

Hospital pharmacist groups welcome Clarke Inquiry report

The Guild of Healthcare Pharmacists and the Royal Pharmaceutical Society's Hospital Pharmacists Group have broadly supported the recommendations of the Clarke Inquiry final report.

The report recommends that membership of the new professional body should be open to all members of the pharmacy family, with different levels of membership for pharmacists and pharmacy technicians. Other levels of membership would be available to groups such as preregistration trainees, pharmacy students and retired pharmacists.

The report also recommends that the council for the professional body should consist of 19 members (rather than the current 30), of which there would be two representatives from the hospital, primary care trust or health board sector. In addition, a committee for special interest groups (SIGs) should be formed to support and integrate the work of the current SIGs. This committee should also have two seats on the new council. It was also suggested that the new council should only meet four or five times a year.

Other recommendations for the professional body include:



Nigel Clarke suggests an inclusive professional body

- It should not function as a trade union
- It should aspire to set the standard for undergraduate, preregistration and postregistration learning
- It should provide a home for the scientific and academic community, creating a bridge between them and other members

"We welcome the inquiry report recommendations on the inclusion of the broad pharmacy family, the focus on education

and patient safety, challenging current practice and seeking to raise practice standards rather than a focus on the enforcement of the existing position," said Richard Cattell, guild president. The guild supports the suggestion that the professional body should not function as a trade union.

"The recommendations contained within [this report] will resonate positively with hospital

pharmacists," said Ray Fitzpatrick, chairman of the HPG. He said the group is pleased with the suggestion of reserved places for all sectors of the profession on the national boards and the body's council, and that a council focusing on strategic and policy issues should meet less frequently. "This will encourage hospital pharmacists to play an active role in governing the new professional body."

The report can be accessed at www.theclarkeinquiry.com.

brief

■ From this month, patients in England receiving routine elective treatment will be able to choose from any NHS-approved hospital provider in the country. Since January 2006 patients have been able to choose from a list of local providers when referred by their GP for planned treatment, and since May 2006 they have been able to choose from a national list of foundation trusts and independent providers.

■ Prescription charges in England rose by 25p to £7.10 per item this month. A consultation is expected in the near future on abolishing these charges, as has been the case in Wales. In Scotland, charges fell to £5 per item, and the charge is to be abolished by 2011.

■ Updated standards to help employers meet the legal and policy requirements for vetting staff before hiring them were published by NHS Employers last month. Changes include a requirement to carry out a face-to-face identity check, and updates to the rules relating to the prevention of illegal working. For further details visit www.nhsememployers.org.

■ Pharmacist Sharon Hart has been appointed national clinical lead for medication management at NHS Connecting for Health. Ms Hart, a former pharmaceutical adviser at Buckinghamshire Health Authority, was one of the first regional prescribing advisers to be appointed in the 1990s.

■ A patient safety campaign to reduce harm and save lives in the NHS in England will be launched in July (*The Pharmaceutical Journal* 2008;280:300). It will be led by Stephen Ramsden, chief executive of Luton and Dunstable NHS Foundation Trust.

New NHS adverts code

The promotion of NHS-funded services to patients and referring clinicians is now regulated by a code of practice, published recently by the Department of Health.

Any hospital pharmacy department that advertises its services will have to comply with the code, in addition to any regulations that are already in place. For example, aseptic manufacturing departments will still have to comply with regulations put in place by the Medicines and Healthcare products Regulatory Agency.

The code is based on existing regulations that are used by the Advertising Standards Authority to regulate other industries, including the pharmaceutical industry.

"This code will have an impact on hospital pharmacy, and should not be ignored," said Stephen Langford, principal pharmacist (technical services), at University Hospital Birmingham NHS Foundation Trust. "However, the extent of this impact is not currently clear." The code can be accessed via *PJ Online* (www.pjonline.com/hplinks).

APTUK names award winners

The Association of Pharmacy Technicians UK has announced the winners of the pharmacy technician of the year awards for 2007, sponsored by AAH Hospital Service.

The winners are Michael Butterfield, specialist technician for homecare medicines at Leeds Teaching Hospitals NHS Trust, and Susan Mirczuk, medicines management pharmacy technician at Wrexham Maelor Hospital.

Research finds new bacterial drug target

Penicillin's efficacy for treating resistant infections has received a boost from new research led by a UK scientist (*Journal of Biological Chemistry* 2008;283:6402-17). The researchers have replicated the activity of a protein responsible for the resistance exhibited by *Streptococcus pneumoniae*.

The protein, called MurM, acts by forming disulphide bridges between strands of peptidoglycan in the bacterial cell wall. A high level of

disulphide bridges in the cell wall of *S pneumoniae* is a prerequisite for penicillin resistance.

This development will offer pharmaceutical researchers the option to use MurM as the pharmacological target for future research. The research could also have similar implications for meticillin-resistant *Staphylococcus aureus* infections. MRSA also uses peptide bridges to construct the peptidoglycan component of its cell wall.

Discharge letter delays cause readmissions

Incomplete discharge documentation, particularly involving medicines, is common among patients who are readmitted to hospital within one month of discharge, a UK study has found (*Quality and Safety in Health Care* 2008;17:71-5).

A retrospective case-note review of 108 patients (aged 75 years or over) was conducted at Nottingham University Hospitals NHS Trust. A total of 30 patients had been admitted to hospital as an emergency within three days

of a previous discharge. A further 48 had been readmitted within seven days, and the remainder within 28 days.

Of the 108 patients, 67 either had no discharge letter or were readmitted before the letter had been written. Two-thirds of the discharge documentation that was written contained incomplete information regarding medication changes. The reason for readmission was deemed to be medication-related in 41 cases, 25 of which were preventable.

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Clarification

The following points from Steve Acres' presentation at the *Hospital Pharmacist* conference (2008;15:94-5) are clarified.

A major reason for the hospital failing to retain band 6 pharmacists was the attractiveness of community pharmacy wages, not just the requirement to do night shifts.

Technicians are joining pharmacists on evening and weekend shifts, not on night shifts as stated in the report.

Newly prescribed drugs do not always arrive on the ward within five to 10 minutes, although this is possible.

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* 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.