

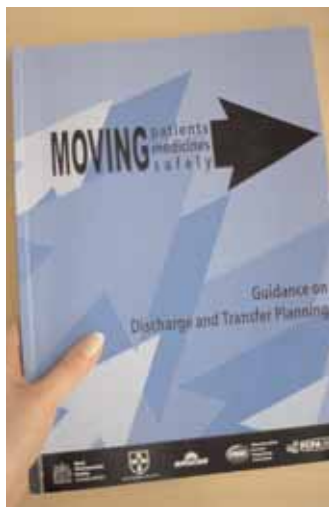
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# Safer medicines use on patient transfer — guidance launched

Guidance has been launched to help reduce the number of medicine-related errors that occur on patient admission, transfer and discharge. The document, entitled “Moving patients, moving safely”, warns that patients are particularly vulnerable to errors with their medicines when they are being transferred from one health care setting to another, especially when leaving hospital following an episode of inpatient care.

The document has been jointly produced by the Royal Pharmaceutical Society, the Guild of Healthcare Pharmacists, the Pharmaceutical Services Negotiating Committee and the Primary Care Pharmacists Association. It is designed to support pharmacists and other members of the health care team in developing best practice in the medicines aspects of discharge planning and to reduce the risks associated with medicines use.

Research evidence on the consequences of poor communication and potential interventions such as admission



drug histories, discharge summaries and pharmaceutical care plans is included. It suggests elements required for successful admission, transfer and discharge, which include pharmacists taking a drug history, use of patients' own drugs and dispensing for discharge, pharmacist-written discharge prescriptions, and medication reviews.

The document goes on to list a nine-point action plan for better admission, transfer and discharge which includes: review of existing

communication processes across primary and secondary care; review of the systems in place for use of patients' own drugs and dispensing for discharge, and review of the role of junior doctors, pharmacists and pharmacy technicians in taking drug histories at admission and writing discharge prescriptions. This section also includes a six-page template for organisations to prepare a specific action plan. Examples of good practice in medicines management in NHS trusts are also set out.

Copies of the guidance and accompanying workbook can be purchased for £20 from the practice division of the Royal Pharmaceutical Society, by e-mailing [practice@rpsgb.org](mailto:practice@rpsgb.org).

“Moving patients, moving medicines, moving safely” covers England and Wales and is expected to be of use in Scotland.

## Drug history taking

Advice on taking drug histories on admission and planning for discharge forms this month's “Focus on technicians” feature (p98).

## brief

■ **The 14 Acts of Parliament governing the NHS in England and Wales are to be consolidated into two Acts — one for each nation. No substantive changes to the law will be introduced by this process. Recent statutes on regulating health professionals and on quality and standards that overlap with social care are to be excluded.**

■ Consultation on four new patient safety alerts to be issued by the National Patient Safety Agency is under way. The alerts are to include details about pharmacists' roles in preventing errors in the prescribing and monitoring of anticoagulants; the selection, management and monitoring of paediatric infusions; and the preparation of injectable medicines. Avoiding “wrong route” administration errors is also included. Consultation papers and feedback forms are available on *PJ Online* ([www.pjonline.com/links/hp](http://www.pjonline.com/links/hp)). Closing date 31 March.

■ **Independent prescribing by pharmacists has been welcomed by members of Parliament in an Early-Day motion tabled by Laura Moffatt (Lab, Crawley) on 13 February.**

■ Using behavioural medicine could significantly reduce the need for drug treatments, thereby cutting health system costs, according to an editorial in the *BMJ* (2006;332:437). Conditions considered appropriate for cognitive behavioural therapy and other psychological treatments include diabetes (where behavioural techniques can promote weight loss) and pain (where a system of behavioural instructions before surgery can lower the amount of anaesthetic required and cut the time a patient needs to stay in hospital).

## Serious incident protocol agreed

Incidents in the NHS that lead to unexpected deaths or serious harm to patients should only be investigated by the police if there is clear evidence of a criminal offence having been committed. This is according to a protocol agreed recently between the Department of Health, the Association of Chief Police Officers and the Health and Safety Executive.

Police should only be made aware of incidents where trust chief executives or executive directors suspect that actions leading to the harm were intended, that adverse consequences were intended or that gross negligence or

recklessness were involved. The police or HSE can also initiate investigations if they are contacted about an incident by a patient, by relatives, or by a coroner where a death has occurred. In these circumstances, a joint NHS trust, HSE and police incident co-ordination group must meet within five days. NHS staff should be encouraged to make early voluntary statements and should be given access to legal representation for this purpose, if the police or HSE need to interview them about the incident.

The protocol is part of the Department of Health's

commitment to pursue patient safety by “encouraging a shift from a prevailing culture of blame to one that is fair and just”. This stems from experience in other high risk industries showing that a culture in which blame predominates in the handling of errors and adverse incidents creates a climate of fear leading to the concealment of safety problems and potentially to more, rather than fewer, incidents. The protocol applies to all primary and secondary care activities in England and a modified form is to be issued for Wales. It does not apply to Scotland or Northern Ireland.

# Doctors support antibiotic pharmacists

The importance of the role of antibiotic pharmacists in ensuring prudent use of antibiotics has been highlighted in a report, "Healthcare associated infections — a guide for health care professionals", published by the British Medical Association's board of science recently.

The report states that health care professionals have a responsibility to reduce the development of resistance by ensuring the optimal use of antimicrobials. This includes preventing the unnecessary prescribing of antimicrobials, tailoring treatment to the specific infection and encouraging patients to complete the course of antimicrobials correctly, with antibiotic pharmacists playing a key role in developing appropriate policies to tackle such issues.

The report stated that optimal prescribing of antimicrobials



Completing a course of antibiotics reduces the development of resistance

should be complemented by strict adherence to infection control measures including hygiene control which is the single most important intervention in infection control.

It went on to say that health care associated infections (HCAIs) cost the NHS up to

£1bn per year and that a 15 per cent reduction in the incidence of HCAIs would save the NHS approximately £150m per year.

□ In a separate development, updated guidelines for controlling methicillin-resistant *Staphylococcus aureus* (MRSA) have been drawn up by the Joint Working Party of the British

Society for Antimicrobial Chemotherapy, the Hospital Infection Society and Infection Control Nurses Association.

The guidelines set out information about the prophylaxis and treatment of MRSA. This includes recommendations on the use of a number of the more recently-launched antibiotics, including teicoplanin, quinupristin/dalfopristin and linezolid. The guidelines will appear in the April issue of the *Journal of Antimicrobial Chemotherapy*, and are available via *PJ Online* ([www.pjonline.com/links/hp](http://www.pjonline.com/links/hp)). Guidelines for the laboratory diagnosis and susceptibility testing of MRSA were published in the December 2005 issue of *JAC* and guidelines for the control and prevention of MRSA (updated from the working party's previous 1998 guidelines) are due to be published in the *Journal of Hospital Infection*.