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Pharmacy teams join forces after fire at Royal Marsden

Pharmacy staff from the Royal Marsden and the Royal Brompton hospitals in west London worked together to maintain the clinical care of patients after a fire broke out at the Royal Marsden this month.

Following evacuation, patients were initially transferred to St Paul's Church, Onslow Square. On learning that they would be receiving the patients, staff from the Royal Brompton established a pharmacy presence at the church to triage the patients, and a team of about 10 clinical pharmacists and technicians from the Royal Marsden went to the Royal Brompton to help receive the patients.

About 50 patients had been transferred to the Royal Brompton by the afternoon of the fire and the remainder of the pharmacy department from the Royal Marsden also moved sites. Staff were working until 11pm on the day of the fire to complete the patient reception and assessment process, and overnight there was an on-call team of staff from both hospitals.

Ian Costello, chief pharmacist at the Royal Marsden, said: "The staff were a credit to themselves and the profession. They were integral in making sure no patient came to any clinical harm as a result of the incident." Judith Foy, associate director of pharmacy at the Royal Brompton, explained that staff



Smoke billows from the Royal Marsden Hospital after a fire broke out

from the Royal Brompton "buddied up" with staff from the Royal Marsden to form teams. They helped to ensure that patients were comfortable and had access to the required medicines (eg, analgesics, antiemetics). They also advised doctors to help decide whether or not chemotherapy could be discontinued safely. "Initially the immediate needs of the patients were assessed followed by longer term planning for the next 24 hours," Mr Costello explained.

Overall, drug stocks were sufficient to deal with demand. Some items specific to Royal Marsden patients were brought in from the Royal Marsden's Surrey site or ordered from wholesalers. Ms Foy added that the Chelsea and Westminster Hospital also telephoned to offer drug supplies.

When it was safe for patients to be transferred back to the Royal Marsden, a standard operating procedure was followed involving manual transcription of drug records (checked by pharmacy staff) and updating the electronic records.

The only part of the pharmacy department damaged by the fire was the aseptic department, where there was smoke damage. There is a contingency plan for this which involves outsourcing to commercial providers and transferring work to other sites.

Pharmacy staff have assessed all patients who had their chemotherapy delayed and all patients have had their appointments rebooked.

Mr Costello said that a full debrief is planned.

brief

■ A new infection control strategy was published by the Department of Health this month and extra funding was announced for specialist staff. "Clean, safe care: reducing infections and saving lives" highlights the importance of employing an antimicrobial pharmacist. It can be accessed via *PJ Online* (www.pjonline.com/hplinks)

■ New guidance about how to reduce dispensing errors was published by the National Patient Safety Agency recently. Two new documents focus on the design of the dispensing area in hospital and community pharmacies and on the design of the dispensed product. They can be accessed via *PJ Online* (www.pjonline.com/hplinks).

■ High incidence of influenza in the UK has triggered the implementation of National Institute for Health and Clinical Excellence guidance on the use of antiviral drugs, according to the Department of Health. The NICE guidance specifies the patient groups and situations in which the prescription of antivirals is suitable. The guidance can be accessed via *PJ Online* (www.pjonline.com/hplinks).

■ The Parkinson's Disease Society has produced advice for hospital pharmacists to help them ensure that patients with Parkinson's disease get their medicines on time during their hospital stay. The advice forms part of the "Get it on time" campaign which includes resources for patients. It can be accessed at www.parkinsons.org.uk.

■ 'Introduction to renal therapeutics', a new publication from the Pharmaceutical Press, has now been published. Further details can be found at www.pharmpress.com.

Medicines reconciliation guidance

Pharmacists should be involved with medicines reconciliation as soon as possible after a patient is admitted to hospital, according to guidance produced by the National Institute for Health and Clinical Excellence in collaboration with the National Patient Safety Agency.

The NPSA says that the aim of medicines reconciliation is to ensure that important medicines are not stopped during a hospital admission and

that new medicines are prescribed with a complete knowledge of the patient's current medicines. The guidance recommends that all healthcare organisations have policies in place for medicines reconciliation on admission and that these policies clearly define the responsibilities of pharmacists and other staff.

The guidance can be accessed via *PJ Online* (www.pjonline.com/hplinks).

□ Patient safety is progressing significantly towards the top of the NHS agenda, according to a report from the NPSA. "Safety first: one year on" reports on the progress over the past year by NHS organisations towards establishing patient safety as their number one priority. This includes setting up a national patient safety forum and the agreement of a patient safety charter. Accessible via *PJ Online* (www.pjonline.com/hplinks).

Norovirus causes over 100 ward closures across the UK

Norovirus outbreaks have caused the closure of over 100 hospital wards across the UK during the past month. The incidence of illness caused by the highly contagious virus, which can cause projectile vomiting and diarrhoea, was at its highest level for five years during December.

Greater Glasgow and Clyde NHS Board is one organisation to have suffered severe service interruptions. As *Hospital Pharmacist* went to press, 14 wards had been closed throughout the board's district, nine of which were situated in Glasgow's Victoria Infirmary.

Scott Bryson, specialist in pharmaceutical public health for the board, commented: "Although a closed ward means that no new patients are admitted and no patients are moved to other wards, it's still business as usual for essential healthcare staff, including pharmacy personnel.



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Handwashing after handling a drug chart is essential for infection control

Additional precautions are recommended to minimise cross-infection, such as handwashing after every patient interaction — including counselling a patient, handling a bottle of a patient's own medicines or having any contact with a bedside chart."

Sharing good practice with community pharmacy and the general public is equally important, Mr Bryson said. Many relatives or carers will be visiting

a pharmacy to purchase symptomatic relief, and this is a good opportunity for communicating information about the principles of infection control in the household and the management of symptoms.

The Health Protection Agency estimates that norovirus can cost the NHS over £100m per year because of ward closures. Norovirus is discussed in this month's **Special feature** (p12).

SSRIs might interact with methyl blue

Hospital pharmacists working in pre-admission clinics should remain vigilant for a potential interaction between methylthioninium chloride (methylene blue) and serotonergic drugs, according to the Medicines and Healthcare products Regulatory Agency.

Central nervous system toxicity has been reported to the MHRA after using methylene blue as a contrast medium for parathyroid or thyroid surgery on 27 occasions. In all but one occasion, the patient was also receiving a serotonergic drug.

In most cases, CNS toxicity occurred within a few hours of surgery and manifested as confusion and disorientation.

The recommendations are published in the January edition of *Drug Safety Update*, which can be accessed via *PJ Online* (www.pjonline.com/hplinks).

PPIs are overprescribed in the NHS, say experts

Proton pump inhibitors are overprescribed by NHS doctors to treat indigestion, experts say.

Ian Forgacs, consultant gastroenterologist at King's College Hospital, London, suggests that 25–70 per cent of patients taking PPIs have no appropriate indication for doing so (*BMJ* 2008;336:2–3). This results in at least £100m of the NHS drug budget being unnecessarily spent on PPIs every year. He also suggests that while it is easy to assume that the overprescribing occurs in primary care, research suggests that 67 per cent of UK hospital inpatients who are prescribed PPIs do not have a recognised indication for taking them.

Daniel Greer, gastroenterology pharmacist at Leeds Teaching Hospitals NHS Trust, said that the root of the

problem in hospitals was ensuring that the prescribing doctor endorsed all PPI prescriptions with a suggested course length and review date. "In most cases, the PPI will only be required for a month. It is important that this information is recorded at the time of initial prescribing and also written on the discharge letter to inform the GP."

However, Mr Greer added that because of the drugs' high safety profile, this does not always happen. "On the ward, I would strive to ensure that this information is included on a discharge prescription during my clinical check. However, if the prescription is clinically checked in the dispensary, the checking pharmacist may not have sufficient time to pursue this information," he said.

New guidance on biopharmaceuticals

Biopharmaceuticals (medicines derived from biotechnology) should always be prescribed by brand, rather than by their generic name, according to a new Parliamentary panel report. Some of these medicines are reaching their patent expiry and follow-on products (biosimilars) are not identical to the original medicine. Small or even undetectable structural differences may have clinical consequences.

The report recommends that patients be maintained on the specific medicine on which they started treatment and that substitution of one product for another should be banned. The report points out that France, Spain, the Netherlands and the Scandinavian countries have all developed non-substitution policies, but no law has been developed in the UK (see **Meetings**, p26).

Corrections — drug withdrawal feature

There were two errors in the special feature on drug withdrawal in last month's *Hospital Pharmacist*.

If an antidepressant is to be stopped and the patient is not switching to another drug, it is generally recommended to taper the dose over four to six weeks, not as stated in the article (p367).

Tricyclic antidepressants should be withdrawn at least one week before moclobemide is started, not one week before stopping moclobemide, as stated in the article (p368, Panel 1).

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New vaccine target to fight pandemic flu

Pandemic influenza vaccination is a step closer to reality according to a vaccine development company. Preliminary results from a preclinical challenge study and a phase I clinical trial for the ACAM-FLU-A vaccine were announced by Acambis earlier this month.

ACAM-FLU-A targets a protein called M2e that is found on the surface of all influenza "A" strains. All flu pandemics are caused by strains that are type A. The protein does not alter between species, so the vaccine will not need reformulating every year to match the seasonal variations of the prominent strains.

The preclinical study was conducted on ferrets, which are commonly used in flu research because of their susceptibility to infection with both human flu and avian flu. The results show the vaccine to be effective against the strain of the H5N1 virus that



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Ferrets have successfully been vaccinated against a strain of bird flu

was responsible for an outbreak of avian flu in Vietnam in 2004. None of the ferrets in the placebo group survived infection with the virus compared with 70 per cent of the vaccinated group.

Human tolerance and immunogenic response was demonstrated in the phase I, randomised, double-blind, placebo-controlled trial that involved 79 subjects. Acambis is planning to submit the results of both studies for publication in due course.

Pregnant women need vitamin D supplements

Pregnant and breastfeeding women should take vitamin D supplements during the winter months, according to the Department of Health.

The advice comes as a result of healthcare professionals reporting an increase in vitamin D deficiency among children.

Vitamin D is produced by skin cells after exposure to ultraviolet light of a specific wavelength — a component of natural sunlight. In the UK, the level of vitamin D in the body undergoes seasonal variations, with the annual minimum occurring during the winter.

Throughout this period, the body relies on stores of vitamin D that have built up during the "sunny" summer months. The problem is worsened in

locations with latitude beyond 52 degrees north (above Birmingham), where sunlight provides no UV radiation of the necessary wavelength to allow the skin to synthesise vitamin D during this time.

Dr Colin Michie, a paediatrician at Ealing Hospital, London, agreed that pregnant and breastfeeding women should take vitamin D supplements for the benefit of their children. "Babies receive vitamin D from their mothers in the womb and then from breast milk until they are weaned. If a pregnant or breastfeeding woman is lacking in vitamin D, the baby will also have low levels of vitamin D and calcium, which can lead to the baby developing seizures in the first months of life," he said.