



# Hospital *Pharmacist*

March 2006



## New tool to support NHS medicines manufacturing and preparation services

**P**ro-File, a decision support tool, will be available to authorised NHS pharmacy staff in secondary care this year. In a presentation to the HPG committee on the modernisation of NHS medicines manufacturing and preparation services, Tim Root, London specialist pharmacist, clinical governance and technical services, said that Pro-File has three main objectives. The first is to promote the application of robust clinical governance to the selection and use of unlicensed medicines ("specials") in the NHS. The second is to provide a single source of validated, comprehensive, detailed information about all specials currently made by NHS hospital pharmacies. The third objective is to support managers of NHS hospital pharmacy manufacturing units. For the first time, these managers will have access to an accurate detailed overview of which hospitals are making which products. This information should inform strategic planning and support progressive rationalisation of product ranges. It will help to identify opportunities for achieving economies of scale and promote increased efficiency and optimal use of resources.

When faced with a patient or group of patients with a clinical need that cannot be met adequately by use of a licensed medicine, Pro-File will help pharmacy staff to make rational choices about the formulations and products best suited to the needs of their patient(s) and to identify manufacturers able to make the product(s) required. Product information will be supplied and entered into the database by the manufacturers themselves and they will be responsible for its accuracy and for keeping it up to date. However, Pro-File will not list prices and is not an ordering system. Having used the tool to identify the most suitable product(s), it will then be up to



the pharmacy "customers" concerned (helped by information provided by Pro-File) to choose a supplier and place an order through normal ordering systems.

Pro-File has been developed by a project team funded by the National Implementation Board for Modernisation of NHS Medicines Manufacturing and Preparation Services. Work on rationalisation has been taken forward with expert prescriber groups and medical royal colleges. The first product of this collaboration is a list of "preferred" dermatology specials agreed with the British Association of Dermatologists. This list is now available to all NHS hospital pharmacies.

In January, a presentation on the Pro-File project was made to the Society's practice committee and provoked considerable interest among community pharmacist members. The project team hopes that once the utility of Pro-File has been demonstrated in secondary care, access will be extended to primary care and community pharmacists for whom the challenge of ensuring continuity of supply of specials for hospital-initiated treatment is particularly difficult.

### FOREWORD

#### Dear Reader

Welcome to the first Hospital Pharmacists Group newsletter. The HPG intends to put together two newsletters a year in order to reach a wider audience. For those unfamiliar with the group, an outline of who we are and what we do is given on pS2. Membership of the HPG is open to pharmacists working in NHS, private or armed forces hospitals. Other pharmacists may also be eligible. Those interested in joining should contact: [practice@rpsgb.org](mailto:practice@rpsgb.org).

I would like to thank Sue Kilby, former head of practice at the Society, for providing the HPG committee with support and guidance and to congratulate Robert Clayton on his recent appointment to the position. The committee has already benefited from Robert's extensive health service experience and input during his time as lead for long-term conditions and public health at the Society.

Congratulations also to HPG committee member Keith Ridge on his appointment as chief pharmaceutical officer at the Department of Health. Keith's success coincides with a number of vacancies on the committee and we would be pleased to hear from hospital pharmacists in England and Wales interested in serving (see pS2).

#### Ray Fitzpatrick

HPG Chairman

### Hospital Pharmacists Group conference 2006

The next HPG conference will focus on emergency planning. Topics are likely to include:

- Overview of emergency planning from the Department of Health
- Learning from experience: what happened in previous emergencies?
- Avian influenza and flu pandemic
- What do hospital pharmacists need to do?

The date, venue and programme will be announced in due course.



## The HPG committee: functions and achievements

In this article, **Ray Fitzpatrick**, outlines the work of the Hospital Pharmacists Group committee

The HPG committee is made up of 11 members; nine elected by HPG members and two appointed from the Royal Pharmaceutical Society Council. The elected committee includes one representative from Scotland and one from Wales. There are observers from the Department of Health (England) and the Association of Pharmacy Technicians UK (APTUK), plus a representative from the Guild of Healthcare Pharmacists (GHP). The Society's practice division acts as secretariat.

### Committee functions

The HPG committee has three main functions and has been active in each of these over the past few years. The HPG responds to questions from the Society and comments on national, British and UK consultation documents. Examples include:

- Giving a hospital pharmacy perspective on the consultation on independent

prescribing (this was included in the RPSGB response)

- Contributing to the DoH consultation on consultant pharmacists
- Responding to the Society's consultation on national boards (at the last committee meeting in January, Rob Darracott, the Society's director of corporate and strategic development provided an update and as a result, the HPG committee will be reviewing its purposes and functions and its terms of membership in June)

The HPG raises awareness of hospital pharmacy issues within the Society and, wherever possible, at a government level. Examples of activities are:

- Attending a House of Commons Select Committee on NHS recruitment issues
- Advising the Society on the impact of Agenda for Change on hospital pharmacy
- Presenting on hospital pharmacy matters at the induction session of new RPSGB Council in May 2005
- Raising concerns with the DoH and the Society's practice committee over the lack of growth in hospital preregistration placements due to Agenda for Change
- Presenting to the Society's practice committee on the DoH modernising of manufacturing initiative and the subsequent development of a database of hospital manufacturing units (see pS1)
- Contributing articles to *Hospital Pharmacist* and *The Pharmaceutical Journal* to raise awareness of on topical issues across the profession and to communicate with members (recent articles have focused on topics such as the expiry dates of eye drops in hospital, the role of the pharmacist in medical admissions units and pharmacy involvement in intermediate care centres; the committee also makes

use of the comment section in *Hospital Pharmacist* to convey messages relating to practice)

The HPG supports hospital pharmacy practice by hosting workshops and symposia and enabling the development of guidance and publications on current issues. Achievements include:

- Leading the revision of the 1988 Duthie report on behalf of the Society, which was published as "Safe and secure handling of medicines: a team approach" in April 2005 (HPG committee member Richard Needle was joint revising editor of this important work to develop the essential reference for health professionals who have responsibility for the safe and secure distribution, receipt, storage and handling of medicines)
- Organising and contributing to symposia and contributing to the Hospital Pharmacist Conference and the British Pharmaceutical Conference
- Initiating a joint statement from HPG, the GHP and APTUK on the opportunity for pharmacy technicians to register with the Society (in addition, to enhance joint working with pharmacy technicians, the HPG has invited a representative of APTUK to join the committee as an observer)

Together with the committees of other sector groups, the HPG is also working with the Society to establish a database of pharmacists' practice areas to improve communication with the membership.

The HPG is looking forward to both the challenges posed by significant change in hospital pharmacy in the coming months and the benefits that developments in practice, particularly independent prescribing, will bring to patients and services.

### HPG committee members

- Ray Fitzpatrick (chairman)
- Angela Munday (vice-chairman and Scotland representative)
- David Corral (conference co-ordinator)
- Jenny Joy (Wales representative)
- David Miller
- Richard Needle (immediate past chairman)
- Tim Root
- David Webb (newsletter editor)
- Andrew Allred (GHP Representative)
- John Farrell (DoH observer)
- Tess Fenn (APTUK observer)
- Graham Phillips (Council member)
- Colin Ranshaw (Council member)

### New HPG committee members on pharmacy sector committee

HPG committee members Angela Munday and David Webb have been nominated to represent the HPG on the Pharmacy Sector Committee (PSC). The PSC (formerly the Consultative Working Group) has played a key role in developing vocational qualifications for pharmacy support staff. It comprises participants from the Royal Pharmaceutical Society and representatives of employers and training providers across the UK and seeks to address a range of workforce development issues wider in scope than the Society's anti-

pated statutory functions under the Section 60 Order of the Health Act 1999. Although in a transitional state, the PSC, with support from Skills for Health, is likely to continue to contribute to national occupational standards (at present best understood as the building blocks of the level 2 and 3 S/NVQs in pharmacy services), apprenticeship frameworks and skills escalation.

The HPG committee would like to thank the previous HPG representatives, Helen Howe and Kate McKean, for their contribution.

### HPG committee election

Nominations are invited from HPG members for candidates to stand for election to the committee. There are two vacancies to represent England and one to represent Wales. Nominations should be received by Robert Clayton, HPG secretary, by 18 March 2006 (1 Lambeth High Street, London SE11 7JN, e-mail: Robert.Clayton@rpsgb.org, fax: 020 7572 2501). Committee members normally serve for three years but this is under review. Further details are available in *The Pharmaceutical Journal* (11 February, p217).

## New general pharmacy diploma piloted in SE London hospitals

The Joint Programme Board (JPB), a collaborative of pharmacy services in NHS organisations, specialist pharmacy services and schools of pharmacy in London, Eastern and South East, has launched a new programme of work-based learning in a group of South East London hospitals and primary care trusts, known as STEP.

The programme is competency-based, (using tools like the general level framework) and is delivered largely in the workplace under the supervision of experienced practitioners. It is assessed using a mixture of tradi-

tional and new methods. Students have access to Blackboard (an e-learning platform) for course-specific information and join regular action learning sets to discuss issues relevant to their development. The programme is designed to enable band 6 pharmacists achieve a general level of practice and, for that reason, broadens the experience beyond a focus on clinical pharmacy alone. "This is an exciting innovation that sees genuine partnership between local schools of pharmacy and the NHS. I am grateful to key members of the JPB and STEP who have made it possible,"

commented David Wright, senior lecturer in pharmacy practice at the University of East Anglia and joint chairman of the JPB.

Developed by NHS pharmacy services and academics, the programme was validated initially by the School of Pharmacy, University of London, with a view to the other contributing universities achieving validation during the year.

A staged roll-out of the programme will occur from September 2006. Further information can be obtained at [www.postgraduatepharmacy.org](http://www.postgraduatepharmacy.org)

## How DoH antibiotic money has been used

According to Hayley Wickens, senior microbiology pharmacist at St Mary's NHS Trust, London, many trusts appear to have used the money provided by the DoH to promote the prudent use of antibiotics in hospitals to fund new posts. However, about a third of these posts will not be continued after funding ceases this year.

Dr Wickens presented initial findings from a postal survey of 183 acute hospitals in England at a workshop during the November 2005 symposium of the United Kingdom Clinical Pharmacy Association. Publication of the full data is expected later this year. In terms of quantifying benefits, respondents reported better monitoring of prescribing and expenditure, coupled with cost savings from intravenous to oral switch protocols. However, "as expected, improved patient outcomes and reduced antimicrobial resistance have proved harder to demonstrate", Dr Wickens added.

At the strategic health authority level, chief pharmacists and chief executives of acute trusts in the West Midlands are being asked to quantify achievements arising from the hospital pharmacy initiative on prudent



use of antibiotics. Respondents will be asked to submit a number of indicators that relate to three domains: strategic capacity, delivery and outcomes. The SHA is also seeking clarification from trusts on both continuation of the investment in delivery and sharing of successful practice. "There are indications that across the West Midlands significant revenue savings have been achieved and control of methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* appears to have improved," Ron Pate, pharmaceutical adviser (secondary care) for the West Midlands Strategic Health Authorities, commented.

## NPSA consults on patient safety alerts

The National Patient Safety Agency has launched consultations on four draft patient safety alerts. These cover:

- Reducing the risk of harm when administering intravenous fluids to children
- Improving the safe use of anticoagulant therapy
- Preventing wrong route errors with oral or enteral medicines, feeds and flushes
- Safer use of injectable medicines in near patient areas

The draft alerts and response forms are available under the community section of the [www.saferhealthcare.org.uk](http://www.saferhealthcare.org.uk) website (registration required). Comments and suggestions should be received by the NPSA by 31 March.

### Pharmacy technicians

Approximately 2,700 pharmacy technicians have registered with the Royal Pharmaceutical Society, according to Janet Flint, the Society's head of support staff regulation. Of these, 67 per cent work in community pharmacy and 27 per cent work in hospitals. Although there appears to be little incentive for hospital pharmacy technicians to register with the Society at present, those with qualifications acceptable only under the grandparent clause should appreciate that such arrangements are time limited. Readers' attention is drawn to the joint statement on technician registration facilitated by the HPG and published in *The Pharmaceutical Journal* (25 June 2005, p792).

### IN BRIEF

### Conferences and symposia

The HPG committee organises and participates in a range of conferences and symposia. The purpose is to provide members with information about service developments, to give examples of good practice and to promote pharmaceutical skills and knowledge within the hospital service. These activities are co-ordinated by an HPG committee subgroup headed by David Corral.

In November, the HPG chairman contributed to the 2005 *Hospital Pharmacist* Conference, which provided a variety of perspectives on bridging the gap between primary and secondary care and anticipated the direction of travel laid out in the White Paper "Our health, our care, our say: a new

direction for community services". In 2005, the HPG committee was involved in the Society's May symposium on the impact of the EU Clinical Trials Directive (2001/20/EC) and, in April, the HPG held a joint meeting with the Pharmaceutical Aseptic Services Group entitled "The Breckenridge report revisited: risk management of injectable therapy" with Professor Sir Alasdair Breckenridge as guest speaker.

At the 2005 British Pharmaceutical Conference, the HPG and the Guild of Healthcare Pharmacists hosted a successful session on modernising hospital pharmacy. Topics included electronic prescribing, automation and one-stop dispensing.



## The West Midlands procedure for approving the creation of consultant pharmacist posts

In the first of a series of articles translating guidance into practice, **Ron Pate**, pharmaceutical adviser (secondary care) for the West Midlands Strategic Health Authorities, describes a process for approving consultant pharmacist posts

Department of Health guidance issued in March 2005 provided information on the development of consultant pharmacist posts.<sup>1</sup> It recommends that strategic health authorities (or clusters of SHAs) develop a process to ensure that creation of consultant pharmacist posts satisfy the following principles:

- Benefits to patients are identified when designing posts
- The title "consultant pharmacist" has real meaning
- There is a uniform approach nationally
- There will be a high level of transferability across organisations

In addition, the consultant pharmacist title should only apply to those appointed to approved posts and who meet the appropriate level of competence. Accordingly, SHAs in the West Midlands have developed criteria and a procedure for the development of such posts. While recognising that candidate selection remains the role of local organisations, the West Midlands requires trusts to follow the candidate selection process outlined in the guidance.

Applications for approval of a new consultant pharmacist post (or retrospective approval of a post established before March 2005) is by submission to the SHA using a pro-forma. Most of the information required is likely to have been included in the business case prepared by the organisation wishing to develop the post. The application should be accompanied by a job description, person specification (including the competencies specified in the DoH guidance) and job plan.

### Post approval

Applications for the creation of a new post will be reviewed by a panel consisting of the SHA co-ordinator, SHA pharmaceutical adviser, chief pharmacist (hospital or primary care trust equivalent) not associated with the applicant trust and a pharmacist with peer-acknowledged expertise in the area of practice. This person will be drawn from a national or UK specialist or practice interest group. DoH guidance indicates that a lay member or patient representative, and a higher education institute representative should also be included.

The approval panel can recommend that the post be approved, seek additional infor-



mation from the applicant organisation or return the application for further development and resubmission.

The purpose of the approval process is to ensure that the need for a consultant post has been established. The post approval panel will assess whether or not posts have adequate management support and resources, and will be sustainable, equitable and transferable across the NHS. Consultant pharmacist posts should reflect four integrated functions:

- Expert practice, normally comprising 50 per cent of the job plan
- Research, evaluation and service development
- Education, mentoring and overview of practice
- Professional leadership

### Candidate selection

In the West Midlands, consultant pharmacist posts will only be approved on the basis that in addition to local trust recruitment arrangements, newly created posts are nationally advertised and satisfy national guidelines on recruitment and retention, including equal opportunities. As a minimum, the interview panel for an appointment to a new post should consist of:

- The trust or primary care trust chief pharmacist (unless he or she is a candidate)
- A medical consultant for a post in secondary care or a GP executive board

member of a PCT for a post in primary care

- An external assessor from the SHA (pharmaceutical adviser)
- An external assessor with relevant expertise in the area of practice under consideration (eg, the relevant member of the post approval panel)
- An individual with experience in research and development, if none of the other panel members can offer this attribute

The interview panel will consider suitability for appointment in the context of the national guidance. In particular:

- The competency profile (based on the advanced and consultant level framework)
- The job description, person specification, job plan and Agenda for Change requirements

To support the selection process, panel members should have access to the completed pro-forma submitted to the SHA for post approval.

The West Midlands process was developed using wide consultation and, as a result, many SHAs (or groups of SHAs) have adopted the same system. Anecdotal reports from those using the process indicate that difficulties tend to be encountered when a post is planned within one organisation and no clear leadership role outside that organisation has been identified. In such cases, it is more difficult to differentiate between an advanced practitioner and consultant pharmacist.

### Reference

1. Department of Health. Guidance for the development of consultant pharmacist posts. Available at: [www.dh.gov.uk/assetRoot/04/10/74/95/04107495.pdf](http://www.dh.gov.uk/assetRoot/04/10/74/95/04107495.pdf) (Accessed 6 March 2006).

### Note from the editor

Readers are invited to contact the HPG with topics they would like to see featured in future newsletters and issues for discussion at HPG committee meetings.

E-mails from budding journalists should include the word "newsletter" in the subject line and be sent to [david.webb@nwlh.nhs.uk](mailto:david.webb@nwlh.nhs.uk)

— David Webb