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3. if you participate by making comments in the chat feature, you are agreeing to have your name and comments recorded.

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Cambridgeshire & Peterborough Integrated Care System

Training Hub CAMBRIDGESHIRE & PETERBOROUGH

Medicines quality

Professional Clinical Network

17th May 2023

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Amanda Downs – Specialist Pharmacy technician for Education and Training

Agenda

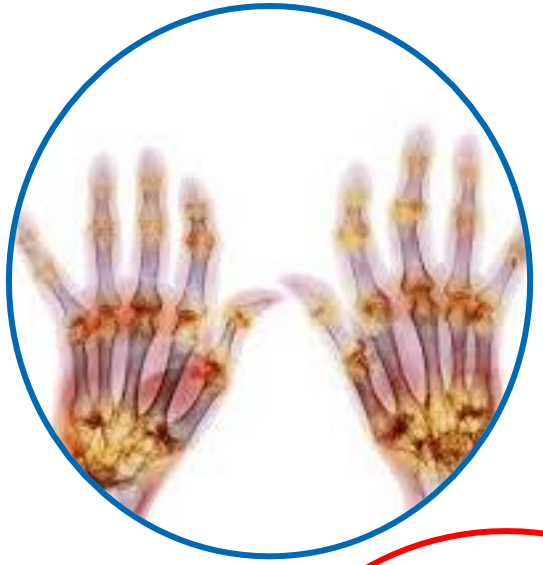
- Managing High Risk Medicines
- Medication reviews
- Controlled Drugs
- Patient safety alerts
- Significant event reporting relating to medicines
- Appropriate and safe prescribing
- Repeat Prescribing Systems
- Security of prescription forms
- Non-medical prescribing

Managing High Risk Medicines

- Protocol for management of high risk medicines
- When prescribing medicines which require regular monitoring, it is the responsibility of the clinician signing the prescription to ensure that all required monitoring is up to date and it is safe to issue the prescription.

[GP mythbuster 12: Accessing medical records and carrying out clinical searches - Care Quality Commission (cqc.org.uk)]

DMARDs and High Risk Drugs



- Before issuing and signing a prescription (including for patients under shared care agreements)
  - Confirm that monitoring is not overdue
  - Review the monitoring to check that it is safe to continue prescribing the medicine
  - Record in the notes that monitoring has been checked and it is up to date, PRIOR TO ISSUING THE PRESCRIPTION, if monitoring checks are not coded in the patient's clinical record.
  - Wherever possible, prescribers should ensure that required monitoring results are coded in the patient's clinical record.

- Use of Ardens Drug Monitoring templates highly recommended

DMARDs and High Risk Drugs – what expect to see

At inspection, CQC will always review a random selection of patient records.

They will check:

- Pathology results coded in the patient record
- Correspondence to look for monitoring results
- Consultation documentation to check for documented evidence that monitoring has been checked prior to issuing the prescription.

Medication reviews

All monitoring necessary for the medicines/patient has been conducted/arranged, requested/enquired about

Any potentially interacting medicines have been considered with a record of an appreciated of the risks and actions to be taken if the patient remains on them

Any drug safety alert information relating to the patient's medicines has been actioned

- If patients remain on medicines where there has been clear guidance to avoid for that specific category of patient, then a record is made of the decisions and conversations with patients that support the prescribing

Any potentials concerns regarding concordance have been identified and actions taken where necessary

If a code had been added without these considerations being addressed, then CC would consider there to be insufficient evidence of review.

How do you identify vulnerable patients?

How often should medication reviews take place

CQC do not determine the exact timing of medication reviews, although usually expect to be at least annually.

Frequency should be based on individual patient needs and may need to be more often than once a year

- Frail and elderly
- Prescribed multiple medicines
- Prescribed medicines that require regular monitoring and review
- Prescribed drugs of potential abuse or addiction
- Has poor control of a long term condition etc

Controlled Drugs

- Process in place for prescribing of controlled drugs
- [GP mythbuster 28: Management of controlled drugs - Care Quality Commission (cqc.org.uk)]

- What SOPs do you have in place?
- What monitoring do you do around prescribing of CDs?
    - Repeat prescribing review
    - Audits
    - Quantities, dose, formulations and strength
    - How do you identify over-ordering?
- Process for incidents, e.g. stolen prescriptions, prescribing incidents

All CD incidents must be reported using the CD reporting tool – www.cdreporting.co.uk

Controlled Drugs

Quantities:

- Prescribers are strongly advised to limit the quantity of Schedule 2,3, and 4 CDs prescribed to amounts that meet the clinical need of the patient for up to 30 days supply.
- In exceptional circumstances, where the prescriber considers more than 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, a record of the reasons for deviating from the guidance should be made in the patient's record.
- The prescriber should be able to justify the decision, if challenged.

Patient Safety Alerts

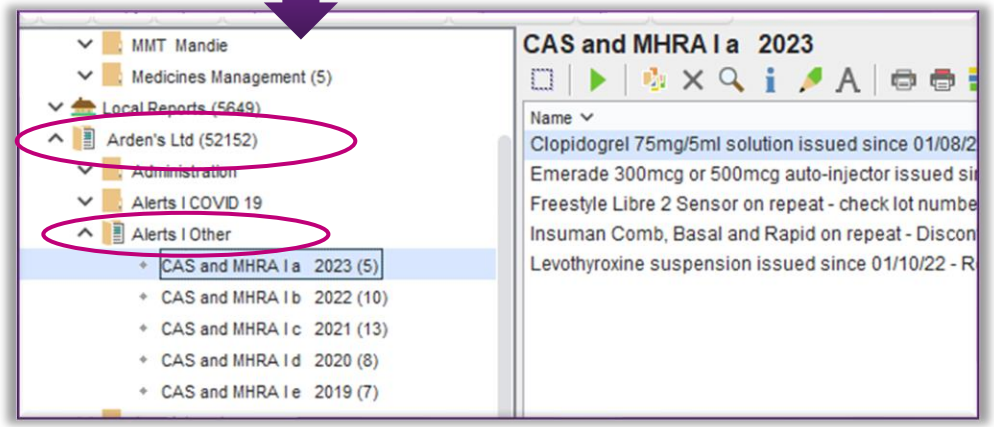
- MHRA and CAS alerts
- Must have robust process for:
  - Receipt of alerts
  - Disseminating
  - Actioning
  - Future auditing or monitoring
- Consider who should receive alerts and information
  - Ensure cover for annual leave or staff absences

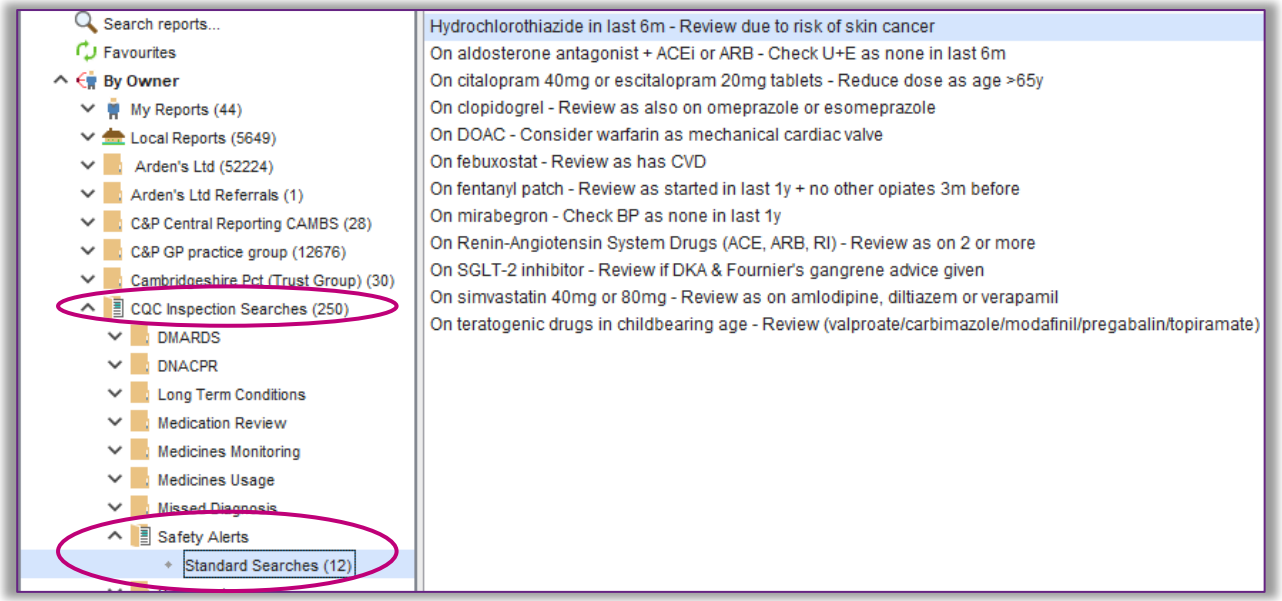
GP mythbuster 91: Patient safety alerts - Care Quality Commission (cqc.org.uk)

Patient Safety Alerts

Ardens searches for Alerts

SystmOne





EMIS web

Prescribing CAS Alerts

Ardens has created a suite of searches to support practices with identifying patients potentially at risk based on information from the Central Alerting System. These searches may be of interest to the pharmacy team.

To locate the searches, access the **Population Reporting** module > **Ardens Searches > 2.15 Prescribing - CAS alerts** searches folder. This folder is broken down by 3 sub folders.

- 2.15 Prescribing - CAS alerts (Ardens v1.4)
  - Clinical safety
  - Recalls
  - Supply disruption

The **Clinical safety** folder contains searches to identify patients on particular medications where there has been a National safety alert issued. These patients records should be reviewed and where appropriate consider stopping or issuing an alternative medication.

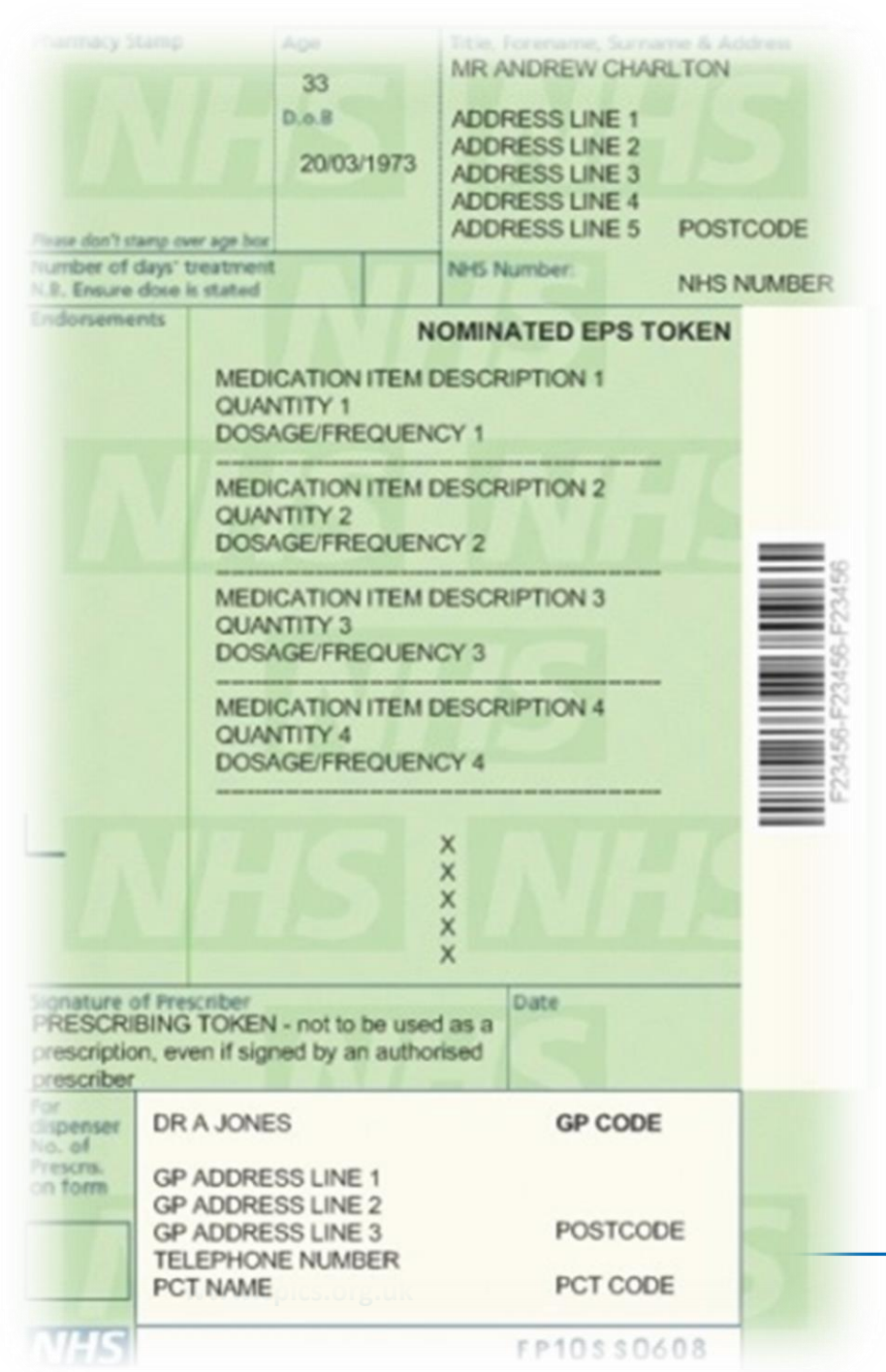
The **Recalls** folder identifies patients on medication where there has been a National recall of that medication or device. These patients should be contacted to discuss an alternative medication.

The **Supply disruption** folder contains searches identifying patients issued medication where there is a potential supply issue. You may wish to review these patients and prescribe an alternative medication.

Significant event reporting

- Ensure protocol in place
- Should ensure that concerns, safety incidents and near misses are shared.
- Evidence the learning and improving quality from incidents
  - All staff should understand significant events and know the process for raising a significant event.
  - Can reflect good as well as poor practice

GP mythbuster 3: Significant event analysis (SEA) - Care Quality Commission (cqc.org.uk)



Appropriate and safe prescribing

- [Home | OpenPrescribing]
- Sign up for personalised prescribing alerts from individual practice pages
- Key to understand practice/PCN data to identify trends and areas performing well and areas for improvements
- CC review of antimicrobial prescribing

Repeat Prescribing Systems

- Repeat Prescribing Policy
- Training of staff involved in issue of repeat prescriptions:

❖E-learning via the Training Hub Practice Medicines Co-ordinators e-Learning Course - Training Hub (cptraininghub.nhs.uk)*

❖Virtual or face to face prescription clerk training can be provided on request by Education and Training Pharmacy Technician.

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-11-electronic-prescribing

*Code available to access the course for free – Please email amandadowns@nhs.net and you will be sent the information on how to access

Security of prescription forms

- Written process for the management of blank prescription forms
  - Ordering
  - Receipt
  - Storage
  - Transfer
  - Post
  - Destruction
  - Incidents
  - Auditing

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-23-security-blank-prescription-forms
Management and control of prescription forms (cfa.nhs.uk)

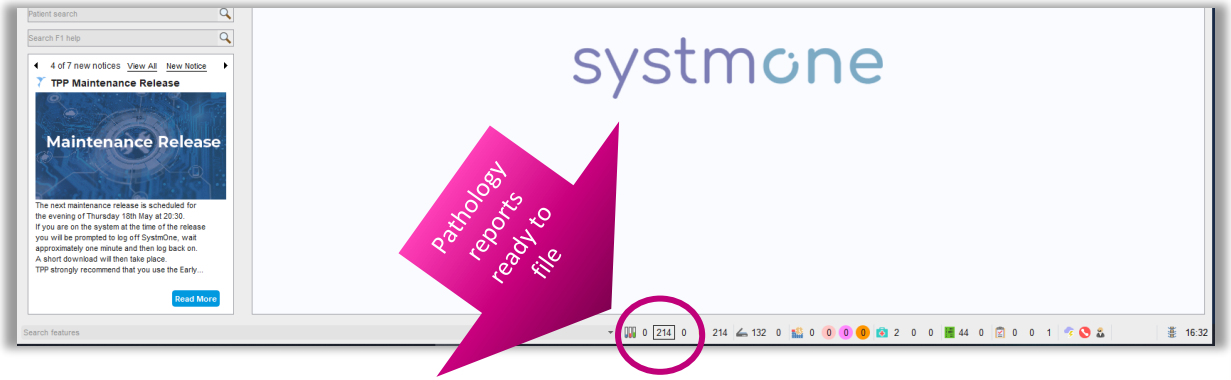
Non-medical prescribing

- Regular review of prescribing supported by clinical supervision and/or peer review
- Demonstrate:
  - Competence
  - Appropriately qualified
  - Registered
  - Systems in place to audit all prescribing including outcomes and learning.

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-95-non-medical-prescribing

Test results

- Documented approach to management of test results
- Timely manner – practice protocol
- Appropriate oversight including when reviewed by non-clinical staff
- https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-46-managing-test-results-clinical-correspondence



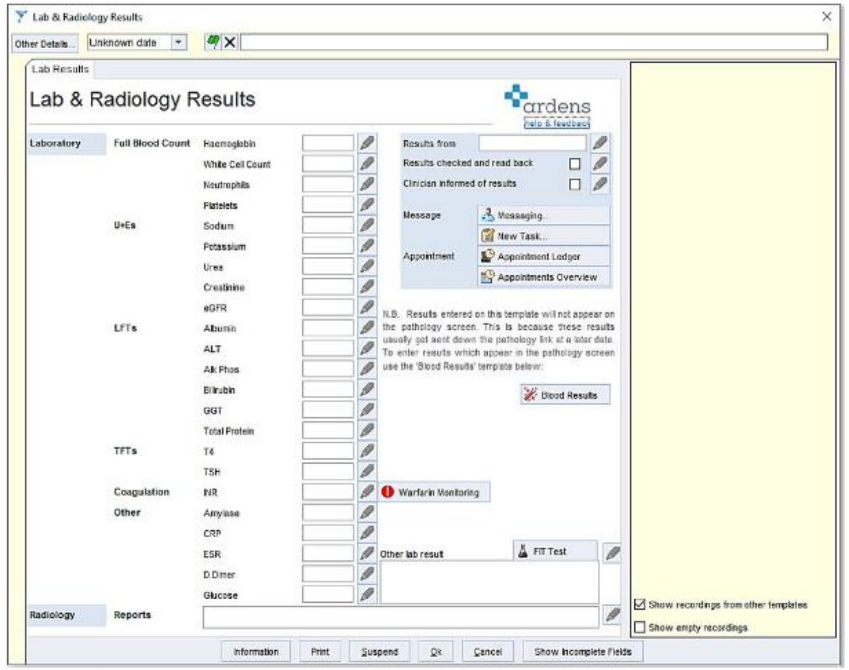
Lab and Radiology Results

Last review date 28/03/2023

The template can be located in the following ways:

- Embedded within the **Reception & Administration** template which is usually on the toolbar
- Use the bottom left search bar in SystmOne

If using on a regular basis, add to **F12 Favourites** for quick access.



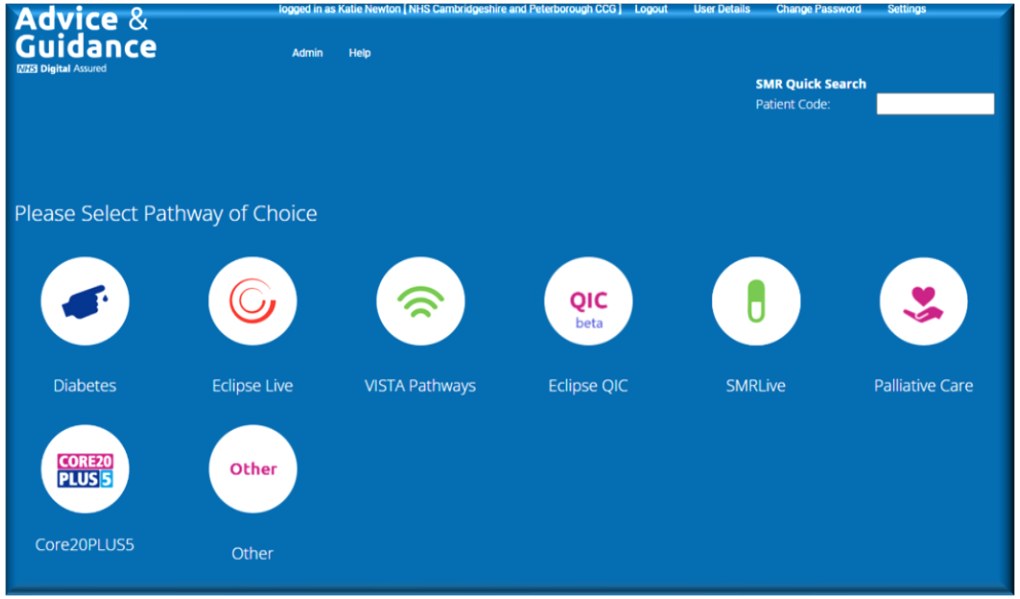
An administrator or receptionist can record urgent test results received from the local pathology services via telephone.

Please note: any results added via the template will be shown as free text in the Journal. The results will be read coded formally when the lab results are filed electronically by a clinician.

In the top right corner of the template there is a free text box to type name of hospital or lab informing you of the result. Tick the boxes below to record you have read back

Lab and Radiology Results : Ardens

Medicines Management in practice - oversight

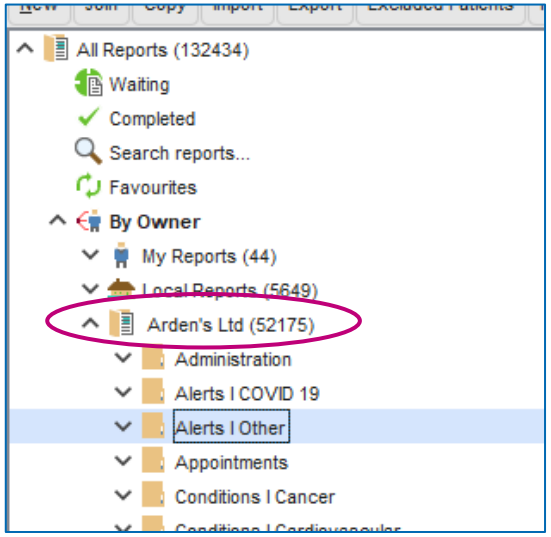


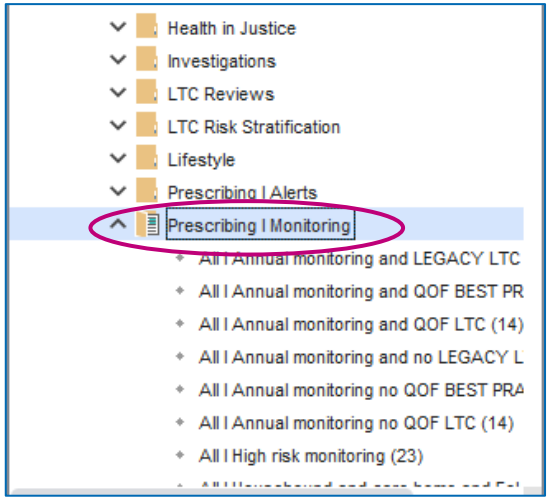
- Eclipse CQC live for broad oversight
- Identifies areas for focussed work
- Provides ranking vs other practices in the area
- Updates weekly

Medicines Management in practice: Ardens searches

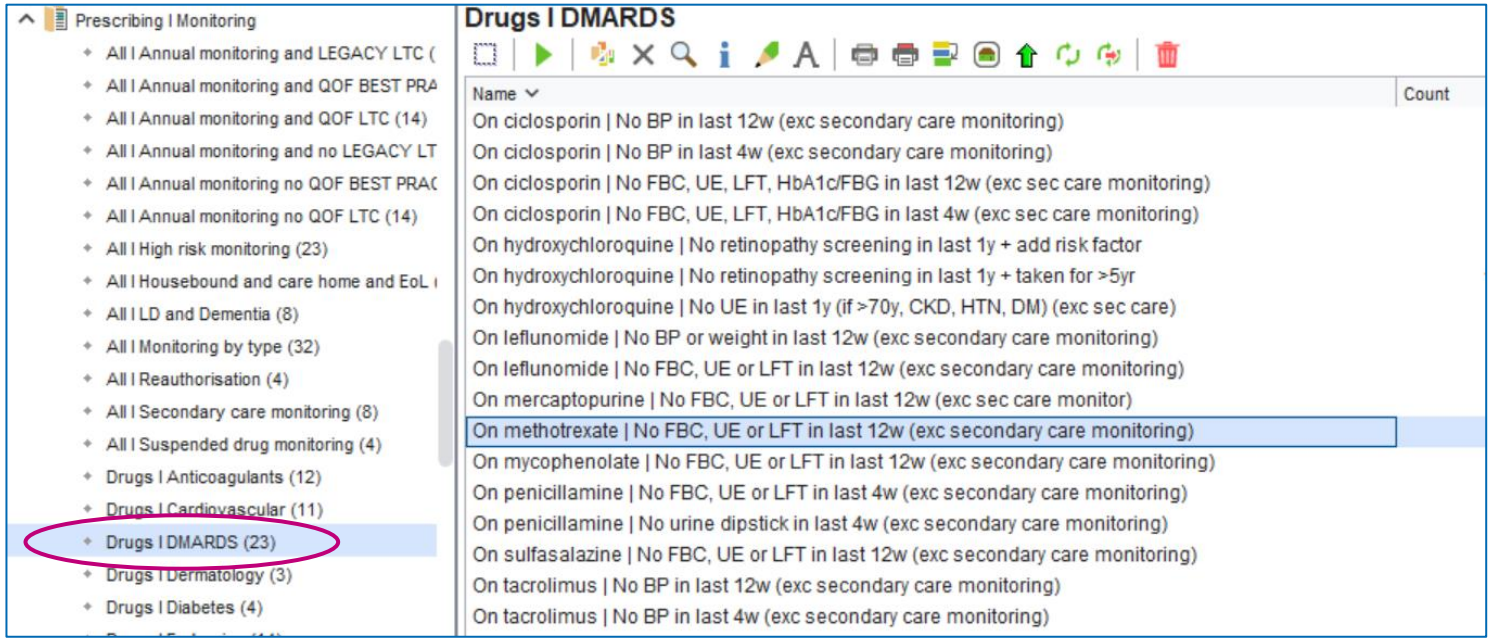
- Searches update overnight
- Recommend agreed suite of searches and add to favourites
- Agree who is responsible for running and actioning these

Ardens searches





Reporting → Ardens → Prescribing / monitoring → Drugs

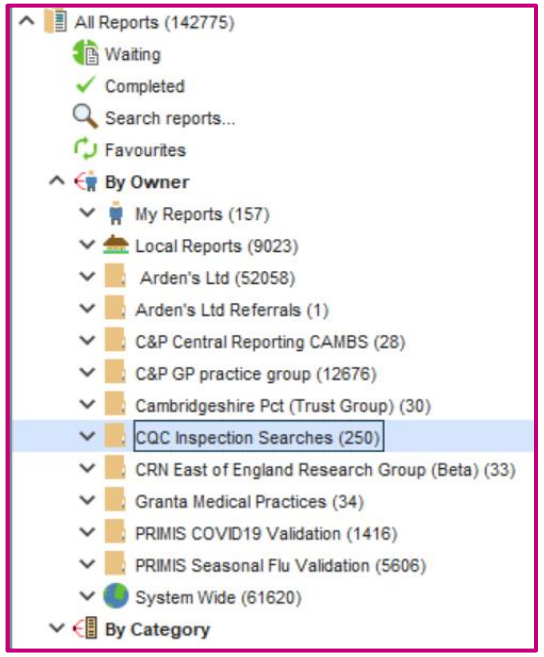


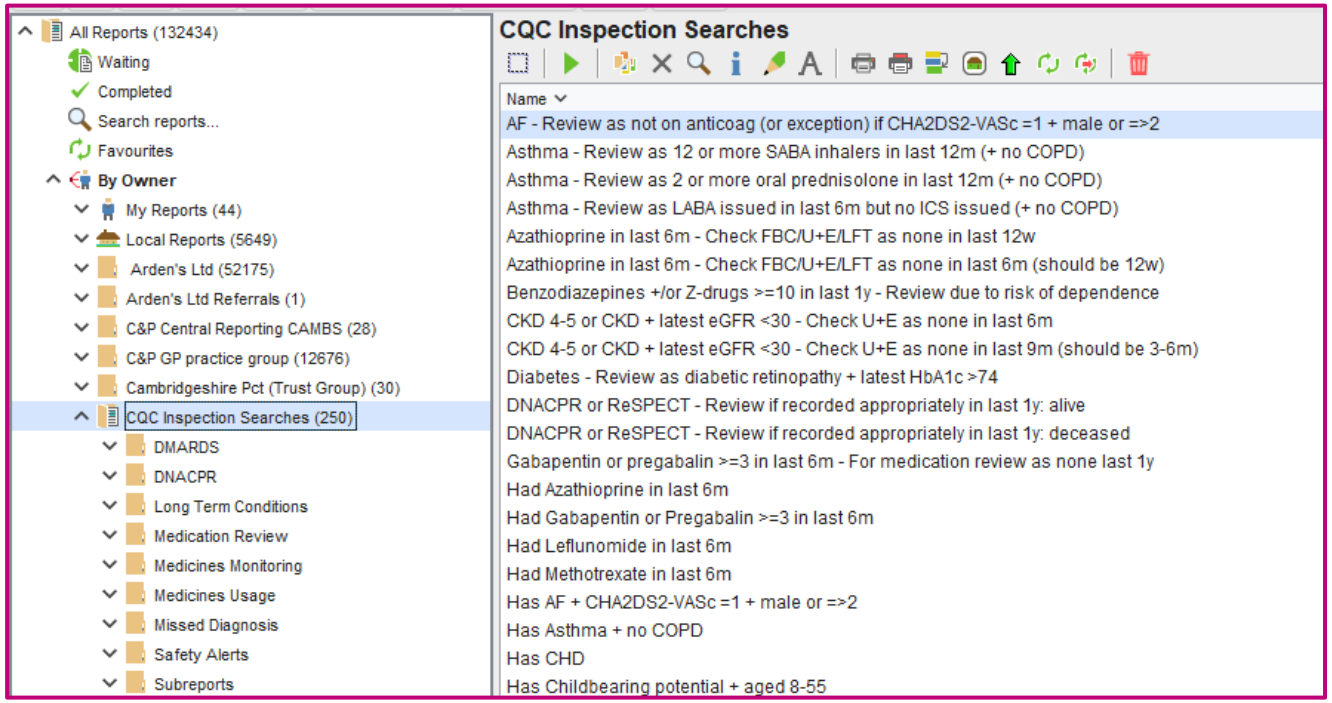
CQC searches on clinical systems

- Need to be downloaded at practice level, available free of charge.
- Searches can be used by practices but have a degree of tolerance built into them, e.g. in relation to the monitoring intervals
- Not intended as a substitute for practice's own governance systems and processes.

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-12-accessing-medical-records-during-inspections

CQC searches

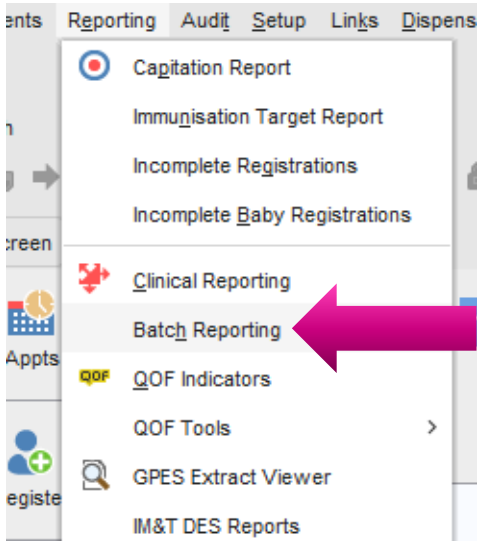


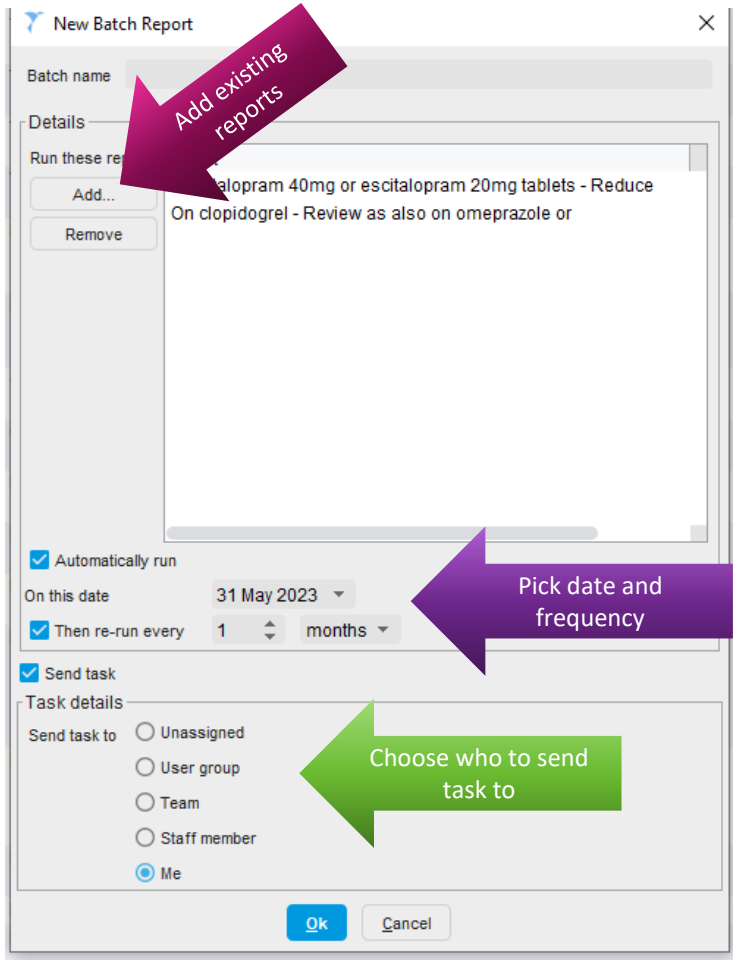


Reporting → CQC Inspection searches

Batch reports

- A Task will be created monthly
- This has to be actioned
- Task cannot just be completed /deleted





Reporting → Batch reporting → Create New Batch → Add (from existing reports) → Automatically run (Tick) → Pick a date → Tick re-run every (1 month) → Send task to (choose from list)

Breakout rooms

Discuss the monitoring of high risk drugs in your practices

- What works well?
- What can be improved?
- How can you achieve those improvements?

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Any Questions?