Medicines Homecare - Service Risk Assessment Tool

Name of Medicines Homecare Service:	**Example Risk Assessment for Management Homecare prescriptions during Covid-19**
Risk Assessment undertaken by:	**See Mun Wong / Carol McCall / Anusha Patel**
Reviewed by:	**NHMC, NCHA**
Date of Risk Assessment:	**15th April 2020**

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

Background:
Homecare prescriptions have been generated either directly by the Trusts' ePMA systems or handwritten on prescription templates provided by homecare providers. To meet the legal requirements, all of the homecare prescriptions must have handwritten signatures.

During COVID-19 pandemic, the demand for homecare service has increased significantly as additional patients are urgently moved onto homecare services to avoid hospital visits. The prescribing workload has multiplied whilst specialist staff may have been redeployed to the front line or are in self-isolation. This has reduced the overall risk to patients, but introduced risks into homecare services that impact on patient safety.

Schedule 2/3 CDs are extremely rare in homecare setting, and should be managed on a case-by-case basis.

	Existing prescription management process - ePMA and no	Current Practice Risk Assessment					COVID Process Risk Assessment		
Process Step	COVID specific Risk	Likelihood (Score 1-5)	Impact (Score 1-5)	Overall Risk Rating	Process Step	Risk Mitigation Strategy during pandemic	Likelihood (Score 1-5)	Impact (Score 1-5)	Overall Risk Rating
12c Existing	Prescription written by clinical team - prescriber working from home or re-deployed, delay in obtaining Rx with wet signature - infection risk from handling paper documents - no access to printer and/or scanner at home	4	5	20	12c Covid	For non-ePMA sites: Each specialty should ensure that there is a prescriber allocated on the rota to carry out essential duties e.g. homecare medicines prescribing For ePMA sites: Use of ePMA generated Rx without a wet signature Printing and wet signing of Rx is not required. Within prescribing organisation, the above actions will enable inter-departmental electronic transmission of Rx.	See row 14		
12c Covid	Prescription written by clinical team Non-ePMA sites: - invalid prescriber during times of staff shortage ePMA sites: - prescriber working from home, unable to remotely access EPMA systems - invalid prescriber	5	4	20		Prescribing organisation internal governance and security ensures system access only by authorised members of staff. Trusts' IT support to enable hospital staff to access prescribing systems remotely Contingency plan in place during staff shortage	1	4	4
Step 12d Existing	Clinical pharmacy validation of prescription - reduced capacity of pharmacy team to process homecare prescriptions - infection risk from handling paper documents - no resource for independent clinical pharmacist check -unauthorised amendments	5	5	25	12d COVID	Resources targeted according to clinical risk assessment. A standard technical prescription validation will be performed by a pharmacist at the homecare providers	See row 16		
Step 12d COVID	Clinical pharmacy validation of prescription - residual workload to process homecare prescriptions exceeds capacity of pharmacy team - no resource for independent clinical pharmacist check -unauthorised amendments on Rx - Risk clinical checks are missed and prescriptions are sent directly from clinical team to provider. Potential clinical errors missed, duplication of work where pharmacists amendments would have allowed prescriptions to be processed.	3	5	15		Workload minimised and resource targeted according to clinical risk assessment (refer to 'Clinical Risks tab'). For ePMA site: Where it is necessary to add additional information to the e-prescriptions (e.g. clinical screening, purchase order numbers) should be done within the e-prescription message "comments/notes" field(s). Printing and hand annotation and scanning of e-PMA prescriptions must be avoided. Prescribing organisation and homecare providers working to agreed SOPs.	3	2	6

	Existing prescription management process - ePMA and non...	Current Practice Risk Assessment					COVID Process Risk Assessment		
8 Existing	All documentation sent to/collected by homecare provider - courier or postal delay - prescriber working from home does not have access to printer and/or postal service (e.g. pre-paid envolopes) - information governance risk of delivery to incorrect location or missing in the post	5	5	25	8 COVID	allow electronic transmission of prescriptions and/or patient specific orders to homecare providers Pre-agreed secure e-mail systems or prescription messages encrypted. Agree backup alternative in case preferred transmission route is not available for an extended period. Prescribing organisation and homecare providers working to agreed SOPs. Proposed changes to existing processes are communicated in advance of implementation to all parties who may be impacted	See row 18		
8 COVID	All documentation sent to/collected by homecare provider - insecure e-transmission (falsified prescription, confidentiality breach) - invalid prescribing / dispensing organisations -incorrect transmission to/from another organisation - duplicate dispensing if original prescriptions sent in addition to e-prescription - risk original prescription is not availble on request - Use of NHS.net currently experiencing failures with log in, attachments and arrival of new mail. Significant Increase in use from all trust will slow network. -incomplete messages send/received (e.g. omitted files during email attachment)	4	3	12		Pre-agreed secure e-mail systems or prescription messages encrypted. Agree backup alternative in case preferred transmission route is not available for an extended period. Prescribing organisation and homecare providers working to agreed SOPs. - Only pre-authorised NHS Mail addresses are used for this purpose. - Add nhs.net email on Microsoft Outlook - Retain and archive original prescriptions within the prescribing organisation - E-mails from the prescribing organisation state how many prescription/patient specific orders are sent and the homecare pharmacy checks the equivalent number of prescription/patient specific orders have been received	1	2	2
9 Existing	Homecare provider receives prescription - Lack of post room staff - infection risk from handling mail /hard copy - package of prescriptions lost/delayed in post - patient services not available in office -fraudulent issue of prescriptions	4	3	12		allow electronic transmission of prescriptions and/or patient specific dispensing orders to homecare providers	See row 20		
9 COVID	Homecare provider receives prescription - prescriber unknown by provider - patient unknown by provider - prescription sent to wrong homecare provider - missed emails or incoming emails not received	2	1	2		Secure, validated transmission to/from approved organisations . Prescribing organisation and homecare providers working to agreed SOPs. Proposed changes to existing processes are communicated in advance of implementation to all parties who may be impacted - Only pre-authorised NHS Mail addresses are used for this purpose. - Homecare pharmacies should ensure email messages are archived on a regular basis to ensure mailboxes have capacity to receive new messages. -Homecare pharmacies are responsible for keeping and archiving e-prescription messages.	2	1	2
	Effect of Risk Materialisation								
	Delayed or missing prescriptions see clinical risks for impact assessment	4	4	16		1. For digital hospital sites, send homecare Rx generated from ePMA system to homecare providers using secure emails. 2. For non-digital hospital sites, scan handwritten prescriptions and send to homecare providers using secure emails.	1	2	2
	Lost of clinical oversight								

Existing prescription management process - ePMA and non	Current Practice Risk Assessment				COVID Process Risk Assessment		
Where the responsible prescriber / specialist team is unavailable to sign the homecare Rx, the admin staff will obtain a wet signature from any doctor that they can find.	4	5	20	1. Start electronic prescribing where possible to enable flexible working for hospital staff	2	2	4
The potential omitted clinical monitoring and lack of clinical oversight may risk patients getting side effects and clinical response not being monitored.				2. For non-digital hospital site, allocate a specialist staff on a rota to cover homecare			
Risk of HCP registration							
Royal Mail service disruption during Covid crisis							
Delay in receiving homecare Rx by the homecare providers will cause a delay in patients receiving treatment. See 'clinical risks' tab for possible impact on patiet safety.	3	4	12	1. For digital hospital sites, send homecare Rx generated from ePMA system to homecare providers using secure emails.	1	2	2
				2. For non-digital hospital sites, scan handwritten prescriptions and send to homecare providers using secure emails.			
Increased administrative burden & logistic difficulty							
- Most of the admin staff in the hospital have been told to work from home. The need to obtain wet signature on homecare Rx will put extra pressure on these staff to enter hospital site unnecessarily.	4	4	16	1. For digital hospital sites, send homecare Rx generated from ePMA system to homecare providers using secure emails.	1	2	2
- If Rx are lost in the post, this will generate additional workload to re-create homecare Rx. This is not a good use of resource where front line service should be prioritised.				2. For non-digital hospital sites, prescribers are expected to be able to prescribe homecare medicines on site. Scan handwritten prescriptions and send to homecare providers using secure emails.			
Fraudulent issuing of prescriptions							
- working from home without direct oversight increases fraud risk	3	5	15	Secure, validated transmission to/from approved organisations. E-Rx extracted directly from e-PMA wherever possible. Regular cross-check total number of prescriptions transmitted between organisations.	2	2	4
- Purchase order number are not added and prescriptions are sent directly from clinical team to provider. May cause delays in processing invoices.				- Only pre-authorised NHS Mail addresses are used for this purpose.			
				- Purchase order is not a legal requirement. Raising purchase orders could be suspended during the pandemic and re-instated after the crisis - following NHS standing financial instructions for COVID.			
				Prescribing organisation and homecare providers working to agreed SOPs.			
Change Management							
- Risk of administrative burden for set up of COVID Presription SOPs and/or EPMA to accommodate requirements for homecare prescriptions.	3	3	9	- Consider best use of expertise with trusts and share with other trusts. use standard processes and procedures wherever possible.	1	2	2
- Risk of errors introduced in building new processes and/or system functionality.				- Avoid duplication of effort.			
- Training needed to implement change.				- Minimise changes by optimising existing prescribing process			
				- Plan resources needed to implement the changes and only change practices if the short term increased workload gives real benefits and reduces risk for patients.			
Delayed Return to Business as Usual							
- Risk processes will not revert back in a timely manner on step down.	2	2	4	Homecare providers follow business continuity plans. "Exit" plans to be developed as COVID-19 Pandemic resolves.	1	2	2
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