Vol 5. Issue 1: March 2024

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.

Inside This Issue

MHRA Drug Safety Newsletters

Latest MHRA Drug Safety Newsletters:

- December 2023
- January 2024
- February 2024

Alerts, Notices & Shared Learning

Patient safety: insulin prescribing and dispensing key points for Primary Care and Community Pharmacies

Summary

Following a recent safety notice, the following has been prepared to share key points when prescribing insulin.

Insulin should only be initiated by a health care professional with adequate knowledge and training (this can be primary or secondary care diabetes teams). The person starting on insulin needs to be given appropriate knowledge and training on insulin.

Insulin should always be prescribed by **brand name**, with the **correct concentration** and using the **correct device**. The **dose of insulin** is measured in **units**.

Actions for Prescribers

Prescribers should only prescribe Grampian Area Formulary approved products unless advised for individual patients under specialist advice from the diabetes team.

Prescribe insulin by brand name

- Particular care should be made when prescribing insulin as many brand names sound similar.
- People with diabetes established on insulin should not have their brand of insulin changed without discussion.

Prescribe the correct concentration

- In Grampian this should be 100units/ml.
- Other strengths are not routinely recommended in Grampian, but may be used in individual patients under specialist advice from the diabetes care team.

Prescribe the correct device

- The correct device for the patient should be used at all times, and stated on the prescription.
- Devices are prefilled pens, cartridges or insulin syringes and vials.
- Insulin syringes should only be used with insulin vials, never with cartridges or pre-filled pen devices.
- Using insulin syringes to draw up insulin from cartridges or pre filled pens may result in the incorrect dose being given.

Insulin doses should be prescribed “as directed”

- The majority of people on insulin will self adjust insulin doses from day to day, depending on carbohydrate intake, planned activity levels and current glucose levels. Given frequent dose adjustment it is not appropriate to prescribe a fixed dose.
- Training on how to do this will be given by the person who has initiated the insulin.

- If known the usual dose, range of doses or insulin to carbohydrate ratios can be listed in additional comments e.g. Novorapid 1units for every 10g carbohydrate with meals, Novomix 30 18-26units before breakfast and evening meal.
- For people who are getting district nurse administered insulin, insulin doses will be recorded in the prescribing sheet.

Changing insulin brand, concentration or device

- The insulin brand, the device being used or concentration of insulin should not be changed without discussion with person with diabetes.
- If the brand of insulin is changed a dose adjustment may be required.
- If the concentration of insulin is the only change i.e. the brand remains the same, no dose adjustment is required as providing the correct device is being used the device will deliver correct number of units. For example, if someone is on 20 units of Tresbia Flextouch (100units/ml) and after discussion with them it is changed to Tresbia Flextouch (200units/ml) the dose should remain at 20 units.
- If the device is changed the person with diabetes needs to know how to use new device and have access to the necessary equipment e.g. if prescribed cartridges they will need to have correct insulin pen for those cartridges.

Actions for Community Pharmacies

- Pharmacy teams are reminded that it is good practice to confirm insulin products with the patient or person collecting prescription before the medication leaves the pharmacy, to prevent insulin related errors.
- If there are any difficulties obtaining a particular brand of insulin, advice can be sought from the primary care diabetes team, community diabetes specialist nurse or the secondary care diabetes medical team (see Grampian Guidance for referral pathways).

HIS Inspections for Dr Gray's Hospital and ARI

Healthcare Improvement Scotland (HIS) conducted unannounced inspections of Dr Gray's Hospital and Aberdeen Royal Infirmary on 9th-11th October 2023. The inspection reports and action plans can be found on the HIS website. Two medicines related areas for improvement are storage of medicines and Controlled Drugs processes (a separate article has been written by the CD Team).

Storage of Medicines

During both inspections medicines storage was found to be unsafe with medicines cupboards left unlocked. A requirement for NHS Grampian is to audit compliance of medication storage across all inpatient areas. Chief Nurses and the Medication Safety Advisor have developed an audit tool, based on NHS Grampian Policies and Procedures for the safe storage of medicines, for Chief Nurses and Nurse Managers to use in inpatient areas. The tool will be updated based on feedback from users, the most up to date version will be availabe on the Medication Safety Intranet Pages under Policies, Information and Resource, Data Collection Tolols/Assurance Checklists.

A medicines storage learning package is being developed and will be shared widely soon.

Medicines issues were identified in findings from HIS inspections of other Health Boards and were summarised in the June 2023 MedWatch newsletter along with links to the relvevant NHS Grampian medicines policy and guidelines.

Controlled Drugs - Sharing Lessons Learned

The Controlled Drugs Team

The Controlled Drugs Team, are part of the corporate Pharmacy & Medicines Directorate, based at Westholme and can be contacted as follows:

gram.cdteam@nhs.scot or telephone 01224 556601

The Controlled Drugs Team are responsible for controlled drugs governance, supporting Healthcare Professionals, encouraging good practice and identifying potential criminality. The Controlled Drugs Team provide assurance to the Controlled Drugs Accountable Officer that controlled drugs are being managed safely and in accordance with legislation and best practice within NHS Grampian.

The Controlled Drugs Inspection Officers have commenced a round of unannounced inspections within NHS Grampian. These visits are to provide assurance that relevant staff have read and understood NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics. The unannounced inspections also check compliance with record keeping, documentation, ordering, secure storage and the handling of controlled drugs as per departmental standard operating procedures. The following information is not a comprehensive guide to controlled drug management but highlights some of the findings to date:

Controlled Drugs Standard Operating Procedure

Information was sent out in NHS Grampian Daily Brief on 12th December 2023 to describe the management of controlled drugs. Each area must have a controlled drug standard operating procedure. The controlled drug standard operating procedure template is available in appendix two of NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics:

NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics. Appendix two

For staff working in operating theatres and other interventional areas, there is additional information which staff should follow:

Controlled Drugs Supplementary Guidance for NHS Grampian Staff Working in Operating Theatres and Other Interventional Areas

Appendix two of the above document, provides a standard operating procedure template for controlled drug management in these areas:

Controlled Drugs Supplementary Guidance for NHS Grampian Staff Working in Operating Theatres and Other Interventional Areas. Appendix two

The standard operating procedure should be developed by the Senior Charge Nurse/Midwife/Operating Department Practitioner and approved by the Departmental

Manager. The Senior Charge Nurse/Midwife/Operating Department Practitioner is responsible for ensuring that all clinical staff who handle controlled drugs have read the standard operating procedure and signed the training log to confirm that they understand their responsibilities around controlled drugs management.

Controlled Drug Keys

The following information is included in the NHS Grampian Policy and Procedure for Safe Management of Controlled Drugs and must be followed by all staff involved in handling controlled drugs. Key Security (chapter 7, page 7)

- The controlled drug keys must be held on a separate keyring to ensure access is restricted to approved personnel.
- The keys should remain in the possession of the nurse/midwife/ODP in charge. The keys may be delegated to another nurse/midwife/ODP to undertake a task. On completion, the keys should be returned.
- Controlled drug keys must be stored securely when a department is closed. If an area has a spare CD key, it must be kept in a secure location and a written record of access log must be maintained by the registered nurse/midwife/ODP in charge.

Controlled Drug Cabinets

- The controlled drug cabinet must be secure with an operational lock. If a problem is encountered with the lock, it must be reported to Facilities immediately.
- There should be nothing attached to the exterior of the cabinet which identifies it as holding controlled drugs.
- Only controlled drugs (and controlled drug stationery) may be stored in the controlled drugs cabinet.
- Each controlled drugs cabinet should have an agreed stock list and stock holding should reflect this.
- If an area is approved to hold high strength opiates they MUST be segregated from normal stock and stored in red bags.

Ordering Controlled Drugs

- A maximum of two order books may be in use at any one time, except for ARI and RACH who only require one owing to the delivery process.
- Areas should order stock from ARI on designated day, unless an emergency order
- The order book(s) must be stored securely (including completed order books)
- Controlled drug order books are controlled stationery and should be well maintained. The pink pages must never be removed.

- Each area should have an authorised signatory list for ordering controlled drugs.
- The quantity ordered must be stated in words and figures.

Receiving Controlled Drugs

- When a controlled drug order is received in to a department, two members of staff must sign the controlled drug order book to confirm that the stock received is the correct drug, strength, form, quantity and in date. Both then record the receipt in the controlled drug record book. The receipt is entered in to the columns on the left hand side – documenting:
  - Date
  - Quantity received in words
  - Page number and book number of controlled drug order book
  - Both staff members then sign the controlled drug record book to verify that the physical balance in the cabinet agrees with the new total in the controlled drug record book.
  - The stock must be placed in the controlled drugs cabinet immediately. Ensure stock is rotated so oldest is used first

Controlled Drug Record Book

- The controlled drug record book is controlled stationery and must be well maintained.
- Pages must not be removed as this is a legal document.
- Errors must be corrected with an asterisk in the margin or foot of the page with the correct information, which is also signed and dated. The original incorrect entry must not be amended or obliterated.
- The controlled drug record book must be stored securely (including completed books)
- Area and date of opening to be stated on front cover
- Page headings must be completed fully and correctly
- Index page at the front to be updated
- Each entry must have the following recorded:
  - Date
  - Time in 24 hour clock
  - Patient Name and CHI Number
  - Dose administered
  - Signature of responsible person and a witness
  - New balance verified

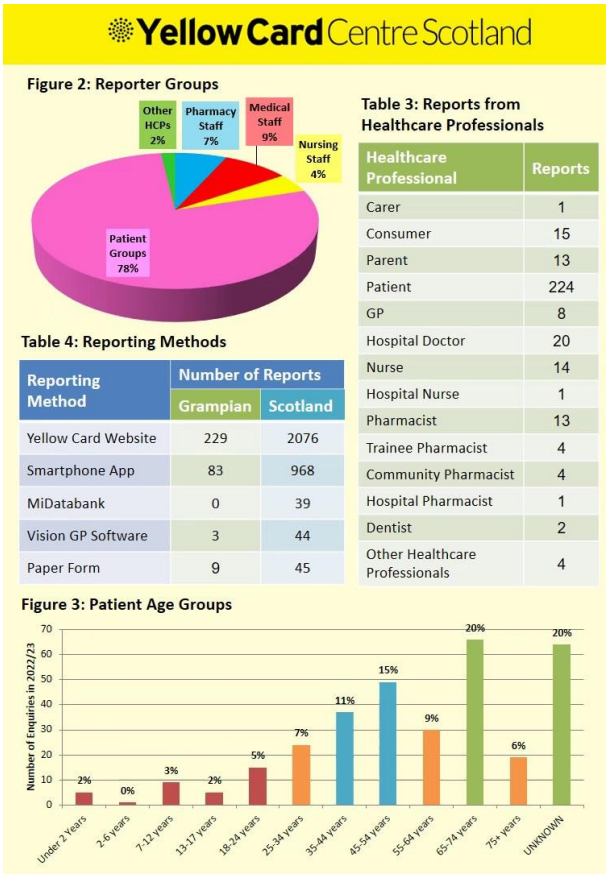
    - Discarded doses must have a witness signature and time of discard must be recorded.
- Regular stock checks must be recorded in the relevant section of the controlled drug record book.

Patients' Own Controlled Drugs

- Patient own controlled drugs must be stored in the ward controlled drugs cabinet, but segregated from ward stock.
- Record in patients' own controlled drug record book or designated area of ward controlled drug record book. Both members of staff recording receipt from patient must verify balance
- If using patient own controlled drugs on the ward, each item is to be recorded on a separate page with a corresponding entry in the index
- Regular stock checks of patients' own controlled drugs must be recorded when ward stock is checked
- When a patient is discharged, the controlled drugs are returned to the patient or sent to pharmacy for destruction. This must be documented in the controlled drug record book at this time to reflect that the balance is now zero.
- A patient's own controlled drugs may only be held in a ward if the patient is currently resident on that ward.

NHS Grampian staff are expected to follow the relevant NHS Grampian policy when handling controlled drugs. This is necessary to ensure staff are complying with legislative requirements as well as following best practice. All NHS Grampian staff have an obligation to report any incidents arising from the use of controlled drugs to the CD Team. The CD Team can also be contacted for advice on the safe management of controlled drugs.

NHS Grampian Yellow Card Data 2022-2023



Yellow Card Centre Scotland

Figure 2: Reporter Groups

Table 3: Reports from Healthcare Professionals

Healthcare Professional	Reports
Carer	1
Consumer	15
Parent	13
Patient	224
GP	8
Hospital Doctor	20
Nurse	14
Hospital Nurse	1
Pharmacist	13
Trainee Pharmacist	4
Community Pharmacist	4
Hospital Pharmacist	1
Dentist	2
Other Healthcare Professionals	4

Table 4: Reporting Methods

Reporting Method	Number of Reports	
	Grampian	Scotland
Yellow Card Website	229	2076
Smartphone App	83	968
MiDatabank	0	39
Vision GP Software	3	44
Paper Form	9	45

Figure 3: Patient Age Groups

https://sway.cloud.microsoft/gQpfy9p3X4jHiZ6X#content=zYkGLh9kkcT3FA

In the November 2023 issue of MedWatch we shared information on Yellow Card Reporting for Adverse Drug Reactions including Yellow Card Centre Scotland's 2022/23 annual report. We now have a breakdown of NHS Grampian Yellow Card reports for the same period. To view the report press play on the video card to the right and expand to full screen, the video card will automatically scroll through the two page report, pause the video to view each in more depth.

HEPMA Update

North of Scotland HEPMA Hospital Electronic Prescribing & Medicines Administration

HEPMA continues to be rolled out across Grampian and is now live in ARI, Rosewell House, Roxburghe House, Woodend and RACH. We would like to thank everyone for their co-operation and

patience during the transitional period. If you would like updates on the progress of the rollout you can see the HEPMA implementation schedule on the intranet. If transferring a patient from a HEPMA ward to a non-HEPMA ward remember to supply a MAC and MAP chart.

As always, the regional SharePoint website https://scottish.sharepoint.com/sites/NoSHEPMA contains lots of information on what to do in specific scenarios. In addition to this, we are developing a monthly newsletter providing updates and answering frequently asked questions. This will be aimed at prescribers but may be of interest to other staff members. This will be launching in April, information on how to sign up will be available on our HPEMA intranet page soon.

Update provided by the HEPMA Team

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