

Applications invited for hospital medicines management collaborative

Ten hospitals will be able to join the hospital medicines management collaborative hosted by the National Prescribing Centre. The initial pilot wave of 10 sites will be announced early in February 2004. Health Minister Rosie Winterton, speaking at the British Pharmaceutical Conference in Harrogate in September 2003, announced that the pilot would build on the successful collaborative programme already running primary care.

There is a particular desire to involve trusts that have identified improvement needs through the 2001 medicines management framework for hospitals.

Trusts involved in the programme will be offered support and facilitation from the national medicines management team and support to implement NHS medicine management developments.

The collaborative approach is a systematic improvement method which has been applied to a range of management challenges, and has been used in health care systems in the US and Sweden. Teams of 11 or 12 people from the successful trusts will attend four one-and-a-half day

learning workshops. Teams are expected to include multidisciplinary representatives from pharmacy, nursing, medicine, senior management and finance. Participants will learn about quality improvement, skills for measuring improvement and practical ideas for delivering changes in medicines management.

Trusts planning to apply to join the medicines management collaborative are asked to send notification of their interest by email to hmmc@npc.nhs.uk by Friday 19 December.

Completed application forms, together with an accompanying declaration of commitment should be returned to the Director of Medicines Management at the National Prescribing Centre by midday on Monday 5 January 2004.

Further information and an application form is available at www.npc.nhs.uk/mms

brief

The dispensary at St Albans hospital in Hertfordshire may close in the new year because of a lack of staff. Patients will be given prescriptions to be dispensed at local community pharmacies. A recruitment campaign will be started to try and attract pharmacists and technicians.

Health services research is not making its full contribution to improvements in patient care, according to a paper published in the *BMJ*. The Health Foundation is calling for comments on a range of proposals for action to support a new programme of activity to help develop health services research (*BMJ* 2003;327:1339-41).

Nominations are invited for the Kent, Surrey and Sussex mentor of the year award. The closing date is 5 January 2004 (www.mentoroftheyear.net).

The NHS uses up to three-and-a-half times the number of hospital bed days for conditions such as stroke and hip fracture as health organisations in the US according to a recent report in the *BMJ* (*BMJ* 2003;327:1257-60).

Oncology Times, a magazine for all members of the health care team involved in treating cancer, is being launched in February 2004. Subscription information is available on 020 8542 3200.

Article 12 of POM order to be extended

Government ministers have recently accepted recommendations from the Committee on Safety of Medicines that Article 12 of the Prescription-Only Medicine order should be extended to include supplementary prescribers and independent nurse prescribers. The extension will allow medicines to be sold or supplied in accordance with the written instructions of a supplementary prescriber (or

an independent nurse prescriber) in the course of a business of a hospital.

The extension was sought because of confusion about whether inpatient drug charts meet the requirements for prescriptions set out in Article 15 of the POM order. Legislation is expected early in 2004.

Gul Root, principal pharmaceutical officer at the Department of Health welcomes this amendment to

medicines legislation. She told *Hospital Pharmacist* that it "clarifies beyond doubt the uncertainty that existed as to whether writing on drug charts as a means of prescribing and supplying medicines complies with the requirements of Article 15 of the POM order."

Mrs Root spoke about the DoH's vision for pharmacist supplementary prescribing at the *Hospital Pharmacist* conference held in London on 30 October (see p484-5).

New MHRA medical equipment leaflet launched

All hospital pharmacies in England should by now have received copies of a new leaflet for distribution to patients on the safety of medical equipment. The leaflet is written by the Medicines and Healthcare products

Regulatory Agency (MHRA) and lists common types of medical equipment that patients may use. Patients are encouraged to report any faults that they find directly to the MHRA, using the contact details given on the leaflet.

Further copies of the leaflet, including versions in languages other than English, can be obtained from PharmacyHealthLink by telephoning 020 7572 2265 or by emailing pharmacyhealthlink@rpsgb.org.uk.

Mayne Pharma

The advertisement for Mayne Pharma's desferrioxamine in the November 2003 issue (p434-5) of *Hospital Pharmacist* contained a printing error. The headline should have been: "In thalassaemia, iron doesn't just enter the heart and the liver. It also enters the soul."

Nominate safety champions, say NPSA

Pharmacy departments (in common with other directorates, divisions or departments at National Health Service organisations in both the primary and secondary care sectors) should each have a patient safety champion. Organisations should also have an executive or non-executive board member with responsibility for patient safety.

These suggestions are among those set out in the seven step guide to improving patient safety launched by the National Patient Safety Agency (NPSA). The guide focuses on the need to create an open safety culture, concentrating on reducing risks by tackling the root cause of safety incidents, rather than targeting individual members of staff who have made errors. Ways to improve patient

safety locally are set out in the guide (see panel). Also included are action points for managers of organisations and for teams of staff. In addition, the guide lists the help that is available, including various videos and the leadership, support and advice of a network of 31 patient safety managers appointed to strategic health authorities and NHS regions in England and Wales.

Sue Osborne, joint chief executive of the NPSA, "Our new guide sets out tangible steps to build a culture of learning from patient safety incidents. The guide is not prescriptive and organisations will be able to prioritise the actions as they see fit, according to how developed they currently are in managing patient safety incidents."

The guide comes ahead of two key NPSA initiatives to be launched shortly to drive the patient safety agenda forward: the National Reporting and Learning System and specialist training for staff on root cause analysis. It is available from www.npsa.nhs.uk

Seven steps to improving patient safety

- **Safety culture** Create a culture that is open and fair
- **Lead and support staff** Establish a clear and strong focus on patient safety across the organisation
- **Risk management** Develop systems and processes to manage risk and identify and assess things that could go wrong
- **Promote reporting** Ensure staff can easily report incidents locally and nationally
- **Patients and public** Develop ways to communicate openly with and listen to patients and the public
- **Learn and share** Encourage staff to use root cause analysis to learn how and why incidents happen
- **Prevent harm** Embed lessons learnt through changes to practice, processes and systems

Resources in development are also described. These include an electronic web-based interactive tool designed to help managers get appropriate information from staff who have been involved in an incident, and a package of guidance and training to assist NHS staff in talking to patients and relatives following serious safety incidents.

The guide is designed to be adapted locally to help organisations meet current clinical governance management and controls assurance targets. According to

The NPSA have announced that their new chair is to be Lord Philip Hunt of Kings Heath. Lord Hunt, who was recently health minister for England and Wales, takes over on 1 January 2004 from Professor Rory Shaw.

The guild is concerned about pharmacist job evaluations

Concern has been expressed by the Guild of Healthcare Pharmacists about the job profiles that it has been sent by the Agenda for Change Job Evaluation Working Party (JEW). The guild has sent comments back to the JEW outlining the areas of concern, which have centred on the interpretation job analysts have given for a number of roles, and the subsequent factor level score assigned.

Ron Pate, chair of the terms and conditions committee of the guild said, "Clearly Agenda for Change has stepped up a gear. This is only one piece of the jigsaw [job evaluations], albeit it a critical one. Discussions continue on other important elements of Agenda for Change such as the application of recruitment and retention premia and replacement of the emergency duty commitment allowance."

Speaking at the UK Clinical Pharmacy Association autumn



Ron Pate: job evaluations are critical piece of the Agenda for Change jigsaw

symposium in Blackpool, Duncan McRobbie, principal clinical pharmacist, Guy's and St Thomas' hospital, London, said that progress had been slow, with no profiles having been agreed. Guy's and St Thomas' is one of 12 early-implementer trusts running a pilot for Agenda for Change.

A final ballot on the new pay proposals is expected to take place in the spring or summer of 2004.

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