

Profession must work together to deliver White Paper goals

Support from the whole profession is needed to turn the proposals in the latest pharmacy White Paper into reality, according to Richard Cattell, president of the Guild of Healthcare Pharmacists.

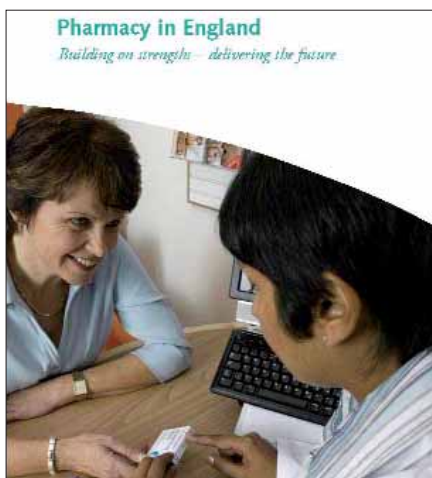
"Pharmacy in England — building on strengths, delivering the future", published last month, sets out the Government's view for pharmacy in England, including a widely available minor ailments scheme and healthy living centres to complement the work of GPs.

Although much of the White Paper focuses on community pharmacy, it calls for more joint working between hospital and community pharmacists. It says that in order to deliver clinical expertise in the location where care is delivered, hospital pharmacists may need to practise closer to people's homes, or support others to undertake this role. This will help create new "health community clinical pharmacy teams". The paper says: "These 'virtual' teams will build clinical networks to

provide an infrastructure for hospital and community pharmacists, primary care pharmacists, pharmacy technicians and, potentially, other healthcare professionals to oversee and monitor medicines usage and effectiveness."

The White Paper emphasises the need for community pharmacists to use their clinical skills. Mr Cattell commented: "It would be useful for community pharmacists to have more of the skills that have traditionally been the strength of hospital pharmacists. This will require good pharmaceutical leadership. The proposal for the appointment of national clinical directors of pharmacy will help push this forward and ensure that best practice is shared."

Mr Cattell added that other key elements of the White Paper



The White Paper calls for joint working between hospital and community pharmacists

wholly supported by the guild include:

- Securing the role of chief pharmacist as the guardian of medicines safety within organisations
- Exploring new models of developing qualified pharmacists
- Ensuring that those commissioning pharmacy services are competent to do so

brief

■ Government proposals for a new pay deal for NHS staff have been rejected by Unite, the parent union of the Guild of Healthcare Pharmacists. The proposals for a cumulative increase of nearly 8 per cent over three years (*The Pharmaceutical Journal* 2008;280:424) do not protect members in the event of increases in inflation, and more discussions are required, the union says.

■ Every acute hospital trust in England will be inspected by the Healthcare Commission over the next 12 months to ensure they are meeting statutory requirements for infection control. Last year, 120 trusts were assessed, of which three were issued with improvement notices for breaches of the Hygiene Code. The code came into force as part of the Health Act 2006.

■ Hospitals should employ a minimum of two cleaners for every 30 patients, between 8am and 9pm, according to the public services union Unison.

NHS workers are not feeling valued

The majority of NHS workers do not believe their work is valued, according to the results of the NHS staff survey 2007, conducted by the Healthcare Commission. The survey received responses from over 155,000 employees.

Just 26 per cent of respondents thought their trust valued their work, down from 28 per cent in 2005. Not feeling valued was the most common reason given by staff for considering leaving their job. In addition, 22 per cent did not believe communication between staff and senior management was effective, and only 31 per cent said that staff were encouraged by senior management to suggest new ideas.

"[Staff] do not feel their work is valued by the trust and that communication with senior management is poor," said Anna Walker, chief executive of the commission. "This is something that trusts can and must change."

However, the survey did highlight several successes. NHS employees are generally satisfied in their job — on average, their job satisfaction score was 3.4 (rated 1–5). In total, 61 per cent were receiving appraisals (up from 58 per cent in 2005), which have been shown in previous surveys to reduce staff turnover, and 71 per cent said that their immediate manager was supportive in a crisis and encouraged team working. "The results show that there are a lot

of good reasons to work for the NHS," said Ms Walker.

Perceived improvements in infection control were also noted in the survey. A total of 82 per cent of respondents believed their trust was doing enough to promote handwashing to staff, up from 70 per cent in 2005. Furthermore, 83 per cent of employees agreed that infection control applied to their role, compared with 74 per cent in 2005. However, only 61 per cent said that handwashing equipment was always available when they needed it. Ms Walker said that although she was pleased to see these improvements, trusts must strive to ensure that handwashing equipment is always available.

Corrections

The latest meeting in the "Safety of injectable medicines — implementing the NPSA alert" programme took place on 5 March 2008, not on 20 March (*Hospital Pharmacist* 2008;15:144).

Patients undergoing minor surgical procedures, who are taking anticoagulants and have a stable INR between 2–4, do not need alter the dose of their anticoagulant. In last month's **Special feature**, the attempt to emphasise the importance of not stopping oral anticoagulation for such procedures may have led readers to believe a dose adjustment is always necessary (*Hospital Pharmacist* 2008;15:130).

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Health staff transfer MRSA to patients

Healthcare workers carrying meticillin-resistant *Staphylococcus aureus* can cause MRSA outbreaks, a study suggests (*The Lancet Infectious Diseases* 2008;8:289–301).

The authors reviewed 169 articles that discussed the colonisation or infection of healthcare workers with MRSA, between January 1980 and March 2006. The articles originated in 37 countries — most of which were high income countries. Of these articles, 120 documented the number of healthcare workers that were screened for infection, which gave a cumulative total of 33,318 workers.

Transmission of infection from worker to patient was evaluated in 106 studies. Of these, 27 reported clear evidence of such transmission, and a further 52 studies concluded that it was likely. Transmission of infection to patients from workers who were not showing clinical symptoms was noted in 44 studies. One study linked a healthcare worker with an upper respiratory tract MRSA infection to an outbreak involving eight patients on a surgical intensive care unit.



NATHAN MAXFIELD/ISTOCKPHOTO.COM

Patients are at risk of infection from staff members colonised with MRSA

The authors conclude that healthcare workers should be screened for MRSA if they work at a hospital that is experiencing an outbreak, or that is located in an area where MRSA infections are endemic. Infected workers should be prescribed standard eradication treatment. The authors also recommend that workers should be routinely screened before starting employment, and that random screening of staff before a work shift begins should be considered. Screening would routinely involve swabbing the nose and throat, but could potentially involve cultures taken from the perineum or rectum, if increased sensitivity was desired.

IV guidelines for cystic fibrosis are inadequate

Further research is needed to determine the optimum duration of intravenous antibiotic therapy to treat acute respiratory exacerbations (ACEs) in people with cystic fibrosis, a Cochrane review has concluded.

The authors searched for randomised and quasi-randomised controlled trials that compared different IV antibiotic regimens for ACEs in people with cystic fibrosis, but no such trials were identified.

The authors conclude that no clear guidelines exist for treating this complication and that, at

present, the duration of treatment is determined from local policies and the patient's response to treatment. They suggest that shorter courses improve patients' quality of life, reduce the risk of adverse drug reactions and cost less, but may not be sufficient to treat the exacerbation.

A multi-centred, randomised controlled trial should be conducted to examine this issue, say the authors, because it has important clinical and financial implications. The review can be accessed via *PJ Online* (www.pjonline.com/hplinks).