

Hospital pharmacists asked to promote public health work

Hospital pharmacists are being urged to come forward with any work they have done in the area of public health care. The call comes from the team involved in developing the Departments of Health's pharmaceutical public health strategy for pharmacists in England. The strategy is expected to be developed by the end of the year.

Project manager, Catherine Dewsbury, said that although the team has been trying to get ideas of projects and innovations that are taking place across pharmacy as a whole, there has been little interest so far from pharmacists working in the hospital sector. The problem, she said, may be that there are hospital pharmacists who do not consider themselves to be involved in public health work. However, "we know there are people out there who are doing work that could fit in within the area of public health," she said. Pharmacists may, for example, be working in rehabilitation clinics with patients who have had heart attacks or strokes, or they may be working on interface services for patients moving from primary to secondary care. Pharmacists may also be working with outreach teams

Patient in rehabilitation after a stroke: helping patients like this is one way that hospital pharmacists are already involved in public health

in clinical areas such as mental health or HIV/AIDS. In addition, pharmacists working in hospital pharmacy departments selling over-the-counter medicines also have the opportunity for health promotion work.

Mrs Dewsbury is asking pharmacists to provide examples of work they are doing in the area of public health. In addition, she would like to hear ideas for developing new roles to enable pharmacists to contribute to improving and maintaining the health of the public, either

directly through health promotion or strategically through population work, such as immunisation and vaccination campaigns or as part of a drug and therapeutics committee.

Jenny Griffiths, project director, added: "We believe strongly that, although there is not such a strong evidence base in published literature for hospital pharmacists' role in public health, compared with that for community pharmacists, they will in the future have an important role to play."

The strategy is being developed as a joint contract by Pharmacy HealthLink, the Royal Pharmaceutical Society, the Faculty of Public Health and the UK Public Health Association. A conference on developing the pharmaceutical health strategy is being held at the Society on 15 November. For details about the conference or to submit examples of local work, both strategic and operational, pharmacists should contact: Catherine Dewsbury (tel 020 7592 0065, e-mail catherine.dewsbury@btinternet.com) or Anna Pinheiro, charity administrator, Pharmacy HealthLink (tel 020 7572 2265)

Nurse helps launch one-stop dispensing

A clinical nurse specialist for medicines management has been employed to help roll out one-stop dispensing at North Tees and Hartlepool NHS Trust. The nurse works within the trust's two pharmacy departments.

According to Philip Dean, head of pharmacy services at the trust, this nursing role is "a new approach to medicines management". He said that, as far as he is aware, there are only six or seven other nurses throughout England and Wales

who have been employed by hospital pharmacy departments to carry out such work.

He explained that employing nursing staff and teaching them about pharmacy is one way to help change the way medicines are used on the wards. He added that a clinical nurse specialist in this role provides "a bridge between the two worlds of pharmacy and nursing so that both sides understand each other".

Mr Dean added that the post also helps resolve recruitment

and retention issues. This is because some of the roles that pharmacists and technicians are employed to do, such as training ward staff in medicines management or initiating a new one-stop service, can be done by the clinical nurse specialist for medicines management, he said.

A network for nurses currently employed in this role has been set up. Details can be obtained from Mr Dean (e-mail philip.dean@nth.nhs.uk).

brief

An extra band has been added at the top of the Agenda for Change pay scale. The basic pay for band 9 will range from £66,063 to £83,546. Some chief pharmacists and directors of pharmaceutical services will be assimilated to this band.

Elements of the Working Time Directive (*Hospital Pharmacist* 2004;11;46) may be relaxed following new proposals from the European Commission. The Commission is proposing that the reference period over which the 48 hour working week is calculated be increased to one year. It further proposes that time when an employee is not working, but is available on-call for work at the place of employment, should no longer be classified as working time.

The winner of the Hospital Pharmacist Credit for Learning prize 2003/4 sponsored by Mayne Pharma will be announced at the Hospital Pharmacist conference dinner on 10 November (see page 390 for further details).

Pharmacists who have managed a project which turned a vision into action are invited to apply for the United Kingdom Clinical Pharmacy Association (UKCPA), Guild of Healthcare Pharmacists (GHP), IVAX leadership award 2005. The prize, which will be presented at the UKCPA/GHP joint conference in April 2005, is £1,500 for leadership development of individuals or teams. Further information is available from admin@ukcpa.com

The NHS Counter Fraud Service will be holding a fraud awareness month in October. Staff will be visiting nearly 200 trusts in England and Wales, and details of their itinerary is available at www.cfsms.nhs.uk

Oncology prescribing clinic launched

A new oncology clinic that aims to facilitate supplementary prescribing by pharmacists is already showing benefit to patients. According to pharmacist prescriber, Carl Booth, involved in setting up the clinic at Airedale General Hospital, nursing staff have reported that patients who have attended the clinic appear to be more knowledgeable about their treatment than previously was the case.

So far 35 patients have attended the clinic since its opening two months ago. Mr

Booth said that now that the clinic is up and running at full speed, up to five new patients are expected to be seen each week. He commented: "The aim of our clinic is to advise patients on the full range of benefits and adverse effects of chemotherapy, and to thereby facilitate a concordant decision to undertake treatment." As a supplementary prescriber, his role is to take a full drug history and obtain a verbal agreement from patients for a supplementary prescribing relationship. So far, all the

patients who have attended the clinic have agreed to such an arrangement, he adds.

Explaining how the clinic operates, he said that patients attend the clinic following a visit to a medical oncologist, who has offered them treatment with chemotherapy. At the clinic, they are invited to see Mr Booth, an oncology staff grade doctor and a senior oncology nurse, and are consented to chemotherapy. In addition, a clinical management plan is drawn up and agreed by the patient, doctor and Mr

Booth. "This allows me to prescribe subsequent cycles of chemotherapy, and, where required, additional medication such as anti-emetics and mouthwashes," he said.

Mr Booth plans to evaluate the service either later this year or early next year, when the number of patients who have attended the clinic reaches 80 to 100.

Mr Booth is a senior clinical pharmacist, Airedale General Hospital and joint non-medical prescribing lead at Airedale NHS Trust.

Minister visits hospital pharmacy

Rosie Winterton, health minister, visited the Royal Liverpool Hospital on 22 September. She was accompanied by the director of pharmacy, Alison Ewing, who is also a member of the Royal Pharmaceutical Society's Council.

Ms Winterton's was shown the aseptic suite and the dispensary. She watched the automated dispensing machine in action, and was given the opportunity to load an item.

The Minister was also taken to an acute medical admission ward, where she spoke to a pharmacist and technician about their work overseeing original pack dispensing and re-use of patients' own medicines.

Cheryl Peers, pharmacy technician, Rosie Winterton, Alison Ewing, Vicky Hodgson, student pharmacy technician (left to right)

Award for medicines information pharmacist

A hospital pharmacist who developed and managed the DrugInfoZone medicines information knowledge database, has been awarded the 2003 College of Pharmacy Practice Schering Award. David Erskine, acting director, South Thames Regional Medicines Information Centre, was presented with the award, made in recognition of an outstanding contribution to pharmacy practice, at a ceremony in London on 16 September.

Ian Simpson, chief executive of the college commented: "Winners of the award are nominated by their colleagues and nominations are adjudicated by the college governors. It is a well deserved recognition of his vision and leadership in developing and managing DrugInfoZone, which is a much valued resource for pharmacists and other health care workers throughout the UK and beyond."

DrugInfoZone is a free service which has been in operation since 1998 and is designed for health professionals to promote safe, effective and efficient use of medicines in the NHS. It contains a wide range of high-quality information, including up-to-date news, current awareness information, drug reviews and the site also provides a facility for sharing practice.

Report benefits of £12m investment

Pharmacists who received funding as part of the Government's £12m campaign to promote better antimicrobial use should think about how they can show that they have brought benefits with the money, according to Duncan McRobbie, principal clinical pharmacist at Guy's and St Thomas' Hospital NHS Trust, London. Mr McRobbie made these comments during a meeting about methicillin-resistant *Staphylococcus aureus* at the British Pharmaceutical

Conference in Manchester last month.

It is not yet known whether the Department of Health will require clinical pharmacists to report formally about what they have achieved in terms of reducing resistance and, if so, what form the evaluation will take. "Whether or not the Government ask us to, we should be thinking about how we can show that we have brought benefits," Mr McRobbie said. "Otherwise, there must be a danger that money for clinical

pharmacy initiatives in the future might not be forthcoming," he continued.

Carrying out audits of antimicrobial use across a trust would be a simple way of demonstrating benefits, according to Phil Wiffen, a member of the Cochrane review team and previously at the DoH.

Alison Ewing, clinical director of pharmacy at the Royal Liverpool and Broadgreen University Hospital NHS Trust, suggested that a national approach to this auditing should be taken.