

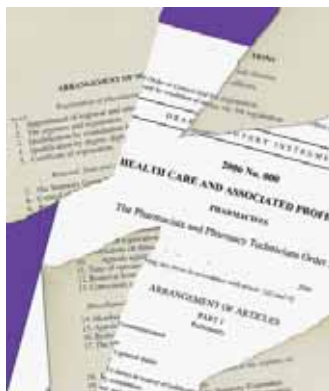
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Consultation begins on Section 60 Order of the Health Act 1999

Consultation on the draft Section 60 Order of the Health Act 1999 is finally under way, following its publication last week by the Department of Health. When finalised, the "Pharmacists and Pharmacy Technicians Order 2006" will replace the Pharmacy Act 1954. The draft Order sets out the proposed changes to the regulation of pharmacists in Great Britain. Among those welcoming the arrival of the draft Order, is Tony West, president of the Guild of Healthcare Pharmacists, who told *Hospital Pharmacist* that there would be detailed consideration given to its provisions at the forthcoming guild meeting during their joint spring conference with the United Kingdom Clinical Pharmacy Association in May.

Several proposed powers are contained in the draft Order, including a provision for specialisation. This would allow the Royal Pharmaceutical Society to decide what areas of practice require specialist training and to annotate the Register to indicate those who have acquired specialist status. Independent prescribing is likely to be an early example of this power being used.

Mandatory continuing professional development for those on the "practising" register is also introduced, as is a new



The "Pharmacists and Pharmacy Technicians Order 2006" will replace the Pharmacy Act 1954

disciplinary committee with the power to introduce a wider range of sanctions (such as restrictions on practice, rather than just reprimanding or removing a pharmacist from the register) than currently exist.

Changes to the regulation of pharmacy technicians in England and Wales is also covered by the draft Order. However, responsibility for regulating pharmacy technicians in Scotland may pass to the Scottish Parliament, rather than the Society.

Darren Leech, president of the Association of Pharmacy Technicians UK said: "I cannot see the logic behind the current proposal and I hope the department will listen to the concerns we will raise in our response."

Concerns raised by the Society's Council include a requirement in the draft Order that, when an allegation is referred to a fitness to practise committee, it must also be notified to ministers and to the employer of the person concerned. They also want the draft Order's definition of the Society's main purpose to acknowledge and reflect the Society's Charter.

Another point of note is that the Department of Health is seeking pharmacists' views on whether to abolish the link between professional registration and membership of the Society.

Speaking to *Hospital Pharmacist*, Colin Ranshaw, a hospital pharmacist on Council, said that one of the main implications of the Order for hospitals will be whether all those currently working as technicians will be required to register if they want to continue in their current job (even if they will not be able to call themselves a "pharmacy technician" if they do not register) given that a requirement to be a registered pharmacy technician is not generally part of technicians' employment contracts.

Comments on the draft Order can be sent to the Society, to help formulate its response (by 4 May) or to the Department of Health (by 19 June). Further details are accessible via *PJ Online* (www.pjonline.com/links/hp).

brief

■ **Pharmacists, technicians and pharmacy assistants are to receive a 2.5 per cent pay increase from 1 April 2006. The Government has accepted the recommendations of the Review Body for Nurses and Other Health Professionals that nurses and other health care professionals should receive this increase. However, a national recruitment and retention premium called for by Amicus, the union that includes the Guild of Healthcare Pharmacists, has not been granted. The pay review report can be accessed via *PJ Online* (www.pjonline.com/links/hp).**

■ A networked IT system to improve the on-call pharmacy service, developed at the Queen's Medical Centre, Nottingham, has won this year's First DataBank Europe, Guild of Healthcare Pharmacists information technology award. Projects from pharmacists at the Northern General Hospital, Sheffield and the Christie Hospital, Manchester were highly commended. The winning project is set to be presented at the GHP Interest Group Seminar in Coventry on 26 April.

■ **Mental health law is to change, but not as initially proposed. Rather than going ahead with its draft Mental Health Bill 2004, the Government is now to put forward a shorter Bill to amend the existing Mental Health Act 1983. The Bill will simplify the definition of "mental disorder" and remove the "treatability test".**

■ A new price list for "payment by results" was published by the Department of Health on 17 March. It replaces that issued on 31 January, which contained errors. An independent review of the tariff-setting process has also been announced. Further details are available at www.dh.gov.uk/paymentbyresults.

New guidance on CDs published

Help for pharmacists in England to cope with the new arrangements for handling controlled drugs, introduced in response to the Shipman Inquiry, has been published by the Practice and Quality Improvement Directorate of the Royal Pharmaceutical Society.

The guidance deals with some current legal requirements and points of good practice, as well as changes

outlined in the 2005 Health Bill (which are expected this autumn) and the amendments to the Misuse of Drugs Regulations 2001 (which are expected this summer).

Changes designed to improve inspection and monitoring include a legal requirement for NHS trusts and other NHS and private organisations to appoint an accountable officer who will be responsible for the safe

management of CDs within their organisation.

Other changes include an extension to the number and groups of people who are authorised to witness the destruction of CDs.

Further details about the Society's guidance, and also that issued by the Department of Health, are available via *PJ Online* (www.pjonline.com/links/hp).

New UK and Europe-wide initiatives to combat antibiotic resistance launched

Two new initiatives to combat and report antibiotic resistance were launched in March.

One of these is a new website, set up by the British Society for Antimicrobial Chemotherapy (BSAC) to give detailed information about antibiotic resistance across the UK and Ireland. It presents information from two ongoing studies — one covering bacteraemia and the other community-acquired lower respiratory infection.

A variety of organisms are included, not just methicillin-resistant *Staphylococcus aureus* and *Escherichia coli*, as is in-depth resistance information, such as the distribution of minimum inhibitory concentrations for

each antibiotic with each species in each year. This means that users can, for example, find not only the proportion of *Staphylococcus aureus* in blood samples that are resistant to oxacillin (now used instead of methicillin), but also how likely those organisms are to be resistant to other antibiotics, such as vancomycin or ciprofloxacin. Recently-licensed antibiotics, and some products still in development, are included. The website is available at www.bsacsurv.org

The second initiative is a new scientific network, GRACE (genomics to combat resistance against antibiotics in community-acquired lower

respiratory tract infection in Europe), which is funded under the European Union's research framework programme. The network will bring together 17 academic groups from nine EU member states to share their work and develop better diagnostic tools, so that antibiotic use in the community can be improved. Among other benefits, it is hoped that this will reduce hospital admissions for respiratory illnesses, such as

acute exacerbations of chronic obstructive pulmonary disease.

GRACE is co-ordinated by Herman Goossens, professor of microbiology at the universities of Antwerp, Belgium and Leiden in the Netherlands and involves researchers based at the universities of Nottingham, East Anglia, Birmingham, Cardiff, Southampton, Oxford and Imperial College, London. Further information is available at www.grace-lrti.org

Also in this issue ...

This issue of *Hospital Pharmacist* also contains a comment about the antimicrobial pharmacy initiative (p106), an article about a web-based pharmacy to microbiology referral system (p131-2) and a paper about using defined daily doses to study the use of antibacterials (p133-6).

Pharmacist counselling can reduce adverse drug events, research says

Pharmacist counselling can reduce adverse drug events (ADEs) after hospital discharge, according to research published in the *Archives of Internal Medicine* (2006; 166;565-71).

The study involved a randomised trial of 178 patients being discharged from a teaching hospital in the US. Some patients received counselling from a pharmacist as they left hospital and a follow-up telephone call three to five days later (the intervention group), and others did not. When patients were contacted 30 days after discharge, preventable ADEs were found in only one per cent of the intervention group, compared with 11 per cent of those who received the standard discharge procedure. In addition, the rate of preventable medicine-related emergency department visits or hospital readmissions was 1 per cent in the intervention group and 8 per cent in the non-intervention group. There were no differences between the two groups in terms of total ADEs.



Pharmacist counselling at discharge can reduce preventable ADEs

Issues highlighted by pharmacists at discharge included unexplained discrepancies between patients' preadmission medicine regimens and discharge medicine orders (affecting 49 per cent of patients) and patients admitting to having had problems, including possible side effects and difficulties with adherence, with their medicine regimens (affecting 16 per cent). During the follow-up telephone conversation, pharmacists noted

unexplained discrepancies between discharge medicine lists and patient's reported home regimens (affecting 29 per cent), nonadherence (affecting 23 per cent) and difficulties in obtaining medicines (affecting 18 per cent).

The authors conclude that the higher rate of non-preventable ADEs found in the intervention group could be the result of a higher rate of reporting because of an increased knowledge of potential side effects.

Administrative burden on NHS to be tackled

Ways to reduce some of the administrative burden placed on the NHS were set out in the Department of Health's recent "Draft simplification plan." Proposals include reconfiguring the DoH's arms-length bodies and consolidating the past 25-years worth of primary legislation affecting the NHS. The streamlining of research governance, including the setting up of a national network of research and development management centres by April 2007, and the integrating of R&D information systems by April 2008, are also envisaged. Another suggestion is the development of standard hospital paperwork, such as a standard electronic referral form and discharge summary.

The plan is accessible via *PJ Online* (www.pjonline.com/links/hp). Comments on it can be e-mailed to simplification@dh.gsi.gov.uk until 20 June. The DoH plans to publish more developed proposals later this year.