**Barnsley Interface Issues Form**

**Please complete and send to** **BarnsleyAPCreport@nhs.net**

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| --- |
| **Issue identified by:** |
| Name |  |
| Job Title |  |
| Organisation |  |
| Date Form Filled |  | DD/MM/YYYY |

|  |
| --- |
| **Issue Category (Please put an X in the selected category)** |
| Dispensing Error(s) |  |  Formulary Related |  |
| Prescribing Error(s) |  |  Shared Care Issue |  |
| Medication Supply Issue |  |  Summary Care Record |  |
| Medicines Administration |  |  Other GP Communication |  |
| D1 Communication |  |  Care Home/ Nursing Home Issue |  |
| Other Hospital Communication |  |  Other |  |

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| --- |
| **Issue Involving:** |
| Clinical Area (If applicable) |  |  |
| Chemist/ GP/Nursing Home/ Organisation |  |  |

|  |
| --- |
| **Issue Details** |
| Patient NHS Number |  | Date Issue identified |  |
| Issue Identified |  |
| Action taken and outcome (Including person contacted) |  |
| Date action taken |  |
| Has the issue been reported via the organisation’s incident reporting procedure? (If so, provide details as to where this has been reported) |  |

**For Completion by the Interface Team Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Form assigned to |  | Date assigned |  |
| Summary of findings |  |
| Shared learning implemented.For example:* Has this been raised with the clinician/clinical team
* Has the issue been highlighted on a wider scale (e.g. via a memo/newsletter)
 |  |
| Has this issue been reported via the organisation’s usual incident reporting process? |  |
| Date form sent to BarnsleyAPCreport@nhs.net  |  |  |