

Number of hospital pharmacists on Society's Council drops to one

Only one hospital pharmacist remains on the Council of the Royal Pharmaceutical Society following the recent elections. Helen Howe (née Remmington), chief pharmacist at Addenbrookes NHS Trust, Cambridge, failed to retain her place in the recent elections (she received the most number of votes of the unsuccessful candidates). Alison Ewing, director of pharmacy at the Liverpool and Broadgreen NHS Trust remains on the Council (as her term of office runs until 2006).

Speaking to *Hospital Pharmacist*, Ms Ewing said that: "While Council members are not elected to represent a particular practice area, it clearly makes sense for the make-up of the Council broadly to reflect the composition of the membership. With roughly 10 to 15 per cent of registered pharmacists working in the hospital sector, having two or three hospital pharmacists on the 24 member Council (21 of whom are elected by pharmacists) seems to be a balanced approach. With only one hospital pharmacist on Council, it is likely that the views of those members of the profession working in secondary care will be heard less often on the various standing committees." Ms Ewing added that: "I have worked with Helen [Howe] over the past four years to ensure that there is a hospital perspective when needed. It will be extremely difficult to achieve this alone and we must ensure that there is appropriate input by liaising with the Hospital Pharmacists' Group and Guild of Healthcare Pharmacists when necessary."

Mrs Howe told *Hospital Pharmacist* that: "With less direct input, the challenge for hospital pharmacists will be to ensure that their perspectives, information, experience and leadership qualities benefit the Council in other ways." She also pointed out that the Guild of



Alison Ewing: the only hospital pharmacist to remain on Council

Healthcare Pharmacists gives pharmacists working in hospitals and primary care an avenue to Government, in addition to that offered by the Society.

Concerns about the way the council decided to petition the Privy Council for a new Charter may well have worked against Mrs Howe during the election — all seven places were won by candidates running under the banner of the "Save Our Society" (SOS) group, the organisation fighting the new Charter. Speaking for the SOS, Council member Douglas Simpson told *Hospital Pharmacist* that the SOS group has a strong membership focus. "We want to support the membership groups, which we feel have been somewhat neglected in recent times. Although there will not be the same number of hospital

pharmacists on Council as before, we will ensure that their needs are well represented," he added. Graham Phillips, one of the seven SOS campaigners to be elected, has said that the group hopes to field a hospital candidate in next year's elections.

At the time of going to press, the fate of the Charter is uncertain. In an action brought in the High Court by the SOS group, the judge ruled that the Society had behaved lawfully when it petitioned the Queen (via the Privy Council) for a new charter. He suggested that the appropriate place to decide whether or not the new Charter is a good thing is the Privy Council.

A letter has been sent to the Privy Council, on behalf of 13 Council members (the 10 declared SOS campaigners and three others) asking them to keep the Charter decision on hold. (The Privy Council had previously decided not to take the petition process further until the outcome of the High Court action is known). The SOS group have also said that they will appeal against the decision of the High Court, and the annual general meeting of the Society's members on 12 May carried a motion seeking to reject the petition for the new Charter by 56 votes to 54.



The new Charter: at the time of Hospital Pharmacist going to press, its fate remains in the balance

brief

■ The EMEA (European Medicines Evaluation Agency), the medicines regulatory arm of the European Community, changed its name to the European Medicines Agency on 1 May. The alteration is designed to reflect its stronger role in the provision of information to patients and the public. Further details are available from www.emea.eu.int

■ Machines and doctors will be connected to each other to share knowledge and avoidable error will be a thing of the past, according to an article in the *BMJ* (2004;328:1197-9). The author, Enrico Coiera, professor of health informatics at the University of New South Wales, Australia, looked at how health services will evolve over the next 20 years and stressed that reinventing health care begins by recognising that health systems are "sociotechnical" (ie, with people and technologies interacting).

■ Costs for long-term care will rise by at least 30 per cent (at today's prices) over the next 50 years, according to a study by researchers at Cass Business School, City of London in conjunction with a Swedish economist. Ageing populations and the changing structure of the traditional family unit are said to be largely responsible for the increase. The researchers also looked at current long-term care provision in the UK, Sweden, Japan and Germany and found that the UK offered the cheapest but least comprehensive system.

■ The Specials Laboratory, manufacturer and supplier of unlicensed medicines, based in Northumberland, has recently been awarded the North East Small Business of the Year award for 2003

Agenda for change moves forward

Pharmacists at many sites that are not early implementers are to be encouraged to become involved in preparing for the "Agenda for change" roll-out. The national roll-out is due to take place in October. The results of the pilot of "Agenda for change" at 12 early-implementer sites are not yet available, but the Guild of Healthcare Pharmacists is supporting the start of preparatory work at other sites to avoid delays in moving staff onto new pay scales. According to the guild, pharmacists at non-early sites will be encouraged to become "Agenda for change" representatives, agree existing job descriptions and attend practice-matching panels to decide where current jobs sit on the new national pay scale.

David Miller, chair of the terms and conditions committee of the guild said, "It is likely some members will

now be asked to expedite this practice-matching process and finalise job descriptions. Our advice is to ensure, through local staff-side representatives, that this is part of an agreed staff-management partnership approach and staff should not feel pressurised to sign off job descriptions unless they are agreed as accurate by the postholder and manager."

□ Chief pharmacists will generally be placed in bands 8c and 8d of the new "Agenda for change" pay scale, with basic salaries of between £46,671 and £69,260. Some roles, however, will fall above band 8d, which is the highest on the scale. Bands for other pharmacists, with basic salaries ranging from £21,630 to £57,539 were announced previously (*Hospital Pharmacist* 2004;11:4). The preregistration trainee profile is yet to be announced.

NPSA toolkit targets staff suspensions

Unnecessary suspensions from work following a patient safety incident are being targeted with a toolkit produced by the National Patient Safety Agency (NPSA). The National Audit Office identified occasions where staff were excluded from work despite evidence of systems failures rather than individual shortcomings. NPSA joint chief executive, Susan Williams, said, "All too often in the past the immediate response to an error

in the NHS has been to blame the member of staff involved and to ignore the underlying causes. An automatic decision to blame and suspend staff makes it more likely that errors will be covered up and that the right lessons will not be learned."

The NPSA toolkit is interactive and designed for NHS managers dealing with staff involved in an incident. It is available at www.npsa.nhs.uk/idt

Patients to self-report ADRs

Patients will soon be able to report adverse events to drugs they are taking straight to the Medicines and Healthcare products Regulatory Agency and Committee on the Safety of Medicines. This follows the

approval of a proposal by health minister Lord Warner. Pilot schemes will now be run to establish the most effective way for patients to make reports, including cards being available from GP surgeries.

Staff shortages mean that 70 per cent of departments cannot deliver full service

Staff shortages have resulted in 70 per cent of hospital pharmacies being unable to meet the demands made upon them, according to the national hospital pharmacy staffing survey 2003. There is a high staff turnover, with over 20 per cent of pharmacists leaving their original employing hospital. However, overall, the number of pharmacist working in NHS hospitals increased, representing a net gain of 103 whole time equivalents.

The number of pharmacists leaving their original hospital in the period 2002–03 was 936. Of these, 330 moved to other hospital positions, 165 went on maternity leave and 114 became locums or went travelling. Other destinations of staff leaving their hospital jobs included posts in primary care (75) and community pharmacy (58), while some retired (36).

The number of newly recruited hospital pharmacists in

2002–03 was 916. The largest number (321) were newly qualified hospital pre-registration trainees, with 313 qualified pharmacist transferring from other hospitals. In addition 115 pharmacists were recruited from community.

The survey also found that a high proportion of staff take maternity leave. The number of staff going on maternity leave is higher than the number returning following birth.

□ NHS employees take around 10 working days a year off as

sick leave, according to the results of the NHS sickness absence survey 2003. The sickness absence rate ranges from 4.2 per cent (about 9.5 days) in the south east, to 5.2 per cent (11.5 days) in the north west.

NHS pharmacy staff in post on 31 July 2003

	Posts	Occupied by permanent staff	Occupied by locum	Vacant
Pharmacists grade A-C	1519	1069	204	246
Pharmacists grade D-E	2385	2089	95	201
Pharmacists grade F-H	516	492	9	15
All pharmacists	4420	3650	308	463
MTOs grade 1-2	2762	2441	111	210
MTOs grade 3+	1661	1553	27	82
MTOs total	4423	3994	138	291
Other staff	3185	3127	33	26
All pharmacy staff	12028	10771	478	780

All figures are whole time equivalents, and are rounded to the nearest whole number

Action needed to ensure safer use of infusion devices

Trusts have too wide a range of infusion devices and many are of too high a specification for everyday use, according to the National Patient Safety Agency (NPSA). This was one of the findings of a study conducted by the NPSA to determine the root causes of over 700 unsafe incidents involving infusion devices reported nationally each year. Other causes include the fact that staff training is not a priority and is not competency based, and that devices of the same type have multiple configurations and react

differently under the same circumstances.

Infusion devices are the target of a safer practice notice issued by the NPSA in May. This followed a pilot study in six acute trusts, which found 321 reported incidents linked to infusion devices each year. Thirty-one different types of infusion device were available for use, yet 65 per cent of them were idle for most of the time.

The NPSA has produced a toolkit which supports a review of infusion devices available. One of the benefits of using the toolkit is that the pilot study

suggested that trusts could save £120,000 a year by better management of infusion devices.

The NPSA points out that 15 million infusions are performed in the NHS every year, and the

vast majority are delivered safely. However, 19 per cent of unsafe incidents are attributed to user error. The toolkit, and further information is available from www.pasa.nhs.uk/infusiondevices

NPSA safer practice notice — action for NHS acute trusts

- Review how purchasing decisions are made for infusions devices
- Evaluate the necessity of an infusion pump before it is purchased
- Reduce the range of infusion device types in use, and within each type, have agreed default configurations
- Investigate the benefits of a centralised equipment storage library

New chapter on arrhythmias to be added to coronary NSF

Arrhythmias and sudden cardiac death are the subject of a new chapter to be added to the National Service Framework for coronary heart disease. Consultation as to the chapter's exact content is under way, but

the four key areas proposed are: sudden cardiac death and screening, acute care, cardiac interventions, and patient involvement and support. Ideas and proposals, including examples of good practice in the

management of arrhythmias and sudden cardiac death and areas where further research is needed to improve the understanding of these conditions, should be sent to the New NSF Consultation Heart Team, Department of

Health, 403 Wellington House, 133–155 Waterloo Road, SE1 8UG by 4 August (e-mail chdnsf@doh.gsi.gov.uk or telephone 020 7972 4513). Further details from www.dh.gov.uk/consultations