Telephone: (01204) 390390 ext 5912

Our Ref: I

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Your Ref: RCG/YD/Reg28EAD



Bolton NHS Foundation Trust
Minerva Road
Farnworth
Bolton
BL4 OJR
www.boltonft.nhs.uk

16 March 2016

Mrs R C Griffin HM Assistant Coroner West District Paderborn House, Civic Centre BOLTON BL1 1JW

Dear Mrs Griffin

Re: Eric Gaskell- Deceased

Re: Regulation 28 Report to Prevent Future Deaths

I am writing in response to your Regulation 28 Report to Prevent Future Deaths, issued following the Inquest into the death of Eric Gaskell on 3 February 2016. May I take this opportunity to extend my sincere condolences to the family of Mr Gaskell for their loss.

I am sorry to learn that during the course of establishing how Mr Gaskell came about his death you heard evidence which appeared to indicate the hospital does not have 24 hour access to medication that may be required by a patient. I wish to assure you that this is not the case and on receipt of the Regulation 28, I requested that the Chief Pharmacist and Medicines Safety Group review the matters detailed in your Report.

In relation to 24 hour access to medicines, the Trust's Medicines Policy (attached) outlines in Section 18 the process for the supply of medicines to patients at Bolton NHS Foundation Trust. In Section 18.2.4.1 and Appendix 15 of the Medicines Policy, the process for supply of medicines outside of normal Pharmacy working hours is described in detail. In addition there is Standard Operating Procedure (SOP) to be used in conjunction with the Policy.

The opening hours of the Pharmacy are:

Days	Hours of service
Monday to Friday	8am to 8pm
Saturday and Sunday and Bank Holidays	9am to 3.45pm
Christmas Day	11am to 2pm

When a patient has attended the Accident and Emergency Department and presents a hospital prescription to the Pharmacy department during the above hours they would be supplied with the medication. Outside of these hours the Accident and Emergency Department may be able to supply an over-labelled or a pre-packed medicine.

An over-labelled medicine is defined as the placing of a label onto a licensed medicinal product either onto the primary packing (for example in the case of dropper bottles or cream/ointment tubes) or onto the secondary packaging (for example, the box surrounding a blister strip of packaged tablets) depending on the local requirements.

A pre-packed medicine is defined as taking the pack of a licensed medicinal product and opening it to pack down the enclosed doses of medicine into small units than were originally supplied by the manufacturer. The medicine is then repackaged and labelled with directions for use by the patient.

Many wards and departments hold stocks of over-labelled or pre-packed medicines, according to their requirements. The Accident and Emergency Department stock 45 products that range from antibiotics to analgesia. They also have an additional stock of over-labelled and pre-packed medicines for Paediatrics and for Ophthalmology.

The Accident and Emergency (A&E) Department stock 1 x 100 Glyceryl Trinitrate Tablets, which is used as a first line treatment of angina. These are labelled as an over-labelled pack with the appropriate instructions. Although A&E do not stock any over-labelled or pre-packed beta-blockers or calcium channel blockers, which are also first line treatments for angina, they are able to supply a beta blocker from their main stock. As these treatments are often administered once daily, it would be possible to provide a dose to the patient while in the department and provide a prescription for dispensing by the hospital Pharmacy the following day.

If the required medicine was not available over-labelled or as a pre-pack then the Accident and Emergency Department have access to an Emergency Drug Cupboard. When a required medicine is not available from the Emergency Drug Cupboard and the clinician believes treatment must commence without any delay, the clinician can contact the on-call Pharmacist as outlined in Appendix 15 of the Medicines Policy. The on-call Pharmacist can be contacted via the hospital switchboard and asked to come in to dispense the prescription.

The decision to cease using Generic prescription forms (FP10's) in A&E was based on a number of factors. Bolton NHS Foundation is unable monitor the adherence to agreed formulary choices for medicines nor is it able to guarantee that suitable clinical checks made by a Pharmacist prior to supply has been completed. This has the potential to cause harm to patients and incurs additional costs to Bolton NHS Foundation Trust that would otherwise be resolved at source. There is also the additional cost of supplying medicines using FP10s as these prescriptions attract a dispensing fee provided to the community Pharmacy and the likelihood that the cost of the drugs is not able to be matched by the hospital contract pricing structure.

The above outlines the measures in place that the Medicines Safety Group believes mitigate the matters of concern highlighted in your report, however addition the Medicines Safety Group have agreed the following actions and timescales:

Action	Target Date	To be actioned by
Review the existing stock list of over-labelled	31 May 2016	Steve Simpson, Chief
and pre-packed medicines with Accident and		Pharmacist
Emergency Department.		
Advertise the opening hours and the process	April 2016	Steve Simpson, Chief
for obtaining medicines out of hours with		Pharmacist
Accident and Emergency Department.		
Memorandum to all Wards and Departments	Completed 25	Steve Simpson
regarding the supply of medicines out of	February 2016	-
hours.	•	

I am confident that the Trust has the necessary systems in place to ensure medication is available for patients regardless of the time of their attendance.

I do hope that my response has provided you with the assurance that you and the family are looking for. If you need any further information, or if I can be of any further assistance please do not hesitate to contact me.

Yours sincerely

Dr Jackie Bene Chief Executive

CC: Mike Robinson, Clinical Commissioning Group (CCG)

Enclosures:

Medicines Policy Memorandum regarding the supply of medicines out of hours SOP for obtaining medicines out of hours. Mike Robinson, Bolton Clinical Commissioning Group (CCG)

