In this issue:

- A lifetime of achievement (page 3)
- UKCPA and Affiliated Partners launch plans for National Training Programmes (page 4)
- UKCPA research influential in setting staffing standards (page 9)
- Reflections on working in a GP practice (page 17)
- Event calendar 2017 (page 19)

“"The UKCPA promotes expert practice in medicines management for the benefit of patients, the public and members by establishing standards, workforce development and advancing innovation in all health care settings.
The UKCPA encourages Excellence, Leadership and Partnership"
Welcome to the January edition of In Practice, and I hope you all had a happy and healthy Christmas and new year.

Like many people, I find myself reflecting on the year that has just finished and in my case I’ve been thinking about the fantastic work that UKCPA has undertaken. Last year saw a number of new joint initiatives for UKCPA: education events run in partnership with Pharmacy Management and the Primary Care Pharmacy Association, among others.

I enjoyed meeting so many of you at our Conference in Manchester. This was the first time we ran a clinical training day immediately before a conference, which offered attendees the opportunity to pick and choose from a selection of clinical education topics in a range of specialties to meet their individual learning needs. The training day and the conference were fantastic events with excellent speakers, a varied workshop programme and great networking opportunities. I’d like to take this opportunity to thank our colleagues at the Guild of Healthcare Pharmacists for their help in delivering the conference.

Last year also saw us complete the process of formal affiliation with the Royal Pharmaceutical Society and other specialist groups. This enabled us to make a very exciting announcement at the UKCPA Conference: the launch of RPS Affiliate Partners National Training Programmes. These programmes will develop in the coming years and will start to systematise the current ad hoc approach to pharmacist post-foundation development, allowing more deliberate career planning and credentialing of knowledge and experience.

The launch marked the culmination of around twenty years of work on behalf of pioneers in our profession in the development of competency frameworks, curricula and credentialing, and the start of a new chapter in our collective professional experience.

And on that positive and forward looking note, I’d like to wish you a happy and a healthy 2017 and I look forward to continuing our exciting work during the year to come!

Ann Page, Chair of UKCPA, reflects on our achievements and welcomes the new year.
UKCPA recognises a lifetime of achievement

On 4 November 2016 the UKCPA was delighted to award their prestigious Lifetime Achievement Award to two members: Professor Mike Scott and Mr Duncan McRobbie.

For over thirty years Professor Mike Scott (see right, with UKCPA Chair, Ann Page) has worked both as a hospital pharmacist and researcher, publishing extensively as well as supervising MSc and PhD students.

He has been a pioneer in providing a robust evidence base for developing clinical pharmacy services, not only in his home of Northern Ireland, but nationally and internationally.

He is known for his relentless energy and passion for developing clinical pharmacy and his work has been central in influencing the development of medicines management and clinical pharmacy services across the UK and Europe.

A previous Chair of UKCPA, Duncan McRobbie (see below, with UKCPA Chair, Ann Page) has been described as an innovator, a clinician and a role model.

He has impacted on clinical pharmacy services locally, establishing the residency service at Guy’s & St Thomas’ NHS Foundation Trust, which grew into the STEP programme, and introducing the pre-registration OSCE system in the South East region.

His national influence is demonstrated through his being a founder member of CoDeG, the group which developed the competency frameworks that are now the foundation of the RPS professional recognition structure at both Foundation and Faculty level.

Individually, he is described as an inspirational clinical practitioner, and is greatly respected for his work within the GSTT cardiology team, always putting the patient at the centre of care, and supporting his colleagues to achieve their potential through good humour and the need for work-life balance.

“I was honoured to present the UKCPA Lifetime Achievement Award to two people who have really achieved excellence in the pharmacy profession.

Practitioners and their patients have benefitted both directly and indirectly from the lifetime of work that these individuals have achieved and we are delighted to be able to recognise their accomplishments.”

Ann Page, UKCPA Chair
The Royal Pharmaceutical Society Affiliated Partners, including UKCPA, have unveiled their plans to design and deliver National Training Programmes to all sectors of the pharmacy profession.

Rolling out in 2017, the RPS Affiliated Partners National Training Programmes will provide pharmacists with clinically-oriented structured, accredited, expert training. Pharmacists will be able to pick training in a variety of topics to broaden their knowledge, or focus on a particular area so they are equipped to provide excellent clinical care to patients and the public, regardless of where they are situated.

These programmes are being developed to support all post-foundation pharmacists, addressing pharmacy clinical training needs through to advanced levels of career development.

The training programmes will consist of components that can be chosen to suit an individual’s scope or level of practice.

Face-to-face training days will be supported by self-directed learning and support resources, both before and after the event.

A practice experience element will also be added once the programmes are established, where employers will provide accredited training placements.

What is involved?

Each Component of the National Training Programmes will feature:

- **Self directed learning**
  - Reading and webinars to view in own time

- **Syllabus**
  - Outlines what is covered in the training

- **Discussions with others**
  - Study day and online networks

- **Practice experience**
  - Implementing knowledge at work

- **Mentorship**
  - Mentor for individual support

- **Peer review**
  - Multi-source peer feedback

- **Assessment**
  - Multi-mode assessment
Who are the RPS Affiliated Partners?

The RPS Affiliated Partners collaborate and cooperate with the RPS to achieve shared goals and aims on specific areas agreed under the Principles of Affiliation.

Principles of Affiliation:

1. To provide accredited education, training and development
2. To develop, steward and support professional curricula
3. To support and deliver assessments for RPS Faculty and Foundation
4. To develop and deliver shared events
5. To support, develop and disseminate research and evaluation
6. To actively support the RPS Faculty and Foundation programmes
7. To promote membership, where applicable, across affiliated groups and RPS

“National Training Programmes will replace the current ad hoc informal and opportunistic approach to training and career progression and replace this with a structured, integrated, accredited and quality assured training provision infrastructure to meet the needs of post-foundation pharmacy practitioners.”

Ann Page, UKCPA Chair

“The clinical training programmes will be relevant and appropriate for all sectors. The bulk of the profession are working within the scope of advanced generalism and a broad scope of knowledge is essential in order to deliver community and primary care services. Additionally, practitioners working in the hospital sector must maintain their broad knowledge as well as their specialist knowledge in order to deliver seven-day services.”

Geoff Saunders, former Chair of the British Oncology Pharmacy Association

RPS Affiliated Partners:

- British Oncology Pharmacy Association
- British Pharmaceutical Nutrition Group
- College of Mental Health Pharmacy
- HIV Pharmacy Association
- Neonatal and Paediatric Pharmacy Group
- NHS Pharmaceutical Production Committee
- NHS Pharmaceutical Aseptic Services Group
- NHS QA
- Palliative Care Pharmacist Network
- Primary and Community Care Pharmacy Network
- Primary Care Pharmacy Association
- Technical Specialist Education and Training
- UK Clinical Pharmacy Association
- UK Renal Pharmacy Group
- UK Ophthalmic Pharmacy Group
- UK Medicines Information
- UK Radiopharmacy Group

To see a video animation of how National Training Programmes will work, follow this link: https://goo.gl/mHdMVW

or scan the QR code below:

“National Training Programmes will provide much needed accredited packages of training that can support advancement in all sectors of pharmacists’ practice. As care shifts to the community setting, the NHS and Social Care need credentialed advanced pharmacist practitioners who can be commissioned to effectively manage patients’ medicines to optimise outcomes and value. The PCPA are delighted to be involved.”

Liz Butterfield, Chair of the Primary Care Pharmacy Association

This is perfect for your Faculty portfolio

This gives me assurance that you can provide this care to our patients

This is perfect for your CPD entries

You’re the best pharmacist to manage my medicines

CERTIFICATE OF COMPLETION

NATIONAL TRAINING PROGRAMME

RESPIRATORY 1

PATIENT

EMPLOYER

FACULTY

UKCPA | In Practice, January 2017 | 5
Conference award winners: Congratulations!

**hameln Best Abstract**
Lena Uddin & team
*Usefulness of naloxone trigger tool to confirm opioid related adverse drug events*

**hameln Best Poster**
Rhian Pearce & team
*Achievement of the 2015/16 CQUIN goal for AKI at University Hospital Southampton*

**Delegates’ Choice Poster**
Emma Suggett
*Electronic risk assessment as a means of directing a clinical pharmacy service*

**Best Pre-Registration Poster**
U. Okechukwu & team
*Drug-drug interaction review in patients started on oral hepatitis C therapy*

**UKCPA Patient Safety Award, sponsored by Pfizer**
Raliat Onatade & team
*Improving the pharmaceutical care of patients on psychotropic medication admitted to an acute hospital: the impact of a proactive ‘inreach’ specialist psychiatric pharmacist service*

**Shortlisted for Best Poster**

- **Toby Capstick**: Improving the quality of prescribing and administration records of oxygen
- **Lucy Devaney**: Is blood glucose monitored appropriately in patients with diabetes?
- **Fozia Ahmad**: Audit of the management of delirium in three adult intensive care units
- **Reena Mehta**: Content validity of a tool for rating the significance of pharmacists’ clinical contributions in hospital settings
- **Lena Uddin**: Usefulness of naloxone trigger tool to confirm opioid related adverse drug events

**Gareth Tyrell**: Improving patient safety using eDocumentation creation in aseptic services
**Mike Wilcock**: Medication changes during the inpatient stay—not that easy to follow
**Gillian Cavell**: Reducing the risk of inpatient iatrogenic hypoglycaemia in hyperkalaemia treatment using e-prescribing and a multidisciplinary approach
Care of the Elderly Group news

Derek Taylor, Chair of the Care of the Elderly Group, discusses the roles of pharmacists in the effective transfer of care of older people.

What is key to Improving integrated working and medicines optimisation in older people?

In September 2016 the UKCPA Care of the Elderly Group ran a Masterclass on medicines optimisation across the interface, discussing the transfer of care of older people. Attendees aimed to consider, discuss and personally adopt methods for improving integrated working and medicines optimisation as patients move between care providers.

The impact of failures in the transfer of care across the interface includes poor medicines management, an increase in medication-related admissions and incomplete management plans with the resultant impact on the care offered by GPs, community pharmacists and domiciliary care workers.

The goals of effective transfer of care across the interface include:
- Enhancing patient care
- Improving patient outcomes and reducing hospital re-admission rates
- Ensuring medicines adherence
- Avoiding unnecessary medicines and reducing medicines wastage
- Improving medicines safety.

An effective, integrated medicines optimisation service should have structured links and communication channels between hospital-based pharmacy teams with their colleagues in primary care as well as GPs, community pharmacists, community matrons, district nurses, care agencies and social services.

The role of secondary care based pharmacy staff include the identification of high risk older patients during admission, improving medicines information on discharge, referral to health professionals in primary care and possible post-discharge follow up in community for higher risk patients.

The role of primary care based pharmacy staff include post-discharge clinical medication reviews, medicines reconciliation on discharge, domiciliary visits to identify medicines support issues, avoidance of medicines stockpiling and liaising closely with community based healthcare staff such as GP’s, community matrons and district nurses.

Examples of best practice presented at the Masterclass included the Lewisham Integrated Medicines Optimisation Service (LIMOS), results from the IMPACT, COMET and ROMEPAD services in Leeds, the MOTIVE service in the Isle of Wight and pharmacy involvement in the Community Assessment Support Services at Pennine Acute Hospitals NHS Trust.

Copies of all presentations and workshop materials are available on the Care of the Elderly Group network on the UKCPA website.

NICE guideline [NG56]: Multimorbidity: clinical assessment and management

This guideline includes recommendations on:
- Taking account of multimorbidity in tailoring an approach to care
- Identification of those patients who may benefit from this approach
- Assessment of frailty
- Delivering this approach through the establishment of patient goals, values and priorities (including a review of prescribed medicines) and the agreement of an individualised management plan.

For the purpose of these guidelines, multimorbidity is defined as the presence of two or more long-term health conditions, which can include:
- defined physical and mental health conditions such as diabetes or schizophrenia
- ongoing conditions such as learning disability
- symptom complexes such as frailty or chronic pain
- sensory impairment such as sight or hearing loss
- alcohol and substance misuse.

Elements of this guidance which could be incorporated into current medicines management practice include:
- Guidance for prescribers on medication review for those patients identified as frail
- The use of a screening tool (e.g. STOPP/START) to identify medication-related safety concerns
- Promote the included database of treatment effects as a tool for prescribers when undertaking medication review. This includes information on current NICE treatment guidelines regarding clinical effectiveness and supporting clinical trial information.

www.nice.org.uk/Guidance/ng56/resources
Recently, community pharmacy contractors were informed of the Government imposition of a two-year funding package on them, with a £113 million funding reduction in 2016/17.

The General Pharmaceutical Council (GPhC) inspectorate stated that they will continue to monitor pharmacies’ staffing levels, despite increased financial pressures caused by funding cuts in England. It stressed that contractors, superintendents and employee pharmacists should be “ready to demonstrate” during inspections that their staffing levels are safe and that staff are adequately trained for their roles.

With this in mind it is fortuitous that Clive Jolliffe, until recently a Superintendent pharmacist of a large multiple, was able to support community pharmacists attending the UKCPA Conference in Manchester in November with an in depth interactive session on preparing for a GPhC inspection. Here’s a summary:

- Getting standards right is everybody’s responsibility. Be familiar with all relevant standards and guidance available and ensure all can access these.
- Learn about the inspection process by reading: www.pharmacyregulation.org/
- pharmacystandardsguide
- Don’t wait for the inspector to appear. Aim to be inspection ready every day.
- Start systematically and regularly checking your compliance to standards.
- Use checklists to prompt and record monitoring and actions taken to rectify any non-compliance found. Show these during your inspection.
- Shift checking focus periodically to avoid tick box mentality and check records more frequently which occur often.
- Encourage compliance through ongoing training, especially on Standard Operating Procedures. Maintain signed/dated training records and show these to the inspector.
- You can provide supportive leadership by doing the following:
  - Clearly describing what “good compliance” looks like so all check to the same description.
  - Using compliance auditing to pick up issues, coach, have positive conversations to educate, foster understanding, seek feedback, analyse results, identify trends and share better practice and learnings from non-compliance episodes.
- Encourage CPD records showing improvements after non-compliance and show to inspectors.
- Encourage reporting unmanageable non-compliance to the superintendent or where it is difficult to meet standards. Use these as opportunities for insight into how & where to improve standards and update procedures.

The GPhC inspection is now a show and tell process, so prepare to showcase your pharmacy with evidence before a notified inspection by doing the following:

- Briefing your team on what to expect.
- Checking colleagues understand and can articulate their role, responsibilities and activities with confidence and without fear and are exactly following SOPs.
- Checking all records are up-to-date, accurate and easily found by anybody. For example, private prescriptions, CDs, emergency supplies and Responsible Pharmacist, fridge temperature and date checking records.
- Ensuring you display up-to-date insurance and legally required notices, such as the Responsible Pharmacist Notice.

Have we got your up to date contact details?

Please let us know if you have a new email or postal address so that we can keep you informed of all your member benefits.

Email us at admin@ukcpa.com or call us on 0116 2714894
Ruth Forrest, committee member of the Critical Care Group, provides the latest updates.

**UKCPA research influential in setting staffing standards**

The UKCPA Critical Care Group have published the second paper on the impact of critical care pharmacist interventions in the ICU, exploring how contributions to care are linked to time on ward, practitioner experience, and weekday versus weekend interventions.

The team are very grateful to the UKCPA for supporting this work by awarding their first research grant. The work has been influential on negotiations with ICU leaders in cementing the national ICU pharmacy staffing standards.

This is the first example of a large scale research collaboration in the Critical Care Group which we hope will be continued in the future.

The work has been presented to the Intensive Care Society, the European Society of Intensive Care, the UKCPA Conference and at a UKCPA Critical Care Masterclass.

The team wish to send a massive thank you to all those who have contributed along the way.

**You can find the research here:**


**Guidance for the use of antiviral agents for the treatment and prophylaxis of seasonal influenza**

Several pharmacists from the Critical Care Group have contributed to the influenza antivirals guidance for Public Health England.

Mark Borthwick, Bryan O’Farrell and Rob Shulman, joined by pharmacy colleagues Phil Howard (infection) and Stephen Tomlin (Paediatrics) as well as colleagues from infectious diseases, virology and epidemiology were involved in producing the national guidance just in time for the forthcoming flu season.

Issues of relevance to critical care pharmacists are incorporated into this document, such as dosing in haemofiltration, enteral feeding doses in the critically ill and how to obtain unlicensed iv zanamivir.

This supersedes the previous PHE version and indeed the UKCPA Critical Care Group “Antiviral management of influenza A in critical care” documents.

The new guidance can be accessed at: [https://goo.gl/qe0Nwg](https://goo.gl/qe0Nwg)
group activities

Diabetes & Endocrinology Group news

Sally James, Committee member of the Diabetes & Endocrinology Group, highlights important news and announcements.

Committee news

We’d like to say a big thank you to Sarah Holliday who has moved on to pastures new.

Her commitment to the UKCPA Diabetes and Endocrinology committee helped raise the profile of the impact a pharmacist can have on diabetes safety and we look forward to reading the ASPIRE reports from this.

Rowan Hillson Insulin Safety Award 2016

The Joint British Diabetes Societies for Inpatient Care (JBDS-IP) is inviting professionals to submit entries to this prestigious award to find the best joint pharmacy and diabetes team initiative to improve insulin and prescribing safety in hospital.

Competitive applications are likely to be those that:

- show hard evidence of benefit
- are translatable to other Trusts
- are costed
- are relatively simple and sustainable
- which have been supported or commissioned by an Acute Trust.

The closing date is 31 January 2017 so get your entries in now and good luck!

Tackling variation in diabetes care


This is the result of a year-long inquiry into the causes and solutions to the variation in diabetes care. The recommendations are how we can secure a better diabetes care for everyone.

You can find the report here: https://goo.gl/iRYCK5

Patient safety alert on withdrawing insulin from pen devices

A patient safety alert was issued in November 2016 around the risk of severe harm or death due to withdrawing insulin from pen devices. The alert needs to be implemented by 11 January 2017 by all organisations providing NHS funded care where insulin is prescribed, dispensed or administered.

The background to this alert is that even though there are only a few reports to the NRLS around this it is known practice that insulin is withdrawn from pen devices or cartridges using insulin syringes. The strength of insulin was previously standardised as 100 units/ml but now there are insulins on the market of higher strength 200/300/500 units/ml.

If an insulin syringe is used to withdraw insulin from the higher strength pens there could be a 2 to 5 times increase in dose given as insulin syringes have graduations only suitable for calculating standard doses of 100 units/ml. In addition, withdrawing from a pen device can affect the devices mechanism.

Do you know what nurses do at your place of work? We did a quick survey so this alert is very timely.

All higher strength insulins the companies have made in pens so the increased dose is accounted for as the dose on the pen dial is what is delivered.

Please use the UKCPA Diabetes and Endocrinology network on the UKCPA website for any plans of actions or good practice you may wish to share https://improvement.nhs.uk/uploads/documents/Patient_Safety_Alert_-_Withdrawing_insulin_from_pen_devices.pdf

Happy new year!

UKCPA | In Practice, January 2017 | 10
Gastroenterology & Hepatology Group news

Sarah Cripps, Committee member of the Gastroenterology & Hepatology Group, reports on recent news and forthcoming guidelines in this area.


For those who work with patients with hepatitis C the rate of change and progression in management has come far in the last year. This meeting aimed to review the current treatments options, how to manage resistance, availability of re-treatment of DAA failures and who we should be prioritising if we are to decrease the prevalence and even eliminate HCV.

One of our biggest challenges is identifying those with a positive diagnosis and engaging and retaining them within specialist services so we can successfully treat. We also need effective education and health promotion to prevent re-infection, particularly amongst MSM in which we are seeing a higher rate of re-infection rates compared to PWIDs.

Resistance Associated Substitution or RAS remains a hot topic. RAS is a specific genetic change associated with DAA resistance. Baseline resistance testing is not currently considered necessary for first-line treatment. NSSA RASs are the only ones that have shown a significant impact on SVR rates. The addition of ribavirin and/or increasing treatment duration can overcome the impact.

Despite recent advances that have provided high cure rates and simplified treatment for most HCV patients, those who have failed previous treatment with direct acting antivirals continue to represent an unmet medical need. We are currently still unable to re-treat with DAAs regardless if due to relapse, resistance or re-infection. However, different combinations of current DAAs and ribavirin together with new treatments are proposed but await licencing and funding.

New treatments on the horizon aimed at those who have failed one DAA containing treatment course include Voxilaprevir + sofosbuvir + velpatasvir (Gilead) and Glencaprevir + pibrentasvir (Abbvie).

**Useful references:**


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**Formal launch of the British Hepatology Pharmacists Group (BHPG) as a specialist interest group of the British Viral Hepatology Group (BVHG), November 2017**

The BHPG is a professional organisation for pharmacists specialising in the care of patients with liver disorders, including viral hepatitis. The BHPG aims to promote excellence in the provision of pharmaceutical care to all patients with liver disorders including viral hepatitis.

The purpose of the group is to promote awareness of the pharmacist’s role within the viral hepatitis MDT, provide education, peer support, research and networking opportunities for pharmacists working within the field of viral hepatitis which will lead to improved patient care. Long term, the group aims to support other aspects of hepatology sub specialities.

Membership is open to all pharmacists with an interest in hepatology and viral hepatitis. Those wanting to join will need to be a member of the British Association of the Study of the Liver (BASL).

To obtain further information on membership go to www.basl.org.uk. Full terms of reference and further information about the aims and objectives of this group are available from adele.torkington@pat.nhs.uk

This group may partner with UKCPA at future events.

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**Forthcoming conferences and learning events**

<table>
<thead>
<tr>
<th>Conference</th>
<th>Venue</th>
<th>Dates</th>
<th>Abstract submission deadline</th>
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<tbody>
<tr>
<td>BVHG</td>
<td>London</td>
<td>10 March 2017</td>
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<td>ECCO</td>
<td>Barcelona</td>
<td>15-18 February 2017</td>
<td>1 December 2016</td>
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<td>EASL</td>
<td>Amsterdam</td>
<td>19-24 April 2017</td>
<td>22 November 2016</td>
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<td>UKCPA/BVHGP Masterclass</td>
<td>London</td>
<td>Late April/early May TBC</td>
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<td>DDW</td>
<td>Chicago</td>
<td>6-9 May 2017</td>
<td>1 December 2016</td>
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<td>UKCPA Gastro Masterclass</td>
<td>London</td>
<td>7 July 2017</td>
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<td>BVHG</td>
<td>Cardiff</td>
<td>14 July 2017</td>
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<td>BSG</td>
<td>Manchester</td>
<td>19-22 July 2017</td>
<td>24 February</td>
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<td>AASL</td>
<td>Washington</td>
<td>20-24 October 2017</td>
<td>TBC</td>
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<td>UEGW</td>
<td>Barcelona</td>
<td>28 October - 1 November 2017</td>
<td>27 April 2017</td>
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<td>BVHG</td>
<td>London</td>
<td>3 November 2017</td>
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<td>UKCPA Clinical Pharmacy Training Day</td>
<td>TBC</td>
<td>October/November TBC</td>
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<td>UKCPA/BVHGP/PIN</td>
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<td>Mid December 2017</td>
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UKCPA | In Practice, January 2017 | 11
Did you know that heart failure affects more than 550,000 people in the UK? Heart failure is a debilitating condition and despite current treatments outcomes remain poor. Five year survival rates are worse than those for many cancers and 30 to 40 percent of patients will die within 12 months of diagnosis.

It is a leading cause for hospital admissions and is in the top five long term conditions which are responsible for 75 percent of unplanned hospitalisations.

With the aging population and improved survival from coronary heart disease, numbers are predicted to continue to rise significantly.

Medication is the cornerstone to treatment and pharmacists are key members of the multi-disciplinary team.

With this in mind the UK Heart Failure Pharmacy Forum have formed a new sub-group under the UKCPA Cardiology Group to specifically focus on this important patient group.

We will provide a forum for communication, professional development, research and national representation for all members of the pharmacy team in the UK who are involved in the care of heart failure patients.

As part of this we have set up a message board on the UKCPA website for interested members, and will be providing UKCPA educational events in this interest area.

For further information please contact the co-chairs of the group Alison Warren (Consultant Pharmacist Cardiology, Brighton) or Paul Forsyth (Lead Pharmacist, Clinical Cardiology (Primary Care) / Heart Failure Specialist, Glasgow).

alison.warren6@nhs.net
paul.forsyth@nhs.net

Congratulations to Paul Forsyth who has been invited to join the board of the British Society of Heart Failure as an observer.

This is the first time a pharmacist has been invited to this role and it is in recognition of the work that Paul has done in this field and also the increasingly important role that the pharmacy team has in the care of the heart failure population.
The 2016 UKCPA Patient Safety Award, supported by Pfizer

The UKCPA Patient Safety Award recognises contributions pharmacists have made to promote the safe use of medicines and improve patient outcomes through innovative ways of working.

This year’s award, supported by Pfizer, was presented at the UKCPA Conference in November 2016 to Kemi Oduniyi (left in picture) and Raliat Onatade (right in picture) who described their work to improve the pharmaceutical care of patients on psychotropic medication through a specialist psychiatric pharmacist ‘inreach’ service.

Kemi is a specialist psychiatric pharmacist employed by South London and the Maudsley Mental Health Trust and at the time of the project Raliat Onatade was the Deputy Director of Pharmacy for Clinical Services at King’s College Hospital.

Over a five month period the specialist pharmacist made 313 clinical contributions to 124 patients, of which 32 percent were drug related problems. Thirty nine patients were considered to be at high or extreme risk of drug related problems. These risks may not have been identified without the input of the specialist pharmacist.

Patients with mental health problems and taking psychotropic medicines admitted to acute hospitals may not automatically be seen by a psychiatric liaison service. Their pharmaceutical needs may therefore not be met. To address this, a Local Incentive Scheme was set up to meet that need. King’s College Hospital and the Maudsley Mental Health Trust collaborated to set up an inreach proactive consultation service.

The objectives of the service were to review medications for this specialist group of patients in conjunction with clinical pharmacists, to ensure patients receive their physical health checks whilst in hospital, to improve communications with GPs at discharge, and to share specialist knowledge and learning with pharmacists and doctors.

The Carter report has stated that the pharmacy workforce should be patient facing and focused to drive optimal value and outcomes. It refers to clinical collaboration and shared service models. As well as being a success in promoting safer patient care this clinical practice initiative fits with the Carter ambitions for future models of pharmacy services.

Further collaborations are planned between the two departments to share clinical knowledge and expertise across the two hospitals.

Congratulations to Kemi and Raliat on their success.

Further details of their project is available in the proceedings of the UKCPA Conference on the UKCPA website.
In September 2016, neuropharmacists joined 9000 worldwide practitioners with an interest in Multiple Sclerosis (MS) to hear experts from around the world.

The 32nd ECTRIMS conference covered upcoming novel treatments, new ways to use existing therapies and research into biomarkers and disease monitoring. With treatment options increasing to over 10 therapies and more in the pipeline, the arena of MS treatment is rapidly growing and it is an exciting time to be a MS neuropharmacist.

One of the new treatments on the horizon is Ocrelizumab which should be licensed in 2017. It is one of the first treatments to show benefit in primary progressive MS and will be the only treatment available for this form of the disease. Other treatments in the phase III stage of development include ofatumumab, ALKS 8700, Laquinimod, Ozanimod and Ponseimod.

This demonstrates that two main targets are being utilised in the battle against MS: the Anti-CD20 antibodies and the S1P1 receptor modulator. It is hoped that some of the discoveries being made on the brain chemistry, the unique immune system of the brain and its microglia and crossing the blood brain barrier will result in more treatment targets in the future.

The conference also reported how individual treatments should be used. There is no longer a debate about early treatment retaining brain function and delaying long term disability, but it is still unclear what treatment to use first. Treatment strategies such as induction therapy

Continued on page 15...
versus immuno-modulation were debated and more evidence given to the idea that MS is a complicated syndrome of conditions with autoimmune, inflammatory and neurodegenerative components.

The current treatments have actions in the immune and inflammatory components, but we lack anything that tackles neurodegeneration effectively. The big question for the future is will we ever be able to stop this from happening?

For those who are asking for a treatment algorithm in MS, this is not coming any time soon and the long awaited ECTRIMs treatment guidelines will give principles about treatment rather than a step by step guide to treat MS.

In summary, MS is complicated and there is still more to discover. Further studies need to be conducted on the real life use of the medication and how patients fare in the long term.

The conference was definitely four days well spent, focusing on one condition and how the trials and cutting edge research can be applied in practice.

Pain Management Group news

Emma Davies, Chair of the Pain Group Committee, reports.

Statement from Pfizer on Lyrica patent ruling

The following statement was provided to UKCPA directly from Pfizer following the October ruling in the Court of Appeal:

Following on from the constructive discussions we had in 2015 concerning Lyrica® (pregabalin), I wanted to touch base with you now in light of recent developments in the Lyrica second medical use patent case heard by the Court of Appeal in London. As you may be aware, on 13th October 2016, the Court of Appeal affirmed the High Court’s decision finding that:

- the patent covering Lyrica for pain is not infringed by Actavis and,  
- Pfizer’s patent claims for Lyrica directed generally to pain and neuropathic pain are invalid1, whilst upholding the validity of Pfizer’s patent claims directed to certain types of pain, including acute herpetic pain, postherpetic pain and causalgia pain.1

This has been a complex and unprecedented situation and new territory for all involved. We maintain our strong belief in the validity and importance of the second medical use patent for the use of Lyrica in pain and are seeking permission to appeal the decision to the Supreme Court.

Nonetheless, while we disagree with the findings of the Court, we respect its decision. Therefore, pending any decision by the Supreme Court, we feel it is right for the NHS guidance for Lyrica to be amended to reflect the Court of Appeal decision. We are taking prompt steps to do so and have been engaging with NHS England to that end.

Updates will be provided by Pfizer and the Department of Health but it is understood that some community pharmacies have already started to dispense generic pregabalin against generic prescriptions. Tariff price remain unchanged.


Chronic Pain Policy Coalition

In December 2016, Emma Davies (Chair of the Pain Management Group) spoke to MPs, patient representatives and other interested parties at a meeting held in the Palace of Westminster.

The presentation on Pain prescribing in Primary Care: Are pain clinics the problem? described the increases in analgesic prescribing seen over the last 15 years in the UK.

Referring to concerns emanating from the USA, Emma questioned whether the cause of over-prescribing was due to limited access to specialist services or the type of services on offer. That is, are pain services too medicalised or would they be better based in the community and focused on self-management?

Better use of the pharmacy workforce in terms of monitoring and advising on medications and effective sign-posting to local supportive services was also highlighted.

Emma reminded those present that the proposed changes to community pharmacy in England could have a detrimental effect on people living with pain and potentially limits initiatives to move services and support into community settings.

More on the work of the Chronic Pain Policy Coalition can be found at http://www.policyconnect.org.uk/cppc/home or via Twitter @paincoalition

Plans for 2017

14 June, London: Chronic non-cancer pain Masterclass. Includes a session with Pete Moore from PainToolkit.org

21 September, Leeds: Joint Masterclass with Surgery & Theatres group

Late 2017 – Pharmacy technicians in pain management. Joint event with Association of Pharmacy Technicians UK (APTUK)
Pharmacy Infection Network news

Jonathan Urch, Committee member of the Pharmacy Infection Network, provides updates on activities in this area.

**Federation of Infection Societies (FIS) Annual Conference**

FIS was in Edinburgh this year and it was fantastic to see so many pharmacists there. It was a really good opportunity to share best practice and discuss CQUIN targets (!)

There were some great posters as well as sessions and speakers.

PIN hosted a session on the implementation of the antimicrobial stewardship aspects of the antimicrobial resistance strategy. Jacqui Sneddon chaired the session whilst Dr Susan Hopkins gave an update on ESPAUR, Billy Malcolm talked about the surveillance of antimicrobial use and resistance in Scotland and Tejal Vaghela shared examples of using surveillance data for quality improvement.

The abstracts for all presentations and posters are available through the FIS/HIS website at www.his.org.uk/events/his2016/abstracts/

**UKCPA Clinical Pharmacy Training Day and Conference**

PIN committee members Adel Sheikh and Emma Cramp presented at the new Clinical Pharmacy Training Day in November 2016. Adel presented a ‘Back to Basics’ session, whilst Emma ran a workshop on antimicrobial resistance.

At the UKCPA Conference Tejal Vaghela presented a guide to writing abstracts for conferences and Diane Ashiru-Oredope talked about the use of social media to build effective professional relationships and networks.

**European Antibiotic Awareness Day and World Antibiotic Awareness Week**

Thank you for your continued support for the UK Antibiotic Guardian campaign and to colleagues who led the delivery of local campaigns as part of World Antibiotic Awareness Week and European Antibiotic Awareness Day.

Over 40,000 people have now pledged to be Antibiotic Guardians. If you haven’t yet registered your activities with Public Health England then please do so at https://surveys.phe.org.uk/EAAD-AG_Reg2016

Don’t forget to submit your campaign abstract to adel.sheikh@porthosp.nhs.uk by 20 January. The winner and two highly commended entries will receive free entry to the Masterclass.

**Masterclass: March 2017**

Our next Masterclass is on 24 March 2017 at Aston University in Birmingham.

The focus is on understanding current antimicrobial stewardship practice and resulting outcomes on quality healthcare improvements.

There is a full and very exciting programme. Professor David Livermore will be giving a talk on antimicrobial stewardship and resistance and will discuss where we go next. In addition, Diane Ashiru-Oredope, Philip Howard and Stuart Brown will be running a panel session on the 2017-19 CQUINs.

We are expecting this event to sell out so please register as soon as possible at www.ukcpa.org/events.
There is little doubt that the employment of pharmacists in primary care medical practice will accelerate as pressure on GPs increases to deliver more cost-effective medical care.

I began my career as a pharmacist in a medical practice ten years ago, focussing mainly on medication reviews for the elderly taking multiple regular medications. Since then my role has changed dramatically, mainly due to staff shortages resulting in the practice’s failure to meet QOF targets in key disease categories; initially focusing on patients with diabetes management, but later in those with respiratory conditions.

From a retrospective analysis, it was becoming increasingly obvious that throughout primary care generally, diagnosis and treatment of respiratory disease was well below optimal.

To begin with, many patients were given a historic diagnosis of asthma or COPD based on inadequate medical history and examination. I recall one of my first patients, who had been diagnosed years earlier with COPD, told me that he was looking forward to his annual holiday in Greece. When I suggested he should make the most of the sea air to take walks on the beach, he told me that on holiday he can walk for miles without getting breathless!

Since then, spirometry has become a diagnostic mandate, together with the measurement of other lung function parameters, and I rarely accept primary care-diagnosed asthma or COPD without conducting my own investigations.

To improve my competence I undertook an MSc in Respiratory Disease Management. Importantly, I spent one day a week for over two years shadowing a consultant chest physician on wards and in out-patients. Competence in performing and accurately interpreting spirometry is a sine qua non.

In the six years or so that I have been clinical lead of our Breathing Clinic, we have virtually eliminated all inappropriate referrals and admissions. Some of my patients with persistent asthma symptoms are living in damp accommodation. When I suspect environmental health complications, I order a blood test for RAST, IgG and IgE, and a sputum sample for aspergillus PCR to test for airway colonization.

There is now overwhelming evidence that patients with COPD should be referred for Pulmonary Rehabilitation (PR), and NICE recommends that patients with breathlessness at MRC grade 3 should be referred for this programme. One major benefit for the patient is improvement in anxiety and depression, and this has recently been added to the patient assessment of PR benefit. I have gone one step further and referred patients at level MRC 2 where I consider they might benefit by an improved depression score, particularly where isolation might be a contributing factor.

New guidelines published

**BTS/SIGN Asthma Guidelines 2016**
The 2016 update includes a complete revision of the diagnosis of asthma and detailed information on supporting self-management. There have been significant changes to the pharmacological management of asthma which more clearly differentiates the difference between very low (for children), low, medium and high doses of inhaled corticosteroid (ICS). The old ‘Steps 1-5’ treatment has been replaced with an increased focus on using low dose ICS, and initially adding in additional therapies before attempting increased ICS doses. The guidelines also endorse a position first promoted by the UKCPA Respiratory Group that inhalers should be prescribed by brand name, as generic prescribing may result in patients being issued with an unfamiliar inhaler device that they are not able to use properly.

**GOLD COPD Guidelines 2017**
A number of changes have been made to the ‘ABCD’ assessment algorithm, focusing on COPD symptoms and future risk of exacerbations to guide a personalised approach to treatment using a new model for escalating and de-escalating treatment. The role of ICS is suggested to be suitable only for COPD patients who exacerbate despite use of long-acting bronchodilators.

‘Blue’ colour convention for inhaled reliever medications
In 2014, the UKCPA Respiratory Group first highlighted concerns about the blue colour of non-reliever inhalers, specifically at that time with Relvar. Since then, members of the group have been working with colleagues in other professional organisations as part of the UK Inhaler Group to formalise this as a national standard. In November, the UK Inhaler Group published the findings of a survey of 3,000 healthcare professionals and patients which revealed that 89 percent of patients and 95 percent of healthcare professionals frequently refer to the colour when discussing reliever medication (Fletcher M et al. npj Primary Care Respiratory Medicine (2016) 26, 16081; doi:10.1038/npjpcrm.2016.81).

As no formal colour-coding system currently exists for inhaled drugs, despite a strong association between blue inhalers and emergency reliever medicines, the UK Inhaler Group will be meeting with the MHRA to discuss a way forward.
Review of two novel technologies to manage post-operative pain

Two new drug systems, the fentanyl transdermal and the sufentanil sublingual tablet systems delivered as patient controlled analgesia (PCA), launched in the UK this year. They have been appraised by NICE to manage moderate to severe acute post-operative pain.

The fentanyl transdermal system, Ionsys® is a PCA system that delivers fentanyl in a non-invasive way across the skin using iontophoresis. Based on a similar concept, the sufentanil sublingual tablet system, Zalviso® is pre-programmed to dispense a single tablet on a patient controlled, as needed, basis.

Although both devices benefit from a sleek design intended to facilitate patient mobility after surgery and offer better user satisfaction compared with a traditional IV PCA, they do come with a number of limitations which may deem both drugs low priority for funding.

Firstly, the trials supporting the use of both of these drugs were non-inferiority studies against morphine IV PCA or comparison against placebo. Secondly, the license for both systems is limited to the management of post-operative pain for 48-72 hours, therefore analgesia may potentially have to be altered in patients who need treatment for longer than this.

With the Zalviso® system, there is also the potential for mis-dosing with the device due to tablet displacement and a potential risk of diversion once the tablet has been dispensed. Use of these systems will also be restricted due to their considerable cost when compared to Morphine IV PCAs. The side effect profile of both systems is similar to that expected of opioids.

The Handbook of Peri-operative Medicines was officially launched in September 2016, to an overwhelmingly positive response. The UKCPA Surgery & Theatres Group would like to thank all of the writers, reviewers and contributors that helped bring this project to fruition. Special thanks go to committee member Sophie Blow for her unfaltering commitment, determination and hard work in coordinating and editing this much needed resource.

We will continue to add monographs to future editions. Please follow us in the UKCPA online forum and on social media for updates.

The Handbook is now endorsed by the Royal Pharmaceutical Society, the Royal College of Physicians and Surgeons of Glasgow and the Preoperative Association. You can purchase the Handbook for £15, including postage, for which you will receive both a hard copy and a PDF. Please contact the UKCPA office if you would like to make an order.

Respiratory Medicines Optimisation learning event

As part of the ongoing partnership between UKCPA and Pharmacy Management we are delivering a joint event in Birmingham on 1 February 2017. The UKCPA Respiratory Group and Pharmacy Management and have worked together to deliver an outstanding choice of Satellite Sessions and a Learning Zone of Posters for the event.

The day is planned to allow good travelling time and is free to NHS Pharmacists with refreshment and lunch provided.

For more details and to book: www.pharman.co.uk/events/2017/2/mo-birmingham
For any queries, please contact katie.fraser@pharman.co.uk
Events calendar 2017

1 February
Medicines Optimisation in Respiratory Medicine
(In partnership with Pharmacy Management)
Birmingham
Book at www.pharman.co.uk/events/2017/2/mo-birmingham

3 & 4 February
Introduction to Pharmaceutical Care
Manchester

3 March
Starting out in Critical Care
London

24 March
Antimicrobial resistance: where next?
Birmingham

5 May
Viral hepatitis
London

9 May
Medicines Optimisation in Diabetes Medicine
(In partnership with Pharmacy Management)
Manchester
Book at www.pharman.co.uk/events/2017/5/jomo-ukcpa-national-meeting-diabetes

14 June
Pain Management
London

16 June
Starting out in Critical Care
Birmingham

21 September
Pain management in surgical patients
Leeds

29 September
Advanced Critical Care
London

Coming soon:
♦ Multimorbidities and frailty
♦ Treating common neurological conditions in the elderly
♦ UKCPA Clinical Pharmacy Training Day
♦ UKCPA Conference
♦ Advanced gastroenterology and infection
♦ Starting out in Critical Care

More events will be confirmed soon

For more information visit: www.ukcpa.org/events
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