East London NHS
NHS Foundation Trust

Title	Safe & effective use of medicines
Authors	Indreet Anand and Rajesh Jethwa, Medicines Safety Officer
Presented to	Medicines Committee
Date	10th July 2024

Purpose of the Report:

This report provides a summary of medicines safety data that is collected in the Trust and is presented to the Medicines Committee for information. The committee is asked to consider the level of assurance provided by the report and decide whether further action is needed.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	☒	Improve service user-related outcomes by ensuring that they receive safe pharmaceutical care.
Improving staff satisfaction	☒	
Maintaining financial viability	☐	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
N/A	This report has not been considered in any other committees or meetings

Equality Analysis	This report has no direct impact on equalities

Contents

Trust Wide Medication Incident Reporting

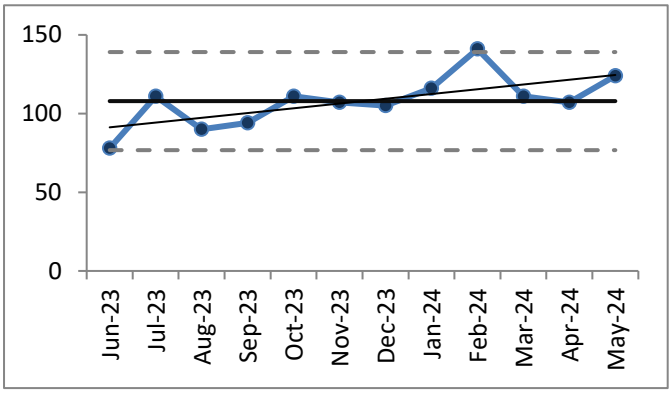


Figure 1 Total number of medication incidents reported per month past 12 months

Medication incident reporting fluctuates within control limits. Inphase incident reporting system went live 1st November 23. No concerns with the reporting trajectory/trend.

Figure 2 Total number of medication incidents reported per month past 2 years

Overall there is an increased trend in medication incident reporting. Leading up to and since the lanuch of Inphase, mediction incident reporting has increased (current monthly average 108 incidents). This can likely be attributed to greater awareness amongst staff to report incidents, but also the trust has expanded overtime.

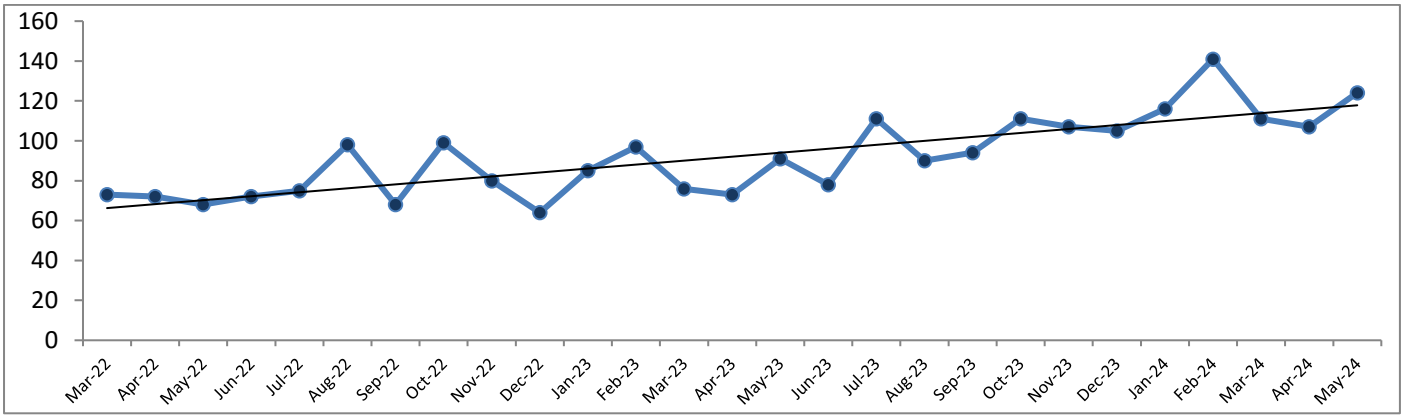


Figure 3- Total number of medication incidents reported directorate (Nov 23 – May 24)

Inphase launched Nov 23. High reporting culture embeded within BCHS and THCHS. Recurring themes within CHS are around incident relating to insulin and transfer of care from hospital settings back to community. Good reporting within C&H and TH mental health directorates compared to the other mental health directorates. Important to continue to raise awareness to report incidents.

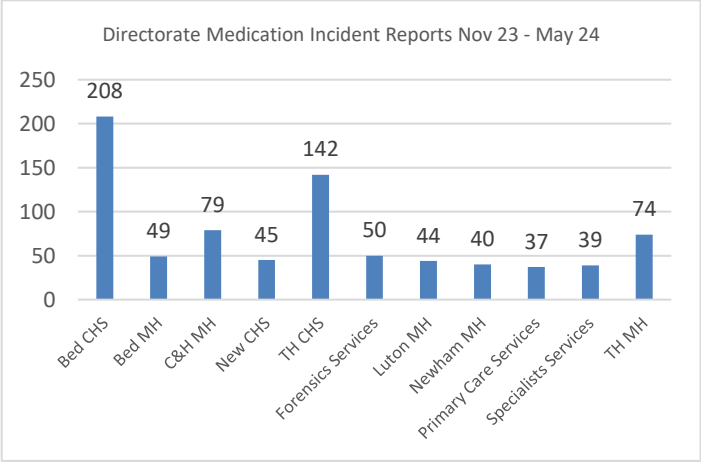
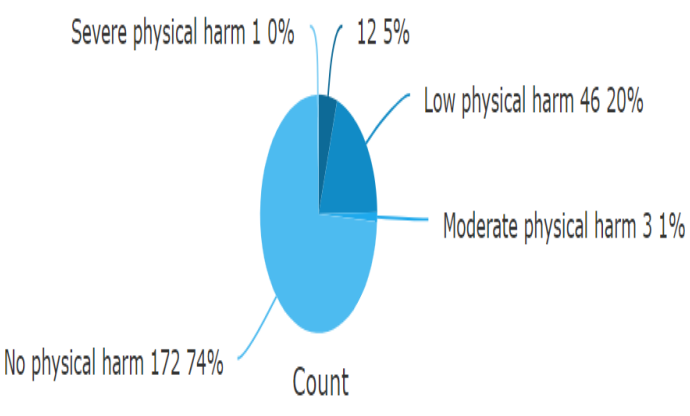


Figure 4 Medication incidents broken down by type of harm (Q1 to date Apr 24 – May 24)



Assurance that incidents are being reviewed by the incident team and re-categorised to reflect true level of physical harm.

74%: no harm
20%: low harm
1%: moderate harm (3 reported – same incident reported 3 times)
0%: severe harm (1 incident)
5%: blank – *Risk and Inphase team contact *mandatory question, blanks related to non-patient specific incidents (confirmed by Risk and Inphase Manager J.Simms)

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Key Medication Incidents (April – May 2024)

Note: all incident descriptions have been directly extracted (copied and pasted) from INPHASE

MODERATE PHYSICAL HARM

T

Inphase ID	Directorate	Incident description	Action
9950	Luton	**Reporter Description extracted:** Staff nurse AD mentioned to me that a person recently discharged from Crystal ward (SW) reacted badly to Haloperidol given on Friday whilst an inpatient. AD called for an ambulance yesterday due to SW's presentation. I looked through Rio notes to check dose administered, whether S/E reported after test dose, etc., and noticed that it is documented she has had NMS in the past due to haloperidol, restlessness/pacing following being given haloperidol, her medicines reconciliation in Jan 2024 notes an adverse reaction to haloperidol and her GP records also note haloperidol allergy; however, according to SW's JAC chart, she is NKDA and has haloperidol down as a non-allergic adverse reaction type sensitivity. Patient was admitted to general hospital	DOC undertaken 72 hour report undertaken Actions/Learning implemented as per 72 hour report
Incident 9550 reported 3 times **Learning** –Importance of accurate history taking in relation to allergy/sensitivities. Allergies are automatically pulled across on the JAC EPMA chart if there has been a previous admission, but allergy status since the last admission may have changed. Allergies/sensitivities must be actively checked as part of the medicines reconciliation process during admission/clerking in. The ward pharmacy team will also undertake a secondary check and should follow up in case of discrepancies. The allergy record should be updated by the clinician or pharmacist. There is prompt within the EPMA system to flag that allergies must be checked even in circumstances where there allergy status has pulled across from the previous admission. **Plan** – to include this incident and learning in the next Medicines Safety Newsletter, as this is trust wide relevant learning.			

SEVERE PHYSICAL HARM

10117	Bedford MH DISS Dementia Intensive Support Service	**Reporter Description extracted:** Our team was contacted by a patient's daughter, requesting information about the patient's medication. She reported that her mother was on Phenalzine for many years and while she was with our team, she was prescribed Sertraline. The patient was admitted to general hospital recently after becoming unwell. daughter reported that she was informed by the general hospital ward team that it is possible that her mother has become unwell because of being on both Sertraline and Phenalzine at the same time. The daughter wanted to find out who had prescribed Sertraline while her mother was on Phenalzine. After reviewing the patient's record, it became clear that Sertraline was not prescribed while the patient was with our team. Unfortunately there has been an error in the discharge letter sent to the GP. The discharge letter lists Sertraline as one of the medication, the patient was discharged on. Further more the discharge letter also states that the patient was prescribed Rivastigmine, which again is not a tablet that was prescribed while she was with the team. This error in the discharge letter has led to the patient being prescribed both Sertraline and Phenalzine at the same time by the GP. Team's doctor, operational manager, manager and clinical immediately emailed with reported concern. - The Team Consultant contacted the daughter and explained what happened, and accepted full responsibility for the error in the discharge letter. -The team Consultant has also contacted the PLS and gave an update on what has happened with the patient's medication. -The Team has immediately started an audit on all the discharge letters sent from January 2024, to ensure there are no medication dependencies on the discharges letters sent out.	DOC undertaken 72 hour report undertaken Actions/Learning implemented as per 72 hour report -Discharge summaries only to be completed by Qualified Practitioners - DISS discharge letters now forwarded to prescribers before being dispatched to the GP. Admin not to send until approved by prescriber. - Audit of discharge letters from Jan 2024 onwards to identify discrepancies
Learning – Discharge letters not to be send out by the admin team and to be properly checked by qualified practitioners and authorised ahead of being sent out by the admin team			

LOCAL MEDICINES SAFETY UPDATES

- **Valproate Policy Implementation Group**

- Policy launched trust-wide April 2024.
- Ongoing work to implement the policy and identify/fulfil gaps:
    - audits, SNOMED codes, community referrals, electronic RIO form
- Presentations completed for TH directorate medics during an academic learning session
    - Plan to link in with other directorates

- **System Wide Working**
    - **a.** NEL MSQG: North East London Medicines Safety Quality Group
    - **b.** NEL High Risk Medicines Network
        - **i.** Valproate and Insulin subgroups
    - **c.** NEL Opioid Discharge Workstream
    - **d.** BLMK Medicines Safety Group

- **Digital**

- Internal Review and revision of EPMA report; selected reports to be transitioned across to PowerBI. Medicines Dashboard has now been constructed on PowerBI; live from 1st July. Single platform for key medicine metrics which will provide oversight and support pharmacy teams with workflow.

- **Trust Medicines Safety Group (MSG)** - Meetings via Teams: 10th April, 19th June

- Good engagement from multiple disciplines from nursing, digital, workforce development, education and training, primary care, pharmacy, NMP lead, patient participation.
- Opportunity for focussed medicines safety specific discussions.
- Separate action log to follow up on medicines safety issues identified.

- **Trust wide Medicines Safety Bulletin**
    - **a.** Published Trust wide 24th June after ratification at the MSG. Link below:

Meds Safety (MIST) Newsletter - June 202

- **Controlled Drugs (Lower Schedule 4/5) – Review of internal pharmacy processes**

    a. Internal Pharmacy meeting 26th June
    b. Discussion of weakness in current processes and improvements to tighten up on processes to mitigate against the risk of diversion of lower schedule CDs which are not subject to secure storage or CD register requirements
    c. Working group identified to review work as done and further develop standards for the safe use of controlled drugs across the organisation.

MHRA DRUG SAFETY UPDATES

See full MHRA Drug Safety Update:
https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter

April 2024

1) **Finasteride: reminder of the risk of psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment).**
   A patient alert card is being introduced for men taking finasteride to help raise awareness of the risk of psychiatric side effects and sexual dysfunction, including the potential for sexual dysfunction to persist after treatment has stopped. Healthcare professionals are reminded to monitor patients for both psychiatric and sexual side effects.

2) **Montelukast: Reminder of the risk of neuropsychiatric reactions.**

   Healthcare professionals prescribing montelukast should be alert to the risk of neuropsychiatric reactions in all patients including children and adolescents. Reported neuropsychiatric reactions include sleep disorders, hallucinations, anxiety and depression, as well as changes in behaviour and mood. Healthcare professionals should advise patients and their caregivers to be alert to these risks and seek medical advice as soon as possible if neuropsychiatric reactions occur.

May 2024

1) **Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including. Topical Steroid Withdrawal Reactions**

   Topical steroid products are safe and highly effective treatments for the management of a wide range of inflammatory skin diseases but have important risks, especially with prolonged use at high potency. In the coming months, as a result of regulatory action, topical steroid products will be labelled with information on their potency to simplify advice for patients.

June 2024

1) **Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme**

   Topiramate is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child. Harms included a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder in children of mothers taking topiramate during pregnancy.

2) **Warfarin: be alert to the risk of drug interactions with tramadol**

   Taking warfarin and tramadol together can cause harmful drug interactions, which can raise the International Normalised Ratio (INR), and result in severe bruising and bleeding, which in some patients could be fatal.

NPSA alerts

Shortage of Pancreatic enzyme replacement therapy (PERT)

Issued: 24th May 2024
Deadline: 10th June 2024

- Trust Action Plan compiled.
- Inpatient associated actions completed.
- Largely relevant to ELFT Primary care GP practices, being co-ordinated by Primary Care Medical Director. Practices to run searches and identify relevant patients for review.

NatPSA_2024_007_DHSC (002).pdf

Medicines Supply Notification

Quetiapine 150mg, 200mg, 300mg tablets

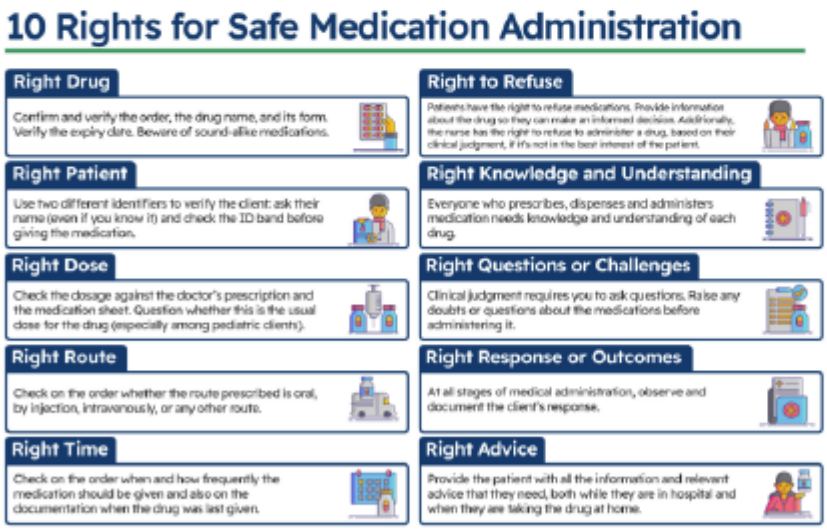
Issued: 6th June 2024
Tier 2: Medium impact

- Memo has been sent out to all inpatient wards
- EPMA alert has been completed to advise of actions at the point of prescribing.
- ELFT medical primary director informed to cascade alert to ELFT GP practices so affected patients can be identified and followed up.
- Pharmacy Procurement Team are monitoring the stock situation on a weekly basis.

MSN_2024_070 Quetiapine 150mg 20

MEMO Quetiapine Shortage June 24.doc

After Action Review

Summary of the action or incident being reviewed:
ADMINISTRATION ERROR. A member of staff (HCA) was allocated to visit this patient at home for administration of clexane (enoxaparin) however; the patient had already been visited by a nursing staff 3 hours earlier and at this time dose of clexane was administered. This was not allocated as a task to the nurse. The HCA involved had not recognised that the dose had already been given and administered another dose of clexane (enoxaparin). The MAR chart was checked to see if the dose matched the product in hand, however it was not picked up by the HCA that the dose was already given 3 hours earlier and signed for on the MAR chart.
Key Learning Points:
• The importance around the basic principles of patient and medicine checks before administering medicines in line with 10R's. See below. • Updating task lists before coming to work and when at work prior to commencing home visits. • If there are IT issues then member of staff must complete a manual confirmation of patient/tasks lists with the shift coordinator before commencing work.
Actions arising from learning, and names of person responsible:
• **All** - Synchronisation of allocated tasks/worklists to take place at home prior to shift and then once again when at workplace before commencing shift. • **All** – Either phone coordinator or message on Pando group to confirm that synchronisation has been completed before commencing work. If problems with synchronising process, then staff must confirm task/patient list with shift coordinator • **All** – to ensure that MAR chart is checked following the 10R principles;   ○ right drug, right patient (checking date of birth and asking patient name), right dose, right route, right time, right to refuse, right knowledge and understanding, right questions or challenges, right response, right advice      • **Clinical lead** – to learn from other localities and understand if they are experiencing any similar challenges and how they may have got round it and share with the team at a future meeting.

- **Clinical lead** – to look at developing a process map/model day for service so that roles and responsibilities are clear
- **Clinical Lead/Lead Pharmacists** – to develop roles and responsibilities document for healthcare assistants (HCA's) and reflect scope of practice to include administration of anticoagulants
    - To develop training competency for HCA staff where roles and responsibilities have been adjusted.
- **Lead Pharmacists** – to explore with digital and EPMA team about electronic MAR charts and considering the benefits this may bring to patient and staff.

Arrangements for sharing learning:

- Sharing the learning with the THCHS team.
- Clinical lead – to share AAR summary with other localities
- AAR to be shared/ discussed at the next THCHS quality assurance group meeting.

Actions to meet needs of those affected by the event

- To confirm - Duty of candour to be completed by clinical lead. Patient monitored for any risk of bruising or bleeding following the event.

Once this report has been completed:

1. *Save a copy in the patient's notes (e.g. RiO)*
2. *Email a copy to elft.incidentreporting1@nhs.net so that it can be uploaded onto InPhase*
3. *Retain a copy for your own records*

Trust Wide Audits – Medicines Related 2024/25

Audit are now hosted on INPASE. Directorates leads are expected to directly access results from INPHASE and to prompt teams to view their results; dicussion expected at DMTs and associated actions should be forwarded to the directorate QA manager.

The format of this report reflects how information is presented on INPHASE, which is not aligned to our previous reporting breakdown. This is proving challenging as we are not easily able to display required breakdowns or trends as we have done in the past. There are also some inconsistencies/inaccuracies. The QA team have been made aware and we plan to address/resolve these issues with the QA Team.

1. Controlled Drugs Audit Quarter 1 (April 24) – data collection 1st -15th April 2024

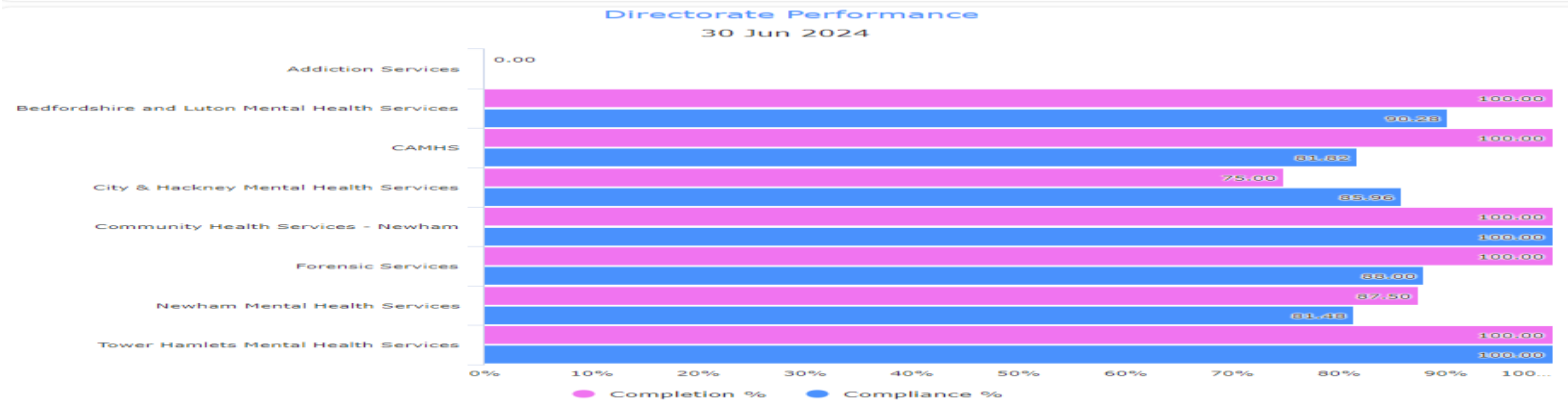
Trustwide overview data. CD Audits went live on INPHASE in April 2024. Data is now being reported on Inphase. Directorates are expected to directly access and filter down to access individual data sets .

Figure 1.1

Overall Trust CD Audit completion rate: 100%

Overall Trust CD Audit compliance rate: 88%

Figure 1.2



Findings

Figure 1.1

Overall Trust CD Audit completion rate: 100% and Overall Trust CD Audit compliance rate: 88%

Figure 1.2

Optimal Performance:

- TH & CHS Newham : 100% completion and 100% compliance

COMPLETION improvement required by:

- C&H (75%) and Newham (87.5%)
- Inconsistency 100% trust completion rate above doesn't correlate. Queried with QA team

COMPLIANCE improvement required by:

- Newham (81.48%) and CAMHS (81.82%)
- All other directorates scored above 85%

It is not practical to filter down data for every single directorate within the remit of this report, due to the volume of data. The QA team no longer create directorate reports and the expectation is for directorate leads to prompt teams to view their results directly within the INPHASE platform. Audit results should be discussed quarterly at DMTs and actions devised and forwarded to the QA manager.

2. Clinical Use of Medicines (CUOM) Audit Cycle 1 (June 24) – data collection 3rd-17th June 2024

Figure 2.1

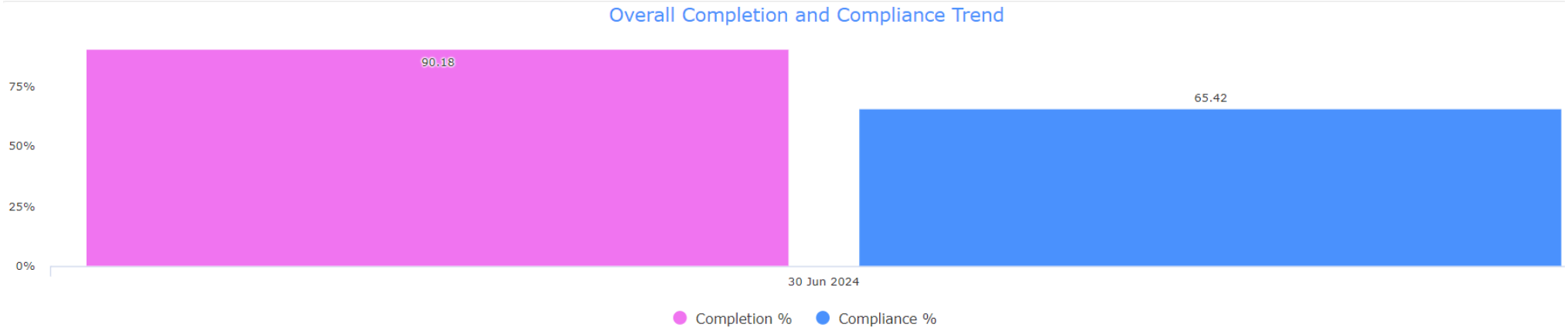


Figure 2.2

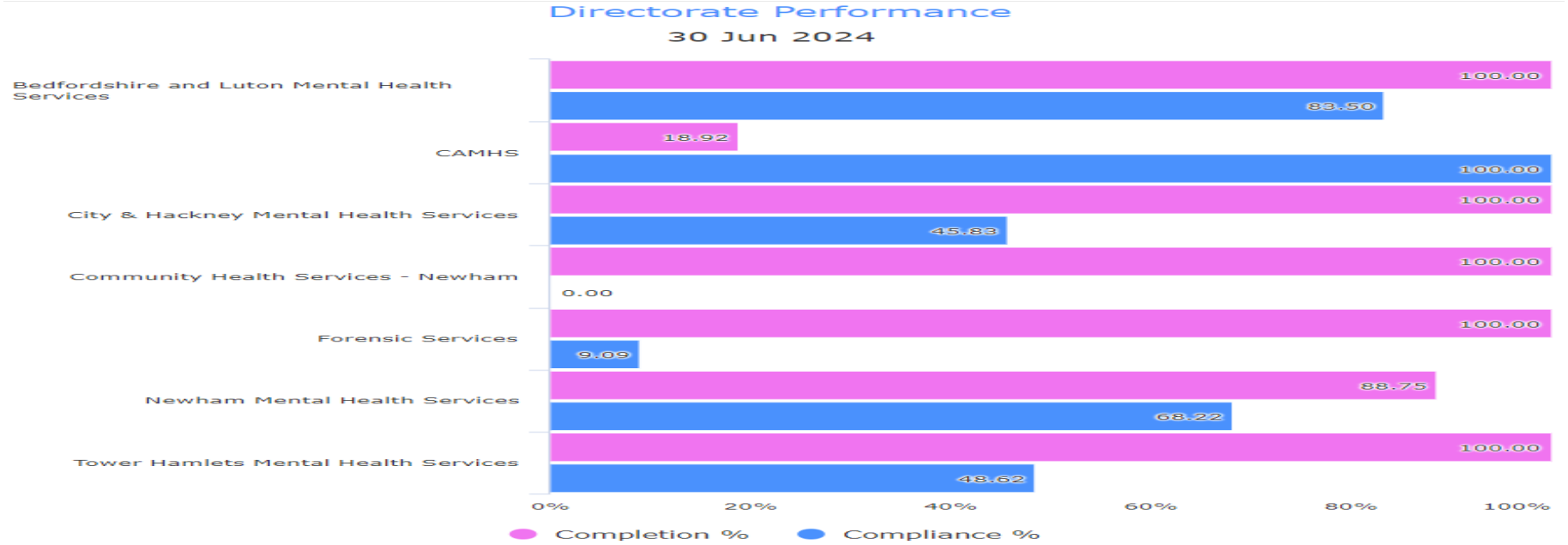


Figure 2.3 – High Dose Antipsychotic Treatreatment

Question	Measures		No	Yes
06. Has the HDAT monitoring form been completed? Please select 'Yes' if the form states the patient has refused.	Count	447	23	26

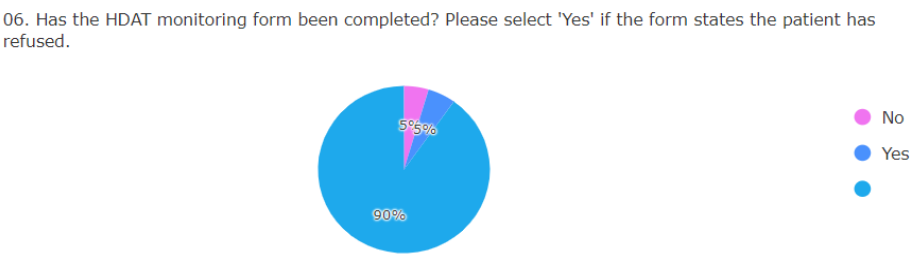
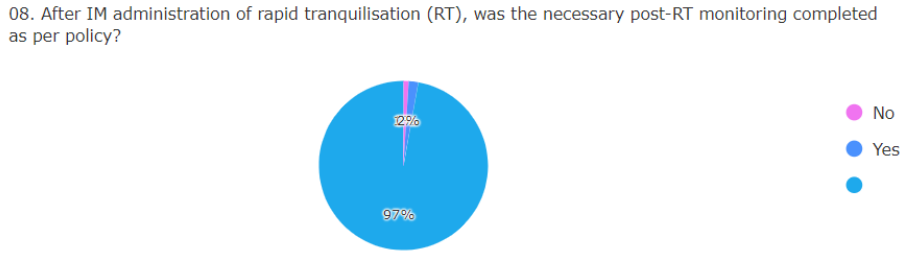


Figure 2.4 Rapid Tranquilisation post monitoring

Question	Measures		No	Yes
08. After IM administration of rapid tranquilisation (RT), was the necessary post-RT monitoring completed as per policy?	Count	482	5	9



Yes: 53% , No: 47% (discount blank responses)

Yes: 64% , No: 36% (discount blank responses)

Findings

Figure 2.3 High Dose Antipsychotic Treatment (HDAT)

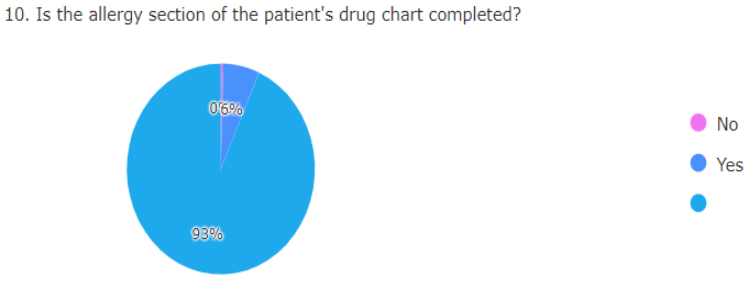
- Usage: Overall, no concerns regarding the frequency of HDAT usage within the Trust (49 out of 447 patient on HDAT; 10.9%). The average for the last 2 years has been 9.7% of inpatients on HDAT. Slight, increase this cycle; will continue to monitor.
  Note: At present unable to easily extract directorate breakdowns from INPHASE to determine individual directorate usage.
- Monitoring: completed in 52% of HDAT cases. Concerns have been raised previously to the Medicines Committee regarding completion of HDAT monitoring forms; below expectation. Last meeting an action was assigned to provide directorate breakdown to explore further. However, this is has not been possible with the new launch of audits on INPHASE as not easily able to extract directorate breakdowns. Action: Addressing, this issue with Quality Assurance Team

Figure 2.4 Rapid Tranquilisation Post Monitoring

- Usage: The use of RT IM across the trust remains low: Trust's last 3 year average = 3.5%. This cycle (14 out of 482 =2.9%)
- Monitoring: Once again, as previously highlighted to medicines committee raising concerns around post RT monitoring; not consistently being undertaken across the Trust; a longstanding issue, results fluctuate every cycle. This audit cycle 64% completion rate
  Note: Unable to provide trend as audits newly launch on INPHASE. Action: Addressing the issue with Quality Assurance Team .

Figure 2.5a – Antimicrobials

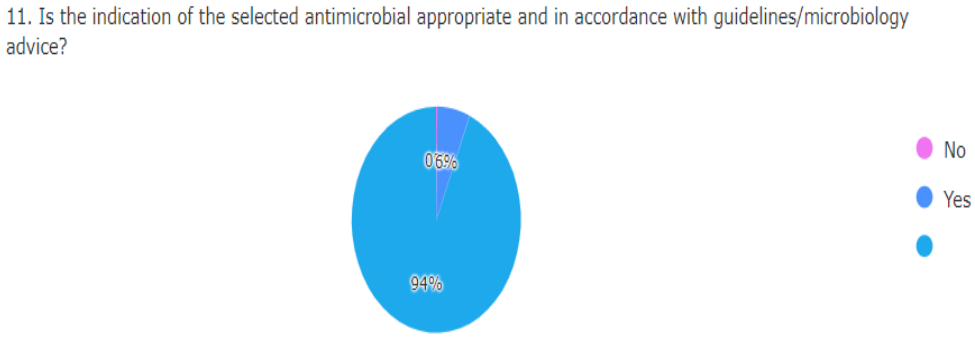
Question	Measures		No	Yes
10. Is the allergy section of the patient's drug chart completed?	Count	463	2	31



Yes: 94% , No: 6% (discount blank responses)

Figure 2.5b Antimicrobials

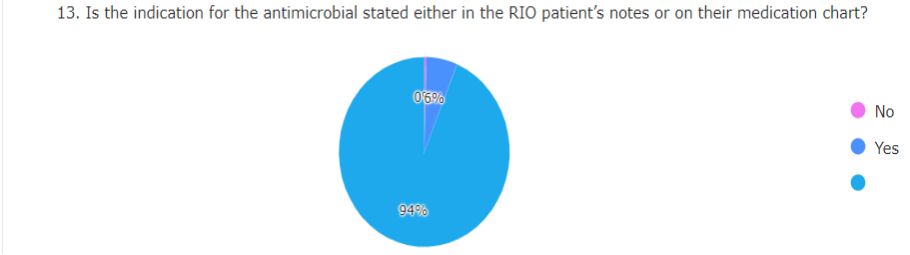
Question	Measures		No	Yes
11. Is the indication of the selected antimicrobial appropriate and in accordance with guidelines/microbiology advice?	Count	464	1	31



Yes: 97% , No: 3% (discount blank responses)

Figure 2.5c – Antimicrobials

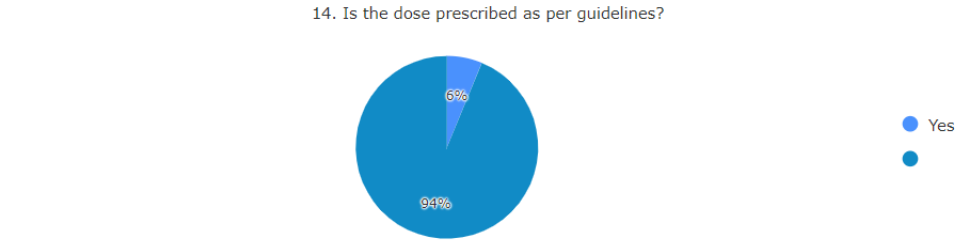
Question	Measures		No	Yes
13. Is the indication for the antimicrobial stated either in the RIO patient's notes or on their medication chart?	Count	465	2	29



Yes: 94% , No: 6% (discount blank responses)

Figure 2.5d Antimicrobials

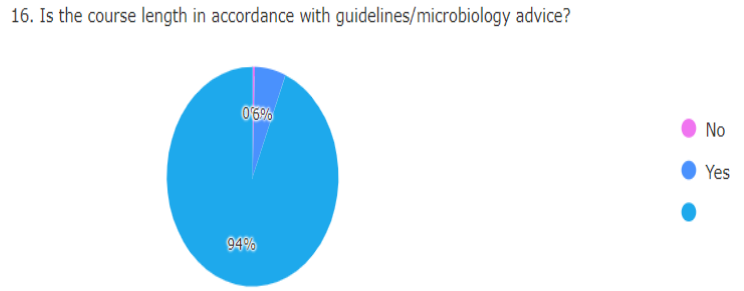
Question	Measures		Yes
14. Is the dose prescribed as per guidelines?	Count	465	31



Yes: 100% , No: 0% (discount blank responses)

Figure 2.5e – Antimicrobials

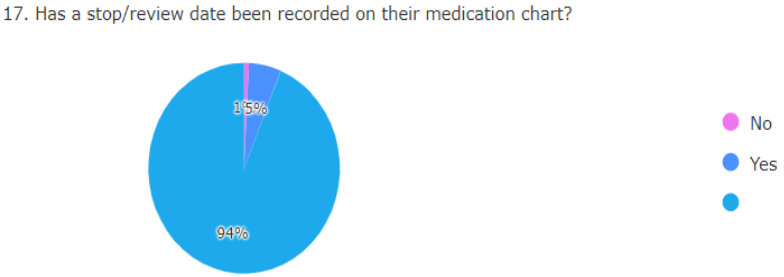
Question	Measures		No	Yes
16. Is the course length in accordance with guidelines/microbiology advice?	Count	465	2	29



Yes: 94% , No: 6% (discount blank responses)

Figure 2.5f Antimicrobials

Question	Measures		No	Yes
17. Has a stop/review date been recorded on their medication chart?	Count	465	4	27



Yes: 87% , No: 13% (discount blank responses

Findings

Figure 2.6a – 2.5f – Antimicrobials

Overall, no concerns. 6 scores ≥94% and one score ≥87% .

Figure 2.6a – Lithium

Question	Measures		No	Yes
26. Has the monitoring form been completed on RiO?	Count	458	19	19

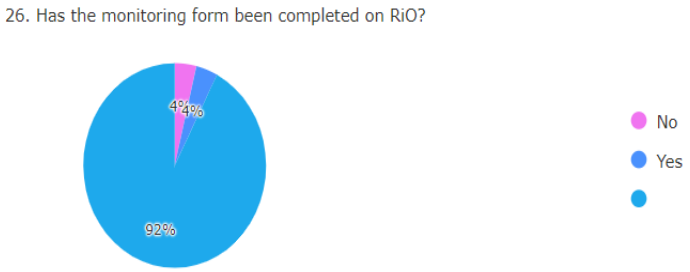
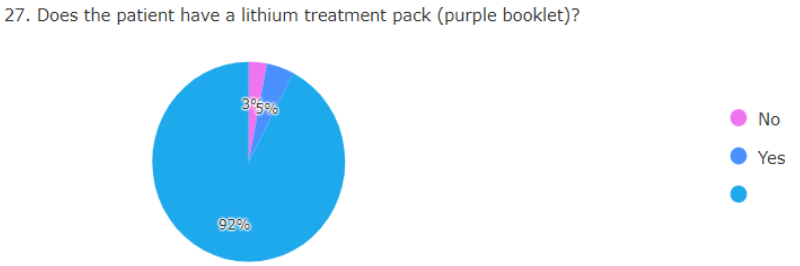


Figure 2.6b – Lithium

Question	Measures		No	Yes
27. Does the patient have a lithium treatment pack (purple booklet)?	Count	458	15	23



Yes: 50% , No: 50% (discount blank responses)

Yes: 61% , No: 39% (discount blank responses

	C1 23/24	C2 23/24	C3 23/24	C4 24/25
Is the patient prescribed lithium	7%	7%	12.10%	8.3%
Has the monitoring form been completed on RIO.	55%	44.70%	52.60%	50%
Does the patient have a lithium treatment pack (purple booklet)	50%	27.60%	69.70%	61%

Findings

Figure 2.6a – 2.6b – Lithium

Monitoring: As previously reported, completion of monitoring forms is low; approximately 50%. Discussed more comprehensively in Medicines Safety Group re barriers for completion. Highlighted by clinicians that there isn't a specific RIO template for Lithium and the expectation is to complete within the same RIO template used for HDAT. Action assigned to current Lithium policy reviewer (Pharmacist: Mohammed and Jena) to look at devising a specific Lithium monitoring form within RIO.

Purple Booklets: Patients prescribed Lithium do not consistently have the associated Lithium Treatment Pack. Wards can requested Lithium Treatment packs form their directorate pharmacy team. This issued will be discussed at the July Senior Pharmacist Meeting 11th July. Actions to be devised

Figure 2.7a – Benzodiazepines

Qualifying question- Is the patient prescribed a benzodiazepine on the regular side of the chart for >2 weeks

Question	Measures		No	Yes
31. Has there been a clinical review of the prescription(s) within the last 7 days?	Count	416	21	59

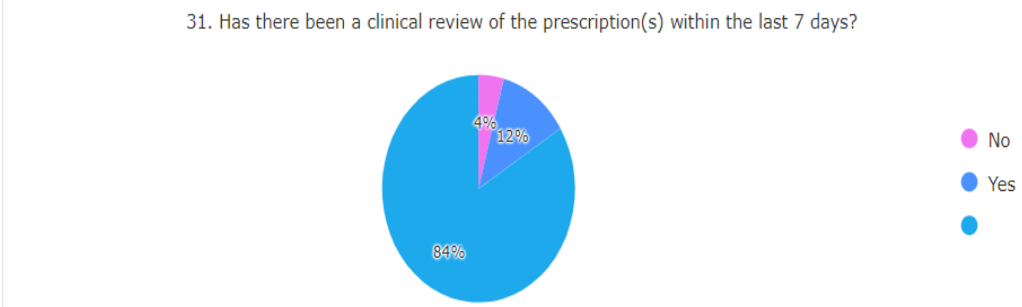
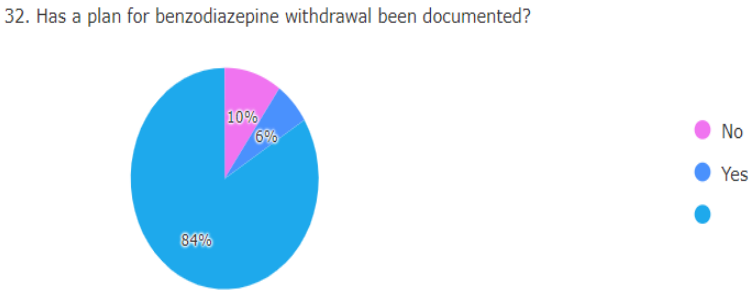


Figure 2.7b – Benzodiazepines

Question	Measures		No	Yes
32. Has a plan for benzodiazepine withdrawal been documented?	Count	416	49	31



Yes: 74% , No: 26% (discount blank responses)

Yes: 39% , No: 61% (discount blank responses)

	C1 23/24	C2 23/24	C3 23/24	C1 24/25
Is the patient prescribed a benzodiazepine on the regular side of the chart for >2 weeks	7.6%	13.5%	21.6%	19.2%
Rationale for prescribing regular BZD	94.0%	84.0%	95.6%	blank
Has there been a clinical review of the prescription within the last 7 days	100.0%	100.0%	80.1%	74%
Has a plan for BZD withdrawal been documented	40.0%	27.0%	44.9%	39%

Findings

Figure 2.7a – 2.7b – Benzodiazepines

Blank response regarding question 2 above to be addressed with QA team as not appearing within INPHASE dashboard results. Generally, previous results have shown that BZDs are being reviewed regularly every 7 days for appropriateness. However, this cycle the result was 74%. Results do show that there isn't consistent documentation around plans for withdrawal. Medicines Committee to discuss further. Note : at present unable to provide directorate breakdown results as functionality is not established within INPHASE. This issue will be discussed with the QA team.

Pharmacy teams have been asked to continue to support clinicians with plans for documenting BZD withdrawal on RIO and on discharge summaries so that medicines do not continue for long period of time in primary care without review/reduction.

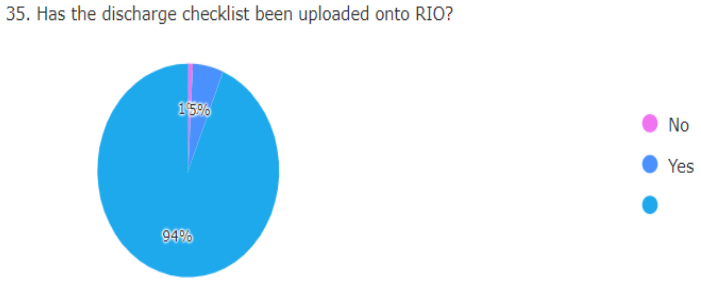
Figure 2.8a – Nurse Discharge Medication Checklist

Question	Measures		No	Yes
34. Has the discharge checklist been completed?	Count	392	73	31

Yes: 50% , No: 50% (discount blank responses)

Figure 2.8b –Nurse Discharge Medication Checklist

Question	Measures		No	Yes
35. Has the discharge checklist been uploaded onto RIO?	Count	465	4	27



Yes: 61% , No: 39% (discount blank responses

Findings

Figure 2.8a – 2.8b – Nurse Discharge Medication Checklist (as per Medicines Policy)

The Nurse Discharge Medication Checklist can be found as an appendix in the trust's Medicines Policy. It's a tool used to support the safe discharge of patients from a ward setting and mandated by the Medicines Policy. The checklist was introduced in Nov 2021, however uptake of use is around 45-53%.

This has been discussed at the Medicines Safety Group; consensus that there should be a single trust-wide discharge checklist covering all nurse discharge checks not just medicines, so there are not multiple checklists. A working group meeting has been scheduled with nurse representatives to review how to improve/amend the checklist and improve uptake.