**Motec Life UK Trip Report**

**April 14th – April 27th 2009**

**Dr Sarah Daniels: Senior Partner TranScrip Partners LLP**

**Area of interest: Pharmacovigilance/ Drug Safety**

**Week 1:** Akosombo Volta River Authority Hospital: This well appointed 70 bedded hospital in the Volta Region was set up originally to service the Volta River Authority staff but now attracts patients from all over the Volta region and beyond.

**Lecture:** Presented to approximately 25 Hospital staff including Doctors, Paramedics, Medical Students & nursing staff "Rationale Prescribing and Adverse Event Reporting" (16/04/2009).

**Pharmacy Visit**: There is 1 qualified pharmacist working with several pharmacy technicians and dispensing staff. I spent some time interviewing the staff informally about their knowledge and attitudes to adverse drug reaction (ADR) reporting. The staff were most obliging and in theory were aware of the need to report adverse drug reactions to the National PV centre. They reported a recent visit from their Zonal Pharmacovigilance Officers based in Ho.

In practice although some ADRs had been reported, their understanding of the rationale behind reporting was unclear. I reviewed their ADR reporting rates over the last 4 years. Reporting was running at an average of 5 cases per year, though indications were that this might increase in 2009.

It was encouraging to find several posters regarding Adverse Event (AE) reporting in the Out Patients Department. These posters originated from the Ghana Food and Drugs Board, and included details on where to send reports to.

**Laboratory visit:** I spent some time with the Laboratory Head. Although previously well equipped, much of the equipment was well past its sell by date, and was not very efficient to use. Various replacement options were discussed.

**Clinics and ward rounds:** I attended orthopaedic ward rounds and clinics with Mr Ofori-Atta. The hospital was busy, and staff were interested keen to be updated in all aspects.

**Recommendations:**

1. Regular refresher sessions on why, how and what to report in terms of Adverse Drug Reactions.
2. More posters are required to raise awareness on ADR reporting , including around the pharmacy and wards
3. Simplification of AE collection forms with emphasis on the essential elements (patient, reporter, drug and event)
4. Copies of reports should be logged and kept in a secure place and reviewed on a regular basis by hospital staff in order to assess any trends within the hospital.

**Week 2:** Holy Family Hospital Nkawkaw: This is a 211 bedded hospital located in Ghana's Eastern Region. It is by bed size, the 3rd largest hospital in the region. Significantly it has a large Nursing Training College attached to it.

**Lecture schedule:**

1. Basics of pharmacology to approximately 150 nursing students. (21/04/09)
2. Drug safety/ pharmacovigilance to approximately 150 nursing students. (23/04/09)
3. Drug safety/Pharmacovigilance to approximately 30 prescribers: doctors, nurses, pharmacists (24/04/09)

Lectures were well received, and the staff made several constructive suggestions about how to change practice with respect to collecting and reporting ADR data

**Pharmacy Visit:** The Pharmacy was extremely busy and was located in temporary accommodation whilst the permanent location was being refurbished. This may have contributed to the general feel of disorganisation. By the admission of the staff, there were frequent dispensing errors made.

There are 2 pharmacists as well as several pharmacy technicians and dispensing staff. Informal interviews with the pharmacists found that whilst pharmacists had heard of ADR collection they were not actively practising it. They were however very keen to learn about Drug Safety and Pharmacovigilance and as such an extra lecture was scheduled aimed at specifically dispensing staff. AE reporting forms were (I understood) available on all wards, but were not being filled in or forwarded on to the National Pharmacovigilance Centre. Reasons cited for not using the forms included: staff were not clear why the data was required, forms were too detailed, and staff did not what to do with forms on completion.

**Clinics & Ward rounds:** I also attended orthopaedic clinics and ward rounds with Mr Ofori-Atta. Additionally I visited the maternity and paediatric wards. Whilst I found the staff to be friendly, there was evidence of a certain amount of difficulties with patient care e.g. a patient with a fractured neck of femur. a Colles fracture that had resulted in a wrist deformity and limitation of movement.

**Recommendations:**

1. Regular refresher sessions on why, how and what to report in terms of Adverse Drug Reactions.
2. Request visit from the National Pharmacovigilance Centre
3. Posters are required to raise awareness on ADR reporting, including around the OPD pharmacy and wards. It may be possible to get these from the Ghana Food and Drugs Board
4. Simplification of AE collection forms with emphasis on the essential elements (patient, reporter, drug and event)
5. Copies of reports should be logged and kept in a secure place and reviewed on a regular basis by hospital staff in order to assess any trends within the hospital.
6. In corporation of drug safety/pharmacovigilance into the curriculum of the nurses training
7. Review of dispensing errors and a plan to limit errors.

**Assignment and Gratitude.**

I contributed to discussions on 'basic drug manufacturing' base for the Order of St John of God Dublin to be based at Sefwi Asafo. My sincere gratitude to Mr Jon Mitchell and Rev Bro Laurence of the Order who sponsored my trip.