

Pharmacy staff at launch of new NHS careers campaign

Pharmacists and technicians were among the NHS staff who helped to launch the Department of Health's latest recruitment drive at Chelsea and Westminster Hospital, London last week.

The 2004 NHS careers campaign aims to attract new staff and encourage ex-health care professionals to return to the NHS. Advertisements featuring the journey of a young man diagnosed with epilepsy through the NHS are being run on television and in newspapers. Pharmacy staff are not among the professions specifically mentioned in the 2004 advertisements, but the campaign aims to cover all careers by emphasising the opportunities for team working within the NHS.

Speaking to *Hospital Pharmacist*, Katie Fernandes, chief medicines management technician, Chelsea and Westminster Hospital: "This new campaign should help to promote the pharmacy profession as a whole. There is a need to recognise the various roles within pharmacy, which



At the launch of the 2004 NHS careers campaign: from left to right, Deirdre Brady, Katie Fernandes and Tess Fenn.

include not just pharmacists but also technicians and assistants." Also at the launch were Deirdre Brady, medical admissions pharmacist at Chelsea and Westminster Hospital and Tess Fenn, chief pharmacy technician at Guy's and St Thomas' Hospital, London.

Commenting on pharmacist recruitment and retention, David Scott, co-ordinator of national surveys by the NHS pharmacy education and development committee, told *Hospital Pharmacist*

"Recruitment is currently matching the increase in demand, but is still not making up for the past shortfall. One concern is that 28 per cent of junior posts are either vacant or occupied by locums."

Bob McCartney, president of the Guild of Healthcare Pharmacists and clinical pharmacy specialist for Wales, pointed out that vacancy levels alone (for both pharmacists and technicians) do not tell the whole story and that chronic under-resourcing can make delivering new services and reaching national service framework targets difficult. "The impact of 'Agenda for change' on recruitment and retention rates remains unclear," he added.

The second article in the new *Hospital Pharmacist* careers series, which proposes a path to becoming a consultant practitioner, begins on p104.

Latest APTUK news about "Agenda for change" job profiles

Following its concern over the draft pharmacy technician profiles received in February, the Association of Pharmacy Technicians UK (APTUK) has submitted a detailed and substantial response about the profiles to the job profiling group.

Darren Leech, APTUK president, told *Hospital Pharmacist* that he has been advised that "substantial amendments" have been made to the profiles but, at the time of *Hospital Pharmacist* going to press, he is unaware of the exact nature of the changes. Information will be posted on www.aptuk.org as it becomes available.

First pharmacist prescribers registered

The first hospital-based pharmacist supplementary prescribers have been registered by the Royal Pharmaceutical Society. At the time of going to press, they are: Julie Blythe, Mohamed Elfellah, Gillian Jardine and Fiona MacLean, all of whom practise in Scotland and were trained at Robert

Gordon University, Aberdeen (RGU). A pass list for the prescribing course at RGU was published in *The Pharmaceutical Journal* on 28 February.

Supplementary prescribing is also progressing in England, with 17 candidates completing the course at the University of Sunderland. According to Carol

Candelish, programme leader at the University, nine of these are hospital pharmacists.

Documents have been sent by the Society to the 17 pharmacists but, at the time of going to press, no members working in England have yet had chance to register as supplementary prescribers.

brief

■ Prescription charges are to increase to £6.40 per item on 1 April. Further details are available from www.dh.gov.uk/mpi

■ Nominations for two vacancies to represent England on the Royal Pharmaceutical Society's Hospital Pharmacists' Group committee should be sent to Liz Griffiths, secretary to the Hospital Pharmacists' Group, 1 Lambeth High Street, London, SE1 7JN by 17 March. Further details have appeared in the Society section of recent editions of *The Pharmaceutical Journal* (21 and 28 February, and 6 March) and are available on the HPG group website (via www.rpsgb.org). [See p82 for a comment by the HPG committee.]

■ A new edition of the guide to extending independent nurse prescribing (including advice on dispensing items against a nurse prescription in hospital pharmacies) is available at www.dh.gov.uk/assetRoot/04/07/21/77/04072177.pdf

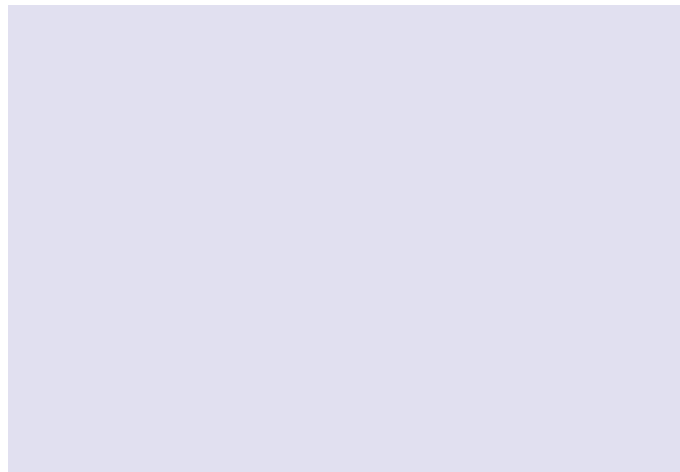
■ Wide support for the ideas outlined in the Department of health's "A vision for pharmacy in the new NHS" has been received during the consultation period. The responses are available via www.pjonline.com/links/pj Detailed proposals are to be developed and consulted on later this year.

■ Is the bar spacing on your hospitals' bed rails too wide? Twin-bar beds with spacing between the rails of greater than 120mm are the subject of a Medicines and Healthcare products Regulatory Agency safety alert, following the fatal entrapment of a bed occupant between rails of approximately 168mm apart. Further details are available from www.mhra.gov.uk

Patient safety incident reporting and learning system launched by NPSA

Patient safety is again in the spotlight with the launch, in February, of the National Reporting and Learning Scheme (NRLS). The system, developed by the National Patient Safety Agency and believed to be a world first in a health care setting, draws together reports of patient safety errors and systems failures throughout England and Wales. Once recorded, information will then be processed to spot recurring patterns, provide feedback and potential solutions. The data will be used to prioritise the development of safety solutions.

The NRLS works by extracting information from existing local risk management systems, avoiding the need for NHS staff to carry out additional reporting. Where a suitable local set-up does not exist, an electronic reporting



Experiences from the aviation industry have been drawn on by the NPSA in developing the National Reporting and Learning Scheme

form is available. This “e-form” can also be used where staff will only report an incident independently of their organisation, although the NPSA stress that they encourage staff to share reports with their

hospital so that learning takes place both locally and nationally. Information will be retained in an anonymous form only — individual staff or patients involved in patient safety episodes will not be recognised

— and the NPSA will not themselves investigate incidents.

NPSA joint chief executive Susan Williams and Sue Osbourne pointed out that: “In developing the NRLS we have drawn from the experience of other sectors, such as the aviation industry, which shows clearly that as reporting levels rise, the number of serious errors begins to decline.”

The system has been extensively tested. Nationwide roll-out is ongoing, with at least 19 organisations already connected.

As organisations begin national reporting, their staff are also being offered root cause analysis training from the NPSA to help pinpoint and tackle the cause of patient safety incidents and support local analysis. Details of the training courses and an e-learning toolkit are available at www.npsa.nhs.uk

PETER MENZEL/SPL

NHS should demand more as customer, says report

Procurement staff should use the buying power of the NHS to make more demands on suppliers, according to Peter Buckle, director of the Robens Centre for Health Ergonomics, University of Surrey, and one of the authors of the “Design for Patient Safety” report. The report, which was launched at the National Patient Safety Agency conference in Birmingham in late February, was commissioned jointly by the Department of Health and the Design Council.

The Ministry of Defence, for example, issues specifications which manufacturers must adhere to if the ministry is to purchase their products, said Professor Buckle. He suggested that NHS procurement staff should tell manufacturers what safety design features should be included in packaging and labelling to enable a product to be bought by the NHS. Another author, Roger Coleman, professor of inclusive design at

the Helen Hamlyn Research Centre, Royal College of Art, said that a shift in thinking was required among manufacturers to compete on the grounds of the safety of their product.

Sir Liam Donaldson, chief medical officer, Department of Health, stressed that while there are occasions where individuals have to be held to account for their mistakes, the vast majority of human errors are as a result of poorly designed systems.

The report calls on the NHS to emulate the approach taken by other high-risk industries, eg, nuclear and aviation, and inform the design process by learning precisely how the different parts of the organisation function and interact with each other. This includes reviewing all interactions between patients and the health care system and connections between different parts of the health service.

The report also proposes that there should also be a change in philosophy from recording and reporting errors after they occur, to risk assessments and changing practice to prevent the errors occurring at all.

Allan Karr, pharmacy business services manager at University College London Hospitals NHS Trust and chair of the Guild of Healthcare Pharmacists Procurement and Distribution Special Interest Group, commented that NHS procurement and quality assurance staff from the North of England are already in the process of developing systems to assess risk for all contracted products. The risk assessments are intended to be made available for suppliers to consider, so that they are aware of where improvements could be made to their products. A similar process is also being developed in London for unlicensed medicines. Both schemes, once fully tested, are expected to be rolled out nationally, he said.

Work proposed in the Design for Patient Safety report includes:

- Map the medicine use process across all health care environments
- Proactively identify high-risk situations
- Develop a body of best practice evidence on how to design for patient safety
- Integrate medicine protocols with patients’ medication charts
- Develop “usability” criteria for packaging, information and the form of the medicine
- Train all health care staff in risk assessment techniques
- Encourage the NHS to use its collective purchasing power to influence manufacturers’ designs
- Establish a strategic advisory panel to oversee a design-led approach to patient safety