

Pharmacist Clinical Check

The purpose of a clinical check by a pharmacist is to ensure that the medicine is both safe and effective for use for the patient in relation to the risk and benefit to that patient. A clinical check is a complex skill and involves identifying potential problems by gathering and evaluating all relevant information, including patient characteristics, disease states, medication regimen and, where possible, laboratory results. It is not a mere dose and interaction check.¹



Why is it important?

Community pharmacists have a key role in patient safety by ensuring that medicines are prescribed and administered safely. The clinical check of prescribed medicines prior to dispensing is a crucial 'safety net' in preventing patient harm.² In Northern Ireland (NI) in 2016/17, 23.1 million prescriptions were written. Recent research suggests that approximately 7.5% of prescriptions issued in general practice contain an error (with less than 1% containing errors that are likely to result in patient harm).³ This equates to approximately 231,000 errors per year that could potentially cause patient harm.

NI Regulator's Professional Standards for Sale and Supply of Medicines

The NI Regulator's Professional Standards for Sale and Supply of Medicines⁴ set out the pharmacist's professional responsibilities for clinically checking and dispensing medicines. It states the following:

- **A clinical assessment of every prescription** is undertaken, by a pharmacist, to determine the suitability of the medication, the appropriateness of the quantity and its dose frequency for the patient.
- The patient receives sufficient information and advice to enable the safe and effective use of the prescribed medicine.
- Appropriate records of clinical interventions are maintained.

Pharmacy Forum Clinical Check Guidance

In June 2016 the Pharmacy Forum produced Clinical Check Guidance for all pharmacists who undertake clinical checks as part of their pharmacy practice. This guidance highlights the key areas to be considered when undertaking a clinical check such as patient characteristics, medication regimen, administration and monitoring. This guidance can be found at <http://forum.psni.org.uk/news/new-clinical-check-guidance/>.

1. Royal Pharmaceutical Society of Great Britain. Clinical Check – A Quick Reference Guide November 2014
2. HSCB (2015), "Pharmacist Clinical Check", Medicines Safety Matters Vol 3 Issue 1 [online at <http://www.medicinesgovernance.hscni.net/primary-care/newsletters/medicines-safety-matters-community-pharmacists/>].
3. Shah SNH et al. A survey of prescription errors in general practice. Pharm J. 2001; 267:860-2.
4. The Pharmaceutical Society of Northern Ireland Professional Standards for Sale and Supply of Medicines [available online at http://www.psni.org.uk/wpcontent/uploads/documents/313/standards_on_sale_and_supply_of_medicines.pdf].

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

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News and Updates

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

In case you missed it, a new law comes into force on 25th May around data protection, and pharmacists should be aware of how this will impact on them. This, plus other useful resources and helpful tips are included inside.

Data Protection Law: Changes Are On The Way General Data Protection Regulations (GDPR)

On 25th May 2018 one of the most significant changes to data protection law for twenty years will take place. The General Data Protection Regulations (GDPR) will come into force across Europe building on previous legislation, bringing a 21st century approach to the processing of personal data.

The main focus of the GDPR is about one thing above all: giving people control over their own data.

Arguably the biggest change with the GDPR is around accountability, and a requirement that organisations who hold and process personal data understand the risks that they create for others, and mitigate those risks in exchange for using a person's data. It's about moving away from seeing the law as a box ticking exercise, and working on a framework that can be used to build a culture of privacy that pervades an entire organisation. Organisations that currently have strong policies and processes for compliance with the Data Protection Act 1998 should be well placed to meet the requirements of GDPR but the new legislation brings a number of key changes and it is important that all organisations identify and plan ahead for these changes.

The PSNC has published a series of guidance documents to assist community pharmacy contractors in working towards GDPR compliance. This information can be found on the PSNC website: <https://psnc.org.uk/our-news/psnc-publishes-gdpr-guidance-for-community-pharmacies/>.

NICPLD are developing a course that will focus on GDPR — expected to be published by July 2018.



Amendment to January 2018 Newsletter: Incidents involving controlled drugs (CDs)

The January 2018 edition of the PRN Newsletter advised that 'Any incident involving a **Schedule 2 or Schedule 3 CD** must be reported to the Pharmacy Inspector, HSCB, and the Accountable Officer. This includes all incidents involving temazepam and tramadol.' We wish to further clarify the arrangements around this.

It should be noted that **all** incidents involving **any controlled drug Schedule 2-5** must be reported to the HSCB Controlled Drugs Accountable Officer (AO). This should be done by contacting your local HSCB office who will then pass this information on (contact details at back of this newsletter).

Pharmacies may have an additional duty to report incidents to their head offices or line managers.

In summary:

- The Medicines Regulatory Group (MRG) (pharmacy inspectors) must be informed of any incidents involving a schedule 2 or schedule 3 CD, or if there is diversion or suspected diversion of any controlled drug schedule 2-5 CDs.
- The HSCB AO (via local office contacts) must be informed of **all** incidents involving **any** controlled drug Schedule 2-5.



Pharmacy inspectors contacts
Ciaran.byrne@health-ni.gov.uk 028 9052 0768
Fiona.taylor@health-ni.gov.uk 028 9052 8688
Canice.ward@health-ni.gov.uk 028 9052 3703

HSCB office contacts	
Belfast and South East	pcintranet.east@hscni.net
North	Adverseincident.north@hscni.net
West	pcintranet.west@hscni.net
South	AdverseIncidents.SHSSB@hscni.net

Infant Feeding Resources

Extensively hydrolysed formulas are effective in the treatment of approximately 90% of infants with a proven diagnosis of cow's milk allergy (CMA) and are much less expensive than amino acid based formulas. Amino acid formulas should be considered for more severe cases. Infants should be maintained on a hydrolysed milk for a minimum of four weeks if symptoms are to improve.

Resources:

- HSCB Infant Feeding guidelines (section 4 for how to diagnose and categorise CMA) <http://niformulary.hscni.net/Formulary/Adult/PDF/PrimaryCareInfantFeedingGuidelinesWeb.pdf>
- HSCB newsletter supplement Cow's Milk Allergy products (Feb 2015) <http://niformulary.hscni.net>.
- The MAP Guideline (Milk Allergy in Primary Care) - a practical step-by-step guide <http://cowsmilkallergyguidelines.co.uk/downloads-and-resources/downloadable-map-guideline/>.

HA formulas available in UK			
Type of HA formula	Age	Pre-/probiotics, lactose	Company
Amino Acid based (AA)			
Puramino	From birth		Mead Johnson
Alfamino infant	0-12 mo		Nestle
Neocate LCP	0-12 mo		Nutricia
Neocate Active/Advance	> 12 mo		Nutricia
eHF - casein			
Nutramigen	From birth	Lactobacillus GG (probiotic)	Mead Johnson
Pregestimil	From birth		Mead Johnson
Similac, Alimentum	From birth		Abbott
eHF - whey			
Aptamil Pepti	From birth	GOS/FOS (prebiotics)	Nutricia
Althera	0-3 yr	lactose	Nestle
Pepti Junior	From birth		Nutricia
Partial hydrolysate (pHF)			
SMA HA	From birth	lactose	Nestle

MHRA: Sign up for Drug Safety Updates

Drug Safety Update is a bulletin produced by the MHRA every month to inform healthcare professionals about the latest issues with medicines. Each article contains:

- A summary of the safety issue with the medicine (or medicine class) in question
- Advice listed as action points for the healthcare professional to take or pass on to colleagues, patients or carers
- A summary of the evidence underpinning the advice being issued, with references and links to further information where appropriate.



Action

- Sign up to receive an email alert when each monthly issue is published: <https://www.gov.uk/drug-safety-update>.

Trouble Shooting: Pharmaceutical Code Book

The BSO regularly gets queries in relation to the opening of the pdf version of the pharmaceutical Code Book. There are detailed instructions on how to do this on the BSO website:

<http://www.hscbusiness.hscni.net/pdf/DownloadCodeBookInstructions.pdf>.

Contractors should archive any previously downloaded version of the Code Book on their file system, before right-clicking the Code Book hyperlink and selecting "save target as" or "save file as" to save to their PC. This means that the contractor has a copy for the month on their file system, which is much quicker to open.

Contractor experience of using the Code Book, once open, would be optimised if the latest free Adobe Reader is installed from [here](http://www.adobe.com).

NICPLD: Answering Medicines-Related Questions in Practice

The Centre for Pharmacy Postgraduate Education (CPPE) England launched an interactive PDF e-learning module back in 2014 with UKMi.

It has recently been adapted by NICPLD for use in NI and is now available on the NICPLD website > Online courses <https://www.nicpld.org>.

It provides **2 hours of learning** and the target audience is **primary care pharmacists**.

This module supports primary care pharmacy professionals to formulate evidence-based, relevant and patient-focused answers to questions about medicines that arise in practice. The programme is aimed primarily at pharmacy professionals working in primary care practice, such as those working in GP surgeries or community services teams. It may also be useful to others in primary care, particularly community pharmacists providing enhanced and extended services.



Resource: Pharmacy Support for People with Sight Loss

The Royal National Institute of Blind People, Medicines Use and Safety team and Moorfields Eye Hospital have produced two factsheets to provide advice and recommendations for pharmacy to provide appropriate support for people with sight loss.

The factsheets provide:

- Guidance for pharmacy staff about what a person with sight loss might need from the pharmacy team.
- Support for blind and partially sighted people in getting the most from their pharmacy service.

These are both available to download here: <https://www.sps.nhs.uk/articles/pharmacy-support-for-people-with-sight-loss/>.

