

# Minister announces £1m funding for training technicians and assistants

HEALTH Minister Rosie Winterton announced new funding for pharmacy technician training in her address to the British Pharmaceutical Conference in Harrogate this week. She said that feedback from the discussion document 'Pharmacy workforce in the new NHS' revealed overwhelming support for making greater use of the skills of pharmacy technicians and other staff, in order to release pharmacists for more clinical activities. However, there was concern about the cost of training.

"For community pharmacy, we will be looking to address this within the proposed new contractual framework. In the meantime, however, I am pleased to announce

that the Department of Health will, as a first step, make available to contractors an initial contribution of an additional £1m this year to support the training of pharmacy technicians and assistants," she said.

In addition, she announced that a consultation document will be issued next year to examine the possibility of some pharmacy technicians supplying medicines without the direct supervision of a pharmacist. But the Minister added: "A pharmacist will still always be required to be legally and professionally accountable for the activities within each pharmacy." She said that she was pleased that the Society had decided to register technicians.

The Minister also made announcements about medicines management.

**Minister's address, p372**

## Pharmacy needs more resources

PHARMACY has now gone beyond the crossroads it was stalled at for many years, the President of the Royal Pharmaceutical Society, Dr Gill Hawksworth, told the BPC on 17 September.

In her conference address, the President told the Health Minister, Rosie Winterton: "If you only take with you one key message about our profession from today's meeting, I hope it is this: we want to move forward on behalf of patients. Please give us the framework to do so."

Pharmacists should be developing roles and services, the President said. "But we will not move forward unless there can be an environment and a framework that encourages, not stifles, innovation. Pharmacists can only take up their roles in prescribing, medicines management, repeat dispensing and other new, beneficial functions if they have the time and resource. We hope that

you will underpin your intentions with tangible motivation and support for pharmacists who want to take up the challenges of moving ahead."

Dr Hawksworth added that the Society welcomed moves towards an NHS contract for community pharmacy that rewarded quality. "But those who commission local health services must be in a position to compensate pharmacists for their time and for their support staff's time or, with the best will in the world, we cannot make progress," she said. "We all have high hopes for the real contribution that pharmacists can make to the future NHS. The NHS needs it and pharmacists want it. Let us work together to ensure that our joint aspirations become reality. We need to identify threats and potential barriers and work to remove them," the President concluded.

**President's address, p371**

## Pharmacists must only prescribe when there is real patient need

PHARMACISTS must only take on prescribing roles if they are in a position to prescribe on a regular basis and there is a patient need, said Professor Judy Cantrill, University of Manchester.

Speaking at the BPC on 15 September, she said: "Pharmacists must prescribe because of patient need not because the pharmacist wants to. I would be wary of going down a route of qualifying all pharmacists to prescribe."

Professor Cantrill's comments were based on observations of nurse prescribing. Although 22,000 nurses have been trained to be prescribers in the UK, only half are actively prescribing. "Department of Health guidance at the time said all suitably qualified nurses should receive training, but it was not linked to local service needs," she

explained. "We have learnt from that and now pharmacists have to demonstrate a need to undertake training." She added that people quickly lose competence if they do not carry out a function they are trained for.

Professor Cantrill said that research showed that what patients want in chronic disease management is competence, continuity of care, a personal service and a holistic approach. Patients do not necessarily want prescribing by a doctor, she explained. Supplementary prescribing could increase convenience for patients in terms of accessibility but could also lead to inconvenience. "Multiple pathologies could lead to a need for more than one prescriber so we need to ensure that care does not become more fragmented," she said.

**Full report, p376**

## NPSA reporting and learning system to go live in November

NATIONAL Health Service staff in England and Wales will be expected to report medication errors from 24 November when the National Patient Safety Agency's reporting and learning system goes live.

Wendy Harris, senior pharmacist with the NPSA, announced the launch date during a BPC session on clinical governance on 15 September and pointed out that it was part of the strategy to meet the Government target of reducing medication errors by 40 per cent by 2005. Meeting the target would be difficult but not impossible.

The intention is for the reporting and learning system to be integrated with local risk management systems and that support for implementing the system would be provided by a new group of patient safety managers. Just over 30 are now in post, currently going through induction: 28 in England will cover the same geographical areas as the strategic health authorities; the remaining group will work in Wales.

The system will be web-based and, Ms Harris emphasised, non-punitive and confidential. The idea is that by allowing people to report errors anonymously, the NPSA may see the same type of errors repeating themselves in different parts of the country.

### BPC BRIEFS

#### PCPs want more Society support

In a straw poll of participants in the primary care pharmacists programme, 93 per cent said that the Royal Pharmaceutical Society's communication and support for primary care pharmacists was either seriously below or some way below their requirements. The Society is planning roadshows to improve communication.

# Chief officers admit workforce failures

WORKFORCE planning is an area that has not been properly tackled, the chief pharmaceutical officers of England, Scotland and Wales have admitted.

The issue was highlighted by Professor Peter Noyce, professor of pharmacy practice, University of Manchester, during a question time with the chief pharmacists at the British Pharmaceutical Conference on 16 September (see p373). Although schools of pharmacy have increased the number of students on pharmacy courses, no such increase in preregistration places has been seen, said Professor Noyce. "Within the

next two years we will not have adequate preregistration places," he said.

Dr Jim Smith, chief pharmaceutical officer for England, said: "This is a highly pertinent point and the situation could easily develop into the rate-limiting step in the delivery of pharmacy services." He said that the Department of Health is talking to workforce planners to try to find ways to resolve the problem.

Carwen Wynne Howells, chief pharmaceutical adviser for Wales, said: "One of the problems is infrastructure. Preregistration places in the National Health Service have

now reached saturation point in terms of capacity. Hospitals need the infrastructure to accommodate more places." She added that other training, such as clinical diplomas and national vocational qualifications, are also placing a burden on the system.

Chief pharmaceutical officer in Scotland, Bill Scott, pointed out that private employers, in other words individual contractors, are relied on to provide preregistration training. "We have to support them," he said. Mr Scott added: "We have failed to address this issue so far but we will go back and double our efforts."

## Boots launches new coronary heart disease service

A NEW service that aims to improve concordance and patient care for people with coronary heart disease was launched this week by Boots The Chemists.

Speaking to *The Journal* at the BPC, Stephen Pemberton, regional professional development manager for Boots in north west England, said that initially the service will be provided as a pilot in three branches of Boots in Middleton, Rochdale and Stockport. "The service is called 'Know your heart' and it is aimed at people with an existing diagnosis of CHD," he explained.

Pharmacists will gather information about the patient's medical history through a consultation with the patient. They will



*Pharmacists will set and agree goals for patients with CHD to achieve*

ask about any problems patients have had with their medicines, find out about compliance and also ask about lifestyle factors such as smoking, diet and exercise. The pharmacist will then carry out a number of point-of-care tests — blood pressure, cholesterol level, blood glucose level and body mass index. The patient and pharmacist then identify

and agree some goals for the patient to achieve over the next six to nine months. The patient's general practitioner will be informed of the test results and will also be asked for input in relation to the goals. If any problems with the patient's medicines are identified then the pharmacist would suggest appropriate changes to the doctor at this stage. "Medicines are at the heart of this

project," added Mr Pemberton. Once the goals have been set, the pharmacist will contact patients on a monthly basis to review their progress and remind them to request repeat prescriptions. The service is available all the time, not on an appointment basis. "This open access is a strength of community pharmacy," said Mr Pemberton.

The project has the backing of the local primary care trust. Although the pilot service is available to patients free of charge, Boots has not ruled out charging patients, or approaching PCTs for funding, if it is expanded to other locations in the future.

## Future cancer care delivery will be by pharmacists

SPECIALIST community-based cancer prevention services will be in place within the next decade, according to Professor Karol Sikora, visiting professor of cancer medicine, Imperial College, London.

Speaking at the BPC symposium on innovation and delivery in cancer care on 15 September, Professor Sikora said: "My prediction is that the medical model will be given up. A direct-to-consumer model for cancer prevention done through pharmacy and clinical pharmacists may be a better way forward." He suggested that these specialist services would be provided in the community rather than being set up in hospitals and clinics. "The time isn't right yet but it will come over the next five to 10 years."

The biggest change in prevention strategies would be the identification of individual cancer risk. "Within five years there will be good genetic testing — not just of high-risk cancer. Multiple gene analysis will tell us who is likely to get cancer."

Furthermore, advances in technology would mean that up to 70 per cent of patients with cancer would be cured. "The future is not going to be about the technology. It's going to be about how society provides the care, how it pays for it and what model it uses."

## Children's NSF to be published next year

REMAINING sections of the National Service Framework for Children, Young People and Maternity Services are to be published early in the new year, according to Professor Al Aynsley-Green, national clinical director for children and Nuffield Professor of Child Health at the Institute of Child Health, University College London and Great Ormond Street Hospital for Children.

The part devoted to hospital services has already been issued, and the remaining seven — including one on medicines for children — will, he hopes, be published together once ministers have approved them. Speaking at the BPC on 16 September, Professor Aynsley-Green emphasised that the NSF was only a starting point — implementation to ensure that services were child-focused and not disease-focused was the challenge for the next 10 years.

Professor Aynsley-Green also admonished the United Kingdom's pharmaceutical companies for using the ethical and practical

constraints of conducting trials on children as excuses for not ensuring that medicines were safe for them. "We are now years behind the United States," he said, partly because incentives have recently been introduced in the US to encourage pharmaceutical companies to conduct research into the use of medicines in children. There are also indications that not many people seem to be interested in research into drug delivery in children in the UK.

□ *Children's formulary* The national formulary 'Medicines for children' needs to be more widely circulated to include primary care, according to Tony Nunn, director of pharmacy at the Royal Liverpool Children's Hospital NHS Trust.

"It requires wider distribution, particularly to GPs and community prescribers and to the new wave of prescribers. A product supported by the Department of Health and distributed in the same way as the BNF would be ideal," he said during the BPC.