

“Go and be difficult,” pharmacists urged

Neonatal and paediatric pharmacists met recently to discuss pharmacy risk management and safer medication practices. **Matthew Wright** reports

Many trusts have starting to recognise that the NHS has been too obsessed for too long with the medically dominated model of health care. So said John Lawlor, chief executive, Harrogate and District NHS Foundation Trust, in his welcome address.

He believes that now is one of the most exciting times for allied health professionals to be working in the NHS. He said: “I would strongly encourage you to go back into your organisations and be difficult. I am trying to develop a culture in my organisation where every single member of staff feels a right to challenge the status quo. I don’t like the fact that people sit there and say, ‘we’ve always done it this way. Why do we need to change?’”

Members should use the strength of the NPPG network and the clinical developments of the past few years to go back and ensure that all members of the clinical team are aware of pharmacists’ particular skills, knowledge and expertise in how to ensure “the best use of medicines, and the safest use



John Lawlor: use your expertise to become involved in redesign of services

of medicines, for children that come through this organisation”, he said.

Mr Lawlor added: “At long last there’s a framework in the NHS to encourage and

support the development of extended roles.” He said that he was confident some of the work that pharmacists do, particularly around competency frameworks, will enable them to take on broader roles not determined by professional background.

Much of the risk management agenda in acute hospitals is associated with management and use of medicines, he said. Pharmacists need to see themselves as “not just a pharmacy department, but a medicines management lead” within the hospital and across the system, he argued.

“I’ve been fortunate in working with two chief pharmacists over the past seven years who have not seen their role as being administration or procurement of drugs but very much changing the culture and influencing clinical practice with nurses, therapists and particularly doctors,” he explained.

Use your skills and expertise, and knowledge of the patient journey, to get more involved in the way services can be redesigned, was his advice to pharmacists.

PDA use in paediatric pharmacy

How PDAs (personal digital assistants) can help paediatric pharmacists with ward pharmacy duties was examined in a round-table discussion led by John Bane, senior pharmacist, medicines information and clinical trials, Sheffield Children’s NHS Trust.

He said that PDAs were useful in being able to provide the pharmacist with detailed information, quickly, when put on the spot during ward rounds. “Some of the software summarises information into portions that you can read in 30 to 60 seconds so you can challenge the consultant at that stage.”

Mr Bane also explained that PDAs can be used successfully when on-call, so the pharmacist can remain mobile instead of having to carry a heavy on-call bag or remain at home near a computer. He said that the PDA can hold “most of the files that are in the on-call bag and some paediatric drug information sources”. On-call requests can be recorded on the device as well, he added.

Mr Bane discussed a range of software packages available for paediatric drug information. He said that a version of the BNF for Children is being developed for PDA.

Another function of PDAs, said Mr Bane, is that pharmacists can start to record information on pharmaceutical interventions. “We have started to do this tentatively in Sheffield,” he added.

He said that, rather than having paper intervention forms where someone has to input data onto a spreadsheet or database, the

interventions are entered into the PDA on the ward and the device is plugged into the computer when the pharmacist gets back to the pharmacy. The PDA then “synchronises” with the computer and all of the data go into a centralised database, which can analyse all of the pharmacists’ data for trends and major errors.

Mr Bane added that pharmacists are continually being asked to prove the value of their services; the PDA data can be used to report back to hospital directors and drug and therapeutics committees.

Mr Bane also talked about aspects a pharmacy department might need to consider before investing in PDA technologies. He said that as well as the individual PDAs (which can cost anywhere from £80 to £200 each) there is also the cost of specialised software to take into account.

“Some pharmacists may be resistant to using new technologies even if they have the possibility of improving their service,” he pointed out. He also said that pharmacies need to have a comprehensive training package in place to implement the devices fully and make sure they are being used successfully.

The 12th annual **Neonatal and Paediatric Pharmacists Group** conference entitled “Improving safety, reducing risk” took place at the Old Swan Hotel in Harrogate from 3 to 5 November.

NPSA gives advice on wrong-route errors

Oral liquid medicines, feeds and enteral flushes must all be measured with an oral syringe, emphasised David Cousins, head of safe medication practice at the National Patient Safety Agency, speaking about the NPSA’s forthcoming alert on wrong route administration errors.

Professor Cousins told delegates: “IV syringes must not be used. We cannot prevent wrong-route errors if we’re using IV syringes, because if it can connect it will connect and oral medicines will be administered intravenously and by other routes.”

He said that syringe manufacturers are using purple as the colour for identifying oral syringes — whether it is on the plunger or barrel. He said that the NPSA has made it clear to tube manufacturers that, within 12 months of the patient safety alert, the NHS will not be buying enteral feeding sets that require an IV syringe for connection.

Professor Cousins confirmed that five patient safety alerts are expected to be released together in January: wrong route errors; injectable medicines; paediatric infusions; anti-coagulants; and patient safety research.

He added that sodium chloride 0.18 per cent in dextrose is probably too hypotonic to use in general paediatric ward areas. The safety alert on injectable medicines will recommend that more isotonic solutions be used, he emphasised.

Medicines for Children Research Network — how it will contribute

Clinical trials pharmacists need to make sure that funding and adequate staffing are being made available, as trials come through in increasing numbers from the UK Clinical Research Network, Tony Nunn, clinical director of pharmacy, Royal Liverpool Children's NHS Trust and associate director, Medicines for Children Research Network, University of Liverpool, told the meeting.

Pharmacists' knowledge of good clinical practice can contribute considerably to the successful running of trials, he said.

Mr Nunn explained that the MCRN is one of six topic-specific networks within the UKCRN (along with cancer, dementia and neurodegenerative diseases, diabetes, mental health and stroke).

The topics-specific networks were "based on the very successful model of the Cancer Research Network which actually doubled the number of adults recruited to clinical trials in oncology during its early existence", he pointed out.

"Our aim is to facilitate the conduct of randomised trials and other well designed studies of medicines for children," he said.

"The staff that we are putting in place are not going to undertake the trials. All the trials that come through the network will be fully funded; but we need an infrastructure that will make that process swift and easy and to ensure that the quality of our output is good," he added.

Within the MCRN there is a paediatric clinical trials unit and six local research networks in England, funded by the NHS, Mr Nunn said. He went on to say that the clinical trials unit will conduct studies on the investigators' behalf or do the work-up of any study to make sure it complies with good clinical practice. A perinatal clinical trials unit already exists in Oxford, he added.



Tony Nunn: the MCRN is designed to facilitate the conduct of clinical trials

Clinical studies groups have been established to identify research priorities within specialty areas and to propose and develop trial ideas and proposals. The clinical studies groups are the primary route by which clinical studies are considered in the development of the MCRN research portfolio.

He said that the network is trying to "stimulate the industry and provide them with a good working environment in which to conduct clinical trials in children.

"Because of the unique nature of medicines for children and the need for effective formulations we were able to attract additional funding from the Government to appoint three formulation research fellows — one in Liverpool, one in Birmingham and one in London — to work on all aspects of developing formulations for children," he told the meeting.

Risk reduction for use of parenteral products

How pharmacists can help to reduce risks associated with the use of parenteral products was addressed in a talk by Linda Hardy, project pharmacist, St James's University Hospital, Leeds.

Ms Hardy presented a summary of a risk assessment of parenteral products project conducted in the north of England in 2004–05. She discussed this in the context of the modernisation of hospital manufacturing.

About 75 per cent of aseptic units in the north of England are operating at 80 per cent of their stated capacity or above, and about 35 per cent claim to be working at 100 per cent or above, her research revealed. "So there isn't very much slack in the system in terms of the current aseptic manufacturing services," she said.

She said that risk reduction routes include:

- Ensuring that clinical reviews are undertaken — consider switching patients to lower-risk alternatives such as from intravenous antibiotics to oral antibiotics
- Improved communication of product availability — the development of the Pro-File database will assist with this (*PJ*, 11 November, p568)
- Increased use of dose banding in paediatrics/neonates and for chemotherapy

Ms Hardy said that paediatric patients are a particularly vulnerable group because: there are few standardised paediatric doses; there is often not an appropriate pack size available; very small doses of medicines (eg, 0.3ml) often need to be measured; multiple dilutions are often required; and there are licensing issues for practitioners to consider.

Extemporaneous medicine formulation

Andy Lowey, quality control pharmacist, St James's University Hospital, Leeds, reminded the meeting that the responsibility for issuing "specials" products still remains with the pharmacist, even if the product is purchased from a licensed manufacturer. The manufacturer — not the product — is licensed, he explained.

Mr Lowey spoke about the issues surrounding technical and clinical risks and quality of products prepared extemporaneously. He said that the pharmacist is responsible for reviewing the evidence base for these products and that pharmacists should remind patients and staff always to "shake the bottle".

He also said that there needs to be some kind of mechanisms in place for pharmacists to report any problems with extemporaneous or "specials" products. Pharmacists should feed back any defects to suppliers and local quality control departments, he added.

NPPG awards

- Steve Tomlin, principal paediatric pharmacist, Guy's and St Thomas' NHS Trust, London, presented the work undertaken as part of the 2005 Mandeville Medicines research award. His team from Evelina Children's Hospital developed an online education package designed for community pharmacists to learn about paediatric minor ailments (*PJ*, 11 November, p565).
- The 2006 Mandeville Medicines research award winner was announced by Karol Pazik, managing director, Mandeville Medicines. Pharmacists Felicity Smith and Kevin Taylor, and Jennifer Newbould (research fellow), School of Pharmacy, University of London, and Simon Keady, lead directorate pharmacist, Women and Children's Services, University College London Hospitals,

will undertake research into the experiences of young people with chronic conditions and in full-time education (*PJ*, 28 October, p508).

- Niall Corry, senior clinical pharmacist, woman and child health directorate, Antrim Hospital, Northern Ireland, won the Special Products first time presenter award for his presentation on reducing the risk of hospital-acquired hyponatraemia developing in children receiving fluid therapy.
- The Special Products poster award was given to researchers from the Leeds Teaching Hospital NHS Trust pharmacy department for "Anti-emetic policy for the treatment of chemotherapy induced nausea and vomiting for children and young people with cancer".