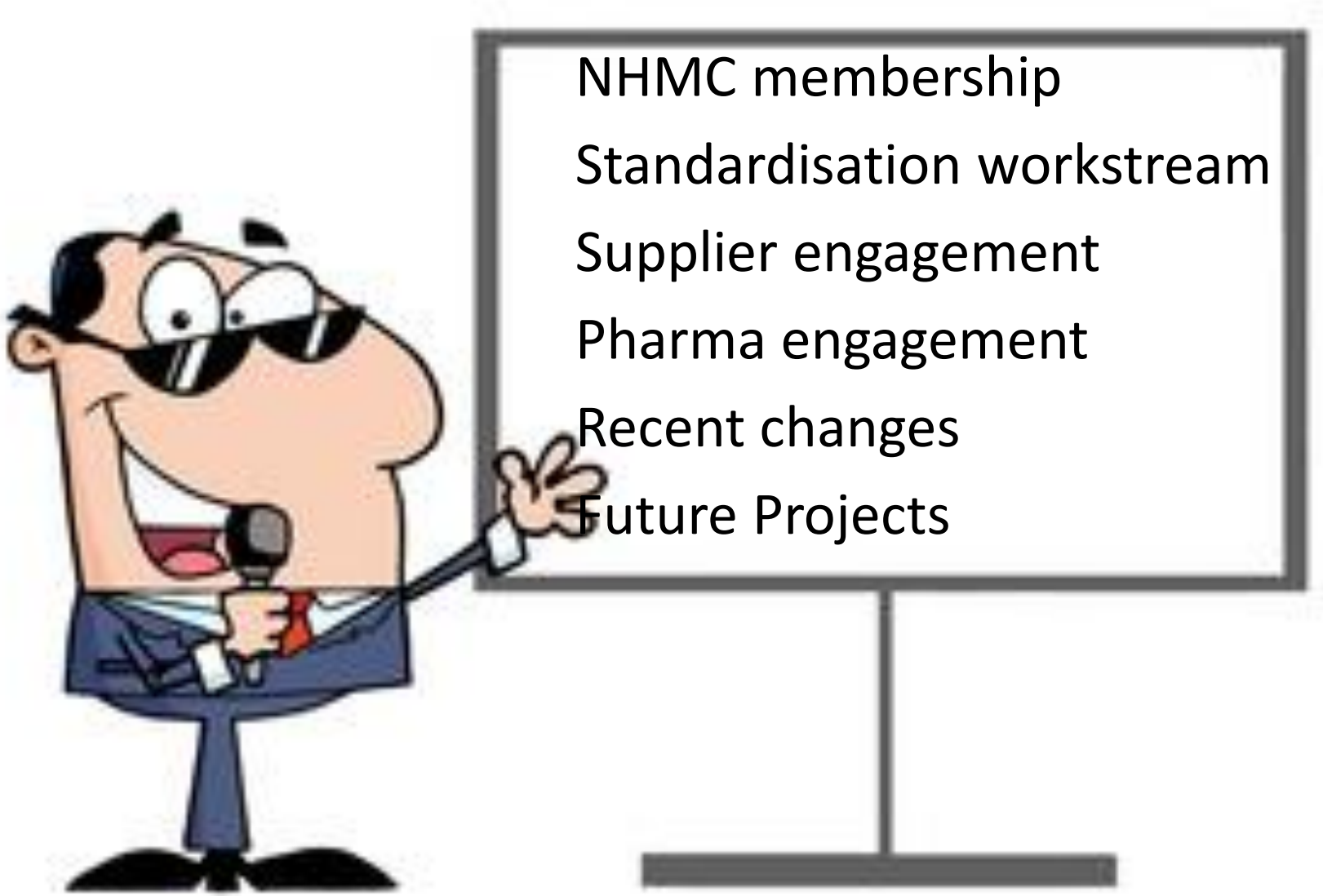
NHMC Homecare Update

NHMC

September 2017

Overview

NHMC



National Homecare Medicines Committee Membership Review

NHMC

England, Scotland, Wales, Northern Ireland

NHS members

NHS E CMU

NHS Regional Homecare Specialists

PMSG

NHSE Spec Com Pharmacist

NHS CC CCG representative

Chief Pharmacist

Nurse representative

MoD

NHS QA

Non NHS members

NCHA

ABPI

RPS

NHMC - Subgroup of PMSG

NHMC

National Pharmaceutical Supply Group (NPSG)

- The strategic organisation of medicines procurement is ratified by the National Pharmaceutical Supplies Group (NPSG). Membership of this group consists primarily of secondary care chief pharmacists representing their geographical area and representatives from the devolved administrations (Northern Ireland, Scotland and Wales).

Pharmaceutical Market Support Group (PMSG)

- The Pharmaceutical Market Support Group (PMSG) enacts the strategic requirements set by NPSG. Membership of PMSG consists of the Regional Pharmacy Procurement Specialists and leads from the Commercial Medicines Unit for branded and generic medicines along with the principal pharmacist lead. Representatives from the devolved administrations, Department of Health, NHS Pharmaceutical QA Committee and Medicines Information subgroups of SPS also attend. PMSG is chaired by a secondary care chief pharmacist who is a member of NPSG. PMSG has three subgroups – the Generic Medicines subgroup, the Branded and Biosimilar subgroup and the National Homecare Medicines Committee (NHMC).

National Homecare Medicines Committee (NHMC)

- The National Homecare Medicines Committee (NHMC) is a subgroup of PMSG and acts as the national focus for developing and improving administration and governance processes for medicine homecare services. Membership consists of Regional Homecare Specialists and Procurement leads, CMU Homecare team, NHS commissioners, National QA representative, Royal Pharmaceutical Society representative and clinical colleagues. The committee also has representatives from Association of British Pharmaceutical Industry (ABPI) and the National Clinical Homecare Association (NCHA). NHMC has three subgroups: Digital Strategy group, Supplier Engagement group and the Standardisation group. The Digital Strategy group is involved in various NHS IT development projects around homecare medicines services, the Supplier Engagement group meets regularly with all homecare providers to review performance and support innovation in the homecare market. The Standardisation group has a work plan approved by NHMC which aims to provide documents to support the NHS in the delivery of homecare services.

Standardisation Workstream

NHMC

(Sept 2017)

- 24 projects
- 16 active
- 5 on hold
- 3 implementation phase

Focus on 6

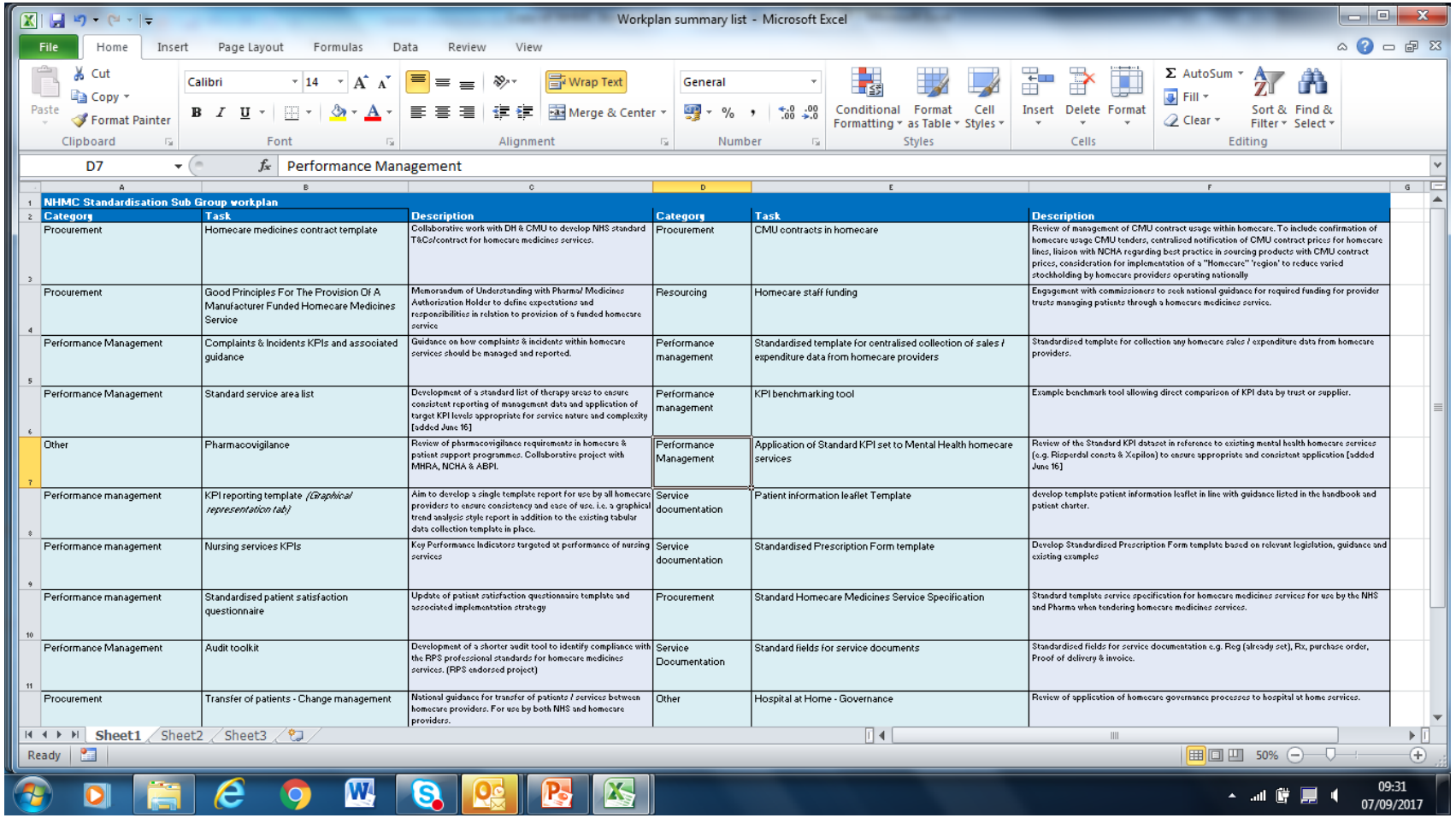
4 affect NCHA members

2 affect NHS only

NHMC Standardisation Workplan

NHMC

(Sept 2017)



Workplan summary list - Microsoft Excel

D7: Performance Management

	A	B	C	D	E	F
1	NHMC Standardisation Sub Group workplan					
2	Category	Task	Description	Category	Task	Description
3	Procurement	Homecare medicines contract template	Collaborative work with DH & CMU to develop NHS standard T&Cs/contract for homecare medicines services.	Procurement	CMU contracts in homecare	Review of management of CMU contract usage within homecare. To include confirmation of homecare usage CMU tenders, centralised notification of CMU contract prices for homecare lines, liaison with NCHA regarding best practice in sourcing products with CMU contract prices, consideration for implementation of a "Homecare" 'region' to reduce varied stockholding by homecare providers operating nationally
4	Procurement	Good Principles For The Provision Of A Manufacturer Funded Homecare Medicines Service	Memorandum of Understanding with Pharma/ Medicines Authorisation Holder to define expectations and responsibilities in relation to provision of a funded homecare service	Resourcing	Homecare staff funding	Engagement with commissioners to seek national guidance for required funding for provider trusts managing patients through a homecare medicines service.
5	Performance Management	Complaints & Incidents KPIs and associated guidance	Guidance on how complaints & incidents within homecare services should be managed and reported.	Performance management	Standardised template for centralised collection of sales / expenditure data from homecare providers	Standardised template for collection any homecare sales / expenditure data from homecare providers.
6	Performance Management	Standard service area list	Development of a standard list of therapy areas to ensure consistent reporting of management data and application of target KPI levels appropriate for service nature and complexity [added June 16]	Performance management	KPI benchmarking tool	Example benchmark tool allowing direct comparison of KPI data by trust or supplier.
7	Other	Pharmacovigilance	Review of pharmacovigilance requirements in homecare & patient support programmes. Collaborative project with MHRA, NCHA & ABPI.	Performance Management	Application of Standard KPI set to Mental Health homecare services	Review of the Standard KPI dataset in reference to existing mental health homecare services (e.g. Risperdal consta & Xepilon) to ensure appropriate and consistent application [added June 16]
8	Performance management	KPI reporting template *(Graphical representation tab)*	Aim to develop a single template report for use by all homecare providers to ensure consistency and ease of use. i.e. a graphical trend analysis style report in addition to the existing tabular data collection template in place.	Service documentation	Patient information leaflet Template	develop template patient information leaflet in line with guidance listed in the handbook and patient charter.
9	Performance management	Nursing services KPIs	Key Performance Indicators targeted at performance of nursing services	Service documentation	Standardised Prescription Form template	Develop Standardised Prescription Form template based on relevant legislation, guidance and existing examples
10	Performance management	Standardised patient satisfaction questionnaire	Update of patient satisfaction questionnaire template and associated implementation strategy	Procurement	Standard Homecare Medicines Service Specification	Standard template service specification for homecare medicines services for use by the NHS and Pharma when tendering homecare medicines services.
11	Performance Management	Audit toolkit	Development of a shorter audit tool to identify compliance with the RPS professional standards for homecare medicines services. (RPS endorsed project)	Service Documentation	Standard fields for service documents	Standardised fields for service documentation e.g. Reg (already set), Rx, purchase order, Proof of delivery & invoice.
	Procurement	Transfer of patients - Change management	National guidance for transfer of patients / services between homecare providers. For use by both NHS and homecare providers.	Other	Hospital at Home - Governance	Review of application of homecare governance processes to hospital at home services.

Sheet1 Sheet2 Sheet3

Ready

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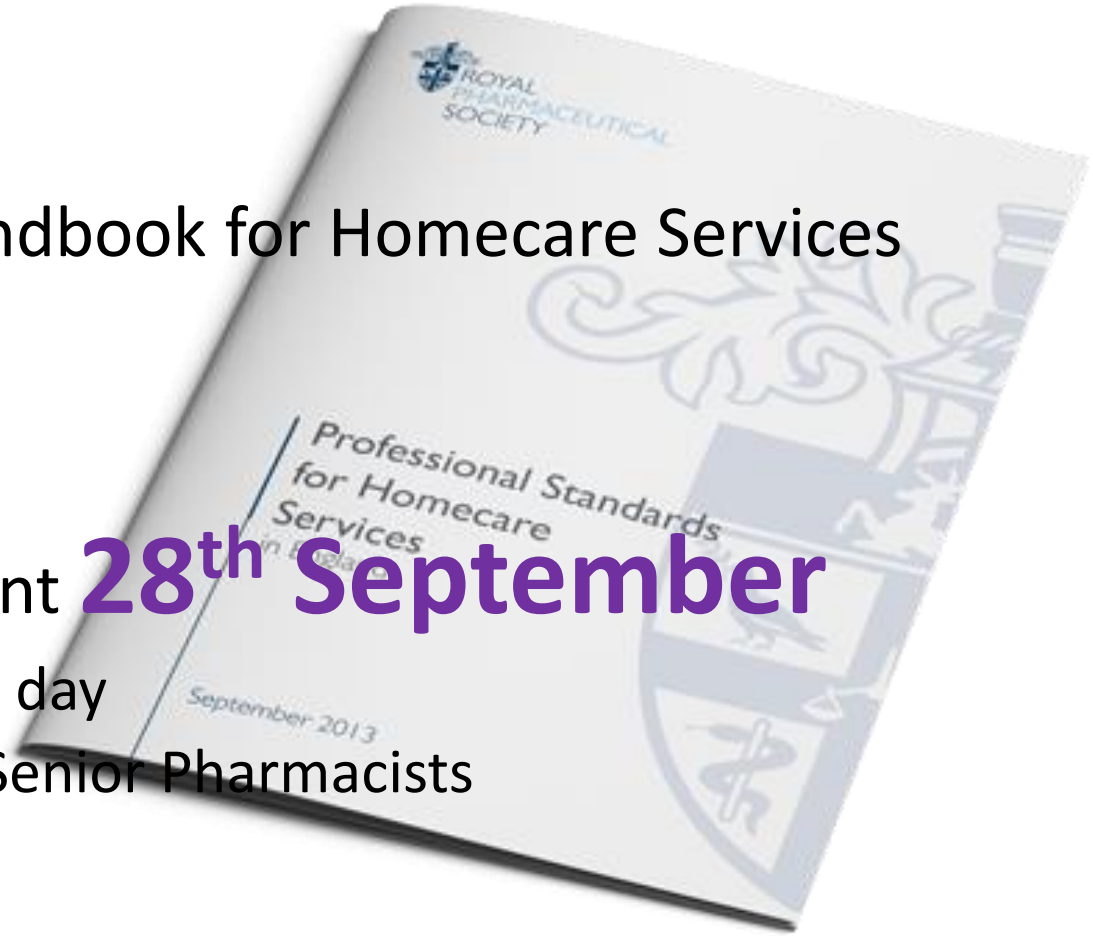
Management of Complaints and Incidents

NHMC

- Appendix 19 RPS Handbook for Homecare Services



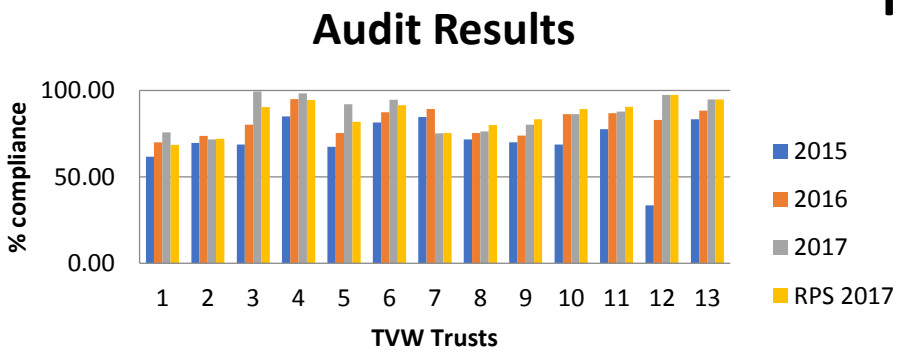
- NHMC/PharMan event **28th September**
  - NHS train the trainer day
  - Strategy Stream for Senior Pharmacists

Standardisation Workstream

NHMC

NHS only projects

NHMC



RPS audit toolkit

- Based on RPS Standards
- Simplifies 195 dimensions to 50 statements
- Regional and National standard audit

Homecare Team Funding Model

- Commissioner funded teams
- Based on patient volumes
- Presented to NHSE MO CRG
- Discussed by NHSCC

Max Patient numbers	Staff numbers	Cost per patient	Total annual cost
200	1.05	**£213**	£42,652
350	1.42	**£161**	£56,264
500	1.88	**£145**	£72,372
650	2.2	**£135**	£87,702
1000	3.2	**£114**	£114,433
1200	3.7	**£111**	£133,788
1500	4.23	**£109**	£162,822
2000	5	**£89**	£177,455
2500	6.2	**£85**	£211,927
3000	7.4	**£84**	£252,390
3500	8.6	**£83**	£292,186
4000	9.9	**£83**	£332,664
5000	10.13	**£83**	£415,119
6000	15.1	**£83**	£495,745
7000	18	**£82**	£574,940
8000	20.6	**£81**	£649,291
10000	24	**£79**	£790,750

Engagement

NHMC

- Supplier
  - Encourage NCHA membership
  - Expand company engagement
    - New homecare companies
    - Nursing partners
- Pharma
  - NHMC/NHS/CMU consultation on new schemes
  - 3 to 6 months prior to scheme launch

Recent changes

NHMC

Market stability

Company acquisitions and mergers

Specialisation

- NHC/CMU encourage open dialogue
- Worst case scenarios
- Regular contact and updates
- NHS/CMU support HCPs

Impact on NHS

- Underestimated?
- Misunderstood?
- Not heard?

Future Projects

NHMC

- Pharmacovigilance
  - newly started
- KPI review
  - implementation
- Recovery at Home
  - Scope
  - Chief Pharmacist involvement
- Regional Leads
  - Impact/support feedback

National Clinical Homecare Association

Alison Davis

Chair National Clinical Homecare Association

National Clinical Homecare Association

- Established in 2006
- Trusted source of homecare information
- Represent and promote the patient-led interests of member organisations whose primary activity is to provide medical supplies, support and clinical services to patients in the community
- Raise the awareness of the benefits of clinical homecare
- Ensure that high standards in the provision of clinical homecare are maintained
- 13 full members
- Elected Member Chair since 2015

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

Who are the suppliers?
Clinical Homecare Providers (NCHA Members)

Stakeholder Engagement

- National Homecare Medicines Committee (NHMC)
- Association of the British Pharmaceutical Industry (ABPI)
- Medicines & Healthcare Products Regulatory Agency (MHRA)
- Royal Pharmaceutical Society (RPS) / Royal College of Nursing (RCN)
- Commercial Medicines Unit (CMU)
- General Pharmaceutical Council (GPhC)
- NHS England, Scotland and Wales / NHSE Specialised Commissioning

NATIONAL CLINICAL HOMECARE ASSOCIATION

NCHA Work Plan

Strategy to work with other key stakeholders on 3 specific work streams;

Market robustness & Finance

Operational measurement, reporting and service contract management

Clinical Governance

What have we achieved?

Homecare now has national governance standards against which all Homecare Services can be measured.

- RPS Homecare Standard
- RPS Homecare Handbook
- Further Guidance on managing C&I in Homecare

Homecare now has standardised and robust contracting processes which allow like-for-like comparison of providers offer to patients

- Collaborative development of standard specification
- Operational KPI dataset

Homecare now has standardised operational processes which supports transition between homecare providers and ensures good governance standards are implemented in practice

- Standard Patient Registration Form
- Patient Change Request Form within NHS and Pharma funded Clinical Homecare Services.

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

What have we achieved?

NHS/DH CMU/Pharma have a greater understanding of the complexity of homecare delivery at scale

NCHA is continuing to reinforce the robustness of the homecare market building on the Hackett Report.

- Review of the cash flow position of members and subsequent submission of the NCHA position paper on the importance of cash flow in homecare services

We still need to

Improve strategic planning for homecare services to support investment in infrastructure

Collect and publish comparative outcomes data – patient love clinical homecare services, we need evidence to show that this results in improved outcomes as well.

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

Current Focus

NHS Digital project which builds on the outputs of the NCHA Homecare Systems Workshop

Implementation of the Governance KPIs

Benchmarking patient experience within homecare and between supply routes

Finalise the national standard pharmacovigilance training package for homecare staff & reduce overzealous ADE reporting

Collection of member data to establish market data to build business cases for change

- Number of active patients
- On time delivery performance
- Aged debt

Maintain our excellent working relationship with NHS and Pharma

NCHA NATIONAL CLINICAL HOMECARE ASSOCIATION

The Future

Maintain and grow the influence of the NCHA in support of patient choice

Build on relationships with DH, NHS, Providers, Pharma and wider Healthcare Industry

Continue to deliver on our workstream agenda

Continue to deliver on the NHS Homecare Agenda

- Delivering cost savings and efficiencies
- Care closer to home

Continue to be the authoritative source of trusted information on clinical homecare

Support the development of innovative models for care

NCHA NATIONAL CLINICAL HOMECARE ASSOCIATION

Overview of Appendix 19

Jane Kelly, Principal Pharmacist
Commercial Medicines Unit, NHS England

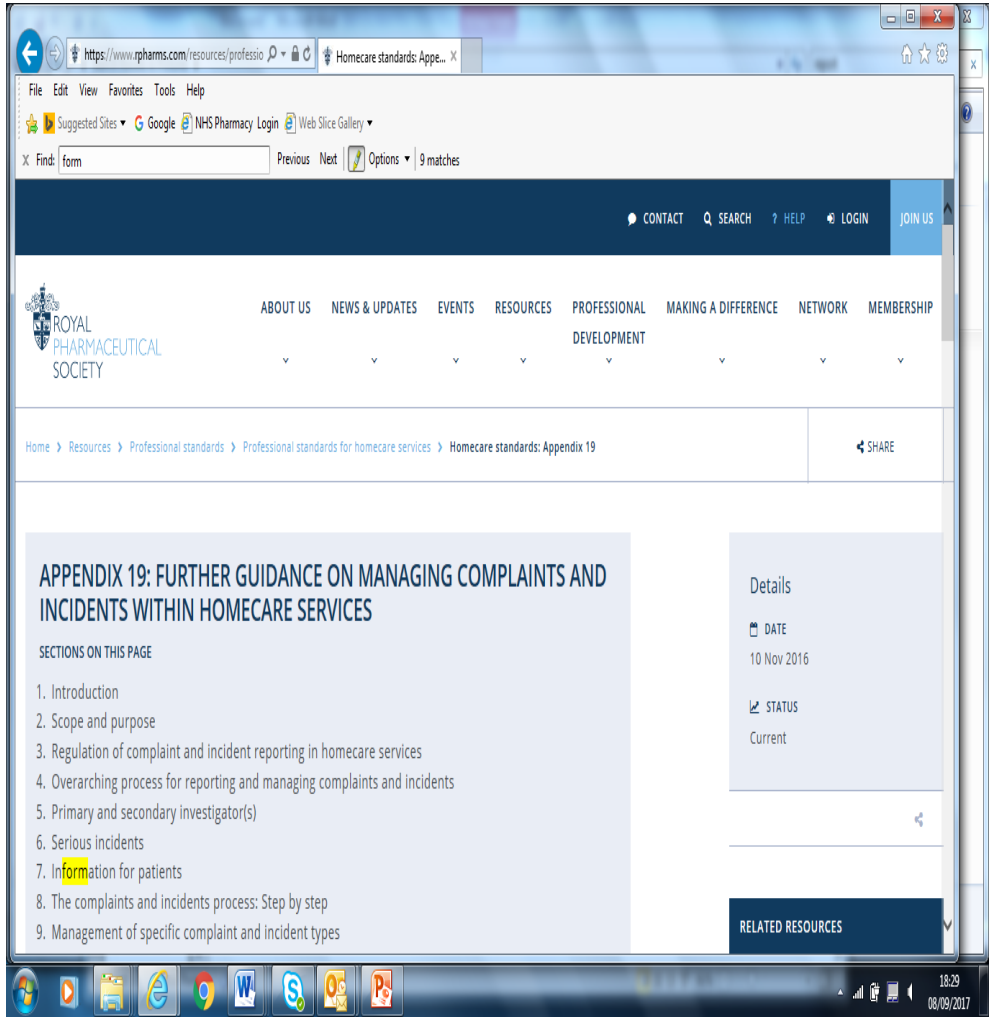
Overview of Appendix 19

Jane Kelly
Principal Pharmacist
Commercial Medicines Unit
NHS England
September 2017

Summary

NHMC

- Context
- Background
- Overview of guidance and recommendations
- Implementation by NHS
- Implementation by Homecare Providers



Context

NHMC

Why did we do this?

- Incidents have occurred in the homecare setting and learning was not captured
- Incidents were not shared between organisations
- Learning was not shared between organisations

Who's idea?

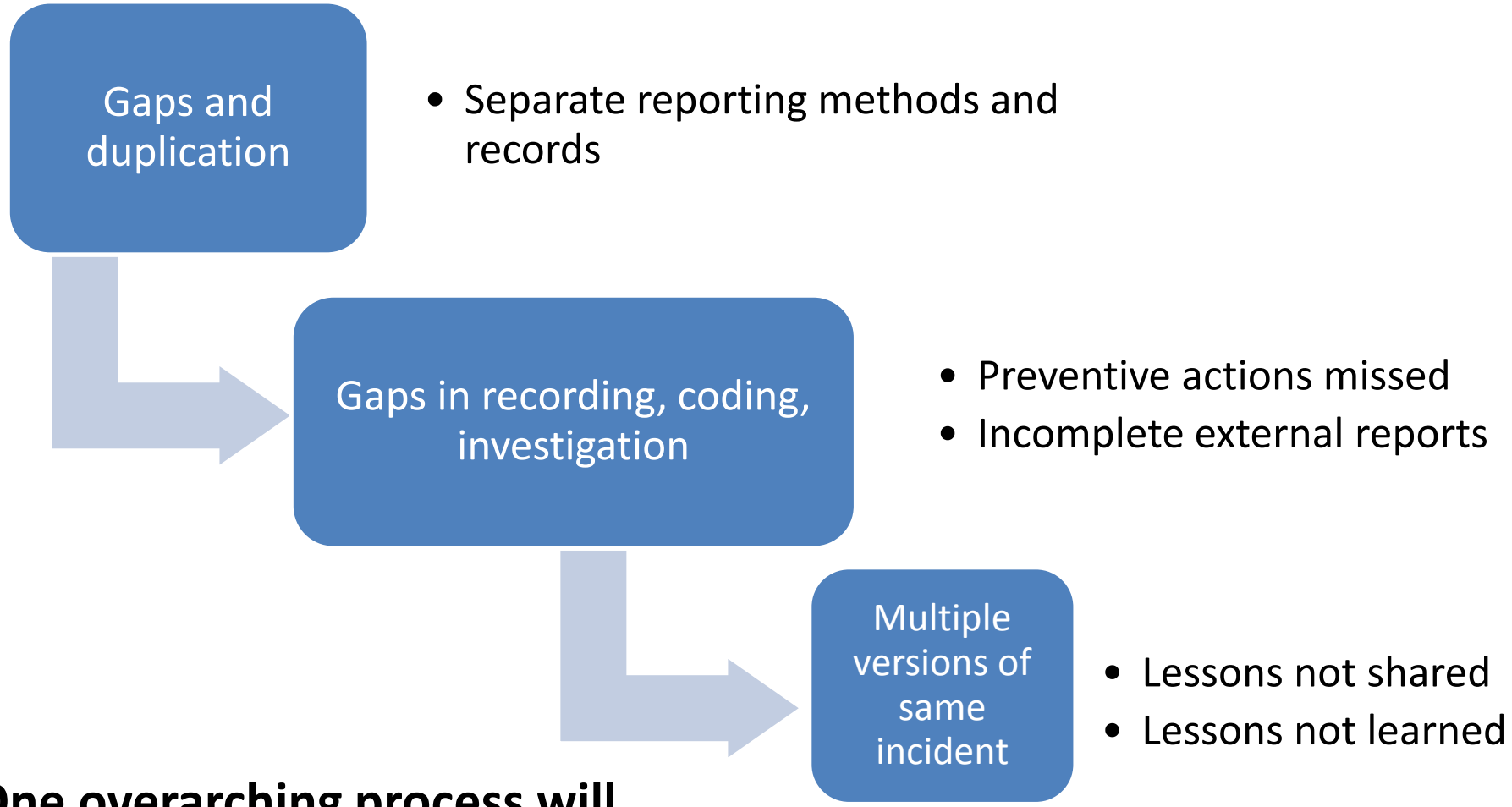
- Former Chair NHMC Allan Karr

What difference will the guidance make to patients?

- Learning implemented
- Service improvements where necessary

Historic Multiple Reporting Routes

NHMC



One overarching process will reduce gaps and duplication and will improve learning

Background

NHMC

- September 2014 – development of Homecare Key Performance Indicators
- Service KPIs development highlighted the need for governance KPIs
- Management of Complaints and Incidents project group
  - 6 workstreams / c&i categories
  - NHS, CMU, NCHA collaboration
  - Guidance, coding and KPIs

- Service KPIs launched March 2015

Background timeline

NHMC

- First consultation December 2015 - Jan 2016
- Responses from NHS, CMU, ABPI NCHA Guild of Healthcare Pharmacists
- Review of responses and changes (Feb-May 16)
- Appendices- Annexes - KPIs finalised September 2016
- Final edit and submission to RPS October 2016
- Published November 2016

Publication by RPS

NHMC

- Royal Pharmaceutical Society (RPS) support this guidance
- Appendix to RPS Handbook for Homecare Services
- RPS Homecare Standards Advisory Group

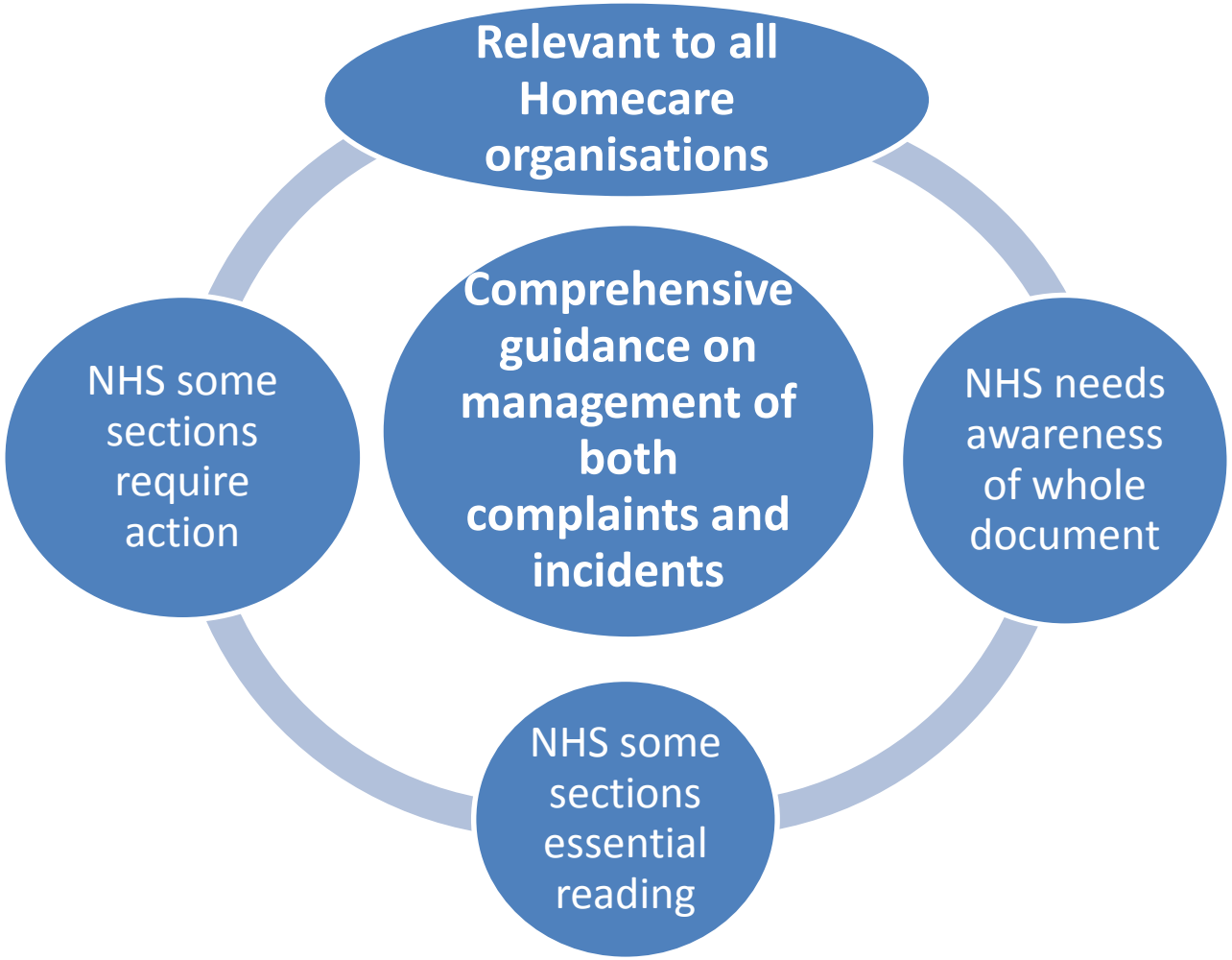
  Review all documentation and guidance
- GPhC audit to RPS standards

https://www.rpharms.com/resources/professional-standards/professional-standards-for-homecare-services/appendix-19

Overview Appendix 19

NHMC

Homecare Organisation: any organisation providing homecare services (homecare companies and NHS)



One overarching process

NHMC

Aims of the guidance

NHMC

All clinically significant complaints and incidents should be reported to the **relevant clinical referring centre**

One method of reporting all types of complaints and incidents

Triage and coding of all complaints and incidents

Documented **in patient records** (where a patient has been involved) as well as in the local quality management system

Regular reviews of serious complaints and incidents reports and trends by the relevant Clinical Governance Group(s)

A national standard set of data fields

A system which enables data **from non-personal identifiable** fields to be **shared** as part of the quality audit processes

A **training programme** for homecare staff on how to correctly follow the complaints and incidents reporting and learning procedures

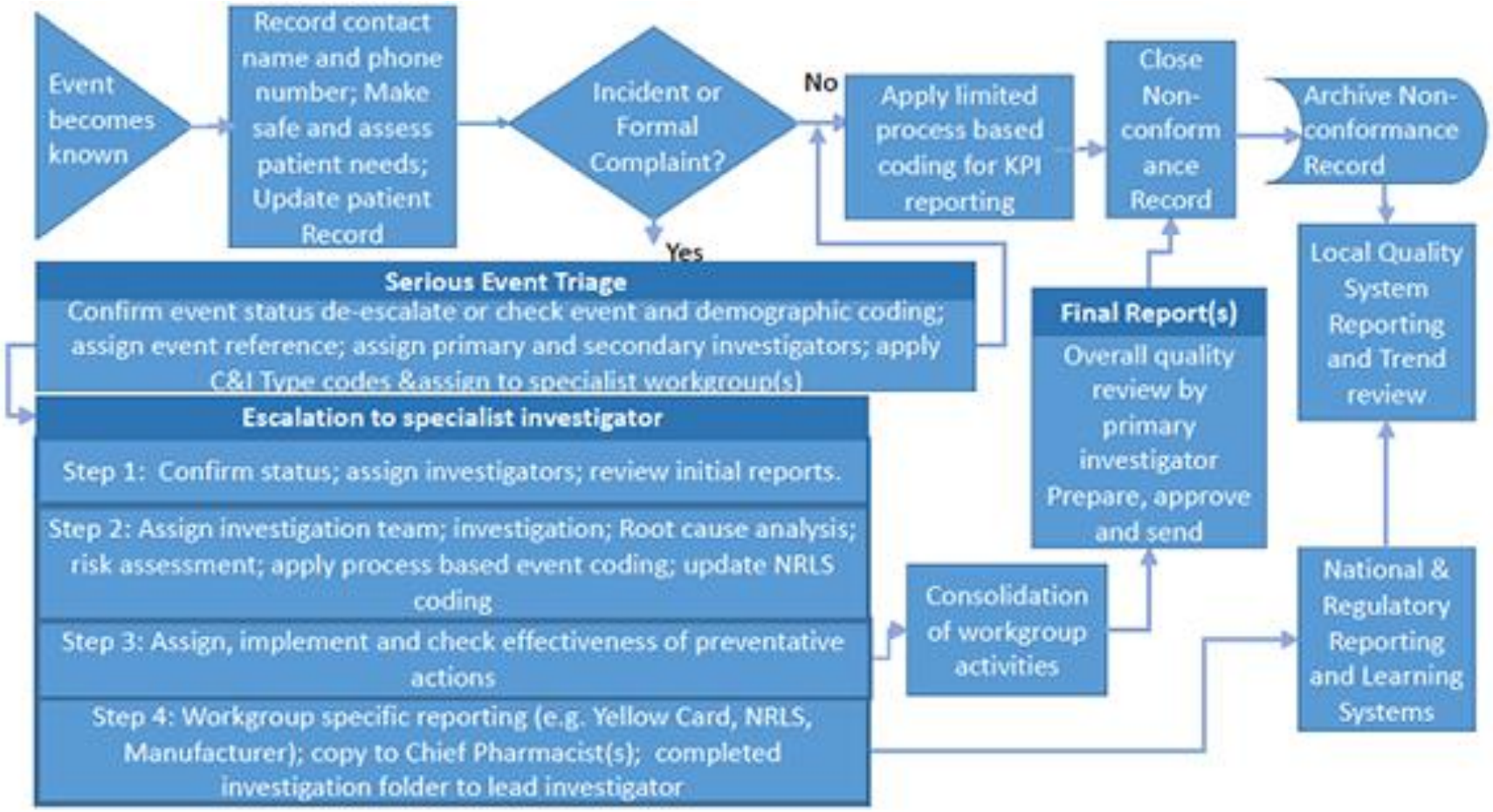
Complaint/Incident reported

NHMC

- Step by step process
- Detail in guidance
- Receiver must ensure patient safety
- Aim to avoid formal complaint process
- Use process to:
  - ensure information is collected only once at the beginning of the process
  - avoid duplication of effort
  - avoid repeated contact with patient

Over-arching process

NHMC



Investigators

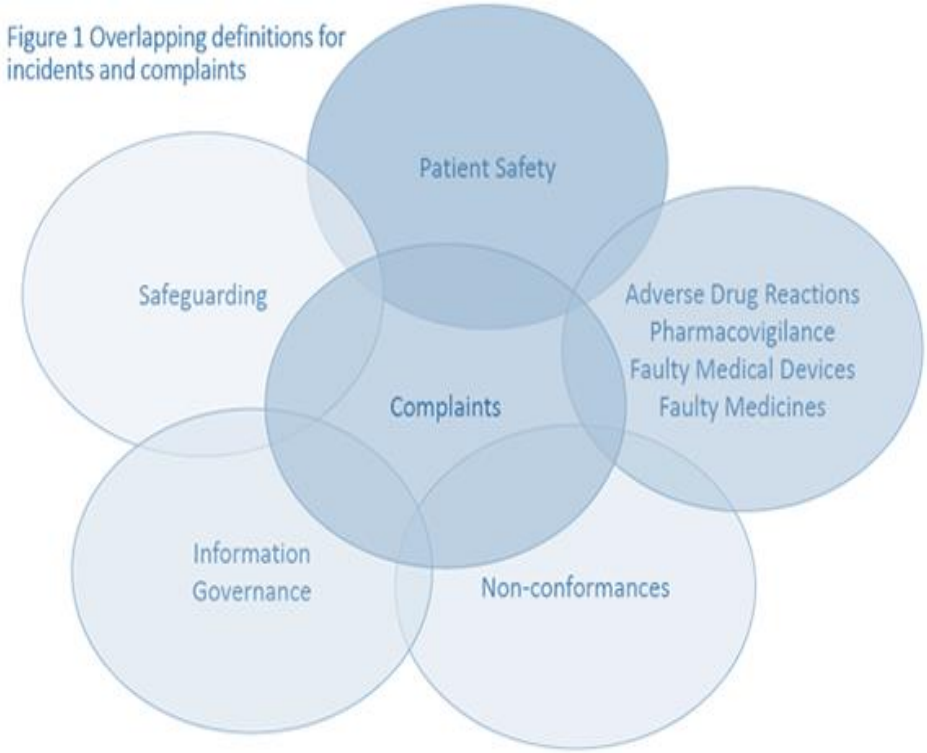
NHMC

- Organisation receiving report is the default primary investigator
- If appropriate can be passed formally to another organisation
- Responsible for:
  - Investigation, identify other organisations
  - Written response and implementation of any agreed actions

Complaint and Incident Categories NHMC

Often overlap – ‘a single homecare service complaint or incident may need to be managed as one or more types’

Patient safety (Duty of Candour)
Adverse drug reactions
Faulty medicines/devices
Safeguarding
Information governance
Complaints
Non conformances



Useful Information

NHMC

Timelines – comprehensive table

Regulation

Regulatory framework

Standards and codes of practice

Registration, audit and monitoring

Coding lists abbreviated and in full

Template letters for patients

Template report forms for NHS and patients

Links to suggested reading

When to report?

NHMC

Patient Safety

Immediate corrective and preventative actions take priority over recording

Patient Experience

All complaints and incidents should be reported on trust system

Consider necessity of adding to **risk register**

Report to **NRLS** – e.g.. all patient safety incidents

Cross organisational Boundaries

NHS organisations have internal processes

Agree working practices

Share learning

Measure quality

Homecare companies have internal processes

Implementation Action Required!

NHMC

Chief Pharmacist has strategic oversight

Level 1 all homecare staff

Pharmacy and clinical teams

Level 2 pharmacy homecare staff

Homecare team members

Level 3 1(min) person in each organisation

Homecare manager/team leader

Implementation by NHS

NHMC

Strategic Workstream

Chief Pharmacist

- **strategic oversight**
- Requires understanding of homecare
- Requires knowledge of Appendix 19

Specialist Pharmacists –

- **(IG, safeguarding, MSO, MDO leads)**
- Requires in depth knowledge of specialist area (e.g. Safeguarding, IG, Medicines/Device Safety)

Implementation by NHS

NHMC

Training Workstream

Homecare Managers

- Complete the workbook
- Complete the suggested additional training as listed in workbook

Level 3

- Once trained - need to implement guidance
- Once trained - need to train others

Implementation by Homecare Providers

NHMC

- Guidance written collaboratively (NHMC , NCHA, homecare providers – prior knowledge)
- Implementation started before publication
- Expectation:
  - KPIs reporting expected January 2018
  - KPIs verified by July 2018
- If timelines slip – NHMC informed

Summary key messages

NHMC

- Management of homecare complaints and incidents MUST be embedded in your organisations
- This document supports cross organisational boundary working
- Invest in training all staff to support implementation

Improved learning from complaints and incidents will lead to improved services and better patient experience

Any questions?

NHMC

Appendix 19 - The Patient Perspective

Jennifer Bestford - Regional Homecare Specialist
Yorkshire & Humber Pharmaceutical Purchasing Consortium

Richard Marshall – Pharmacy Homecare Services Manager
Royal Berkshire NHS Foundation Trust

RPS APPENDIX 19 : THE PATIENT PERSPECTIVE

JENNIFER BESTFORD - REGIONAL HOMECARE SPECIALIST
YORKSHIRE & HUMBER PHARMACEUTICAL PURCHASING CONSORTIUM
RICHARD MARSHALL – PHARMACY HOMECARE SERVICES MANAGER
ROYAL BERKSHIRE NHS FOUNDATION TRUST

Patient Safety is paramount

RPS Appendix 19 is written with patients at the centre

Overall aim of CAI management is to;

- **Improve patient safety**
- **Improve patient experience**
- **Improve clinical outcomes**

RPS Appendix 19:
supports the guidance in the RPS Homecare Handbook
standardises the Complaints and Incidents (CAIs) process
encourages learning from CAIs to improve safety

The three main points of contact with patients are;

- **Patient Information Leaflet**
- **Acknowledgement of CAI**
- **Final Response of CAI**

PATIENT INFORMATION LEAFLET

Patients should be given information describing the complaint and incident procedure

The clinical referring centre should provide this information

The homecare provider can supply additional company specific information

Information Provided Should Include;
How to report a complaint/incident, including; • Which organisation to contact (Inc. alternative) • Contact Details • Examples of incidents that should be reported
How a complaint/incident will be handled, including; • How confidentiality will be maintained • Reassurance that treatment will not be affected by reporting a CAI • When a response should be expected • Advice on additional steps if they are unsatisfied with the formal response
Details of what constitutes a Duty of Candour patient safety incident
Patient support services available

Example PIL

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Homecare%20services/Appendicies/2b---template-patient-c-i-leaflet.pdf

Adobe Acrobat Document

Patient information directs CAI reporting via homecare providers. Patients should also be able to report CAIs via their clinical referring centre.

RPS Appendix 19 includes templates for reporting CAIs;

Template Patient Complaint & Incident Form (Homecare Organisation)

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Homecare%20services/Appendicies/20a---template-c-i-report-form-%28homecare-organisation%29%20%281%29.docx

Microsoft Word Document

Template Complaint & Incident Form (Patient Self-Reporting)

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Homecare%20services/Appendicies/20b---template-c-i-report-form-patient-self-reporting.docx

Microsoft Word Document

PATIENT COMMUNICATIONS

Use patient centred terminology

Investigate all incident categories but reference their original ‘complaint’ in communication

PATIENT COMPLAINT

Where possible:

Respond to complaint / incident without the need of a formal written response

If significant harm:

Duty of Candour reporting applies

All patient safety incidents – above moderate harm:

Will be notifiable

Duty of Candour will apply

ACKNOWLEDGMENT OF CAI

When a written response is required acknowledgement of the complaint should be sent to:

- Complainant
- Clinical referring centre (if different)

within 3 working days of the CAI report

If the investigation is completed within 3 days send the final response (no acknowledgement is needed)

CAI Acknowledgement Communications Should Include;
CAI reference number
Homecare provider patient number
NHS/clinical referring centre number
Patient and/or carer name and address
Clinical referring centre
Homecare service or therapy
Date of acknowledgement
Date of CAI and date CAI was reported
Summary of original CAI
Duty of Candour declaration
Apology statement
Confirmation that an investigation will take place including timescales for response. Including primary and secondary investigators where more than one organisations are involved
Signature and job title
Contact details if complainant wishes to clarify/discuss
Notification a copy of the response will go to clinical referring centre

Example acknowledgement letter

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CAI FINAL RESPONSE

Send to the complainant within 30 working days unless this has been agreed and extended.

The response should be a collaborative response between homecare provider and clinical referring centre.

Where there is more than one investigator the Secondary (additional) investigators should see the response at least 5 business days before the response is due for issue.

Secondary investigators should not delay the final response

Final Written Responses Should Include;
Homecare service patient number and homecare incident number
NHS or clinical referring centre number
Patient and/or carers name and address
Clinical referring centre
Homecare service or therapy
Date of written response
Date of CAI and date it was reported
Summary of original CAI
Apology
Details of investigation/chronology of reported CAI
Contributing factors and root causes of the CAI
Actions that have been taken to minimise this re occurring
Final apology, signature and job title
Contact details if complainant would like to clarify/discuss any information
Confirmation that a copy of the response will be sent to clinical referring centre

Example Final Response

Microsoft Word Document

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Right to Appeal

Complainants can appeal if;

- **Facts are incorrect/misrepresented**
- **Investigation is not thorough**
- **Element of complaint not addressed**
- **Corrective actions or Preventative actions not appropriate**

If complainants are still not satisfied direct to:
Parliamentary & Health Service Ombudsman

DUTY OF CANDOUR

Patient Safety Incidents above moderate harm:

- Tell the relevant person, in person, as soon as reasonably practicable
- provide support
- Advise the relevant person if further enquiries are appropriate
- Offer an apology
- Follow up the apology by giving the same information in writing
- Provide an update on the enquiries

Although a CAI is reported the complainant may have no dissatisfaction therefore a written repose may not be needed.

On the flip side a complainant may report and request a written response for an issue not classified as a CAI (e.g. multiple delivery's outside time window, rude and inappropriate behaviour, long call wait time)

When dealing with any type of complaint, complainants must;

- **Be treated with respect & courtesy**
- **Assisted to understanding the procedure and advise where additional information can be found**
- **Receive timely and appropriate responses**

Examples

GOVERNANCE

- Broadly split into 4 categories
  - Information
  - Clinical
  - Operational
  - Financial

- A complaint arises from a failure in one of these areas

INFORMATION GOVERNANCE

- Delivery to wrong address
- Acknowledgement
- Transparency
- Apology
- Re-training

CLINICAL GOVERNANCE

- Trusts still retain clinical responsibility for the patient
- Example – patient attempts to decline delivery as stopped therapy, but homecare provider insists as prescription is still valid
- Example – missed doses

OPERATIONAL GOVERNANCE

- Most patient complaints fall in this category
- Failed delivery
- Lack of communication
- Process breakdown

FINANCIAL GOVERNANCE

- Doesn't affect patient directly
- Invoice accuracy
  - Price
  - Contract
  - Patient
- Timely dispute resolution
- Commissioner 12 week rule

PATIENT EXPECTATIONS

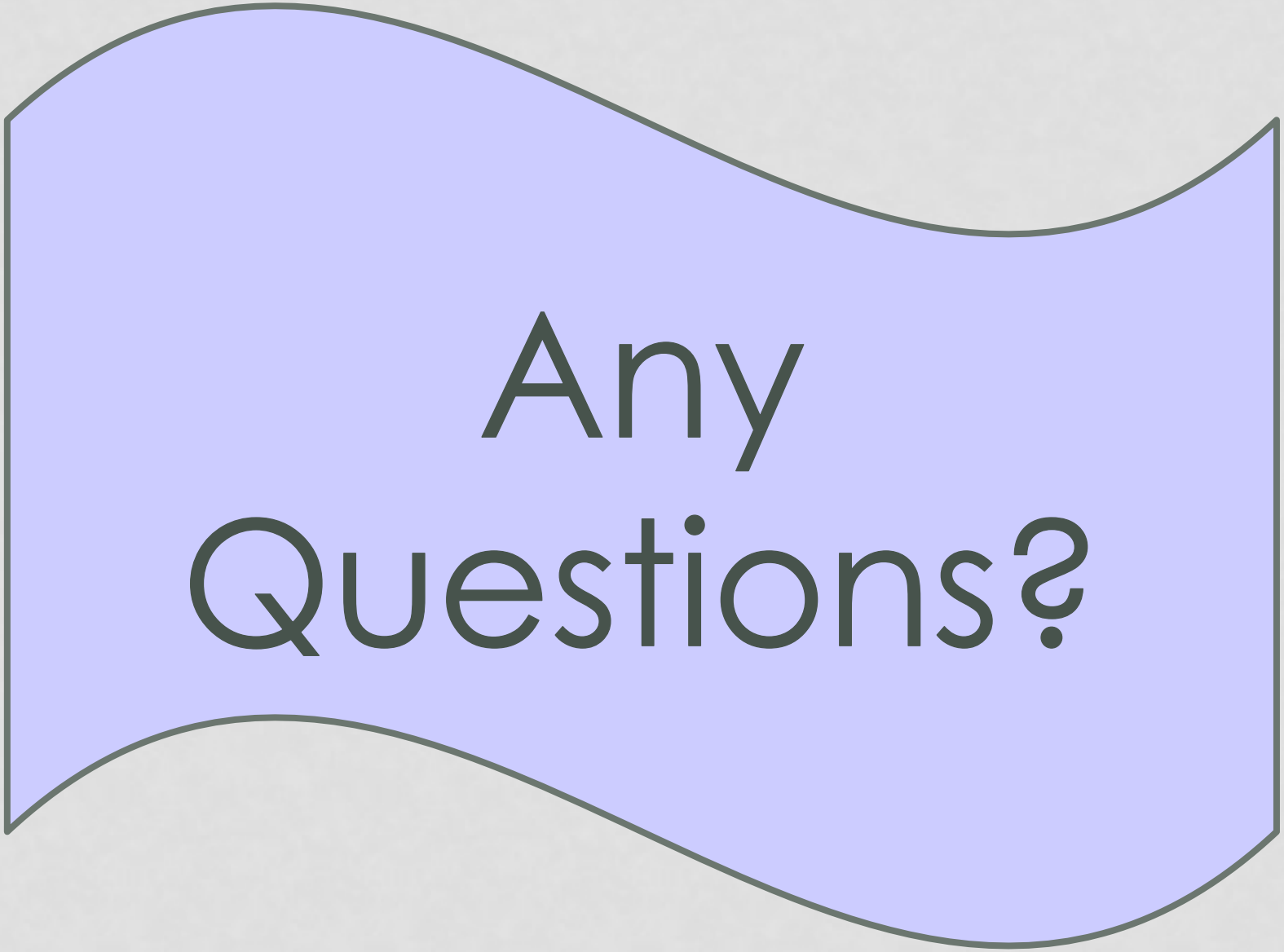
- To receive a service which is equal or greater than they would receive in a hospital environment
- Continuity
- Reliability

PERSPECTIVE

- The majority of homecare patients experience a good service
- When things do go wrong, it can have a profound impact on that individual

MANAGEMENT OF THE SERVICE

- Communication
- Relationships
- Escalations
  - Regional/National Leads
  - Senior management
- Suggestions
- KPI data
  - Facts behind the data
- Service review meetings


Any
Questions?

Managing Complaints and Incidents across organisational boundaries

Dr Carol McCall FRPharms, FFRPS
Senior Governance Advisor
National Clinical Homecare Association

Managing Complaints and Incidents across Organisational Boundaries

Dr Carol McCall FRPharms, FFRPS

Senior Governance Advisor

National Clinical Homecare Association

Member of the NHMC C&I workgroup

Editor RPS Homecare Services Handbook

Why are homecare C&I "special"?

- Covers many types of C&I managed by the same team within the NHS organisation
- Often involves multiple organisations and outsourced services
- Often complex services requiring a high level of co-operation between the parties
- Patients want one comprehensive response
- Duplicate or no reports
- We must collate and share learning to improve patient safety

Homecare C&I reports provide evidence of quality

NCHA NATIONAL CLINICAL HOMECARE ASSOCIATION

How does Appendix 19 address this?

- Defines the C&I process to be followed
- Defines the responsibilities of each party
- Sets training standards for homecare staff for C&I
- One set of standard KPI data showing the quality of the overall service irrespective of homecare organisation
- This means no “throwing hot potatoes” over organisational boundaries or blaming the other parties involved

We must all work together

NCHA NATIONAL CLINICAL HOMECARE ASSOCIATION

Prerequisites for collaboration

- Follow the RPS Professional Standard for Homecare Services
- Use the tools provided in the RPS Homecare Services Handbook
- Document & share clinical pathways including homecare decision points
- Document agreed service specifications
- Robust “account management” of your own organisation and outsourced partners (KPIs etc)

NCHA NATIONAL CLINICAL HOMECARE ASSOCIATION

What is a primary investigator?

The homecare organisation which receives the initial complaint or identifies the incident

Or

The homecare organisation most suited to lead the overall investigatio of the incident identified on a case by case basis

What happens if the two are not the same?

BY AGGREMENT status can be transferred

Examples

When would an organisations status change?

How will agreement to change primary investigator be reached and documented?

What actions must be taken if primary investigator changes?

NCHA
NATIONAL CLINICAL HOMECARE ASSOCIATION

Responsibilities of the Primary Investigator

- The primary investigator must identify other organisations that have, or may have, regulatory or reporting responsibilities relating to the incident
- Co-ordinate the investigation across all organisations involved and documenting the overall incident report
- Drafting the responses to patients/complainants
- Ensures responses involving other organisations are reviewed by all those organisations before sending

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Responsibilities of secondary investigators

- Remain responsible for reporting the results of their internal investigation to the Primary Investigator
- Remain responsible for their own reporting of the incident to regulators (use references so the regulators can identify duplicate reports)
- For complaints and incidents requiring a written response there is a duty for all parties to co-operate toward provision of a single co-ordinated response to the complainant by the primary investigator

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Joint Responsibilities

- Determine which organisation is the most appropriate primary investigator and agree transfer of that responsibility if necessary
- Co-operate in the investigation, root cause analysis and risk analysis across organisational boundaries
- Share learning from all C&I
- Implement changes that cross organisational boundaries to minimise recurrence and/or reduce risk

Individual responsibilities of all parties

- Undertake internal investigations and root cause analysis
- Update their own organisations risk register as needed
- Ensure Appendix 19 guidance is implemented in their organisational procedures
- Continuous improvement

Your Trust will have existing complaints and incidents policies and processes.

How can you ensure investigations include other service partners and responses are timely and reviewed by service partners?

Any questions?

Thank you for your attention

carol.mccall@clinicalhomecare.co.uk

www.clinicalhomecare.co.uk

FAQ

The guidance only applies to 3rd party homecare providers, doesn't it?

- No – the RPS standards, RPS Homecare Handbook and Appendix 19 apply to the entirety of all homecare services irrespective of which organisation provides which elements of the homecare service.

Do we perform a full investigation on all incidents?

- No – "minor" incidents where there is no patient harm are coded sufficiently to allow KPI reporting. These types of minor incidents may be subject to a full investigation if adverse trends are recognised.

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NHS Reporting Systems - Considerations and Configuration

Liz Chapman
Head of Patient Experience and Engagement
Berkshire Healthcare Foundation Trust

NHS Reporting Systems - Considerations and Configuration

Liz Chapman
Head of Patient Experience and Engagement
Berkshire Healthcare Foundation Trust

When to report?

- Section 11

NHS staff have a duty to report all incidents on the clinical referring centre's incident reporting systems; this includes homecare complaints and incidents.

Report

- All formal complaints (see Section 9.7 complaints definitions)
- All informal complaints that are resolved but highlight occurrence of an incident (see Section 9.7)
- All incidents

When not to report?

- Section 4.3

…. resolve the incident or complaint without the formality of a written response

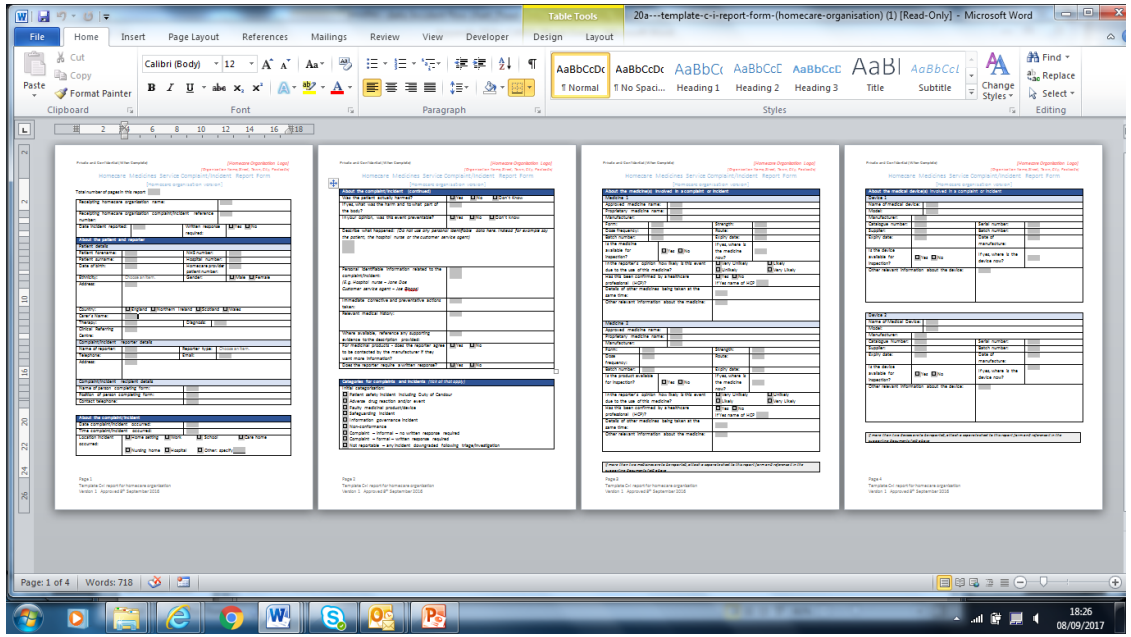
Avoid formal complaint if possible

Options

Local resolution module

Can report all informal complaints – but not mandatory

How to report?



- *Section 9.1*

A chronology of events should be compiled to describe the details of the patient safety incident.

Reporting Guidance

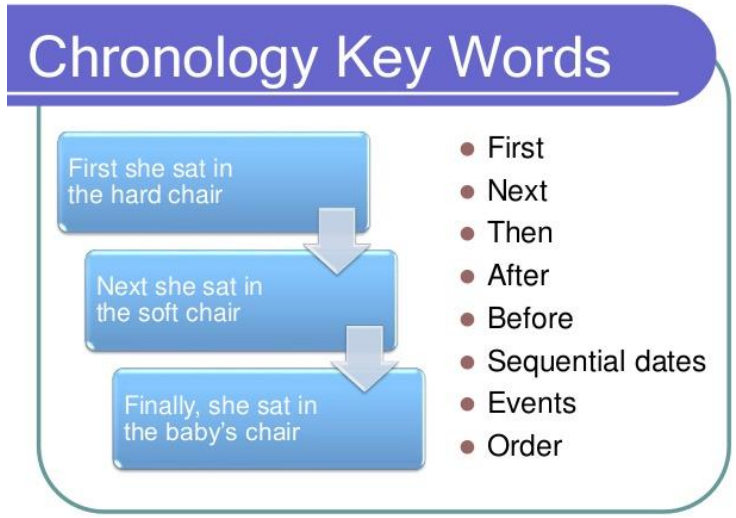
- Section 4.1

*…… able to **distinguish between reports** relating to events occurring as part of the homecare service and those relating to complaints and incidents that have occurred elsewhere within the clinical referring centre.*

- Section 9.1 Patient Safety Incidents

*It is important that **all NRLS reports relating to homecare** are identifiable. Until there is a specific NRLS location code for homecare, all NRLS reports of homecare incidents must contain the **keyword homecare** in their description.*

Reporting Guidance



- Chronological report
- Use word ‘homecare’ in the report
- Configure ‘homecare’ as a clinical area?
- Module options available
- No names within the body of text

- All patient safety incidents should be escalated to NRLS

Seven Steps to Patient Safety

NRLS Escalation

Section 9.1

Homecare providers should share patient safety incidents arising from homecare services to patients in England and Wales with the NRLS.

There are two ways to report incidents to the NRLS:

- Individual reports via the NRLS website
  Each report has to be keyed in separately
- Batch reporting via the NRLS data portal

NHS Reporting Systems

- 2 main providers
- NHMC contacted Datix and Ulysses

- Systems have optional modules
  - Local resolution
  - Formal complaint
  - Incidents
- Systems are modifiable for homecare
- Systems can be configured ‘in house’

NHS Reporting Systems

- Configure using the standard data sets
- Standard data set in Appendix 22 (link in App 19)
- Abbreviated lists in Appendix 19

Action for Homecare Managers:

Share the data set with organisation reporting teams

Encourage adaptation of NHS system for homecare

Contact regional specialist for further support

Coding – Reporting System Leads

- Organisations must use the top level codes
- Sub codes are optional
- If using sub codes – make sure they are correct
- In each sub code section – there is an unclassified – if not using the sub code – then all reports will be coded as unclassified

Group + Ref	Heading + Ref	Name + ref	Sub Name + ref	Final Code & Ref	Code Description / Comments	Data Properties
1 - Demographic codes				1 - Demographic codes		Header
1 - Demographic codes	1.1 - Patient details			1.1 - Patient details		Header
1 - Demographic codes	1.1 - Patient details	1.1.1 - Homecare provider patient number		1.1.1 - Homecare provider patient number		Number
1 - Demographic codes	1.1 - Patient details	1.1.2 - NHS number		1.1.2 - NHS number		Number
1 - Demographic codes	1.1 - Patient details	1.1.3 - Hospital number		1.1.3 - Hospital number	(Use of NHS Number preferred)	Number
1 - Demographic codes	1.1 - Patient details	1.1.4 - Surname		1.1.4 - Surname		text
1 - Demographic codes	1.1 - Patient details	1.1.5 - Forename		1.1.5 - Forename		text
1 - Demographic codes	1.1 - Patient details	1.1.6 - Carer or guardian name		1.1.6 - Carer or guardian name	mandatory for child or vulnerable adult	text
1 - Demographic codes	1.1 - Patient details	1.1.7 - Date of birth		1.1.7 - Date of birth		Date /Time
1 - Demographic codes	1.1 - Patient details	1.1.8 - Gender		1.1.8 - Gender		Header

Faulty Medicines and Devices Reporting in Homecare

Sharon Jackson
QA Specialist, North West Regional QA

Specialist Pharmacy Service

NHS

Faulty Products

Sharon Jackson
QA Specialist
North West Regional QA

The first stop
for professional medicines advice

OBJECTIVES

- To define “faulty products”
- To outline reporting and trending mechanisms

What is a faulty product?

Medicines & Medical Devices (CE Marked)

Faulty manufacture, product deterioration, non-compliance with a medicine's marketing authorisation or product specification file, or any other serious quality problems, including detection of falsification or counterfeit.

e.g.

- Contamination with micro-organisms
- Leaking containers
- Presence of foreign bodies
- Degradation of active ingredient
- Missing labels or batch numbers
- Pre-filled syringes do not activate when plunger depressed
- Half tablets inside blister packs
- Spelling errors on labels – counterfeit?

What is a faulty product?

Medicines & Medical Devices (CE Marked)

Faulty manufacture, product deterioration, non-compliance with a medicine's marketing authorisation or product specification file, or any other serious quality problems, including detection of falsification or counterfeit.

e.g.

Remember counterfeit products and invalid supply chains

- Contamination with micro-organisms
- Leaking containers
- Presence of foreign bodies
- Degradation of active ingredient
- Missing labels or batch numbers
- Pre-filled syringes do not activate when plunger depressed
- Half tablets inside blister packs
- Spelling errors on labels – counterfeit?

What is a faulty product?

Medicines & Medical Devices (CE Marked)

Faulty manufacture, product deterioration, non-compliance with a medicine's marketing authorisation or product specification file, or any other serious quality problems, including detection of falsification or counterfeit.

e.g.

- Contamination with micro-organisms
- Leaking containers
- Presence of foreign bodies
- Degradation of active ingredient
- Missing labels or batch numbers

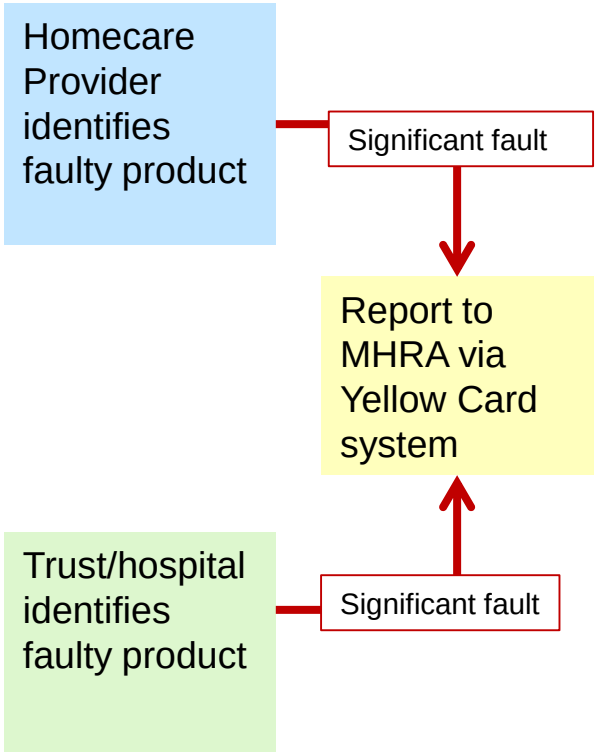
This training is not about what is and is not faulty. If in doubt ask your Medication Safety Officer or Medical Device Safety Officer for further training.

Other product complaints and near-misses

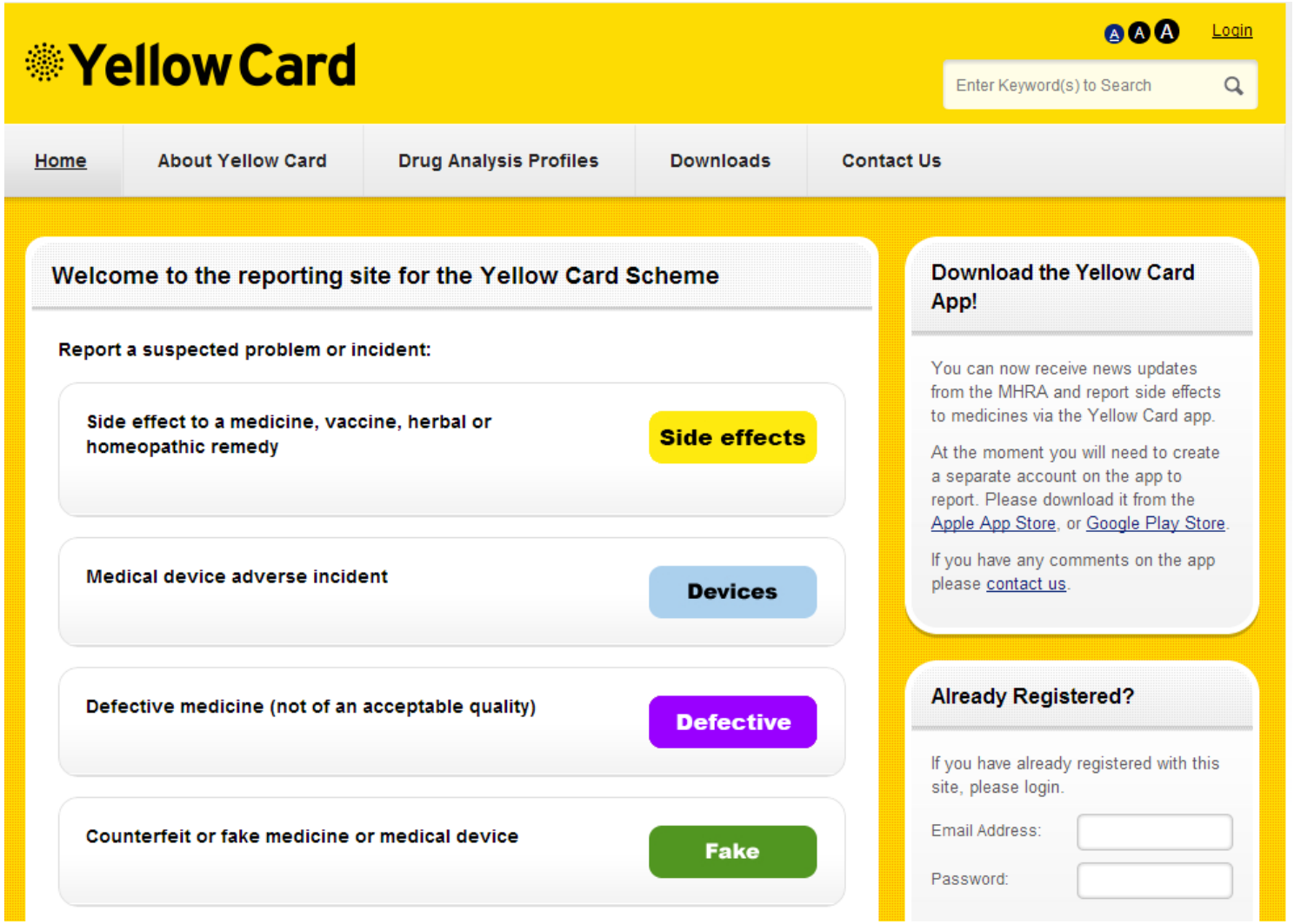
- Poor labelling or design
  - Mix-ups between look-alike medicines
  - Dose confusion
  - Difficult to use
    - ➢ **Report**
- Other products
  - Fridges and pumps
    - ➢ **Report**
- Adverse reaction/side effects?
  - ➢ Separate reporting mechanism

Remember : if in doubt, report it anyway!

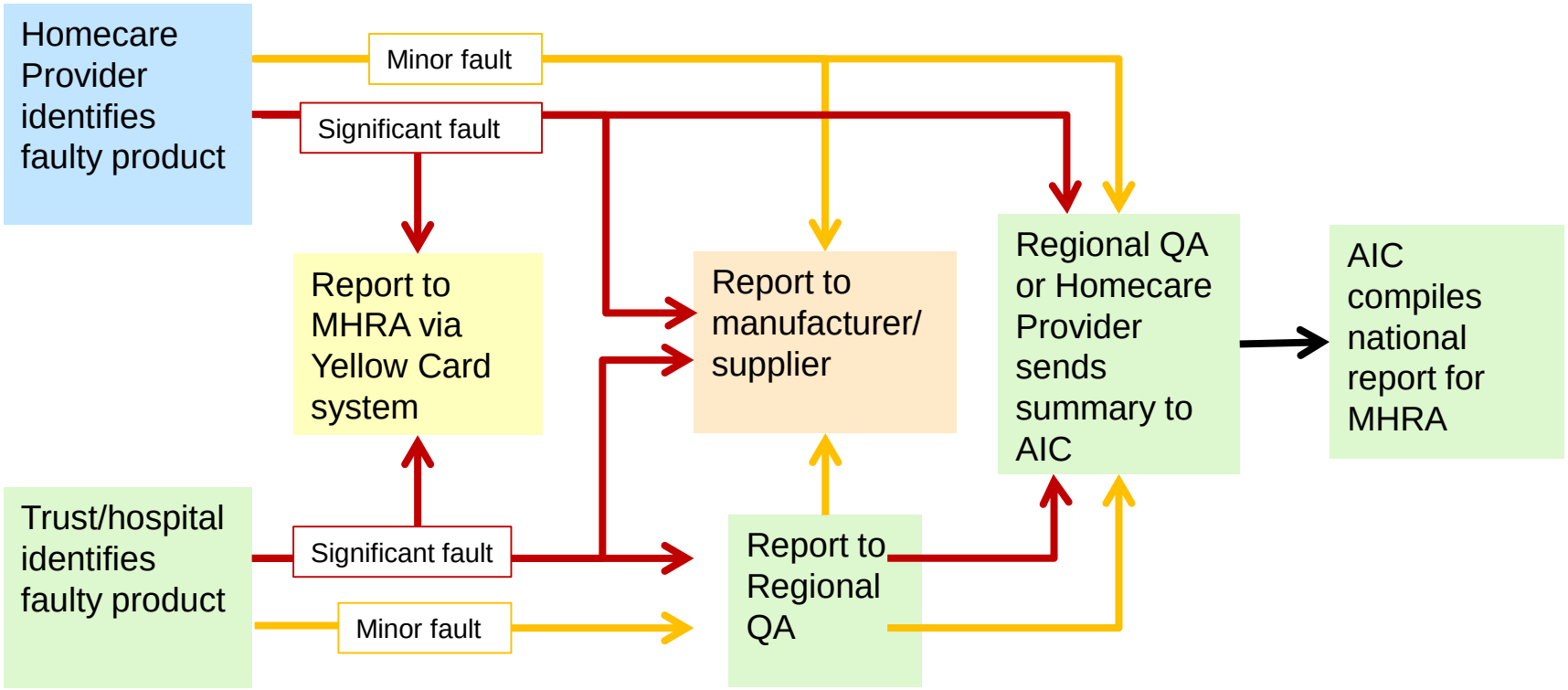
How to report faulty products



https://yellowcard.mhra.gov.uk/


Yellow Card
Login
Enter Keyword(s) to Search
Home
About Yellow Card
Drug Analysis Profiles
Downloads
Contact Us
Welcome to the reporting site for the Yellow Card Scheme
Report a suspected problem or incident:
Side effect to a medicine, vaccine, herbal or homeopathic remedy
Side effects
Medical device adverse incident
Devices
Defective medicine (not of an acceptable quality)
Defective
Counterfeit or fake medicine or medical device
Fake
Download the Yellow Card App!
You can now receive news updates from the MHRA and report side effects to medicines via the Yellow Card app.
At the moment you will need to create a separate account on the app to report. Please download it from the Apple App Store, or Google Play Store.
If you have any comments on the app please contact us.
Already Registered?
If you have already registered with this site, please login.
Email Address:
Password:

How to report faulty products



Analytical Information Centre reporting (AIC)

Homecare Providers:

- Please summarise your local reports using the AIC report template - Appendix 21 of RPS Homecare Handbook

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Professional%20standards%20for%20Homecare%20services/Appendicies/21---aic-reporting-template-sept2016-final%20%281%29.xlsx

- Submit monthly to AIC

Trusts:

- Send your faulty product (defective medicines and devices) reports to your Regional Pharmaceutical QA specialists
- Regional QA will summarise and submit to AIC

Analytical Information Centre reporting (AIC)

Homecare Providers:

- Please summarise y
  Appendix 21 of RPS

https://www.rpharms.com/Portals/
ndards/Professional%20standards
template-sept2016-final%20%281

- Submit monthly to A

This reporting process is for all faulty products identified in the NHS – not just Homecare.

How good is your Trust's current reporting process?

Trusts:

- Send your faulty product (defective medicines and devices) reports to your Regional Pharmaceutical QA specialists
- Regional QA will summarise and submit to AIC

What happens next?

- Supplier will investigate the faulty product complaint and report findings and remedial actions back to the reporter
- MHRA may initiate a Drug Alert or a Medical Device Alert
- AIC collates national reports and
  - sends back to Regional QA
  - sends to MHRA
- AIC identifes trends, and may raise with the MHRA or suppliers directly

Specialist Pharmacy Service

NHS

Thank you!

Any Questions?

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Pharmacovigilance in Homecare

Stephen Cook
Director of Pharmacy & Quality

LloydsPharmacy
Clinical
Homecare
Supporting patients at home

Pharmacovigilance in Homecare

Stephen Cook
Director of Pharmacy & Quality

September 2017

Definitions

Pharmacovigilance (PV or PhV), also known as drug safety, is the pharmacological science relating to the collection, detection, assessment, monitoring, and prevention of adverse effects with pharmaceutical products

Adverse Drug Reaction (ADR) is defined in **DIR 2010/84/EU** as a response to a medicinal product that is noxious and unintended (side effect) which results not only from the authorised use of a medicinal product at normal doses, but also from medication errors and uses outside the terms of the marketing authorisation, including the misuse and abuse of the medicinal product and occupational exposure

Adverse Drug Event (ADE) is defined as any untoward medical occurrence in a [homecare] patient administered a medicinal product which ***does not necessarily have a causal relationship*** with the medicinal product ….

Definitions

Reports can be spontaneous or solicited

- **Spontaneous** reports arrive from HCP's, consumers, competent authorities (and others) and tend to imply a reasonable suspicion of causality

- **Solicited** reports of suspected adverse reactions are those derived from manufacturer's organised data collection systems, which include clinical trials, non-interventional studies, registries, post-approval named patient use programmes, ***other patient support and disease management programmes***, surveys of patients or healthcare providers, compassionate use or name patient use, or information gathering on efficacy or patient compliance

What is different about Adverse Drug Reaction reporting by NHS Homecare Organisations?

Nothing

(unless you are directly subcontracted by a manufacturer and paid to provide a homecare service)

Report via NRLS or using the Yellow Card Scheme

(as per your NHS organisations policy)

Reporting Responsibilities

Pharma (MAH)

- All serious ADR's must be reported to the Regulator (MHRA) as Individual Case Safety Reports (ICSR's) within 15 days of awareness
- All non-serious ADR's must be reported within 90 days of awareness
- Assess reported ADE's and report **validated** solicited reports as a 'study report' within timescales above
- All solicited reports that are not validated as ADR's, may require reporting amongst others within the Periodic Benefit-risk Evaluation Report (PBRER)

Reporting Responsibilities

NHS centres

- Use internal reporting systems to report ADR's & Patient Safety Incidents
- Investigate suspected ADR's – often as primary investigator
- Support Pharma to provide information about suspected ADR's
- Report Patient Safety Incidents to NRLS
- No requirement to report via Yellow Card Scheme if already reported to Manufacturer (this will have happened via Homecare provider if PSP) or through NRLS

Reporting Responsibilities

Homecare PSP schemes

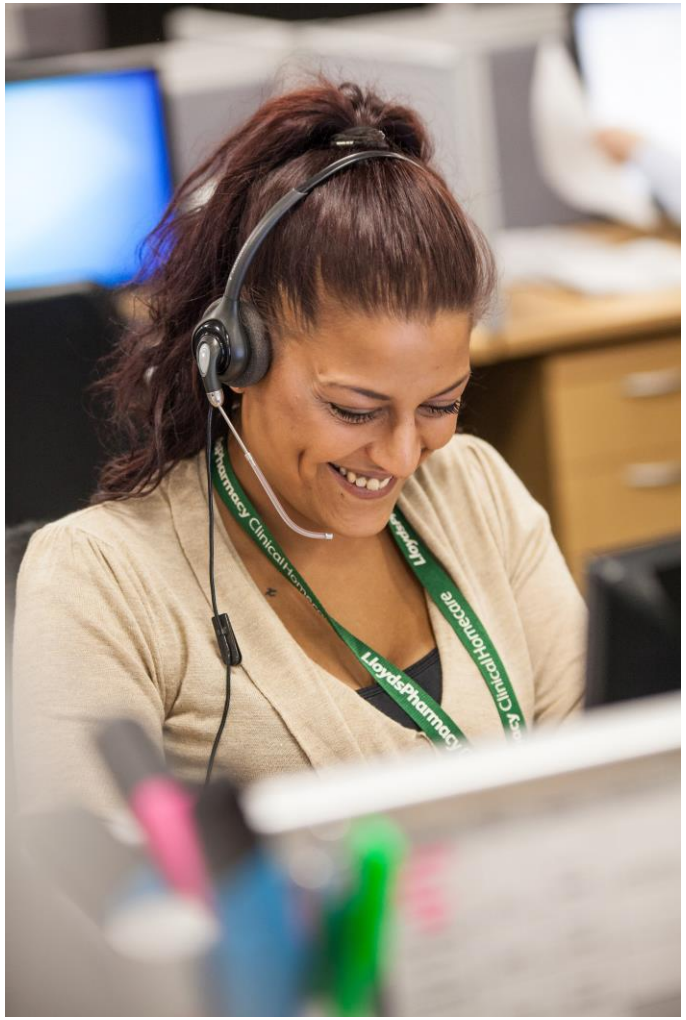
- Report ADR's to NHS (as ADR & Patient Safety incident)
- Report anonymised ADR's to Pharma according to contract
- Report anonymised ADE's to Pharma
- Consider need to report non-PSP's ADR's to Pharma

Do not report ADE's to NHS unless it is a Patient Safety Incident
(LPCH currently reports circa 2,500 AE's per month to Pharma)

Pharmacovigilance Training

- Homecare staff should undertake a generic training programme on the general principles of adverse drug reaction and adverse drug event reporting.
  - A training module for this has been created by the NCHA and is going through approval with ABPI & MHRA

- Duplication of this general training with individual manufacturer branded training programmes is not recommended, and may introduce new risks where staff are not dedicated to delivering specific manufacturer's service(s).



LloydsPharmacy
Clinical
Homecare
Supporting patients at home

Thank You

Any Questions?

Implementation of Appendix 19 Key Performance Indicators

Tracie Dawson
Procurement Category Manager/Regional Lead, South West
Peninsula Purchasing and Supply Alliance

NHMC

National Homecare Medicines Committee

Implementation of Appendix 19 Key Performance Indicators

Tracie Dawson

Procurement Category Manager/Regional Lead, South West

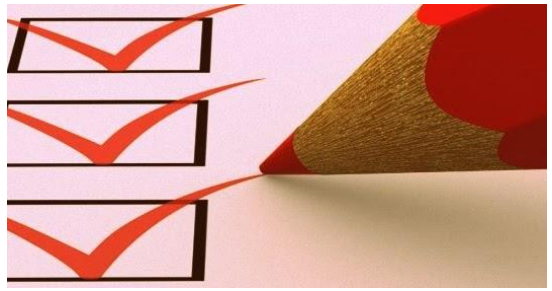
Peninsula Purchasing and Supply Alliance

New Governance KPIs

NHMC
National Homecare Medicines Committee

Reference	KPI Requirement
K21	Formal C/Is opened as a % of the total number of active patients
K22	Formal C/Is responses sent where response to complainant/reporter has not been provided within 30 business days in the reporting period as a % of number of Formal C/Is opened
K23	Open Formal C/Is as a % of number of Formal C/Is opened
K24	Patient safety incidents as a % of active patients
K25	Total number of reported adverse drug reaction incidents as % of active patients
K26	Adverse drug event incidents as % of active patients
K27	Faulty medicinal product and device incident reports as % of active patients
K28	Safeguarding incidents as % of active patients
K29	Information governance incidents as % of active patients

Implementation



- Complaints and Incidents KPIs - available from Homecare providers January 2018
- For the early part of 2018 data may need to be validated
- Each Trust should ensure they receive KPI reports for each homecare service in place
  - Regional Leads/Specialist Support available for a number of regions
  - Direct to Trust and/or via regional template
- No thresholds set

Managing KPIs – Potential data errors

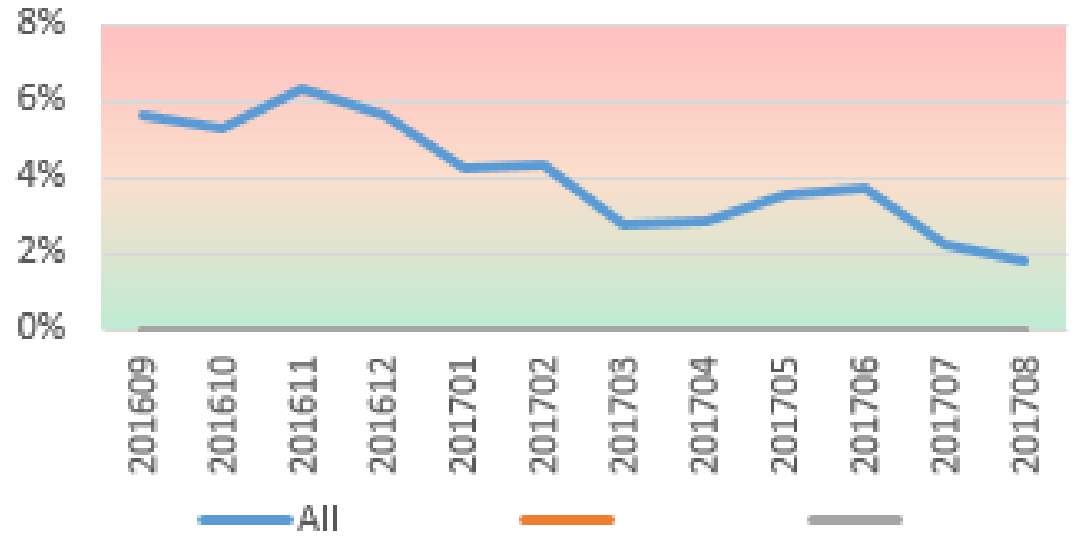
- A template benchmarking report is already in use in some regions
- KPIs are indicators and exceptions should be initially investigated for data accuracy
  - Where to flag suspected data errors to?
- Interpretation/definitions are provided in the KPIs

NHMC

National Homecare Medicines Committee

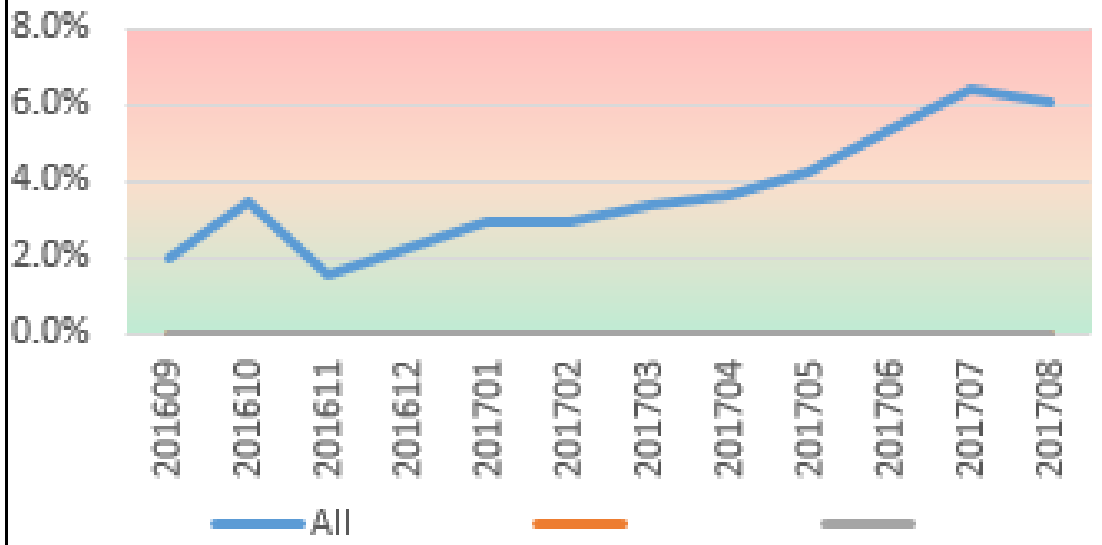
Recognising trends

K5 - Number of medicines and ancillaries deliveries not on time as % of total number of deliveries.



Current month is	Aug-17
All	
1.8%	

K6 - Number of medicines and ancillaries deliveries not in full as % of total number of deliveries.



Current month is	Aug-17
All	
6.0%	

Process for dealing with declining trends

- Negative/upward trend – raise with Key Account Manager (KAM)
  - Investigate and explore reason
  - Corrective / preventative actions required?
  - Agree timelines
  - Agreed timelines missed – next steps?
- Learning from operational KPIs

KPIs from NHS Trusts

- Trusts as the primary investigator – Trust systems?
- System development required?

For Action

How To Apply What You Have Learned

Susan Gibert
Chair, NHMC

NHMC

National Homecare Medicines Committee

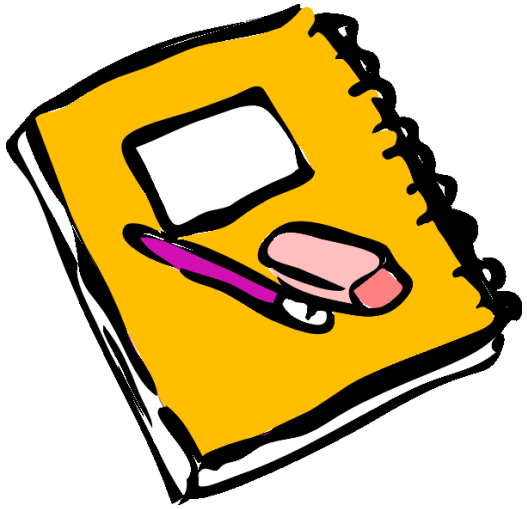
How to apply what you have learned

Susan Gibert

Chair, NHMC

NHS Implementation

NHMC



- Training day attendance
- Workbook
  - Completion of tasks
  - Completion of practice example
- Additional training

Train others

Trainer for pharmacy homecare team members

Trainer for clinical teams

Workbook

NHMC

- Downloadable from PharMan website
- Refers to Appendix 19 (continuously)
- Workbook becomes a ‘manual’
- Contain useful ‘NHS Organisation’ information for all staff members
- 1 master list of useful people
- Documents current services
- Serves as a reference document
- Work through in ‘chunks’ of time or sections
- Complete all of the tasks

Workbook

NHMC

- Completion of tasks
  - Throughout the workbook
  - Multiple elements to each task
  - Review current Trust/Health Board documentation
  - Supports a review current practice
  - Encourages updates to documents and practice
  - Consider actual activity
  - Supports learning from Complaints and Incidents

Workbook

NHMC

- Completion of practice example
- Completely fictitious
  - One scenario which progresses through
  - Covers all essential elements of process
  - Attempt all questions
  - Encourages reflection
  - Sample answers given

Additional Training

NHMC

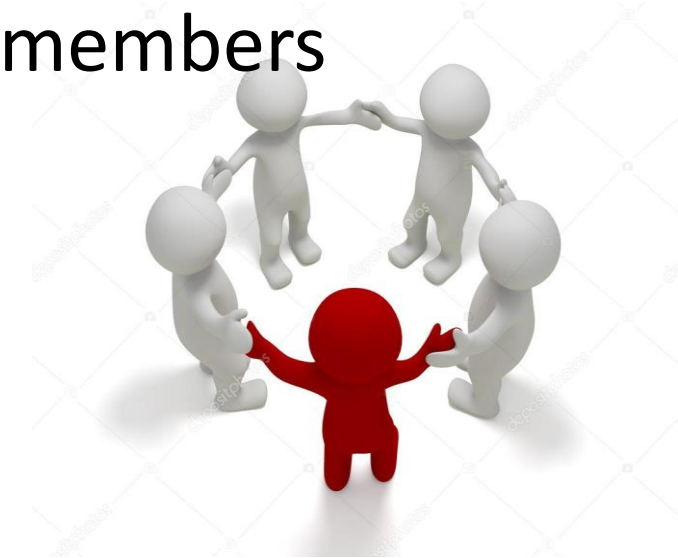
- List of suggested additional training in workbook
- Attend Trust/Health Board training
- Consider appropriate training (gap analysis)

- therapy specific
- specialist specific (e.g.. safeguarding, IG)
- reporting systems
- Record CPD

Train Others

NHMC

- Trainer for pharmacy homecare team members
- Trainer for clinical teams



  - Guidance describes levels of training
  - Workbook encourages needs analysis
  - Support from Senior Pharmacists
  - Consider how to ‘roll out’ in NHS organisation
  - Support from regional homecare specialist

Questions

NHMC

Learning from Complaints and Incidents

Patrick Doyle MRPharmS
Risk and Governance Lead
Frimley Health NHS Foundation Trust

Learning from Complaints and Incidents

Patrick Doyle MRPharmS
Risk and Governance Lead
Frimley Health NHS Foundation Trust

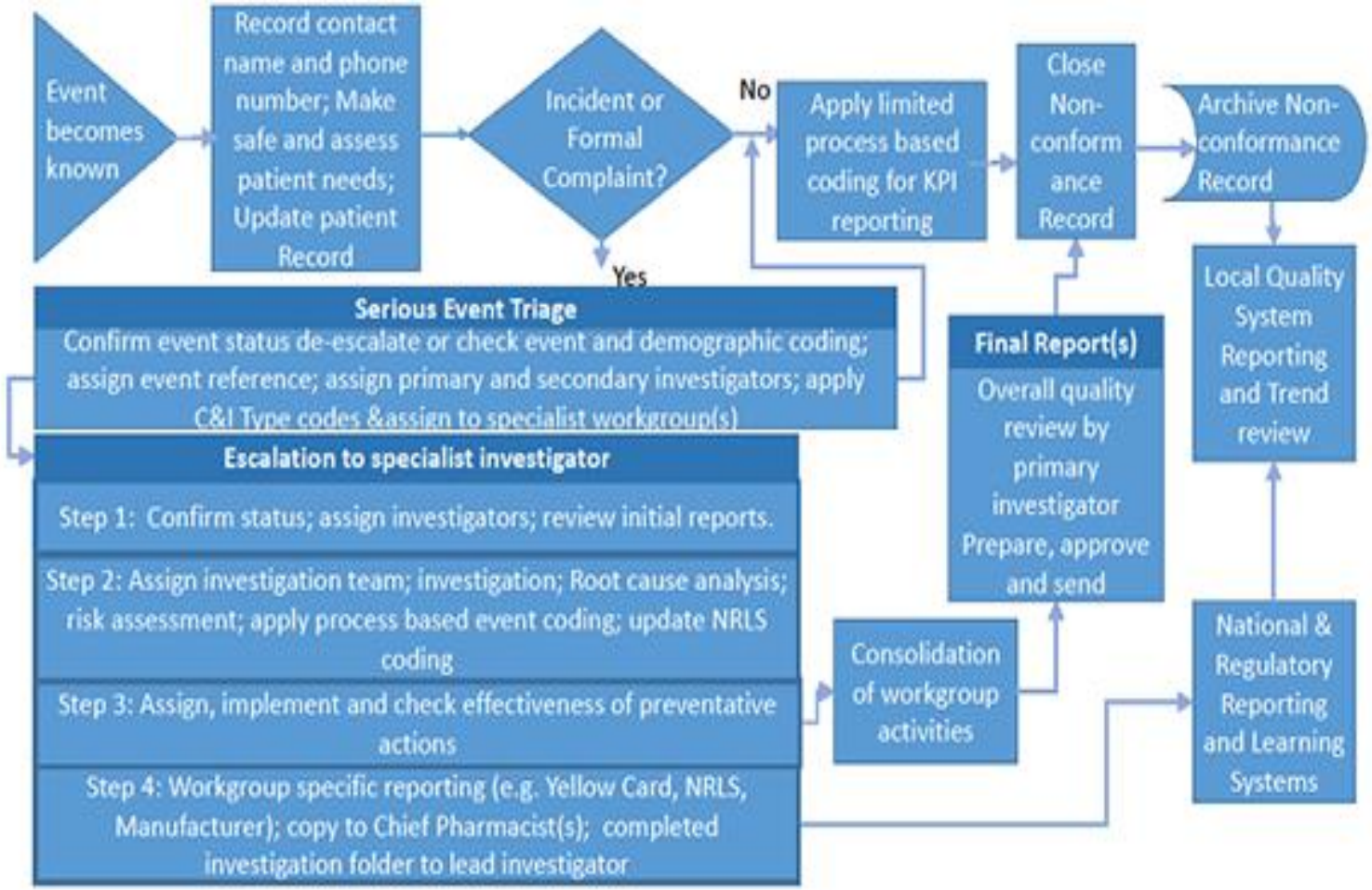
RPS Appendix 19 vs Current Practice

- Appendix 19 contains:
  - Over-arching process flow
  - Process flow for each incident category

NHS organisations:

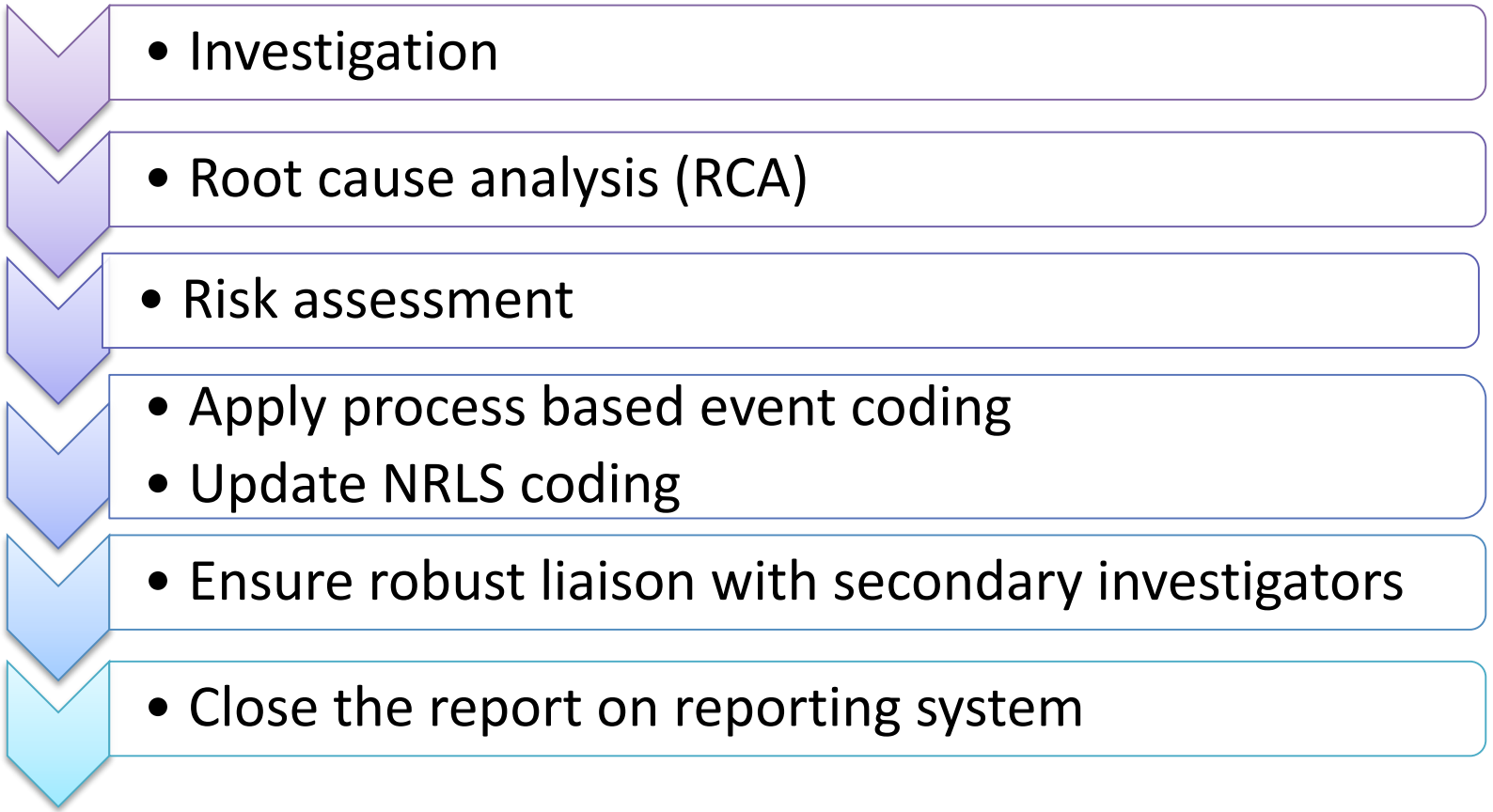
- Need to review current practice
- Identify gaps
- Implement necessary changes to ensure compliance

RPS Appendix 19: Over-arching Process



Step 2 in detail

- Assign investigation team who review the report and then complete:



Step 3 in detail

- Preventative Actions must be:
  - Assigned
  - Implemented
  - Checked for effectiveness
  - Communicated across organisational boundaries
- After closing the incident; review the risk assessment and amend if necessary
- Amend organisation's Risk Register if necessary

Investigations

- NHS organisation
  - will not always be the primary investigator
  - should record on NHS reporting system as ‘homecare’
  - should assign an internal investigator/ handler
  - should review all homecare patient safety incidents by Pharmacy Clinical Governance Group (or equivalent)

NHS Investigator/Handler

Ensures that the investigation is complete including:

- Risk Register review and update if necessary
- Mitigating action assessment
- CAPA (corrective and preventive actions) effectiveness review

Satisfactory response gained from primary investigator

Response goes to patient (if required)

Local NHS policy is followed

Incident is ‘closed’ on reporting system

NHS Experts- Specialist Investigators

Medicines Safety Officer MSO

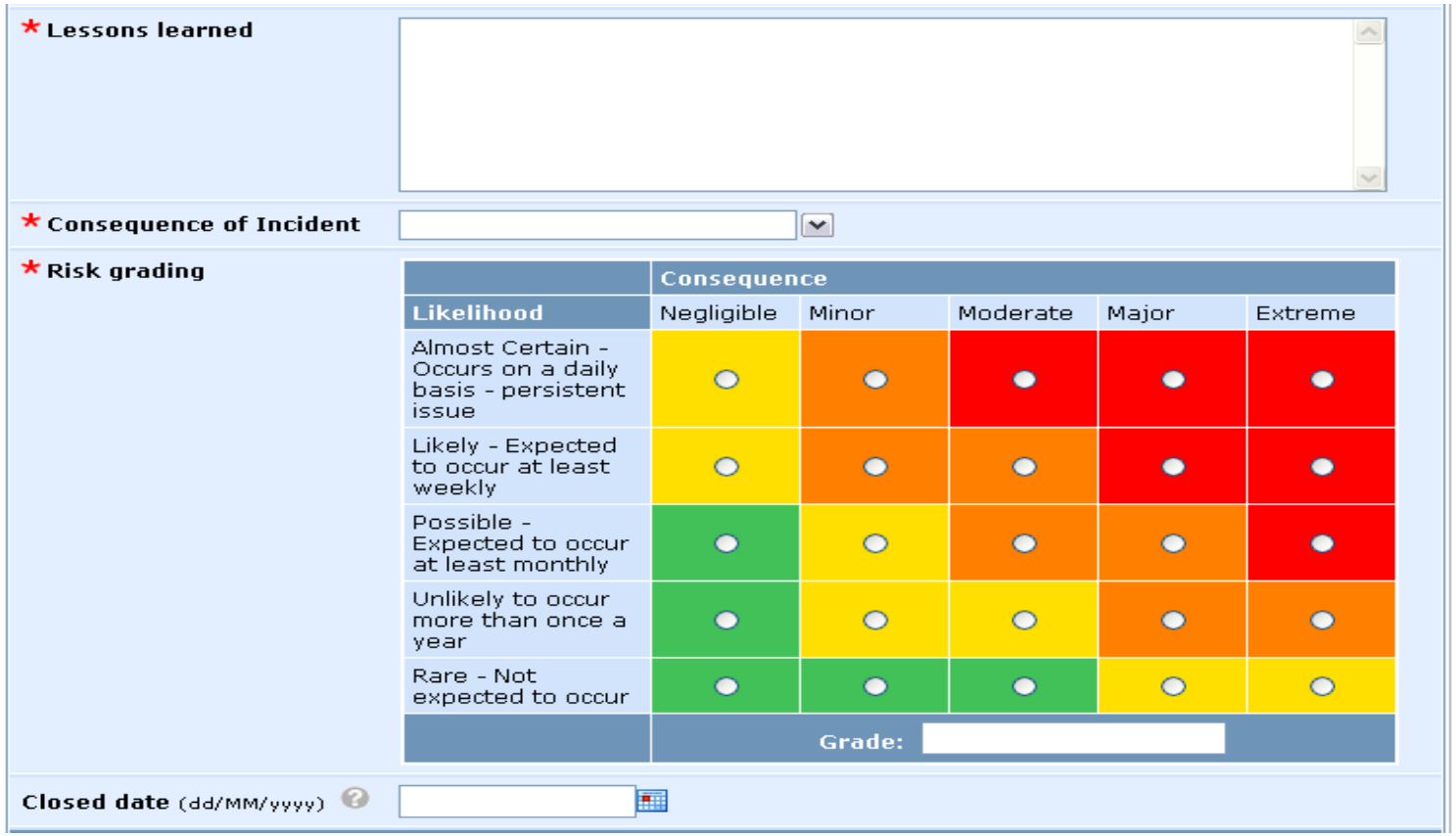
Device Safety Office DSO

Specialist investigators may be required for some complaint/incident types

Safeguarding Lead

Information Governance Lead

Risk Assessment



NOTE: Use standard – risk assessment prior to starting new services. When an incident occurs - is this revalidated?

New Service Risk Assessment

- NHMC document
- Approved 2016
- Implementation is slow
- Regional support available from regional homecare specialists

Overall Risk Rating Key	
Very Low Risk	Score 1-3
Low Risk	Score 4-6
Moderate Risk	Score 8-12
High Risk	Score 15-25

Cost Analysis - Medicines excluded from the Tariff				
		Cost Category	Current Cost to Commissioners (NHSE/CCG)	Cost of Proposed Homecare Service
A	Medicines Acquisitition Cost	Medicine pack price ex VAT £		
		Number of packs used per patient per course or year		
		VAT rate %		
		Level 1 oncost %		
		Medicine cost inc VAT and Level 1 oncost	£0.00	£0.00
		Level 2 oncost %		
		Level 3 oncost £		
		Medicine acquisition cost per patient per course or year **A**	£0.00	£0.00
B	Activity Tariff Income	Tariff charge per drug administration		
		Number of drug administrations per patient per course or year		
		Tariff for activity per patient per course or year **B**	£0.00	£0.00
C	Homecare Service Fee	Homecare delivery fee (per delivery)	N/A	
		Number of delveries per course or year	N/A	
		Homecare nurse fee (per visit)	N/A	
		Number of nurse visits per course or year	N/A	
		Total cost of equipment and ancillaries per course or year	N/A	
		Total homecare service fees per patient per course or year **C**	N/A	£0.00
D		Cost per patient per course or year **D**	A + B = £0.00	A + B + C = £0.00
E		Number of patients per year **E**		
		Total cost per patient cohort per year	**D x E = £0.00**	**D x E = £0.00**

Risk Register

RPS Appendix 19: Section 4.3

- Once contributory factors and root causes have been identified, the organisation risk registers should be reviewed to check if the factors and root causes are recorded as a known risk, with associated corrective/preventative/mitigating actions.

Assess Mitigating Actions

- Further decisions are required on whether any existing mitigating actions have been effective or whether additional investigation and actions are required, including additional entries in the organisations' risk registers

'Mitigation' is assigned to a risk
'Preventative actions' are defined following an incident

Assess CAPA effectiveness

Final investigation reports should describe root causes and recommended preventative actions

Each organisation should have processes in place to assess the effectiveness of corrective and preventative actions (CAPAs) that have been implemented arising from complaints and incidents

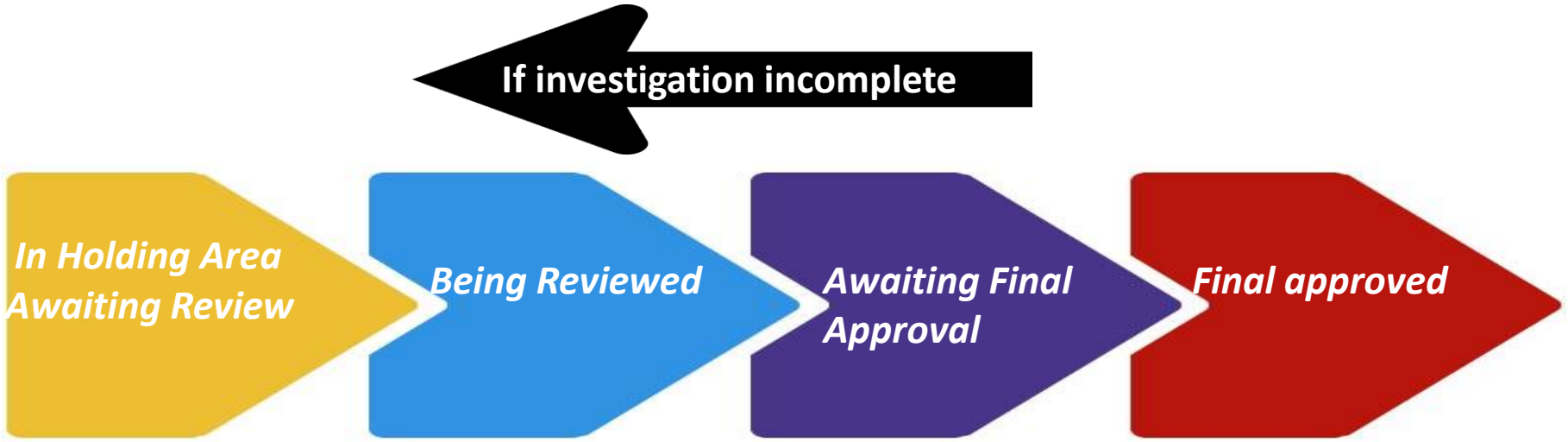
No blame culture

Frimley Reporting Process

Datix email notification

Review Incident form content and quality check information

Undertaken Incident investigation; complete actions and implement lessons learnt

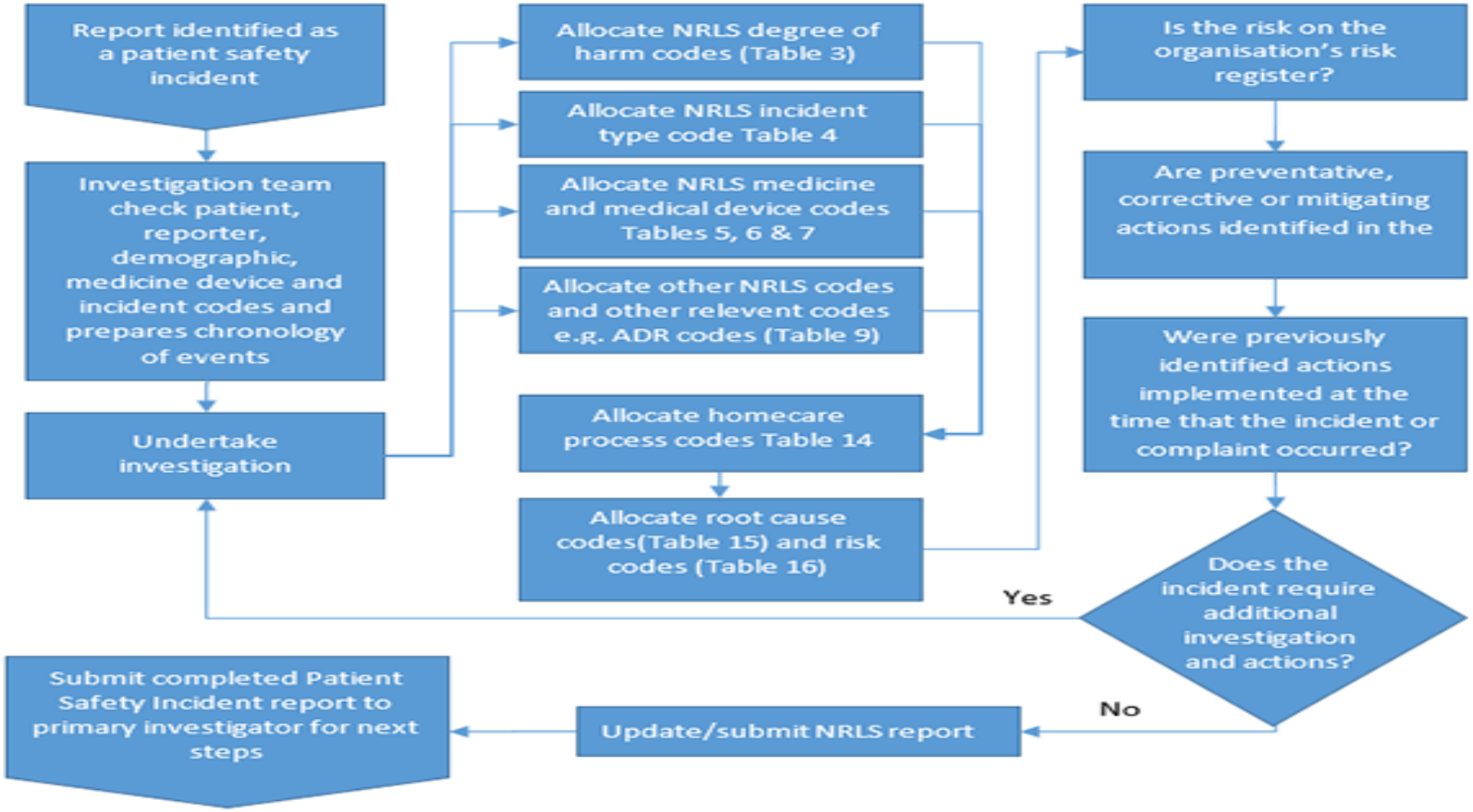


All Incidents are required to be reviewed and investigated within 14 working days of being reported

Incident Handler Risk Grades incident

Incident Handlers feedback the outcome of investigation and share any lessons learnt with Incident Reporter

Patient Safety Incident Process Flow



NOTE: Duty of Candour incidents require communication with patient/representative in addition to above process flow

RPS Appendix 19 says:

- Share patient safety incidents with NRLS
- Patient safety incidents coded with the NRLS codes as moderate or severe or death will usually meet the notifiable safety incidents criteria under Duty of Candour regulations
- If patient safety incident results from an ADR/faulty medicine/device but has already been reported via NRLS there is no need to report via Yellow card system

NHS England

National Reporting and Learning System

Root Cause Analysis

- National drive to improve quality of RCA
- National drive to improve lesson learned

- NHS organisations will have a specialists trained in RCA who are available for support

Review and Trend Analysis

- All records kept and reviewed for trends including complaints
- Clinical governance groups should review all patient safety incidents

The Frimley Approach

Datix Web

- Incident reported on Datix® Web
- If recorded as Drug/Medication Incident

Medication Category Choices

- **Only** 8 headings to choose from
- Administration, ADR, Dispensing, Prescription, Drug unavailable, Labelling, Storage, TTOs

Handler/Investigator

- Once incident opened needs to be registered as as "being reviewed" and handler/investigator re-grades the incident (if necessary)(see figure below).
- Medication R/V Group meets before MSG monthly to R/V incidents and look for 'harm'/'no harm'.

MSG

- MSG meets monthly. All moderate incidents and above reviewed in depth. Time allowing all other minor incidents are also reviewed. Representation from ward/directorate areas encouraged to attend to answer queries pertaining to the incidents raised.

Reporting

- 5 key messages prepared and disseminated on Intranet based on the incidents reported that month. Themes examined. As with every Trust in the country administration and prescription occupy top spots.

Process Based Event Coding
Master Code List

Why introduce coding?

- So that NHS and Homecare organisational reporting systems can link up with NRLS
- Homecare Providers and NHS will start talking the same language

High level codes must be used, use lower codes if possible

Key Messages

- Homecare complaints and incidents:
  - Are important
  - Should be integrated in NHS organisation's systems and processes
  - Should be communicated and handled across organisational boundaries
- Ensure incidents are reviewed and learning is put into practice