



Medicines Management Dept: Standard Operating Procedure for the Management of Safety, Stock and Other Alerts

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior Doctor Jeremy Tuck	Lead Doctor for PTHB	DocuSigned by: <i>Jeremy Tuck</i> 6DD4C906B75B48B...	11/18/2020
Chief Pharmacist Jacqui Seaton	Chief Pharmacist for PTHB	DocuSigned by: <i>Jacqui Seaton</i> 71E8089DE3634C4...	11/28/2020
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Senior Representative of Professional Group using the PGD Alison Davies	Executive Director of Nursing and Midwifery for PTHB	DocuSigned by: <i>Alison Davies</i> D336EA91715840E...	11/23/2020

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Oct 2020

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Jason Carroll, Senior Medicines Management Pharmacist

Circulated to the following for Consultation

Date	Role / Designation
12/10/2020	Medicines Management team members

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

None

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					<i>Please provide supporting narrative for any adverse, differential or positive impacts that may arise from the implementation of this policy</i>
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and Maternity	X				
Race	X				
Religion or Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and Civil Partnership	X				
Welsh Language	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No risks identified</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No risks identified</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>None identified</p>					

1 Introduction

NHS Wales utilizes an alert cascade system to rapidly disseminate information to organisations and individuals within the NHS. These alerts may be issued by a variety of sources (e.g. NWSSP, WG, drug manufacturer) and relate to matters of patient safety, drug availability or other key issues. Alerts require timely review by the MM team, together with the implementation of appropriate actions plans, which may include further cascade.

2 Objective

This document sets out how the Medicines Management dept. will action all received alerts and associated notifications. It is designed to ensure that such alerts are managed efficiently.

3 Definitions (Mandatory Heading)

- **MIU** – Minor Injuries Unit
- **MM** – Medicines Management dept.
- **NWSSP** – NHS Wales Shared Services Partnership
- **PTHB** – Powys Teaching Health Board
- **SBUHB** – Swansea Bay University Health Board
- **SOP** – Standard Operating Procedure
- **WG** – Welsh Government

4 Responsibilities

4.1 Chief Pharmacist

The Chief Pharmacist must:

- Ensure all staff read and understand this procedure.
- Arrange regular review to monitor compliance with this procedure.
- Ensure that the management of drug alerts is included within SLAs with supplying pharmacies.

4.3 Senior Pharmacists

The Senior Pharmacists must:

- Ensure staff are trained in using this procedure.
- Ensure dissemination of this document.
- Support MM staff with implementing this procedure.

4.4 All MM Staff

All MM staff must:

- Be aware and familiar with this standard operating procedure.
- Manage received alerts in line with this procedure and where indicated, take appropriate action as outlined in the alert.
- Seek support from senior colleagues where required.

5 Process

5.1 Receiving and Forwarding Alerts

Alert Log

It is recognized that members of the MM team may receive the same alert, but potentially from different sources and at different times. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list.*

Before cascading further within the MM team, recipients should review the status of a received alert on the alert log (J:\Medical\MM\Alerts\Alerts Log.xlsx). Where there is an existing record relating to the received alert, no further cascade within the MM team is necessary. In the absence of an existing record, the recipient is responsible for:

- Creating a new record; and
- Placing a copy of the alert in the relevant folder e.g. J:\Medical\MM\Alerts\20.21; and
- Where required, facilitating a cascade of the alert within the MM team (see *internal cascade* below).

Internal Cascade

Where the cascading of an alert within the MM team is required, this should be facilitated via info.medicinesmanagement.powys@wales.nhs.uk. The member of staff requesting a cascade should email the above address and provide:

- A complete copy of the original alert;
- Details of the intended recipients (e.g. full team, community services team etc);
- A summary of any action taken to date;
- A summary of any action required;

5.2 Stock Disruption Alerts

All stock disruption alerts should be cascaded to the primary care **and** community services lead pharmacists, or nominated representatives in their absence:

Community Services – Jayne Price / Kathryn Harries

Primary Care – Jason Carroll / Nikki Mathers

Community Services

Review the alert and consider the relevance for the community care setting. Where considered relevant, review the original distribution list and consider if further cascade is required. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list, or where the alert has previously been cascaded by the supplying pharmacy.*

Where required, cascade the alert via email to community services based pharmacy teams, other community services-based professionals, specialist care teams (e.g. mental health teams), care homes and others as appropriate. Ensure that the cascade email contains a summary of any actions required, including consideration of any alternative options that may need to be sourced and agreed with prescribers, and any reporting back requirements.

Where further action beyond cascade is considered necessary (e.g. decision support tool update, formulary update, escalation within the LHB), action this as soon as practicable.

Update the alert log.

Primary Care

Review the alert and consider the relevance for the primary care setting. Where considered relevant, review the original distribution list and consider if further cascade is required. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list.*

Where required, cascade the alert via email to GP practice managers, community pharmacies, GP based pharmacy professionals and others and as appropriate. Ensure that the cascade email contains a summary of any actions required and any reporting back requirements.

For less frequently prescribed items, stock disruption alerts may be targeted using primary care prescribing data (i.e. CASPA). Where data for the most recent 3-month period suggests that a practice has prescribed the affected product, send an email similar to that below to the practice manager:

Subject: [*insert affected product*] supply shortage

Body: Dear Practice Manager,

You may already be aware that a shortage of [*insert affected product*] is expected until [*insert details*].

Powys prescribing data indicates that your practice may prescribe [*insert affected product*] to one or more registered patients (NB – this data is available to [*insert latest data month*], so may not reflect the current position). The attached alert provides information on possible options should these patients continue to require treatment throughout the shortage.

Please share this information within the practice as appropriate and please contact me if you have any queries.

Where further action beyond cascade is considered necessary (e.g. decision support tool update, formulary update, escalation within the LHB), action this as soon as practicable.

Update the alert log.

5.3 Drug Safety Alerts

Where required, cascade all drug safety alerts to the primary care **and** community services lead pharmacists, or nominated representatives in their absence:

Community Services – Jayne Price / Kathryn Harries
Primary Care – Jason Carroll / Nikki Mathers

Community Services

Drug safety alerts and recalls should be managed by the supplying pharmacies, including out of hours and at weekends, as the alert requires. The supplying pharmacies will base their cascade of information and action on supply information for the drug and with consideration for direct to patient recalls for patient's own drugs.

Where considered necessary, cascade the alert via email. Ensure that the cascade email contains a summary of any actions required and any reporting back requirements.

Where further action beyond cascade is considered necessary (e.g. decision support tool update, formulary update, escalation within the LHB), action this as soon as practicable.

Update the alert log.

Primary Care

Review the alert and consider the relevance for the primary care setting. Where considered relevant, review the original distribution list and consider if further cascade is required. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list.*

Where required, cascade the alert via email. Ensure that the cascade email contains a summary of any actions required and any reporting back requirements.

Where further action beyond cascade is considered necessary (e.g. decision support tool update, formulary update, escalation within the LHB), action this as soon as practicable.

Update the alert log.

5.4 Individual Patient Alerts

Individual patient alerts are disseminated by NWSSP and most frequently relate to the primary care setting. Cascade all such alerts to the primary care lead pharmacist, or nominated representative in their absence:

Primary Care – Jason Carroll / Nikki Mathers

Primary Care

Individual patient alerts disseminated by NWSSP are likely to be password protected. The current password is available from the MM admin team.

Review the alert and consider further cascade where necessary. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list.*

Alerts which are considered to be relevant for Powys will be distributed directly to Powys contractors by NWSSP. For alerts relating to other geographical areas, consider the potential benefit of cascading to one or more Powys contractors (e.g. cascading information about a patient in northern SBUHB may be relevant to contractors in South Powys).

Where a patient alert may be relevant to a community care setting (e.g. MIU), forward the alert to the community services lead pharmacist for consideration and potential onward cascade.

Where further action beyond cascade is considered necessary (e.g. escalation within the LHB), action this as soon as practicable.

Update the alert log.

5.5 Other Alerts

Cascade other alerts to the primary care **and** community services lead pharmacists, or nominated representatives in their absence.

Community and Primary Care

Review the alert and consider the relevance for the care setting. Where considered relevant, review the original distribution list and consider if further cascade is required. *To avoid duplication, alerts should not normally be cascaded to those included in the original distribution list.*

Where required, cascade the alert via email. Ensure that the cascade email contains a summary of any actions required.

Where further action beyond cascade is considered necessary (e.g. decision support tool update, formulary update, escalation within the LHB), action this as soon as practicable.

Update the alert log

5.6 Recording Alerts and Action Taken

All alerts received, together with action taken, should be recorded on the MM team's alert log at J:\Medical\MM\Alerts\Alerts Log.xlsx

A copy of each alert should be retained on the shared drive.

6 Monitoring Compliance, Audit & Review

The alerts log should be reviewed periodically to ensure that appropriate records are being maintained.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.