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North Laine Medical Centre

[REDACTED]
[REDACTED]
12-14 Gloucester Street
Brighton BN1 4EW
[REDACTED]

Tuesday, 31 July 2018

Mrs Veronica Hamilton-Deeley
HM Coroner for Brighton and Hove
The Coroner's Office
Woodvale
Lewes Road
Brighton BN2 3QB

Dear Mrs Hamilton-Deeley,

We are writing in response to your Regulation 28 Report sent to the practice following the death of Mr D C. First of all, I would like to say how saddened everyone at the practice is by the death of Mr D C. He had been a patient of the practice for many years so many of us knew him well and had tried to support him with his difficulties during his life.

Both the Practice Manager, [REDACTED] and I have been involved in investigating the matters of concern outlined in your Regulation 28 Report, together with all the other doctors and administrative staff in the practice. Therefore, this report is being written jointly by [REDACTED] and me and it has also been read and approved by my partners in the practice, [REDACTED].

As is apparent from evidence available to the inquest and the investigation of the Police Liaison Officer, Mr DC was able to obtain scripts for Zopiclone from the practice earlier than scheduled. He did this by making electronic online requests which were processed by the practice and sent electronically to the pharmacist for dispensing. Despite looking into the computer system records, it remains uncertain whether electronic warnings about scripts being ordered too early were always triggered during this process. The settings on the computer, put in place when the system was installed in 2013, allowed scripts to go through within seven days of the due date without an alert or warning being triggered. My recollection is that Mr D C was on a shortened repeat period, i.e. not 28 days but 7 or 14 days so a repeat script could have gone through without a warning/alert being generated. Similarly, patients were able to make an online request for an item on their repeat prescription list within 10

Actions taken so far taken in response to Section 28 notice served by HM Coroner on North Laine Medical Centre:

1. A significant event analysis attended by the whole practice was held on 22nd May, 2018 to discuss the issues raised by the case. An action plan of 10 items was drawn up which has been read and signed by all participants in the prescribing/repeat prescribing process.
2. An audit of all patients on Zopiclone was carried out to ensure that limits and doses were correctly entered on the system. There was no evidence that any other patients had over-ordered or done so too early.
3. Access to online requests for controlled drugs has been removed for all patients. Following discussion with the patient and their doctor, this may be restored if the patient is considered "low-risk".
4. An investigation into online ordering and script generation by the computer system was conducted in conjunction with the practice IT co-ordinator. As a result, the timings were changed within the system so that warnings about scripts being ordered too early were changed from 7 to 1 day and ordering online from 10 to 3 days.
5. Patients who overdose will be added to the weekly script list.
6. There has been an extensive revision of the practice prescribing policy incorporating suggestions from the CCG pharmaceutical adviser and we are having a practice meeting on 24th July to discuss further. We look forward to working with her again over the next year to improve further our systems.
7. There has been a raised awareness of the potential of any patient to over-order medication, whether by accident or design.
8. [REDACTED] will continue to liaise with the CCG and other groups and will be a member of the T and F group looking into these issues. As part of this, he had a meeting with [REDACTED], the chair of the CCG, on 23rd July where the issues involved were discussed and he seemed supportive of the practice's efforts to address the problem. [REDACTED] has seen a draft of the report to be submitted by [REDACTED] and feels it accurately reflects the actions and changes made by the practice.
9. A whole practice meeting took place on 24th July to discuss the updated practice prescribing policy. Ongoing review of patients on controlled drugs [REDACTED] [REDACTED] will occur and a plan to reduce and/or stop agreed with the patient. This will complement what the practice already has put in place over the past 2 years in terms of reduction programmes for patients.
10. A further meeting is planned with the practice IT coordinator to highlight automatically patients who have taken an overdose when certain high-risk drugs are requested. We hope to have this in place shortly.
11. We have self-referred as a practice to the GMC and are also liaising with NHS England and the CQC. We will be submitting a full report to NHS England at some point in the future.

Action plan following meeting held on 22nd May which have been implemented by the practice.

1. All GPs are to be copied into reports of overdoses or other suicide attempts. This is the responsibility of the GP initially receiving the correspondence.
2. All overdoses or suicide attempts are to be coded into the system. We are looking to set up some kind of computer generated warning for patients who fall into this category but will need to liaise with the CCG/national computer system as to what information is appropriate/desirable to include
3. Receptionists and GPs are to be more aware of the possibility that patients may be ordering scripts too early, even if amounts appear "small".
4. An audit of all scripts for Zopiclone, was undertaken to ensure that the correct minimum number of days between script issues is entered on the repeat template. No evidence of any other patient ordering too early was found. Amounts of some prescriptions have been reduced .
5. Any patients on the practice's weekly script system have been reviewed and their access to online prescription requests removed. The practice remains in control of the issuing of the script and ongoing reductions in certain medications is continuing.
7. All patients on controlled drugs or drugs of potential abuse/dependence are being assessed and their access to online requests for prescriptions removed.
8. The receptionist processing repeat prescriptions for the day is to be given allocated and protected time to process the scripts and the same will apply to the doctor signing them off. Receptionists have been reminded that the turnaround for prescriptions is two working days and not to feel pressurised to take less time.
9. We will discuss St Peter's Medical Centre's protocol for high risk medication and how we might use this in the practice, particularly around medication reviews.
10. Timings changed on computer system for warning about scripts being ordered too early to appear from 7 to 1 day before script due and ordering on line from 10 to 3 days.

North Laine Medical Centre

Repeat Prescribing Policy

1. AIMS

The purpose of this policy is to ensure that a simple and clear process for issuing repeat prescriptions is understood within the practice. That clinical control is properly exercised, risks for patients are reduced and the most cost-effective medication is issued on time to meet patient need.

2. Management control

All repeat medications are recoded on the practice GP System. Controlled drugs are covered by the 'benzodiazepine prescribing policy'. Medications issued on home visits will be recorded by the GP once he/she has returned to the practice.

3. Clinical Control

The responsibility of the doctors is as follows: Doctors to make all additions/alterations to prescriptions:

Medication should usually be prescribed generically, unless contraindicated during the medication review/or advised by Hospital.

To be precise with directions e.g. 1 tablet twice daily, rather than as directed, for clarity, and so that over and under-use is apparent.

To sign repeat prescriptions for patients at the end of surgery.

Initiate repeat medications for new patients, review appropriateness (and cost) of medication.

Following hospital appointment or discharge, update treatment record and delete obsolete items.

Medication linked to problems- All medications should be linked to a problem to be actioned by GPs opportunistically, when doing meds review when putting new meds on system

Enter all drug allergies and adverse reactions codes onto the computer.

PRACTICE NURSE WILL ISSUE -

Dressings etc.

Diabetic equipment

Asthma equipment contraception

RECEPTIONISTS WILL ISSUE dressings, etc. requested by district nurses folic acid, ferrous sulphate, Peptac, and Mucaine requested by midwives and other items specifically authorised by GP for specific situations.

Delete medication no longer used by the patient. See below

Duration of repeat prescriptions should usually be for 28/56 days.

The maximum duration will be 6 issues unless it is a high-risk drug at discretion of Clinician. Reception staff will no longer override the extra issue but will refer to the GP

4. **Review dates:** patients' medication to be reviewed at least annually, and code *Medication review done* entered onto clinical record. Patients over 75 years on 4 or more drugs should be reviewed every 6 months. If reception staff sees that a patient does not have a *Review Date*, please advise the GP.

5. High Risk Drugs

Shared care Drugs

Repeat requests for high risk drugs, e.g. warfarin, lithium, DMARDs drugs are managed through the High-Risk Drugs protocol
Some high risk drugs are identified as part of the Les 84. Every month a batch report listing the patient on high risk drugs is sent to the GP prescribing lead. Actions are then followed up with Lynn who coordinates high risk and substance misuse prescribing. This is a shared care service and our patients are monitored as part of this specification. Lithium monitoring is performed via a recall system.

file:///C:/Users/stempm/Downloads/safe_drug_mon_lcs_011_spec_v1.3%20(2).pdf

Benzodiazepines, Z-Drugs and opiates/other controlled drugs

Patients on this group of drugs must request repeat medications either via Email, in writing or completing the side script. See section 6, Reception staff.

Patients who are on reducing regimes of medication or felt to be at risk of misusing medication will be placed on the list for weekly scripts. These will be processed by the nominated receptionist and are not available to be requested by the patient. They will be sent to the chemist in four weekly batches of a week at a time. Every four weeks, the medications are reviewed and reauthorized by the GP and reductions made, if appropriate.

The practice is investigating the cost of dip testing new patients requesting high risk drugs or others already on high risk drugs as part of their reviews.

Additionally, patient included on the SMI LCS are managed in cooperation with the SMIL Nursing Liaison team.

6. Reception Staff.

To alert doctors if over or under-use of medication is noticed, (usually written on px request) and pass on any request for new or changed medication to the doctor (usually as a task).

The Practice will not supply further repeat prescriptions at shorter time intervals than have been authorised (by GP) without agreeing the reason for the early request, e.g. holiday.

Provided there appears to be no problem, a prescription can be generated and left for the **doctor to authorise and sign**. A list of situations where the GP must be advised are:

1. The clinical system indicates that a review is necessary
2. Any drug requested by the patient is not on their repeat record
3. Any of the following drugs may not be requested electronically. If on repeat then patient must email, complete the prescription side slip or request via their pharmacist.
 1. Temazepam
 2. Diazepam (Valium)
 3. Dihydrocodeine
 4. Zopiclone and Zolpidem and Tramadol oxycodone
 5. Paracetamol and codeine 500/30 preparations, e.g. Solpadol, Zapain, oral morphine
 6. All other controlled drugs
4. The item requested has been issued less than one month previously
5. The overall date limit has passed
6. Any request about which the practice staff are concerned or uncertain.

If the Review Date has passed, to print the side slip 'medication review due' on the prescription and flag it to the doctor. On EPS a query note appears in the prescribing task list for the prescribing GP to action. The overall date limit can be extended by the receptionist for 1 month. Only on the express authority of the doctor. The doctor decides whether the patient needs to come in for a review of their medication. If not, the doctor updates the *Review Date*, and enters the code *Medication review done*. If the patient's usual doctor is on leave, the repeat prescription is issued as normal, and the medication reviewed with the next prescription.

Reception Staff are authorised to ***automatically delete all repeat medication older than 12 months except DO NOT stop seasonal/hay fever/Ventolin/ GTN sprays and Epipens and seasonal medication.***

Clinicians only will stop prescriptions older 6 months and they will be archived.

To make patients aware of the process for obtaining further repeat medications and encourage the use of the Online Patients Access. To Also explain that the *Review date* is for the doctor to review the medication; they do not automatically need to see the doctor if it says overdue, unless there is a *Reminder message*.

7. Patients' responsibility

Should have a written record of their repeat medication.
Repeat requests should be made by ticking the re-order form, or in writing letter or fax, on line or via the nominated pharmacist.
Patients should be prevented from over-ordering medicines.
If they are unsure whether an item should be continued, they should discuss it with a doctor.
They should cross off items they no longer use.
They should allow a minimum of 2 working days for prescriptions to be ready and enclose a stamped addressed envelope if they want it posted.
With the advent of EPS all patients should be encouraged to have a nominated pharmacy.

8. Prescribing Process

Patients should give 2 working days' notice of a request for a repeat prescription. 3 working days' notice is required for medications that need reauthorising or are not on 'repeat'. Requests may be made in writing and sent by post enclosing a SAE left at the surgery reception or ordered via our online patient Access. Where a patient makes a request in person then a repeat prescription request form should be completed.

Repeat prescriptions may be posted to the patient, collected personally collected by some pharmacies the pharmacist.
Telephone requests will not be accepted unless previously agreed. This policy avoids mistakes in issuing wrong dosage or types of drug and maintains the 'Audit trail'.

We will not telephone routine repeat prescriptions to a pharmacist in any circumstances.

9. For efficient use of Electronic Prescribing (EPS2): Note we have now moved to electronic prescribing. The process we follow is:

Ensure patient demographic data matches spine data

Check that patient has a nominated pharmacy and that this information is up to date and correct, especially where patients have recently moved to the area.

Ensure prescribed items are mapped to dm+d

Ensure dosage instructions appear on the record in full, not as abbreviations

Where a patient receives more than one repeat item, quantities, authorised issues / review dates should be synchronized.

Some medicines are currently excluded from EPS2 arrangements e.g. Schedule 2 and 3 Controlled Drugs including temazepam and tramadol.

When registering patients, they should nominate a Pharmacy or if a Pharmacy arranges consent then the form is sent to the practice and scanned into notes.

10. Administration and Signatures

Reception staff will be allocated protected time and should not be interrupted by other staff member or answer patient queries unless the matter is urgent. All repeats not received electronically should be prepared for signature at the end of morning surgery in **protected time**. All EPS requests are automatically assigned to Doctor. Then signed scripts will be:

Posted to patient (include repeat prescription note)

Place in 'to be collected' box on main reception desk

Retained Pharmacies boxes. Scripts are collected by Ross and other local pharmacies in a secure bag normally daily.

Faxed to chemist then posted (only for urgent requests usually via prior arrangement with chemist).

Pharmacists will sign for all scripts collected at reception Check ID particularly when collecting controlled Drugs.

Persons collecting controlled drugs on behalf of patients should provide a letter of authority from the patient; this can be in the form of an email. Once authority received make a reminder.

All medication issued must be recorded on GP system. Please record destination of script /e.g. SAE, Ross.

Basic Training is provided in house additionally we did receive one day's formal training from the CCG when we moved to EPS.

11. Acute Re-Authorisation Requests

Those requests that cannot be authorised by the prescribing team are tasked to the Duty GP task box to be reviewed and issued accordingly.

Any on the day urgent requests are flagged green and the appropriate clinician is advised these are waiting.

12. LOST PRESCRIPTIONS.

If a prescription is reported as lost, check the date of issue and any places where it could possibly be – i.e. misfiled, sent to the chemist or an incorrect chemist.

If the prescription cannot be found reprint the prescription – do not re-issue

Make an entry in the patient's notes (quick note) why re-issued the date of the prescription and that it has been re-printed.

Write note in book for lost prescription.

Patients who report that their medication or prescription has been stolen should report the matter to the police and obtain a crime number.

Patients who regularly "lose" their prescriptions should be seen by a GP who will decide if it is appropriate to re-issue the prescription.

Under no circumstances must a receptionist re-print or re-issue a prescription for controlled drugs, this must be actioned by the Duty GP/Pharmacist.

13. Uncollected Prescriptions-

The Prescription basket should be checked thoroughly on the first week of every month for uncollected prescriptions. This needs to be done to highlight any potential safeguarding issues or problems to the GP. (Old Rxs ie 2 months or over should be passed on to GPs before destroying as GPs should be made aware if patients aren't taking medications. (Record destroyed Rxs in PMR) **Mark prescriptions in error, right click on the medication screen and give a reason of not collected by patient.**

These are coder 'Prescription not collected' Read code browser on S1

14. Medication reviews.

The Practice supports the principles of the medication review described in the briefing paper www.medicines-partnership.org/medication-review
http://www.npc.co.uk/med_partnership/assets/room_for_review.pdf

We undertake a full medication review with patients usually face to face and occasionally using the patient's full notes. We adopt the following principles:

1. All patients have the chance to raise questions and highlight problems about their medicines
2. Medication review seeks to improve or optimise impact of treatment for an individual patient
3. The review is undertaken in a systematic way by a competent person. At this practice, this is always the Doctor. Reviews are triggered annually for all patients on the chronic disease registers. Additionally, patients on regular repeat medication will be invited in for a review at intervals defined by the Doctor. Normally 6 months the reviews will be at 6 months unless indicated otherwise.
4. Any changes resulting from the review are agreed with the patient
5. The review is documented in the patient's notes.
6. The impact of any change is monitored.

MAS Prepared February 2007

MAS/RMcP/MJAS Reviewed July 2018