

NPPG celebrates its 10th anniversary

The Neonatal and Paediatric Pharmacists Group celebrated its tenth anniversary this year. **Hannah Pike** reports from its annual conference that was held in Newcastle Upon Tyne this week, and was attended by almost 200 delegates

Recent developments in the field of neonatal and paediatric pharmacy include the European Commission's proposal for a regulation on medicinal products for paediatric use, the launch of the Department of Health's paediatric medicines strategy (*PJ*, 21 August, p246) the publication of the National Service Framework for Children, Young People and Maternity Services (*PJ*, 25 September, p413) and the pending launch of the British National Formulary for Children (*PJ*, 3 April, p405).

At the NPPG conference this week delegates discussed how these developments will be brought together to improve the pharmaceutical care of children and neonates.

Building a safer NHS

Research into medication errors in paediatrics is getting better, Jim Smith, chief pharmaceutical officer for England, told delegates, but more research is still needed to help build a safer NHS. Dr Smith said that in order to do this, better reporting of errors is essential. He referred to the Department of Health's 2000 report "An organisation with a memory" which said that factors leading to errors must be recognised to prevent them being replicated throughout the NHS. He reminded delegates that the main thrust of the report calls for better reporting in a blame-free culture, but acknowledged how difficult this is to achieve.

Dr Smith said that although advances in IT such as electronic prescribing and electronic transfer of prescriptions should help to reduce mistakes, they will not solve the problems completely and errors will occur in other ways.

Better access to information and decision support is also an important step to ensuring safety, Dr Smith said. "The children's BNF is going to be so important in this field," he explained, "and every health care professional should have access to one".

"Human error is inevitable," he concluded. "Medication is generally safe but serious errors do happen and they happen too frequently. The Government is really serious about improving patient safety in general, and medication safety in particular, but we recognise there is no simple, single solution. We need a systematic approach and the community of paediatric pharmacists has a big role to play and is already doing so."

The Neonatal and Paediatric Pharmacists Group 10th annual conference took place in Newcastle Upon Tyne from November 26–28. Joint sessions were held with the Academy of Pharmaceutical Sciences.

What to expect from the BNF-C

George Rylance, chairman of the paediatric formulary committee of the British National Formulary for Children (BNF-C), and Ian Costello, editorial lead, outlined the aims of the BNF-C, which is expected to be published in June 2005, and described what pharmacists can expect from it.

The BNF-C aims to build on 'Medicines for Children' and to provide an authoritative reference for the safe and effective use of medicines in children and neonates, as outlined in the Department of Health strategy on medicines for children.

It is a collaboration between the NPPG, the Royal College of Paediatrics and Child Health, the British Medical Association and the Royal Pharmaceutical Society, and is designed for primary, secondary and tertiary care. It will cover drugs used in practice in children from neonates to the age of 18, both licensed and unlicensed.

Mr Costello described how the style of the BNF-C will follow the classifications of the BNF, although the layout will be distinctly different. A key difference is that information contained in some of the appendices of the BNF such as the use of drugs in pregnancy and during breast-feeding, will appear in the monographs of the BNF-C. BNF-C will also contain information on the administration of drugs and best practice guidance on the preparation and sourcing of

extemporaneous and unlicensed medicines. An electronic and web-based version will be available a few months after publication of the hard copy.

Mr Costello explained that health minister Lord Warner had said in August that the Department of Health will support the distribution of the BNF-C as it supports the distribution of the BNF to doctors, pharmacists and extended nurse prescribers in England. He said that the publishers are working with the Department of Health to firm up the distribution process and that separate discussions are still under way on the distribution of BNF-C in Scotland and Wales.



Ian Costello: Layout different to the BNF

Draft EU regulation for paediatric products

Nathalie Seigneuret, scientific administrator at the European Medicines Agency, outlined the draft EU proposal for a regulation on medicinal products for paediatric use which aims to increase the availability of medicines specifically adapted and licensed for use in this population, and to make more clinical trial data available to both prescribers and parents.

Dr Seigneuret summarised these draft regulations, which include a requirement for paediatric data at the time of application for a new product. Rewards for the studies conducted will be a six-month extension of the supplementary protection certificate if corresponding paediatric data is incorporated into the product's summary of product characteristics. For orphan medicinal products, an additional two years market exclusivity will be granted for inclusion of this data.

Dr Seigneuret described how a paediatric expert group has been set up by the Committee for Medicinal Products for

Human Use to assess paediatric needs in different specialist areas. Details of the EMEA proposals are available at www.emea.eu.int.

Speaking from the pharmaceutical industry's perspective, Steve Wicks, vice-president of science and technology at Pfizer Global Research and Development, explained that one paediatric formulation can take up to five years, and over £2.5m to develop, competing with the development of drugs intended to meet unmet medical needs of adults. He said: "While the incentive of six months additional market exclusivity is valuable, it requires that revenues are maintained to the full extent of the patent term and are not eroded by premature generic competition."

He said that over the next 10 years the benefit of joint industry and regulatory agency promotion of paediatric medicines will be felt, but it is essential that paediatric pharmacists and the industry continue to communicate with one another.

Paediatrics — a complex agenda

The Government is genuinely taking children's health seriously, Sir Alan Craft, president of the Royal College of Paediatrics and Child Health, told delegates. He said that the Government's policy agenda is complex, taking into account the Children Bill, the Chief Nursing Officer's review of nursing, midwifery and health visiting and the White Paper on Public Health (*PJ*, 20 November, p739). He pointed out that a lot of the responsibility for the health of children that used to lie with the Department of Health has been transferred to the Department for Education and Skills after "Every child matters", the Government's response to the Victoria Climbié inquiry.

However, despite this progress, inequalities among children are continuing to rise, Sir Alan explained. For example, a large social divide still exists with children born into the lower socio-economic classes having lower birth weight and a higher risk of dying from an accident than the higher social classes.

Children have not been made a priority in the NHS, Sir Alan told delegates. He suggested that society does not place a high value on children, childhood and parenting, and that key NHS targets are not relevant to children.

Sir Alan reminded delegates that a marker of good practice outlined in the NSF for



Professor Sir Alan Craft: We need a cultural change

children is that "The contribution of pharmacists in the effective and safe use of medicines in children is maximised".

He acknowledged that change will take time and said: "We need a cultural change in the way we think about and design children's services, especially working in partnerships."

Current research in paediatric pharmacy

Several delegates presented their latest paediatric research findings at the conference. These included

- Catherine Tuleu, lecturer at the Centre for Paediatric Pharmacy Research at the University of London School of Pharmacy and winner of the 2003 Mandeville Medicines research award, described the safe use of the extemporaneous preparation of sildenafil (Viagra) for children with pulmonary hypertension
- Simon Keady, lead directorate pharmacist, women and children, at the Middlesex Hospital, described the benefits of a paediatric palivizumab administration clinic
- John Bane, clinical trials pharmacist at Sheffield Children's NHS Trust, presented a drug use evaluation of omeprazole and its problems when administering doses of less than 10mg and administration via a feeding tube
- Amanda Bevan, directorate pharmacist at Southampton General Hospital, presented an investigation of cystic fibrosis prescribing issues in primary care

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