

TCAM

- Transfer of Care Around Medicines
- Those most at risk of medication errors may not be highlighted to Community Pharmacy e.g. those recently discharged from hospital.

- It is estimated that 60% of patients have three or more changes made to their medicines during a hospital stay.
- The transfer of care process is associated with an increased risk of adverse effects
- 30-70% of patients experience unintentional changes to their treatment or an error is made because of a lack of communication or miscommunication.
- Only 10% of elderly patients will be discharged on the same medication that they were admitted to hospital on.
- and 20% of patients have been reported to experience adverse events within 3 weeks of discharge, 60% of which could have been ameliorated or avoided

CLINICAL HANDOVER – INTEGRATED TRANSFER OF CARE

Community Pharmacy and Hospital
Pharmacy - working together to optimise
the use of medicines

*New transfer of care initiative of electronic
referral from hospital to community pharmacy
in England:*

a formative service evaluation

Hamde et al. BMJ Open October 2016

*“statistically significant lower rates
of readmissions and shorter hospital stays”*

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Open Access Research

BMJ Open New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation

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ABSTRACT
Objectives: To evaluate an electronic patient referral system from one UK hospital Trust to community pharmacies across the North East of England.
Setting: Two hospital sites in Newcastle-upon-Tyne and 207 community pharmacies.
Participants: Inpatients who were considered to benefit from on-going support and continuity of care after leaving hospital.
Intervention: Electronic transmission of an information related to patient's medicines to their nominated community pharmacy. Community pharmacists to provide a follow-up consultation tailored to the individual patient needs.
Primary and secondary outcomes: Number of referrals made to and received by different types of pharmacies; reasons for referrals; accepted/completed and rejected referral rates; reasons for rejections by community pharmacists; time to action referrals.
Results: 2029 inpatients were referred over a 15-month period (1 July 2014–31 July 2015). Only 31% (n=619) of these patients participated in a follow-up consultation; 47% (n=955) of referrals were rejected by community pharmacists with the most common reason being 'patient was uncontactable' (35%, n=138). Most referrals were accepted/completed within 7 days of receipt and most rejections were made <2 weeks after referral receipt. Most referred patients were over 60 years of age and referred for a Medicines Use Review (MUR) or enrolment for the New Medicines Service (NMS). Those patients who received a community pharmacist follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.
Conclusions: Hospital pharmacy staff were able to use an information technology (IT) platform to improve the coordination of care for patients transitioning back home from hospital. Community pharmacists were able to contact the majority of patients and results indicate that patients receiving a follow-up consultation may have lower rates of readmission and shorter hospital stays.

Strengths and limitations of the study

- This study provides a detailed description of how an electronic referral system between hospital and community pharmacies across the North East of England was implemented.
- This study demonstrates that inpatients can be effectively referred to their nominated community pharmacist and receive a follow-up consultation tailored to their needs after discharge from the hospital.
- The study demonstrates that routine data collection during this evaluative period requires critical analysis and additional qualitative work to understand fully the operational and implementation aspects of the service, for example, complex reasons for the recorded rates of non-completion of referrals.
- There are no routinely recorded data at the community pharmacist follow-up consultation to allow specific economic, clinical or humanistic outcomes to be determined. However, service continual improvements are being made towards achieving this.
- A well-structured clinical trial of this intervention is required to investigate the impact on patients as they transition between healthcare settings.

INTRODUCTION
The continuity of patient care when transitioning from one healthcare setting to another is a national priority.¹ A range of interventions have been designed, trialled and tested to improve the quality and safety of this transfer process.^{2–6} Successful interventions have incorporated activities such as medication reconciliation; quick, clear and structured discharge summaries; discharge planning; follow-up between hospital and

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BMJ

NEWCASTLE STUDY.....



Review of first 2,029 in-patients who were referred showed...

Although only 31% (n=619) of these patients participated in a follow-up consultation, those patients who received a community pharmacist follow-up consultation had significantly lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.

PharmOutcomes[®] - Supporting hospital referrals

Integration methodology – Business as usual model

- Utilises the current messaging functionality within the hospital
- Provides a secure N3 receiving service
- Uses web-based technology in community pharmacy to capture outcomes

Integration methodology

Step 1 – Agree and match fields to send to community pharmacy on discharge

The screenshot shows the 'APAT - Admit Patient' window. It features a patient selection field with 'Dale Cooper' entered. Below this are fields for Hospital No., National No. (9434785919), and Date of Birth (1954-04-19). A bed icon is visible on the left. The 'Admission Ward' is set to 'Hinton Ward'. The 'Admit Date/Time' is 24-08-2017 13:40. The 'Admit Reason' field is empty. The 'Consultant' is 'DIANNE, Ms Dianne'. The 'Admission Type' has 'Planned' selected. The 'Patient Type' is 'NHS Adult Patient'. There are also fields for 'Spell Number' and 'Episode Number'. At the bottom, there are buttons for 'Select Patient', 'Patient Details', 'Admit', 'Cancel Admission', 'Cancel', 'Close', and 'Help'.

The screenshot shows the 'PATALGY - Patient Allergy Maintenance' window. It displays the patient name 'Dale Cooper' and a 'Select Patient' button. The 'Record Status' section has three buttons: 'No Known Drug Allergies' (yellow), 'Drug Allergy Status Undetermined' (green), and 'Allergy' (blue, selected). There is also a 'Sensitivity' button (pink). The 'Search' section has 'Allergen' and 'Reaction' dropdown menus and an 'Add' button. Below this are two tables: 'Allergies' and 'Sensitivities'.

Allergy Description	Reaction
clarithromycin	Shortness of breath
gabapentin	Pruritis
FACTOR IX	Acute Kidney Injury

Sensitising Agent	Reaction
fenbufen	Blurred Vision
acenocoumarol	Fever/Flu-like symptoms
ibandronic acid	Bleeding
GELATIN AND GELATIN DERIVATIVES	Malignant Hyperthermia

At the bottom, there are buttons for 'Allergy / Sensitivity History', 'Other Allergy Maintenance', 'Remove Allergy', 'Save', 'Close', and 'Help'.

Integration methodology - Medicines list and free text

TTA - Discharge Medications

Date Cooper

Consultant: MS DIANNE DIANNE Ward: HINTON

Hospital No. Nat. No. 9434765919 Date of Birth 1954-04-19 Age yrs Height cm Weight kg BSA sq m

Details
 Allergies: clarithromycin, gabapentin, FACTOR IX
 Sensitivities: fenbufen, acenocoumarol, ibandronic acid, GELATIN AND GELATIN DERIVATIVES

Status	Drug Name	Dose	Frequency	Route	BNF
	ATORVASTATIN 40 mg Tablets	40 mg	1XD ON - ONCE a DAY at NIGH	oral	Cardiovascular system
	FERROUS SULPHATE 200 mg Tablets	200 mg	3XD AMLUPM - THREE times a oral	oral	Nutrition and blood
	HYDROXYMELLOSE 0.3 % w/v Eye Drops	1 Drop(s)	WHEN REQ - When required F affected eye(s)		Eye
	LEVOTHYROXINE 100 micrograms Tablets	100 microgram	1XD AM - ONCE a DAY in the l oral	oral	Endocrine system
	LEVOTHYROXINE 25 micrograms Tablets	25 microgram	1XD AM - ONCE a DAY in the l oral	oral	Endocrine system
	LEVOTHYROXINE 50 micrograms Tablets	50 microgram	1XD AM - ONCE a DAY in the l oral	oral	Endocrine system

Buttons: Discharge Letter, Select for TTA, Conflict Log, Clinical Info, Add Order, Modify Order, Discontinue Order, Print Discharge, Verification, Order Inquiry, Admin Chart, BOE, Help

Discharge Letter Entry

Patient: Dale Cooper

Hospital No. Nat. No. Date of Birth 1954-04-19 Ward THE HUB WARD (ZCO)

Admission Date 27-Oct-2016 12:00 Reason Emergency Planned

Patient to be aware of diagnoses? Outpatient Appointment Planned Discharge Date 28-Oct-2016 Patient to receive copy Discharge Doctor ABBOTT,DR ROSE

Diagnoses	Transferred Notes
Prescriber contact	Destination
Discharge time/date	Comm. Pharm. Code.
Note to Comm. Pharm.	

The SOP will need to ensure the pharmacy organisation code is included.

Buttons: Ok, Cancel, Help

PharmOutcomes® - Community Pharmacy follow up

Referral received

outcomes4health® Delivering Evidence

Home **Services** Assessments Reports Claims Admin Gallery Help

Provide Services

Outstanding Referrals	Service (stage)	Identifiers	User	Status
2016-03-22	Attachment - Followup	SF	Ben Johnson	Referred to you awaiting follow-up action
2016-02-12	Attachment - Followup	AH	Ben Johnson	Referred to you awaiting follow-up action
2016-02-10	Hospital referral provider	CW	Ben Johnson	Accepted
2016-02-10	Hospital referral provider	CW	Ben Johnson	Referred to you awaiting follow-up action
2016-01-26	Attachment - Followup	HJ	Ben Johnson	Referred to you awaiting follow-up action
2015-08-21	Attachment - Followup	JH	Jason Harris	Referred to you awaiting follow-up action
2014-08-26	Hospital referral provider	KN	Jason Harris	Accepted

Recent Provisions

Search for Identifier:

Provisions in date order [-] | Click to show Provisions ordered by most recently entered

Date Order	Service (stage)	Identifiers	User	Status
2016-04-05	Minor Ailments Service - Stage 1 - Registration	JD	Jason Harris	Active
2016-03-25	Stewart Stage 2 Service	LS	Stewart Webb	Active
2016-03-25	Stewart Stage 2 Service	OT	Stewart Webb	Active
2016-03-25	Stewart Stage 2 Service	NW	Stewart Webb	Active
2016-03-25	Stewart Stage 2 Service	EJ	Stewart Webb	Active
2016-03-25	Stewart Stage 2 Service	LS	Stewart Webb	Active
2016-03-25	Stewart Base Service	OT	Stewart Webb	Active
2016-03-25	Stewart Base Service	NW	Stewart Webb	Active
2016-03-25	Stewart Base Service	EJ	Stewart Webb	Active
2016-03-25	Stewart Base Service	LS	Stewart Webb	Active

email

New referrals

Referral actioned

Support required	"Support required": One or more of: NMS; MUR; Medication compliance aid - Continued; Medication compliance aid - New patient, supply agreed; Update medication list for changes; Non child-resistant packaging; Large print labels; ...
Additional comments	Answer to "Additional comments" text box
Hospital team member	Answer to "Hospital team member" single line input
Contact number	Answer to "Contact number" single line input
Discharge summary	Links to "Discharge summary" attachments.

Acceptance and completion of referred service

This referral has been made to your organisation. If you are unable to complete the referral, you can reject it, but please state the reason for rejection in the Notes box below. If you cannot complete the referral but cannot complete the associated action immediately, click on the accept button to acknowledge receipt of the referral and make relevant notes in the Notes box.

Complete now Accept Reject referral

number 01953 / / / 666

Discharge summary Hospital Discharge Example.pdf

Acceptance and completion of referred service

PharmOutcomes[®] - Completing the loop

Discharge summary Links to "Discharge summary" attachments.

Acceptance and completion of referred service
Referral Accepted for completion now [Revert and discard changes](#)

Follow up date

Support services provided

Support audit

- NMS
- MUR
- Medication compliance aid
Continued
- Medication compliance aid
New patient - supply agreed
- Update medication list for changes
- Non child-resistant packaging
- Large print labels
- Home delivery service
- Removal of unused medication from patient home
- Stop Smoking Service
- Flu vaccination
September to March only
- Specialist medicines management service assessment

Tick ALL that have been provided

Adverse Drug Reaction Outcomes & GP referral

ADR Outcomes

- No ADR's reported
- Manageable and non-harmful - patient to continue
- Refer to GP

Select from drop down

GP referral necessary Yes No

If outcome of ADR requires GP referral select either first or second option below to highlight issue. This will trigger a GP notification that will send securely when data is saved. If no referral necessary select Not Applicable

GP referral as

- Significant ADR
- Patient stopped taking medicine
- Other

If Other please specify

Information on next repeat prescription

Did the next repeat prescription from the GP match the hospital discharge letter

If NA is recorded an SMS reminder will be sent to the patient to attend a future appointment so that this can be recorded using follow up stage 2.

Next Repeat matched? Yes No NA

NA if Not Available at the time of intervention

Additional comments

Yellow Card AA Login

Enter Keyword(s) to Search

[Home](#) [About Yellow Card](#) [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**

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

PharmOutcomes[®] - Notifying key stakeholders

Tick all that apply, if Other please specify

Audit of support provided - Tick all that apply

Support services provided

- Large print labels
- Talking labels
- Easy open tops
- Review dose form
- Review MDS arrangements
- MAR chart provided
- MDS
- Managed repeat
- Home delivery
- Other

Tick ALL that apply, If Other please specify

20 Apr 2016

Violet Patch Pharmacy
678 A Street in a Town
Narrow
EF45 6GH
0789 123456

GP practice Selection from "GP Surgeries" lookup list [From Dorset Hospitals (RBCH and DCH) referral]

The patient named below has been recently discharged from hospital. At a follow up review the patient has reported adverse drug reactions as detailed below

Patient name	Answer to Patient Name
Address	123 Alphabet Road, Broad way [From Dorset Hospitals (RBCH and DCH) referral]
Postcode	AB12 3CD [From Dorset Hospitals (RBCH and DCH) referral]
Date Of Birth	01-Feb-2003 [From Dorset Hospitals (RBCH and DCH) referral]
GP referral as	"GP referral as": One or more of: Significant ADR; Patient stopped taking medicine; Other
Details of ADR	Answer to "Detail of any side effects/ADRs" text box

Pharmacist making report Answer to "Pharmacist Name" single line input

PharmOutcomes[®]

Newcastle Hospital Then

- Manual Data input
- Number of referrals=1386
- Referral follow up = 36%

Newcastle Hospital Now

- Fully integrated solution
- Number of referrals = 5214
- Referral follow up = 60%

Next steps

- Timescales
- Implementation
- Pharmacy Actions

Medicines Management Service

Medication Management Service

- ❖ The aim of the Medication Management Service is to implement a controlled safe environment where Home Care Services and their managers are able to carry out the controlled administration of medication that meets the specific needs of each service user.
- ❖ The medication policy governs all home care service provision throughout Barnsley and has been developed in conjunction with service providers, care management, health care workers and pharmacists.

Changes to the service

- CCG made changes based on feedback from pharmacies
- Removal of annual fee
- More flexibility in assessment process

Changes to the Fees

Current

- £500 annual retainer
- £10.35 monthly

New

- £75 patient registration
- £25 update to medication plan
- £11 monthly

Can only claim one of the above per month

Date of Review

NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month

Patient Name

If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*

Is this the first time you are claiming for this patient on PharmOutcomes this month

Yes No

Check provision history on left hand side

New Patient Yes No

Date of current medication plan

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Name of responsible pharmacist

Medication plans should be updated annually, even where there have been no changes.

If you are unable to take on any new referrals, even on a temporary basis, please call the Medicines Management Team :01226 433798 or email barnsleyccg.mmsbarnsley@nhs.net

Date of Review

NB: You can only claim for one activity per month per patient. If you enter more than one Intervention you will not be paid if this falls within the same month

Patient Name

If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*

Is this the first time you are claiming for this patient on PharmOutcomes this month Yes No
Check provision history on left hand side

Is tl

P

New Patient Yes No

Was the referral appropriate? Yes No

Inappropriate Referral

- Patient had not consented
- Inappropriate Medication
- Patient able to self medicate
- Other

Date of current medication plan
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Name of responsible pharmacist

Medication plans should be updated annually, even where there have been no changes.

If you are unable to take on any new referrals, even on a temporary basis, please call the Medicines Management Team :01226 433798 or email barnsleyccg.mmsbarnsley@nhs.net

Date of Review

NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month

Patient Name

If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*

Is this the first time you are claiming for this patient on PharmOutcomes this month Yes No
Check provision history on left hand side

Is this the first time you are claiming for this patient on PharmOutcomes this month

New Patient Yes No

PharmOutcomes Changes to Medication Plan? Yes No

Reason for changes

- New Medicine from GP
- Medication Stopped by GP
- Dose change by GP
- New Medicine from Hospital
- Medication Stopped by Hospital
- Dose change by Hospital
- Other

Changes

Date of current medication plan Name

Date of current medication plan
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Name of responsible pharmacist

Medication plans should be updated annually, even where there have been no changes.

If you are unable to take on any new referrals, even on a temporary basis, please call the Medicines Management Team :01226 433798 or email barnsleyccg.mmsbarnsley@nhs.net

Date of Review

NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month

Patient Name

If Patient Name is not registered, click here to enter 1. Patient registration *IMPORT 25-10-2018*

Is this the first time you are claiming for this patient on PharmOutcomes this month Yes No
Check provision history on left hand side

New Patient Yes No

Changes to Medication Plan? Yes No

Patient Status

- On going support provided, no changes
- On hold, in hospital
- On hold, in care home
- Other

Date of current medication plan
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Name of responsible pharmacist

Medication plans should be updated annually, even where there have been no changes.

If you are unable to take on any new referrals, even on a temporary basis, please call the Medicines Management Team :01226 433798 or email barnsleyccg.mmsbarnsley@nhs.net

Referral process

- **Contact the Pharmacy**
- **Ask to make a “Medication Management Service” referral.**
- If for any reason the Pharmacy declines to accept the referral then they should be able to advise you of the Pharmacy nearest to them who may accept a referral.
- Any problems finding a Pharmacy then please contact the Medicines Management Team 01226 433798.
- Arrange with the Pharmacy how a completed referral form will be received by them

- **Complete a referral form send it using a secure method of transmission**
- **Always follow up with the Pharmacy to ensure it has been received**
- **Once the Pharmacy has received the form they will have 10 WORKING days to obtain an up to date record of medicines from the GP surgery and undertake a review and complete paperwork.**
- The Pharmacy will contact the referrer if there are any problems that arise e.g. unable to get a medicines record from the GP surgery OR unable to access patient to undertake the review..
- It is the Pharmacist's discretion which medicines go into a monitored dosage system (MDS) and sometimes even with the scheme in place there may be a need for nursing or other staff to separately administer some medicines.

- The person completing this form will RECEIVE the completed Medication Management Service care plan from the Pharmacy and it is their responsibility to ensure this is passed on to the Care Provider and that a record is kept.
- The person completing this form can nominate for someone else to receive the completed Medication Management Service care plan from the Pharmacy. It will then be their responsibility to ensure the Pharmacy care plan is passed on to the Care Provider and that they hold a record.
- If the details of the Care Provider are known at the point of referral then they should be completed so that they will receive a copy of the completed Medication Management Service care plan from the Pharmacy.

- If there are any **CHANGES** made to medication for any patient using this scheme then the Pharmacy must be contacted by the patient's care coordinator/referrer to inform them.
- The Pharmacy will complete another review and issue the referrer or those nominated with a new Medication Management Service medication plan.
- Whilst this review is ongoing, neighbourhood nursing staff may need to be asked to temporarily administer medicine.
- When an updated care plan is received from the Pharmacy then it must be issued to the Care Provider who should then remove any previous paperwork which exists in the patient's home.
- A copy of the medication plan you also be sent by email to the clinical pharmacists attached to the patient's GP.

Service Delivery

- The service is usually delivered in the patient's home,
- If it is suitable for the patient the assessment may also be conducted in the pharmacy
- The assessment may also be undertaken by Pharmacy staff qualified to level 2/3 – as accredited and delegated by the superintendent and/or responsible pharmacist.
- The responsible pharmacist will be accountable for the completion of the care plan and recommendations based on the information provided within the review.
- The community pharmacy will be responsible for the quality of the service it delivers.

Key points

- All referrals must be complete and use the approved form
- All medication plans must be updated at least every 12 months
- New fees available from February 2019
- New Service specification starts from April 2019
- Existing monthly claim scheme ends 30th April 2019 (for those not ready to transition to new service)

Commissioning update

- Primary Care Networks
- APC reporting
- MOSW

Primary Care Networks



The image shows a map of South Yorkshire and Bassetlaw divided into five colored regions: green (top-left), purple (top-right), blue (bottom-left), red (center), and teal (bottom-right). The text 'Integrated Primary Care Networks in South Yorkshire & Bassetlaw' is overlaid in the center.

Integrated Primary Care Networks in South Yorkshire & Bassetlaw

Barnsley

CCG -	Sep-18	Mar-19
Number of PCNs at any stage of journey	6	6 TBC
% population coverage within CCG of PCNs at any stage of journey	100%	100%
number of PCNs assessed as nearest stage 1	6	
number of PCNs assessed as nearest stage 2		6
number of PCNs assessed as nearest stage 3		
% of your population with access to integrated teams	100%	100%



6 Integrated Local Care Networks

North	5 practices	40339 population
North East	8 practices	32815 population
South	4 practices	44473 population
Penistone	6 practices	55069 population
Central	5 practices	44632 population
Dearne	5 practices	39678 population

APC Reporting

Clinical Governance

APC Reporting

Medication Management System

APC Reporting

Date Completed

Issue Identified by: _____

Name

Job Title

Organisation

Issue category and who was involved _____

Issue Category

- Dispensing Error
- Prescribing Error
- Medication Supply Issue
- Medicines Administration
- D1 Communication
- Other Hospital Communication
- Formulary Related
- Shared Care Issue
- Summary Care Record
- Other GP Communication
- Care/Nursing Home
- Other

Issue Involving

- Hospital- BHNFT
- Hospital - SWYFT
- Hospital - non Barnsley
- General Practice
- Community Pharmacy
- Care/Nursing Home
- Care Organisation
- Community Nursing
- Other



• APC Reporting provision successfully entered and saved

• The following system generated provision report letters are available

[Basic Provision Record](#)

[Barnsley Interface Issue Report >>](#)

Secure email is queued to send

Issue Details _____

Patient NHS Number

GP Practice

Date Issue Identified

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Issue Identified

Action taken and outcome

Date Action taken

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

APC Reporting: Examples

- Most commonly reported relate to MDS
- Wrong Strength
- Wrong Medicine
- Missing Medicine
- Wrong Patient

Home

Log in

Registered user? [Log in here](#)

New user? [Register here](#) to start using the NRLS.

Welcome to NRLS Reporting

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents to improve safety in healthcare has developed substantially.

All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. Please [click here](#) for further information.

The published Organisation Patient Safety Incident Reports are generated by the Explorer Tool and can be found [here](#).

For the published data workbook, please [click here](#).

For the monthly published data reports [click here](#) and for the National Patient Safety Reports [click here](#).

After logging in you can:

- Upload incident reports from your local risk management reporting system
- Review incident reports submitted by your organisation
- View incident reports submitted online to the NRLS for your organisation

MOSW

- Phase 1 & 2 completed
- Phase 3 dates to be announced

National Contract Funding Arrangements

- From 1st April 2019 as per current funding
- Cat M prices increase by £10M a month
- Maximum of 200 MUR in first 6 months
- Pharmacy Access Scheme will continue
- No Quality Payment checkpoints have been set yet
- The B word

Health and Social Care bans fax machines in the NHS

- 9th December 2018
- Matt Hancock bans NHS from buying fax machines and has ordered a complete phase out by April 2020
- Forms part of GP from April 2019

LPC Activity

- LPC website <http://psnc.org.uk/barnsley-lpc/>
- LPC newsletter (sign up via website)
- Pharmacy BEST events
- Pharmoutcomes Activity Reports