Role of hospital pharmacists during pandemic flu updated

In the case of an influenza pandemic, an extension of medicines management services in hospitals may be necessary to ensure continuity of care, according to new Government guidance on preparing acute hospitals in England.

Hospital pharmacies may consider identifying opportunities for pharmacists to assume responsibilities (eg, discharge prescribing) normally undertaken by other staff, or the potential for specialist clinical pharmacists to support doctors outside hospitals. Pharmacists may need to advise on therapeutic substitution if certain drugs become unavailable, and manage supply problems.

The guidance notes that different working practices will be needed, and skill mix should be maximised to enable pharmacists to concentrate on patients with complex medication problems.

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Details of antiviral stockpiles can be found in the updated guidance

Pharmacists will also be required to ensure appropriate use of patients' own medicines, and facilitate timely discharge of patients with adequate supplies of medicines. The guidance replaces that issued in March.

A national framework has also been published giving more broad guidance to public and private organisations, including details about the stockpiles of antiviral drugs. It says that trusts should have an influenza planning group that should include a pharmacy lead. Other roles for pharmacy departments include the manufacture of oseltamivir (Tamiflu) solutions by pre-identified hospital pharmacy manufacturing units for use in children. Both documents can be accessed via *PJ Online* (www.pjonline.com/links/hp).

Funds for NHS cleaning

Regional funding for the "deep cleaning" of NHS hospitals has been announced by Health Secretary Alan Johnson.

All trusts will have to submit detailed cleaning plans, together with costs, to their primary care trusts and strategic health authorities, who will monitor performance.

Mr Johnson said: "The SHAs have now allocated funding so that hospitals can get on with the deep clean programme with the aim of completing all deep cleans by the end of March 2008."

Spending intentions of each strategic health authority range from £3m in the North East to £9.9m in the West Midlands.

The NHS has been given guidance on what constitutes a deep clean, which might include dismantling beds, hydrogen peroxide fogging and restoration of surfaces.

Deep cleaning is one aspect of a wide range of strategies to reduce healthcare associated infection. It has been highlighted that careful antimicrobial usage is also important (*The Pharmaceutical Journal* 2007;279:521).

☐ New figures published by the National Patient Safety Agency show that a steady improvement is being made in the standard of NHS hospital food and cleaning. Patient Environment Action Team (PEAT) data for 2007 show that 99.5 per cent of NHS trusts scored "acceptable" or above for hospital food, and 98 per cent scored "acceptable" or above for the patient environment (which includes cleanliness). The NPSA says that the 2008 PEAT assessment will include a section for infection control. The data can be accessed via *PJ Online* (www.pjonline.com/links/hp).

New review of equality

NHS trusts are facing a review of their race equality policies, the Healthcare Commission has announced. More than 40 trusts will be assessed before February 2008, against NHS standards for promoting equality for staff and patients, and eliminating discrimination. The announcement was made following publication by the commission of an audit showing that only 9 per cent of NHS trusts were publishing all the information they are required to under legislation on equality, and less than 82 per cent of trusts had published a disability equality scheme — a requirement under the Disability Discrimination Act. The audit can be accessed via *PJ Online* (www.pjonline.com/links/hp).

brief

A strategy to reduce counterfeiting has been published by the Medicines and Healthcare Products Regulatory Agency, describing a three-year plan to tackle fraud through a programme of communication, collaboration and regulation. A 24-hour hotline for reporting suspected counterfeit drugs and devices has also been launched. The strategy can be accessed via *PJ Online* (www.pjonline.com/links/hp).

A new public campaign to prevent the spread of cold and influenza viruses has been launched by the Department of Health. The "Catch it, kill it, bin it" campaign encourages people to cover their nose and mouth with a tissue when coughing or sneezing, dispose of the tissue as soon as possible and wash their hands. Posters will be displayed in public places including hospital and community pharmacies, shopping centres and on public transport, until spring 2008.

Pharmaceutical companies must make transparent any support provided to patient organisations. This is a new provision of a European code on relationships between the industry and patient organisations. The Association of the British Pharmaceutical Industry code of practice is to be revised accordingly. Any indirect, non-financial support will also need to be declared, in addition to financial backing.

The latest developments to support the NHS in delivering an "18-week pathway" from GP referral to treatment appear in a bulletin published by the Department of Health. It can be accessed via *PJ Online* (www.pjonline.com/links/hp).

E-prescribing system reduces drug errors

Electronic prescribing in paediatrics reduces adverse drug events (ADEs), say US researchers.

They compared the number of ADEs that occurred during approximately 1,200 paediatric hospital admissions, before and after the installation of an electronic prescribing system. An ADE was defined as an injury caused by receiving a drug or not receiving an intended drug. Also defined were potential ADEs (a "near miss" for an error that would result in "at least significant" injury) and preventable ADEs (an ADE due to a medication error).

The results show a significant reduction in total ADEs, preventable ADEs and potential ADEs. A total of 76 ADEs (of which 46 were preventable) and 94 potential ADEs occurred before electronic prescribing was installed, compared to 37, 26 and 35 after installation, respectively. This means that one potential ADE was avoided for every 20.2 admissions and one preventable ADE was avoided for every 59.0 admissions.

The system was most effective at reducing errors associated with aminoglycosides (a reduction from 12 to 0) and cephalosporins (a reduction from 14 to two). However, the system did not reduce the number of occasions when inadequate analgesia (a preventable ADE) was prescribed.

The authors conclude that using electronic prescribing with substantial decision support reduces actual and potential drug errors. However, further system refinements are required to prevent the remaining ADEs (*Paediatrics* 2007;120:1058–66).

The abstract is accessible via *PJ Online* (www.pjonline.com/hp).

Patient knowledge of heart risk improves LDL

Explaining coronary risk to patients who are starting cholesterol-lowering treatment will help reduce cholesterol levels, a Canadian study shows.

Researchers randomised 3,053 patients with established cardiovascular disease (CVD), diabetes mellitus or multiple risk factors for CVD into two groups. At the start of the trial and at follow-up appointments every three months, the intervention group received an explanation of his or her calculated coronary risk (based on a fasting lipid profile) and how this would change if lipid lowering targets were met. The control group received standard care, but no explanation of coronary risk.

On average, low density lipid (LDL) levels in the intervention group reduced by 1.33mmol /L compared with 1.24mmol/L for the control group. Despite this difference being small, more patients in the intervention group met national targets for lowering LDL levels than in the control group.

The authors suggest that the impact could be attributed to an improvement in compliance with treatment in patients in the intervention group.

The authors accept that the impact of the intervention is small, but suggest it is nonetheless measurable. In addition, it is risk-free and provided at almost no extra cost. They conclude that discussing individual coronary risk with patients increases the effectiveness of lipid-lowering treatment when used for primary prevention of cardiovascular events (*Archives of Internal Medicine* 2007;167: 2296–303).

The abstract of the study is available via *PJ Online* (www.pjonline.com/hp).