

Responsible pharmacist not workable in hospital pharmacy

Government proposals regarding the "responsible pharmacist" consultation will have implications for hospital pharmacies that supply medicines to other trusts, according to the Guild of Healthcare Pharmacists.

Since the implementation of the NHS and Community Care Act 1991, hospital pharmacies have had to register some (or all) of their department with the Royal Pharmaceutical Society, in order to supply drugs legally to other trusts (a registered pharmacy can supply drug products to other trusts by wholesale dealing). This registration is required for a large trust to supply a smaller trust or mental health trust, or for an aseptic unit to manufacture products for use outside the trust. It also allows the sale of pharmacy medicines to patients.

However, new Government proposals suggest that a responsible pharmacist will need



Hospital pharmacies may have to become deregistered under new proposals

to be present in each registered pharmacy for more than half of the opening hours. The guild argues that in a hospital dispensary, the pharmacist who would be deemed "responsible" is typically a senior pharmacist who cannot remain in the dispensary

for this length of time, because of their other duties. This may lead to hospital pharmacies having to deregister their premises, which could reduce patient services.

The guild's full response to the consultation is available from www.ghp.org.uk.

NPSA highlights risk of oral anticancer drugs

All healthcare staff need to monitor oral anticancer drugs to the same extent as injected anticancer drugs, according to a new report by the National Patient Safety Agency. The NPSA received reports of three deaths and 400 patient safety incidents concerning oral anticancer drugs between November 2003 and July 2007.

The NPSA report suggests that all patients receive written information about their cancer treatment, along with contact details for obtaining specialist advice. It also suggests that healthcare staff responsible for prescribing, administering or dispensing oral anticancer medicines should have access to the written protocol and treatment plan from the hospital in which treatment was initiated.

Geoff Saunders, chairman of the British Oncology Pharmacy Association (BOPA), commented: "Some cancer networks already have a good flow of information from the specialist hospitals. However, this does not happen everywhere, so some smaller hospitals will need to contact the local cancer network to ensure this information is passed on."

The report asks for immediate action from all NHS care providers that prescribe, administer or dispense oral anticancer drugs, with action to be completed by 22 July. BOPA expects to launch a toolkit in the next few weeks to help implement the changes. The report can be accessed via *PJ Online* (www.pjonline.com/hplinks).

MRSA and *C.diff* rates are still falling

Reported cases of meticillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections in England have fallen by 18 per cent since the middle of last year, according to the Health Protection Agency's latest quarterly report.

The latest *Clostridium difficile* figures, published for the same period, show a 21 per cent decrease in reported cases in patients aged 65 years and over in England, and a 14 per cent decrease in those aged 2-64 years.

However, these figures should be interpreted with caution because the surveillance system is undergoing significant changes.

The report can be accessed via *PJ Online* (www.pjonline.com/hplinks).

brief

■ Pharmacists can now order new leaflets and posters on how to prevent and detect skin cancer. The materials have been designed by the British Association of Dermatologists in advance of "Sun awareness week", (starts 5 May) and are free of charge. Further details can be accessed via *PJ Online* (www.pjonline.com/hplinks). Skin cancer is the subject of this month's Special feature (p39).

■ Pharmacists are invited to submit abstracts for poster presentations for the fourth annual joint conference of the Guild of Healthcare Pharmacists and the UK Clinical Pharmacy Association. Submissions will be considered under the categories of research, audit or innovation and practice development. Abstracts must be submitted by 29 February. For further details visit www.ukcpa.org.

■ Mental health service users and carers are encouraged to ask healthcare professionals questions about their medicines, in a leaflet from the Department of Health. The leaflet aims to help mental health and social care practitioners to deliver a patient-focused approach to medicines management. The leaflet can be accessed via *PJ Online* (www.pjonline.com/hplinks).

■ A new faculty of cancer pharmacy has been announced by the College of Pharmacy Practice, in a joint initiative with the British Oncology Pharmacy Association (BOPA). The aim is to provide accredited training and assessment for specialists in cancer pharmacy, leading to formal recognition of their skills. All members of BOPA have been invited to join the faculty and a faculty board is to be elected by the end of March.

Thiazide benefit in metabolic syndrome

Patients with metabolic syndrome should receive the same drug treatment for hypertension as other patients, according to a new study in *Archives of Internal Medicine* (2008;168:207-17).

The study revealed that patients with the syndrome who were treated with chlortalidone had a lower rate of heart failure than those treated with amlodipine, doxazosin and lisinopril.

Thiazide diuretics are the first-line treatment for most

patients with hypertension. However, they are often not used first-line in patients with the syndrome because they have an unfavourable metabolic profile.

The authors say the results do not support the use of calcium channel blockers, ACE inhibitors or alpha-blockers as first-line treatment of hypertension in patients with the syndrome. However, they note that the study's follow-up period was too short for any metabolic effects to manifest as clinical outcomes.

Unpublished studies cause review bias

Biased literature reviews can occur because clinical trials that show negative results are not always published, according to a report in *The New England Journal of Medicine* (2008; 358:252-260).

The authors reviewed 74 clinical trials that were registered with the US Food and Drug Administration to support the licence applications for 12 antidepressant drugs between 1987 and 2004. Such trials must be registered with the FDA before being carried out.

The authors found that of the 38 trials that the FDA deemed to be positive, all but one were published. Of the remaining 36 trials (deemed either negative or questionable by the FDA), 22 were not published and 11 were published to report a positive assessment of efficacy, in conflict with the FDA's assessment. The authors say that any subsequent literature reviews, which only incorporate published results, will overestimate the positive effect of the drug.

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Hospital Pharmacist Life-long Learning winners

The winners of the *Hospital Pharmacist* Life-long Learning competition that ran from September to November 2007 were Brian Wood (Greater Manchester), Alice Danson (Cheshire), Ruth Horner (Lancashire), Rosemarie Seadon (Birmingham) and Marion Stevenson-Rouse (Kent).

Hospital Pharmacist online

Hospital Pharmacist is available online at www.pjonline.com/hp. The website contains the current issue and an archive of back issues from January 2000 onwards. There are also links to the regular features in *Hospital Pharmacist* (eg, Life-long Learning, meeting reports, careers, focus on technicians) and forthcoming special features.

The site also contains advice to contributors to *Hospital Pharmacist*, information about the annual *Hospital Pharmacist* conference, a link to *The Pharmaceutical Journal* careers page and information on subscribing to the journal.

There is a diary page with reunions, branch meetings, courses and health events (www.pjonline.com/diary).