

NHS modernisation hindered by recruitment difficulties

Service modernisation, the key objective of the Agenda for Change process, is being seriously affected by an inability to obtain sufficient trained and competent staff, according to a paper submitted by the Guild of Healthcare Pharmacists to the Nurses and Other Health Professions Pay Review Body recently.

The guild called for a pay increase of up to £4,179 for hospital pharmacists, stating that while hospital numbers have grown by 8 per cent, there are still large numbers of vacancies with around a third of junior pharmacist posts being left unfilled or covered by locums. This has led to a reduction in modernisation and service development with up to 70 per cent of hospitals reporting service reduction or inability to initiate new services.

However, the Chancellor of the Exchequer, Gordon Brown



Better pay for hospital pharmacists may help solve recruitment problems

is requesting that all public sector pay review bodies keep pay settlements within the Government's two per cent inflation target.

Anthony Oxley, GHP vice-president, said that he expected the NOHPPRB to make an evidence-based response to the guild's claim and not one driven by the Chancellor's target. He said

that recruitment and retention difficulties mean that pharmacists should be treated as a special case. The NHS Confederation has also called for pay rises above the Treasury's target. Its evidence to the NOHPPRB calls for pay rises to match inflation. However, it wants a multi-year rise with all staff groups getting exactly the same deal.

Pharmacists move to primary care

Many pharmacists working in primary care were previously employed in hospital pharmacy, research has revealed.

In a study of the migratory patterns of pharmacists in England, researchers found that of 432 pharmacists surveyed, 52 per cent worked exclusively in primary care, the majority of whom had

come from the hospital sector. The main reason cited by pharmacists for moving into primary care was the need for change.

The researchers say that this pattern has a marked impact on the hospital sector because pharmacists are leaving this sector completely, while former community pharmacists now in

primary care are more likely to maintain some commitment to the community sector.

They suggest that research to help establish the cause of hospital pharmacists wishing to seek change may help hospital pharmacy to retain its staff (*International Journal of Pharmacy Practice* 2005;13:281).

Drug price reductions save £700m

Recently negotiated branded and generic drug price reductions have delivered NHS savings of almost £700m to date, rising to over £950m for the past year, according to the Department of Health's Chief Executive's report to the NHS, published last month.

This has been the single biggest saving for the NHS to

date. However, the report also states that meeting demands for new drugs and services is one of the main challenges for the NHS.

The report, which describes activity in the NHS over the past year, and since the publication of the NHS Plan, shows that hospital waiting lists have been reduced, and that

over 98 per cent of patients presenting at accident and emergency departments are now being seen within four hours.

Early deaths from cancer, coronary heart disease and suicide have reduced following improved services.

The report also notes that there is scope for further extension of pharmacists' roles.

brief

Draft guidelines on hospital acquired pneumonia have been issued for consultation by the British Society for Antimicrobial Chemotherapy. The guidelines can be accessed at www.bsac.org.uk. Following the consultation period the report will be submitted for publication in the *Journal of Antimicrobial Chemotherapy*. The consultation closes on 23 January.

PowerPoint presentations from the 2005 *Hospital Pharmacist* conference: "Pharmacy at the interface — bridging the gap", are now available online at www.pjonline.com/hpconference

The NHS Expert Patients Programme should be accessible to a wider range of people, according to the British Medical Association. In a recent discussion paper the BMA recognises the benefits of training patients to manage their own long-term conditions, but says that the NHS must ensure that the needs of socially excluded people and ethnic minorities are met.

The National Institute for health and Clinical Excellence has published a tool to help organisations implement its guidance. The tool consists of three sections: one for chief executives and directors, one for those who implement guidance as part of their daily practice, and one for those involved in commissioning. It can be accessed at www.nice.org.uk.

Hospital Pharmacist online

Hospital Pharmacist is available online at www.pjonline.com/hp/index.html. The website contains the current issue and an archive of back issues from January 2000 onwards.

Ageing population to increase NHS costs

Ageing patients will impose considerable workload and financial pressures on the NHS, according to a recent article in the *BMJ* (2005;331:1362).

The number of people with chronic conditions, including cardiovascular diseases, is likely to increase with the predicted 53 per cent increase in the number of people aged 65 and over between 2001 and 2031.

Examining the possible impact of this increase in the ageing population, researchers predict that by 2031 cases of coronary heart disease, heart failure and atrial fibrillation will increase by 44 per cent, 54 per cent and 46 per cent respectively.

The researchers say that, if realised, these increases will have important implications for the NHS.

Cardiovascular disease is responsible for a significant proportion of NHS spending, and the predicted increase in the prescribing of statins, that is already the largest component of the NHS prescribing budget, will further add to the financial burden. As well as increases in drug costs, other costs to consider include those of diagnostic tests, surgical procedures and regular monitoring of patients by general practitioners, cardiologists and nurses. Furthermore, new medical technologies may have a large impact on future caseloads.

The researchers say that since obesity, diabetes and high blood pressure all increase the risk of heart disease, government policy should be to promote a healthy lifestyle, encouraging regular exercise, healthy eating and smoking cessation.

Patients now offered a choice of NHS hospitals

From this month patients in England will be able to choose where and when they are treated, when they are referred to secondary care.

Patients will now be offered a choice of at least four hospitals or clinics when they need to see a specialist.

The Department of Health has produced booklets to help patients choose where they want to be treated, based on indicators including MRSA rates, waiting times, cancelled operations and access. Patients will be given the option to make their decision at a later date if they require more time.

The DoH says that this choice is to be extended further with patients being able to choose from any provider which meets NHS standards at NHS costs by 2008.

Health Secretary Patricia Hewitt commented: "There are a range of ways in which patients will access information and book their appointment, including through the new 'choose and book' computer system, over the phone or using the internet. Either way, when a patient leaves the GP surgery they will have either made their choice or know exactly what the next step will be to do so."

The change coincides with publication of a survey into attitudes to choice conducted by MORI on behalf of the DoH. The survey found that 68 per cent of people aged 40 and over would choose a non-local hospital if it could deliver treatment in half the time of their nearest NHS provider. The full results of the MORI survey can be accessed at www.dh.gov.uk.