Jim Livingstone Director of Safety, Quality and Standards



Department of

Health, Social Services and Public Safety

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AN ROINN

Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O

Poustie, Resydènter Heisin an Fowk Siccar

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Circular HSC (SQSD) 50/2008

Date: 17 October 2008

For action:

Chief Executives of HSC Trusts
Chief Executives HSS Boards
Chief Pharmacists in HSC Trusts/Boards

For information:

Medical Directors HSC Trusts
Medical Director NIAS
Directors of Nursing HSS Boards/HSC Trusts
Directors of Public Health in HSS Boards
NI Medicines Governance Team
Directors of Dental Services in HSS Boards/HSC
Trusts
Directors of Primary Care in HSS Boards for

- cascade toPrescribing advisers; and
 - GP advisers

Regulation and Quality Improvement Authority (for cascade to relevant regulated establishments and independent hospitals, clinics and hospices)
Professor R Hay, Head of School of Medicine and Dentistry, QUB
Professor James McElnay, Dean of Life and Health Science, UU
Professor Jean Orr CBE, Head of School of Nursing and Midwifery, QUB
Professor Sean Gorman, Head of School of Pharmacy, QUB
Dr Carol Curran, Head of School of Nursing, UU
Regional Medicines Information Service
Chief Executives NIMDTA, NICPPET, NIPEC

Dear Colleague,

NPSA Patient Safety Alert 19 – Promoting safer measurement and administration of liquid medicines via oral and other enteral routes

Chief Medical Officer Group

Status: Best Practice Guidance

In June 07 the Department issued a series of alerts under Circular HSC (SQSD) 28/2007 relating to medication safety namely:-

- NPSA Alert 18 Actions that make anticoagulant therapy safer
- NPSA Alert 19 Promoting safer measurement and administration of liquid medicines via oral and other enteral routes
- NPSA Alert 20 Promoting safer use of injectable medicines
- NPSA Alert 21 Safer Practice with epidural injections and infusions

Circular HSC (SQSD) 28/2007 endorsed these four alerts for implementation across HSC, independent and regulated sector organisations by 30 June 2008. (http://www.dhsspsni.gov.uk/hsc sqsd 28-07.pdf)

The Department would now like to draw your attention to, and endorse, the Regional Working Group's recommendations for the implementation, in Northern Ireland, of NPSA Patient Safety Alert 19. A copy is attached.

You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation who need to be aware of this and similar alerts in order to assist in complying with the *Quality Standard for Health & Social Care* –

- Criterion 5.3.1(f)(viii) and (ix) (ensuring safe practice in medicines management); and
- Criterion 5.3.3(f) (implementation of evidence-based practice through guidance, for example, NPSA guidance).

NPSA Alert 19 is available on http://www.npsa.nhs.uk/nrls/alerts-and-directives/alerts/

Finally, may we take this opportunity to gratefully acknowledge all the work that has been done to date to improve medication safety across health and social care.

Yours sincerely

DR JIM LIVINGSTONE

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Director Safety, Quality and Standards

DR NORMAN MORROWChief Pharmaceutical Officer

Chief Medical Officer Group