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WAYS FORWARD FOR PHARMACY IN THE FOUR UK NATIONS

Recent developments and future plans for hospital pharmacy in England, Scotland, Wales and Northern Ireland were set out to delegates at the Guild of Healthcare Pharmacists conference in Hinckley, Leicestershire, 26–28 March. Rachel Graham reports

Maximising the potential of every pharmacist who works in the NHS ultimately benefits patients, said Rosie Winterton, Minister for Health for England. To achieve this, leadership is vital, with support for the current and future generations of chief pharmacists being key. Ms Winterton was therefore able to announce that the NHS Leadership Centre will be funding a specific piece of work to look at the current leaders in pharmacy and learn from their personal experiences. This work will also look at the training needs and skills that the next generation of potential leaders in pharmacy will require.

There is also a need to recognise that not every pharmacist wants to become a chief pharmacist, Ms Winterton continued. That is one of the reasons why the Department of Health is looking to develop the post of consultant pharmacist, announced in "A vision for pharmacy" she said. It was the Department's aim (led by Jim Smith, Chief Pharmaceutical Officer for England, with the involvement of the Guild of Healthcare Pharmacists' education lead, Richard Cattell) to deliver guidance on this issue as quickly as possible. Ms Winterton stressed that she is keen to ensure that the title can be transferred when pharmacists move from one organisation to another. Some consultant pharmacists will be supplementary prescribers, she said.

Speaking further about supplementary prescribing, Ms Winterton expressed her enthusiasm for pharmacists to embrace this role, mentioning that pharmacists have for years been shaping clinical practice through their work on ward rounds and medication review clinics. She pointed out that she saw pharmacists as "strong candidates to independently manage a wide range of medical conditions". Views of the guild will be sought and will be vital in shaping the way that independent prescribing progresses.

Ms Winterton recognised that, although there have been improvements in recent years, there are still difficulties in recruiting and retaining pharmacy staff. She emphasised the department's continued commitment to increasing the numbers of front line staff. She saw establishing strong career pathways for hospital pharmacists as vital in retaining them within the NHS and expects that the "fair and harmonised pay structure" achieved through "Agenda for change" will also help. New and flexible ways of working will also improve the situation, she said, announcing that the Department intends to consult formally on skill mix shortly. The guild's views on this matter will be welcome.

Ms Graham is staff editor on Hospital Pharmacist

Norman Morrow (N.Ireland), John Farrell (on behalf of Jim Smith, the chief pharmaceutical officer for England), Carwen Wynne-Howells (Wales) and Bill Scott (Scotland)

Moving to medicines management, Ms Winterton used the conference as an opportunity to announce that she was doubling the number of trusts that are to take part in the medicines management collborative from 10 to 20. This is because of the high quality of applications received. Each participating trust will receive up to £40,000 to help establish multidisciplinary teams to discuss and develop ways of delivering better medicines management across their organisations and build on lessons learnt from the medicines management framework, such as the building of services designed more around patients' needs. [See opposite for a list of trusts that are to be part of the collaborative.]

Ms Winterton raised the issue of the way unlicensed medicines are manufactured and used within the NHS. Led by the National Implementation Board, and building on discussions with the Royal Colleges and others, an endorsed list of unlicensed medicines is to be provided, she said.

She also reiterated the department's commitment to developing a coherent framework for a pharmacy public health strategy that would be fully integrated into the overall approach to public health by 2005, announcing that a multiprofessional steering group would be set up to advise the department on such a strategy.

Ms Winterton concluded by pointing out that these are exciting times for hospital pharmacy — "there is a 'Rosie' future ahead," she said.

Scotland

Synergies, not silos, was the key message from Bill Scott, Chief Pharmaceutical Officer at the Scottish Executive. Mr Scott could not stress enough the importance of having an integrated service if public health in Scotland is to improve.

The emphasis in Scotland is on pharmaceutical care. This is a wider concept than medicines management, he said, and places the pharmaceutical profession at the centre of delivering health care for certain medical conditions and creates a "real dynamic between hospital and community pharmacy". For example, Mr Scott

suggested that there is scope for those achieving consultant pharmacist status in hospitals to undertake some work in the community, similar to the working practices that are becoming more common for medical consultants. It is the work that consultant pharmacists will do that is important he said, not the status of the title.

A redesign of hospital services is also taking place in Scotland, he pointed out. Acute and primary care trusts were due to be abolished on 1 April and there is to be a unified health board instead. Social services will also be integrated into health care. National standards for electronic prescribing and automated dispensing are also being worked on, he said. By law, community health partnerships will include pharmacists. Pharmacists are the "pharmacotherapists of the future", he said.

Wales

Seamless medicines management, leadership development and public health were among the key strategies for pharmacy in Wales, as they were for other UK nations too, according to Carmen Wynne-Howells, Chief Pharmaceutical Adviser to the Welsh Assembly. Ms Wynne-Howells emphasised the Welsh Assembly's commitment (set out in "Remedies for success") to enable pharmacists to deliver services to the population of Wales as a whole, and not just existing patients.

More technical aspects were also high on the Welsh pharmacy agenda. For example, Ms Wynne-Howells pointed out that, although the future for aseptic services in Wales was bright, it was vital that these services moved into the genomics field. If the pharmacy profession does not take the opportunity to produce products used in gene therapy, other professions will do so, even though they are generally less well placed than pharmacists to offer the service, she said.

Ms Wynne-Howells also drew delegates' attention to the Welsh automation project. She stressed the need to ensure that systems were sufficiently flexible — the type of automated dispensing robots required in a large district general hospital were different from those that worked best in a mental health situation. Encouraging the use of patients' own medicines (a prerequisite to automation) is also an important issue for pharmacy in Wales. A circular highlighting the importance of patients' own drugs has been produced but has proved difficult to implement. The focus is on encouraging stakeholders in primary care that the practice of using patients' own medicines benefits all and is not just something that secondary care "wants for its own ends", she said.

Investment in the student technician workforce is happening, Ms Wynne-Howells said, following a thorough review of workforce planning. Capacity planning (eg, maximum dispensary workload) is now being looked at seriously, she added. She called on hospital pharmacists to "critically assess what they do" and, echoing Bill Scott, warned pharmacists of the dangers of over-specialisation and "getting into a multiplicity of silos".

Northern Ireland

A "near-patient" approach to therapeutics in secondary care is part of the approach to pharmacy in Northern Ireland, according to Norman Morrow, the Chief Pharmaceutical Officer. Medicines governance services have decreased the length of hospital stays and decreased readmission rates, he said. A changing culture of incident reporting had also brought about a nine-fold increase in the number of reports, a key aspect of improving patient safety.

Dr Morrow drew delegates' attention to Northern Ireland's "Review of clinical pharmacy services" document and called on all pharmacists to show that they positively affected the outcomes of engagement, responsiveness, integration, efficacy and safety in order to establish "the evidence base that no one can counter".

Trusts participating in the Hospital Medicines Management Collaborative

- Calderdale and Huddersfield NHS Trust
- East Somerset NHS Trust
- Essex Rivers Healthcare NHS Trust
- Gateshead Health NHS Trust
- George Eliot Hospital NHS Trust
- Great Ormond Street Hospital for Children
- Hinchingbrooke Healthcare NHS Trust
- Kettering General Hospital NHS Trust
- Mid Essex Hospital Services NHS Trust
- North Middlesex Hospitals NHS Trust
- Northumbria Healthcare Trust
- Nottingham City Hospital NHS Trust
- Royal Devon and Exeter Healthcare NHS Trust
- Royal United Hospitals Bath NHS Trust
- Sherwood Forest Hospitals NHS Trust
- Southampton University Hospitals NHS Trust
- Southend Hospital NHS Trust
- Trafford Healthcare Trust
- Walsall Hospitals NHS Trust
- Worthing and Southlands Hospitals NHS Trust

Medicines Management Collaborative

Hospitals involved in the Medicines Management Collaborative will receive support from the national collaborative medicines management service programme, hosted by the National Prescribing Centre in Liverpool. The collaborative programme in hospitals builds on the programme in primary care, also hosted by the National Prescribing Centre. Further information is available at **www.npc.co.uk/mms/Web_Dev/Collaborative_Area/Home.htm**

Partnerships, networks and agendas (for change)

Progressing through partnerships was a key theme of the guild conference. Outgoing president, Robert McArtney [see p126 for the guild council's new appointments] stressed that the influence of the guild is enhanced by engaging with other organisations and people — including Rosie Winterton, Minister for Health for England, the chief pharmaceutical officers for England, Scotland, Wales and Northern Ireland and the President of the Royal Pharmaceutical Society (all of whom spoke at the conference).Similarly, next spring's joint symposium with the UK Clinical Pharmacy Association will also help pharmacists' networking. The changing structure of health services in the UK (for example, devolution and the implementation of "Agenda for change") make partnerships particularly important, Mr McArtney added.

Agenda for change

We're getting there, seems to be the progress report on "Agenda for change". Ron Pate, outgoing chair of the guild's terms and conditions committee, explained to delegates that there were now several agreed pharmacist job profiles. Those that remained to be settled were for chief pharmacists (where the guild was awaiting comments on its responses from the central negotiating group) and for preregistration trainees (where the profile is likely to be included in the training group of profiles and follow on later). Issues about on-call arrangements and unsocial hours payments also need to be resolved, he said.

Experience at the early implementer sites has shown that most pharmacists' jobs can be matched to the profile, even though the profiles themselves are all clinically oriented. The guild council has written a detailed matching guide that is being used in the early implementer sites. It is being amended in the light of these experiences and will then be made available more widely. There is also a general matching guide that can be used to get a feel for the issue, he said.

Mr Pate advised that getting staff representatives trained at trusts and managers involved were good ways forward.

This was echoed by David Miller, the new chair of the guilds' terms and conditions committee. Mr Miller also stressed the need to update job descriptions and person specifications. There was, however, no need to "go overboard" when describing jobs because they would be presented verbally at the matching panel, he said. In addition, managers need to identify families of jobs, for example, newly qualified pharmacists, to reduce the number of staff that will need to attend matching panels. It is also important to build links with other professions, he said — the make-up of matching panels means that matching jobs essentially requires trust-wide agreement.

Roll-out at the early implementer sites is set for 20 May, Mr Miller continued, with national roll out expected from October. Key points to note were that "Agenda for change" introduces a formal training requirement for the first time — staff will not be able to progress through the bands unless they can get through the "knowledge and skills framework" gateways. In addition, there will be no "grade drift" — bands will be fixed in the specifications. The job evaluation process is not scientific, he added, but it is logical and transparant.

Further information on the "Agenda for change" process can be obtained from the guild's website at **www.ghp.org.uk** and **www.ghpscot.org.uk**

Secrets of success applied to the NHS

A formula developed by researchers at Harvard Business School to predict the success of commercial companies can be applied to the NHS, suggested Dave Roberts, clinical director of pharmacy, Cardiff and Vale NHS Trust.

According to the "four plus two" formula, successful organisations use all of four primary factors and two of four secondary factors. (There is no additional benefit in using three or four of the secondary factors). The primary factors are:

- Having a clearly defined and well-communicated strategy
- Providing services that do not disappoint customers
- Having a performance-orientated culture
- Having a structure that reduces bureauocracy and simplifies work

Secondary indicators related to leadership, innovations, partnerships and retaining talented staff.

Examples of how pharmacy practice at Cardiff and Vale NHS Trust adheres to this formula include the move from a structure where management was by site to managing by specialty and providing a patient's own medicines service following positive feedback from patients, nurses, doctors and beds bureau and ambulance staff. In addition, partnership through the Welsh Chief Pharmacist's Committee was influential in gaining funding for automation, Mr Roberts explained. Successful and unsuccessful people and organisations do not vary in their abilities, he said, they just vary in their desire to reach their potential. Developing management skills among mid-grade pharmacists so that promotions to senior posts could be made from within helped to retain talented staff. Having an annual appraisals system linked in to objectives in personal development plans created a performance orientated culture, he added.