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Welcome to the January 2016 edition of In Practice. I’d like to take the opportunity to reflect on a fantastic year for UKCPA and the great work that the association is involved in for the good of patients and our members.

In addition to our regular Masterclasses we’ve had a couple of excellent conferences – our joint meeting with GHP in May and our own event in November. For those who attended the Autumn Symposium, I hope you enjoyed it as much as I did. Our keynote speakers were excellent. Keith Ridge stressed the role of the pharmacy workforce in the NHS five year plan, Richard Seal from the TDA (almost) helped us overcome our fear of CQC inspections and the brilliant Kevin Dooley helped us put it all in perspective by highlighting that the right approach from health care professionals made a difference in his recovery from addiction (see our Conference Report on page 5). I came away inspired to change and improve things in my workplace and I know others did too.

We also continued our journey to formal affiliation with the Royal Pharmaceutical Society and other specialist groups in 2015. We’re already reaping the benefits of this relationship: improved communication between groups, co-operation in delivering faculty assessments, sharing of resources; and we expect those benefits to continue and multiply as the relationships deepen.

The UKCPA maintains its belief that all pharmacists and technicians should have access to excellent training and education at all stages of their development and that there should be career and training pathways within specialities and in advanced generalist practice. We remain committed to working—both alone and with others—to develop the structures, resources and workforce transformation that will allow this to happen. This is likely to involve increased partnership working in 2016, both with our affiliates and with other organisations that share our vision.

I’m really excited about the work we’re planning and I think you’ll want to see what happens next.

Ann Page, Chair of UKCPA, reflects on our achievements during 2015 and the future of UKCPA.
announcements

Double Lifetime Achievement Award 2015

Such was the quality of nominations not one but two prestigious UKCPA Lifetime Achievement Awards were presented at the Autumn Symposium in November 2015.

A true pioneer, Dr David Cousins (pictured right with UKCPA Chair Ann Page) has tirelessly pursued the medication safety agenda from his column in *Pharmacy in Practice* through to the NHS England and MHRA requirement for every organisation to have a medication safety officer. For many pharmacists starting out in their careers today, incident reporting and medication safety are accepted as part of routine practice, and they will not be aware of how this agenda evolved and how difficult at times it has been to promote such a sensitive and contentious issue.

Although Mr Cousins may be best known for his role at the National Patient Safety Agency he had a major impact on clinical pharmacy with his development of a progressive service where pharmacists were members of the cardiac arrest team and were involved in an out of hours centralised intravenous additive service. He was also instrumental in starting one of the first clinical postgraduate diploma programmes for pharmacists.

On receiving his award, Dr Cousins said, “It is a great honour to be recognised by UKCPA members. My career in pharmacy has been continually influenced and supported by my UKCPA membership.

I have gained many friends and acquaintances and enjoyed happy times at meetings. It is a truly wonderful association and I hope it will continue to support and represent clinical pharmacy practice and practitioners in the future.”

Mr Laurence (Laurie) Goldberg (pictured below with UKCPA Chair Ann Page) co-founded UKCPA over 35 years ago. He was involved in undergraduate and postgraduate education, in particular setting up one of the first pharmacy practice units with a team of teacher-practitioners.

Through his eight year service on the Council of the European Society of Clinical Pharmacy and through arranging cultural exchanges for pharmacists, he has had an international impact. He has also contributed to the growth of the medication safety agenda through his appointment as a non-executive director of the National Patient Safety Agency when it was set up in 2001.

Laurie has spent a lifetime practicing and promoting clinical pharmacy and ensuring that the funding, structure and opportunities were in place for young pharmacists to flourish.

On receiving his award, Mr Goldberg said, “I am deeply moved to receive this award. I established the UKCPA to support and encourage excellence, leadership and partnership in clinical pharmacy. Recent developments such as Consultant Pharmacist posts and prescribing pharmacists are the kind of things that we could only dream about in those early days.”

“My career in pharmacy has been continually influenced and supported by my UKCPA membership.”

Dr David Cousins

“Recent developments such as Consultant Pharmacists posts and prescribing pharmacists are the kind of things that we could only dream about in those early days.”

Mr Laurie Goldberg
The UKCPA Autumn Symposium, held in Leicester in November 2015, featured inspiring speakers, interactive workshops, and celebrations of best practice and innovation.

Our conference report (page 5) picks out the highlights of the symposium, including a keynote talk from the Chief Pharmaceutical Officer for England and an thought-provoking account from a former heroin addict.

Here’s a selection of what people were saying while the conference was in action...
Dr Keith Ridge CBE, Chief Pharmaceutical Officer at NHS England, the Department of Health and Health Education England (HEE), provided delegates with his personal vision on how pharmacy can contribute to the NHS Five Year Forward View.

Clinical focus
Pharmacists based in hospitals and the community should be more clinical, said Dr Ridge. He believes that all pharmacists should be prescribers from their first day of practice, a vision which is causing much debate currently. He described pharmacists in GP practices as becoming the ‘linchpin’ of the pharmacy system between the hospital and community sector. He also confirmed the importance of Consultant pharmacists and would like to see the number of posts increased.

The importance of research
Pharmacists should be at the forefront of medicines related clinical effectiveness research, said Dr Ridge. His vision is for clinical pharmacy to lead in research, data collection and publications, establishing the evidence base of medicines effectiveness.

Preparing for the genetic revolution
The use of genetic information in personalising medicines for individuals is on the brink of taking effect. It has the potential to increase effective treatment, enhance the prediction of disease and reduce adverse effects from medicines, thereby reducing costs and waste. Dr Ridge pointed delegates towards a free educational resource available from Health Education England: www.genomicseducation.hee.nhs.uk.

Efficient and effective services
All improvements and changes need to be implemented safely, efficiently and with increased productivity and value.

The HopMop project, led by Dr Ridge, is “effectively a review of hospital pharmacy” and is looking to see where efficiencies can be made in response to the Lord Carter Interim Report recommendations. Efficiencies also need to look at outcomes such as medicines waste, non-adherence, de-prescribing and reducing medicines errors. The medicines optimisation dashboard contains published data which can highlight variation in services and care.

The ‘Right Care’ initiative, which takes forward the core QIPP programmes, will involve 60 CCGs across England. The aim is to reduce variation in care and medicines optimisation will be at the heart of this programme.

“The expansion of hospital pharmacy into medicines optimisation is not just about reducing unit costs, it’s got to be about improving outcomes.”

“You are the future, have no doubt about that.”
In a highly inspirational talk, Kevin C Dooley was open and honest about his former life of addiction, repeat offending and homelessness, and the role that adverse events during his childhood had played in creating the conditions for him to enter this way of life.

One of 18 children, Mr Dooley’s father died when he was an infant. He was taken into care for several years before being passed around various family members. Having had no experience of a consistent, loving and secure environment, he grew up unable to relate to others.

With his first taste of alcohol he finally felt able to understand and relate to others: “Alcohol and drugs were the solution, not the problem.”

He subsequently spiralled into addiction in order to maintain this level of inclusion with society. He told delegates that his first and only good relationships were with his son and daughter.

His addiction led to violence and crime which culminated in him serving eight years in prison, during which he was told that his 16-year old son had died from a drug overdose.

Mr Dooley’s talk centred around the scientific findings that adverse childhood events such as neglect, abuse and family dysfunction can prevent the proper development of important regions of the brain, resulting in long-term consequences on cognitive, language, and socioemotional development, leading to both physical and mental health problems in later life.

The predisposition for addiction is explained by individuals using drugs, alcohol and criminal activity to relieve the chronic hyperarousal they experience on a day-to-day basis: “Addicts don’t take drugs to get high, they take it for relief from emotional distress.”

His message to us? Don’t punish addiction, take the time to understand the person. Pharmacists can play a role in simply providing a caring and attentive interaction. Warmth and kindness is sometimes the best medicine.
As an experienced inspector and advisor to NHS Trusts, Mr Richard Seal, Chief Pharmacist and Clinical Lead for medicines optimisation at the NHS Trust Development Authority, provided delegates with some much appreciated advice on CQC inspections.

His top tips? Don’t try to hide problems. Be honest and prepare an action plan for any areas in need of development. In addition, it is vital to fully brief staff before the inspection, and de-brief them afterwards.

He also encouraged the audience to consider involvement in inspection visits themselves so that pharmacy services can be inspected by a pharmacist in order to provide the right viewpoint.

Keynote talks are available on the UKCPA website: Join the Symposia presentation materials group on the website and keep an eye out for a notification.

In a thought provoking talk Ms Lelly Oboh, one of the first Consultant Pharmacists in the country and based at Guy’s and St Thomas’ NHS Trust, described her experiences of providing care in the homes of frail older people.

As a population group, frail older people have particular needs and circumstances. They can be experiencing social and personal situations such as grief and isolation. They often have multiple morbidities, mental health issues and functional and cognitive impairments. They also have multiple practitioners and prescribers.

Minor stresses can have a bigger impact compared to fit older people leading them to be less likely to recover to the same functional ability.

Ms Oboh’s key message to delegates was that the patient must be at the centre of all decisions. As well as their medical conditions, their beliefs, views, concerns and lifestyle must be taken into account when providing care and advice. Consider whether the medicine is truly needed.

When asked whether hospital or community pharmacists are better placed to deliver care in the home, Ms Oboh frankly stated that it doesn’t matter. What matters is the skill set. “Some community pharmacists say I’m not clinical, I can’t do this. I say you are clinical, you just don’t know it.”

The Consultant-led service is now being expanded and is taking referrals and collaborating with social care.
All pharmacy staff make contributions to the urgent and emergency care agenda in their daily work, regardless of sector or experience.

It could be treating minor ailments in a community pharmacy, undertaking medicines reconciliation on a medical admissions ward or commissioning admission avoidance services. We are pivotal in reducing the burden on A&E and empowering patients to get the right treatment, in the right place, at the right time.

Innovative care models and expanding practice present opportunities, through medicines optimisation, to further develop these contributions. Advanced practitioners and GP pharmacists are just two roles we are set to see more of in the near future.

The Royal College of Emergency Medicine, backed by Monitor & the CQC, advocate co-location of urgent care services in A&E, but this currently occurs in only around 40 percent of Trusts.

The hotly anticipated results of the Health Education England A&E Pharmacy Pilot Project will provide evidence for the roles that pharmacists could undertake in A&E (or perhaps a co-located urgent care centre). It will also help set the challenge lies in being responsive and adaptable enough to identify and seize them.

The impact that Multi-Speciality Care Providers could potentially have on A&E workload cannot be ignored. Dr James Kingsland (President, National Association of Primary Care) has presented data showing that a 1.5 percent shift in funding from acute care to general practice would allow them to manage 40 percent of A&E attendances.

His concept of the ‘Never-Full Practice’ with marginally extended hours and a full complement of AHPs (including pharmacists) can deliver this. In fact, his model is reliant on AHPs managing 40 to 50 percent of the caseload, thereby releasing GP time.

Our experience in Leeds over the past 15 years offers us a good insight into the challenges and opportunities presented by pharmacists venturing in to A&E. An understanding of local issues, respect for staff autonomy and a willingness to work outside traditional professional boundaries are essential. The benefits of doing so are manifold.

Through donations and proceeds of Sharon Cherry’s beautiful glass art work at the UKCPA Autumn Symposium, we raised £182.94 for the charity Pharmacist Support. Thank you for your generosity.

www.pharmacistsupport.org
www.sharoncherryglass.com
We were delighted to recognise and celebrate the achievements of so many members at the Autumn Symposium in November 2015. Congratulations to everyone!

UKCPA/Biogen Multiple Sclerosis Award
Natalie Weir & Lesley Murray, Southern General Hospital at NHS Greater Glasgow and Clyde
A cross sectional survey of patient-reported side effects experienced with dimethyl fumarate for the treatment of relapsing remitting multiple sclerosis

UKCPA/Astellas Antimicrobial Management Award
Orla Geoghegan and team, Chelsea and Westminster Healthcare NHS Foundation Trust
The impact of a pharmacist led multidisciplinary review of restricted antimicrobial prescriptions at a Teaching Hospital

UKCPA/Astellas Antimicrobial Management Award
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Best Abstract
Punam Solanki & Gillian Cavell
Assessing the impact of an insulin aide-memoire on practitioners’ knowledge of insulin types

Best Poster
Siobhan Conaghan and team
Identifying the minimum and optimum levels of clinical pharmacy services

Best Pre-Registration Poster
Muhammad Ali & Ritti Desai
An audit of calcium level monitoring associated with denosumab treatment for osteoporosis

Best Oral Communication
Andrew Lowey and team
Improving the provision of 7-day pharmacy services in a large teaching hospital (Accepted by Sophie Blow on their behalf)

Delegates Choice Poster Award
David Gibson
Nazish Khan and team

Highly Commended Poster Award
Laura Smith & Lynne Harris
Adnan Higgi and team

Shortlist for Best Poster Award
Punam Solanki & Gillian Cavell
Ryan Hamilton & Anna Murphy
Sophie Ridsdale & Charles Walker
Shalini Gujral and team
John Warburton and team
Gillian Cavell
Nazish Khan
Jennifer Weston
Rick Cooper & John Warburton
The Masterclass delivered by the Care of the Elderly Group in September 2015 focussed on medicines optimisation in frail older people.

Dr David Stokoe provided an overview of frailty as a long term condition rather than aging, demonstrating simple methods to identify it and a case example to outline two models of frailty and linking this to the comprehensive geriatric assessment. The key learning point was that frailty is a distinctive late-life health state in which apparently minor stressor events are associated with adverse health outcomes.

Frailty is a decline in functional and psychological capacity with age. With a stressor, such as an infection, fall or medicine adverse effect, capability can decline rapidly and often results in a loss of activities of daily living which take a considerable time to regain. In some cases function may not return to previous levels and decline further with time (see Figures 1 and 2).

A representative from the Alzheimer’s Society revealed how the limitations of dementia are often in the eye of the perceiver rather than the person with the disease. She brought to life the loss of memory and the changes in reality this brings (Figure 3), describing it as losing the contents of a life’s bookshelves of memories, with the latest first and the first last.

Lelly Oboh’s excellent presentation focussed on the purpose and principles of medicines optimisation and how these are used with people to have a positive impact on their frailty.

She outlined the contribution of polypharmacy and the role deprescribing tools can play in identifying those at risk from inappropriate polypharmacy, resulting in reduced frailty, adverse effects, improved patient concordance and value for money from prescribed medicines.

Nina Barnett showcased her work at the London North West Healthcare NHS Trust where they have been developing an innovative patient-centred service which optimises safe and effective use of medicines.

The service has been shown to reduce preventable medicines-related readmissions and for every £1 spent £3 is saved.

She outlined the four keys elements her team had actioned to reduce preventable medicines related readmission:

- Medicines reconciliation
- Person centred education
- Shared decision making
- Follow up in community pharmacy settings

Using their PREVENT tool, combined with eight key stages, they have delivered an improvement in patient care.

Clare Stein ended the presentations by describing the work in Scotland which has resulted in the NHS Scotland Polypharmacy Guidance first published in 2012 and updated in March 2015.

Handouts are available from the Care of the Elderly network on the UKCPA website.
Community Group news

Gill Hawksworth, Chair of the Community Group, highlights the Acute Kidney Injury campaign.

Acute Kidney Injury (AKI) is easily preventable and pharmacists are well placed to identify risk factors and triggers, preventing a person becoming very ill, very quickly.

To link with World Kidney Day on 10 March 2016 a campaign was launched by CPPE in October 2015 to promote the role of pharmacy in acute kidney injury. Distance learning programmes have been distributed to pharmacists, along with a leaflet which gives a list of six challenges in six weeks, concluding with making a pledge.

A video for community pharmacists is available on the CPPE website, which also appears under the campaign heading on the PSNC website, highlighting simple measures which can be introduced into your practice for patients requesting over-the-counter medication.

Other measures are given for medicines use reviews, where community pharmacists need to ‘think kidneys’ when reviewing medications and make sure patients are given hydration messages.

By getting involved in this campaign and making a pledge to review your practice, you can make a big difference by advising patients about the risks of AKI. You can talk to them and their carers about the potential impact certain drugs such as NSAIDs have on their kidneys, which is not always easy.

Reconsidering your advice for an elderly lady with diarrhoea, for example, by thinking and talking about kidneys and promoting hydration, can potentially avoid a hospital admission, and enhance her quality of life.

Hospital and primary care pharmacists also have a very important role. Knowledge of common risk factors and triggers, giving the right advice in responding to symptoms, promoting hydration and considering medication that may contribute to AKI (both prescribed and OTC during MURs) will go a long way towards contributing to raising awareness.

Simple measures may help to avoid Acute Kidney Injury where possible and improve treatment and care.

What could you do?

Ruth Forrest, Committee member of the Critical Care Group, reports.

Pharmacist independent prescribing in Critical Care

The Critical Care Group recently published the survey of critical care pharmacist uptake and opinions on independent prescribing in the International Journal of Pharmacy Practice (1).

There were over 130 responses from UK critical care pharmacists who indicated that more than one-third were already practicing as prescribers, with more than 70 percent expecting to take on prescribing activities in the next few years. This level of uptake is compliant with the national strategy, in which the ICS/FICM Core Standards for Intensive Care Units (2013) identified prescribing as a direct clinical activity that critical care pharmacists should be providing.

Most prescribers reported prescribing activities enhanced the patient care they delivered and improved professional satisfaction. Key areas for prescribing included dose adjustment for organ dysfunction, change of formulation or route, and correction of medication errors.

Potential barriers such as a lack of a colleague for clinical checks and lack of time were actually less important to prescribers in practice.

Thank you again to those who responded to the questionnaire and we hope that you will consider being part of further research being developed in this area of practice.

In other news, Catherine McKenzie has an editorial in Critical Care Medicine entitled ‘Corticosteroids in Delirium: Yet Another Critical Care Conundrum?’ (2). Well worth a read.

Critical Care Group news

References

2. http://journals.lww.com/ccmjournal/Citation/2015/12000/Corticosteroids_in_Delirium___Yet_Another_Critical.35.aspx

Innovative education

We are in the process of re-arranging the Renal Replacement Masterclass which was postponed from June 2015. This will be a ground-breaking event for UKCPA: the Masterclass will be held at the Royal Pharmaceutical Society headquarters in London and streamed live to their offices in Edinburgh. This will enable

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practitioners to choose which venue is more suitable for them, allowing easier access to the event. We will have a range of eminent speakers covering all pharmacy-related aspects of renal replacement therapy in ICU, and there will be expert facilitators at both venues as well as opportunities to network with colleagues.

This will hopefully be the first of many such events that will allow delegates to participate in education at a variety of venues suitable for their location without the need to travel to central London.

**RPS Faculty assessments**

The Critical Care Group held Royal Pharmaceutical Society Faculty assessments for two critical care pharmacists in September 2015. We strongly believe in the added value of seeing practitioners applying their skills and knowledge in practice and dealing with real patients and situations.

The assessments were held at UCL Hospital’s critical care unit. There were two aspects: the first part of the assessment involved a case based discussion where the faculty applicants had 30 minutes to review a case in advance and then discuss the case in detail with an assessor; the second part of the assessment took place on the ward with a real patient where the pharmacist reviewed the patient, their notes and charts and formulated a plan, talking through their thought processes.

Both of these assessments, in addition to the portfolio and 360 degree feedback, provided a well-rounded indication of the level of practice of the applicants.

The feedback provided will give an overview of their overall level of practice, their strengths and areas to focus on in the future. We would encourage more critical care pharmacists to put themselves forward for this process in order to achieve recognition for their level of practice and to help develop all aspects of their knowledge and skills.

"We would encourage more pharmacists to achieve recognition for their level of practice."

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**Scottish Intensive Care Society Award**

Congratulations to Pamela MacTavish, Rakesh Kishore, Morna Ball and Julie Clarke—the critical care pharmacy team at Glasgow Royal Infirmary.

The department won the Scottish Intensive Care Society Audit Group Quality Improvement (QI) Award 2015 for their QI programme.

One of the four areas included was medicines reconciliation. A multidisciplinary team was established and barriers to effective medicines reconciliation were identified. The pharmacy team led the development of an electronic tool to be completed by the receiving physician and verified by the pharmacist. Compliance with the medicines reconciliation process was audited and the results presented at weekly QI meetings.

By working collaboratively, the team improved medicines reconciliation from 25 percent to the Scottish Patient Safety Programme target of 95 percent in 165 days.

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**Diabetes & Endocrinology Group news**

**Sarah Holliday**, Committee member of the Diabetes & Endocrinology Group, provides an update in this area.

**Leadership Award**

The committee would like to congratulate Phil Newland-Jones on receiving the Leadership in Pharmacy award at the recent Royal Pharmaceutical Society Annual Conference. Phil was presented with the award in recognition of his outstanding leadership across several clinical, education and research fields within diabetes treatment.

**Specialist involvement in clinic**

Committee member Hannah Beba and her team have secured a six-month pilot scheme for specialist secondary care pharmacist involvement in a primary care diabetes clinic. As we strive for quality services closer to home for diabetes patients, this clinic aims to provide a useful insight into MDT working across sectors.

**NICE guidance**

The following guidance was published by NICE in August 2015:

- Type 1 diabetes in adults: diagnosis and management
- Diabetes (type 1 and type 2) in children and young people: diagnosis and management
- Diabetic foot problems: prevention and management

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Diabetes & Endocrinology Group news continued...

These documents are essential reading for anyone who is involved in the clinical management of patients with diabetes.

**Insulin education resource**

A free online insulin safety module is now available at [www.cpd.diabetesonthenet.com](http://www.cpd.diabetesonthenet.com). It has been developed by the Primary Care Diabetes Society and TREND-UK. The module is called *The Six Steps to Insulin Safety* and is aimed at all healthcare professionals who prescribe, manage or administer insulin, with the overall aim of reducing insulin errors in clinical practice.

**Diabetes UK tools**

The Diabetes UK website has a new online resource library for all healthcare professionals to view the latest tools for improving diabetes care. This can be accessed at [www.diabetes.org.uk/Professionals/Resources/shared-practice](http://www.diabetes.org.uk/Professionals/Resources/shared-practice).

The library covers a range of topics including pharmacy and medicines with published articles and reports detailing improvement in care for patients with diabetes.

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**Latest treatment news**

- **Empagliflozin**
  A recent trial published in the NEJM has shown favourable cardiovascular outcomes for patients treated with empagliflozin. The EMPA-REG OUTCOME trial examined the effects of empagliflozin compared with placebo on cardiovascular morbidity and mortality. Inclusion criteria were patients with type 2 diabetes at high risk of cardiovascular events and receiving standard care.

  Results showed that empagliflozin prevented one in three cardiovascular deaths, with a significant 38 percent relative risk reduction in cardiovascular mortality, as well as a significant 32 percent relative reduction in all-cause mortality.

  This evidence is now being considered by the NICE guideline development group and has further delayed publication of the guidance on the management of Type 2 diabetes.

- **Abasaglar**
  Abasaglar is the first biosimilar insulin and has been launched by Lilly. Biosimilar glargine 100units/ml is available as 3ml cartridges for use with HumaPen Savvio and 3ml disposable KwikPen. Both presentations of Abasaglar are cheaper than current Lantus formulations.

  Abasaglar should be treated as a separate drug to Lantus as they are not interchangeable. Care must be taken to ensure prescribing by brand is in place for any clinical settings that are considering introducing Abasaglar to the formulary.

- **Toujeo**
  Note also the recent launch of Toujeo (Glargine 300units/ml) by Sanofi. Again this presentation is not interchangeable with Lantus or Abasaglar as it is a concentrated glargine formulation and dose changes are required on initiation.

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**Gastroenterology & Hepatology Group news**

**Anja St. Clair Jones**, Chair of the Gastroenterology & Hepatology Group, provides an overview of activities.

We had a very busy year with the new and expensive Hepatitis C and IBD drugs requiring focus on the delivery of services and cost containment in the workplace, implementing NICE guidance and NHSE led service delivery.

We contributed to five hepatology NICE TAs and four IBD NICE TAs and have had several members representing the UKCPA as specialists at NICE and with national gastroenterology organisations.

We are a small speciality which splits itself into two main specialties of IBD/Gastroenterology and Hepatology with practitioners in either specialty or practising both. We will continue to support both these specialties as one interest group.

**Successful Masterclass**

We had yet again a very successful masterclass and members continue to be asked to speak at national conferences. If you have any ideas on how we can further promote gastroenterology pharmacy in the UK for the benefit of practitioners and patients, please let us know by contacting Anja on anja.st.clair-jones@bsuh.nhs.uk.

**Publications**

Our committee members have been publishing articles in the Pharmaceutical Journal and other publications and have presented posters nationally and internationally.

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In 2016 we hope to develop links with ECCO, BASL and EASL and continue to develop links with the BSG.

So we had a very busy year with many challenges which we were able to support and we always welcome new members into the group. We plan to hold a specialist Hepatitis C Masterclass early in 2016 and of course our annual gastroenterology Masterclass in June for advanced practitioners. We hope to see you soon.

Keep checking the UKCPA website for dates of education and training events in 2016

www.ukcpa.org/events

Pharmacists from primary and secondary care talk about their roles in the area of anticoagulation and how rewarding this work can be. Written by Lynne Garforth, Committee member of the HAT Group.

Sarah Bond, Anticoagulant Specialist Pharmacist and Joint Anticoagulant Lead, Great Western Hospitals NHS Foundation Trust
I have been working in Anticoagulation since 1994 when I split my time between pharmacy and the (then) new Anticoagulant Clinic. Since then I have set up outpatient DVT and PE services, introduced an inpatient dosing service and provided outpatient anticoagulation services to an ever increasing number of patients. We have gradually expanded our team over the years to include Band 6 nurses and an administrator. I share the management of the team with a Specialist Nurse.

Day to day duties can vary enormously from helping a patient decide which anticoagulant is best suited to their needs (what a change the NOACs have made – giving patients a real choice for the first time in almost 60 years!), discussing complex or difficult patients with colleagues, planning the strategic future of the department, completing audits, or writing or editing articles for Thrombus magazine.

Lynne Garforth, Anticoagulation Pharmacist Prescriber in a GP practice
I worked for an NHS primary care anticoagulation clinic before leaving the NHS to work directly for a number of GP practices operating practice-based anticoagulation services.

The clinics use near patient testing for both clinic and domiciliary patients with point of test dosing. Pharmacists can initiate in AF, provide on-going monitoring for all patients and indications (not just non-complex) and also manage under and over anticoagulation with low molecular weight heparin and oral vitamin k respectively. We can also initiate NOACs for those needing to start anticoagulation or changing from warfarin.

Pharmacists have full access to patient records and consultation notes are sent to the GP which in turn supports the GP practice when issuing prescriptions. GPs and patients are hugely appreciative of having a service run by experienced pharmacists and likewise, pharmacists benefit from working alongside GPs.

Rebecca Chanda, Senior Anticoagulation Pharmacist at Guys and St Thomas’ NHS Foundation Trust
My role encompasses patient safety and risk management. It is a diverse role ranging from counselling patients on their newly started anticoagulant therapy to reviewing medication incidents associated with unfractionated heparins with practice development nurses so that learning can be shared.

A large proportion of my job relies on communicating effectively with colleagues, both in pharmacy, within Haematology, and linking with other directorates.

I love solving problems and finding solutions with fellow healthcare professionals, and when our learning results in the successful review of a guideline, it is very rewarding. Overall, all of these aspects maintain my enthusiasm for what the job has to offer.
Neurosciences Group news

Joela Mathews, Committee member of the Neurosciences Group, reports on the developments in this area presented at the American Association of Neurologists conference.

In 2015, three members of the Neurosciences Group committee were lucky enough to attend the American Association of Neurologists (AAN) conference in Washington DC, USA.

This eight day conference reviews and offers topics in a variety of neurology conditions such as multiple sclerosis, epilepsy and movement disorders (such as Parkinson’s Disease). Here are some learning highlights:

**Parkinson’s Disease**
Wearing off and dyskinesia can occur despite dopamine treatment and clinical strategies to manage this include: levodopa dose fractionating, long acting agents, enzyme inhibitors, amantadine, apomorphine, extended release levodopa, duodopa and deep brain stimulation. Motor complications occur with fluctuating dopamine levels and in practice the lowest dose of dopamine should be used that achieves relief of disability. Physical therapy and exercise are important. Tremor and freezing gait are likely to be refractory and the dose of dopamine should not be increased.

**Epilepsy**
New models allowing for investigation into epilepsy are being discovered and one in the zebra fish is furthering research into the role of inflammation in seizures and has become an alternative model for screening of anti-inflammatory drugs which may be potentially therapeutic for seizure suppression.

**Multiple Sclerosis**
Levetiracetam dosing regimens in dialysis patients should be considered to be twice daily as this achieves a post-dose level that is close to predialysis levels compared to daily dosing (thus indicating a reduced fluctuation in the plasma levels).

A poster into the economic costs of an MS relapse concluded that patients are less productive in the year following a relapse and escalating therapy may reduce such costs. An Alemtuzumab trial (CARE-MSI) showed that 73 percent of patients receive two cycles of treatment, 21 percent receive three cycles and five percent receive four cycles. Over four years of treatment 73 percent had a stable or improved disability score, and 83 percent of patients did not experience sustained accumulation of disability at six months. Interestingly, 30 percent of patients achieved six months sustained reduction in pre-existing disability.

High dose vitamin D supplementation reduces IL-17 in patients when the dose is above 10400 units of colecalciferol a day. This requires further investigation before changes are made to clinical practice but will be one to watch in the future.

AAN is a great conference to consolidate learning from across the neuroscience spectrum and it was interesting to note that most well attended sessions were about Multiple Sclerosis. This may be due to this area seeing a lot of recent developments.

Pain Management Group news

Emma Davies, Chair of the Pain Management Group, reviews highlights in this area.

**Opioid prescribing resource**
A new and important opioid prescribing resource was launched in November 2015. Professor Roger Knaggs, one of the lead authors, tells us more.

“There has been a sharp and sustained rise in prescriptions for strong opioid medicines in recent years. This trend is largely attributable to use for the treatment of persistent pain, despite a lack of evidence that opioids are helpful and an increasing awareness of substantial harms including misuse, addiction and diversion.

There is a need to promote a culture of appropriate clinical decision-making and safe prescribing in relation to opioids. Guidance in the UK and elsewhere has had little, if any, impact on prescribing trends and may have the unwanted effect of falsely reassuring prescribers and eroding sound patient-centred clinical decision-making.

Rather than updating existing guidance the Faculty of Pain Medicine and other stakeholder groups have developed an opioid prescribing resource, based on the evidence, regarding the harms and benefits of opioids. Prescribers can use this to make a good clinical decision for a patient, influenced by the individual’s clinical presentation, comorbidities and circumstances. This key resource can be drawn on to produce a suite of documents and educational materials in different formats for a variety of audiences, including patients.

Key stakeholders were identified and representatives from the Faculty of Pain Medicine, Royal College of Anaesthetists, Royal College of General Practitioners, Faculty of Addictions, Royal College of Psychiatrists, Royal Pharmaceutical Society, Royal College...”

(Continued on page 16)
group activities

Pain Management Group news continued...


The resource is not guidance but intends to place opioids in the wider context of pain management. In addition to Information for patients, there are sections on best professional practice, patient assessment, and the clinical use of opioids. These sections are further subdivided and also provide links to relevant documents and additional reading.

This is a key resource for anyone working in pain management, managing patients using opioids or advising prescribers.”

Opioids Aware Resource:
Accessed via: https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware

- Opioids are effective for treating short-term pain and pain at the end of life but there is little evidence that they are effective for long-term pain
- A small proportion of patients may find opioids useful in the longer term if doses can be kept low and if use is intermittent
- At doses of opioid above morphine equivalent 120mg a day harms increase substantially but there is no increased benefit
- If pain persists when the patient is on opioids it means the medicine is not working and should be stopped, even if no other treatment is available
- The experience of long term pain is very complex: a detailed assessment of the many emotional influences on the pain experience is needed for effective treatment planning

NHS Education for Scotland (Pharmacy Directorate) proposed this as an excellent model to help support qualified pharmacist prescribers to become established prescribers and to train future pharmacist prescribers.

To date, approximately 950 pharmacists across Scotland have been trained as either Independent Prescribers (IP) or Supplementary Prescribers (SP). However, only about half of those trained are using their skills in practice to improve patient care.

BBC highlights opioid use

The BBC Panorama programme on 2 November 2015 focussed on the use of opioids in chronic, non-cancer pain management and the problems which some patients encounter when therapeutic use gets out of control.

UKCPA’s Roger Knaggs made a brief but important appearance, talking about the results of research carried out at Nottingham University, which has shown the rapid increase in opioid use in the UK over the last 15 years.

In Tayside, a project is being designed to utilise the teach and treat system to help upskill less experienced pharmacist professionals working in primary care in the area of specialised pain management.

The aims of this project are to:

♦ Develop community based pharmacist led pain clinics as a model for a teach and treat pharmacist service for patients with chronic pain, many of whom will have polypharmacy issues, within NHS Tayside.

♦ Develop and validate a competency framework, setting out clear education and training settings expected. This was completed in September 2015.

♦ Support inter-professional training and integrated service delivery for improved patient care in a priority clinical group within NHS Scotland.

Phase 1 of the project ran from September to December 2015 with Phase 2 being planned for January to March 2016. Updates to follow in the next issue of In Practice.
The UKCPA Pharmacy Infection Network hosted a 90-minute session on antimicrobial therapy in an age of resistance at the FIS Conference in November 2015. It was chaired by Jacqueline Sneddon and attended by a multi-professional audience of around 150 delegates.

Kieran Hand presented on ‘Stratified medicine in clinical practice: decision support for antibiotic treatment guidelines’, discussing guidelines for the management of infection and his work with Microguide to enhance their antimicrobial App.

Phil Howard presented on ‘The antimicrobial pipeline – running dry or just blocked?’ where he discussed global strategies to develop new antibiotics and details of some new products due to launch in the next couple of years. Mark Gilchrist contributed to a session on outpatient antimicrobial therapy where he discussed key milestones in the BSAC OPAT initiative, and Paul Wade contributed to a session on Clostridium difficile infection describing a study using fidaxomicin.

Associate Professor Debra Goff from Ohio, USA shared her experience of promoting antimicrobial stewardship in a large teaching hospital. Her key take home message was “use Twitter to engage surgeons in your work” – an interesting concept that we might wish to consider within our own areas of practice.

A record number of pharmacists attended the conference with a total of 31 posters accepted and presented by UKCPA members. There were excellent opportunities for networking and it was great to see so many pharmacists from across the country make the trip to Glasgow. We hope we can repeat it at FIS 2016 which will be held in Edinburgh.

Astellas Antimicrobial Management Award 2015

The winner of this year’s award is Orla Geohegan for her work on ‘The impact of a pharmacist led multidisciplinary review of restricted antimicrobial prescriptions at a Teaching Hospital’.

The judges felt that this work “shows the value of an antimicrobial pharmacist with great clarity. The results were impressive and the work highlights the merit of electronic surveillance for improving prescribing data.”

We look forward to hearing more about this excellent initiative when Orla presents her work at our Masterclass in 2016.

Masterclass in 2016

The Pharmacy Infection Network will be holding a Masterclass on tackling antimicrobial resistance in Birmingham on 4 March 2016.

The sessions will cover what is new in Gram negative and Gram positive infections and antimicrobial resistance.

The last one was excellent so book early to avoid disappointment.

European Antibiotic Awareness Day: Thank you!

Over 25,000 people pledged to be Antibiotic Guardians following the Public Health England campaign in 2015. There was significant participation by pharmacists all over the UK. The goal is to reach 100,000 by 31 March 2016 so please keep sharing.

In May 2016 Public Health England will host the first Antibiotic Guardian Awards, championing organisations and individuals who have demonstrated achievement in the support of Antibiotic Guardian and its aims.

Members can enter or nominate someone or a team at: https://antibioticguardian.com/antibiotic-guardian-annual-awards/

Diane Ashiru-Oredope, Public Health England pharmacist lead for AMR programme

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The UKCPA Respiratory Group Masterclass this year focussed on changing models of care and hosted a range of high-quality multidisciplinary speakers.

The full and varied programme, aimed at both primary and secondary care pharmacists, was well attended and stimulated wide-ranging discussion.

With increasing numbers of people with chronic respiratory conditions and the high cost of inhaled medication to the NHS, the group wanted to bring together leaders in the field who are developing new ways of managing these conditions and to look at the potential impact of new treatments coming onto the market.

Delegates explored new systems of integrated care between primary and secondary care. Dr Noel Baxter, a GP in Southwark, and Grainne d’Ancona presented innovative work being developed in the Southwark and Lambeth areas involving a multidisciplinary team to improve the patient pathway.

Noel explored the Value Equation and the cost of delivering outcomes, explaining how this influences his approach to the treatment of breathlessness. He emphasized the importance of hospitals and GPs talking more to each other to enable more effective patient care.

Grainne described the integrated pathway that has been developed in the area and her role in advising and influencing prescribing in the primary care sector.

Ravi Sharma, a prescribing pharmacist working in GP practices in London, described the work he and his team are doing to improve patient health outcomes.

Delegates also looked at a series of case studies and the pharmacist management of a range of complex conditions, including multi-drug resistant tuberculosis, cystic fibrosis, idiopathic pulmonary fibrosis and difficult asthma.

We ended the day by facilitating an open discussion to explore novel therapies in COPD. The rapid expansion of different inhaled drugs and devices stimulated useful discussion and interest, both in looking at what is newly available and in what different areas around the country are using.

Nicola Berns, Committee member of the Respiratory Group, reports on the recent Masterclass.

The UKCPA Respiratory Group expert speakers

Essential education and training in 2016

We are starting to fill our programme of events for 2016.

Keep an eye on the website and for email announcements for further details.

www.ukcpa.org/events

We will be running Masterclasses in:

♦ Hepatitis C
♦ Antimicrobial stewardship
♦ Beginners and advanced critical care
♦ Advanced cardiology

♦ Renal replacement in ICU
♦ Women’s health
♦ Anticoagulation
♦ Advanced gastroenterology
♦ Care of the elderly
♦ Peri-operative medicine
group activities

Surgery & Theatres Group news

Dale Weerasooriya, committee member of the Surgery & Theatres Group, provides an update of activity.

UKCPA Autumn Symposium
The Surgery and Theatres Group delivered a workshop on medications in the peri-operative period. Sophie Blow provided an overview of factors to consider when deciding whether to stop or continue medications, followed by a case study where delegates reviewed a patient’s medications and past medical history and discussed the differences in the approach to peri-operative medication review for emergency and elective procedures.

At the forefront of the discussion was the importance of involving the patient in decisions about their medications and considering the impact of changes on quality of life.

Peri-operative medicines project
The Surgery and Theatres group continue to lead the ambitious project of producing national guidelines for the management of medications in the peri-operative period. The project has the support of the Preoperative Association and we have been working with wider specialist groups and colleagues to influence practice for all peri-operative practitioners.

The first wave of monographs have now been sent out to reviewers. However, we are still looking for volunteers interested in writing or reviewing individual drug monographs. If you are interested in getting involved, please contact Sophie Blow or Richard Adams on:

sophie.blow@nhs.net
richard.adams@rothgen.nhs.uk

We are planning an official launch day for the guidelines in London in September 2016. Details to follow soon!

Women’s Health Group news

Women’s Health is a new specialist group in UKCPA. Nicola Mayne provides their first article for In Practice.

The Women’s Health group was recognised as a UKCPA specialist group in late 2013. In practice, pharmacists in women’s health often deliver a service to other specialities such as paediatrics, neonates and general surgery. This generated much debate over where to align ourselves - with NPPG, UKCPA, both or neither.

In view of more recent advances within the pharmacy profession, particularly with regards to professional development, and the narrow paediatric remit of NPPG, it was agreed that committing to the UKCPA provided the best opportunity to recognise the specialty and of contacting members with only a limited role in Women’s Health as well as those for whom it is their ‘day job’. We now have 230 members, so thank you for all the support we have received.

In June 2015 we held our inaugural Masterclass, attracting over 30 attendees and focusing on key areas within obstetrics and gynaecology, hyperemesis, ovarian hyperstimulation syndrome (OHSS), ectopic pregnancy, miscarriage, prescribing in pregnancy and breastfeeding. We were also fortunate to have an expert speaker present the latest MBRRACE report on perinatal mortality.

The event provided an excellent opportunity to network with colleagues across the UK and examine the future direction of the group. Since then key roles have been allocated to group members, recognising those with clinical, educational or strategic interests. As a group we have been approached to write articles and provide feedback on draft guidelines published by NICE.

In the future we intend to strengthen these links and are continually looking to build on our membership, in particular attracting members from all areas of the UK and encouraging use of the UKCPA online network. We encourage our members to continue to use this valuable tool as the main portal for discussion and problem-solving.

Within the field updated guidelines in 2015 have included RCOG guidance on VTE treatment and prophylaxis, with changes affecting VTE assessments and duration of postpartum prophylaxis. NICE has published guidance on menopause diagnosis and management, with a focus on tailoring treatment to symptoms and looking at the relative risks of hormone replacement therapy. The coming months will see NICE publishing updated guidance on intrapartum care and quality standards on diabetes in pregnancy.

All in all, a highly productive year for the group and speciality at large.
Thank you!

UKCPA takes this opportunity to thank all corporate members and sponsors for their support.

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- Wockhardt UK

For links to our corporate members’ websites, please visit the UKCPA website:
www.ukcpa.org/corporate-members

New structure and content for UKCPA Symposium in 2016

From 2016 the UKCPA will hold one annual symposium instead of the usual two. For many years the UKCPA have held a joint event with the Guild of Healthcare Pharmacists (GHP) in Spring and a UKCPA event in Autumn. From 2016 we will be consolidating our conference offering into one annual event to be held jointly with the GHP in Autumn each year.

**Mix and match clinical sessions**

We are delighted to offer practitioners a new structure and content for our two-day event in 2016. We will be holding several concurrent clinically-oriented UKCPA Masterclasses where delegates will be able to attend a Masterclass in one therapeutic area, or move between sessions in order to customise their learning.

**Core essentials**

Immediately following this, we will be holding our joint event with the GHP which will feature sessions mapped to the Royal Pharmaceutical Society Foundation Pharmacy Framework and Advanced Pharmacy Framework.

Sessions will cover topics such as leadership, communication, team working, education and mentorship skills, project management, and research skills. We also plan to run sessions offering advice on preparing Faculty portfolios and undergoing Faculty assessments. We will continue to offer poster presentations, our medical exhibition and plenty of valuable networking opportunities.

The conference will be non-residential although delegates will be able to book their own accommodation at the host hotel or at other nearby hotels, to suit their own budget.

Ann Page, Chair of UKCPA, says, “We’ve listened to feedback from members and attendees and have designed an event that will enable them to meet their education and networking needs and to advance their practice. We can now focus our efforts on a single annual conference and deliver a truly innovative meeting.”

Our Masterclass programme will continue throughout the year as usual and we will announce registrations for the annual conference this summer.

www.ukcpa.org/events