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MUR Changes- 01 October 2011

There are a number of changes to the MUR arrangements that came into force from 1 October.

There are now three national target groups:

1. Patients taking high risk medicines;
2. Patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; and
3. Patients with respiratory disease.



50% of all MURs undertaken by each pharmacy in each year should be on patients within the national target groups. Participating pharmacies must complete a reporting template by collating the necessary data from pharmacy records for the MURs conducted in that quarter and ensure that it is available to be requested after the end of 10 working days from the last day of that quarter (last day of June, September, December and March). Completed templates must be provided to the PCT or successor organisation on request.

High Risk Medicines

- NSAIDS
- Anticoagulants (including low molecular weight heparin)
- Antiplatelets
- Diuretics

Respiratory MUR

To be eligible for a respiratory MUR the patient must be taking a medicine that is on the asthma and COPD list for the New Medicine Service, i.e. any medicines listed in the chapters/sub-sections, detailed below, of the current edition of the British National Formulary

- Adrenoceptor agonists
- Antimuscarinic bronchodilators
- Theophylline
- Compound bronchodilator preparations
- Corticosteroids
- Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors

Patient Consent

Patients who want to receive an MUR must give signed consent for their information to be shared with the GP, PCT and NHS BSA. This change matches the patient consent arrangements for the New Medicine Service (NMS).

References

<http://www.psn.org.uk/pages/mur.html>

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_130135

Regulatory Amendments (Clinical Governance Arrangements)¹

Changes to the NHS (Pharmaceutical Services) Regulations 2005² which came into force 1st October were intended to strengthen and build upon the existing clinical governance regime.

Publicising Services - The requirement to publicise the Essential Services available in the pharmacy now includes any Advanced Services provided. Those services which are 'NHS funded' must be identified as such.

Patient Satisfaction Survey - Pharmacists should reflect on the results of the CPPQ, take appropriate action and publish the results (possibly through NHS Choices).

Patient Safety Alerts - Arrangements, including record keeping, must be in place to deal with all patient safety alerts (e.g. NPSA, MHRA, DoH, etc).

Dispensing Errors and Near Misses - Pharmacists should keep a near-miss log and record of patient safety incidents. Pharmacists should also submit reports to NRLS (currently hosted by the NPSA). Submissions can be anonymous.

Clinical Governance Lead - Must be knowledgeable about their own pharmacy procedures as well as other NHS services available locally.

Safeguarding the Vulnerable - Appropriate Vulnerable Adult procedures must be in place (in addition to child protection procedures). (Note:- NHS Sheffield has previously distributed suitable posters)

CPD - Meeting the development needs and the CPD requirements now include registered pharmacy technicians as well as pharmacists.

Whistle blowing - There must be a written whistle blowing policy to protect pharmacist locums and pharmacy staff making a 'protected disclosure'. Those making serious allegations in good faith to the GPhC are protected against dismissal (except where this is done for personal gain).

Information Governance - There must be a robust information governance programme in place to ensure compliance with approved information management and security. Pharmacies must participate in an annual Information Governance (IG) self assessment.

Infection Control - There must be proportionate systems in place to minimise the risk of healthcare acquired infections to patients. Those parts of the premises where healthcare is delivered must be appropriate for the delivery of healthcare.

Premises - Parts of the premises where healthcare is delivered must be appropriate for the delivery of healthcare (The sale of confectionary).

Transitional Arrangements - Those pharmacies on the pharmaceutical list before 1st October 2011 have until 31st April 2012 to meet the new arrangements provided that they still meet the principal regulations. Pharmacies entering the pharmaceutical list after 1st October 2011 are required to meet all the new arrangements.

¹ <http://www.legislation.gov.uk/ukxi/2011/2136/introduction/made>

² <http://www.legislation.gov.uk/ukxi/2005/641/contents/made>

Vitamin D Guidance

NHS Sheffield has now published Guidance on Optimising Vitamin D for Bone Health. This useful document can be found on the APC section of the Information for Professionals page within the NHS Sheffield website:-

<http://www.sheffield.nhs.uk/professionals/>

Braille and the Visually Impaired Patients

Manufacturer's packaging includes the use of Braille to help the visually impaired identify their medication. A concern was recently raised by a patient at a meeting with the Local Involvement Network (LINK). The dispensing pharmacy had placed the label on the pack in such a way that it had covered the Braille. Since pharmacies may not always be aware that the patient could be visually impaired the label should not be placed over any Braille markings.



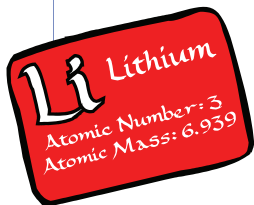
In 2007 the National Patient Safety Agency published their **Design for patient safety: a guide to the design of dispensed medicines**. Section 3 of this guide provides a set of general principles for applying dispensing labels to medicines.

There is advice on placement of dispensing labels on a variety of medicine packages, including tablets and capsules, liquid medicines, inhalers, creams and ointments, and small packs. The section also addresses the practical issues that result from the lack of suitable space for a dispensing label on many manufacturers' packs, the use of secondary packaging such as boxes over bottles of liquid medicines, the size and shape of medicines packs, and, importantly in this case, the use of Braille.

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59829>

Lithium Test Results

To meet the NPSA Lithium alert the pharmacist should be able to confirm that the results of any blood tests are within range before dispensing and although patients are provided with the purple Lithium book containing the test results there is no guarantee that they will bring the book with them when collecting their medication from the pharmacy.



The pharmacist will then have to contact the surgery to obtain the results. However, only the GP has access to the ICE system, an electronic system where test results are stored and available. Therefore, unless the GP has transcribed the patient results into their records the receptionist will be unable to share them with the pharmacist resulting in delays.

For this reason, and as part of good practice, once the pharmacist has obtained the results of the blood tests these should be recorded in the PMR to avoid repetitive calls to the practice. By including the date of the tests in the record there shouldn't be a need to contact the surgery each month when a prescription is dispensed.

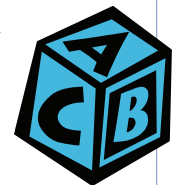
Easy read Leaflets

Although written for the patient the Patient Information Leaflet still demands a reasonable level of literacy ability and understanding. All patients should benefit from information about their treatment including their medication. There is now a range of leaflets published aimed at those patients with limited reading skills or those with a learning disability. These are available to download from the following websites:-

<http://www.easyhealth.org.uk/categories/health-leaflets/>

<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/learningdisabilities.aspx>

http://prodigy.clarity.co.uk/information_for_patients/leaflets_by_publisher/easyhealth_leaflets#

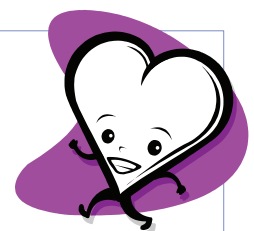


Trimethoprim/Spirolactone Drug Interaction

Pharmacists are asked to be alert to the interaction between trimethoprim and spironolactone which could result in hyperkalemia due to the potassium sparing diuretic effect of trimethoprim.

Diclofenac Over the Counter

In a recent review, reported in a number of daily papers (Telegraph, Mail and Express), it was found that taking diclofenac (available as Voltarol[®] Joint Pain and Voltarol Pain-eze[®]) increases the risk of a cardiovascular event by approximately 20% when taken as directed. Customers wishing to buy these products should be asked about any pre-existing conditions. For a healthy individual with no previous history of heart failure this risk is very small but for patients who have had heart problems this risk becomes appreciable and they should not self medicate with diclofenac or other NSAIDs.



<http://www.nhs.uk/news/2011/09September/Pages/nsaid-painkiller-heart-risk-analysed.aspx>

Clopixol Acuphase

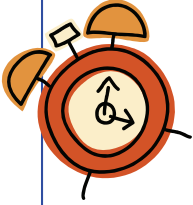
In a recent case a patient was inadvertently prescribed Clopixol Acuphase rather than Clopixol Injection. This was subsequently dispensed by the community pharmacist. Fortunately the drug was not administered to the patient.

(The Acuphase is licensed for the initial treatment of acute psychoses where a rapid onset of action is required and a duration of effect of 2-3 days whereas the Clopixol Injection and Concentrate take about a week to reach peak serum before declining slowly.)

The prescribing of the Acuphase would be unusual in a community setting and pharmacists presented with a prescription for this form are asked to contact the prescriber to confirm their intention.

<http://www.medicines.org.uk/emc/medicine/1071/SPC/Clopixol+Acuphase+Injection/>

Labelling Buprenorphine Patches and MST Tablets



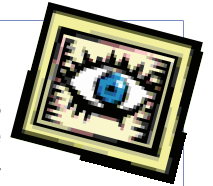
We have received a number of reports involving buprenorphine patches in which scripts are being written with a direction to change the patch every 3 days rather than every week. Please be alert to this risk.

Furthermore, in a recent incident involving MST tablets the label on the box stated ONE to be taken TWICE a day. The carer administering the tablets gave one dose at approximately 8.00 am. As the patient was still in pain early in the afternoon the carer administered a second tablet at around 2.30pm. As a further error the carer modified the MAR chart with these times and the patient then received the MST at 8.00am and 2.30pm resulting in excessive confusion and drowsiness each afternoon and breakthrough pain in the night!

Please ensure that the label directions reflect the appropriate dosage times on this case it would have been better to state "ONE to be taken every 12 hours".

Primary Eye Care Referral Scheme (PEARS)

Following discussions between the Local Optometric Committee, Local Pharmaceutical Committee and NHS Sheffield, from 1 October 2011 Primary Eye care Acute Referrals Scheme (PEARS) Optometrists are now able to advise their PEARS patients with minor eye conditions to visit any community pharmacy in Sheffield to receive medication. Products include chloramphenicol eye drops/ointment, sodium cromoglycate drops, hypromellose eye drops and carbomer liquid gel. These items were added to the Minor Ailments formulary a few months ago.



Public Health Campaign - Carbon Monoxide Awareness 14th - 25th November

As an interesting area of risk involving carbon monoxide, that is relevant to the forthcoming public health campaign, the recent Health Protection Agency Chemical Hazards and Poisons Report (Issue 19) highlights the dangers when smoking using a shisha, also known as a hookah. This is a traditional Middle Eastern water pipe used for smoking flavoured tobacco and which require burning charcoal to keep the pipe alight. However, there is limited awareness of the possible health risks due to the build up of carbon monoxide from their use indoors. Between 2008 and 2010, five CO poisoning incidents associated with these pipes were reported to the Health Protection Agency. Four involved single persons smoking in residential properties, often with poor ventilation and for prolonged periods of time. The fifth incident occurred in a commercial venue and resulted in 12 young adults presenting to the emergency department of a large London hospital with various symptoms of CO toxicity, such as dizziness and headaches. Although such incidents associated with smoking water pipes are rare they are increasing in number as the pipes become more popular.

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