

Hospital pharmacists — a significant force in a time of change

By Jeremy Holmes

Hospital pharmacists account for 20 per cent of the pharmacy profession. In my short time at the Royal Pharmaceutical Society, I have begun to learn how important they are. On my visits to hospitals in England, Scotland and Wales I have found that hospital pharmacists are not shy of a good debate — and we certainly need to have that debate.

Changing times

Pharmacy is changing at a pace we have never seen before. The demands of specialist care within hospital, the increasing complexity of medicines management, the introduction of independent prescribing and improvements at the interface between secondary and primary care are all making this a time of unprecedented change.

The regulatory and professional leadership “architecture” of pharmacy is also about to change. We need to decide what that architecture should look like as pharmacy reaches its full potential in terms of its clinical role. Should annotations be made to the register for pharmacists with proven advanced or specialist skills? What should be the conditions around any annotation? Which skills should be recognised, and what support do pharmacists need to develop these skills?

For hospital pharmacists, these debates may hold a particular challenge. How do you make your voice heard? At the end of a meeting at one

hospital, I asked: “What is the most important message you want me to think about when I leave here?” The answer was “profile” — how to raise the profile of pharmacy, specifically hospital pharmacy, in the media, with other health professions, with Government and with the public.

Recognition

In some ways you are the unsung heroes of the profession. Hospital pharmacy research is vital. Stretching the boundaries of pharmacy practice, in the interests of better patient management, is a key role of hospital pharmacy.

Hospital pharmacists should feel not only that their voice is heard, but that the work of the professional body has real influence and relevance to what they do

The Society’s Hospital Pharmacists Group Committee is acutely aware of this. It has made important contributions to the Society’s submission to the Clarke Inquiry on a future professional leadership body and to the Society’s response to the Government’s “responsible pharmacist” consultation.

I recognise that, as full-time employees of the NHS, there are often constraints on hospital pharmacists standing for

election to the Society’s Council. I would strongly encourage hospital pharmacists to stand, but I think the Society also needs to look at other, complementary ways to engage with such an important part of the profession.

I recently spoke about this at an Association of Teaching Hospital Pharmacists’ meeting and I have had useful meetings with the chairs of the Guild of Healthcare Pharmacists and the UK Clinical Pharmacy Association. I am also keen to work on the challenge relating to the profile of hospital pharmacy in the current debates on professional leadership, service development and the interface between primary and secondary care. I invited a number of people from the Hospital Pharmacists Group, the guild, UKCPA and the Welsh and Scottish chief pharmacist networks to an informal meeting at the London School of Pharmacy at the end of last year. We decided to form a “secondary care think tank” and invite Peter Noyce from the University of Manchester to challenge us.

Leadership

In my view, a new professional body should have a clear remit to lead and serve all of the profession. Hospital pharmacists should feel not only that their voice is heard, but that the work of the professional body has real influence and relevance to what they do. I believe an important part of achieving that will be collaboration with specialist groups. I have had positive discussions with members of the “Waterloo Group” (pharmacy organisations which support an

all-encompassing royal college). Now is the time for the profession to work together, to raise pharmacy’s profile and fulfil its true potential to provide even better care for patients, both inside and outside hospital.

Hospital pharmacists increasingly find themselves trying to do more with the same resources (and in some cases fewer resources as the recruitment problem in hospital pharmacy continues) — a symptom of the NHS delivering a financial balance as a top priority.

This is against a backdrop of a fundamental shift in the balance between primary and secondary care, and new ways of commissioning services in England and Wales, both of which are likely to lead to changes in the configuration of hospital pharmacy services. In Scotland I believe there is progress in Single System Working (integrated planning and delivery of all NHS pharmaceutical services), but there is still some way to go before it is fully implemented. More broadly, there is a lack of secondary care pharmaceutical advice in strategic health authorities, and a host of other challenges. Never was strong leadership in pharmacy more necessary.

I want to engage as many pharmacy professionals as possible in the development and delivery of that leadership. The Society can now communicate directly with its members via *MyRPSGB* on the Society’s website, and members have the opportunity to make their views known by joining special interest groups, including the Hospital Pharmacists Group. Please do that, or e-mail us with your top three priorities for 2008 at positivefeedback@rpsgb.org.

Jeremy Holmes is chief executive and registrar, Royal Pharmaceutical Society of Great Britain