

CURRENT THINKING ON... 2016 PRACTICE CHANGES

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

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Healthcare never stands still, with a constant stream of drugs being launched and withdrawn, safety issues coming to the fore, and guidance changing. This module aims to summarise some of the developments that took place in 2016 that pharmacy technicians need to be aware of in order to deliver the most up-to-date care, advice and services to patients.

New drugs and old

Dozens of changes are made to the *British National Formulary (BNF)* every year. These are some of the 2016 additions:

- **Three new products were launched for the management of chronic obstructive pulmonary disease:** Duaklir Genuair (aclidinium bromide with formoterol), Spiolto Respimat (tiotropium with olodaterol) and Ultibro Breezhaler (glycopyrronium with indacaterol)
- **There were several new products introduced to the UK market for type 2 diabetes:** Synjardy (empagliflozin with metformin) tablets, and Eperzan (albiglutide) and Trulicity (dulaglutide) subcutaneous injections
- **The world of cardiovascular health also saw some new launches:** Cholib (simvastatin with fenofibrate) tablets for mixed dyslipidaemia, Entresto (valsartan with sacubitril) tablets for symptomatic chronic heart failure, the anti-embolism drug Lixiana (edoxaban), and the anti-hypertensive Bramox (midodrine) tablets
- Other new products include

Taptiqom (tafluprost and timolol) eye drops for open-angle glaucoma, Ikervis (ciclosporin) eye drops for dry eyes, the intrauterine system Levosert (levonorgestrel), the antidepressant Brintellix (vortioxetine) and Intuniv (guanfacine) modified release tablets for attention deficit hyperactivity disorder.

On the other hand, the triphasic oral contraceptive Trinovum disappeared from pharmacy shelves this year.

Products for children

Supplying products to children can be tricky because of the limited range of medicines licensed for this age group. The World Health Organization (WHO) and International Pharmacy Federation (FIP) tried to provide some clarity this year with the publication of guidance on courses of action such as rounding doses, manipulating dosage forms and therapeutic alternatives, all based on current evidence and best practice.

Controlled Drugs

Controlled Drugs (CDs) were the topic of a dedicated NICE

document (NG46), much of which is relevant to pharmacy:

- All organisations should have a CD policy and standard operating procedures for CD storage, transport, destruction and disposal, which should be regularly reviewed and updated
- All CDs that require safe custody storage should be subject to stock checks – usually weekly – carried out by two people in line with a designated standard operating procedure (SOP)
- Governance arrangements and processes should be in place for delivery or transport services that involve supplies of or prescriptions for CDs
- CD registers and requisitions should be retained for two years, with invoices held for six years and records of the destruction of a patient's own CDs for seven years
- No more than 30 days of a CD should be prescribed, unless there are exceptional circumstances
- CDs supplied to patients or carers should be documented and information provided about what the drug is for, how long it will take to work



reflective exercise

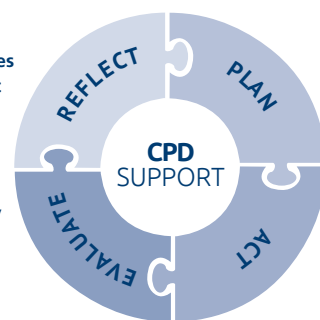
Read through the WHO/FIP advice on children's medicines at: fip.org/files/fip/Statements/FIP-WHO-Technical-guidelines-child-specific-medicines.pdf and try to produce a one page summary that you can refer to the next time you have a query about what to supply against a prescription for a child.

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AIM: To give an overview of some of 2016's most significant developments that pharmacy technicians need to know about for their day-to-day practice

OBJECTIVES: After reading this module, pharmacy technicians will:

- Be aware of the products, guidelines and other relevant documents that were launched during the year
- Appreciate some of the safety issues that gained prominence
- Have updated knowledge on public health topics such as drinking alcohol and stopping smoking.



and how long it is likely to be needed, as well as how it may affect driving ability and any issues around concurrent prescribing of immediate- and sustained-release products

- Reasonable steps must be taken to confirm an individual's identity before supplying CDs to a patient or their representative. If the person taking the medication is in police custody, you should check before making a supply that custody staff have adequate arrangements and handling facilities for CDs
- Advice on safe storage of CDs should be provided, with discussions taking into account the person's preference for a lockable or non-lockable storage box, who will access to the CDs and whether the storage method could increase the risk of incidents
- If a full quantity of a Schedule 2, 3 or 4 CD cannot be supplied, you should make sure the patient knows to collect within 28 days of the date on the prescription. Only the quantity supplied should be recorded in the CD register, with a further entry made when the balance is issued
- Health professionals must use a mandatory form when

requisitioning a CD for use in the community

- Records should be kept so that an audit trail exists for the supply, administration and disposal of CDs and their movement between locations
- An authorised person must be present to witness the destruction of stock Schedule 2 CDs, and records must include the name, strength, form and quantity of the drug, the date of destruction and the signature of the witness. It is good practice to take the same measures for Schedule 3 and 4 CDs and patient returns, in which case the record should also state the date the CD was received by the pharmacy
- When disposing of a stock bottle that contains an irretrievable amount of a liquid CD, consider rinsing the bottle and disposing of the liquid into a pharmaceutical waste bin, and removing or obliterating labels before disposing of the clean empty container via recycling waste. This does not need to be recorded.

Public health

With *The Lancet* publishing a paper which stated that



obesity is now second only to smoking as a cause of premature death in Europe, public health interventions by pharmacy staff have never been so crucial.

Many members of the general public remain

confused about how much alcohol they should and shouldn't be drinking, and the Government tried to introduce some simplicity by stating that there is no such thing as "safe drinking", only "low risk" levels of intake.

Men and women should not exceed 14 units a week, ideally spread over at least three days, and pregnant women are advised to abstain from alcohol altogether.

Electronic cigarettes continue to gain support for their role in smoking cessation, and the Tobacco Products Directive (TPD) has introduced minimum standards of safety and quality. This will come into full force next May, when only products that comply with the TPD as approved by the UK drugs regulator may be sold in this country.

Zika

The Zika virus has been in the headlines a lot this year, and with good reason: by the end of September 2016, over 70 countries had reported mosquito-borne transmission of the virus, according to the WHO. Research suggests that the current epidemic will continue for three years, with many more countries likely to be affected.

Pharmacy technicians and other member of the community pharmacy team can play a valuable role in providing accurate and up-to-date information on a condition that may be creating a lot of fear for some people. This fear is often fuelled by media stories that perhaps do not give the full context of the news they are reporting.



"Public health interventions by pharmacy staff have never been so crucial"



Information that you can pass on to customers includes:

- Women should avoid becoming pregnant while travelling in areas with active Zika virus transmission and for eight weeks after they or their partner return because of the risk of congenital malformations. Pregnant women should delay non-essential travel to such areas until after pregnancy
- Pregnant women who have travelled to the UK from Zika-endemic areas should be offered an ultrasound scan. If they have symptoms of Zika virus disease (fever, achiness, headache, rash, sore eyes),

they should have a blood test

- Anyone traveling to a Zika area should take bite avoidance measures day and night, including the use of mosquito nets and DEET-containing repellents. As the latter reduce the sun protection of suncreams, a minimum of SPF 30 or 50 should be applied first and the repellent applied second
- Minor procedures such as immunisations do not need to be delayed if an individual has returned from an active Zika transmission area, but blood donations should be delayed until 28 days after returning to the UK.

patients moving from one setting to another

Everyone who works in a pharmacy has let out a deep sigh when hearing that a customer has gone into hospital or a care home, or been discharged back home. This is because while it is vital to find out if anything has changed and what needs to be done to make sure the patient gets the best care and outcomes as possible, obtaining the relevant information can be slow and frustrating at best, and seemingly impossible and infuriating at worst.

The National Institute for Health and Care Excellence (NICE), more commonly associated with deciding which drugs are allowed to be prescribed on the NHS, has issued a number of guidance documents on this issue. All of these stress the importance of sharing information with all health and social care practitioners involved in a patient's care and the need for regular communication to ensure transfer of care is as smooth as possible.

Among the most important of these is the NICE guidance on medicines optimisation (QS120), which states:

- Patients should be involved in making decisions about their treatments and care as their adherence is likely to improve as a result, which in turn leads to better outcomes
- Incidents such as dispensing errors should be investigated and learned from so they are less likely to be repeated in the future
- Medicines reconciliation should be performed after a patient has come out of hospital and before they need a new prescription so that problems are identified and resolved as quickly as possible.

NICE also issued guidance (NG56) on how care can be improved for patients with multiple conditions – bearing in mind that the term covers things like substance misuse, sensory impairments such as hearing or sight loss, ongoing conditions such as learning disabilities, and system complexes such as frailty or chronic pain as well as defined physical and mental health illnesses. This is because many people are starting to feel overwhelmed by multiple appointments and complicated drug regimens. Pharmacy staff have a role to play in helping to identify patients who fall into this category.

useful websites

- The Medicines and Healthcare products Regulatory Agency (MHRA) website is where safety issues appear: mhra.gov.uk
- Information on Zika is available from the World Health Organization (WHO) at: who.int/emergencies/zika-virus/en
- The National Institute for Health and Care Excellence (NICE) website gives details of recently published guidance plus what is currently in development: nice.org.uk/Guidance.

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Next month: We focus on anxiety and behavioural disorders.