Mid and South Essex Health and Care Partnership

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Traffic Light System On behalf of Mid and South Essex Medicines Optimisation Committee (MSEMOC)

Risk Assessment Tool for establishing the position of Drugs in the Mid and South Essex CCGs

Within Mid and South Essex CCGs a colour coded system known locally as the 'traffic light system' has been developed in conjunction with the formulary to indicate areas of care where drugs can most safely be prescribed. Drugs for specific indications will fall into one of the following categories:

Category	Description
Green	Recommended for prescribing and treatment considered to be suitable for initiation in Primary or Secondary care and continuation in Primary Care.
Yellow Continuing Care (CC)	Recommended for prescribing but only considered suitable for initiation by specialists in Secondary and Tertiary care with prescribing (and monitoring, where applicable) continued by GPs and Primary Care Clinicians. Shared care is not required but the GP must be supplied with sufficient information on the prescribed medication
Amber Shared Care (SC)	Recommended for prescribing but only considered suitable for initial prescribing by specialists in Secondary and Tertiary care with prescribing continued by GPs and Primary Care Clinicians in conjunction with a Shared Care Agreement or relevant equivalent or (where appropriate) with patient specific information provided by the hospital specialist. The patient would normally be stabilised before prescribing responsibility is devolved. A shared care guideline is required detailing the prescribing clinicians' responsibility. These medicines require additional blood tests/ clinical monitoring for safe prescribing which are/is considered to be over and above the level of monitoring expected for safe medication prescribing under essential services. The difference between Amber SC and Yellow is that Amber drugs require more routine monitoring (at least every six months).
Red	Not recommended for prescribing in Primary Care. Prescribing responsibility remains with secondary or tertiary care because of clinical issues or because funding responsibility lies with NHS England, and/or in line with Clinical Commissioning Group's policies; prescribing (including requests to prescribe in primary care by secondary or tertiary care) will be subject to challenge .
Black	Not recommended for prescribing by either Secondary or Primary care; NOT a priority for funding, such a treatment should only be used in exceptional cases (having followed due process) and prescribing will be subject to challenge. Any Technology appraisals terminated by NICE will automatically be designated a "black" category

The 'Traffic Light System' is a living document and is monitored on a regular basis by the Mid and South Essex Medicines Optimisation Committee (MSEMOC).

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This tool has been designed to assess drugs to establish their position on the 'Traffic Light System'

Drug Name	
Form	
Indication	
Common side effects that need monitoring	
Patient risks	
Monitoring required	
Interactions	
Overall risk assessment (A systematic means of measuring the potential likelihood and severity of a given hazard)	Any risk assessment must consider and take account of the following: • How likely is it that something will go wrong? • Who would be affected? • If it goes wrong, how serious are the consequences? • How frequently does the risk arise? • Are the effects immediate or delayed (acute or chronic)? The most common method of evaluating risk is to give a numerical value. The risk quantification maturity matrix (see below) must be used to identify the appropriate levels of consequence and the likelihood of the event occurring. A numerical value between 1 and 5 must be given for both levels of consequence and levels of likelihood.
Conclusion	
Current prescribing data and costs	

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Qualitative measures of Consequence

Consequence	Injury	Costs	Adverse Publicity	Complaint/ Claim	Quality
Negligible (1)	Injury or illness not requiring intertervention	<£2k	Awareness limited to individuals within the organisation	Low value claim handled by ex gratia payment	Minor non compliance. Single resolvable problem in patient experience
Low (2)	Minor injury or ill health- First aid treatment – No incapacity	£2k – £20k	Coverage limited to elements within the organisation (eg trade unions)_ or some external stakeholders	Justified complaint peripheral to clinical care (eg car parking access)	Single failure to meet internal standards
Medium (3)	Significant injury or ill health, Medical intervention necessary > 3 days absence (RIDDOR reportable)	£20k – £200k	Coverage throughout organisation and/or some public coverage	Justified complaint involving lack of appropriate care, or below excess claim	Repeated failure to meet internal standards. Patient outcome or experience below reasonable expectation in one or a number of areas
High (4)	Major injuries, or long term incapacity or disability	£200k – £500k	Extensive local coverage and widespread NHS coverage	Above excess claim. Multiple justified complaints	Single failure to meet national standards. Patient outcome or experience significantly below reasonable expectation across the board.
Extreme (5)	Death or major and permanent incapacity disability	£500k – £2m	Nation-wide multi media coverage	Multiple claims or single major claim	Repeated failure to meet national standards. Totally unsatisfactory patient outcome

Qualitative measures of Likelihood

Level	Descriptor	Description
1	Rare	The event cannot happen under any circumstances
2	Unlikely	The event may occur only in exceptional circumstances
3	Possible	The event could occur at some time
4	Likely	The event will occur in most circumstances
5	Almost Certain	The event will in all circumstances occur

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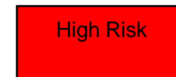
Qualitative Risk Assessment Matrix – Level of Risk

	Consequence				
Likelihood	1 Negligible	2 Low	3 Medium	4 High	5 Extreme
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25



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