

## Claiming for Pharmacy Rota

Just to remind you that from October 2014 payment for rota is only made upon submission of a claim form to BSO. Please remember to submit a claim form for any rotas you provide and send to BSO with the second monthly prescription submission. You can download the form from the BSO website for Sunday, public holiday and weekday rotas:

[http://www.hscbusiness.hscni.net/pdf/140805\\_RotaClaimForm\\_Final.pdf](http://www.hscbusiness.hscni.net/pdf/140805_RotaClaimForm_Final.pdf)

Or, for Belfast on call rotas:

[http://www.hscbusiness.hscni.net/pdf/140805\\_BelfastOnCallClaimForm\\_Final.pdf](http://www.hscbusiness.hscni.net/pdf/140805_BelfastOnCallClaimForm_Final.pdf)

Details of current and future rotas in your area may be found on the BSO website under "Weekly and Holiday Rotas":

## Medicines Safety Update – sharing learning across community pharmacy in Northern Ireland

Adverse incidents relating to errors in prescribing, dispensing or administration of medicines occur on a **daily** basis. One of the most important ways to improve patient safety is to report adverse incidents e.g. dispensing incidents and 'near misses', **for the purpose of sharing learning**. This is in line with Standard 2.2.5 of **The Code**<sup>1</sup> that pharmacists "*Contribute appropriately to 'near miss' and error reporting systems*".

Community pharmacies have been reporting adverse incidents anonymously to the Board over recent years using the HSCB Anonymous Adverse Incident Reporting Form, and learning from these and other incidents has been shared with all local GPs and pharmacists via Medicines Safety letters and newsletters.

To make incident reporting easier and quicker, an **online anonymous reporting system** is now available at <http://www.medicinesgovernance.hscni.net/> and a short distance learning course on reporting adverse incidents anonymously to the HSCB is available on the NICPLD website.

As with the anonymous reporting form, there are no hidden identifiers in the online form so it is not possible to identify where reports have come from. Examples of dispensing mix-ups reported using the on-line anonymous reporting system are listed in the table below.

Intended Medicine	Selected Medicine
Quinine 200mg	Quetiapine 200mg
Prograf® (tacrolimus) 5mg	Prograf® (tacrolimus) 0.5mg
Climaval®	Climagest®
Diclofenac mr 75mg	Venlafaxine mr 75mg
Amitriptyline 10mg	Amlodipine 10mg
Venlafaxine 75mg	Venlafaxine 150mg

### Action for Pharmacists:

- Ensure you are familiar with how to report errors and near misses to HSCB
- Report any errors/near misses which occur within your practice

1. The Pharmaceutical Society of NI —The Code – Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland



This newsletter has been produced for Community Pharmacists and their staff by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information, please contact one of the Pharmacy Advisers in your local HSCB office. **Belfast Office:** 028 9536 3926 **South Eastern Office:** 028 9536 1461 **Southern Office:** 028 9536 2104 **Northern Office:** 028 9536 2845 **Western Office:** 028 9536 1008

## Focus on the Medication Use Review Service

In the last edition of PRN we looked at what an MUR is designed to do and some tips for conducting an MUR. An evaluation of this service is being carried out by School of Pharmacy, Ulster University. **Early outcomes of this evaluation have highlighted a number of issues** – this edition of PRN aims to outline some of these, to ensure your patients derive the most benefit from a MUR:

**Patient eligibility:** A number of pharmacies have been carrying out MURs on patients taking only one regular medicine. A MUR can only be conducted with patients on multiple regular medicines for whom a full prescription history is available.

**Record keeping:** The pharmacist must capture and retain a clinical record for every MUR undertaken. All sections of the MUR clinical records, including the MUR dataset should be completed in full, with no missing data. The information to be collected is outlined in the service specification.

**Medicines to include:** Patients should be reminded to bring in all their medicines, including OTC medicines and complementary therapies, when they attend for a review. All of these medicines should be discussed during the review and information recorded in the clinical record.

**Matters identified:** 30% of MURs for patients with a respiratory condition and 50% of those for patients with diabetes had a recorded outcome by the pharmacist as a result of the review. Please ensure you select patients who are most likely to benefit from an MUR e.g. those who are having problems with their medicines such as poor compliance, problems with administration etc.

**Follow-up MURs:** There is a 50% difference between the number of follow-ups MURs being recommended and those actually being carried out. Where a follow-up MUR is recommended, it is vital that the patient is contacted for a follow-up consultation, four weeks after the initial MUR takes place. The reason why follow-up is required, should be recorded in the MUR clinical record.

**Yellow Card reporting:** Where an unexpected side effect has been discovered, this may be an opportunity for you or the patient to complete and return a yellow card to MHRA.

**Self-management plan:** For patients with asthma, this can be a useful opportunity to check if they have a self-management plan. Written personalised action plans as part of self-management education have been shown to improve health outcomes for patients.

Further information on the service is available at: <http://www.hscbusiness.hscni.net/services/2427.htm> or by contacting your local Pharmacy Adviser.