

# PATIENT SAFETY

# INCIDENT REPORTING

A dedicated email address has been established for reporting of all patient safety incidents and near misses for Optometrists. The intended outcome is to support contractors, identify any trends emerging and to drive up quality within primary care.

Where serious incidents meet the criteria defined within the *Serious Incident Framework March 2013* these should be reported to the NHS England Area Team Contract Manager within 2 days of the incident being identified.

[www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf)

Incidents can be sent to this address  
[england.merseyside-incidents@nhs.net](mailto:england.merseyside-incidents@nhs.net)

The mailbox is monitored daily. All incidents should be reported using the attached incident form or an IR1 form as appropriate.

Alternatively you can fax us on 0151 285 4815

### PATIENT SAFETY INCIDENT REPORTING FORM

Please complete all sections

Serious incidents should be reported to the NHS England contract manager within 2 days of the incident being identified

<b>Date of Incident:</b>	
<b>Practice Details</b> Name:  Address:	
<b>Reported By:</b>  Position:  Telephone:	<b>Other Persons Involved/Witnesses:</b>  Position:
<b>Incident Type</b> (Please tick) Concern about clinical practice <input type="checkbox"/> Prescribing Error <input type="checkbox"/> Health & Safety incident <input type="checkbox"/> Communication <input type="checkbox"/> Consent, Confidentiality <input type="checkbox"/> Records, identification <input type="checkbox"/> Other (Give details).....	
<b>Description of Incident</b> (continue overleaf if necessary)	
<b>Immediate and/or follow-up action:</b> What actions have you taken including actions to prevent any recurrence? (continue overleaf if necessary)	
<b>Have you informed anyone else of this incident?</b> (Please tick all that apply) NPSA <input type="checkbox"/> CQC <input type="checkbox"/> ICO <input type="checkbox"/> Police <input type="checkbox"/> Other (Please Specify.....)	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by email to [England.merseyside-incidents@nhs.net](mailto:England.merseyside-incidents@nhs.net) or fax 0151 285 4815