

Fiona Cameron - Director of Nursing - Clinical Governance

From: Althea Lord - Consultant Geriatrician
Sent: 09 August 2004 07:34
To: **Code A** Clinical Pharmacist; Fiona Cameron - Director of Nursing & Clinical Governance
Cc: **Code A** - Pharmaceutical Advisor
Subject: RE: Risk Event Form 43635

File
Dr Lord

Fiona, I don't think that anyone can comment on this without looking at all the notes and correspondence and also tracing all the prescriptions that I have issued from outpatients. The whole situation is very complex.

- I didn't realise that I had to issue an FP10 to have medication removed from a dosette box.
- The chemist was willing to make the changes on a verbal message from the GP but not from a signed letter (typed on headed notepaper) that I had sent. This was phoned through to **Code A** my OP secretary and this message has been filed in her medical notes.
- The issue remains that when patients are in a complex phase of their disease and medication changes are complex and unpredictable, that the existing multi-dose systems are unsafe and the established practice excludes involvement of secondary care Physicians in prescribing. If we are to look after more patients in the community these issues need to be resolved. Otherwise, we will have no option but to admit them to hospital for the changes to be made.
- I have 15 minutes per follow-up in outpatients for talking to patients, examination, deciding on investigation and treatment, discussing this with patients and relative, dictating letter to GP. If I then have to write out all the drugs for all the medication in a dosette box each time there is a drug change, I will need the input of a Pharmacist for that session.

These issues need discussion.

Regards,

Althea

- 1 - re-write whole prescrip
- 2 - write to GP change next issues
- 3 - review use of MDS. **CES**

-----Original Message-----

From: **Code A** - Clinical Pharmacist
Sent: 06 August 2004 11:45
To: Fiona Cameron - Director of Nursing & Clinical Governance
Cc: Althea Lord - Consultant Geriatrician; **Code A** - Pharmaceutical Advisor
Subject: RE: Risk Event Form 43635

I think it appears to be a misunderstanding by the person who answered the query [who may not necessarily be a pharmacist] to give this info that only a GP can action changes!

The pharmacy requires a prescription in order to have the medications changed regardless of whether it is prescribed by a doctor or a consultant. Unfortunately a note from doctor Lord is not enough to have the meds changed - only a valid prescription is able to effect this.

It is up to the pharmacy how they deal with dosette boxes and if I remember rightly this pharmacy uses weekly cards so if they wanted to, they can dispense in this manner - however they will require weekly scripts and also it will mean increased workload for them.

Hope this helps.

Code A

where MDS linked to SC package

1 or 2

-----Original Message-----

From: Fiona Cameron - Director of Nursing & Clinical Governance
Sent: 06 August 2004 11:26
To: **Code A** Pharmaceutical Advisor; **Code A** - Clinical Pharmacist; **Code A** - OT District Advisor
Subject: FW: Risk Event Form 43635

HAZEL.

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To: [Code A] Pharmaceutical Advisor; [Code A] Clinical Pharmacist; [Code A] OT District Advisor
Subject: FW: Risk Event Form 43635

Can anyone help me with this?

FIONA

-----Original Message-----

From: Althea Lord - Consultant Geriatrician
Sent: 04 August 2004 11:11
To: Fiona Cameron - Director of Nursing & Clinical Governance
Subject: Risk Event Form 43635

Fiona, I've just filled this form in. The issue is that this lady (Code A) - a complaint from the family is already being addressed by F&G PCT) has her medication in a dosette box, but her medical and dermatological problems have meant that there has to be a change in her medication. Although I have copied the list of her medication to Brockhurst Pharmacy, they have informed me that they won't be actioning it as they need instruction from the GP!

The present policy is that dosette boxes are issued every 28 days but what happens for the people who are sicker and need closer adjustment. Also am I not to address issues about changes in medication, and leave it all to the GPs. We need a PCT policy on this. Have the Pharamcists been given the authority to say they won't adhere to written instructions from secondary care, and if so does the PCT carry the ownership of this decision and hence the risk.

This is just to put you in the picture. We need the issue resolved quickly.

Regards,
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Fiona Cameron - Director of Nursing _Clinical Governance

From: [Code A] - Pharmaceutical Advisor
Sent: 06 August 2004 11:58
To: Fiona Cameron - Director of Nursing & Clinical Governance
Subject: RE: Risk Event Form 43635

Several issues here ;

- If the patient's medication requires frequent changes then MDS is not be suitable option unless it is linked to Social Services care package.
- Once the drugs have been put into the dosette box it is difficult to remove them partly due to a risk re identification of the drugs to be removed and also the process of re-packaging the remaining drugs. Having said that, Brockhurst Pharmacy do supply all the drugs individually packed.
- there is also the problem of retrieving the existing MDS from the patient. A new Rx for all the drugs not just the changed drugs may be required so that a new dosette can be assembled.
- The pharmacist requires a prescription in order to dispense the medicines otherwise he doesn't get paid for the drugs or his time etc.
- Althea has discussed this with me before and it is not a simple issue to resolve. I did inform her on that occasion that any changes to the medication would have to be when the next MDS is assembled.
- The pharmacist is an independent contractor and his contract with the PCT is to dispense medications against an NHS prescription.
- The MDS service is a voluntary service for the patient and could be withdrawn by the pharmacist, which could result in no Social Service care package!

Hope this helps. I love things like this on a Friday. I can understand Althea's frustration but until we can resolve the issues around Social Services requirement for MDS if medication prompting is part of the care package and payment to the pharmacist for the service to independently assessed patients, we can't really do anything.

[Code A]

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Award HB/SC/RS response