



Ensure your patients are protected from the sun this summer!

## Feature article

Disposal of unwanted medication

## Medication news

National shortage of Kwellis®

## And more

- Results from the Ashtons Customer Survey
- Statistics regarding the Ashtons Live View System
- Novartis transfers the marketing authorisation of Clozaril
- Clinical guidelines

# A welcome from the editor

Welcome to the April issue of Ashtons Pharmacy News.

Our feature article is about the disposal of unwanted medication and management of medical waste. This can pose a problem to healthcare organisations as there are many regulations that must be adhered to, with severe penalties for non-compliance. We look at the requirements for disposing unwanted medication safely and ensure you are familiar with the different medical waste storage requirements.

We recently conducted our Annual Customer Survey to see how we were performing from our clients' perspective and to get some feedback as to what we could do better. We have provided a snapshot of the statistics we received from the survey to give you an idea of the overall satisfaction levels of our service.

The Ashtons Live View System is helping to reduce prescribing and medication errors. Ashtons pharmacists visit hospitals providing clinical input, submitting their reports electronically through this system and we have collated some significant statistics.

There is a national supply problem with Hyoscine Hydrobromide tablets, Kwells®, and the resulting shortage of stock will continue for several months. We recommend some alternative treatments that could be used to treat hypersalivation. We have also provided a reminder to consider using sunscreen products for inpatients when they go outside in sunny conditions to provide protection from sunburn and skin sensitivity reactions.

Finally, if you or any of your colleagues would like to subscribe free of charge to Ashtons Pharmacy News so that you don't miss out, please provide us with your email address and we will ensure you receive your own electronic copy every quarter.



Kind regards,

**Martin England,**  
Editor



## Ashtons news

### And the results are in... on our customer survey

Customer feedback is essential to Ashtons, ensuring our services are continuously evolving to fit the growing needs of healthcare organisations. We recently conducted our Annual Customer Survey to see how we were performing in the eyes of our clients and to get some feedback as to what we could do better as part of our Quality Management System (ISO9001:2008).

Firstly, we would like to say a massive thank you to all of you who took time out of your busy work schedules to complete our survey. The feedback we have received is invaluable. In the interest of transparency we thought you might be interested in the outcomes of the survey.

#### Overall satisfaction levels

We had over 300 people respond via email and hard copy, which is a significant number to get an accurate scope for the feedback. Our first aim regarding this survey was to gauge the satisfaction rates of our clients. Our average overall satisfaction rating was 8.7 out of 10 with 222 respondents scoring us 8 or over.

Regarding our areas of performance, the quality of our service topped the bill with an average rating of 8.98 and our training for staff scoring lowest with 8.49, suggesting there is room to improve on this aspect. Since Ashtons took over their pharmacy services, 62.7% of our clients think their hospitals are performing better, with a further 33.7% saying it was the same, or that we were their first pharmacy provider.

#### Product and services ratings

The overall performance of our customer service team was rated at

9.21, with politeness being the highest scoring attribute at 9.36. Making you aware of new products and services was scored the lowest (8.25), which we will endeavour to improve upon, so you have the very best selection of products available to you when ordering your medical supplies.

Our finance team scored 9.07 for the overall level of service they offer, the service our pharmacist offers scored 9, while our range of products and services scored on average 8.9. A few services of note were 'the provision of advice and drug information' scoring 9.15, 'the clinical review of prescription charts' receiving 9.14 and our very own 'Ashtons Pharmacy News' scored an admirable 8.8.

Other notable results were that our Online Ordering Service scored an 8.67 and our overall delivery services received an 8.85.

We want to utilise as much of this feedback as possible and are continually working to improve our service to help ensure we are optimising your hospitals performance while improving patient safety. Your feedback from this survey will go a long way in helping us achieve these goals. If you would like a full summary of results please visit: <http://ow.ly/lpLa30aYwew>

**We welcome feedback about our service at any time. If you wish to contact us, email us at [info@ahps.co.uk](mailto:info@ahps.co.uk) or phone us on 0345 222 3550.**



# Feature article

## Disposal of unwanted medication

NEVER DO NOT FILL ABOVE THE LINE

NEVER  
DESTROY BY INCINERATION  
OR OTHER SUITABLY  
AUTHORISED PROCESS

EWC 18-01-01, 18-01-03, 18-01-09  
EWC 18-02-01, 18-02-02, 18-02-08

UN3291 Clinical Waste  
N.O.S.



The management of healthcare waste presents healthcare organisations with numerous challenges, including meeting complex legislative requirements and ensuring infectious or chemical waste is made safe. It also offers opportunities for waste minimisation (environmental and carbon impact), minimising the cost of waste handling, and ensuring the most appropriate treatment methods are used to recover resources (recycling).

Regulatory and best practice requirements must be followed to ensure safety and minimise adverse environmental impacts, and whilst there is some statutory variation across the UK, the key requirements are the same. Non-compliance of Waste Management and Health and Safety regulations carries the risk of severe penalties.

At the point of production, waste should

### Key requirements for Healthcare Waste Management:

- Waste must be dealt with at the time and place of production;
- Waste must be handled safely and appropriately, with minimal handling;
- Sorted correctly and stored securely in labelled designated containers.
- Appropriate records must be made, and kept for two years (minimum)
- Removal and transport of waste for disposal is only done by a licensed waste contractor

be sorted and segregated into suitable and identifiable containers. All healthcare waste must be correctly classified and described. It is much simpler to comply with this requirement if the waste is not a mixture of several types.

Failing to handle the mixed waste correctly leads to its unauthorised disposal, for instance, the unnecessary incineration of general waste or the disposal of medicines and sharps on landfill sites. To identify the healthcare waste each container must be clearly and correctly labelled in accordance with the European Waste Catalogue (EWC) which specifies numeric waste codes. Colour codes are recommended as they are helpful for staff to identify and segregate waste. So a strip of unwanted paracetamol tablets should be placed in a blue-lidded medicinal waste bin labelled with the EWC code: 18 01 09, for incineration. The cardboard outer package is put into a general waste bin, usually a colour-coded black sack, and this waste can be recycled, incinerated or put into landfill.

Ashtons 'Disposal of unwanted drugs' forms should be used to record all unwanted or expired pharmaceutical waste. These forms need to be retained for two years. The waste contractor will issue waste transfer notes (WTNs) and hazardous waste consignment notes (HWCNs) and these will also need to be kept for statutory recording, and must be produced on request to the regulators.

Unwanted medicines must never be put down the drain as they will not be removed by wastewater treatment plants or septic systems. They will pollute waters, impacting aquatic species, and contaminating food and water supplies. Empty medicine bottles containing any liquid residue should be disposed via pharmaceutical waste containers, not rinsed and recycled.

### Other examples of healthcare waste receptacles

Yellow-lidded sharps bins (EWC code: 18 01 09) should be used for sharps that are contaminated with non-cytotoxic and non-cytostatic medicines.

Orange-lidded sharps bins (EWC code: 18 01 03) should be used for sharps that are not contaminated with medicines (such as phlebotomy sharps or shaving razors).

Purple-lidded bins (EWC code: 18 01 08) should be used for cytotoxic and cytostatic medicines e.g. chloramphenicol eye drops or tamoxifen.

Disposal of controlled drugs (CDs) needs to be carried out in a particular way, so local policies and procedures must be followed. Stock schedule 2 controlled drugs can only be destroyed in the presence of authorised witnesses appointed by the Accountable Officer. Disposal of stock CDs must be recorded in the CD register, which needs to be retained for seven years.

**All schedule 2, 3 and 4 controlled drugs need to be denatured prior to the disposal. Hospitals need to have a waste exemption Form T28, obtained from the Environmental Agency, to allow staff to do this.**

All healthcare waste must be kept securely, whether in a clinic room or in bulk storage externally. This means the waste must be prevented from escaping, e.g. by leakage, or by unauthorised access to prevent harm. Regulations do not specify the storage security requirements, so risk assessments should be used and a locked cupboard, room or wheeled bin could be options.

The appropriate management of healthcare waste must be everyone's responsibility in order for regulatory compliance to be achieved.

**For further information to improve practice and compliance please visit <http://ow.ly/QXMH30aYZHg>**

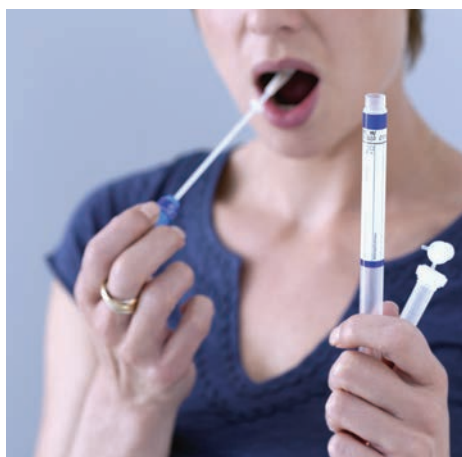


Written by

Margo Baran  
Clinical Pharmacist

# Clinical guidelines

## NICE guidance and quality standards



### **NICE NG64:** Drug misuse prevention: targeted interventions

This NICE guideline was published in February 2017 and covers *targeted interventions to prevent misuse of drugs, including illegal drugs, “legal highs” and prescription-only medicines* with the aim to prevent or delay drug abuse in people of all ages who are most likely to abuse drugs.

This guideline does not cover the treatment of drug misuse and has updated and replaced NICE guideline PH4, which was first published in March 2007.

This NICE guideline makes five recommendations on:

1. Delivering drug misuse prevention activities as part of existing services
2. Assessment
3. Children and young people assessed as vulnerable to drug misuse
4. Adults assessed as vulnerable to drug misuse
5. People at risk of using drugs

[www.nice.org.uk/guidance/ng64](http://www.nice.org.uk/guidance/ng64)

### **Standards & competency assessments for using inhalers**

The UK Inhaler Group have produced guidance and competencies for healthcare staff to support them in ensuring that patients are using their inhalers properly. The document outlines a basis for assessment and aims to optimise drug administration.

Medication delivered via inhaler format are important for conditions such as asthma and COPD. It allows the medication to quickly get into the airways and address the root cause of the problem. However the success of the inhalation process relies on a lot of variables such as the type of inhaler used, the characteristics of the device and the ability for the patient to use the device. Therefore the UK Inhaler Group has developed these standards to address these challenges.

The UK Inhaler Group offer 12 different standards for training and assessment of inhaler technique and a further seven steps detailing the best way to use an inhaler device. To see the full document please visit -

<http://www.respiratoryfutures.org.uk/media/69774/ukig-inhaler-standards-january-2017.pdf>

### **NICE QS142:** Learning disabilities: identifying and managing mental health problems

This NICE quality standard was published in January 2017 and covers *the prevention, assessment and management of mental health problems in people with learning disabilities in all care settings*.

This quality standard focuses on high quality care improvements that are a priority. Challenging behaviour is not covered in this quality standard; it is in QS101 (Learning disabilities: challenging behaviour).

The following five NICE quality statements for QS142 look at:

1. Annual health check
2. Assessment by professional with relevant expertise
3. Key worker
4. Tailoring psychological interventions
5. Annually documenting the reasons for continued antipsychotic drugs

[www.nice.org.uk/guidance/qs142](http://www.nice.org.uk/guidance/qs142)



### **NICE KTT9:** Antimicrobial stewardship: prescribing antibiotics

This NICE advice, KTT9, was first published in 2015 and was updated in January 2017. The update changed the focus of the advice and now includes important information on 3-day courses of antibiotics for uncomplicated urinary tract infection.

To help prevent the development of resistance it is important to only prescribe antibiotics when they are necessary, and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats.

The PHE guidance recommends that simple generic antibiotics should be used if possible when antibiotics are necessary. Broad-spectrum antibiotics (e.g. co-amoxiclav, quinolones and cephalosporins) need to be reserved to treat resistant disease. They should generally be used only when narrow-spectrum antibiotics are ineffective because they increase the risk of MRSA, Clostridium difficile and resistant UTIs.

<http://ow.ly/E5xz307TQ41>



### **NICE QS144:** Care of dying adults in the last days of life

This quality standard was published in March 2017 and covers *adult patients who are dying, during the last few days of their life*. It does not cover care for dying patients before the last few days of their life.

NICE produce a whole range of quality standards, which focus on high-priority areas for improvement in a specific care or service area.

The following four NICE quality statements for QS144 look at:

1. Assessing signs and symptoms
2. Individualised care
3. Anticipatory prescribing
4. Hydration

[www.nice.org.uk/guidance/qs144](http://www.nice.org.uk/guidance/qs144)

See also:

**QS13: End of life care for adults**

[www.nice.org.uk/guidance/qs13](http://www.nice.org.uk/guidance/qs13)



### **Other clinical guidelines which might be of interest to you...**

**CG173: Neuropathic pain in adults:  
pharmacological management in  
non-specialist settings**

[www.nice.org.uk/guidance/cg173](http://www.nice.org.uk/guidance/cg173)

**KTT6: Hypnotics**

[www.nice.org.uk/advice/ktt6](http://www.nice.org.uk/advice/ktt6)

**KTT7: Low-dose antipsychotics in  
people with dementia**

[www.nice.org.uk/advice/ktt7](http://www.nice.org.uk/advice/ktt7)

**CG74: Surgical site infections:  
prevention and treatment**

[www.nice.org.uk/guidance/cg74](http://www.nice.org.uk/guidance/cg74)

**CG139: Healthcare associated  
infections: Prevention and control  
in primary and community care**

[www.nice.org.uk/guidance/cg139](http://www.nice.org.uk/guidance/cg139)

## **New formulation, fewer injections**

### **Paliperidone 3-monthly prolonged release injection (Trevicta®)**

A 3-monthly prolonged release injection of paliperidone has become available (Trevicta®)

Paliperidone is an antipsychotic medicine used for schizophrenia, and psychotic or manic symptoms. It is available as modified-release tablet (Invega®). It is

also available for maintenance treatment as a prolonged release 1-monthly injections (Xeplion®).

Trevicta® is licensed for use with patients who are already clinically stable on Xeplion®

It is essential for patient safety that the 1-monthly and 3-monthly injections are prescribed and administered correctly. The only clinical advantage in using

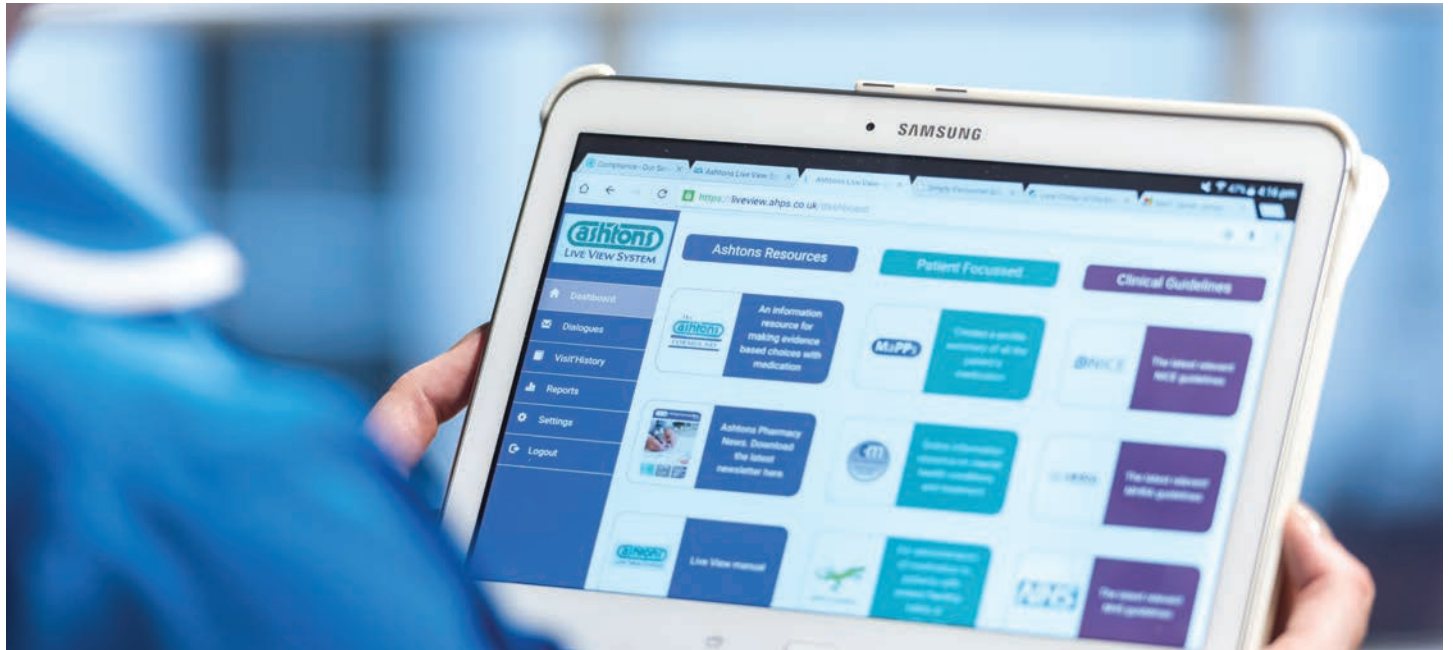
Trevicta® is the reduced frequency of administration. There are no cost advantages, as the price is pro rata the same.

Further details are available from the manufacturer's summary of product characteristics (SPC)

[www.medicines.org.uk/emc/medicine/32050](http://www.medicines.org.uk/emc/medicine/32050)

# Ashtons Live View System

Electronic reporting is key to cutting medication errors!



The Ashtons Live View System facilitates the electronic reporting of communication between the pharmacist and clinical staff in the hospital. The pharmacists report any clinical interventions, audits and compliance issues following their ward visits and this information is emailed to the relevant staff and managers. The hospital staff can communicate back to the pharmacist and this ensures that any issues are dealt with promptly.

New data from the Ashtons Live View System shows that pharmacists' reports submitted electronically reduce medication errors by 35% and prescription errors by 40%, dramatically improving patient safety and therefore improving treatment outcomes.

Since its launch in 2014, hospitals using this system have recorded a 57% reduction in patient detail errors, a 35% reduction in administration errors and a 21% decrease in Mental Health Act compliance errors.

This electronic reporting provides a database of information which increases over time following the pharmacists' visits. The database enables a high level of trend analysis, and can provide comparisons between the performance of hospitals, wards and individuals.

Nationally, electronic reporting by pharmacists is not yet widely used but Ashtons has demonstrated that it is a key factor in ensuring safer patient care.

The delivery of better patient care is made from a continuous cycle of improvement through:

- Real-time reporting which provides instant access to pharmacist audit

data and a suite of pre-defined reports

- Increased transparency thanks to the ability to view and respond to pharmacist comments and concerns, benchmark performance and reduce error rates by sharing best practice
- Better performance monitoring, providing early warning of issues by monitoring of trends and highlighting common problems or training concerns
- Making improvements by identifying deficiencies in performance against required standards and providing a foundation for changes to facilitate improvements, leading to better patient care.

Live View also provides access to a wealth of clinical information through a variety of online resources, including the new Ashtons Formulary, an information resource for making evidence-based choices for medicines, as well as NICE, MHRA, NHS England clinical guidelines and the NEWT Guidelines which provides support when administering medicines to patients with swallowing problems.

The platform also provides two important tools to provide help with patient involvement: A Medication and Patient Profile Summary and Choice and Medication which provides online mental health information.

For information about the range of services Ashtons offers, please contact **0345 222 3550** or visit [www.ashtonshospitalpharmacy.com](http://www.ashtonshospitalpharmacy.com)

**35%**  
reduction in  
administration  
errors

**40%**  
reduction in  
prescription  
writing errors

**57%**  
reduction in  
patient details  
errors

**21%**  
reduction in  
Mental Health  
Act errors



Written by

Yachna Tak  
Clinical Director

# Medication news

## National shortage of Kwells®

There is a national supply problem with Hyoscine Hydrobromide tablets, Kwells, and the resulting shortage of stock may continue for several months. These are mainly used to treat nausea and also hypersalivation. When the supply of hyoscine tablets runs out, there will be a need to review each patient's treatment. Some alternative treatment options are provided below, but there are other options and further advice can be obtained by your pharmacist.

### For patients treated under the Mental Health Act 1983

The relevant Mental Health Act (MHA) treatment forms will need to reflect the use of any new medication which is prescribed in place of the Hyoscine tablets. If the patient is consenting to treatment (Form T2) then their MHA form should be rewritten by the responsible clinician. For non-consenting patients a SOAD will be needed for Form T3. However, the CQC recommend that a Section 62(2) should be used in the interim to permit an alternative treatment pending a SOAD visit.

### Hyoscine (Scopoderm) patches

Presently there is no supply difficulty for this preparation, however this may change as the month's progress due to unprecedented demand. The 'route' for these is transdermal, and this must be specified on the MHA treatment forms e.g. 'Hyoscine patch (transdermal), apply every 72 hours'.

Drug	Dose	Comments
Scopoderm (Hyoscine) Patches	1.5mg (1 patch) Every 72 hours	Improved and sustained response
Pirenzepine 50mg tablets	25mg per day increased by 25mg per week. Max dose 100mg	Reduced incidence of hypersalivation but can elevate Clozapine levels in some patients. Monitor carefully for constipation during co-administration
Trihexyphenidyl tablets	<b>Regime 1 - Nighttime dosing</b> Starting from 5mg nocte, gradually increasing to maximum of 15mg nocte <b>OR</b> <b>Regime 2 - Daytime dosing</b> Maximum dose 6mg per day in divided doses	Marked reduction in nocturnal hypersalivation and disappearance of daytime hypersalivation May impair cognitive function at higher doses.
Atropine 1% eye drops  Note: These are administered orally	1-2 drops orally in the morning  1 drop at night or given in water PRN  Max dose 2 drops twice daily	Improved response to symptoms of hypersalivation PRN dosing provided immediate relief.

### References:

- Shortage of Hyoscine - CQC approach: Information for Providers (Letter 16/2/17)
- Drug-induced hypersalivation – treatment options (NHS) <http://ow.ly/6ZTe30b77cb>



Written by

Sally-Anne Bowen  
Principal  
Pharmacist

## Novartis transfers the marketing authorisation of Clozaril® to Mylan

Clozaril® (clozapine) is indicated in treatment-resistant or difficult-to-treat schizophrenia, and for psychosis with Parkinson's disease. Results from studies, such as the International Suicide Prevention Trial in the U.S., show that it can reduce suicide rates in these patients. The original manufacturer of Clozaril®, Novartis, has transferred the marketing authorisation to a different company – Mylan Products Ltd. There will be minor changes to the packaging of Clozaril® to show the change in

manufacturer's name and address, but nothing else should change.

Some patients may notice the different packaging and require to be reassured, but there will be no difference in the appearance or content of the Clozaril® tablets so this can be confirmed to them. The revised Summary of Product Characteristics for Clozaril® is available at <http://www.medicines.org.uk/emc/medicine/32564>

### Quetiapine oral suspension – NEW licensed version

Quetiapine is a drug indicated for use in the treatment of schizophrenia and bipolar disorder. It is available in tablet form and

prolonged release tablets. Until recently, quetiapine in liquid form had to be specially manufactured, and this product was therefore unlicensed.

A licensed oral suspension 100mg/5ml formulation has now been produced by Rosemont and it can be ordered as a stock drug from the Ashtons online ordering system. The price for a 150ml bottle will be cheaper than the unlicensed version (to be confirmed).

It requires to be stored in a fridge and must be used within 28 days of opening.

The full Summary of Product Characteristics for Quetiapine 100mg/5ml oral suspension (Rosemont) is available - <https://www.medicines.org.uk/emc/medicine/33199>

# Medical supplies

## Enhancing our range



### Sun protection products

There are many benefits of going out in the sun, the most important being that it is essential for your body to get the required amount of vitamin D. Not getting enough sunlight can lead to a vitamin D deficiency and will require you to take supplements [see - <http://ow.ly/Y7NT30aYsuu>]. However, there is one downside to the sun. Its powerful ultraviolet rays can penetrate the skin and cause long-lasting damage if you are not protected. It can also trigger photosensitive skin reactions particularly when taking certain medications.

### The benefits of sun cream

How can we protect ourselves from these harmful rays of light? One way is to cover every area of skin with clothing, however this alone doesn't provide complete protection. There is a much more effective way to ensure sun protection.

Sun cream was first produced by L'Oréal in 1936 and revolutionized sun protection. Sunburn can cause the skin to become red, warm to the touch, sore and itchy. This can last for up to week and can leave lasting damage. The temporary symptoms may only last a short while, but getting sunburnt can increase your chances of getting certain serious health problems later in life, such as skin cancer.

Using a high factor sun cream can combat

the sun's rays and ensure your skin stays protected as well as stop premature aging of the skin. If you are taking medication, this can be even more important as your skin's sensitivity to the sun can be increased. Using sun cream can reduce the risk of photosensitivity.

### Drugs that can increase the skins sensitivity to the sun

Patients on certain drugs are more sensitive to the sun and the drugs can cause serious skin reactions. Therefore it is essential that patients at risk apply SPF50 sun cream regularly to protect themselves against skin damage. We have compiled a list of medications that are likely to increase the skin's sensitivity to the sun, and anyone on these medications should be using SPF50 sun cream to protect their skin.

- **Antibiotics** (4-quinolones, tetracyclines and sulfonamides)
- **Antihistamines** (diphenhydramine)
- **Malaria medications** (quinine, chloroquine, hydroxychloroquine)
- **Cancer chemotherapy drugs** (5-fluorouracil [5-FU, Efudex])
- **Cardiac drugs** (amiodarone, nifedipine, quinidine, diltiazem)
- **Diuretics** (furosemide, thiazides, hydrochlorothiazide)
- **Diabetic drugs** (sulfonylureas [chlorpropamide])

- **Painkillers** (nonsteroidal anti-inflammatory drugs [naproxen, piroxicam])
- **Acne medications** (isotretinoin, acitretin)
- **Psychiatric drugs** (phenothiazines [chlorpromazine], tricyclic antidepressants [desipramine and imipramine])

Ashtons have a range of sun creams above SPF30 to help ensure your patient's skin will be protected. From an infection control perspective, we recommend that you use one bottle labelled per patient rather than sharing between patients on a ward.

The sun protection products we recommend are:

- 2290690 UVISTAT SUN CRM SPF50 125ML
- 2583359 NIVEA SUN AFTERSUN SPR 200ML
- 2292464 NIVEA SUN SUNSPR SPF50+ 200ML
- 2764033 SENSE ULTRA SP50+ 50ML

### What is "Aftersun"?

If you do happen to get sunburnt, it is important to use moisturizer or, even better, "Aftersun", to soothe the skin and improve the healing process. We recommend the following:

- 2583359 NIVEA SUN AFTERSUN SPR 200ML

### SUBSCRIBE

Email us at [info@ahps.co.uk](mailto:info@ahps.co.uk) to get your free quarterly subscription.

Previous issues of Ashtons Pharmacy News are also available free of charge as an electronic PDF.



### ASHTONS PHARMACY NEWS

**Editor:**  
Martin England, Pharmacy Services Director

**Assistant Editor:**  
Graham Connolly, Marketing Co-Ordinator

**Designer:**  
Shannen Stevens, Graphic Design Assistant

### CONTACT US

**Tel:** 0345 222 3550

**Email:** [info@ahps.co.uk](mailto:info@ahps.co.uk)

**Address:** 4 Dyke Road Mews, 74-76 Dyke Road, Brighton, BN1 3JD

