

Assess risk of injectables in all clinical areas, NPSA tells trusts

Risk assessing the preparation and use of injectable medicines in all clinical areas is one of the recommendations of a new work programme containing a series of five patient safety alerts issued by the National Patient Safety Agency at the end of last month.

The other four areas covered by the programme are:

- Liquid medicine administered via oral and other enteral routes
- Epidural injections and infusions
- Paediatric intravenous infusions
- Anticoagulant medicines

The injectables alert suggests that health care organisations in England and Wales should use the information gained from the risk assessment to develop an action plan. Other recommendations are to ensure that current protocols for prescribing, preparing and administering injectable drugs are readily available to ward staff and to adopt a "purchasing for safety" policy.

Regarding epidurals, the NPSA recommends that all epidural infusion bags and syringes, whether bought externally, produced by a trust's pharmacy manufacturing unit or prepared in clinical areas, should



be clearly labelled "for epidural use only". The alert also recommends that the range of epidurals and infusions stocked by a trust should be rationalised and that, where possible, ready-to-use products should be purchased.

The liquid oral medicines alert suggests that oral liquid medicines should always be drawn up into oral or enteral syringes to be measured and administered, and that oral syringes should be available to ward staff. Oral or enteral syringes should also be supplied to patients or carers who need to administer oral liquid medicines with a syringe, the alert adds. Recommendations about the design of enteral feeding systems are also made.

The anticoagulation alert recommends that the NHS adopts a standardised ready-to-administer infusion of sodium heparin (1,000 units in 1ml) and minimises the use of concentrated heparin products. The paediatric infusions alert focuses on reducing the risk of hyponatraemia.

Each alert includes a recommended timeframe for implementation, and trusts should implement all of the recommendations by 31 March 2008. The NPSA is also issuing a range of practical tools to support NHS trusts and health care professionals with implementation of the guidance.

The recommendations can be accessed via the NPSA website (www.npsa.nhs.uk).

brief

■ Prescription charges in England and Scotland rose by 20p per item (to £6.85) on 1 April. Prescription charges in Wales were abolished on the same date.

■ Draft guidelines on antibiotic prophylaxis in surgery have been published by the Scottish Intercollegiate Guidelines Network. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

■ A new question and answer document clarifies aspects of the Department of Health's guidance on practice-based commissioning that was released last November. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

■ Pharmacy staff working for the NHS in England and Wales received a 1.5 per cent pay rise effective from 1 April. The remainder of this year's 2.5 per cent award will be paid from 1 November. National recruitment and retention premia (RRP) for pharmacists have not been awarded but the pay review body has said it believes the case for a national RRP warrants further investigation. Proposals to lift the ceiling (at the top of band 6) for unsocial hours are out for consultation.

■ A consultation to allow pharmacist independent prescribers to prescribe Controlled Drugs is under way. Further information can be accessed via *PJ Online* (www.pjonline.com/links/hp).

■ Over 75 per cent of hospital pharmacists use the British National Formulary three times a day or more. This is according to research commissioned by joint publishers RPS Publishing and the BMJ Publishing Group. The results were announced as the latest BNF (53) was published last month.

Safety alliance launched in Scotland

Improving patient safety in hospitals in Scotland is the aim of a new safety programme launched in Scotland last month.

The Scottish Patient Safety Alliance will focus on issues such as prescribing errors and preventable infections. It will do this by identifying good practice and then ensuring that standards of good practice are applied consistently in all hospitals in Scotland.

Examples of processes the alliance will target include systems to ensure patients receive the right medicine at the right time and in the right dose, and monitoring systems to identify patients whose health is deteriorating quickly.

The alliance's five objectives are:

- To improve organisational and leadership culture on safety

- To reduce health care-associated infection
- To reduce adverse surgical incidents
- To reduce adverse drug events
- To improve critical care outcomes

The alliance, led by NHS Tayside, builds on the Safer Patients Initiative which has been piloted at several hospitals across the UK.

No hospital pharmacists stood for election to Royal Pharmaceutical Society's Council

No hospital pharmacists put themselves forward for election to the Royal Pharmaceutical Society's Council. Six unreserved places for pharmacists were available and only six nominations were received, from pharmacists currently practising in community, primary care and industry.

The shortage of candidates means that Gerald Alexander (vice-president), John Jolley (treasurer) and John Gentle have been declared re-elected without a ballot. They are joined by new members Sue Kilby, from Total Healthcare Solutions, and Steve Churton and Cathryn Leask, both from Boots The Chemists. All will serve for three years from 17 May.

Although not currently working in a hospital setting, Mrs Kilby was a hospital pharmacist



Sue Kilby: has previous experience as a hospital pharmacist

from 1976 to 1985, including being pharmacist in charge at Worthing Hospital, Sussex.

Current hospital experience on Council is provided by Colin Ranshaw, quality assurance and control pharmacist for Cardiff



Steve Acres: elected to the place reserved for a pharmacy technician

and the Vale NHS Trust. Mr Ranshaw was elected as member of Council for the constituency of Wales in 2005.

Mr Ranshaw commented that it is unfortunate that no hospital pharmacist stood for election, and

suggested three reasons for this. First, being a smaller sector of the profession, hospital pharmacists may not believe that they would get enough votes to be elected. Second, they may not believe that the Society is meeting the needs of hospital pharmacists and therefore might not consider it relevant to them. Third, Mr Ranshaw suggested that time pressures may be a problem, with pharmacists viewing the commitment required by the Council to be unachievable for those working in the NHS.

Steve Acres, pharmacy service manager at University Hospitals of Leicester and vice-president of the Association of Pharmacy Technicians UK was elected (again without a ballot) to the reserved place on the Society's Council for a pharmacy technician.

Leaflets about drugs not valued by patients

Written information supplied with drugs is not valued by patients, according to a recent *Health Technology Assessment* report (2007;11:5) led by pharmacists from the University of Leeds and Keele University. In particular, the public consider patient information leaflets (PILs) to be poorly laid out, to use complex language and to be ineffective at encouraging them to take their medicines.

The HTA report also found that patients want to receive written information about a range of treatments before a particular medicine is prescribed, so that they can make informed decisions. However, patients do not want written information to be viewed as a substitute for spoken information, which can be tailored to them and their illness.

The researchers found that patients particularly value information about side effects,

but want risks to be expressed numerically, so that they can evaluate the likelihood of experiencing adverse effects.

The researchers suggest that patients should be involved in all stages of preparing PILs, so that their needs can be better reflected. More research to establish the best way of providing risk and benefit information to patients should be encouraged, they say. In addition, the role and value of internet-based medicines information should be investigated.

Further information is accessible via *PJ Online* (www.pjonline.com/links/hp)

Life-long Learning

The answers to January's Life-long Learning questions (poisoning) appear on p125. The answers to February's questions (statistics) are on p141.

Public unaware of walk-in centre services for accidents

The public are unaware of the services offered at accident and emergency-focused walk-in centres, and do not view them as their first choice for the treatment of minor emergencies. This is according to a study reported recently in the *Emergency Medicine Journal* (2007;24:260-4).

The authors sent questionnaires to patients who had attended sites in England where walk-in centres are co-located with A&E departments (study group) and to those who had attended sites with a stand-alone A&E department (control group).

They found that almost 80 per cent of people who were seen at walk-in centres had actually chosen to attend the co-located A&E department first (and had been redirected to the walk-in centre). Over a third of patients who were treated at a walk-in centre said they would have preferred to be treated at an A&E department, whereas just



Minor injuries can be treated at walk-in centres, but the public are not aware of this

13 per cent of patients seen in a co-located A&E facility, and 12 per cent of the control group, would have preferred to attend a walk-in centre. More than a third of patients in each health care setting did not express any preference about where they were seen. Over half of those attending a walk-in centre did

not realise which kind of facility they were treated in, stating in their survey response that they had been treated in an A&E department.

Whichever health care setting they were treated at, almost two thirds of patients rated the care they received as either "very good" or "excellent". However, those attending a co-located A&E department were more likely to be dissatisfied with the levels of cleanliness and privacy and to report a lack of opportunity to become involved in decision-making or to discuss anxieties than those attending walk-in centres.

According to the authors, these findings suggest that introducing A&E-focused walk-in centres has had a limited impact on patients. They query the logic of locating walk-in centres next to existing A&E departments because such a venue cannot, by definition, be a more convenient place for patients to receive treatment.

Doctors view independent prescribing as a step too far

Many mentors of pharmacist supplementary prescribers view independent prescribing as a step too far, according to a study from Northern Ireland reported in the *International Journal of Pharmacy Practice* (2007;15:31-37).

From interviews, researchers found that doctors who had mentored pharmacists were worried about the lack of diagnostic training pharmacists received. Pharmacists appeared to share this concern.

One mentor also pointed out that an element of "fuzzy logic and reference to a wide database of knowledge and experience" is used to make prescribing decisions. It is not known whether pharmacists, whose decision making in supplementary prescribing is mainly based on algorithms, would be comfortable with this, the authors point out.

More neonatal error report studies needed

More studies of incident reporting systems in neonatal intensive care are needed. Those studies that are available, and which evaluate the impact of preventive strategies, suggest that pharmacist-led review of drug orders prevents errors. These are among the conclusions from a systematic review of papers about incident reporting systems in neonatal intensive care, published online in *Archives of Disease in Childhood* (available at www.archdischild.com).

From a database search, researchers found 10 prospective or retrospective studies that matched their inclusion criteria, but no randomised controlled trials or other systematic reviews.

They found that most incident reporting systems used a non-punitive, anonymous, voluntary approach to incidents. Although this generates more reports, a drawback is that people cannot be contacted for further details about events.

Medication errors were the most frequently reported type of incident, with contributory factors including poor communication and failure to follow procedures. Few fatal or potentially fatal drug errors were reported. Preventative strategies suggested (in addition to pharmacist-led review) included introducing standardised prescription forms and electronic prescribing with clinical decision support.

Trial validity decreased by too many exclusions

Otherwise well-designed randomised controlled clinical trials might be of limited use to clinicians if too many patient populations have been excluded. This is the conclusion of research published in *JAMA* (2007;297:1233-40).

The authors reviewed a random sample of clinical trial papers published in general medical journals with a high impact factor. They found frequent exclusions of children, the elderly, women (particularly those lactating, pregnant or able to become pregnant), patients taking common medicines and those with diseases other than that under study, which were often not justified in the context of a particular trial.

Trials among a homogeneous population tend to be smaller, shorter, more efficient and less expensive than those among a wider population group, the authors explain. However, they point out that such populations are generally not representative of those that will ultimately take the medicine under study. When trial results are inappropriately generalised, future patients with similar characteristics to those excluded from trials may be susceptible to unintended harm.

A way forward, they suggest, is for those who design trials to minimise exclusions and for exclusion criteria to be justified in the text of trial papers.