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**MEDwatch** is the e-bulletin for all NHS Grampian Staff who are involved with patients and medicine management.

Its aim is to improve the safety of medicines by sharing learning, and encouraging adverse event reporting from all staff groups.

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- #MedSafetyWeek 7<sup>th</sup>-11<sup>th</sup> November
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### MHRA Drug Safety Updates

Latest MHRA Drug Safety Updates

- [July 2022](#)
- [August 2022](#)
- [September 2022](#)
- [October 2022](#)

## World Patient Safety Day

[World Patient Safety Day](#) took place on 17<sup>th</sup> September and this year's theme was Medication Safety. The purpose of the day was to consolidate the efforts of the WHO Global Patient Safety Challenge: Medication Without Harm which launched in 2017 and has the aim of reducing severe avoidable medication-related harm by 50% globally.

Medicines are the most common intervention in healthcare worldwide and there are many parts to the medicines process meaning that harm can arise when medicines are incorrectly stored, prescribed, dispensed, administered or are monitored insufficiently.

The WHO [5 moments for medication safety](#) is a patient engagement tool which focuses on 5 key moments where patients or caregivers can reduce the risk of harm associated with the use of medicines.

# #MedSafetyWeek

7<sup>th</sup> - 11<sup>th</sup> November

[#MedSafetyWeek](#) is an annual social media campaign where the MHRA and other medicines regulators around the world join to raise awareness of reporting adverse drug reactions (ADRs). The theme this year is “how patients and healthcare professionals make safety work”. Support the campaign by following and using the [#MedSafetyWeek](#) on social media and raising awareness with your teams around reporting adverse drug reactions.

An adverse Drug Reaction is a response to a medicinal product which is noxious and unintended and can arise from:

- Use of a medicinal product within the terms of the marketing authorisation
- Use outside the terms of the marketing authorisation, including overdose, misuse, abuse and medication errors
- Occupational exposure.

The MHRA are particularly keen to receive reports of reactions that are regarded as serious and for Black Triangle Drugs. Serious reactions are defined as:

- Fatal
- Life threatening
- Disabling or incapacitating
- Resulting in, or prolonging, hospitalization
- Congenital abnormalities
- Those which are deemed by the reporter as medically significant.

Black Triangle Drugs have a ▼ symbol against them in the [BNF](#) and the Summaries of Product Characteristics in the [Electronic Medicines Compendium](#). These are new medicines where relatively uncommon reactions may not have been detected during clinical trials and for which special reporting advice applies. They are generally described as being intensively monitored products by the MHRA and more information on the Black Triangle Scheme can be found [here](#).

It is easy to report adverse drug reactions to the MHRA. The [yellow card](#), the form used to submit reports, is available on the yellow card app, [online](#) or paper forms or by telephone. If you would like to discuss a suspected adverse drug reaction before reporting you can contact the Yellow Card Scotland Team via [email](#).

Yellow Card Scotland have released their 2021/22 [annual report](#) which shows that reporting of ADRs within NHS Grampian increased by 76% on the previous year. By comparison, the Scottish average increased by 18%. NHS Grampian data is broken down and shared on the following page. Patients continue to be the highest reporters but hopefully this momentum of reporting ADRs in NHS Grampian by both patients and healthcare professionals will continue into 2023.

# Yellow Card Centre Scotland



**NHS Grampian**  
Yellow Card Reporting  
**2021/22**

  
**1420 reports across Scotland**

  
**+18% Increase\***

  
**165 reports across NHS Grampian**

  
**+76% Increase\***

  
**785 Reports**  
(55% of total)  
*Serious Reactions*  
**94 Reports**  
(57% of total)  


  
**843 Reports**  
(59% of total)  
*Patient Reports*  
**115 Reports**  
(70% of total)  


  
**26**  
*Reporting Rate per 100,000 Population*  
**28**  


  
**Nirmatrelvir/  
Ritonavir**  
*Top Medicine†*  
**Nirmatrelvir/  
Ritonavir**  


**Top 3 HCP Reporters**

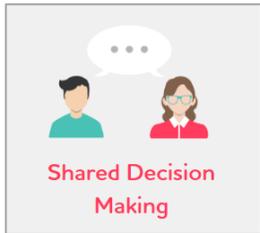
- GP  
(n=13)
- Nurse  
(n=11)
- Hospital Dr.  
(n=8)

\*Comparison between 2021/22 and 2020/21

† Excluding vaccines

## Medication Safety where does Realistic Medicine fit in?

The focus of both World Patient Safety Day and Medication Safety Week is around engaging and empowering people when it comes to medicines, so what can you do with people that will contribute to making medicines safer? Thinking about the 6 pillars of Realistic Medicine might help.



Empowering people to discuss their medicines with healthcare professionals leads to more meaningful discussions about treatment options as well as the risks and benefits of those treatments.

In Grampian people are encouraged to ask [BRAN questions](#):

- What are the **b**enefits of my treatment?
- What are the **r**isks of my treatment?
- Any **a**lternative treatments I can try?
- What if I do **n**othing?

[Medicines in Scotland: What's the right treatment for me?](#) may be a helpful resource for patients at this stage.



Give people all the understandable information they need in order to make an informed choice about their medicines.

Taking a moment to consider the [5 moments for medication safety](#) may give people the information they need to decide on the treatment options available to them.



We know that over or under use of treatments can cause harm to people and this includes medicines. Examples of this are polypharmacy and antibiotic resistance.

Pharmaceutical waste can be categorized into 5 types:

1. **Non-compliance**: person does not take medicines as prescribed, e.g. taking them at irregular intervals or in incorrect doses.
2. **Intentional non-adherence**: person stops taking medication due to adverse side effects, personal beliefs or lack of knowledge.
3. **Unintentional non-adherence**: person stops taking medicine, or fails to take at correct intervals due to forgetfulness.
4. **Non-preventable waste**: person dies and unused medicines are wasted, or a change in treatment means current dispensed medicines are no longer required.
5. **Preventable waste**: person stock piles medicines. All items from repeat prescriptions are dispensed even if the patient no longer takes the medicine.

In Scotland, it is estimated that there is between £12-18million worth of avoidable medicinal waste each year ([Medicines in Scotland 2020](#)).



### Reduce Unwarranted Variation

Variation in treatment is sometimes necessary and for the benefit of the person but when variation exists for no explainable reason it can cause confusion and increase risk.

Prescribing [NHS Grampian Formulary](#) approved medicines and following NHS Grampian medicines [guidelines and policies](#) allows us to treat people across NHS Grampian consistently and reduces unwarranted variation.



### Managing Risk Better

Medicines are not without risk and talking with people in an open and honest way about the potential risks of a medicine as well as the benefits is important. It will help the person decide if the medicine is the right treatment for them.

Reporting adverse drug reactions (ADRs) contributes to understanding the safety profile of medicines on the market and healthcare professionals and people are encouraged to report ADRs using the [Yellow Card](#).



### Become Improvers and Innovators

By supporting a culture of innovation and improvement, processes relating to medicines can become more efficient and safer.

Using Quality Improvement Methodology, small change ideas can be tested rapidly using PDSA cycles to make improvements.

By promoting and embedding shared decision making, whilst reducing health inequalities, we are ensuring people are given information in a way that they can understand the benefits and risks of a treatment, and that their values and what matters to them has been taken into account. We know that demand for health and care services is increasing, and the COVID-19 pandemic accelerated the need to make optimal use of the resources we have and provide better value care - for people and our system. With this in mind there is an emphasis on sustainability of value-based healthcare for the Realistic Medicine Programme this year. Linking both priorities above, Value-Based Health Care encourages us to focus on meeting the goals of our people in our care and to help manage expectations throughout their care or treatment. We seek to improve how people are involved in decision making using the best evidence to hand and avoid any unnecessary variation in care and become more creative about knowing where the resources we have are best spent for improved patient outcomes.

Please feel free to get in touch with the local team;

Team email: [gram.realisticmedicine@nhs.scot](mailto:gram.realisticmedicine@nhs.scot)

Local web pages: [Realistic Medicine \(nhsgrampian.org\)](https://www.nhs.uk/realistic-medicine)

TURAS: [Realistic Medicine | Turas | Learn \(nhs.scot\)](#)