

Medicines

Optimisation news headlines

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This issue focuses on medicines safety

'Medication without Harm' is the World Health Organisation's third Global Patient Safety Challenge (following the two previous Clean Care and Safe Surgery challenges). Launched in March 2017, its aim is to reduce the level of severe, avoidable harm related to medications by 50% over 5 years, globally. The UK government's response is currently being worked up and is likely to be announced in the spring of 2018.

The WHO has identified three key areas that need managing to protect patients from harm:

1. High-risk situations - relating to the clinical setting (acute, inpatient etc.) and the use of more complex medication regimes
2. Polypharmacy – which increases the likelihood of side effects, as well as the risk of interactions between medications, and may make adherence more difficult
3. Transitions of care – which increase the possibility of communication errors and can lead to serious medication errors.

Young children and the elderly as well as those with concomitant kidney or liver disease are especially vulnerable to harm from medication in all three areas above.

The WHCCG Medicines Optimisation (MO) team has been working with GPs on reducing problematic polypharmacy in the frail elderly for several years now. More recently, pharmacists and pharmacy technicians with an extended role in practices have been involved in decreasing errors on transitions of care. The Care Quality Commission (CQC) has found that 81% of GP surgeries receive inaccurate or incomplete care summaries on a regular basis. Because patient records are often amended by clerical staff without monitoring by healthcare professionals, the risk of medication errors occurring on hospital discharge is very high.

The MO team is often asked to help with medicines issues on transfers of care, especially discharge from hospital. Discrepancies which can lead to hospital readmission and severe harm such as duplication of treatment, omissions and lack of adherence are regularly identified and resolved. Despite this, there are few reports of this type of error on the CCG's incident reporting software, Datix.

We would like to encourage the use of Datix Incident reports for the reporting of medication errors within primary care; particularly those arising from transitions of care and polypharmacy so we can learn from them and improve patient safety. In so doing we will be able to embrace the WHO Challenge to reduce harm from medication in WHCCG.



Vitamins and Minerals for Eye Health

Lutein and antioxidant supplements, (generally referred to as vitamin and mineral supplements), have been widely requested for people suffering from age-related macular degeneration (AMD). However they have not been shown to have any clear benefit for this condition.

Furthermore, the following adverse effects of vitamins have been observed:

- Zinc; genito-urinary conditions such as infection, urinary stones, urinary retention and prostatic hyperplasia
- Vitamin E; increased risk of heart failure in people with diabetes or vascular disease
- Beta-carotene; increased risk of lung cancer in people who smoke, have smoked or have been exposed to asbestos

The [clinical guideline](#) that was recently published by NICE has concluded that further research is required before prescribing of antioxidant supplements can be supported within the NHS.

Following a national consultation [NHS England](#) has issued the following statement:

1. **Prescribers in primary care should not initiate lutein and antioxidants for any new patient.**
2. **CCGs should support prescribers in deprescribing lutein and antioxidants in all patients.**

The Medicines Optimisation Team will be liaising with practices across west Hampshire to assist with these actions. Some guidance for patients can be found on the [Macular Society](#) website.

Drug Interaction Alerts in the BNF

A number of new interactions are being flagged up by GP clinical systems, many of them listed as serious. Some of these interactions are based on theoretical grounds rather than actual incidents and involve drugs that have been commonly prescribed together in the past. Discussions are taking place nationally to try and clarify the likelihood that a problem could arise from some of these combinations and the action that prescribers are advised to take. As part of this the Specialist Pharmacy Service (SPS) has already addressed the particular issue of [drug interactions with senna or salbutamol increasing the risk of torsade de pointes](#).

Prevention of Future Deaths Notice

A recent coroner's report has raised a communication problem with prescribing and dispensing processes. It was apparent from the review that the Electronic Prescribing System (EPS) does not allow urgent prescriptions to be highlighted to the receiving pharmacy when issued from a GP system.

In the event described, a prescription was issued by the GP on return to the surgery following a home visit. Although the full circumstances are still unclear, it was found that the prescription was never dispensed, resulting in serious consequences for the patient.

All surgeries are asked to review their part of the process to ensure all parties concerned are aware when a prescription is urgent and that the patient receives any such medicines in a timely fashion.

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