Royal Pharmaceutical Society of Great Britain

Hospital Pharmacist

October 2006

FOREWORD

Dear Reader

In our second newsletter, we feature highlights from the joint HPG and Guild of Healthcare Pharmacists session at this year's British Pharmaceutical Conference as well as a session on the quality of "specials" (pS2). We also highlight a briefing on hospital pharmacy published by the Royal Pharmaceutical Society and aimed at parliamentarians. I am delighted that the HPG had the opportunity to work with the Society on this briefing. It alerts parliamentarians to key matters in hospital pharmacy at a time when the NHS, as a whole, faces major challenges. The HPG committee is aware that this approach has already raised awareness outside pharmacy circles and briefings for Scotland and Wales are under development.

Finally, I would like to draw readers' attention to proposed changes to the terms of reference and membership of the HPG committee. The present committee recommends these changes to better reflect the organisation of the Society in the light of devolution and the establishment of national boards for England, Scotland and Wales. The revised terms of reference have been submitted to the Council for consideration but your views are also valuable (see pS4).

Ray Fitzpatrick
HPG chairman

RPSGB briefs parliamentarians on hospital pharmacy issues

Key opinion formers and parliamentarians are the target of a Royal Pharmaceutical Society briefing entitled "Hospital pharmacy in the 21st century", which was published in August. It aims to help parliamentarians gain an understanding of the roles of pharmacists in hospitals and the issues that concern them. According to Graham Phillips, one of two Council members who sit on the HPG committee, this is just one example of the work the Society undertakes to raise the profile of different sectors of the profession.

The document calls for urgent notice to be taken of the impact of Agenda for Change and recent budgetary controls on workforce numbers and hospital preregistration training. It claims that lack of progress with the NHS IT programme is hampering effective transfer of information between primary and secondary care, blocking improved management of medicines expenditure and undermining the opportunities for electronic prescribing. In the context of concerns over meticillin-resistant *Staphylococcus aureus* and antibiotic resistance, the Society calls on parliamentarians to persuade the Government to reinstate funding for the hospital pharmacy antibiotic initiative on a recurrent basis.

In a positive vein, the innovative work of hospital pharmacists and the contributions they make are emphasised in a section on new ways of working in hospital pharmacy. These include skill mix initiatives to enable more patient-focused roles for practitioners, and improvements in care through pharmacist prescribing, automation, dispensing for discharge schemes and joined-up medicines management arrangements between secondary and primary care. The pivotal role of pharmacists in governance (managing both the clinical and financial risks of treatment with medicines) is highlighted, as is the track record of pharmacy in adopting new technology. The briefing reminds parliamentarians of the need for appropriate advice on pharmaceutical and medicines management issues at strategic health authority and primary care trust level at a time of organisational change.

"Hospital pharmacy in the 21st century" is available at: www.rpsgb.org

Hospital Pharmacists Group conference 2006

Date: 30 November
Venue: Austin Court, Birmingham
Contact: Conventus Healthcare Communications (tel 01926 893 564)

This year, the HPG has put together an excellent programme on emergency planning. In the wake of last year's attacks on London and the ongoing threats of terrorism and pandemic influenza, it is crucial that hospital pharmacists are aware of their local emergency plan and how to implement it.

The conference will address the question of how prepared hospital pharmacy is for major incidents and will provide an arena for delegates to learn from experts about many facets of the emergency planning process, including maintaining the medicines supply chain in the face of adversity.

Keith Ridge, chief pharmaceutical officer at the Department of Health, will chair the conference and speakers will include Lindsey Davies, national director for pandemic flu preparedness, DoH, and pharmacists Charles Tugwell (London and St Barts NHS Trust) and Bill Glendinning (North Cumbria Acute Hospital NHS Trust), who will share their experiences of terrorist and environmental emergencies.

Hot hospital pharmacy topics at this year's BPC

The British Pharmaceutical Conference took place in Manchester from 4–6 September. The following are highlights from the joint HPG and Guild of Healthcare Pharmacists session and from a session on specials manufacturing.

Service by design, not accident

The findings of a review of medicines management (as part of the acute hospitals portfolio) was presented by Julia Sonander from the Healthcare Commission. Outputs from the review raised the following questions:

- Do patients and other hospital staff know the detail of what a pharmacy service is there to provide?
- Is it possible to increase the proportion of patients who self-administer in hospital?
- If only 45 per cent of pharmacist supplementary prescribers are prescribing at least once per week, how do the others maintain their skill levels?
- Has the pharmacy initiative on prudent use of antibiotics been systematised to maintain activity?
- Is clinical pharmacy ready for reorientation to more comprehensive patient advice and education?

Lessons from "7/7"

It is important to be confident in your team's ability to respond to an emergency, said Mike Cross, director of pharmacy at Barts and The London NHS Trust, which had to deal with the 7 July terrorist attack in London last year. Contingencies to be prepared for in any major incident could be captured by "what if" questions, such as:

- What if the incident happened outside working hours?
- What if only junior members of staff are available?
- What if members of staff are unable to operate automated dispensing systems?
- What if medicines run out?

Describing 7/7, Charles Tugwell, principal pharmacist at The Royal London, said that the pharmacy service had responded efficiently and learning points mainly related to the failure of telephone communications, and the need to review stock levels of intravenous fluids and strong analgesics and the content of major incident packs.

Antrim project makes savings

A medicines management project in Antrim has been so successful that it is being implemented across Northern Ireland. According to Mike Scott, chief pharmacist at United Hospitals Health and Social Services Trust, morbidity and mortality related to adverse drug events, low levels of adherence, waste, medication errors and problems occurring at the interface between primary and secondary care led to the formation of a team of both pharmacists and pharmacy technicians responsible for compiling accurate medication histories, delivering an intensive clinical pharmacy service and ensuring systematic discharge processes. Patients who received the service had shorter hospital stays, lower rates of readmission and increased time to readmission compared with those who did not. Fiscal benefits included a return of £4.80 to £8 for every £1 invested.

Craig Strong

Pro-File vital to manufacturing

Of particular importance to work underpinning modernisation of NHS medicines manufacturing services is the launch of the Pro-File database later this year, according to Tim Root, specialist pharmacist in clinical governance and technical services for London, Eastern and South East Specialist Pharmacy Services. Pro-File will list details of all specials currently made and used in the NHS and will enable better informed decisions on product and supplier choice.

Pro-File will also support the strategic planning of medicines manufacturing services. Considerable duplication of product lines takes place across the NHS and a key objective is to rationalise the range so that only lines for which there is a clearly demonstrated clinical need are made. It is evident from data so far submitted to Pro-File that there has been considerable rationalisation since 2000 but there is more work to do, Mr Root said. The publication of the first of four National Patient Safety Agency safety notices later this year is expected to encourage pharmacy services to play an even greater role in providing patient-ready medicines.

> Liz Kay, head of medicines management and pharmacy services at Leeds Teaching Hospitals, also spoke during the joint HPG and GHP session. A report was published in *The Journal*'s BPC supplement (pB33) and is available at www.pjonline.com

Specials: a high risk category

Since publication of the British Pharmaceutical Codex ceased, there has been no source of monographs or recognised formulae for many extemporaneously dispensed products, said V'Iain Fenton-May, all Wales specialist pharmacist in quality control.

As a result, if a patient obtains his or her medicine from different pharmacies there is no certainty that it will be identical on every occasion — clearly an unsatisfactory situation. However, the commission, supported by a pharmacy team from Leeds Teaching Hospitals and funded as part of the medicines manufacturing services modernisation programme, is starting to develop codex-style monographs for the most commonly used extemporaneously dispensed medicines.

Ged Lee, manager of the British Pharmacopoeia and laboratory services group of the Medicines and Healthcare Products Regulatory Agency, announced that the agency's medicines testing scheme and analytical surveillance programme found at least one deficiency in 50 per cent of samples tested (63 products).

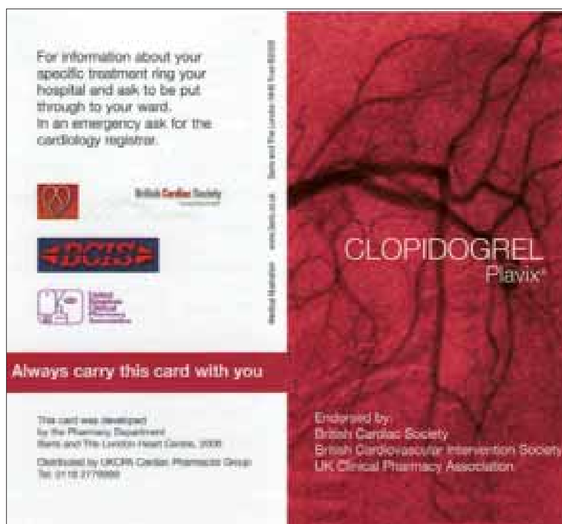
Dr Lee said that specials represent a high-risk category of medicines and that labelling was the single biggest source of defects. Fifty-two per cent of the deficiencies found by the MHRA were to do with labelling, 43 per cent with product specification and 7 per cent with manufacturing or quality assurance. Dr Lee reported that the MHRA had recently initiated a programme of continuous surveillance which had, so far, assessed 11 products. He also announced that the 2007 edition of the BP would include guidance on labelling specials.

Although the standards to which specials manufacture is required to comply are, essentially, identical to those for licensed medicines, there are differences in the way controls can be applied, Brian Dougherty, from the Association of Commercial Specials Manufacturers, said. The discrepancy is the result of fundamental differences in the nature of the products and the quantities and timescales involved.

Most specials orders are from community pharmacies, for small quantities, and these are placed by telephone, usually without any supporting paperwork. The key to achieving assurance of product safety where retrospective analytical testing is usually impossible, is to pay particular attention to process control.
— *David Webb and Tim Root*

UKCPA launches clopidogrel card for patients

The UK Clinical Pharmacy Association has launched a card for patients to improve communication about the intended length of treatment with clopidogrel following percutaneous coronary intervention. Combination antiplatelet therapy (with aspirin and clopidogrel) is established for the prevention of coronary thrombi in patients with coronary artery stents and acute coronary syndromes. The length of the course depends on factors including the pre-existing clinical condition of the patient, the procedure undertaken and the type of stent deployed.



Failure to communicate adequately the intended duration of combination therapy to the patient and the primary care physician can result in inappropriate early discontinuation of treatment, increasing the risk of intra-stent thrombosis and subsequent myocardial infarction. This appears to be particularly important with drug-eluting stents. Providing patients with written information from an interventional centre on the expected length of therapy may help reduce the incidence of inappropriate discontinuation or prolongation of therapy.

Originally designed by Sotiris Antoniou of the pharmacy department at the Barts and The London Heart Centre, the clopidogrel card has been endorsed by the the British Cardiovascular Society and British Cardiac Intervention Society. The UKCPA is making the card available to ensure that patients have written information on the reason why clopidogrel has been started, their daily dose, the drug's concurrent use with aspirin and the planned duration of therapy. The card also provides details on possible adverse effects and potential interactions with other medicine, and highlights the need to consult a doctor before any surgical procedures.

Further information on the card is available from the UKCPA (tel 0116 2776999).

Pharmacy doctorates aim to develop consultant pharmacists

September saw a new intake of pharmacists for the DPharm programme run by the University of Bradford in conjunction with hospitals and other settings in Yorkshire. Peter Taylor, director of pharmacy at Airedale NHS Trust and professor of pharmacy practice at Bradford, said that this year's intake includes pharmacists who have just completed their postgraduate diplomas, pharmacists with considerable post-diploma experience and, for the first time, an academic with a background in pharmacy practice. All these pharmacists will be working to a revised structure for the doctorate with the expectation of progressing to a level of practice consistent with consultant pharmacist status. The first Bradford doctorates are expected to be awarded this year, as the research phase is completed by two students on the course.

The DPharm qualification from the University of Derby is now in its 10th year. With over 20 students currently in the programme, five completed doctorates and three submitted for *viva voce*, Dave Gerrett, director of the pharmacy academic practice unit at Derby, believes the course has evolved to a point where pharmacy practice in all its forms can be accommodated in a rigorous structure for academic attainment. "Our students from hospital, industry, community, primary care and academic pharmacy are all striving to lead in their respective fields," he said. Dr Gerrett also welcomes the requirement for those considering practising as consultant pharmacists to demonstrate competencies and the DPharm course helps pharmacists to meet this need.

Doctorate programmes are also offered by Portsmouth University and King's College London.

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

— *David Webb*

Why national occupational standards are relevant to pharmacists

National occupational standards (NOS) are most recognisable in pharmacy as the units of competence for Scottish/National Vocational Qualifications (S/NVQs). In a year long project, Skills for Health (the Sector Skills Council for the health sector) is exploring pharmacy NOS and identifying areas where their development might support workforce priorities. Part of the project involves updating the NOS within the level 2 and 3 S/NVQs in pharmacy services, as well as examining the application of NOS to existing competency frameworks in pharmacy, such as that recommended for consultant pharmacists.

But what are NOS, why are they important and how are they developed? For those unfamiliar with the concept, the standards are competence statements that describe the skills, knowledge and understanding needed in employment. More specifically, they define what people or teams need to know and be able to do, the work activities to be carried out and the quality standards that apply to those activities.

NOS are developed by representatives of employment sectors on a UK basis through their Sector Skills Council (in this case, Skills for Health) and are approved by the UK Co-ordinating Group of the National Occupational Standards Board. They apply across the sector, including NHS, independent and voluntary employment, and although they are key to vocational qualifications, they also enable appraisal and performance review, service, team and organisational development, and the design of training. The fact that NOS are linked to a particular dimensions and levels of the NHS Knowledge and Skills Framework (KSF) indicates they can be of use in the preparation of KSF outlines and in development reviews.

Further information and a copy of the project bulletin can be obtained by e-mailing Sophie Hughes, assistant project manager, at: sophie.hughes@skillsforhealth.org.uk

New terms of reference proposed for the HPG

The HPG committee believes the time is right for change to its membership and terms of reference, including a name change to hospital pharmacy committee. To provide a unified and credible voice for hospital pharmacy so that relevant issues are accurately represented within and by the Society, the present committee proposes that new terms of reference are adopted:

- To maintain and develop the profile of hospital pharmacy within the Society and with external stakeholders
- To provide advice actively and responsively to the Society's national boards on issues of practice-related policy and strategy
- To inform the national boards on issues of importance to hospital pharmacy
- To provide advice actively and responsively to the Society's Council on issues of regulation and regulatory impact
- To inform the Council actively and responsively on issues relating to, and affecting, hospital pharmacy
- To support the development of practice guidance for the profession as a whole and hospital pharmacy in particular
- To identify key individuals from the hospital pharmacy sector to represent the Society on committees developing national guidance

We also propose that membership of the new committee will be by appointment or nomination from recognised hospital pharmacy groups, the Society's national boards and Council. All 15 seats will be full members of the committee, drawn from groups listed in the Panel.

Each national board will nominate a member to the committee. For England, this will be the individual who holds the hospital-reserved seat. For Scotland and Wales, where there are no reserved seats, this will be the person deemed most appropriate by the relevant board. Nominees from the hospital chief pharmacists networks should be chief pharmacists, or senior pharmacists with wider NHS responsibilities and whose role involves substantial input to hospital pharmacy services at strategic health authority or equivalent level. For the English network, it is suggested that the four nominees each represent northern England, the Midlands, London and the south.

It is envisaged that the new committee will meet three times a year and be supported by the Society's practice division as at present. Nominations to the committee will take place biennially. No limit will apply to the number of times a member can serve, although a nominating group will be asked to reaffirm nomination every two years and can withdraw a nomination at any time. The chairman and vice chairman will be elected by members of the hospital pharmacy committee, serve for a period of two years and may only hold office for two consecutive periods. The agenda and minutes of the committee will be circulated to the national boards and where the committee refers an item to a board for consideration, the chairman or deputy can be invited to attend. The chairman of the hospital pharmacy committee will be *ex officio* a member of the Society's practice committee.

If you would like to comment on these proposals, please e-mail valerie.green@rpsgb.org — *Ray Fitzpatrick*

15 committee members

- The Society's national boards (3) and Council members (2)
- Guild of Healthcare Pharmacists (1)
- UK Clinical Pharmacy Association (1)
- Association of Pharmacy Technicians UK (1)
- English hospital chief pharmacists networks (4)
- Scottish hospital chief pharmacists network (1)
- Welsh hospital chief pharmacists network (1)
- The offices of the chief pharmaceutical officers for England, Scotland and Wales (1)

Principles for supporting older people to take medicines safely

In a second article in a series that translates guidance into practice, **Theresa Rutter**, chairman of the London, Eastern and South East Steering Group on medicines management and older people, describes principles of care developed to support older people in the safe and effective use of medicines

One of milestones from the National Service Framework (NSF) for Older People, due for achievement by 2004, was that all primary care trusts should have schemes in place so that older people get more help from pharmacists in using their medicines. Despite examples of excellent practice, older people are still not consistently enabled and supported to use their medicines safely and appropriately. Gaps in support occur in people's own homes, in care homes, and at care interfaces.

The London, Eastern and South East Steering Group comprises representatives from across the pharmacy profession, including primary and secondary care and community pharmacy, as well as the social care regulation and performance management sector. As a consequence, it is well-placed to take a view on progress toward the NSF milestone. Since publication of the NSF, the group has sought to keep older people and their medication needs on the agenda of pharmacy networks via the activities of specialist clinical pharmacists for older people and OPNet, a group for discussion and cascade of information. Despite a high level of activity, consistency has yet to be achieved and so the following principles have been written to support primary care trusts as they try to meet the milestone and achieve the aims of "A new ambition for old age" — the next steps in implementing the NSF:

Principle 1 Every individual has the right to an assessment to identify their care needs and such support as is necessary for safe and appropriate use of his or her medicines

Principle 2 Every individual has access to their medicines and is able to use them safely and appropriately

Principle 3 Every individual and carer has access to high quality information from a health care professional about their medicines

Principle 4 Health and social care organisations provide support for medicines use, in line with the principles of clinical governance and national minimum standards

Principle 5 Individuals are entitled to receive co-ordinated care when moving between different care settings

Principle 6 Every health and social care economy has a robust referral system to a pharmacist to ensure a consistent point of contact, communications network and signposting

The group aims to disseminate these principles to lead commissioners for older people and for long-term conditions (many older people have long-term conditions), local NSF leads, community matrons and team leaders for intermediate care, and leads in social care commissioning and care management. The document will also be circulated to national organisations.

Comment or feedback is welcome and should be sent to Theresa.Rutter@kc-pct.nhs.uk