

We must not stand still

— reacting to the changes of 2007

By Ray Fitzpatrick, PhD, FRPharmS

At the beginning of the millennium the Department of Health publication “Pharmacy in the future — implementing the NHS plan” stated: “We live in a world which is changing faster than ever before.” Seven years on, this statement has never been more relevant. Once again, we reach December reflecting on a year of change.

Target-driven

The global community is changing dramatically, in terms of climate, politics and business. Hospitals are not immune to this world of change. The way hospitals are managed is changing and, despite assurances from the Government, we are more target-driven than ever — striving to achieve 18-week waits from GP referral to hospital treatment, cancer targets and targets for reducing hospital acquired infection. To meet these, hospitals have to work more efficiently, including the pharmacy department. We need to review what we do and how we do it in order to deliver services as efficiently as possible, and maximise the clinical skills of our staff.

Hospital acquired infection is having a direct impact on hospital pharmacy, particularly the link between *Clostridium difficile* infection and antibiotic prescribing. Having made the case that we are the experts in medicines, we must now deliver and improve antibiotic prescribing.

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Publications

This year has seen a number of publications which have put hospital pharmacy in the spotlight. It began with the publication of the Healthcare Commission report on its review of medicines management in acute hospitals. One of the key messages was that while there has been progress in new ways of working and using new technology, there is still a lot more to be done. It is disappointing that there seems to have been little progress in the national programme for information technology, particularly electronic prescribing, which could really support major changes in the way we work.

The five National Patient Safety Agency (NPSA) medication safety alerts issued in April, and the recent NPSA safety broadcast on parenteral amphotericin, are challenging us to review our practices in relation to a number of medicines. In addition to these specific alerts, the NPSA’s fourth patient safety report “Safety in doses” encourages us to review the way medication safety is handled in its entirety in our hospitals. It is encouraging to see patient safety being given such a high profile, but the NPSA, Department of Health and hospital managers should not underestimate the amount of work required of pharmacy to deliver this agenda.

Department of Health guidance on the use of Controlled Drugs in secondary care was issued in May, and updated in October. These documents will be very useful when hospitals review their CD policies.

The Hospital Pharmacists Group (HPG) of the Royal Pharmaceutical Society submitted evidence to the All Party Pharmacy Group inquiry into the future of pharmacy last year. Therefore, it was disappointing that hospital pharmacy got little more than a passing reference in the final report published this year.

Having made the case that we are the experts in medicines, we must now deliver

The recent national NHS pharmacy staffing and vacancy survey shows a change in the pharmacist grading mix in our workforce, with fewer junior posts and more senior posts. One thing that has not changed is that there is still a recruitment problem, with an overall vacancy rate of 12 per cent, rising to 17 per cent among junior pharmacists. With more graduates emerging from an increasing number of schools of pharmacy, one thing that must change is an increase in preregistration placements in hospital pharmacy, or incorporation of preregistration training into the undergraduate degree course. Without fundamental change the recruitment problem will never improve.

The Society

It is a time of major change for the Society, following publication of the Government White Paper

which proposed the separation of pharmacy regulation and professional leadership. I note in the launch of the Clarke inquiry commissioned by the Society that Mr Clarke wants to hear the views of hospital pharmacists. While the HPG has formulated its ideas on this issue, these will be submitted as part of the overall Society submission. Therefore, I urge all hospital pharmacists to put forward their views directly to the inquiry.

Against this backdrop of major change for the profession, there has been a plethora of consultations from the Society, many of which have far reaching implications. The HPG has submitted its views on all the relevant consultations, paying particular attention to the proposed practice framework. This framework will inform the future education of pharmacists, and since hospital pharmacy practice is different to community practice, we believed it was important that this was reflected in the framework.

This year it seems that there have been a lot more changes in the external environment, impacting on the profession as a whole and hospital pharmacy in particular. We need to be alert to this changing environment, and model our services and the way we work accordingly. Once again we find ourselves in a position where standing still is not an option.

Submitting Comments

Readers are invited to submit 900-word **Comments** on issues affecting hospital pharmacists. Submissions should be e-mailed to hannah.pike@pharmj.org.uk