Pharmacy Regional Newsletter

HSC Health and Social Care Board

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In This Issue

News and Updates

Welcome to the Summer edition of the PRN newsletter. This edition contains an assortment of different issues relating to community pharmacy.

Drug Name Confusion

Rsreeach has swohn that as Inog as the fsrit and lsat lteter of a wrod is in the crorcet pcale tehn the wrod can be raed whuoitt a pbelorm. The MHRA continue to receive reports (including some with fatal outcomes) of patients receiving the wrong medicine due to confusion between similarly named or sounding medicines (brand or generic names). The table below shows some of these examples.

Action

- Be aware of look-alike / sound-alike products.
- Review pharmacy storage areas to identify possible risks.
- Consider placing warning labels on products or their storage areas (regardless of whether they are stored separately or in close proximity).
- Talk to the patient or carer about their medicine as a way to detect potential errors. This gives an opportunity for the patient or carer to say if the medication is not one that they are expecting.
- Consider use of bar-coding technology to allow for automated checks.
- Report anonymously patient safety incidents and near misses to Medicines Governance: http://www.medicinesgovernance.hscni.net.

Medicine names with similar sounds or spelling

Clobazam (used to treat anxiety; sometimes used as an adjunct drug in epilepsy)	**Clonazepam** (antiepileptic drug)
Atenolol (beta blocker)	**Amlodipine** (calcium channel blocker)
Propranolol (beta blocker)	**Prednisolone** (corticosteroid)
Risperidone (antipsychotic)	**Ropinirole** (dopamine agonist)
Sulfadiazine (antibiotic)	**Sulfasalazine** (disease-modifying anti-rheumatic drug)
Amlodipine (indicated for hypertension and angina)	**Nimodipine** (indicated for the prevention of ischaemic neurological deficits following aneurysmal subarachnoid haemorrhage)

Insulin Safety Needles

Insulin safety needles (brands include BD Autoshield®, Microdot Verifine Safety needle®, Mylife Clickfine Autoprotect®, Neon Verifine Safety needle® and Novofine Autocover®) are generally used when healthcare workers are administering insulin to patients who are unable to self-administer. They are used to prevent needle stick injuries and to ensure the protection of healthcare workers.

As these safety needles are for the protection of Trust staff, they **should be supplied by the Trust** and **NOT ordered via a patient's HS21 prescription**.

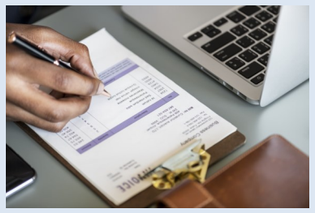
Following a regional procurement exercise within the Trusts, the safety needle of choice is BD Autoshield®. District nurses should ensure suitable quantities are ordered via Trust stock supplies. HSCB has written to GP practices and Trusts in June 2017 to inform them of the correct ordering procedure.

In general, prescriptions for safety needles should NOT be issued on a HS21 for individual patients, except in such circumstances where a patient's insulin is being administered by a non-health care worker, e.g. a designated carer or relative. Additionally, in exceptional circumstances, patients with a documented needle phobia may need to use a safety needle.

Action

- Advise, where appropriate, district nurses of the correct ordering route for safety needles.
- Flag any patients who are currently being prescribed safety needles on HS21 with the GP practice for review.

Submission of Invoices for 'Specials'



In a limited number of circumstances, contractors will be required to submit an invoice to BSO in relation to payment of a particular prescription, e.g. for a "special".

It is important that the **11-digit prescription number,** which is located at the bottom of the prescription, is **clearly written on the related invoice** for cross-checking and validation at the payment stage.

Feedback from the BSO payment team details that prescription numbers are frequently omitted from the invoices submitted which causes additional work for BSO staff and can potentially delay correct payment.

Contact details

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. Previous edition of the newsletter can be found at http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

Belfast Office: 028 9536 3926 South Eastern Office: 028 9536 1461
Southern Office: 028 9536 2104 Northern Office: 028 9536 2845 Western Office: 028 9536 1008

Braltus Zonda®: Importance of Counselling Patients on How to Use the Device Correctly

The MHRA have highlighted a risk of inhalation of the capsule if placed in the mouthpiece of the inhaler: https://www.gov.uk/drug-safety-update/braltus-tiotropium-risk-of-inhalation-of-capsule-if-placed-in-the-mouthpiece-of-the-inhaler

This comes from reports of two patients who placed the capsule in the mouthpiece (not the central chamber) and subsequently inhaled the capsule to the back of the throat.

Health professionals have also observed that some patients have placed the capsule into the mouthpiece during training on how to use the inhaler device.

Advice for healthcare professionals:

- Train patients in the correct use of the inhaler device. To obtain a placebo inhaler, contact Teva Medical Information on medinfo@tevauk.com or call 0207 540 7117.
- Tell patients to store capsules in the screw-cap bottle provided (never in the inhaler) and to always check the mouthpiece is clear before inhaling.
- When dispensing Braltus®, remind patients to always read the instructions for use in the package leaflet and that they must never place a capsule directly into the mouthpiece.

Take Care Dispensing Liraglutide (Victoza®)

Victoza® comes in a pre-filled multi-dose disposable pen containing 3ml of liraglutide. A 3ml pen contains 15 doses of 1.2mg. There are two pack sizes: a two-pen pack and a three-pen pack. One two-pen pack will be enough for a 30 day supply at the usual dose of 1.2mg. Most patients are on 1.2mg daily (max dose is 1.8mg daily).

Prescribers have been encouraged to:

1. **Synchronise a patient's Victoza® supply with other monthly medicines**. Each pen currently costs £39.24 regardless of pack size.
2. **Specify Dose on Prescription.** GLP-1 agonists are not like insulin where the dose for some patients depends on their recent food/drink intake. GLP1 agonists should have a fixed dose, irrespective of recent food intake, i.e. the dose should be specified on the prescription.
3. **Adhere to NICE Stopping Rules.** NICE recommend that patients only continue GLP-1 agonist therapy if the person has a beneficial metabolic response of a reduction of HbA1c by at least 11 mmol/mol [1.0%] and a weight loss of at least 3% of initial body weight in 6 months.

Action

- When clinically checking prescriptions for GLP-1 agonists, ensure that the quantity prescribed is appropriate (generally not more than a 2 month supply at a time) and any queries are raised with the prescriber.
- Be aware of the above 'stopping rule' in case of queries from patients.
- Make sure the patient is aware of the exact dose to be administered.

Pharmacy Checking Clinics

Background

The Probity Services arm of Counter Fraud and Probity Services delivers a range of technical verification and assurance activities to the Health and Social Care Board (HSCB) in relation to the Family Health Service (FPS) expenditure each year. Further information can be found on their website: https://cfps.hscni.net/probity-services/general-pharmaceutical-services/.

As part of this assurance work, checks are carried out on claims / prescription forms submitted by pharmaceutical contractors.

The requirements for Regional Routine Pharmacy Verification are set out in the DHSSPSNI Circular Ref: HSS (F) 41/2007.

Checking Clinics

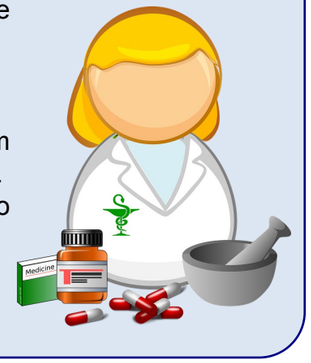
Every year a number of pharmacies are selected for checking clinics. These clinics are normally run over a single day from a local health service facility (e.g. health centre). There may be up to three pharmacies selected for each clinic. Selection of each pharmacy may be based on the outcome of the quarterly reviews / monitoring reports ,or in response to other information received by the Probity team. At other times the pharmacy may be selected due to its geographical location, the date of its last check or the pharmacy may be selected randomly.

When selected, a letter is sent from the Probity team to the pharmacy, advising of the clinic. The letter informs the pharmacy that the clinic is routine and asks that the pharmacy reassures any patients who may enquire about the clinic that this is a routine check. The letter also includes a copy of the template patient invitation letter issued to patients.

Once a pharmacy has been selected, an invitation letter is then sent to a sample of its patients (normally 30 – 40 patients per pharmacy). This letter will advise the patient that the checks are routine and that the clinic is not being carried out because of any concern about the pharmacy. The letter requests that the patient brings all medicines dispensed within the last 2 months, with the exception of foodstuffs, injections, large or heavy bottles of liquids, medication that needs to be stored in the fridge and sharps boxes. On average 10-12 patients per pharmacy turn up at the clinic.

A HSCB Pharmacy adviser and a BSO Probity officer are present at the clinic. At the checking clinic the items presented by the patient are checked by a HSCB Pharmacy adviser to ensure that they match with the relevant prescription form(s). Each patient check normally only takes a few minutes. The findings from these checks are then recorded.

After the clinic has taken place, each pharmacy checked will receive a letter from Probity Services advising as to the number of their patients who attended the clinic and whether there were any issues identified.



Outcomes

It should be noted that no major concerns have been identified from these patient checks since the routine clinics began several years ago. Pharmacists should be assured that the checking clinics are there to ensure learning through review of their current processes.