

Reflecting on 2006

— a year of change for hospital pharmacy

By Ray Fitzpatrick, PhD, MRPharmS

At this time of year we tend to reflect on the year gone by as well as looking to the future.

This year started rather inauspiciously for hospitals when the Health Secretary announced that all trusts would be in financial balance by the end of March 2007. For trusts already struggling financially, this set alarm bells ringing. For hospital pharmacy departments, cost improvement plans meant, at best, a freeze on developments, or, at worst, cuts in resources. Even trusts that were financially stable at the end of 2005 did not escape, since the increasing application of Payment by Results signalled a further financial challenge.

The threat to hospital pharmacy is obvious, since clinical support services are an easy target when it comes to cutting budgets. So, too, is the medicines budget where cutting costs may reduce the need for staff redundancies. However, with this threat comes the opportunity for pharmacists to use their clinical skills to help reduce medicines expenditure without compromising clinical care. This is not an easy task, but when performed successfully it raises the profile of the pharmacy department both with clinical teams and at management level.

The state of NHS finances has had implications beyond our individual hospitals. There are now fewer pharmaceutical advisers in the new strategic health authorities, and a

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reduction in hospital pre-registration training places across the NHS. The implications of these changes will be far reaching.

Whilst all this has been going on Agenda for Change (AfC) is continuing to be implemented at a slow pace, with many staff still uncertain about how their job will be graded. Although the reduction in working hours for hospital pharmacists that comes with AfC is long overdue, it adds to the financial challenge for many departments.

— Publications

The results of the Healthcare Commission's medicines management audit were published this summer. Most hospital pharmacists agree that this piece of work was not perfect, but as Alison Ewing pointed out in a recent issue of *Hospital Pharmacist*, it was a good start.¹ It is now the responsibility of trust chief pharmacists to ensure the right messages are taken from their own hospital's report. The national report is due to be published at the end of this year, bringing with it another opportunity to raise the profile of hospital pharmacy within our organisations, and the wider health community. It is good to see the *Hospital Pharmacist* journal doing its bit by making this the central theme of its conference in February.

Two other important documents issued this year offer further opportunity for hospital pharmacists to expand their influence in medicines management. First is the Department of Health guidance on safer management of Controlled Drugs, which not only heralded the role of the "accountable officer" within

trusts, but paved the way for chief pharmacists to undertake this role. Further guidance on handling CDs in hospital is expected early next year.

Second, there was the change in primary legislation to allow pharmacists to become independent prescribers. The slow uptake of supplementary prescribing by hospital pharmacists has been attributed to the fact that it is more applicable to chronic disease management than acute hospital care. With independent prescribing there can be no such excuse. Here is our opportunity to improve prescribing directly, and cement our role at the centre of medicines management.

— The HPG

2006 has been a challenging year for the Hospital Pharmacist Group (HPG) committee of the Royal Pharmaceutical Society. In addition to the usual tasks of responding to consultation documents, the HPG has had input into workstreams such as the definition of "practising", and the development of standards for prescribers (work still in progress). We have also attempted to engage with the Healthcare Commission in the report stemming from the medicines management audit.

The HPG has been proactive in producing a briefing document for parliamentarians, which is the first time MPs have been given information about a range of issues specific to hospital pharmacy. We have also produced a response to the All Party Pharmacy Group inquiry into the future of pharmacy.

Another important piece of work was the review of the HPG terms of reference and membership to reflect the changes in the Society

following establishment of the national pharmacy boards. This review was instigated by the HPG in order that we remain fit for purpose in the new environment. We have used the opportunity to create a forum within the Society for key stakeholder groups to come together and provide a unified credible voice for hospital pharmacy.²

— The future

Looking forward, it is likely that next year will bring yet more change. Practice-based commissioning is with us now, although nobody yet seems clear about what it means in reality. It represents another potential threat to hospital pharmacy if there is major movement of clinical services into primary care. However, there will also be opportunities, since the philosophy is still one of joint working.

Sharing experiences and new practices is vital if we are to learn from successes (and mistakes), and this journal provides a forum to do this.

If hospital pharmacy services are to develop in this sea of uncertainty, then we need to evolve with the changing environment, we cannot stand still. As the US commander George Paton once said: "In a fast-moving battlefield, if you dig a fox hole, you will be digging your own grave".

— References

1. Ewing AB. A good starting point — for medicines management arrangements. *Hospital Pharmacist* 2006;13: 306.
2. Hospital Pharmacist Group Committee, *Hospital Pharmacist Newsletter*, The Pharmaceutical Journal 2006;277:Supplement.