

Pharmacy supply chain in new public-private partnership

Seven NHS trusts have entered a partnership with a wholesaler to manage and streamline the pharmaceutical supply chain. The trusts are part of the Avon, Gloucestershire and Wiltshire Supply Management Confederation (see panel) and after a competitive tender process they have appointed AAH Pharmaceuticals to run the contract. According to both parties, this relationship is the first of its kind.

The contract will result in a simplification of the procurement process for the seven acute trusts in the confederation. Current pharmaceutical supply chains will be rationalised with the consolidation of stock by AAH off site before delivery to the hospitals. The aim of the project is to improve supply chain efficiency, reduce transaction costs and minimise stock levels held in hospital pharmacies.

Initially, there will not be much of a change in the procurement process according to Bob Peel, senior pharmacist, procurement, Southmead Hospital and acting project manager for the partnership. The first change, which has already occurred, is that the trusts will now deal with only one wholesaler rather than the two that were used in the past.

In the longer term, items that are currently obtained directly from manufacturers will be ordered and delivered by AAH.



Pharmacy stores: it is hoped that a partnership with a wholesaler will reduce stock storage in hospital pharmacy departments

This will help reduce stock holding. The payment process will also be more efficient as the trusts will pay AAH directly rather than paying separate invoices to different suppliers, said Mr Peel.

Across the confederation, over 50 suppliers are currently being used. One of the first goals of the partnership will be to try to work with suppliers of products with national contracts under the NHS Purchasing and Supply Agency supply chain excellence programme. The suppliers should gain from the partnership with AAH because they will make one delivery to the depot of the

wholesaler, rather than visiting every hospital in the area.

Commenting on the partnership, Richard Ward, director of purchasing, Bristol and Weston NHS Purchasing Consortium, said: "We see the partnership developing to include all our requirements for an efficient consolidated supply chain, with all our suppliers benefiting from improvements in cashflow, better business information for forecasting, reduced distribution and processing costs and accurate reporting underpinned by business transparency."

Trusts in the Avon, Gloucestershire and Wiltshire Supply Management confederation

- Gloucestershire Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Royal United Hospitals Bath NHS Trust
- Salisbury Healthcare NHS Trust
- Swindon and Marlborough NHS Trust
- United Bristol Healthcare NHS Trust
- Weston Area Health Trust

Guidance on diamorphine supply issued

Guidance on the use and supply of diamorphine has been issued by the Department of Health. The information comes in the light of supply problems with the drug, meaning that stocks might reach critical levels.

Pharmacists and other health care professionals are being asked to take steps towards

conserving stocks for patients in whom the need is greatest. They are also requested to avoid wastage and to use alternative medicines wherever possible.

Information on switching to alternative preparations in various clinical situations (acute trauma pain, acute cardiac pain and left ventricular failure, management of cancer-related

pain, postoperative pain, patients with certain chronic diseases and those who are addicted to opiates) is included, together with a table that can be used as a basis for converting subcutaneous doses of diamorphine to subcutaneous morphine and oxycodone. The advice is available via www.pjonline.com/links/hp

brief

■ Removing patient names from boards on wards to ensure compliance with data protection rules might compromise the safe delivery of care, according to a paper in the *BMJ* (2004;272:1491). The authors also suggest that patients themselves do not generally agree with the practice. A survey of 243 patients and 215 visitors found that 96 per cent of patients were in favour of having their names written on boards and 90 per cent of visitors did not think displaying names infringed a patient's privacy.

■ Sponsorship to visit places overseas where innovative or good health care is practiced is available to middle and senior managers in any discipline. Further information is available from Ros Clarke, The Charitable Trusts for the United Bristol Hospitals, The Abbot's House, Blackfriars, Bristol, BS1 2NZ.

■ The 2005 *Hospital Pharmacist* conference will take place at the Royal Pharmaceutical Society, London on 10 November. The topic will be announced later in the year. The 2004 conference, sponsored by AAH Hospital Service and Medecator, covered consultant pharmacists, automated dispensing and IT.

■ Published and unpublished clinical trial are available from a new website, produced by the Pharmaceutical Research and Manufacturers of America. The address is www.clinicalstudyresults.org

■ Five hospital trusts were given foundation status at the start of January. They are: Barnsley District General Hospitals, Chesterfield and North Derbyshire Royal Hospitals, Gateshead Health, Harrogate Healthcare and South Tyneside Healthcare.

Innovative database to be further developed

A hospital pharmacy database is among the technologies selected for further development by NHS Innovations, a network of regional intellectual property organisations (known as "hubs") set up across England to capture and commercialise ideas generated by NHS employees.

The database is designed to support the quality assurance and management processes involved in pharmaceutical manufacturing. It is being developed by the Royal Free Hampstead NHS Trust in partnership with a small software company.

Nearly 500 ideas were brought to the attention of NHS Innovations during the year to March 2004, with the manufacturing database being one of over 100 projects selected for further development.

Other ideas that are to be taken forward include a project to improve the chemotherapeutic management of cancer patients by providing "real time" information about the effect of specific anticancer drugs on a particular patient's



Pharmaceutical manufacturing: a database has been designed to support quality assurance and management processes

cancer cells. The technology, developed at Central Manchester and Manchester Children's University NHS Trust, helps clinicians to predict a patient's response to chemotherapies before treatment is initiated and to reduce side effects. It was one of the winners for an innovative device or technology in the North West hub.

A database of clinical trial activity and appropriate

contacts for clinical trials in the North West of England, has also

been selected, as has an antimicrobial respiratory drug delivery system. The clinical trials database was set up by TrusTECH, the organisation based at Manchester Royal Infirmary that acts as the NHS Innovations hub in the area. The antimicrobial delivery system was developed at Barts and The London NHS Trust and was one of three joint winners in the East London hub.

NHS Innovations was set up in 2001 to prevent the benefits of good ideas generated by NHS employees being lost to the inventor, the NHS and UK economy. The first annual report was published on 29 December 2004 and is available at www.innovations.nhs.uk

Corrections

The picture on p449 of the December issue is David Webb and not as described. A printing error distorted the website on p462. It is www.imperial.ac.uk/p4578.htm.

Also in the December issue, the final line in the first paragraph of p471 should be replaced by: It could be a faster and less expensive approach to develop Legacy pharmacy computer systems to support this type of web platform than to change such systems to enable e-procurement. Messaging services and the web platforms can combine to reduce the cost of messaging currently provided by value-added networks.

Consultation on skill mix and personal control launched

A consultation document on making better use of a range of skills in the pharmacy workforce was launched recently by the Department of Health.

The document focuses on the issues of personal control and supervision in a community pharmacy setting, suggesting that the law should make it clear that pharmacists do not have to be physically present in pharmacies at all times to exert "personal control".

Of some relevance to hospital pharmacy, the document states that: "there is a need to take stock of ways in which pharmacists and pharmacy staff can extend and enhance their roles in a modern, integrated, NHS". It says that this is necessary in



Different pharmacy staff working in the dispensary. Skill mix is under review

order to allow the development of extended roles for pharmacists and to incorporate changes in the dispensing process, such as automation and

proposals to prescribe in full patient packs.

Views on a variety of issues, including the training and education of pharmacy

technicians engaging in dispensing activities other than under the supervision of a pharmacist and whether or not similar training should enable pharmacy staff other than technicians (or pharmacists) to engage in these activities are invited. Comments should be submitted by 11 March 2005. A link to the document can be found on www.pjonline.com/links/hp

Agenda for Change

The final agreement for Agenda for Change was published by the Department of Health on 22 December. National roll-out of Agenda for Change began on 1 December 2004. The link to the full document is available at www.pjonline.com/links/hp