

review of circulars and OFFICIAL PUBLICATIONS

By A. C. BOWER, MR PHARMS

The recently released guidance on the use of zanamivir is one of the subjects covered by this month's review, which also discusses a report on teamworking jointly sponsored by the Royal Pharmaceutical Society and the British Medical Association

The National Institute for Clinical Excellence (NICE) issued Technology Appraisal Number 15 in November. This was entitled "Guidance on the use of zanamivir (Relenza) in the treatment of influenza" and will be welcomed at a time of year when this illness is most prevalent. Zanamivir is recommended for the treatment of at-risk adults who present within 36 hours of the onset of influenza-like illness at a time when influenza is known to be circulating in the community and are able to commence treatment within 48 hours of the onset of these symptoms. It is not recommended for use in otherwise healthy adults with influenza.

Those in the at-risk group are patients aged 65 years or over. It also includes those with chronic respiratory disease requiring regular medication, significant cardiovascular disease (excluding those with hypertension), diabetes mellitus and those who are immunocompromised.

Use of the drug in these groups might be expected to reduce the duration of symptoms from about six to five days and the absolute risk of complications requiring antibiotics by 6 per cent in the "intention-to-treat population."

It is estimated that the number of patients eligible to receive the drug and who seek a consultation will be between three and 17 per general practitioner, and may result in a drug cost of £2.3m to £11.7m for England and Wales.

A Department of Health news release in November bore the title "Extended range of drugs now available to ambulance paramedics." Ambulance paramedics are now able to use a wider range of injectable medicines to provide treatment for patients suffering heart attacks and other life-threatening conditions. The additional drugs

which can be administered include benzylpenicillin for use in cases of suspected meningococcal septicaemia, Syntometrine for use in post-partum haemorrhage, metoclopramide as an anti-emetic, frusemide for the treatment of acute pulmonary oedema due to left ventricular failure and streptokinase as a thrombolytic. The Prescription Only Medicines (Human Use) Amendment (No 2) Order 2000, which encompasses these changes, came into force on November 16. The drugs listed can be administered by ambulance paramedics on their own initiative, as opposed to being administered under a patient group direction. Ambulance trusts are working with the Joint Royal Colleges Ambulance Liaison Committee to ensure that clinical audit measures to establish outcomes are in place and to develop appropriate training programmes. Hospital pharmacists will no doubt have a role to play in contributing to training initiatives.

"Teamworking in primary health care: realising shared aims in patient care"

was issued in October as a joint report from the "Forum on teamworking in primary health care," which has been jointly sponsored by the Royal Pharmaceutical Society and the British Medical Association.

The forum was the result of a joint initiative between the Royal Pharmaceutical Society, the British Medical Association, the Royal College of Nursing, the National Pharmaceutical Association and the Royal College of General Practitioners. An expanded group was then brought together to prepare the report which makes a set of recommendations for teams engaged in hands-on clinical care and another set of relevant national organisations.

The need to strengthen and develop teamworking within primary care is clearly important to develop and provide improved services for the future. The benefits should be seen in services which are more responsive and patient-sensitive as well as more clinically and/or cost effective. A further benefit is the provision of more satisfying

roles and career paths for primary health care professionals. The team in primary health care is not seen to be a static group but to be dynamic in changing to meet the needs of patients in different situations. The report summarises the barriers and drivers to teamworking and outlines the changing health care environment which will have an impact on future developments. Some examples of good practice are given under the headings of communication, multidisciplinary education, training and continuing professional development, new services and new roles, perceptions and understanding and new policy initiatives in primary care. The recommendations for teams can be summarised as:

- Involve the patient/carer/representative
- Establish a common purpose
- Agree objectives and monitor progress
- Agree ground rules for how the team will operate
- Identify and use skills and knowledge of team members
- Develop good communications between members
- Ensure the practice population understands how the team works
- Select team leaders for their leadership skills rather than status or availability
- Promote teamwork across health and social care
- Evaluate initiatives
- Ensure that the sharing of patient information meets legal and professional requirements

The report will provide useful background reading for those working as part of a primary health care team. Colleagues should not underestimate the complexity of working with a diverse but rich mix of professional and organisational structures. In this respect, it is interesting to note that the foreword to the report acknowledges that it was "a consensus arrived at only after spirited discussion by members whose views often differed and occasionally conflicted."

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