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Levomepromazine in palliative care patients: patient safety

Levomepromazine is a phenothiazine used in palliative care for two principal indications. As a **2nd or 3rd line antiemetic** for intractable nausea and vomiting or to manage severe **delirium and agitation at the end of a patient's life** when other measures have failed.

Significant medication incidents have occurred due to the inadvertent prescription of 25mg rather than 6mg tablets, leading to serious side effects including hospital admission.

Preparations

Oral	6mg scored tablet Levinan	Unlicensed preparation – but stocked by pharmacies in the Community Pharmacy Palliative Care Network
	25mg scored tablet	Listed in BNF, but not used in palliative care
Injection	25mg/ml, 1ml amp	SC roughly twice the potency of oral dose; used as SC infusion or injection

Levomepromazine is used as a 2nd or 3rd line antiemetic when potentially better tolerated drugs have proved ineffective.

An unlicensed 6mg tablet preparation is available on a named patient basis; the oral antiemetic starting dose is **3mg once or twice daily**. Initially, doses may be given at night to reduce day-time side-effects. Parenteral doses usually start at 2.5-5mg SC as required 12 hourly, or 5-10mg/24 hours SC via a syringe pump.

Patient safety: When prescribing, dispensing or administering levomepromazine for a palliative care patient, check that the dose is appropriate, seeking advice if required from a palliative care specialist.

Further information on the use of levomepromazine in palliative care can be found in the GG&C palliative care guidelines at:

<http://www.palliativecareguidelines.scot.nhs.uk/documents/Levomepromazine.pdf>

There has recently been a change of supplier of Levinan 6mg tablets, UDG will no longer be distributing them. There is also a considerable increase in cost. As far as we can ascertain, there is currently only one supplier in the UK: **Idis Ltd**.

Idis Ltd
Idis House
Churchfield Road
Weybridge
KT13 8DB
Email: uk@idispharm.com
Tel: 01932 824100 Fax: 01932 824300

You need to have an account with Idis Ltd to be able to place an order, this can be set up over the phone. Orders placed before 4pm will be delivered within 1-2 working days if you state that supply is urgent.

Coming to a PC Near You....the new electronic Smokefree Services System

The 3rd May sees the start of the move away from paper data entry to the electronic version for Pharmacy Smokefree Services. By now everyone should have been sent a test link via email. If you haven't already done so, please click on the link so that we know the connection between yourself and NHS GG&C is working. Pharmacies in the North-West CHP will be the first to go "live." After that, all other pharmacies should be on board within the next two to three months. From July, paper submission of data will no longer be accepted.

One of the key features of the system is that, at the end of each month you will have a summary page demonstrating how many patients are in months one, two and three of the service. This information can be copied directly onto the Annex E form for national payment. Please remember however, that on the first day of each month, this page will reset to **zero**, so it is imperative that data are copied on the last day of the month.

Further information and a User Manual will be given to each pharmacy.

Medicines Reconciliation

Medicines Reconciliation is the process of establishing and maintaining an accurate list of medicines and details of changes made, and communicating this effectively when patient care is transferred between clinical settings e.g. admission & discharge from hospital. Poor medicines reconciliation processes lead to medication errors, patient harm and hospital admissions.

NHS GG&C have produced Good Practice Guidance for Medicines Reconciliation in hospitals across the Board area. This will support acute clinical teams to improve medicines reconciliation processes as part of the Scottish Patient Safety Programme (SPSP).

SPSP is now being implemented in primary care, and work has begun in selected GP practices to improve medicines reconciliation processes.

Community pharmacies are a valuable source of information about the medicines patients are taking. As hospitals and GP practices try to improve the quality of medicines reconciliation they may request information from community pharmacies about the medicines that patients are taking.

Pharmacists are reminded of the need to collaborate and cooperate with such requests from hospital and GP practices around medication information, having verified that the request and need is genuine so as to not be in breach of patient data confidentiality (as it is between healthcare professional and necessary to improve and maintain accurate patient care).

Delivery of Compliance Aids/MDS to patients

Further to the publication of the Best Practice guide for Community Pharmacists and compliance aids, community pharmacy staff are reminded that it is **not advisable** to post compliance aid deliveries through a patient's door, unless specifically requested by the patient to do so.

There have been more incidents where MDS trays have been posted through letter boxes repeatedly over a number of weeks whilst the patient had been admitted to hospital. Please ensure that processes are in place to halt deliveries of medication to patients during an in-hospital stay.

Do you want access to online reporting?

In October 2011, Practitioner Services Division (PSD) deployed the online reporting system and made it available to all independent contractors in Scotland. To date, 47% of independent pharmacies have applied to have access set up to view their online reports.

The set of online reports available to view and refresh are accessed via a web portal using an N3 connection. The online reports provide detailed feedback on the pharmacy

contractors dispensing profile and a clear breakdown of their monthly remuneration.

Reports available cover:-

- instalment dispensing,
- rejected items,
- short supply/specials
- out of pocket expenses,
- a full item by item report ,
- an electronic claiming/usage report ,
- MAS & CMS registration volumes showing monthly activity i.e. lapsed patients, roll on for patients, new registrations etc.

PSD recognise that the reporting requirements for the national pharmacy chains will be different and we are working closely with them to progress this. PSD plan to roll out the online reporting system to the chains during Spring/Summer of 2012.

Further information and how to apply for access can be found on the http://www.communitypharmacy.scot.nhs.uk/core_services/online_reporting.html of the NHS Scotland community pharmacy website.

Key points from the APC meeting of 18/4/12

The APC heard an excellent presentation describing the role and current challenges faced by pharmacy in the acute sector. The presentation described the development of the role of the clinical pharmacist prompted discussion around the reconciliation of medicines upon discharge, communication across the interface and the development of eHealth systems.

There was a discussion on the challenges posed to achieving a 'Health Promoting Health Service' in the hospital setting. Several members have undertaken a piece of work to further facilitate the provision of smoking cessation advice to hospital patients, particularly upon discharge.

A review of the APC work plan highlighted the need for more information on developing IT strategies which might support the acute primary care interface and plans to develop experiential learning on the Strathclyde University undergraduate pharmacy course.

Update on Epistatus

As advised in the recent drug alert (<http://www.mhra.gov.uk/Publications/Safetywarnings/DrugAlerts/CON149813>) Special Products Ltd plan to distribute future batches of their unlicensed buccal midazolam product with the original 1.0ml syringe. Patients should be advised to use the syringe graduations and not rely on the plunger stop.