

UKPPG Newsletter

April, 2008



Chairman's letter

Hello all,

Welcome to my second newsletter as Chair of the UKPPG. I have now been Chair of the UKPPG for over six months and it has been an exciting and busy time. One major piece of work is that we have reviewed the way in which we respond to consultations. The UKPPG and the College will now co-ordinate the process and in most cases one of the organisations will take the lead for a joint submission. This joint consultation process will be co-ordinated by Dawn Price and David Branford.

Working with the College we have responded to the Clarke inquiry, various NICE consultations and the consultation on the Mental Health Code of Practice. In addition to the work that Dave and Dawn have put into this process, I would like to formally acknowledge the following people: Stephen Guy (for his work in leading on the Clarke enquiry response and the Pharmacists with a Special Interest consultation); Gail Cooper, Neil Spencer, Anthony Oxley, Caroline Parker, Bernard Huckstep and Claire Stanniland (who responded on behalf of the South East Psychiatric Pharmacy Group) for their work with David Branford on the Mental Health Code of Practice; and Denise Taylor and Ray Lyon for their comments on the Clarke enquiry. Finally, I would like to thank Trudi Hilton for all her work on the Darzi report and linking with the Guild on this vital workstream.

There has been discussion at recent UKPPG meetings around moving over to electronic communication. First of all it is more environmentally friendly and secondly there is significant time and cost involved in each postal mailing. While a database of email addresses is being compiled we will use the e-group, however, in the longer term the details held on Xara will be used as it contains email addresses for all members. It may be that some email addresses are now out of date and we will be sending some test emails to identify these. An updated UKPPG Members' Resource Pack will be emailed out to all members via the Xara mailing list in the first week of March. If you don't receive this, then either we don't have your email address, or your membership has lapsed. Either way, and if your email address changes please advise Mick Marven (Michael.Marven@obmh.nhs.uk).

It is acknowledged that some consideration has to be given to those members who do not have access to either the e-group or an email account, and if you are one of those people would you kindly write to confirm that you wish to continue receiving hard copy communications to:

Marina Davidson
UKPPG Secretary
26 Ardrossan
Ouston
Co. Durham
DH2 1RG.

Finally, the UKPPG, College and Pharmacy Law and Ethics Association are running a joint meeting on 'Consent and the new mental health law' on the 21st May (go online to: www.ukppg.org.uk/membership_events.htm for information). I would also like to highlight the formation of the Mental Health Research Network and the potential opportunity this presents for pharmacy. More information on the MHRN appears later in the newsletter.

Regards,

Ian
ian.maidment@nhs.net

Ask about Medicines 2007 — Leeds Partnership NHS Foundation Trust

Ask about Medicines 2007 was focused around 'medicines as we grow up'. For the first time since Ask about Medicines started, the responsibility of organising events and promotion of the week was delegated from pharmacists to technical staff. The technical staff (Figure 1) based at the Mount Hospital decided on the following goals:

- To promote awareness of medication and pharmacy services available
- To encourage service user involvement regarding medicines
- To supply up-to-date, relevant, professional, reliable information on medicines to all service users, carers and relatives
- To offer support to ward staff on all levels
- To be accessible to all patients and professionals.

What we did and how

Firstly, each member of staff designed their own A4 poster with bullet points, such as 'what does this medicine do', 'how and when should I take it' and 'should I avoid any other medicines, drinks or foods when I am taking this medicine'. These were displayed on the wards, external acute community day services and also in the stairwells and lifts of the hospital building. Attached to the posters was a question and comments sheet, giving service users from the outside units the opportunity to participate in the week.

It was suggested that an effective and eye-catching way to promote the week would be to erect a display board in the reception of the building (Figure 2), the board was split into three sections each containing a different aspect of medicines. The first section (designed by Beverley Plummer, Senior Assistant Technical Officer) contained information on the yellow card reporting system; we felt this has not been promoted well in the past so this was a good opportunity to raise awareness. The central part of the display (designed by Donna Enoch, Pharmacy Technician) contained questions for service users. We hoped that the questions would not only prompt our service users to ask, but would also encourage general members of the public to seek advice about their medication. The final section of the display (designed by Sarah Plummer, Lead Pharmacy Technician) was dedicated to compliance aids. The majority of service users within our hospital are elderly and not always aware of the variety of aids available for the dispensing of medication on discharge from hospital. The stand that the display board was part of had a variety of patient information leaflets and a questions and comments sheet for anyone to complete. This was arranged by Jayne Griffiths (Senior Assistant Technical Officer).

Ward sessions were arranged by contacting the ward manager and emailing the 'communications' department with times and dates of all ward drop in-sessions. This was distributed to all staff within the Leeds Partnership Foundation NHS Trust. The ward sessions involved a pharmacy technician and a SATO visiting the wards for approximately one hour, and encouraging the service users to come and speak to them, we gave them the opportunity to ask any questions about their medications. Any questions requiring more



Figure 1: Technical staff based at the Mount Hospital. From left to right Bev, Donna, Sarah and Jayne encourage people to ask about medicines.



Figure 2: Display board in the reception of the building.

clinical detail were referred to the pharmacist. We had sessions on four onsite wards with approximately ten service users asking us questions. We also arranged a session at an acute community day hospital where we spoke with a number of service users.

Finally, we approached the child and adolescent unit, inviting the service users and nursing staff to come and visit the pharmacy department to see what it is we do and to also encourage them to ask questions. Before the session was due to take place we downloaded the 'my medicines worksheet' from the 'ask about medicines' website. The adolescents completed the worksheet to make sure that they knew why and how to take their current medication, as the theme of the week was 'asking about medicines as we grow up'.

What went well?

The 'ask about medicine' week proved to be more successful than previous years due to the objectives, planning, promotion and organisation from all of the pharmacy team. This was shown throughout the week with more involvement from service users and ward staff taking more of an interest.

This year we had an eye-catching display which was visible as soon as anyone entered the building. The colorful, vibrant posters were displayed in prominent places around the hospital, with a smaller display in the pharmacy waiting area. The receptionist reported that a number of people entering or leaving the building had stopped to have a look at the display.

The sessions that were held on the wards were a huge success, with the variety of questions ranging from 'why do antidepressants wear off?' to 'does my medication cause hair loss?'

We gained excellent feedback from both the service users and ward staff.

The child and adolescent unit session went better than expected, although unfortunately only two service users and two members of staff were able to attend, which is something we hope to improve on in the future. However, they were very eager to ask questions relating to their medication. The type of questions they asked were 'what are the side-effects of olanzapine?' and 'how does an inhaler work in the body?'

Aims for the future

The pharmacy team felt that we had advertised the event well. However, the number of service users and questions was lower than expected. Next year we plan to liaise more closely with ward staff and ask them what service users would want from the team.

Donna Enoch and Sarah Plummer, Pharmacy Technicians,

Ten publications to tickle your transmitters

Omega-3 (E-EPA)

There were no significant effects from E-EPA as augmentation of antipsychotics in first-episode psychosis, although there was perhaps a slightly quicker onset of action ($n = 69$, RCT, d/b, p/c, 12/52, Berger *et al*, *J Clin Psychiatry* 2007;**68**:1867–75).

Ecstasy (MDMA) and paroxetine

In people treated with paroxetine 20 mg/d, the physiological and psychological effects of ecstasy were significantly attenuated, which could lead users to take higher (and hence toxic) doses to achieve the same effects ($n = 12$, RCT, d/b, p/c, c/o, 2x3/7, Farré *et al*, *J Pharmacol Exp Ther* 2007;**323**:954–62).

Aripiprazole

When used as an adjunct to haloperidol, aripiprazole 15–30 mg/d significantly reduced prolactin levels, with 88% becoming normal after 8/52 compared to 4% with placebo, and with reversal of symptoms in most ($n = 56$, p/c, 8/52, Shim *et al*, *Am J Psychiatry* 2007;**164**:1404–10).

Risperidone

In a well thought-out switching study, the following equivalent doses for Consta and oral were proposed:

Oral dose < 3 mg/d = Consta 25 mg 2/52
Oral dose > 3–5 mg/d = Consta 37.5 mg 2/52
Oral dose > 5 mg/d = Consta 50 mg 2/52
($n = 50$ [c = 45], RCT, s/b, 48/52, Bai *et al*, *J Clin Psychiatry* 2007;**68**:1218–25).

Donepezil

ECT-induced memory loss is a problem many people report. Donepezil 5 mg/d given from a few days before ECT and for three days after ECT has been reported to improve post-ECT cognitive function and recovery time compared to placebo ($n = 45$, RCT, t/b, p/c, Prakash *et al*, *J ECT* 2006;**22**:163–8). This was an interesting study in that it was triple-blind, i.e. even the statistician didn't know who had what!

Clozapine

Clozapine-induced OCD symptoms may be related to high clozapine/norclozapine plasma levels, so try reducing the dose or measuring plasma levels ($n = 39$, Lin *et al*, *Ther Drug Monit* 2006;**28**:303–7).

Lithium

Bipolar has an increased risk of dementia compared to the general population. Prevalence of dementia 19% in bipolars and 7% in age-matched population. Prevalence of dementia in bipolars who have had long-term lithium therapy was 5% compared to 33% in non-lithium takers. Suggestion lithium inhibits a crucial part of the pathogenesis of Alzheimer's disease ($n = 114$, Nunes *et al*, *Br J Psychiatry* 2007;**190**:359–60; comment by Terao, *Br J Psychiatry* 2007;**190**:361–2).

Lithium

A meta-analysis of all available studies in major depression that reported suicide or suicide attempts showed an 88% lower risk with vs without lithium, suggesting an anti-suicide effect in MDD as well as in bipolar disorder ($s = 8$, $n = 329$, Guzzetta *et al*, *J Clin Psychiatry* 2007;**68**:380–3).

Duloxetine

In a rare study, supra-therapeutic doses of duloxetine up to 400 mg/d produced rises in bp and pulse (which might precipitate pre-hypertensive people to become hypertensive, predictable with pre-dose bp), but did not have severe clinically important ADRs ($n = 117$, RCT, d/b, p/c, c/o, 16/7, Derby *et al*, *J Cardiovasc Pharmacol* 2007;**49**:384–93). So, care in pre-hypertensive people taking high doses.

Antipsychotic onset:

In patients with schizophrenia given antipsychotics, pooled-data analysis of studies showed that if there was no improvement at 2/52, the patient is unlikely to respond at week four and so may benefit from an earlier change ($s = 7$, $n = 1708$, RCT, Leucht *et al*, *J Clin Psychiatry* 2007;**68**:352–60).

Steve Bazire
Chief Pharmacist, Norfolk and Waveney
Mental Health Partnership NHS Trust

College of Mental Health Pharmacists membership

The changes in regulation of pharmacists and the creation of a new professional body, possibly a Royal College, presents the College of Mental Health Pharmacists with an opportunity to become directly involved in the future development of the profession as a whole and to become the voice for mental health pharmacy. To ensure we are representative of mental health pharmacists, we need as large a membership base as possible and that is where you come in!

Membership of the College is open to all pharmacist members of the UKPPG who hold a Diploma in Psychiatric Therapeutics, or have at least five years' experience working as a mental health pharmacist. In addition, you have to submit a portfolio of work for assessment and attend for a viva. Please do not let either of the last two steps put you off applying. The portfolio is not difficult to complete — the majority of it can be completed by recording your daily activities. There are a few additional sections but each of these does not exceed an A4 page. The viva can be daunting but again it is straightforward and is in two parts. The first part is the case vignettes. These are everyday scenarios that you might come across. There are some questions to answer and you are given 15 minutes to prepare your answer to three case vignettes. The panel are not trying to catch you out — there are no trick questions.

The second part of the viva is based on your portfolio. You might be asked to expand on a section or explain what has happened to a particular piece of work since you submitted your portfolio. You can view a sample portfolio on the UKPPG website. In order to keep track of people who are interested in becoming members, we ask that you apply to the registrar for a portfolio pack. I hope to have a short video presentation of the viva available on the UKPPG website shortly.

At our last committee meeting we agreed to redrafting the portfolio to make it easier for people with a more managerial role to apply. My hope is to release a consultation draft in May for comments and to have the new portfolio process in place for people wanting to submit an application for the vivas at Conference. The deadline for submission would be the first week in July. I would stress that if anyone has started on the old portfolio that we will still accept these and, in any case, there will not be a big difference between them.

Stephen Guy
President of the College of Mental Health Pharmacists

Your Local Research Ethics Committee Needs YOU!

Why pharmacists are an essential part of discussions on the ethics of research: be involved in the development of innovation and progress in healthcare

Much has changed in the world of research ethics over the last decade, from changes in European legislation regarding clinical trials, to the national oversight which is now coordinated by the National Research Ethics Service (NRES) which is under the NPSA umbrella.

Suffice it to say, the whole process has become efficiently streamlined, with standardised proforma for submission to ensure all

ethical issues are addressed, deadlines for submission and response are met, and clear roles for each committee based on the specialism of the membership are defined.

Considerable amounts of training are provided on a range of ethical issues as well as on participation on LRECs, for which fees and expenses are covered by NRES. Committees are composed of a designated range of professional and lay members, but are only quorate if sufficient professionals are in attendance. This can lead to calls for members to consider protocols for, and attend other committees. However, there appears to be a shortage of pharmacists for committees.

Pharmacists have an invaluable role in committees, based not purely on their pharmaceutical knowledge and expertise, but as:

- Informed 'members of the public'; able to interpret how it would be if we were approached, recruited and entered into a given protocol
- Members of the multidisciplinary team, understanding how the system works, what other professionals do and the implications of the logistics
- Scientists determining the feasibility of the proposal to deliver what it says 'on the tin'!

Pharmacists really are invaluable to LRECs! Why don't you find out about your local committee and go along to see where and when they meet, and what they do. Go online to: www.nres.npsa.nhs.uk.

I can guarantee it is a uniquely interesting experience, which not only provides considerable continuing professional development (CPD) opportunities, but ensures that our patients, friends and relatives get the benefit of our expertise in the broadest sense.

Trudi Hilton

Committee meetings

Our thanks to Lundbeck for kindly supporting these meetings which were held on 18th November, 2007 and 8th February, 2008 in Milton Keynes. The outcomes of which were as follows:

- Dawn Price has been elected Vice Chairman
- Long-term strategy was discussed. Steve to lead on a regular chief's network
- New corporate membership scheme details discussed
- Education: Diploma had intake of 20 in November; another intake in April. The price will need to go up, reflecting increased costs
- CMHP: Dr. Dave Branford now has the academic background role on the board. Stephen Bleakley now registrar with re-accreditation to Lynn Haygarth as assistant registrar. There have been lots of requests for portfolios so CMHP hoping for lots of applicants for vivas later in year. Portfolio being developed to allow specialist mental health pharmacists in, e.g. managerial levels to be included. A viva has been videoed and is on Youtube
- PALS — several PALS had been inadvertently omitted from the current PALS, which is being rectified imminently
- Bulletin re-launch is still being costed.

Mental Health Research Network (MHRN)

The Mental Health Research Network (MHRN) is one of the topic specific research networks under the umbrella of the UK Clinical Research Network (UKCRN), and is managed by a partnership between the Institute of Psychiatry, King's College London and the University of Manchester. The research networks have been established to develop research capacity within the NHS and to ensure that the NHS is firmly established as an internationally recognised centre for research excellence.

Historically, mental health research has generally been under-resourced and lacked co-ordination. The MHRN aims to provide the infrastructure to support high quality, large scale commercial and non-commercial research projects, including clinical trials, and link this with practice to improve the quality of treatment and care for people using mental health services. The aims of the MHRN also include identifying research priorities and developing research capacity.

The MHRN consists of a central co-ordinating executive management team and eight regional hubs. Professor David Taylor, Chief Pharmacist, South London and Maudsley NHS Foundation Trust and Visiting Professor, King's College is pharmacy lead for the whole of the MHRN and sits on the central executive representing pharmacy issues.

Each regional hub (East Anglia, East Midlands, Heart of England, North East, North London, North West, South London and South East and West) has a pharmacy lead linked with the central executive via David. This is a great opportunity both to influence research direction and to be involved in larger scale research projects', David suggested.

The eight hub leads have recently been appointed and their roles include working with pharmacies within the hub to streamline their involvement in studies adopted by the MHRN, advising on the feasibility of studies (especially pharmaceutical industry studies) within the hub, and identifying research interested clinicians.

While the hub leads will have a co-ordinating role, the MHRN is a key vehicle to improve research in mental health in the UK, and provides an exciting opportunity for mental health pharmacy, as a whole. 'We are hoping to set up a formally recognised pharmacy research team within the MHRN which will carry out funded research under the auspices of the MHRN' David said. For more information on the MHRN please contact, either David or your local hub lead (see below for more details).

Hub	Lead
East Anglia	Stephen Bazire
East Midlands	David Branford
Heart of England	TBA
North East	Dawn Price
North London	Michele Sie

North West	Petra Brown
South London and South East	Ian Maidment
West	Graham Parton

Ian Maidment, Pharmacy Lead
MHRN South London and South East Hub

Report on the Guild of Healthcare Pharmacists' (GHP) liaison to the UKPP Annual General Meeting, October 2007

I have been a member of the GHP National Professional Committee (NPC) for over a year now, and it has been a steep learning curve but a real privilege to be involved with other pharmacists who are working to shape the future of the profession to ensure the highest standards are maintained. Anthony Oxleas is the current chairman and Vilma Gilis is responsible for communications, so we have significant mental health representation in a broad spectrum committee.

Being based in London, I have been the representative of the GHP to attend several high profile events. The UKPPG and CMHP have also been represented at events such as the development of what became called the Waterloo Agreement on the future regulation of the profession — Body akin to a Royal College. However, I was able to represent concerns of mental health services at the Flu Pandemic Planning Groups, chaired by Keith Ridge, Chief Pharmacist for England.

I attended an All Party Parliamentary Group enquiry on the future of pharmacy at the Houses of Parliament, as an observer, which was fascinating. The final report of this group does not reflect much on secondary care services despite a deputation from the GHP NPC to raise awareness of the matters that are important to us. This is one of several issues that will be raised with the Chief Pharmacist for England by the GHP Chair later in the year.

Consultations from the National Patient Safety Agency (NPSA), Department of Health and Royal Pharmaceutical Society of Great Britain (RPSGB) are routinely sent to the GHP NPC and responses are made on these as well as other matters that come to light, such as the increase in fees.

The Terms and Conditions Committee continues to negotiate on unsocial hours and on-call arrangements for pharmacy, as well as keeping us updated on the pensions situation.

I am keen to develop my role liaising between the two committees, however, due to trust responsibilities which have clashed with every UKPPG committee over the last year, I have been unable to attend any committee meetings!

Anyone interested in more information should contact me via my work e-mail address: Trudi.hilton@wlmht.nhs.uk.

Details about joining the Guild of Healthcare Pharmacists can be obtained from Unite (Amicus) membership department; telephone 020 8462 7755/0845 850 4242; or, e-mail: membershipdepartment@amicustheunion.org. Details can also be found online at: www.amicustheunion.org

Trudi Hilton, UKPPG/GHP representative

Diary

Please let the editor know of any dates to be added to the UKPPG events and diary listings, either by post (Stephen Bazire, Chief Pharmacist, Hellesdon Hospital, Norwich NR6 5BE) or e-mail: sbazire@ukppg.org.uk.

Thursday, 24th April 2008: Scottish Pharmacists in Mental Health Seminar and AGM

Friday, 25th April 2008: closing date for portfolio submissions for College of Mental Health Pharmacists membership for vivas on 21st July 2008. If you wish to apply for college membership the application form needs to be completed and sent to the registrar at the address given on the top of the form. Steve Bleakley, Principal Pharmacist, The Beeches, St James' Hospital, Locksway Road, Portsmouth PO4 8LD, stephen.bleakley@ports.nhs
Friday 25th April 2008: UKPPG committee meeting. Please let Ian Maidment (e-mail ian.maidment@nhs.net) or Marina Davidson (marinadavidson@sky.com) know of any item you would like to raise.

Wednesday, May 21st 2008: 10.00AM–3.00PM (PLEA AGM 3.00–4.00PM). The Pharmacy Law and Ethics Association with the College of Mental Health Pharmacists and the UK Psychiatric Pharmacy Group present 'Consent and the new mental health law', Beachcroft LLP, 100 Fetter Lane, London EC4A 1BN. Aims: to provide an update on how new law on mental health and mental capacity might affect consent in pharmacy practice. The new Mental Health Act has attempted to address the problems of managing personality disorders for which there is no proven treatment and of ensuring that individuals with mental health disorders can be compulsorily medicated in the community. More generally, the Mental Capacity Act (and its earlier equivalent in Scotland) is intended to protect the interests of those who have, or anticipate having, impaired capacity to take decisions for themselves. This includes, for example, people with learning disabilities or dementia, or people with terminal conditions that may rob them of the capacity to make their decisions and wishes clear. As the role of the pharmacist becomes more clinical, there is a growing need to understand how the law underpins the concepts of capacity and consent in pharmacy practice. Speakers include Joy Wingfield, Professor of Pharmacy Law and Ethics, University of Nottingham; Peter Bartlett, Nottinghamshire Healthcare NHS Trust Professor of Mental Health Law, University of Nottingham; Anthony Oxley, Divisional/Chief Pharmacist, Leicestershire Partnership NHS Trust; David Branford Chief Pharmacist, Kingsway Hospital, Derbyshire Mental Health Services Trust.

PLEA members may attend free of charge. Non-PLEA members may pay £50 for the day or join PLEA (£15). Applications to attend should be made to: gordon.appelbe@btopenworld.com.

Friday, 13th June 2008: UKPPG committee meeting. Please let Ian

Maidment (e-mail ian.maidment@nhs.net) or Marina Davidson (marinadavidson@sky.com) know of any item you would like to raise. Friday, 27th June 2008: Closing date for portfolio submissions for College of Mental Health Pharmacists membership for vivas in October 2008.

Thursday, 3rd July 2008: Leeds Partnerships Foundation Trust are organising a study day for technicians. Venue: Becklin Centre, Leeds. The day will cover the ins and outs of clozapine, self-harm and personality disorders. Cost £55. There are 25 places available on a first come first served basis. Enquiries to Ann Andrews, email: ann.andrews@leedspft.nhs.uk or telephone: 0113 3055530.

21st July 2008 (week commencing): Vivas for college membership. Friday, 26th September 2008: UKPPG committee meeting. Please let Ian Maidment (e-mail ian.maidment@nhs.net) or Marina Davidson (marinadavidson@sky.com) know of any item you would like to raise. Thursday, 9th October 2008: Vivas for college membership. Friday–Sunday 10–12th October 2008, 33rd Annual (15th International) Psychiatric Pharmacy Conference, venue Wokefield Park, Reading.

Friday, 21st November 2008: UKPPG committee meeting. Please let Ian Maidment (e-mail ian.maidment@nhs.net) or Marina Davidson (marinadavidson@sky.com) know of any item you would like to raise. And, in case you're interested:

21st ECNP Congress, Barcelona, Spain, 30 August–3 September, 2008.

22nd ECNP Congress, Istanbul, Turkey, 12–16 September, 2009.

23rd ECNP Congress, Amsterdam, The Netherlands, 28 August–1 September, 2010.

24th ECNP Congress, Paris, France, 3–7 September, 2011.

25th ECNP Congress, Vienna, Austria, 13–17 October, 2012.

26th ECNP Congress, Barcelona, Spain, 5–9 October, 2013.

List of useful names/addresses

Newsletter editor: Justine Raynsford, The Mount, 44, Hyde Terrace, Leeds LS2 9LN; e-mail: justine.raynsford@leedsmh.nhs.uk

UKPPG Chairman: Ian Maidment, Chief Pharmacist, East Kent Community NHS Trust, Portakabin, Trust HQ, St Martin's Hospital, Littlebourne Road, Canterbury, Kent CT1 1AZ; email: ian.maidment@nhs.net

Treasurer and Membership Secretary: Mick Marven, Clinical Pharmacy Support Unit, Unit 46, Sandford Lane Business Park, Kennington, Oxford OX1 5RW; e-mail: Michael.Marven@oxmhct.nhs.uk

Membership details and application form available from the website: www.ukppg.org.uk

College of Mental Health Pharmacists (CMHP) contacts:

President: Stephen Guy, Pharmacy Dept, Knockracken Healthcare Park, Saintfield Road, Belfast BT8 8BH; email: stephen.guy@belfasttrust.hscni.net

Registrar: Stephen Bleakley, Specialist Pharmacist Mental Health, Portsmouth City Teaching PCT, The Beeches, St James' Hospital, Locksway Road, Portsmouth PO4 8LD; email: stephen.bleakley@ports.nhs.uk

Secretary: Cathy Mortimer, Pharmacy Manager, Princess Marina Hospital, Upton, Northampton NN5 6UH; email: cathy.mortimer@nht.northants.nhs.uk

