Frequently Asked Questions (FAQs)

Collaborative audit across England on the quality of medication related information provided when transferring patients from secondary care to primary care and the subsequent medicines reconciliation in primary care.
This document has been created to record all the queries received in relation to the Collaborative audit across England on the quality of medication related information provided when transferring patients from secondary care to primary care and the subsequent medicines reconciliation in primary care. It will be kept as a live document to record all the queries received during the audit.

1. Can Pharmacy technicians be used to carry out the audit?
Answer: No, the steering group that have designed the audit considered the use of Pharmacy technicians, however it was felt that due to a number of questions requiring a significant element of clinical judgement it was felt that a Pharmacist need to carry out the audit. We appreciate that many pharmacy technicians could possibly conduct the audit, however for the purposes of quality assurance and the audit being national a qualified Pharmacist conducting the audit was required.

2. Do I need to record any patient identifiers?
Answer: No, there is an error on the final spread sheet where it asks for patient ID, please ignore this we do not need any patient identifiers. Please just fill out the spreadsheet vertically for each patient you review (e.g Patient 1, 2, 3, 4, 5 etc.). You can add more patient's beyond patient 20 if you are auditing more.
3. For question 17c, 18d and 19c – what if only some of the changes outlined in the discharge summary have been actioned / incorporated by the GP on their prescribing system, what do you write?
Answer: We came across this issue in the pilot and had a mechanism to record such discrepancies but it led to misinterpretation and confusion therefore took a view that if only some of the actions have been incorporated / actioned then please circle NO as the medicines have NOT been fully reconciled. Within the pilot we seldom found an occasion where medicines were only partially reconciled. It would be worth checking if the GP has intentionally disregarded the information in the discharge summary.

4. Do we need to obtain authorisation from anybody to conduct the audit?
Answer: We suggest that you utilise your local processes to gain consent to carry out the audit if required. No patient identifiable or sensitive data is being collected by us.

5. If I cover more than one CCG how do I send the data?
Answer: Please send MUS one spreadsheet per CCG. If you have several Pharmacist’s collecting data across multiple GPs we still want all the data on one spreadsheet per CCG.

6. For questions 11 to 16 what if the information is documented but it is actually incorrect for example in question for an Insulin prescription the route of administration is written as intramuscular?
Answer: In these circumstances please consider the information to be NOT documented, for in the example above if there were a total of 10 drugs written in the TTA (i.e question 9 answer) and all other routes of administration were correct the for question 14 you would enter the figure 9.

7. For a discharge summary to be included is there a minimum number of days that the patient must have been admitted for? There have been patients admitted and discharged on the same day.
Answer: No there is no minimum length of stay, we appreciate that patients can be admitted and discharged on the same day.

The information above is up to date as of 7th Jan 2015 and will be updated as more questions are asked.
END