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Government to help hospital pharmacists pay retention fee

Hospital pharmacists in England are to benefit from a Government subsidy of their Royal Pharmaceutical Society retention fee, it was announced last month.

As part of an improved pay package worth £52 million, the Department of Health will contribute £38 to professional body registration fees for all health professionals up to band 8a.

David Miller, Chairman of the Guild of Healthcare Pharmacists' terms and conditions committee, welcomed the proposals, noting that it is the first time the DoH had offered to contribute to professional fees. However, he added that the offer will do nothing to offset the cost for pharmacists above band 8a, who have been excluded from the offer.

The announcement came at the same time that the Society proposed to increase the retention fee for practising pharmacists to £425 from January next year.

Also included in the DoH pay package is an agreement to pay support staff in bands 1 and 2 an additional £400 per year, while staff in bands 3 and 4 will be given £38 on top of either an increase of 2.5 per cent, or £400, whichever is greater. Staff in bands 5 to 8a have also been offered a 2.5 per cent rise, along with a £38 contribution towards fees. Details of the pay package can be found at www.dh.gov.uk.

Pharmacists' retention fees are to be subsidised by £38

☐ The Society has begun a 60-day consultation period regarding its proposed increases to registration and retention fees. Registrants are invited to respond to the proposed changes in the form of a questionnaire that can be accessed via the Society's website (www.rpsgb.org).

Responses to the questionnaire will be analysed by an independent external body. The consultation period ends on 3 October.

New learning tool to help NHS staff combat *Clostridium difficile* infection

The latest innovation in the fight against *Clostridium difficile* infection has been launched by the Department of Health.

A new online video module is now available on the BMJ Learning website. It follows a patient's experience of contracting *C. difficile* and shows how the Royal Devon and Exeter NHS Foundation Trust managed to control a potential outbreak.

The DoH expects over 10,000 members of NHS staff to complete the 40-minute module before the end of the year.

The module includes sections on diagnosis, treatment, hand hygiene, cautious use of antibiotics and understanding the patient's experience.

Brian Duerden, inspector of microbiology and infection control, commented: "Urgent action is needed to reduce cases of *Clostridium difficile*. We need to ensure that all staff, not only infection control staff, can play their part in robust infection prevention and control."

The learning module went live last month and can be accessed at www.bmjlearning.com.

☐ Practical advice to help trusts reduce rates of infection are included in a recent report by the Healthcare Commission.

The report was published after collation of the results of a survey of acute trusts in England, undertaken during May 2006, focusing on how trusts were dealing with prevention and control of infection. "Healthcare-associated infection — what else can the NHS do?" emphasises that while trust boards have to balance a range of priorities, patient safety is paramount. It can be accessed via *PJ Online* (www.pjonline.com/ links/hp).

brief

Guidance on the monitoring and treatment of acutely ill patients in hospital has been issued by the National Institute for Health and Clinical Excellence. The guidelines can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Electronic versions of the British National Formulary and the British National Formulary for Children can now be used with a range of mobile devices using Skyscape and Medhand medical software. Dominic Vaughan, BNF publishing director, commented that the ability for any health care professional to be able to access this information on a mobile device will make treating at a patient's bedside easier and help ensure clinical safety.

The British Oncology Pharmacy Association has launched a new website featuring an education and training centre (containing information on resources and career development) and discussion forums. It can be accessed at www.bopawebsite.org.

Clinical advice and information about medicines is now available in a new electronic bulletin from the Medicines and Healthcare products Regulatory Agency and the Commission on Human Medicines. *Drug Safety Update*, which replaces the previous publication *Current Problems in Pharmacovigilance*, will be published monthly on the MHRA website (www.mhra.gov.uk/mhra/drugsafetyupdate).

Implementation of National Institute for Health and Clinical Excellence guidance across the NHS is the subject of a new set of reports from NICE. The reports, which cover areas including obesity and statins, can be accessed via *PJ Online* (www.pjonline.com/links/hp).

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NICE guidance too expensive for NHS

The National Institute for Health and Clinical Excellence (NICE) could be judging "value for money" at a level far higher than the NHS can afford, a new report suggests.

NICE currently assesses the cost-effectiveness of a new health technology or therapy by determining the cost of each Quality Adjusted Life Year (QALY) gained by its use. If the cost is less than £20,000 per QALY, the intervention is deemed cost-effective. NHS approval from NICE is not based entirely on cost-effectiveness, although it is a major contributor. Treatments can cost up to £30,000 per QALY (or occasionally above this in compelling circumstances), and still be cleared for NHS approval.

However, the report says that this threshold range holds no theoretical or evidence base, and suggests that it should be reviewed since the NHS is now operating under greater financial restraints than when NICE was formed in 1999. It also suggests that this threshold range is different from that used elsewhere in the NHS.

This may imply that NICE has approved too many treatments for NHS use — a suggestion that could have repercussions for hospital policy decision-makers.

Andrew Dillon, Chief Executive of NICE, commented: "This, and other aspects of our methods of appraisal are currently under review."

The report comes from a group of economists working with the Kings' Fund and City University (*BMJ* 2007; 335: 358-9).

Lessons from Northwick Park included in new trials code

Revised guidelines about conducting Phase 1 clinical trials have been published by the Association of the British Pharmaceutical Industry.

The new guidelines take into account key recommendations made by Sir Gordon Duff, chairman of the Commission on Human Medicines, in his report into the TGN1412 trial at Northwick Park last year. The guidelines describe premises and storage requirements, and say that a pharmacist, ideally with manufacturing experience, should prepare the investigational product. They say that a pharmacist or physician should have overall responsibility for these products. The guidelines are available at www.abpi.org.

New IT group for pharmacy

Programmes for pharmacy IT development in both primary and secondary care will be unified by the formation of a new group.

The Pan Pharmacy Group on NHS IT, will meet for its inaugural discussion in October, with an agenda that includes electronic prescribing, and the NHS Care Records Service.

The Guild of Healthcare Pharmacists will be representing the interests of hospital pharmacy, and will be joined by the Association of Independent Multiple Pharmacies, Association of Pharmacy Technicians UK, Company Chemists Association, National Pharmacy Association, Pharmaceutical Services Negotiating Committee, Primary Care Pharmacists Association, and the Royal Pharmaceutical Society of Great Britain.

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Review data may be outdated

Systematic reviews, such as those held in the Cochrane database, may go out of date sooner than initially thought, a Canadian study suggests.

Research was carried out to determine the "lifespan" of a high-quality, systematic review, and whether any factors could predict its duration of validity.

The researchers selected 100 reviews from the American College of Physicians Journal Club database. For each review, a search was conducted for new clinical trials that would have fitted the inclusion criteria of the original review, and which reached conclusions that would result in a clinician or policy maker altering their opinion of the original review.

The researchers found that on average, an update was necessary 5.5 years after publication of a review, because new data had emerged. However, for 15 per cent of reviews, significant new data was available within one year, and for 23 per cent this occurred within two years. For seven per cent, new data was available before the review had been published. Reviews on cardiovascular subjects tended to have a shorter lifespan, but there were no clear factors predicting a shorter duration of validity.

Zsolt Nyulaszi/Dreamstime.com

Care is needed when searching databases for clinical reviews

Nick Royle, chief executive of the Cochrane Collaboration, told *Hospital Pharmacist* that this is an area they are looking into. He explained that the collaboration's initial practice of assessing reviews every two years was not sustainable due to the number of reviews on its database. It has now changed its working practice to highlight when a review has been checked, whether or not a major update has occurred. A working group has been set up whose remit will include attempting to classify reviews by the likelihood of them being changed by future research (*Annals of Internal Medicine* 2007;147:224-33).

Call for greater use of e-records

Potential pitfalls and advantages of implementing personal electronic health records within the UK have been examined by a group of researchers.

The NHS website currently provides a link to Healthspace — an online health record that allows patients to access their record of allergies, drug treatments, summarised health records, medical appointments and limited clinical data. However, use of this system is far less widespread than similar systems in the US and Europe.

The researchers suggest that expanding the use of Healthspace throughout the UK would improve quality, safety and efficiency of care, although they accept that there are technological issues and concerns over confidentiality that still need to be overcome (*BMJ* 2007;335:330-3).

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