

UK patients less involved in care decisions than patients overseas

UK patients are less involved in decisions about their treatment and are less likely to take part in medicines review or to be given information about the side effects of their medicines than patients in other countries, according to new data.

In a study carried out by the Picker Institute, almost 7,000 patients in the UK, Australia, Canada, Germany and the US were surveyed about how much their health professionals support them to play an active role in their health care.

When asked if their doctor involved them in treatment choices only 43 per cent of UK respondents said yes, compared

to between 48 and 59 per cent of patients in other countries. Only 66 per cent of UK respondents said their doctor gave them a clear treatment plan, compared with 70–80 per cent of patients in other countries.

The results show that overall the UK results were less positive than those from other countries for many of the six indicators used, which included quality of doctor-patient communication, access to alternative sources of information and advice, communication about risks and support for self-care and self-management. The report says: "What is needed is a major

change in the way professionals work with patients in the UK. In particular, doctors, nurses and other health professionals need training in how to promote health literacy, support self-care and self-management, and involve patients in treatment decisions."

Picker Institute research

Earlier research from the Picker Institute was highlighted by Keith Ridge, chief pharmaceutical office for England, at the Association of Pharmacy Technicians conference in April (p186).

brief

■ Entries are being sought for the 2007 First DataBank Guild of Healthcare Pharmacists information technology award. A £2,500 prize will be awarded for an IT initiative that has had a positive impact on patient care or pharmaceutical services. Details are available at www.ghp.org.uk. Closing date 6 November. This year's winning project is described in a meeting report on p184.

■ Pharmacists approached to act as supervisors under the reciprocal registration agreement are reminded that Friday 2 June is the last day that the mandatory four-week period of supervised employment for pharmacists registered in Australia or New Zealand and wanting to work in Great Britain may begin.

■ Phase two of the Department of Health's National Service Framework for Older People was published recently. "A new ambition for old age" sets out the Government's plans for services for older people over the next five years, including increasing the role mental health nurses play in improving dignity in care.

New role for hospital pharmacist



V'Iain Fenton-May

Practising hospital pharmacist V'Iain Fenton-May, a senior quality assurance pharmacist based at the pharmaceutical unit in St Mary's Hospital, Cardiff, has been appointed vice-chair of the British Pharmacopoeia and is the UK nomination to the European Pharmacopoeia Commission.

Mr Fenton-May, a fellow of the Royal Pharmaceutical

Society, is also responsible for the quality of pharmaceuticals including medical gases used within hospitals in Wales.

He also performs some of the functions of the Medicines Inspectorate in hospitals on behalf of the Welsh Office and audits suppliers of pharmaceuticals to hospitals in Wales.

Increases seen in numbers of pharmacists and support staff employed by the NHS

Numbers of pharmacists employed by the NHS have increased more than those for other health professions over recent years, new figures show.

The number of qualified staff directly employed in pharmacy posts in the NHS in England has risen by 65 per cent in the past 10 years, according to the latest workforce survey published by the Department of Health.

The survey shows that full-time equivalent numbers of qualified staff (pharmacists,

scientific officers and pharmacy technicians) increased from 7,229 in September 1995 to 11,900 in September 2005. About half of the 2005 FTE number (5,119) relates to pharmacists. There were nine consultant pharmacists in September 2005, holding the equivalent of six full-time posts.

Pharmacy support staff numbers have also shown a dramatic increase, from 925 in 1995 to 2,918 last year — an increase of 216 per cent.

The growth in qualified pharmacy staff over the past ten years is greater than the increase in directly employed doctors and dentists (57 per cent), the increase in nurses (25 per cent) and the total increase for all NHS staff (32 per cent). The figures are for the Hospital and Community Health Service in England, which includes all NHS trusts (primary and secondary care) and strategic health authorities. They can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Corrections

NICE implementation The article entitled "NICE implementation — overcoming the barriers" that appeared in the May issue of *Hospital Pharmacist* (2006;13:95–97) was co-authored by Richard Baird, senior business and finance manager at the Countess of Chester NHS Foundation Trust.

SMART software The e-mail address for Haley Wickens, for obtaining further details about SMART software is haley.wickens@st-marys.nhs.uk (*Hospital Pharmacist* 2006;13:133)

Independent pharmacist prescribing now legal but training still to be finalised

Legislation to allow qualified independent pharmacist prescribers to prescribe any licensed medicine (except for Controlled Drugs) has been in force since 1 May. Prescribing for unlicensed uses (ie, “off-label” prescribing) is also allowed, where it is in accordance with accepted clinical practice and where a pharmacist is willing to accept professional, legal and clinical responsibility for that prescribing. Work to bring about legislative changes in Scotland and Wales is currently under way.

In practice, final decisions about the training requirements for independent prescribers have yet to be made, and so pharmacists are currently unable to adopt this role. The Royal Pharmaceutical Society has confirmed that work on a curriculum, allowing pharmacists to qualify both as supplementary and independent prescribers has begun, and is

expected to be completed later this year.

The independent prescribing legislation for pharmacists and nurses comes shortly after the publication of Department of Health guidance about how the new prescribing role should be implemented.

According to the guidance, the use of off-label medicines should be approved through mechanisms such as drugs and therapeutics committees. Pharmacists must prescribe within their own level of experience and competence and in accordance with the Royal Pharmaceutical Society’s “Medicines, Ethics and Practice” guide. They must not prescribe medicines for themselves, their friends or members of their family.

Pharmacists to be trained as independent prescribers must have at least two years post-registration experience and will

need to prescribe within a robust clinical governance framework, the Society’s clinical governance framework being advocated as helpful. Employers will also need to confirm that prescribers will have the need and the opportunity to do so immediately after they become qualified and will have access to continuing professional development opportunities. When deciding which pharmacists (and/or nurses) to train, local health economies are advised to use the three key principles of: patient safety; maximum benefit to patients in terms of quicker and more efficient access to medicines; and better use of professional skills.

Best practice regarding patient records is that details of any prescription and consultation are entered onto the shared patient record immediately, or as soon as possible after the consultation.

Prescribing and dispensing can be carried out by the same individual pharmacist only in exceptional circumstances and where another suitably qualified person is available to carry out a final accuracy check.

Central funding to meet the direct costs of training for non-medical prescribers working for the NHS is being made available through strategic health authorities. Independent prescribers will have an annotation against their names in the Society’s register signifying that they have successfully completed an accredited training programme. An up-to-date list of all nurse and pharmacist prescribers employed by an institution should be kept in each hospital pharmacy, together with specimen signatures.

The guidance can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Strategic health authority numbers set to be reduced from 28 to 10



There will be 10 strategic health authorities in England from 1 July, rather than the current 28, Patricia Hewitt, Secretary of State for Health, announced recently. The new arrangement should mean that SHAs are better placed to support the development of more strategic primary care trusts and the move towards NHS Foundation trusts. It should also improve joint working between health and local government agencies.

More generics should be used

Using more generic drugs has been highlighted by Sir Ian Carruthers, acting NHS chief executive, as a way of decreasing the annual £10.3bn drugs bill. Sir Ian’s comment was made as he was outlining a financial turnaround plan for the NHS at a seminar at 10 Downing Street last month. In particular, he believes that too many hospitals have a misplaced brand loyalty that increases costs. Drug spending as a whole accounts for 11 per cent of the total NHS budget, with staff salaries accounting for 65 per cent.