

Hospital pharmacists urged to help patients report side effects

Hospital pharmacists have not been overlooked by the Medicines and Healthcare products Regulatory Agency in the expansion of its side effects reporting scheme to include the public, despite the fact that a high-profile campaign to promote the scheme focuses on community pharmacies.

Mick Foy, group manager, Pharmacovigilance Signal Management Group, MHRA, told *Hospital Pharmacist* that the community campaign is important to make the public aware of possible side effects of

medicines including over the counter medicines and herbal products, but added: "Hospital pharmacists, who contribute around 10 per cent of all reports, continue to play a vital role to the yellow card scheme and could add to this by talking to patients about the scheme in the hospital setting."

He emphasised the importance of receiving reports from multiple sources and said that a number of hospital pharmacies have already requested campaign packs. For details visit www.yellowcard.gov.uk.



Yellow card campaign material

brief

Information to help pharmacists and technicians decide if they want to pursue a career in clinical research has been published by the Institute of Clinical Research. The new booklet, entitled "To be a pharmacy professional in clinical research", is aimed at pharmacy professionals with two to three years' experience. It can be downloaded or ordered from www.icr-global.com.

Nominations are being sought for the GlaxoSmithKline International Achievement Award. Nominations are open to teams of up to six researchers, who have advanced the application of scientific knowledge within pharmaceutical science through published work over the past three years. The winner will receive £1,000 and expenses to attend the British Pharmaceutical Conference in Manchester on 7-9 September, where they will give a lecture about their work. Closing date 31 March. Full details can be found at www.bpc2008.com

The accuracy of hospital weighing scales, particularly those used in oncology and paediatrics, is the subject of a new review by council trading standards officers. The review follows a series of pilot studies which found examples of hospital staff using inaccurate or unsuitable scales to measure patients' weight for calculating drug doses. The review, entitled "National medical weighing project" will start next month.

Correction

Joanne Taylor is lead technician at Jamieson's Pharmacy, Birkenhead, Merseyside, not as stated in the report of the Association of Pharmacy Technicians (UK) conference published in the December issue of *Hospital Pharmacist* (p382).

Collaboration is needed to help develop new professional body

Pharmacy organisations across the profession need to collaborate to help develop the new professional body for pharmacy, said Richard Cattell, chief pharmacist, Dudley Group of Hospitals NHS Trust and the new president of the Guild of Healthcare Pharmacists.

Speaking to *Hospital Pharmacist* about his new role, Mr Cattell said that there was cause for great optimism at

the guild. "Along with continuing our current work, the guild will be actively involved in the development of the new professional body and a body, or bodies, to provide employee representation. These organisations will need to be competent, resourceful and offer a clear benefit to their members."

The new guild council was announced at its meeting on 7 February. The new vice-

president is David Miller, chief pharmacist, City Hospitals Sunderland NHS Foundation Trust. Dave Thornton, principal pharmacist, clinical services, Aintree University Hospitals NHS Foundation Trust, takes over from Mr Miller as chair of the terms and conditions committee. Full details of the new council can be found in the *Guild Matters* newsletter published in this issue of *Hospital Pharmacist*.

Unsocial hours pay agreed

Proposals for the rate of pay for unsocial hours have been accepted by NHS staff. The proposals relate to hours worked during the normal working week — arrangements for overtime, on-call or residency agreements are unaffected. The proposals specify that:

- Hours worked between 8pm and 6am on a weekday, or any hours on a Saturday, will be paid at the standard hourly rate plus 30 per cent
- Hours worked on a Sunday or bank holiday will be paid

at the standard hourly rate plus 60 per cent

The proposals were accepted following a recent ballot of Unite members working in the NHS.

Dave Thornton, chair of the terms and conditions committee at the Guild of Healthcare Pharmacists, believes that for most pharmacists, this would only result in a change in bank holiday arrangements.

Issues relating to on-call and emergency duty payments are to be addressed in negotiations that are due to start next month.

Study calls for better sepsis management

Implementing hospital-wide guidelines to help recognise and treat bloodstream infections can raise the standard of care for this condition, a British study has shown (BMJ 2008;336:440-3).

A six-week observational study was undertaken at a 1,400-bed teaching hospital in Leeds. The case notes for all 157 episodes of bloodstream infection were reviewed to identify the occurrence any major errors. These errors were defined as:

- A delay of 48 hours or more in diagnosis, despite the presence of two or more signs of bloodstream infection (eg, hypotension, tachycardia, fever)
- A delay of six hours or more in giving appropriate antibiotics to critically ill patients (detected from an early warning score or from the patient showing signs of shock)
- Failure to prescribe effective antibiotics despite a positive microbiology result

Results showed that major errors occurred in 46 (30 per cent) of cases — 44 of which occurred in areas of the

hospital that did not have a protocol in place to manage bloodstream infections. On 10 occasions, the appropriate drug could not be administered because it was not available on the ward or there was a lack of intravenous access.

A subsequent prospective study was conducted on medical wards at the hospital, both before and after a strategy for improvement had been introduced. The strategy included:

- Introducing guidelines for recognising and managing bloodstream infection
- A team of infection control staff reviewing all patients with confirmed bloodstream infection for appropriate antibiotic treatment and offering advice if necessary

Before the intervention, 11 out of 37 episodes of bloodstream infection were associated with a major error (30 per cent). This dropped to six out of 79 episodes (8 per cent) after the intervention. The authors suggest that all hospital managers should assess (and, if necessary, improve) protocols for managing bloodstream infections.

Online applications are good news for research

Applying for approval to conduct clinical research has been simplified by the recent launch of an online application system.

The IRAS (Integrated Research Application System) has been developed to remove the time-consuming task of completing multiple application forms for several review bodies — many of which require the same information. Under the new system, several application forms have been combined, so research applicants will only have

to provide each piece of information once.

Sir John Lilleyman, chair of the UK Clinical Research Collaboration, said: "Researchers have been critical of the regulatory steeplechase required when applying for approvals for health research. IRAS is a major step forward in our drive to improve this process."

The traditional paper-based methods of application are still currently available for those who want to use them, but will be phased out later in the year.