

Agenda for Change launched

National roll-out of Agenda for Change began on 1 December. The Department of Health has stated that by next March the majority of NHS staff will be matched to a new pay band, with all staff assimilated by September 2005. However, staff at some of the early implementer sites have warned that the this process can be time consuming.

Guy's and St Thomas' NHS Foundation Trust, London has been one of the Agenda for Change early implementer sites and placed the first advertisement for a pharmacist post in August of this year (*Pharmaceutical Journal* 2004;273:249-50). Cath McKenzie, the manager who recruited to this band 8a post for a highly specialist critical care pharmacist, confirmed that a candidate is now in post. She told *Hospital Pharmacist*: "Recruiting under Agenda for Change meant we had to follow the person specification much more than we would previously have done, and one candidate was rejected on this basis." She also said that not everyone in the pharmacy department has yet assimilated on to their new bands and the process of implementing Agenda for Change has been more difficult and more time consuming than anyone had originally anticipated.

Most pharmacy staff have now been assimilated at another early implementer site, Aintree University Hospitals NHS Trust. Dave Thornton, principal

Shuttle launch: Agenda for Change has been launched nationwide

pharmacist, also explained that assimilation had taken a lot of time, although that had been expected. "Problems have been experienced in assimilating pharmacy technicians, with the starting salary and earning potential of many posts reducing," he said. He stressed

the importance of managing expectations so that staff do not believe that they will end up in a higher band than they will realistically achieve.

The issues of payment for unsocial hours and on-call have still to be resolved. A national job profile is still to be agreed for preregistration trainees.

Agenda for Change was approved by the NHS Staff Council on 23 November, following votes in favour by Unison, Amicus and the Royal College of Nursing.

Pharmacists in the Guild of Healthcare Pharmacists voted in the Amicus ballot, which supported Agenda for Change by 17,519 to 13,381. A breakdown of the voting among pharmacist members of the guild is not available.

The final Agenda for Change documentation has been published by the Department of Health. Links to the key documents, can be found at www.pjonline.com/links/hp

Stability of cytostatic drugs stored in a new type of infusion container. Mueller H-J, et al. *Hospital Pharmacist* 2004;11:429-34

The paper on the stability of cytostatic drugs published in November's issue contained information and data which have been challenged by a credible third party. Until the validity of the information and data are ascertained by *Hospital Pharmacist* under no circumstances should this paper be quoted or information from it used. The journal acknowledges that at least some of the data have been inaccurately (albeit inadvertently) transcribed. In a paper of this sort, inaccuracies in data presented may have a significant effect on the conclusions which are drawn.

Hospital star ratings to be dropped

Hospital star ratings are to be used for the last time in 2005, according to the Healthcare Commission. From 2006 a new "health check" for the NHS will be introduced.

Consultation is to take place over the next three months which will examine the exact criteria that will be assessed and the information that will be published under the new scheme. Members of the public, clinicians and other health care workers are being invited to comment.

The intention is for the health check to encourage improvement and to respond to what local people want from their services. It is also to make it easier for patients to make informed choices by giving them information on the quality of care in both the public and private sector. The system is to be broader than the current star ratings and is to cover issues such as patient safety and the quality of the care environment. Inspections are to be targeted to

areas where there are concerns and information gathered by health care organisations and other regulators is to be used, all with the intention of making the procedure less time-consuming for hospital staff. Spot checks are also to be used to verify the data given. Those wishing to take part in the consultation should visit www.healthcommission.org.uk, e-mail feedback@healthcarecommission.org.uk or telephone 0845 601 3012.

brief

■ Medication errors in children being resuscitated in paediatric emergency departments may be more common than previously estimated, according to a study in the *BMJ* (2004;329:1321). The authors recorded drugs ordered and used during eight mock resuscitations of children and analysed the contents of the syringes used. In nine of the 58 syringes analysed, drug concentrations deviated by at least 20 per cent from that ordered, with four syringes showing a difference of at least 50 per cent.

■ Introducing "payment by results" will bring about considerable upheaval for some hospitals, according to an article in the *BMJ*. The author suggests, however, that the new system should provide a more accurate method in the long term of calculating payments than using finished consultant episodes.

■ Poor countries could help rich countries to adopt a more systematic method to select drugs for reimbursement and help control their medicines bill, according to a paper in the *BMJ*. "Essential medicines are not second rate medicines for poor people, they are the most cost-effective treatment for a given condition," the author stresses.

■ A toolkit to help employers and employees manage the risks from work-related stress has been launched by the Health and Safety Executive. Visit www.hse.gov.uk/stress

■ The Human Tissue Act 2004 received royal assent in November. It sets out new rules that need to be followed to use and store human tissue and sets up the Human Tissue Authority to regulate such activities. It is available from www.legislation.hms.o.gov.uk.

Safer patient initiative moves forward

Four trusts from across the UK have recently been selected by the Health Foundation as centres of excellence to make hospitals safer for patients. These are: Conwy and Denbighshire NHS Trust (Wales), Down Lisburn Health and Social Services Trust (Northern Ireland), Luton and Dunstable Hospital NHS Trust (England) and NHS Tayside (Scotland).

Leaders from these trusts will work with an expert team from the Institute of Healthcare

Improvement (IHI), who will help the trusts bring about improvements in patient safety, building on the high level of commitment to this area that each trust has already demonstrated. IHI will then spend a further two years helping the trusts to publicise what they have learned, in order to promote good practice. The initiative represents a £4m investment and coincides with the launch of the World Health Organization World Alliance for Patient Safety.

Among the reasons why the Luton and Dunstable Hospital NHS Trust was chosen as a beacon site by the IHI include research carried out at the trust in 2002 that identified six key problems as the main contributors to adverse drug incidents (see panel). This research enabled the trust to summarise that 22 per cent of problems resulted from staff shortages or other time-related considerations and 19 per cent and 38 per cent respectively were due to non-compliance by nursing and medical staff. Soraya Dhillon, chairman of the hospital trust and professor of the school of pharmacy at the University of Hertfordshire said: "By building on our experiences learned from [this] audit and adopting a pragmatic approach, we expect to improve patient safety in many other areas of hospital care." □ The Northern Ireland medicines governance project,

an initiative designed to reduce the risk of medication errors won the *Health Service Journal* award for patient safety, which was presented in London in November. The judges, led by NHS chief executive Sir Nigel Crisp praised the evidence-based and multidisciplinary approaches used in the project, together with its patient-focus. In the same awards, Mid Staffordshire General Hospitals NHS Trust won the "Implementing NICE guidance award" for their implementation strategy that involves working closely with primary care staff.

Six key adverse drug incident problems

- Lack of co-operation from doctors (due mainly to lack of knowledge about the trust's prescribing policy and minimal participation in audit process)
- Lack of time and excessive work load
- No feedback from local adverse drug event leads
- Lack of understanding of audit documentation among staff
- Lack of motivation from nursing staff
- Delays in dispensing medicines from pharmacy

Correction

Lucy Burrows is chief pharmacist for the acute services division at NHS Tayside, Ninewells Hospital, Dundee and not as described on p436 of the November issue of *Hospital Pharmacist*.

New products identified to help fight MRSA

Three new products that could potentially help reduce methicillin-resistant *Staphylococcus aureus* (MRSA) levels in hospitals have been identified by the rapid review panel, according to John Reid, Health Secretary, speaking at the National Institute of Clinical Excellence conference in Birmingham on 1 December.

The rapid review panel was set up by the Health Protection Agency to look at new equipment, materials and other

products that can help NHS staff improve hospital cleanliness, hygiene and infection control. The products it has identified as potentially beneficial are:

- Silver-coated hydrogel catheters, where the silver alloy used as coating reduces the likelihood of patients contracting urinary tract infections
- Decontamination systems that use hydrogen peroxide

vapour to clean hospital rooms (produced by Bio-quel)

- Non-alcohol based gels for hand cleaning (produced by Ebiox)

According to the panel, further evaluation is needed of the non-alcohol based gels and decontamination systems in an NHS setting before they can be introduced into clinical practice. Other products, including a portable machine to produce free-radicals, thereby increasing

their concentration in enclosed spaces and products derived from cashew nuts were also evaluated. While they were considered potentially useful, the panel thought that more research and development was needed.

Reducing infection risks from the use of catheters and maintaining high standards of hygiene are identified as action points in the Department of Health's "Winning ways" document.

New developments in national programme for IT

Alan Burns chief executive of Trent Strategic Health Authority has been seconded to lead the service implementation of the national programme for IT (NPfIT). In this role, he has appointed five "national clinical champions" to focus on improving communication about the programme.

However, none of the clinical champions are from a pharmacy

background. Will Willson, principal pharmacist for information and supply at Addenbrookes Hospital NHS Trust, Cambridgeshire told *Hospital Pharmacist* that while it is disappointing that pharmacists are not among the clinical champions it is important for pharmacy staff to engage with the NPfIT at ground level. For example,

NPfIT is seeking to engage with users and pharmacists can visit its Care Record Development Board (www.npfit.nhs.uk/crdb) site to register their interest and views. Likewise they should endeavour to get involved with initiatives lead by strategic health authorities. "We need to be working together to feed our views into these

champions, make them aware of the issues," said Mr Willson. He stressed that it is in pharmacy's best interest to do so, because the outcome of NPfIT will support the most fundamental rethink of health care provision ever seen which will pose many challenges to the unprepared. "This is a once in a life time opportunity that we have to grasp", he said.