

Handling medicines safely

— why revised Duthie report is relevant to us all

By Richard Needle, PhD, MRPharmS

This month sees the long awaited publication of “The safe and secure handling of medicines: A team approach”, a revision of the 1988 Duthie report. The original Duthie report rapidly became an indispensable manual about the storage and handling of medicines in pharmacies and clinical areas in hospitals and clinics throughout the country, and was also adapted and adopted for use in areas outside the NHS. I commend this new version to all hospital pharmacists — and other health professionals involved in handling medicines — as an important new reference source. The new report recognises the multidisciplinary approach to handling medicines, hence the title.

After a decade in use, the major changes in health services organisation and practice led to requests for an update of the Duthie report. It was agreed that the Royal Pharmaceutical Society, rather than the Department of Health who sponsored the original report, would undertake the revision. A multidisciplinary working party chaired by the late Bryan Veitch was convened to update the guidance. The document which was initially produced was a risk management overview for the medicines distribution and storage processes. When this document was presented to the

Society’s Hospital Pharmacists Group Committee, there was concern about whether it would meet the needs of potential users. Much of the feedback on the original version had praised the detailed guidance for different types of clinical areas, albeit that it made a repetitive document for anyone who read more than one section at a time. Therefore, in order not to lose the practical usefulness of the original document, it was decided to produce a hybrid, using the new risk management overview and the detailed guidance of the original document, suitably updated.

— Consultation

Much effort has since been expended in consultation on the update to ensure that it reflects current practice. A wide range of organisations and individuals responded to the consultation, including a number of Royal Colleges and other organisations (ie, nursing and midwifery, ambulance, pharmaceutical and governmental). The chief pharmacists in England, Scotland, Wales and Northern Ireland have endorsed the final report.

The report has now been published on the Society’s website (see box at bottom of page). The first eight chapters of the document provide background to the revised guidance. Chapters 1 to 3 cover the philosophy behind the guidance, explain the scope and outline the key criteria to be observed in the safe and secure handling of medicines. Chapters 4 and 5 then set out all the elements of the medicines trail that need to be taken into account and the principle elements of each stage.

The topic of chapter 6 is an issue which was unknown when the original guidance was written, that of self-administration of medicines. An approach now widely adopted, mostly by acute hospitals, self-administration has significant implications for safe and secure handling of medicines. Chapters 7 and 8 also cover issues that have wide ramifications: chapter 7 deals with training and personnel and chapter 8 with clinical trials, a topic recently the subject of European legislation.

Then, from chapter 9 onwards, there is more detailed guidance for specific clinical areas, covering hospital wards and all the main hospital departments handling medicines, plus midwifery and a variety of primary care based clinical environments such as: ambulance services, community health clinics and walk-in centres. Drug addiction treatment units and community psychiatric services are also covered. The final chapter in the main body of the text picks up another significant issue — that of the return of medicines for destruction.

There are two appendices: the first appendix is concerned with Controlled Drugs and the second lists those involved in the preparation of the guidance. As the Shipman enquiry was sitting at the same time as the latter stages of the development of this report, it was appropriate to limit the advice on the safe and secure handling of Controlled Drugs to general principles only, with readers needing to supplement this with the latest guidance from official sources.

The aim when writing the document was to provide up-to-date guidance to health professionals working within all

sectors of the NHS who have responsibility for the safe and secure distribution, receipt, storage and handling of medicines. It will be an essential resource to be used in conjunction with the “Standards for better health”, first domain core standard C4(d) (see www.pjonline.com/links/hp)

— General principles

As with any guidance document, it will not answer every question for every circumstance. With the greater diversity of NHS services and facilities that have developed since the 1980s, there was a recognition that it was important to set out the principles underlying the more detailed guidance. It is hoped that, by using the combination of these general principles with the specific examples provided, staff involved in areas not directly covered by the guidance will be able to draw up appropriate systems for the safe and secure handling of medicines in their own area of work.

So now it is over to you. Please read the report and, if you find serious deficiencies or wish to make other significant comments on the content, then contact the head of practice at the Society (e-mail duthie@rpsgb.org). Account can then be taken of comments in the preparation of any future updates.

Richard Needle is chief pharmacist at Essex Rivers Healthcare NHS Trust, immediate past chair of the Royal Pharmaceutical Society’s Hospital Pharmacists Group and a joint revising editor of “The safe and secure handling of medicines: A team approach”

Obtaining the report

The report is available from the Society’s website at www.rpsgb.org. A hard copy can also be purchased and details are available by e-mailing Lorraine Fearon (lorraine.fearon@rpsgb.org)