

Hospital pharmacists lead the way in Care Awards

An integrated medicines management service piloted at three hospitals in Northern Ireland has won one of the Pharmaceutical Care Awards sponsored by GlaxoSmithKline for 2003 for Anita Hogg and colleagues.

The service involves a medication history being taken at admission, with information obtained from the patient, GP and community pharmacist. The pharmacist also prepares the discharge prescription, which is faxed to the GP and community pharmacist. Another part of the service involves the standardisation of products across the primary and secondary care sector, so that patients will not receive different brands.

The project is the first randomised, controlled study in the UK to assess a cross-sector approach to improving medicines management.

A conference report on p295 outlines how the project team were able to obtain the funds to pursue this project.



Anita Hogg with her award

A lithium database and recall service developed by Stephen Bazire, pharmacy services director, and Bren Holmes, lithium database manager, Hellesdon Hospital, Norwich, also won a Pharmaceutical Care Award. A register of all patients who consent and who are taking lithium is kept at the trust. The database sends reminders to patients to ensure that their lithium levels are checked quarterly. If two reminders have been sent out, but no test result has been

received, the GP is alerted and advised of the risks of continuing to prescribe lithium.

The other winner of a Pharmaceutical Care Award was Andrew Prowse, transplant outpatient pharmacist, Oxford Transplant Centre, Churchill Hospital and David Scott, lecturer in pharmacy, John Radcliffe Hospital, for a project where a pharmacist was based in an organ transplant clinic.

A new service was developed with home delivery of drugs for outpatients, with a pharmacist providing patient counselling and making interventions within the clinic. The pharmacist had access to medical records and laboratory results. Over a four-month period, 41 per cent of pharmacist consultations led to an intervention. Patients and staff supported the new service and 98 per cent of patients who answered a questionnaire expressed a preference for the home delivery of drugs.

brief

■ Are you an innovative pharmacist working within the pharmaceutical supply chain? If so, you are invited to apply for the 2004 Guild of Healthcare Pharmacists' "Innovation in pharmacologistics award", sponsored by Pfizer. The closing date for entries is 24 September and further information is available by e-mailing howard.tebby@pfizer.com.

■ **Responsibility for NHS workforce issues will pass to a newly-created "NHS Employers Organisation" on 1 October. The organisation is to be run by the NHS Confederation and is to support the delivery and implementation of "Agenda for change".**

■ "Putting people at the heart of public health" is the theme of the Government's NHS Improvement Plan launched in June. Pledges include issues affecting pharmacy in the community, such as continuing to ease the bureaucracy surrounding repeat prescriptions.

■ **Care needs to be taken when prescribing or dispensing mercaptamine (the new name for cysteamine) and mercaptopurine. A Medicines and Healthcare products Regulatory Agency bulletin confirms that reports of confusion have been received following the change from British Approved Names to International Non-proprietary Names, between the two drugs. Further information is available from www.mhra.gov.uk**

■ "Moving up the Agenda" is the title of this year's *Hospital Pharmacist* conference, to take place on the 11 November at the Royal Pharmaceutical Society's headquarters in London. Further information on p299-300.

Electronic prescribing moves forward

Electronic prescribing in hospitals in England is likely to start in 2006, two years earlier than previously planned. The Department of Health has announced that it is working with the local service providers of the National Programme for Information Technology to move forward the drug prescribing element.

This announcement followed the publication of a report on the implementation of guidance on the use of drugs for treating cancer, by Mike Richards, the National Cancer Director. The report concluded that there are variations in the way cancer drugs are prescribed across the country. Professor Richards suggested that to

overcome this, a mechanism to facilitate prospective audit and feedback should be introduced, as this would have a major influence on standardisation of usage across the country. To achieve this, he said that it is essential that every hospital which provides a chemotherapy service to have electronic prescribing in place.

Guild speaks out against Society's election

Managed-sector pharmacists are under-represented on the new Council of the Royal Pharmaceutical Society, according to the Guild of Healthcare Pharmacists. The guild spoke out following the election of all seven Save Our Society candidates in this year's elections for the Council of the Society. The guild criticised the

first past the post electoral system, as it allows all candidates on a single-issue ticket to get elected. The electoral system changed before the 2003 ballot, with the single transferable vote in place before.

The guild also reiterated its support for the new Charter which was submitted to the Privy Council last December.

However, the Council of the Society has now agreed revisions to the Charter and members have been given the opportunity to vote on the new proposal in a ballot which is currently under way.

The guild further expressed reservations that the president, vice-president and treasurer had all been replaced.

First technician of the year clinical award announced

A pharmacy translating service set up by Nirmala Soma, community services co-ordinator, Glenfields Hospital, Leicester, was the first ever winner of the AAH hospital pharmacy technician of the year clinical award. Interviewing patients of Asian ethnicity in the hospital found that 58 per cent would benefit from an interpreter.

A national survey conducted as part of the project found that only 23 of hospitals that replied (36.5 per cent of the survey) employed translators. One third of hospitals reported that non-English speaking patients were excluded from self-medication schemes.

Glenfields Hospital has a diverse ethnic mix. In the 2001 census, 29.9 per cent of local residents came from the Asian population. It had been observed that many patients experienced difficulty understanding their medication due to the language barrier. According to the project team, there is currently no understanding of the errors and confusion caused by using untrained interpreters. A business



Nirmala Soma: language barrier a problem to understanding medicines

case is now being prepared to make the service permanent.

Technicians taking on additional responsibility for Controlled Drugs was the topic of an entry from Judith Telford, aseptic dispensing services manager, Wansbeck General Hospital, Northumberland, which was a winner in the supply chain category. At the time of the project, Ms Telford was the dispensary and ward services manager, Hexham General Hospital, Northumberland.

The ward supply of CDs, dispensing of CD prescriptions



Judith Telford: technicians and ATOs can handle most CD issues

and recording in the register were all handled by the pharmacy technicians. Assistant technical officers (ATOs) performed a ward top up of CDs.

Pharmacists maintained responsibility for CDs during on-call periods and are also responsible for supervising their destruction.

The goals of the project were to allow pharmacists to have more time to spend on other tasks, to add interest to the role of the technicians and the ATOs, and to improve the turnaround time for CD orders.

New members of Hospital Pharmacists Group

Two new committee members have been co-opted to the Royal Pharmaceutical Society's Hospital Pharmacists Group.

Tim Root is specialist pharmacist, clinical governance and technical services, London, Eastern and South East Specialist Pharmacy Services.

He is a member of the Department of Health's expert advisory group on safe administration of intrathecal chemotherapy, the newly formed Chemotherapy Services Advisory Group and the National Patient Safety Agency Oncology Reference Panel. He is the current chair of the British Oncology Pharmacy Association. He was previously chief pharmacist, Royal Marsden Hospital.



Tim Root

David Corral is deputy chief pharmacist, Hull and East Yorkshire Hospitals NHS Trust.

He has worked at the trust for 15 years in a range of areas including purchasing, aseptics, cancer services, surgery as well as a period out of pharmacy in general management covering



David Corral

critical care and support services. He currently leads on a range of medicines management issues for the pharmacy. He previously worked in Edinburgh in a variety of roles including purchasing, dispensary and clinical services.

Changes to the way generic products are to be procured spark controversy

Many of the main stakeholders involved in the procurement of generic drugs have misgivings about the new purchasing arrangements that are in the process of being brought in by the NHS Purchasing and Supply Agency (PaSA).

The changes include co-ordinating the contracts to supply certain generic drugs on a national, rather than a regional, basis, inviting only separate bids for each affected product line and awarding the contracts for a carefully-selected small range of products by "e-auction". Adjudication of the bids is set to take place in August, with the new contracts to be awarded in September and to run from 1 November.

Peter Sharott, chairman of the Pharmaceutical Market Support Group (PMSG), the organisation charged with managing the supply of generic products, told *Hospital Pharmacist* that the PMSG are concerned about the effects of the new arrangements on the continuity of supply of generic products, particularly injectables, used only in hospitals. "We are working closely with PaSA to ensure that these issues are managed appropriately," he added. He emphasised that contracting for drugs is not the same as contracting for many other commodities the NHS uses — "it is vital to preserve the supply chain for critical drugs to avoid compromising patient care".



A hospital pharmacy dispensary: there are fears that new procurement procedures may leave dispensaries with shortages of critical care medicines

Speaking from the suppliers' perspective, Martin Anderson, director of commercial affairs at the Association of the British Pharmaceutical Industry is concerned about the potential risk and inconvenience to patients. He also points out that there has been a general lack of consultation with suppliers before the arrangements have been brought in. In addition: "the exact status of existing contracts and the long-term effects on competition in the market place are unknown," he said. A spokesman for MaynePharma, one of several suppliers of generic products to NHS hospitals, told *Hospital Pharmacist* that although the exact details of the new arrangements are still a little unclear, they have reservations as to the speed of the process. Drug continuity issues are particularly important for

specialist products and are unlikely to be helped by the fact that suppliers are to receive only two months' notice of the volumes they will be required to supply. They also hope that products will continue to be risk-assessed before contract awards are made and that innovations relating to packaging and labelling will not be compromised in search for modest financial savings. A spokesman for Phoenix Pharma, pointed out: "the new arrangements represent a move away from a tried and tested system of regional contracting, which has ensured the supply of generic pharmaceuticals for the whole UK NHS secondary care system, to an unproven system."

According to Allan Karr, pharmacy business services manager at University College

London Hospitals NHS Trust and chair of the Procurement and Distribution Interest Group (PDIG) of the Guild of Healthcare Pharmacists: "Anything that increases the risk of drug shortages is always going to be an issue for hospital pharmacists. Whether the savings made under the new national arrangements will benefit the drugs budgets of individual trusts and whether trust staff will feel disenfranchised from the procurement process for generic drugs and so not be fully committed to the agreements are also considerations."

Details about the new arrangements were set out by Howard Stokoe, principal pharmacist at PaSA at the PDIG symposium last month (see p293). The changes are part of the NHS Supply Chain Excellence Programme, designed to use the purchasing power of the NHS more effectively, making cost savings and improving the transparency and efficiency of contracting.

Drug shortages

Does your hospital want to have up-to-date information about drug shortages? If so, you might want to think about registering with UCLH Solutions Online, a web site (sponsored by Pfizer Ltd) detailing pharmaceutical supply problems. Visit www.uclhsolutions.com

NICE work announced

Guidelines on managing osteoarthritis, drug abuse, faecal incontinence and attention deficit hyperactivity disorder are to be produced by the National Institute for Clinical Excellence as part of their "10th wave".

Cancer treatments form a large part of the technology appraisals in the 10th wave, which include assessments of docetaxel and atrasentan for hormone-refractory prostate

cancer, cetuximab for head and neck cancer, pemetrexed disodium for treating mesothelioma, and oxaliplatin, irinotecan and capecitabine as adjuvant therapy in colorectal cancer. Other technology appraisals in the pipeline include adalimumab for rheumatoid arthritis. [See p286–91 for an article on anti-tumour necrosis factor drugs in rheumatoid arthritis.]

Credit for learning series

The current series of credit for learning, the continuing education programme of *Hospital Pharmacist*, has now finished. With the requirement for pharmacists to complete continuing professional

development in mind, a new-look programme will be launched in the November issue.

The answers to the questions about colorectal cancer in May's issue of *Hospital Pharmacist* are set out below.

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