

# NHS needs to be open about patient safety incidents

Being open when patients are harmed is the subject of a safer practice notice issued last week by the National Patient Safety Agency.

With the aim of improving the quality and consistency of communication when patients are involved in an incident, the notice asks clinical governance leads in all NHS organisations in England and Wales to develop a local policy that should be based on the NPSA's "Being open" policy.

The notice says that patients or their carers should receive an apology as soon as possible after a patient safety incident has occurred and staff should feel able to apologise on the spot. "Saying sorry is not an admission of liability and it is the right thing to

do. Patients have a right to expect openness in their health care," it adds. The local policy must be in place by June 2006 and should be integrated with existing risk management and clinical governance structures.

The notice also asks NHS organisations to raise awareness of the local policy among health care staff and to provide them with the appropriate information and support. The NPSA has developed an e-learning tool and a video-based workshop which will be rolled out to the NHS in November. Further information and resources are available to download via the NPSA website ([www.npsa.nhs.uk/advice](http://www.npsa.nhs.uk/advice)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).



Being open  
Communicating patient safety incidents  
with patients and their carers

**"Being open" should be used as the basis for local policies, the NPSA says**

## LPC criticised in health authority report

North East London Local Pharmaceutical Committee has been criticised for procedural irregularities in a review commissioned by North East London Strategic Health Authority.

The review was carried out following complaints from 87 of the 352 contractors that the LPC represents. It found a series of irregularities by the LPC over recent years. These included failure to produce annual reports and hold annual general meetings, failure to send accounts to contractors and failure to pass payments collected from contractors to the Pharmaceutical Services Negotiating Committee. The LPC also failed

to seek guidance from, or report to, the PSNC on local negotiations. Its constitution required it to do all these things.

In addition, the review found that three of the seven primary care trusts with which the LPC works do not consider it to be representative of their contractors. The LPC has acted to rectify some of its failures, but disputes the overall tone of the report.

It says that the failure of the report to include its responses to the allegations and findings means that the report gives only a partial view, conveys a misleading impression and is fundamentally flawed.

**News feature, p364**

## PSNC produces workbook to help contractors prepare for contract monitoring

To help pharmacy contractors prepare for the monitoring stage of the new community pharmacy contract, the Pharmaceutical Services Negotiating Committee has produced a workbook, it was announced last week.

"New Contract Workbook 2005-2006" lists the essential services requirements and specifications of the new contract and provides guidance on standard operating procedures, the Disability Discrimination Act, complaints procedures, health and safety and confidentiality. It also includes a DDA assessment toolkit.

In addition, there are sections in the workbook to record information which may be requested during monitoring visits. These sections match up with the details in the NHS Primary Care Contracting's monitoring toolkit for primary care trusts, the PSNC says.

The workbook can be downloaded from the PSNC's website ([www.psn.org.uk](http://www.psn.org.uk)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

## PSNC produces fitness-to-practise notification template

Templates for pharmacy contractors to use to notify primary care trusts about fitness-to-practise matters have been produced by the Pharmaceutical Services Negotiating Committee, it was announced this week.

The Terms of Service of the new community pharmacy contract require all contractors who were on a pharmaceutical list on 1 April

to notify their PCT or PCTs about fitness-to-practise matters by 3 October. The PSNC warns that any contractor who fails to do so could be removed from the pharmaceutical list. The PSNC's Microsoft Word template is available from the PSNC website ([www.psn.org](http://www.psn.org)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

### The Society

#### Society in deal with UKMi

The Pharmaceutical Press (the Society's publications imprint) has announced special terms for NHS information centres that wish to have access to its MedicinesComplete package of online pharmaceutical databases (p391).

#### New 'Dale and Appelbe'

A new eighth edition of 'Dale and Appelbe's pharmacy law and ethics' is now available from the Pharmaceutical Press (p391).

## Pharmacists' public health role underlined at party conference

Pharmacists' role in engaging the public about health matters has been highlighted in meetings at the Liberal Democrats' autumn conference in Blackpool this week.

"Community pharmacy has an important role to play in terms of getting advice to teenagers about sexual health," Steve Webb MP, the Liberal Democrat shadow health secretary, said. In addition, Baroness Barker, the Liberal Democrat spokesperson in the House of Lords, argued that community pharmacists can play an important part in communicating health matters to members of ethnic minorities.

This year, the Company Chemists Association, the National Pharmacy

Association, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society have joined together to promote the role of community pharmacy at the Conservative, Labour and Liberal Democrat conferences.

The organisations invited local community pharmacists Raymond Lee, Liz Stafford, Linda Bracewell and Deborah Beech to the Liberal Democrat conference to explain pharmacists' new roles to those attending. Local pharmacists will also be invited to the Conservative and Labour conferences, Melanie Woodnick, the PSNC's public affairs officer, said.

# British National Formulary for Children launched

With the publication of the British National Formulary for Children, pharmacists, doctors and nurses will have access to the most recent data about medicines use in children, which should lead to safer prescribing.

Ian Costello, lead editor, speaking at the launch of BNF-C in London earlier this week, explained that in compiling the reference work the team had searched for information about the use of medicines in children beyond the standard sources. In addition, they had consulted many expert advisers in different specialties in order to create some consensus on what was best prescribing practice for children whose ages might range from neonates to 18, particularly those who suffered from rare conditions and who were being prescribed medicines off-licence.

George Rylance, who chaired the BNF-C formulary committee, said that the publica-

tion fed into wider government strategy to develop a research network for medicines for children and would demonstrate gaps where research was required.

The BNF-C, which has been jointly published by the Royal Pharmaceutical Society, the British Medical Association and the Royal College of Paediatrics and Child Health with the Neonatal and Paediatrics Pharmacists Group, will be updated on an annual basis. It has been purchased by the four departments of health in the UK and will be distributed to all health care professionals involved in the care of children.

□ **New NHS children's director** Sheila Shribman has been appointed to the post of National Director for Children for the NHS in England. She will join the Department of Health on 1 December.

Article, p373



## News in brief

### Strychnine for mole control

Strychnine will no longer be approved for mole control from 1 September 2006. It will be illegal to purchase or to use strychnine after this date, the Department for Environment Food and Rural Affairs has announced. Pharmacies are not required to take strychnine back; authorised users must arrange safe disposal through a licensed waste collector. Further information is available at [www.pesticides.gov.uk](http://www.pesticides.gov.uk).

### Sale of Private-Rx

Private-Rx, an online pharmacy discussion forum, has been acquired by PPLS Group of Companies. PPLS will take over management of the forum from medM on 1 October. Mark Provost, manager of PPLS's IT business, commented that a group of its most frequent contributors will be consulted on future developments and enhancements to the forum.

## BNF charitable collection

The Commonwealth Pharmaceutical Association's annual collection of outdated copies of the British National Formulary will take place from 7 to 11 November. The CPA will be collecting copies of the 48th edition (purple cover) and 49th edition (red cover).

Donating recent editions of the BNF is a practical way for health professionals to make a difference to the quality of therapeutic care in developing countries, says the CPA.

The books will be shipped to developing countries where local representatives will distribute them to pharmacists, doctors, nurses, dentists and other health professionals who use the resource.

Copies can be taken to any pharmacy stocking AAH products, and AAH drivers will collect them. Details of these stores can be obtained from Kay Collings on 024 7643 2453. Hospital pharmacy departments will also be collecting BNFs for collection by AAH.

## NHS 24 recruits pharmacists

NHS 24, the Scottish telephone advice service, has recruited 12 part-time pharmacists as front-line staff to manage its out-of-hours medicines-related enquiries after an audit showed that one in three calls had a noticeable pharmaceutical element.

A pilot study using pharmacy contractors and conducted over six months showed that pharmacists added value when answering medicines-related or access to medicines enquiries.

Pharmacists recruited to NHS 24 are required to undertake 55 hours of face-to-face training over four weeks. The training covers accountability, system navigation and out-of-hours operations in Scotland.

Harry McQuillan, national pharmaceutical adviser to NHS 24, told *The Journal* that NHS 24 is looking for six to eight more weekend-only pharmacy advisers to achieve a full complement of staff and bring pharmacist cover up to 160 hours per week.

## Safety warning issued on slimming aids

Potentially dangerous and illegal traditional Chinese medicine slimming aids have been discovered on the UK and international markets, the Medicines and Healthcare products Regulatory Agency warned last week.

The MHRA says that the safety, quality and efficacy of these products cannot be guaranteed because of possible adulteration or contamination with pharmaceutical drugs or toxic herbal ingredients. "Many of these products are promoted as natural and safe, and hazardous ingredients may not be declared on the label," explained Roy Alder, director of executive support at the MHRA.

Several dangerous weight loss remedies have been discovered, including Shubao

slimming capsules, which illegally contain undeclared nitrosufenfluramine and are thought to be responsible for a case of irreversible liver failure in the UK. Others products have been found to contain methylphenidate, which may lead to high blood pressure and interacts with antidepressants and antipsychotics, sibutramine, which may raise blood pressure, and aristolochia, a banned substance which has been linked to renal failure and cancer.

Further information and photographs of the products can be found on the herbal safety news section of the MHRA website ([www.mhra.gov.uk](http://www.mhra.gov.uk)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

## PJ Online

Access to *PJ Online* is free to all

### Pharmacy around the world

Articles on pharmacy, from America to Zimbabwe.  
[www.pjonline.com/series](http://www.pjonline.com/series)

### Letters to the PJ

Each week's *Pharmaceutical Journal* appears on *PJ Online* on Friday morning. However the letters pages are available as a PDF file by 5pm on Thursday.  
[www.pjonline.com/news](http://www.pjonline.com/news)

# Pharmacists will need pharmacogenetics training

Pharmacists of the future will require a much stronger basic training in the fundamentals of human genetics to have a more defined role in the application of pharmacogenetics, according to a new report.

“Personalised medicines: hopes and realities,” was published by the Royal Society this week. It says that despite a promising future for prescribing treatments based on patients’ genetic make-up, its true potential may not become apparent for another 15 to 20 years because of a lack of research into the subject and a lack of education for health care professionals.

The report says that, as the role of the community pharmacist changes, pharmacists are likely to become more involved in pharmacogenetics, including through medicines management services, promoting safety by detecting and reporting adverse



Geoff Tompkinson/SPL

## Pharmacists could collect samples for genetic testing

drug reactions, prescribing medicines and monitoring clinical outcomes. For example, regarding genetic testing, the report says

that pharmacists could provide basic information, collect some samples such as buccal swabs, convey results of simple tests to patients and be responsible for prescribing, advising and monitoring the treatment prescribed. It notes that the Royal Pharmaceutical Society is preparing guidelines for pharmacists who plan to set up such services.

However, the report emphasises that an educational programme will need to be developed to train pharmacists and other health professionals in such testing.

The report also recommends introducing financial incentives to encourage pharmaceutical companies to work on developing pharmacogenetic drugs.

The report can be accessed at [www.royalsoc.ac.uk](http://www.royalsoc.ac.uk) or via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

## Drug pictograms can improve compliance

A “universally acceptable” system of pictograms to supplement spoken directions and written labels in emergencies has been developed by the Military and Emergency Pharmacy Section (MEPS) of the International Pharmaceutical Federation.

The system was developed because poor communication between prescribers and patients can cause confusion over the correct use of medicines in emergency situations. It was presented during the World Congress of Pharmacy and Pharmaceuticals in Cairo earlier this month.

FIP says the initiative, which originated with the military members of the MEPS, is based on a story-board concept and covers the indications, dosages, frequency and special instructions associated with a medicine. Cultural issues are taken into consideration. FIP believes that the initiative will increase compliance with medication at low cost.

An extensive field trial was undertaken recently to test and evaluate the scheme in col-

laboration with the Canadian African Health Alliance with a group of around 500 patients. With one exception, all the pictograms tested reached the European Commission’s standard of more than 80 per cent comprehension.

The vision is for medicines packaging to be labelled with graphics, which are highlighted to indicate their full meaning. For example, a silhouette of a human figure can be marked to show the part of the body being treated. The time of day to take the medicine is shown with pictures of the sun and the moon, and the number of tablets to be taken indicated pictorially.

FIP hopes to produce sets of pictographic labels in collaboration with the International Pharmacy Students Federation. The project is being handled through the FIP Board of Pharmaceutical Practice and is being offered to the World Health Organization for further development.

**Notice-board p366**

## Oral contraceptives may be associated with delay in MS

Recent use of oral contraceptives may delay the first clinical attack of multiple sclerosis, according to research published last week (*Archives of Neurology* 2005;62:1362).

Researchers in the US looked at data from 106 cases of MS and 1,001 matched controls recorded in the General Practice Research Database. They found that use of oral contraceptives in the previous three years was associated with a 40 per cent lower risk of MS compared with non-users (odds ratio 0.6, 95 per cent confidence interval 0.4–1.0). Results also suggested that the risk of MS may be lower during pregnancy and is higher for six months after giving birth.

Epidemiological evidence is consistent with a delay in the onset of MS in some users of oral contraception followed by a lack of effects on the overall risk of MS, say the researchers. “These observations could be explained by the oestrogen’s ability to modulate the immune response,” they explain.

## High antibiotic use is associated with high levels of MRSA in European hospitals

Antibiotic use and infection control measures have a significant impact on methicillin-resistant *Staphylococcus aureus* levels in European hospitals, data from a European Commission funded research project suggest.

The Antibiotic Resistance, Prevention And Control (ARPAC) project involved almost 300 hospitals from 34 European countries. Prevalence of MRSA was found to be highest in western, south-eastern and southern Europe, and prevalence was higher the greater the volume of antibiotics prescribed.

“In addition to the strong association between antibiotic use and MRSA prevalence, the work also shows that the use of specific

classes of antibiotics, such as macrolides and third generation cephalosporins is also associated with higher MRSA prevalence,” said project co-ordinator Fiona MacKenzie, a microbiologist at Aberdeen Royal Infirmary.

“Low prevalence of MRSA was strongly linked with infection control procedures, such as isolation of patients with MRSA in single rooms, health care worker use of barrier precautions (for example, gowns and gloves) to prevent cross contamination and the use of alcohol-based disinfectants by health care workers”, she added.

ARPAC recommends that clinical pharmacy services should be employed to support

prescribing of antimicrobial agents — the project found that clinical microbiologists and infectious diseases physicians play a more active role than pharmacists in advising doctors on antimicrobial prescribing.

The findings were presented at the Health Protection Agency annual conference at the University of Warwick last week. The full project recommendations will be published in the November issue of *Clinical Microbiology and Infection*. A summary of the highest priority ARPAC recommendations are available at the ARPAC website ([www.abdn.ac.uk/arpac](http://www.abdn.ac.uk/arpac)) or via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

# Connecting for Health launches staff communication campaign

Communication with NHS employees about the NHS Care Records Service, part of the national IT programme, officially started this week.

Connecting for Health has begun working with strategic health authorities and trusts across England to distribute 1.3 million information booklets to all staff working in the NHS, which will provide an overview of the programme and its benefits. Other campaign materials include posters and a video.

James Herbert, director of communications and stakeholder engagement at NHS CfH, commented: "This marks the first step in an extensive information campaign which will ensure that both the NHS and the pub-

lic are fully aware of the far-reaching ramifications of the NHS Care Records Service."

NHS CfH says that early next year staff will be sent a more detailed pack showing how the CRS will specifically benefit GPs, hospital doctors, clerical workers, allied health professionals, nurses and other members of the NHS, including pharmacists. Following this, a wider campaign is due to start, which NHS CfH says is designed to reach every member of the public in England.

"With the NHS CRS due to start going live in 2006, now is the right time to start letting people know what to expect via the local network of health care organisations," said Mr Herbert.

## Society calls for smoking ban to be complete

Only a complete ban on smoking in all enclosed public places will protect people from second hand smoke, encourage them to give up and ultimately act as a deterrent to smoking, the Royal Pharmaceutical Society says.

Responding to the parliamentary Health Committee's inquiry into the Government's proposals to restrict smoking in public places, Hemant Patel, President of the Society said: "The Royal Pharmaceutical Society believes that there should be nothing less than a full ban on smoking in all enclosed public places.

As a profession, community pharmacists are ideally placed to provide counselling on how to stop smoking. Our response highlights all the different skills that our profession has to help the Government deliver the smoking cessation agenda."

The Society says that it urges the Government to put forward comprehensive smoke-free legislation to protect workers in all places of work and to bring this into effect across Great Britain "as soon as possible and certainly by the end of 2007."

## NPC chief executive receives Schering award



Clive Jackson, chief executive of the National Prescribing Centre, received the 2004 Schering award during a ceremony in London earlier this month.

Mr Jackson received the award for his role in the development and implementation of strategies to promote safe and effective prescribing in primary care, and for his leadership as the first chairman of the Faculty of

Prescribing and Medicines Management. Pictured (left to right) are Geoff Bailey, vice-president and general manager for gynaecology and andrology, Schering, Clive Jackson, Charles Butler, chairman of the board of governors, College of Pharmacy Practice, Andrew Lansley, Shadow Secretary of State for Health, and Ian Simpson, chief executive of the CPP.

# New and old antipsychotics have similar efficacy

First and second generation antipsychotics are comparably effective but both associated with high rates of stopping therapy, according to research published in the *New England Journal of Medicine* this week (2005;353:1209).

Jeffrey Lieberman, department of psychiatry, Columbia University, New York, and colleagues conducted a randomised controlled trial involving 1,493 patients with schizophrenia. Patients received either the first generation antipsychotic perphenazine or a second generation antipsychotic — olanzapine, quetiapine or risperidone for up to 18 months. Ziprasidone was also included following its approval by the US Food and Drug Administration. The primary outcome measure was time to discontinuation of the drug

for any reason. Patients' symptoms were also evaluated.

Overall, 74 per cent of patients discontinued the study medication before 18 months. Discontinuation was highest among the quetiapine group (82 per cent) and lowest among the olanzapine group (64 per cent).

Olanzapine was considered the most effective drug in terms of rates of stopping therapy — time to discontinuation for any cause was longer in the olanzapine than the quetiapine ( $P<0.001$ ) or risperidone group ( $P=0.002$ ). Time to discontinuation due to side effects was similar in all groups, however olanzapine was associated with more stopping of therapy due to weight gain and increases in glycosy-

lated haemoglobin, cholesterol and triglycerides. Results for the other second generation antipsychotics and perphenazine were similar in most respects, say the researchers.

An accompanying editorial (*ibid*, p1286) notes that clozapine was omitted because it has already been observed to have superior efficacy. "It would thus seem reasonable to try olanzapine and clozapine in any patient with schizophrenia who has not had a full clinical remission of the illness, which includes the reversal of cognitive and psychosocial disabilities. However, it is also prudent to switch treatment from these drugs to one of the others if a metabolic syndrome is threatening the patient's general health," it says.

## Quarter of people do not realise they have diabetes, audit shows

About a quarter of people who are predicted by epidemiological studies to have diabetes have not had their condition diagnosed and recorded in practice registers, a new audit shows.

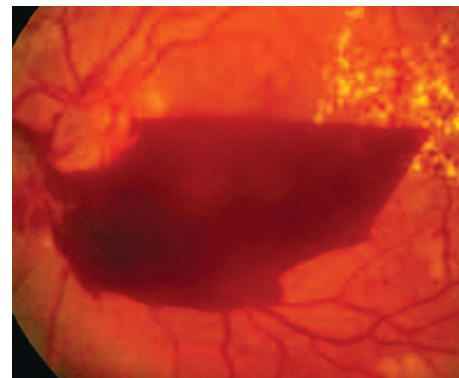
Results of the first year of a clinical audit involving over 250,000 people in England were published by the Health and Social Care Information Centre this week, on behalf of the Healthcare Commission. The report points out that people who have not had their diagnosis recorded in practice registers are unlikely to receive optimal care and monitoring.

The results also show that less than half of patients diagnosed with diabetes are recorded as receiving eye checks, although the 2006

National Service Framework sets a target of 80 per cent.

Furthermore, National Institute for Health and Clinical Excellence guidelines recommend that, as a primary target, people with diabetes should aim for an HbA<sub>1c</sub> level of less than 7.5 per cent. The audit found that only 56 per cent of patients achieved this target, and only 23 per cent achieved the secondary target of 6.5 per cent. Wide regional variations were also seen in the rates of myocardial infarction, cardiac failure and stroke among people with diabetes.

The report can be accessed at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk) or via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).



Western Ophthalmic Hospital/SPL

**Diabetic retinopathy: eye tests can detect early signs in diabetes patients**

## Combination of long-acting bronchodilators improves lung function for patients with COPD

A combination of the long-acting bronchodilators tiotropium and formoterol improves lung function in patients with chronic obstructive pulmonary disease more than a bronchodilator/anti-inflammatory combination, according to a study reported this week at the annual European Respiratory Society congress in Copenhagen.

The study randomised 592 patients with moderate COPD to a combination of tiotropium (18µg once daily) plus formoterol (12µg twice daily) or to salmeterol (50µg twice daily) plus fluticasone propionate (500µg twice daily).

Results showed that peak expiratory volume in one second (FEV<sub>1</sub>) increased by an average of 103ml more in the tiotropium plus formoterol group than in those given salmeterol plus fluticasone (1.775L versus 1.672L,  $P<0.0001$ ) after six weeks' treatment.

Hannah George, senior respiratory specialist pharmacist, Royal Liverpool University

Hospital NHS Trust, said: "These combinations are already being used widely in practice and it is encouraging to see research is ongoing to improve the evidence base in this area. It is logical to use two different bronchodilators acting on different receptors and many patients are currently obtaining benefit from these combinations." She added that counselling and education are important to ensure that patients know what each inhaler is for and its benefits.

David Price, professor of primary care respiratory medicine at the University of Aberdeen, added: "We need to be more aggressive in how we treat COPD. Achieving maximal bronchodilation in earlier COPD is the key to improving long-term outcomes." A longer-term study — the UPLIFT trial — is currently investigating whether 24-hour bronchodilation with tiotropium improves COPD disease progression, including health related quality of life and exacerbations.

## Public consultation on diabetes care launched

A public consultation to help assess the state of diabetes health care across the UK has been launched by Diabetes UK in association with the All Party Parliamentary Group for Diabetes and the Hansard Society.

The consultation will focus on patient education, retinal screening, paediatric care, early identification, and psychological and emotional support. Responses will form the basis of a report, which will be launched in the House of Commons in December.

Benet Middleton, director of campaigning at Diabetes UK, said: "The best way to assess what is really happening on the ground is to ask people on the frontline. By gathering opinions, we can hold the governments to account and work to ensure that improvements are made."

Comments can be submitted online at [www.diabetesdialogue.org.uk](http://www.diabetesdialogue.org.uk) between 26 September and 31 October. Pharmacists can help to ensure members of the public have their say by displaying a poster, available by calling 0800 585 088.