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Take life on, one step at a time

Take life on

'Take life on' is the new Scottish Government website for promoting healthy living to the public. See www.takelifeon.co.uk. The most recent tier 2 Public Health service poster encourages physical activity and is in line with the community pharmacy public health service specification. Surveys show that only one in three adults in Scotland is aware of the recommended 30 minutes of moderate activity on five days of the week and so promoting physical activity should happen proactively within the pharmacy to help improve this. However, it isn't perhaps an area that pharmacies have previously specialised in.

Learning resources

To support the aim of promoting physical activity pharmacists and support staff may wish to take a look at some learning resources. One of these, 'Let's make Scotland more Active-e', is an e-learning resource which is open to all; you don't even need to register. It's available on the Health Scotland website at <http://elearning.healthscotland.com/course/view.php?id=3>. The course is easy to go through and can be done at your own pace.

The second resource has been recently published by Health Scotland. It's called 'Energising Lives: A Guide to Promoting Physical Activity in Primary Care' and can be read or printed off from the following link www.healthscotland.com/uploads/documents/7545-Energising%20Lives.pdf

This guide provides the evidence base for promoting physical activity. It also summarises the current guidelines on recommended levels of physical activity for different life stages and supports practitioners by translating these recommendations into everyday routine advice and encouragement for patients. It provides details for professional and patient support, including further information on local opportunities to be physically active.



Paths to Health

Finally, a pilot study was carried out in NHS Lothian during May and June run by 'Paths to Health', an organisation that exists to support the development of walking for health projects in community, workplace and health care settings. The pilot will be evaluated to see if community pharmacies could play a key role in encouraging people to increase their activity levels and results will be available in autumn 2008.

'Paths to Health' is also encouraging community pharmacies to make contact with their local health walk project, details of which can be found at www.pathstohealth.org.uk/findahealthwalk. Knowing the details of a local walking group will allow you to advise patients on where they could go to start taking more exercise if they would prefer to do this in a group.

*Thanks to Aileen Muir, Associate Director of Pharmacy,
Pharmaceutical Public Health.*

Medication incidents – positive learning from mistakes

A project carried out by pre-registration pharmacist trainees

The current system within NHS Lothian University Hospitals Division for reporting medication incidents is a computer software system called Datix[®]. Barriers to incident reporting recently highlighted by NHS Quality Improvement Scotland include a lack of training on incident reporting and fear of adverse implications for the personnel involved.¹

Background

A pre-registration pharmacists' project, 'An Observational Study of Medication Incidents and Awareness, Attitudes and Opinions of NHS Lothian Pharmacy Staff Towards Medication Incident Reporting' was selected for oral presentation at the annual Pfizer Award for pre-registration pharmacists in Scotland. The aim of the study was to identify attitudes and beliefs of NHS Lothian pharmacy staff towards medication incident reporting and to make recommendations to optimise the use of the incident reporting system to maximise its potential to continually improve patient safety.

Method

A focus group (n=10) explored the attitudes and beliefs of pharmacists and pharmacy technicians towards medication incident reporting. From historic Datix[®] reporting, seven hospital specialties across NHS Lothian were identified to represent areas of high and low reporting. One pre-registration pharmacist trainee was allocated to each specialty where they shadowed a nurse and a pharmacist on their rounds on two occasions each. Categories of incidents were agreed using modified NPSA definitions for both prescribing and administration errors. The actual incidents documented using the hospital reporting system (Datix[®]) over the total time period (seven weeks) of data collection were retrieved. The observations and the actual reported incidents were presented to a second focus group (n=7) of pharmacists and pharmacy technicians to obtain their response to the observed results and to further explore necessary actions to encourage incident reporting and changes in practice to improve patient safety. The group discussions were audiotaped, transcribed verbatim and coded using standard qualitative methods.

Findings

Over the total observation period three incidents were documented on the hospital reporting system and 261 medication related incidents were observed by the investigators in the seven specialties.

The **most common incident categories** observed were: **allergy not noted** (n=68), **dosing frequency** (n=42), **wrong dose** (n=31) and **strength** (n=11). Of the 261 incidents, pharmacists observed 232, and 29 were observed by nurses. Administration errors accounted for 21 (8%) of the 261 incidents.

The focus group discussions identified internal pharmacy incidents that do not reach the patient **and** are not reported on Datix[®], but internal procedures (non-conformance) tend to be followed, definition of medication incident varied and the inclination to report incidents was influenced by the perception of the severity. Pharmacists perceived themselves as less frequent reporters than nurses.

Barriers to reporting medication incidents

- Too time consuming
- Lack of training
- Perception that reports used in a disciplinary way and not as learning system to change practice
- Lack of accessibility to Datix[®]

Comment

Although the incidence and severity of the observed incidents could not be calculated from this snapshot of practice, the number of incidents observed differed greatly from those reported in Datix[®] illustrating under-reporting of incidents. Of the observed incidents 92% were prescribing errors, which contrasts with a recent NPSA report, which suggested 29% of reported incidents were related to prescribing errors.² However, this figure was for incidents resulting in severe harm or death relating to administration of medication. It is unknown how many of the observed incidents were severe. The lack of prescription figures does not allow the data to be compared with other UK data which suggested that 1.5% of prescriptions were erroneous.³ Correction of the commonly observed prescribing incidents in this study is considered routine practice by clinical pharmacists who are routinely educating prescribers. There is a recognised need to define incidents that should be recorded. There is also a need to establish an infrastructure for intra- and inter-professional review and learning from incidents. This would clearly promote a change from blame to a no-blame culture and would require staff to be trained in this system.

Recommendation

Senior managers in NHS Lothian should consider these outcomes and influence changes required to the medicines policies and procedures and professional practices to improve the safety of patients.

References

1. NHS Quality Improvement Scotland. NHS Safe today safe tomorrow. Patient safety - review of incident and near miss reporting. Edinburgh. 2006.
2. National Patient Safety Agency. Safety in doses: medication safety incidents in the NHS. London. 2007.
3. Dean B, Schachter M, Vincent C, Barber N. Prescribing errors in hospital inpatients: their incidence and clinical significance. Qual Saf Health Care 2002; 11:340-344.

Thanks to D Clifford, C Connolly, C Cunnane, F Dickson, K Loughnane, A Tierney, J Toft, C Callaghan, M Kinnear, A McLean, NHS Lothian Pharmacy Service.

Raising public awareness – together we can minimise medicines waste

NHS Lothian launched its first waste medicine campaign on the 16th June in a bid to reduce the amount of prescription medicines wasted each year. It is estimated that wasted medicines cost the health board around £3 million each year. Medicine wastage is a serious problem not just in Lothian but across Scotland. Medicines are often wasted due to people ordering more than they need on their repeat prescriptions or continuing to order medicines they are no longer taking.

Pat Murray, Director of Pharmacy, NHS Lothian said: *"We know that the estimated figure of around £3 million is a low estimate and we need to get the message out to patients and carers the importance of only ordering the medicines they actually need. However, we also want to get the message out to GPs, nursing and pharmacy staff to make sure they discuss medication with patients on a regular basis to ensure their medication requirements are up to date."*

Dr Charles Winstanley, Chair, NHS Lothian said: *"Everyone has a role to play in helping to minimise wasting valuable resources. This is an important area where we know savings made will make a real difference, enabling us to reinvest this money in patient services."*

Sally Arnison, a Pharmacy Manager in Edinburgh said: *"I think sometimes people unintentionally order items they don't need or are no longer taking which can lead to stockpiling medicines at home. That's why we're asking people to 'think before they tick' each item on their repeat prescription. We also want to reassure people that we are here to help, we're not trying to reduce people's medication but minimise waste and should they be unsure about their medication needs, we are happy to discuss this with them."*



Martin O'Dwyer, Community Pharmacist, Springwell Pharmacy, Edinburgh.

Alex Philip, Midlothian Public Partnership Forum representative said: *"As a former NHS employee and someone who benefits from healthcare services I am hugely supportive of this campaign. As a member of the PPF I am keen to help make people aware that reducing medicine waste will mean more money for other patient services."*

NHS Lothian highlights that the savings made from wasted medicines could pay for 75 more nurses, or 460 more hip replacements or 260 more heart bypass operations. Unused medicines, even if unopened, cannot be reused by another patient and can pose a safety risk, particularly to children, if kept at home. More information about how to reduce medicine wastage can be found by visiting www.nhsllothian.scot.nhs.uk/wastedmedicines.

Thanks to Alexis Burnett, Communications Manager, NHS Lothian.

Edinburgh pharmacy rebranded

An Edinburgh pharmacy has got a brand new name and a new look. What used to be Alliance Pharmacy in Davidson's Mains, Edinburgh has become 'Your Local Boots Pharmacy'.

At the official opening of the newly-branded store, on Monday 28th July, the ribbon was cut by local MSP Margaret Smith. Pharmacy manager, Leanne Carey said *"We've always been proud to provide a professional local pharmacy and dispensing service to our customers, close to where they need it. Now we're delighted to be able to offer our customers even better healthcare services and a fantastic new range of products."*



Local celebrity, film star and stand up comedian Alex "Happy" Howden cut a cake in the pharmacy to mark the opening day. Mr Howden is a long standing customer of the pharmacy. In addition, the pharmacy team presented a cheque to St Columba's Hospice for £315.80. This money was raised from a prize draw in the pharmacy in the weeks before the rebrand.

The Davidson's Mains pharmacy is the first Alliance pharmacy in the Edinburgh area to benefit from an extensive rebrand exercise which will affect a total of 900 Alliance pharmacies across the country following the merger of Alliance UniChem and the Boots Group in 2006.

Thanks to Sally Arnison, Pharmacy Manager, Davidson's Mains, Edinburgh.

No prescription charge for TB medicines

It appears that some patients being treated for tuberculosis (TB) continue to have difficulty in accessing their medicines free of charge, and this is partly due to revised prescription stationery to include an additional check box being delayed until the end of 2008. It is recommended that this is explained to patients by the specialist hospital team, with the instruction to share it with their community pharmacist.

As advised by the Scottish Government in October 2007¹, and by the contracts department in April this year, medication for the treatment of TB is supplied to patients free of charge as from 1 October 2007. The specific antibiotics, free of charge for treatment of TB include: amikacin, capreomycin, cycloersine, ethambutol, isoniazid, macrolides, protionamide, pyrazinamide, pyridoxine, quinolones, rifabutin, rifampicin, and streptomycin. The supply of medicines not related to the treatment of TB remains chargeable for patients who are not exempt for another reason.

Until the new prescription stationery (version 5) is available, pharmacists should instruct patients to put a cross in Box L (contraceptive medicine) on the reverse of the current prescription form. The pharmacist should then endorse the prescription by marking 'TB' on the form to indicate that medicines for TB were dispensed. The endorsement should be written at the end of the explanatory text for box L.



Reference

1. NHS Circular CEL (2007) 9. The Scottish Government. 3 October 2007. www.sehd.scot.nhs.uk/mels/CEL2007_09.pdf

Thanks to Carol Philip, Primary Care Pharmacist, Edinburgh Community Health Partnership.

Secure transfer of information to the community pharmacy

NHS Lothian data protection advice was recently clarified.

Faxing personal information to a community pharmacy is acceptable if:

- ✓ The receiving fax is in a secure location
- ✓ The sender phones the recipient in advance to ensure that someone will be available to receive the fax
- ✓ The community pharmacist must destroy the faxed information after it has been processed and has no further purpose.

Sending information by email is also acceptable if the community pharmacy has an NHS mail account. This will need to be verified on an individual pharmacy by pharmacy basis. Essentially, the same rules follow with email as they do with fax.

If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email:

anne.gilchrist@nhslothian.scot.nhs.uk

Deadline for submitting articles for next issue: end October 2008.

Read Pharmacy News on the Community Pharmacy website at
www.communitypharmacy.scot.nhs.uk/HealthBoards/lothian.html