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Controlled Drug management guide for hospitals welcomed

Pharmacists charged with implementing recent legislative changes about Controlled Drugs have welcomed last month's guidance published by the Department of Health and the Royal Pharmaceutical Society.

Speaking about "Safer management of Controlled Drugs: a guide to good practice in secondary care (England)", Alison Ewing, clinical director of pharmacy at Liverpool and Broadgreen University Hospitals NHS Trust, and accountable officer at the trust, told *Hospital Pharmacist* that the guidance is useful in a number of ways. In particular, it summarises the responsibilities of accountable officers and makes it clear that holders of this position must be at "arms length" from the day-to-day handling of CDs. The guidance also forces trusts to work in a multidisciplinary way, and emphasises the importance of CD management to trust board members, Ms Ewing said.

As a result of the guidance, the North West (of England) Chief Pharmacists Group (of which Ms Ewing is vice-chair) has produced a strategic document amending standard operating procedures to fall in line with the guidance.



Andrew Alldred, director of pharmacy at Harrogate and District NHS Foundation Trust said that multidisciplinary ownership of the agenda is important. "For example, nurses are often unaware that they are legally accountable for safe and secure handling of CDs on their wards," he said. (See Comment, p178).

According to Robert Clayton, head of practice at the Society, the document was designed to set out robust systems for procuring, storing, supplying, transporting, prescribing, administering, recording and disposing of CDs, while helping to ensure that access for patients who require

them is convenient and appropriate.

□ In a related development, consultation has started on Home Office proposals to further update the Misuse of Drugs Regulations 2001. Suggested amendments include that accountable officers be able to authorise individuals, or classes of individuals, to witness the destruction of CDs (because the role of police chemist inspection officers has changed) and that midazolam be moved from Schedule 4 to Schedule 3 of the Regulations (with exemption from safe custody requirements). Views on allowing electronic prescribing of CDs are also sought.

Waiting for medicines remains most common cause of discharge delays

Waiting for medicines is still the most common reason for delays in discharging patients from hospital. This is according to the latest inpatient survey (2006), from the Healthcare Commission, carried out by the Picker Institute in over 167 acute and specialist NHS trusts in England.

Medicines were a factor in 61 per cent of cases where patients had to wait to leave hospital, a similar figure to that reported in the previous year (2005).

The survey also revealed that only 37 per cent of patients were told "completely" about the side effects of their medicines on discharge (compared with 40 per cent in 2005). A further 19 per cent were informed "to some extent". In addition, fewer hospital patients were told "completely" about their medicines in a way they could understand (76 per cent) compared with 2002 (79 per cent) but more were given clear

written or printed information (65 per cent in 2006 compared with 62 per cent in 2005).

The survey, which included information about many aspects of patient care, showed that there have been improvements in cleanliness, hand washing and the time waited for planned admissions. Overall, 90 per cent of patients rated their stay in hospital as good or excellent. The survey is available at www.healthcarecommission.org.uk

brief

■ Annual retention fees for pharmacists look set to rise "substantially" next year, according to the Royal Pharmaceutical Society's President, Hemant Patel.

■ Sir Michael Rawlins, chairman of the National Institute for Health and Clinical Excellence, has told patient groups that they should question the costs of medicines and be wary about donations from pharmaceutical companies. His comments were made at a King's Fund briefing held last month.

■ Colin Ranshaw, principal pharmacist for quality control at Cardiff and Vale NHS Trust, has resigned from the Society's Council due to long term sick leave required for orthopaedic surgery. This leaves no pharmacist currently working in hospital practice on the Council.

■ A new guideline — "Secondary prevention in primary and secondary care for patients following a myocardial infarction" — has been published by NICE. It is available at www.nice.org or via *PJ Online* (www.pjonline.com/links/hp).

■ Feedback on a draft booklet, "Design for safety: labelling and packaging guidelines for injectable medicines", is sought by the National Patient Safety Agency. Details are accessible via *PJ Online* (www.pjonline.com/links/hp).

■ Case studies detailing improvements in services for patients with kidney disease, developed in response to the National Service Framework for Renal Services, are included in the Department of Health's "Second progress report". The report is available from the DoH website (www.dh.gov.uk) and is accessible via *PJ Online* (www.pjonline.com/links/hp).

Online access to formulary and drug guidelines wins IT award

A team from University College London Hospitals NHS Foundation Trust (UCLH) has won the First DataBank Europe Guild of Healthcare Pharmacists information technology award for 2007.

The winning entry involved developing a system that allows users to search through an online version of the trust's formulary and to view up-to-date drug-related clinical guidelines.

Anthony Grosso, formulary pharmacist at UCLH, said that the Inform system is used by a number of staff throughout the day and night, suggesting that staff on call have found the system helpful. It is updated by specialist pharmacists in each area of care who have been given passwords.

Ways of integrating the Inform system with electronic



Anthony Grosso, formulary pharmacist, (left) and Simon Keady, lead paediatric pharmacist at UCLH, using the award-winning system

prescribing software used at the trust are currently being investigated.

The project team was due to be presented with an award of £2,500, to develop the system further, at the inaugural United Kingdom Clinical Pharmacy Association and GHP IT interest

group joint seminar, on 6 June, after *Hospital Pharmacist* had gone to press.

Those interested in applying for the 2008 award should contact Suzie Creighton (e-mail suzie_creighton@firstdatabank.co.uk, telephone 01392 456181).

New awards scheme for pharmacy

Hospital pharmacists and other pharmacy staff are invited to apply, and to nominate others, for a new set of pharmacy awards.

The Pharma Awards 2007, sponsored by Unichem, in association with a wide range of pharmacy and other organisations (including the Royal Pharmaceutical Society), are divided into 21 different categories. These include those for hospital pharmacist of the year and pharmacy technician (hospital), pharmacy manager and pharmacy professional of the year. There are also categories for outstanding contributions to acute sector care, pharmacy education and pharmacy practice research. Three individuals or teams will be selected from each category to attend an awards dinner at the Pharmacy Show 2007 at the National Exhibition Centre, Birmingham on 14 October.

Applications and nominations can be made online at www.pharmawards.co.uk until 17 August.

Medicines reconciliation standards to be developed by NICE and NPSA

Advice on a standard approach to medicines reconciliation on admission to hospital is to be produced by the National Institute for Health and Clinical Excellence, in collaboration with the National Patient Safety Agency.

The standards will be developed from a pilot project to assess the clinical effectiveness and cost-effectiveness of systems-based

and IT-based interventions in medicines reconciliation and will carry the same weight as other NICE guidance.

David Cousins, head of safe medication practice at the NPSA, commented that there are a number of techniques for medicines reconciliation currently in operation and NICE will be looking at published, unpublished and ongoing studies, such as the

work of the Safer Patients Initiative (*Pharmaceutical Journal*, 2006;277:630).

The draft scope of the project, defining what the standards will cover and to whom they will apply, is out for consultation. It is available on the NICE website (www.nice.org.uk) and via *PJ Online* (www.pjonline.com/links/hp). Guidance is expected to be issued to the NHS in November.

Entries for APTUK/AAH technician award invited

Entry forms for the Association of Pharmacy Technicians UK/AAH Hospital Service pharmacy technician of the year awards are available from AAH (e-mail manpreet.chana@aah.co.uk, telephone 02476 432941), or from APTUK (website www.aptuk.org).

Winners will receive a bursary of £1,000, one year's APTUK membership and the opportunity to present their project at the APTUK conference 2008.

Guild Matters — new newsletter from the Guild of Healthcare Pharmacists

This issue of *Hospital Pharmacist* sees the launch of *Guild Matters*, a new newsletter from the Guild of Healthcare Pharmacists.

The Guild represents over 4,000 pharmacists UK-wide, including the majority of hospital pharmacists, pharmacists employed by primary care trusts

and pharmacists employed by other public bodies. It is part of the health sector of the union Unite.

We hope that *Guild Matters* will provide Guild members and non-members with a useful update of how the Guild is supporting hospital pharmacists.

Guild Matters will initially be published in *Hospital Pharmacist* four times per year. It can be found towards the back of this issue, before the Life-long Learning pages. It will also be accessible via *PJ Online* (www.pjonline.com/guildmatters).

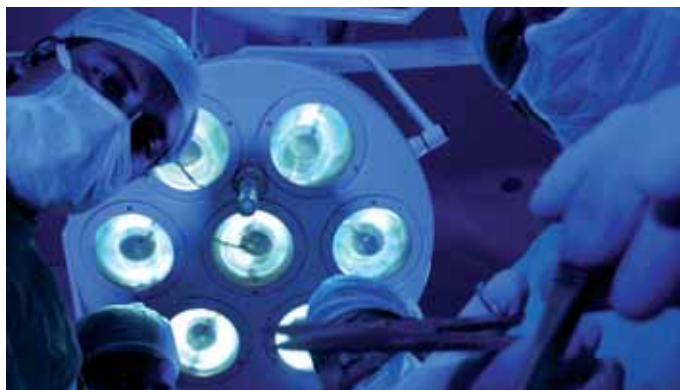
Pharmacist intervention before surgery reduces drug errors

Assessment by a pharmacist in a surgical preadmission clinic can reduce drug errors related to postoperative medicines, according to a new US study (*Archives of Internal Medicine* 2007;167:1034–40).

A total of 464 patients who had an appointment at a preadmission clinic before surgery were enrolled in the study. Of these, 227 were randomised to the intervention group, where a structured drug history was taken by a pharmacist and the information was used to create a postoperative medicines order form. This form was used by the surgeon to indicate which medicines were to be continued after surgery.

The remaining 237 patients received standard care, in which a nurse took the drug history and entered it onto the patient's electronic record, which was used by the surgeon to generate the postoperative medicine orders.

The researchers found that 86 of the 214 patients eligible for analysis in the standard care



Surgical patients who are assessed by a pharmacist before admission have fewer postoperative medication discrepancies

group (40.2 per cent) had at least one postoperative medication discrepancy related to home medicines, compared with 41 of 202 patients in the intervention group (20.3 per cent). Reasons for the discrepancies in the intervention group include patients reporting that they were taking medicines that were not recorded at the preadmission clinic and medicines being prescribed at a later stage.

In the intervention group 26 of 202 patients (12.9 per cent) had a medicine discrepancy likely to cause harm, compared with 64 of 214 patients (29.9 per cent) in the standard care group ($P < 0.001$). These were most commonly failures to reorder medicines a patient was taking at home.

The authors say that the intervention used in this study may be beneficial to patients in other services with high medication discrepancy rates on admission and discharge.

Policy needed on safe use of mobile phones

There is a lack of clear and coherent policy regarding the use of mobile technologies such as mobile telephones for health care, says a recent editorial (*Quality and Safety in Health Care* 2007;16:162–3).

Researchers searched websites of key UK medical professional bodies, defence organisations and regulatory bodies, followed up with phone calls or emails where needed. They found that guidance was extremely limited and not take into account the full range of functions of mobile phones, or address key concerns.

They say that mobile communication technology can enhance the care of patients with long term conditions, but existing guidance highlights the pitfalls rather than providing solutions.

National and international guidance is needed, which should include issues such as loss of reception, making calls in inappropriate circumstances, and security issues such as the potential for theft, they say.

Trusts concerned about progress of IT project

Support from senior NHS support staff for the NHS information technology programme will diminish unless more progress is achieved, according to a new study.

Researchers interviewed 25 senior managers and clinicians responsible for implementing the programme in four NHS hospitals in England.

The interviewees supported the goals of the project, and the overriding view was that the NHS urgently needs the benefits that it will bring. But they raised several concerns, including continuing delays that are putting patient safety at risk.

They were also concerned about the cost of interim applications, uncertainty about delivery timetables and achieving integrated IT systems. Interviewees emphasised the need for independent evaluation to measure benefits and costs.

The authors conclude that trust managers need concrete information about timetables and value for money. They also need help to prioritise IT modernisation against other financial pressures, by including it in performance management frameworks for example. The study was published in *BMJ Online First* on 17 May (www.bmj.com).

UK is falling behind in uptake of cancer drugs

Uptake of new drugs for cancer in the UK is behind that of many countries, according to a recent Swedish report sponsored by Roche Pharmaceuticals (*Annals of Oncology* 2007;18:S3).

The report says that Austria, France, Switzerland and the US are seen as leaders in the uptake of new cancer drugs, as measured by sales of these drugs from 1995 to 2005. The uptake is regarded as low and slow in New Zealand, Poland, the Czech Republic, South Africa and the UK.

The report is critical of the effect of economic evaluations — such as National Institute for Health and Clinical Excellence

appraisals — on the availability of new cancer drugs, and questions the capacity of NICE to undertake reviews in a timely manner.

NICE has criticised the report, saying that it is “flawed, inaccurate and directly contradicts itself in places”. NICE says that the report fails to acknowledge NICE's rapid appraisal process, launched in 2005, and does not explain that the NICE appraisal process takes longer than that of the Scottish Medicines Consortium because it allows for an independent assessment of drug manufacturer evidence and public consultation.