

DoH publishes Knowledge and Skills Framework

The Knowledge and Skills Framework (KSF), the system which underpins career progression with Agenda for Change, has been published.

The KSF describes the knowledge and skills that staff need to apply in their work in order to deliver the required level of service. The KSF consists of six core dimensions and 24 specific dimensions (see panels). Each role will be assigned all six core dimensions and probably no more than seven specific dimensions. Each dimension has 4 levels, indicating the point on the scale which the employee is expected to work at.

Agenda for Change pay bands have two gateways — at these points staff must show that they meet the requirements of the KSF to continue receiving annual pay rises. The foundation gateway is reached after one year in a role. The second gateway is situated towards the top end of the band, and successfully passing through this point will put employees in a position to apply for jobs in the next band.

"I would encourage everyone within the NHS to become familiar with the contents of the



Richard Cattell: Become familiar with the contents of the KSF

KSF", said Richard Catell, director, South West Medicines Information and Training. He added: "For pharmacists, one of the early implementer sites, with the support of the Guild of Healthcare Pharmacists (GHP),

Core dimensions

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

has constructed some indicative KSF outlines for posts. These outlines, with some general guidance on implementation, will be available via the GHP website soon."

□ The ballot of members of the Guild of Healthcare Pharmacists to approve or reject Agenda for Change was under way when *Hospital Pharmacist* went to press. The ballot is organised by the trade union Amicus for all its NHS staff. A further ballot is planned in the future to consider the terms of unsocial hours payments, which have not yet been finalised.

Examples of specific dimensions

- Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing
- Provision of care to meet health and wellbeing needs
- Information processing
- Procurement and commissioning
- People management
- Products to meet health and wellbeing needs

brief

■ **Eliminating tuberculosis in Britain is the ultimate aim of the Department of Health's TB action plan, launched last month. The plan includes measures to increase awareness of TB, establish high quality surveillance and ensure excellence in the clinical care of patients.**

■ The EU clinical trials directive is the subject of a conference on 3 December organised by the Industrial Pharmacists' Group of the Royal Pharmaceutical Society. Further information about the event at the Society's headquarters in London are available from the following email address angela.canning@rpsgb.org

□ Practical help on implementing the EU clinical trials directive is available on a website published by the Department of Health and Medical Research Council (visit www.ct-toolkit.ac.uk)

■ The work of pharmacy staff has been recognised at Hammersmith Hospitals NHS Trust in their newly-introduced staff awards scheme. Pharmacy-led projects won three of the nine available awards.

■ Primary care trusts should not be merged, according to an editorial in the *BMJ* (2004;329:871). Reorganisation is unlikely to benefit patients and will distract PCTs from their "real tasks".

■ **Inequalities in the delivery of health and social care and diversity issues are to be tackled by Surinder Sharma, director for equality and human rights for the NHS, a newly-created position.**

■ Life-long Learning, *Hospital Pharmacist's* new continuing professional development series, sponsored by Mayne Pharma, is launched this month (see p436)

Hospital pharmacists account for 21 per cent of active work force, census says

Figures from the pharmacy workforce census carried out in late 2003 show that 21 per cent of active pharmacists work in the hospital sector, according to Karen Hassell, senior research fellow at the University of Manchester centre for pharmacy workforce studies.

Dr Hassell presented the results of the census to the Royal Pharmaceutical Society's Council at its October meeting. She explained that "active pharmacist" means those who are registered with the Society and are working (in any occupation). "Inactive pharmacists" accounted for 16.6 per cent of the register, she said. The 21 per cent figure

represents a slight increase on the last time the census was done.

The data also show that relatively few hospital pharmacists work part time — 25 per cent, as compared with 36 per cent of community pharmacists. Dr Hassell said that this is particularly interesting, since women dominate the hospital sector, but there is less part-time working. Figures for part-time working in primary care are similar to those in the community, Dr Hassell added.

Tony West, Chief Pharmacist at Guy's and St Thomas' NHS Foundation Trust and President of the Guild of Healthcare Pharmacists told *Hospital*

Pharmacist: "These data highlight that hospital pharmacists form a significant proportion of the active register. Taken together with the primary care pharmacists it is likely that more than a quarter of the active register are working within the managed side of the NHS. It is essential that the Society ensures it understands the issues these pharmacists have." Reflecting on part-time working, he added: "I regard a figure of 25 per cent of hospital pharmacists working part-time as positive.

Comparisons of this figure with the community sector may be misleading as service drivers are different."

Tackling MRSA: more plans launched, but death rates could be underestimated

New moves to tackle methicillin-resistant *Staphylococcus aureus* and other hospital-acquired infections have been announced recently by the Department of Health. The strategies come at the same time as a patient support group suggests that death rates from hospital-acquired infections are considerably higher than those set out in the National Audit Report.

Among the Department of Health's initiatives is an action plan for improving cleanliness in hospitals (a matron's charter), launched on 19 October at the Middlesex Hospital, part of the University College London Hospitals Foundation Trust. It sets out ten key commitments, including that nurses and infection control teams are to be involved in drawing up cleaning contracts for hospitals and that matrons are to have the power to withhold payment where the services provided have been inadequate. Matrons are also to ensure that the importance of cleaning is recognised and that cleaning staff are made to feel a part of the ward team.

In addition, trusts also need to ensure that specific roles and responsibilities for cleaning are clear and that cleaning routines

MRSA bacteria: it is now suggested that about 10,000 deaths per year are caused directly by MRSA infection

are agreed and well-publicised. All staff working in health care are to receive education about infection control and sufficient resources are to be dedicated to keeping hospitals clean. Patients are to be advised that they have a part to play in monitoring and reporting on standards of cleanliness.

In another development, NHS directors of infection prevention and control were brought together for the first time last month at conferences in London and Leeds to be briefed on their responsibilities for reducing MRSA rates. Their roles are to include ensuring the

sterility of invasive equipment such as catheters as well as challenging prescribing decisions.

Organisations providing NHS services have already been informed in the "Winning ways" document that they each need to have a director of infection prevention and control, who is to report directly

MRSA at BPC

Delegates at the British Pharmaceutical Conference heard how pharmacy staff have roles to play in fighting MRSA (p435)

to trust chief executives and boards.

Such initiatives to counter MRSA assume an even greater significance in the light of a suggestion by a patient group that Government figures for death rates attributable to hospital-acquired infection are out of date. According to Tony Field, chairman of MRSA Support, the figure of 5,000 deaths per year stated in the National Audit Office report is based on data from a decade ago. The group's own figures result from an analysis of official statistics, and indicate that hospital-acquired infection causes about 20,000 deaths per year, with approximately half of these being directly attributable to MRSA, he said. Mr Field added that he would like to see disinfectants used instead of detergents for hospital cleaning.

Cleanliness a top priority

Hospital cleanliness is to be a top priority for the new Chief Nursing Officer, Chris Beasley. Before taking up the CNO position, Ms Beasley held a number of nursing jobs in hospitals and the community and has worked for the NHS Modernisation Agency.

Mental health job campaign

Recruiting more pharmacists into the mental health sector is the aim of a new scheme running at Doncaster and South Humber Healthcare NHS Trust.

Funding (from the National Institute of Mental Health in England) has been secured to enable more than 30 pharmacists and students to gain supervised hands-on work experience of mental health pharmacy, including working one-to-one with a specialist senior psychiatry pharmacist.

Many pharmacists or pharmacy students have never had the chance to experience working in the mental health

field, explained Peter Pratt, chief pharmacist at the trust. "This project gives us the opportunity to show pharmacists and pharmacy students how interesting and rewarding it can be to work in psychiatric practice. Overall we tend to find there is a national shortage of pharmacists who choose to work in psychiatry or mental health, so we have developed this taster session for pharmacists or pharmacy students to experience working in this speciality."

Pharmacists or students interested in applying for a placement should telephone 01302 796226.

Use EAN coding, PaSA says

Bar codes compliant with the European Article Number Uniform Code Council (EAN.UCC) system should be included on all products supplied to the NHS, according to the NHS Purchasing and Supply Agency (PaSA).

The recommendation has been made following an evaluation by PaSA of eight coding and data carrier standards measured against criteria set by The Chartered Institute of Purchasing and Supply. The criteria include that the system is globally used, has technical support available in the UK and is associated with fixed (rather than variable costs) to adopt and

run. The only exclusion to the recommendation is that products already coded using the Health Industry Bar Code (HIBC) format can be used for the foreseeable future. Otherwise, suppliers are asked to change to the EAN.UCC system as soon as possible.

PaSA also suggest that products transferred or resold in the NHS should be identified by their original (EAN.UCC) code and not be re-coded. The move to introduce a standardised bar code is designed to streamline purchasing and improve patient safety — products will be traceable all the way through the supply chain.