

What would you like the HPG to do for you?

Recent Government initiatives, following on from the Audit Commission's Spoonful of sugar report¹ (such as the revised performance management framework for medicines management,² and the Vision for Pharmacy document³) have put hospital pharmacists at the forefront of managing medicines. It seems as if the contribution of pharmacists in providing acute health care services might at last be beginning to be recognised. Moreover, this acknowledgement of the work of pharmacists is just part of the changes that have taken place in the health care arena over the past few years. Such changes include the dissolution of the old health authorities in England, the devolution of health policy in Scotland and Wales to the Scottish Executive and Welsh Assembly, the development of an increasing number of national service frameworks and National Institute of Clinical Excellence and Scottish Medicines Consortium guidelines, and the emergence of the concept of clinical governance.

With all these developments in mind, it is increasingly important that the voices of hospital pharmacists are heard, both within the Royal Pharmaceutical Society and beyond. Otherwise, full advantage is unlikely to be taken of the opportunities presented to us by our raised profile.

The hospital pharmacists' group is one organisation that represents hospital pharmacists in this way, putting across their viewpoint at available forums.

This comment was prepared by the Hospital Pharmacists' Group committee, of which Richard Needle, Essex Rivers Healthcare NHS Trust and Simon Riley (chief pharmacist, Plymouth Hospitals NHS Trust) are respectively chairman and vice-chairman. Please visit the HPG website (via the Society's website at www.rpsgh.org) for further information about the group and its activities.

This can involve responding to specific questions from the Society, making comments on national consultation documents or proactively raising awareness of hospital pharmacy issues at government level.

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For example, the Society asked the HPG for its views on “Agenda for change” and HPG representatives have raised the issue of the recruitment and retention problems experienced by hospital pharmacists at a House of Commons Select Committee meeting on NHS staffing requirements. The HPG has also been asked to advise the Society on its response to the proposal to allow supplementary prescribers to prescribe unlicensed products, issued in December 2003 by the Department of Health and the Medicines and Healthcare products Regulatory Authority.

Aside from its role in raising the profile of hospital pharmacists with policy makers, a key aspect of the HPG’s work is to support hospital pharmacy practice. This can take the form of hosting workshops and symposia, or sponsoring the development of guidance on current issues affecting practice. As an integral part of the Society, the HPG is in a unique position to help steer hospital

pharmacy practice. In particular, the HPG has developed guidance on the best practice involved in admitting patients and in one stop dispensing, using patients’ own drugs and self-administration schemes.⁴ It has recently published an article, (based on the admissions guidance) on providing pharmacy services to medicines admissions units.⁵ Guidance on pharmacist involvement in patient discharge procedures is expected shortly.

The HPG has also developed an update of the Duthie report on the safe handling of drugs, an often-quoted reference source when designing hospitals and developing services.⁶ Publication is expected later this year, following final comments from the DoH. Guidance for pharmacists involved in gene therapy work, commissioned by the HPG, is also expected this year.

Conferences and symposia organised by the HPG include those on adverse drug reactions, self regulation in hospital pharmacy and the future shape of central intravenous additive services. The HPG advises on the hospital pharmacy content of the British Pharmaceutical Conference and (together with the Guild of Healthcare Pharmacists and the United Kingdom Clinical Pharmacy Association) organise the sessions.

Indeed, in both its policy-influencing and practice support roles, the HPG works closely with the guild. Working together can only strengthen the position for hospital pharmacy. The guild and the HPG share agendas and meeting notes and have representation at each other’s formal meetings. Other examples of collaboration include sharing work on pharmaceutical standards and managing medication errors in hospitals. Initiatives to develop the role of the consultant pharmacist are also undertaken jointly by the two groups.

The work of the HPG is carried out by its committee, which comprises nine elected

members, a representative of the DoH and two members of the Society’s Council. But the membership of HPG is wider than that — all pharmacists who practise in a hospital environment are entitled to become members of the group, and we would encourage you to do so.

In order for the work of the HPG committee to best serve the group’s members it is vital that pharmacists relay to committee members information on the topics they would like to see progressed. That way, the guidance documents produced can be driven by the needs of hospital pharmacists. We really need you to let us know what we, the HPG committee, can do for you.

You could also steer the group’s work by standing for election to the committee. Nominations are now called for to represent England [see p85]. Please take the opportunity to help influence the future face of hospital pharmacy.

REFERENCES

1. Audit Commission. A spoonful of sugar: recipes for risk reduction. London: The Commission; 2001.
2. Department of Health. Medicines management in hospitals performance management framework. London: The Department; 2003.
3. Department of Health. A vision for pharmacy in the new NHS. London: The Department; 2003.
4. Hospital Pharmacists’ Group. One stop dispensing, use of patients’ own drugs and self-administration schemes. Hospital Pharmacist 2002;9:81–6.
5. Hospital Pharmacists’ Group. Providing pharmacy services to medical admissions units. Hospital Pharmacist 2004;11:72–3.
6. NHS Executive. Guidelines for the safe and secure handling of medicines (Duthie report). London: The Executive; 1988.