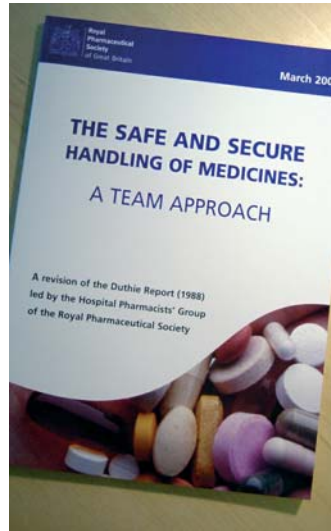


Revision of the Duthie report launched by the Society group

Safe and secure handling of medicines is reviewed in a new report published by the Royal Pharmaceutical Society this month. "The safe and secure handling of medicines: a team approach" is a revision of the 1988 Duthie report. Increasing emphasis on clinical governance, growing awareness of medication errors and technological advances are among the reasons cited for the revision.

The report provides general guidance on the "medicines trail", which covers all activities associated with a medicinal product, from initiation via a prescription and administration, to disposal of any waste material. Areas of medicine use are then covered in more detail, such as: wards, operating departments, intensive care units, out-patient departments and NHS Ambulances. There are also chapters covering clinical trials, and training and personnel. Hospital pharmacists may be particularly interested in the advice on self-administration of



A hard copy of the report is available (see box on p82)

medicines, which was not included in the original report. Roger Tredree, chief pharmacist, St George's Hospital, London and one of the revising editors of the report commented that "it fills in the gaps between legislation and NHS guidance and is an authoritative document that can be used on a

day-to-day basis to support professional practice and underpin medicines risk management."

The Society's Hospital Pharmacists Group appointed a review group led by the late Professor Bryan Veitch in 1997. Further work was then undertaken to edit and revise the report. Many organisations subsequently contributed to the consultation process, including the Guild of Healthcare Pharmacists, the Home Office, the Department of Health, the British Medical Association and many of the Royal Colleges. The chief pharmaceutical officers for England, Wales, Scotland and Northern Ireland have all endorsed the report.

□ The comment in this month's *Hospital Pharmacist* (p82) is about the revised Duthie report and is written by one of the revising editors, Richard Needle, chief pharmacist, Essex Rivers Healthcare NHS Trust. Details about how to obtain a copy of the report are covered there.

brief

■ "Your Guide to Breast Cancer Services 2005" has been launched by the charity Breast Cancer Care. The guide, which is set to be updated and published annually from now on, is designed to help patients make informed decisions about accessing care. Pharmacists and other health professionals interested in the guide can order a copy via www.breastcancercare.org.uk or review it on line at www.breastcancercare.org.uk/yourguide2005

■ Should the UK follow the Australian system of subsidising private health care in order to take pressure off public health services? Alan Maynard and Jane Hall, professors of health economics at the University of York and University of Technology, Sydney, respectively, warn against this in a recent *BMJ* article (2005;330:357-9), suggesting that it could create cost inflation, lead to greater inequity in health care and cause an increase in admissions to hospitals.

■ A clampdown on the unethical advertising of pharmaceutical products is promised by The Medicines and Healthcare products Regulatory Agency. It launched tougher guidance on advertising at a seminar in London on 22 February attended by industry representatives. Every review of an advertisement will be published on its website and companies that regularly breach the guidelines will be subject to a review of their entire portfolio. For further information visit www.mhra.gov.uk.

■ The readership survey circulated with this issue can be completed online at the following website www.pjonline.com/survey

Guild says pension review "breach of faith"

Developments achieved in service delivery and recruitment and retention under Agenda for Change could be lost under the Government's pension proposals. This is the opinion of members of the Guild of Healthcare Pharmacists terms and conditions committee, which met on 9 February to discuss the NHS Pension review consultation (*Hospital Pharmacist* 2005;12:45).

The retirement age at which it will be possible for employees to receive their full pension is to increase from 60 to 65. The guild is concerned that this measure may deter people from commencing or continuing a public service career. It comments that this change is a "breach of faith in the pension promise made to pharmacists

who for many years have endured lower salaries in return for greater job security, non-pay benefits and pension provisions." The guild suggests that the proposals will reduce pension costs to the Government. However, it is calling for all savings achieved to be reinvested in the scheme, suggesting that it would be iniquitous to enhance salaries with one hand and ask NHS staff to accept lower pensions with the other hand.

There has been a better reception for some of the other proposals included in the consultation document. The protection of existing rights until 2013 and the ability to choose between the proportion of a lump-sum and pension at retirement is supported. The

improvement in accrual rates (ie, reducing service requirement from 40 to 30 years) and the plan to pay a full pension to a member's dependants for six months after a death in service are also supported.

The guild will be making a submission to the consultation on the pension review. This period ends on 11 April and further information is available at www.nhsemployers.org

Pensions article

The careers article in this issue of *Hospital Pharmacist* (pp101-4) reviews the history of pensions, the current NHS pension and the changes which may occur to the scheme

Pharmacists benefit heart failure patients

Pharmacist involvement in heart failure clinics benefits patients, according to a study reported in the latest issue of the *European Journal of Heart Failure* (2005;7:405–10).

The researchers analysed the care given to 234 patients with heart failure at specialist clinics at Barts and The London NHS Trust and Newham University Hospital NHS Trust, London, over three years. At the clinics, treatment is managed by pharmacists and nurses working in accordance with management guidelines and clinical protocols that enable them to initiate and manage drug treatments. Patients are referred to the clinics by GPs or hospital doctors and attend on average once a month.

Most of the patients (93 of whom had moderate to severe heart failure and 141 of whom had mild heart failure on referral to the clinic) saw their symptoms improve.

For example, 175 patients suffered from dyspnoea when they were first referred. Approximately one-third of these patients saw their symptoms disappear completely after being treated at the clinic. The number of patients with moderate or severe dyspnoea fell by about two-thirds, from 66 to 23. Similarly, 158 patients experienced fatigue when they were first referred. After treatment, this fell to 138 while the number of patients with moderate or severe symptoms fell by almost a quarter from 55 to 44.

Some patients saw their condition (and not just their symptoms) improve significantly following treatment. Almost half of those diagnosed with moderate or severe heart failure

after referral were reassessed later and diagnosed with mild heart failure.

A positive impact on patients' lifestyle was also reported. A total of 44 patients were regular smokers when they were first referred. Half of these went on to give up. Seven patients drank more than the recommended weekly intake of alcohol when they were first assessed. This fell to just one after treatment at the clinic.

Pharmacist involvement also led to more patients receiving optimum drug therapy. For example, almost two-thirds of patients (143) were not receiving all the drugs (ie, angiotensin converting enzyme [ACE]-inhibitors, beta-blockers and spironolactone) they needed on referral. This was reduced to 50 following treatment, with most of those not receiving these drugs being either intolerant of them or having contra-indications. Similarly, the number of patients receiving "medium" or "high" doses (appropriate in the circumstances) rose from 43 to 134 for beta-blockers, from 107 to 153 for ACE-inhibitors and from 129 to 201 for angiotensin receptor blockers.

Valerie Ross, specialist heart failure pharmacist at Barts and The London NHS Trust, said: "The specialist pharmacists and nurses who staff these clinics work with doctors to ensure patients receive the right medication at the right doses. They can also offer advice to patients to encourage them to give up smoking, cut down on the amount of alcohol they drink and improve their overall health. The results from this study show the clinics are benefiting patients."

Stem cells and heart failure at Barts and the London

A trial will shortly be launched at Barts and The London NHS Trust to find out if a patient's own stem cells can be used to treat heart failure. This is believed to be the UK's first large-scale patient

trial of its type. The trust has teamed up with the Heart Cells Foundation to raise the £6m needed to fund the trial, which will involve 600 patients and will run for five years.

Pharmacists help to cut A&E waiting time

Pharmacists have been key to the award of extra capital funding to some of the accident and emergency (A&E) departments that have met the Government target for patient waiting times. Departments that dealt with 97 per cent of patients within four hours in the final quarter of 2004 are eligible for the £100,000 awards.

Guy's and St Thomas' NHS Foundation Trust has met the target. Ursula Collignon, the trust's senior pharmacist for emergency care, explained that one of the ways that pharmacists support the A&E department is by dealing with requests when patients present having run out of their medicines. In this situation, the pharmacist is contacted and attends the A&E department to make an emergency supply (*Hospital Pharmacist* 2004;11:476).

Ms Collignon also explained that the trust will pilot a service where a pharmacist is based in

the A&E department between 12.30pm and 9pm every day. Their primary role will be to supply medication in the "minors" area of the department, but they will also be available to provide advice. □ Doubt has been cast on the accuracy of the statistics on A&E department waiting times by the Healthcare Commission. A survey of around 55,300 NHS patients showed that only 77 per cent spent less than four hours in A&E. The Government, however, claims that the figure is 95 per cent.

A&E pharmacy paper

A paper on the incidence of drug related problems and the extent to which complete medication histories are recorded by doctors and pharmacists in an A&E department is published in this issue (pp109–12).

Independent prescribing consultation announced

Independent prescribing by pharmacists has moved a step closer with the announcement by the Secretary of State for Health, John Reid, of a consultation period. Proposals for areas where pharmacists could prescribe include patient admission and discharge reviews, acute pain management and medication reviews. Dr Reid said that "allowing fully trained pharmacists to prescribe

independently we can make use of their considerable skills in pharmacology and therapeutics," adding "it [independent prescribing] would also enable pharmacists to offer more clinical services."

The options being considered are listed in the panel below. The period of consultation runs until 23 May, and more information is available via www.pjonline.com/links/hp

Options for pharmacist independent prescribing

- No change
- Prescribing for certain conditions from a limited formulary
- Prescribing for any condition from a limited formulary
- Prescribing for specific conditions from a full formulary
- Prescribing for any condition from a full formulary
- A different approach for different clinical settings
- A hybrid approach