

# Safety of injectable medicines — follow national guides

From S.Keeling MRPharmS and P.Golightly MRPharmS

We are writing with reference to the **Comment** entitled “The year of the injectable? — an organisational approach” (*Hospital Pharmacist* 2007;14:146), which advises trusts to produce their own local intravenous medicines guide. We would argue against this and would discourage the proliferation of yet more local intravenous guides. Producing such a guide is time consuming and expensive. It requires constant updating and is out of date as soon as it is published.

‘The IV guide’, which is co-ordinated by the pharmacy department at Hammersmith Hospitals NHS Trust, is a collaboration between pharmacists based in approximately 100 different hospitals in the UK. It is described in the National Patient Safety Agency’s patient safety alert 20, “Promoting safer use of injectable medicines”. The current IV guide is being updated to fully meet the NPSA essential technical information requirements. It is available free of charge to all hospitals who participate in monograph preparation.

The website contains examples of product risk assessments, and each individual monograph will shortly describe the appropriate risk assessment for the product as required by the NPSA alert. It should be remembered that product risk assessment will not vary from one hospital to another and the production of a local list is unnecessary.

The IV Guide Group has worked with the Intensive Care Society, the UK Clinical

Pharmacy Association Critical Care Group and other national organisations to carry out a survey of the concentrations of intravenous medicines currently in use in critical care areas. The results of this survey and suggested standards have recently been published.<sup>1</sup> The Intensive Care Society are actively encouraging all critical care areas to adopt the suggested standards and a further survey tackling another group of injectable medicines is planned.

Standardisation of infusion concentrations used throughout the NHS should facilitate production of national monographs, help in the development of robust and uniform computerised prescribing systems and encourage development of a range of ready-to-use formulations. In the future, if local practice is found to differ to national practice, a local risk assessment would be required to support its continued use.

At present, the IV Guide Group and UK Medicines Information (UKMi) are collaborating to develop the IV Guide into a robust NHS injectables medicines guide which will be free to NHS users. In the meantime, the current IV Guide relies on the support of pharmacy departments nationally.

## Susan Keeling

Co-ordinator of the IV Guide Group,  
Hammersmith Hospitals NHS Trust

## Peter Golightly

Director, Trent Medicines Information Service,  
Leicester Royal Infirmary (on behalf of UKMi)

pharmacists to work with the industry to produce better products, but it indicates that the future of pharmaceutical procurement is with procurement hubs.

Specialist procurement and quality control pharmacists have, over many years, met manufacturers, the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency, and specialist sections of the Department of Health, with the express purpose of making products available in safer presentations, with improved packaging and labelling being of major consideration.

It was hospital pharmacists who developed the “Medication error potential analysis” tool. This tool, which quantifies the risk inherent in packaging design, is used by the adjudication panels for NHS hospital contracts, and manufacturers are now becoming more aware of the importance of packaging design in securing tenders. Contrast this track record with that of procurement hubs, where not a single example of a procurement hub being proactive in patient safety can be cited. The author is mistaken if she believes that patient safety will be secured by procurement hubs.

National policy, recently agreed by the National Pharmaceutical Supplies Group and the Joint Category Working Group of the procurement hubs, says that the procurement of medicines should be in the hands of hospital pharmacists, supported by the expertise of staff from the NHS Purchasing and Supply Agency. All the evidence supports the wisdom of this decision.

## Letters to the editor

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Letters can be e-mailed to hospital.pharmacist@pharmj.org.uk or sent to *Hospital Pharmacist*, 1 Lambeth High Street, London, SE1 7JN.

## Reference

1. Borthwick M, Woods J, Keeling S, Keeling P, Waldmann C. A survey to inform standardisation of intravenous medication concentrations in critical care. *Journal of the Intensive Care Society* 2007;8(1):92–6.

From R.Miles MRPharmS

The otherwise excellent **Comment** on injectable medicines (*Hospital Pharmacist* 2007;14:146) includes the sentence: “A wider spread of procurement hubs promoting ‘purchasing for safety’ policies will be important in working with the industry to encourage new injectable products and formulations to support patient safety”.

This statement must not go without challenge. Not only does it not recognise the effort put in over many decades by hospital

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Let the procurement hubs stick to the purchase of bandages and blankets — they have no future with medicines. Hospital pharmacists must recognise their professional responsibility — getting the right medicines to the right patient at the right time — and this requires investment in training and support of regional specialist pharmacists.

### **Roger Miles**

*Regional specialist Procurement Pharmacist (North West)*

LIZ MELLOR, clinical governance lead pharmacist at Leeds Teaching Hospitals NHS Trust and author of the **Comment** responds:

I agree wholeheartedly with the sentiments of these letters and apologise if my **Comment** was ambiguous.

My statement “in the interim, organisations will need to consider local solutions to support access to relevant technical information” was not intended to suggest the production of local IV guides, rather that organisations must look at their own local circumstances and ensure they have considered how information is made available at the point at which their health care staff require it. Locally, for example, we

have identified isolated locations where direct access to web-based resources is currently problematic and are working on solutions to resolve this.

The Hammersmith Hospitals NHS Trust co-ordinated IV Guide is currently one of the ways to access technical information and duplication of information should be avoided. I too would suggest that those hospitals which do not collaborate in this resource should take the time to review it and consider how it may be used as part of their own local programme of work.

I am a proponent of structures which harness the expertise of the pharmacist in pharmaceutical procurement. I did not intend to imply that procurement hubs would secure patient safety alone. It would, however, seem essential that specialist pharmacists demonstrate leadership and exert their influence across all effective boundaries.

I am aware that the way in which medicines procurement and procurement hubs interact is variable across the country. In my **Comment** I aimed to point out that, where procurement hubs have any involvement in medicines purchasing, specialist pharmacists need to influence these processes. Procurement hubs need to be engaged with purchasing for safety processes.

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The site also contains advice to contributors to *Hospital Pharmacist*, a link to *The Pharmaceutical Journal* careers page and information on subscribing to the journal.

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