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| C:\Users\MFJohnson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\0VXBBJWX\NHS-England-logo-A3.pngMEDS REPORTING PRIMARY CARE  INCIDENT / CONCERN FORM  **North Midlands** | | |
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| **SECTION 1:****REPORTER’S DETAILS:** *It is important that this form is completed with the most amount of detail available in order for an investigation to take place.* | | |
| Report Date:  Please specify the date that you are completing the form. | Click here to enter a date. |  |
| Name: |  | |
| Designation:  Not to be completed by patients / members of the public |  | |
| Organisation |  | |
| Contact Details:  Please provide your contact details so that you can be contacted regarding this matter. | Address: | Land line:  Mobile:  Email: |
|  |  |  |
| **SECTION 2: Persons Involved:** *Please provide the details of the practitioner(s)**and patient(s)* | | |
| Date of the Incident : Click here to enter a date. Location of Incident: | | |
| Please tell us the name of the Practitioner(s) involved.  Practitioner i.e. Pharmacist, General Practitioner (GP), Optometrist, Dentist  Please select the practitioners health care profession:  **Pharmacist**  GP  Dentist  Optometrist  Practitioner’s Name:  Practice Name and address: | | |
| Please tell us the details of the Patient(s) involved.  Patient’s Name:  Patient’s NHS Number:  Patient’s Date of Birth:  Patient’s Address:  Patient’s GP Name and Address: | | |

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| **SECTION 3:** **INCIDENT DETAILS** *Please provide all known information in relation to the incident* |
| 1. **Please confirm incident type**     Dispensing Error  Labelling Error  Directing Prescriptions  Ordering Unwanted  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medicines  Please note all **patient complaints** should be directed to NHS England: **Write to:** NHS England PO Box 16738, Redditch, B97 9PT. **Telephone: 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays).Email:**[england.contactus@nhs.net](mailto:england.contactus@nhs.net)  Please note that all incidents/concerns/complaints that involve **Controlled Drugs** must be reported to the Controlled Drugs Accountable Officer at: [www.cdreporting.co.uk](http://www.cdreporting.co.uk) (Region NORTH MIDLANDS) Tel: 01138 254 630  **1a. Dispensing/Labelling Errors Only** - Please move to Question 2 for all other incidents  Please provide details regarding the drugs that were prescribed/dispensed/labelled   |  |  | | --- | --- | | Drug Prescribed *(Include Name/Strength/Amount)* |  | | Drug Dispensed *(Include Name/Strength/Amount)* |  | | Drug Labelled as *(Include Name/Strength/Amount)* |  | | If you have the packaging, please send it to us with this form or you can photocopy/scan the information to send to us via email.  Please ensure you include the drug details, the label, the expiry date and anything else that may be relevant. | |  1. **Description of Incident** (please continue on separate pages if necessary)   Please describe the incident/concern in a detailed report which includes the following:   * Dates /Time * How the incident was discovered? * Has any harm come to the patient (including side effects/lasting damage)? * Actions taken * Have any follow ups been arranged? * Has the incident been reported to anyone else? (Pharmacy /Patient’s GP/Care Home/ etc) |
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**Risk Assessment**

Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

Use the table to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated and to determine the likelihood score(s) (L) for those adverse outcomes.

Calculate the risk score: C (consequence) x L (likelihood) = R (risk score)

**Initial Risk**

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| **Likelihood Score** | **Consequence Score** | **Risk Score** |
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