

Welcome

Welcome to the first edition of the Clinical Governance newsletter. As the Community Pharmacist Clinical Governance Facilitator for [NHS Sheffield](#) my role is to support pharmacists with issues surrounding clinical governance. The aim of this news letter is to communicate to **all** the pharmacy team (including locums) current issues involving clinical governance within Sheffield. If you have any issues you would like to discuss or to be included on further editions contact me at NHS Sheffield on Thursdays or Fridays. I look forward to meeting you in my new role.

Networking

I am keen to set up a network/ buddy system for community pharmacists within Sheffield. When you are sole pharmacist in a busy community pharmacy with an ethical dilemma to consider it is often beneficial to sound your thoughts with a colleague. I hope to create networks of 4-5 pharmacists so you can use each other as a sounding board when in an isolated situation. I am sure these networks already exist, but I hope to pick up on individuals who feel they may not currently have these contacts. If you feel this would be of benefit to you or your colleagues (locums), e-mail me your details, see contact details below.

Clinical Audit

One of the aspects of the contract monitoring process that pharmacies struggle to complete is the Clinical audit. I hope to help with this by offering the following suggestions.

Look at the RPSGB website, they have numerous audit templates on there that can be printed off, here is the link:

<http://www.rpsgb.org/registrationandsupport/audit/#audtemplates>

There is an audit team at NHS Sheffield who are also able to support healthcare professionals undertake audits. They run courses which are free to community pharmacists, see the flyer attached. Virginia Fieldsend is the Clinical Audit & Effectiveness Facilitator who supports independent contractors, she will gladly discuss any queries you have around clinical audit.

Her contact details are 0114 3051109

Virginia.fieldsend@sheffieldpct.nhs.uk

Responsible Pharmacist

Have you received the responsible pharmacist toolkit? How will this effect you and your team?

Why not use the introduction of the responsible pharmacist to update and review your SOPs. Are they a true reflection of what happens in the day to day running of your pharmacy?

Is staff training up to date and documented?

Have you got the right number of trained people?

Is it clear to the locum who can do what?

Have you got your responsible pharmacist certificate? These are just some ideas to help with the transition.



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Confidentiality

It has been brought to the PCT's attention that the pharmacy team at the Sheffield teaching hospitals have experienced problems obtaining patient information from pharmacies. When patients are admitted their medicine history is confirmed with their GP in line with NICE/NPSA patient safety guidance on medicines reconciliation. On Thursday afternoons this is often not possible. The hospital staff therefore may need to obtain this information from the pharmacy. If you are in any doubt as to the validity of the call, take a name and location and call the health care professional back using the hospitals main switch board. The hospital pharmacy staff will have obtained patient consent to share information before contacting the primary care provider. Your assistance with this will aid the smooth transition of the patient from primary to secondary care.

Shared Learning.

Within the contractual framework pharmacists should log patient safety incidents. This can be done on the NPSA website using the National Reporting and Learning System. (NRLS)

www.npsa.nhs.uk

One key reason for this is to share learning. I am keen to share learning within Sheffield. I would therefore like to encourage pharmacists when filling out the e-form to record the PCT where the incident happened. (It can still be filled out anonymously) Information will then feed through to me and if there are learning points to share this can be done at a local level.

When an error happens in store pharmacists look for reasons how and why the error occurred. As part of this review, systems may need to change and training may need to occur. This should then be shared with all relevant staff to try to prevent reoccurrence.

Within the last couple of months here are some errors that have been reported to the PCT.

Why not discuss them with your staff and see if systems are in place to stop them happening in your pharmacy.

- Rx for Atenolol 50mg tablets. Amitriptyline 50mg dispensed.
- Rx for Penicillin 250mg tablets. Erythromycin 250mg tablets dispensed.
- Rx for Trazadone 100mg capsules. Tramadol was dispensed.
- Rx for Furosemide 40mg tablets. Furosemide 20mg tablets dispensed.

In most of these cases the label was correct, it was a picking error. Does your SOP for checking prescriptions cover for these eventualities? E.g. Does it state to check the dispensed product against the prescription and then to check the label against the prescription? Do you mark/underline the drug name and strength on the pack as an indication these checks have been carried out?

One action that can be devised from these errors is to ensure labels are placed on the manufactures designated area for the label. This allows the product details to be clearly visible to the checker and the patient, thus reducing the likelihood of an error.

Also consider whether medicines in similar packs are stored separately or the shelves marked to indicate to take extra care. E.g. Simvador 40mg and Simvador 80mg are in very similar packs, same size and colour. Special care should be taken when dispensing and checking such products.

I am sure you and your team can also come up with other actions to try and reduce such incidents.

Please ensure you have a SOP for handling patient safety incidents in the pharmacy where you work, and if incidents do happen learning is shared within the team.

Methotrexate

In line with the NPSA alert number 13, before a prescription for Methotrexate is dispensed pharmacists should request to see the patient's record book. This is to ensure the dose on the prescription is current and that 2-3 monthly blood tests are being done. In the absence of the record pharmacists must satisfy themselves that the above criteria has been met and the dose is that intended by the prescriber.

In Sheffield the hospitals use a blue covered book called a 'Blood Test Book'. Patients should be encouraged to bring this with them when collecting prescriptions for methotrexate.