Royal Pharmaceutical Society of Great Britain

# Hospital*Pharmacist*

March 2007

FROM THE EDITOR

**Dear Reader**

Welcome to the third HPG newsletter. This edition contains an update on progress with the HPG committee's new terms of reference (pS3) and highlights the views of a Council member of the Royal Pharmaceutical Society on the common challenges facing pharmacy (pS4). It also features a report from the Centre for Postgraduate Pharmacy Education on "learning@lunch" (pS2) and an article from North Middlesex University Hospital on the launch of a medication safety awareness week (pS3).

In recent weeks the HPG committee has been active in the Society's consultation on draft principles of pharmacy education and training and, before that, members contributed significantly to the briefing for parliamentarians on "hospital pharmacy in the 21st century," (*Hospital Pharmacist*, October 2006). Another success was leading a revision of the 1988 Duthie Report — copies of "The safe and secure handling of medicines: a team approach" are available to hospital pharmacists free of charge (contact practice@rpsgb.org).

Congratulations to HPG committee members Rachael Lemon, senior specialist pharmacy technician at Poole Hospital NHS Trust, and David Miller, chief pharmacist at City Hospitals Sunderland NHS Foundation Trust, on their election to the English Pharmacy Board. The HPG committee wishes Rachael, Dave and all the elected representatives in England, Wales and Scotland, success in their work for the Society's national boards.

Readers are invited to contact the HPG with topics they would like to see in future newsletters and issues for discussion at committee meetings. Budding journalists should e-mail me at: david.webb@nwlh.nhs.uk

**David Webb**

## Guidance on Controlled Drugs management in secondary care required by end of month

The Department of Health has commissioned the Royal Pharmaceutical Society to produce guidance for secondary care on the handling of Controlled Drugs, to reflect the legislative changes that have flowed from "Safer management of controlled drugs," the Government's response to the fourth report of the Shipman Inquiry. Multidisciplinary stakeholder groups have been supporting this process and the DoH has asked that the guidance be ready for publication by the end of March.

The document will be structured in a similar way to the revision of the Duthie Report, published in 2005. There will be a section detailing overarching principles and new governance arrangements and more specific guidance linked to process flowcharts covering particular practice settings, such as wards and theatres. — *Richard Needle, HPG committee member*

Pharmacy Department, Northwick Park Hospital

**Handling of Controlled Drugs in secondary care needs guidance**

## Update: APPG inquiry into future of pharmacy

Department of Health officials were the latest group to give oral evidence to the All-Party Pharmacy Group last month. The evidence session, held at the Palace of Westminster, was seventh in a series contributing to a broad ranging, major inquiry into the future of pharmacy, announced in June 2006. The inquiry aims to:

- Assess recent developments in pharmacy practice
- Identify priority developments in health care to which pharmacy could contribute.
- Examine and highlight the challenges to be addressed for pharmacy services to realise their potential
- Identify barriers to progress
- Take evidence from interested parties

The sessions began in August 2006, with invited submissions from Asthma UK and *Which?* on patient perceptions of pharmacy services, training, the role of primary care trusts, patient records and control of entry. In October, a second session was held with the Royal College of Nursing and the British Medical Association.

The third session, in November, was attended by representatives of the Guild of Healthcare Pharmacists, and independent and multiple community pharmacies. The fourth session involved representatives of primary care trusts and local pharmacy committees and the fifth, in December, covered pharmacy education with representatives from schools of pharmacy.

Comprehensive responses were submitted by the HPG in October 2006 and by the Royal Pharmaceutical Society in January. The final session, in which Lord Hunt, minister with responsibility for pharmacy, will give evidence is to take place this month.

Although the formal deadline for submission of written comments and evidence has passed, further contributions will still be accepted (details can be found at www.appg.org.uk). A few common themes have emerged and interested readers can find information on the evidence submitted so far on the APPG website or the Society's website (www.rpsgb.org). The content of the APPG report will probably be finalised in the next few months.

The APPG is a group of more than 100 MPs and peers. Its stated purpose is to raise awareness of pharmacy and to promote pharmacists' current and potential contribution to the health of the nation.— *Tim Root, HPG committee member*

# What "learning@lunch" has achieved in a year and what further developments are in the pipeline

It is almost a year since the Centre for Pharmacy Postgraduate Education launched its "learning@lunch" programme to support the learning and development needs of hospital pharmacists and pharmacy technicians. **Janice Mason-Duff**, senior pharmacist learning development, and **Mandy Jackson**, joint head of communications, both at the CPPE, report

In April 2005, the Centre for Pharmacy Postgraduate Education allocated specific funding to support the learning and development needs of hospital pharmacy teams. Then in July 2005, a series of focus groups was held at Manchester University and data were collected from the Thames Valley Education and Training Strategy Group and chief pharmacists from the North-West and the East Midlands. And the rest, as they say, is history: the "learning@lunch" programme was developed using the feedback and data.

Learning@lunch is a flexible and modular approach to learning. It enables pharmacy teams to work together in small groups in their own hospitals to develop their knowledge around a number of clinical topics. The programme has been designed as a series of short modules with pre-reading material, case studies and practice activities to focus learning. Learning in a group also makes it easy for a local flavour to be added to this national programme.

Learning@lunch was developed in collaboration with the UK Clinical Pharmacy Association, the Guild of Healthcare Pharmacists and the Association of Pharmacy Technicians UK. Modules are available as a series of three booklets, with each linked to a stage of the continuing professional development cycle. A training guide accompanies each module to enable facilitators to deliver the programme in a consistent manner in different hospitals. The modules are accredited by the College of Pharmacy Practice.

The first series of modules was designed to support the management of cardiovascular disease. The Panel shows the uptake of the programme across England.

A stop smoking module was launched in December 2006 and 72 hospital trusts have ordered a total of 1,600 copies to date. This module explores the diseases that are affected by smoking and passive smoking and the impact these diseases have on different age groups and conditions, such as pregnancy. A module on palliative care became available last month and includes topics such as pain management and the associated effects of nausea and constipation.

Two more modules, looking at the management of people with type 1 or type 2 diabetes, will be launched soon.

**Learning at lunch at Manchester Royal Infirmary**

## Online availability

All the learning@lunch programmes are available to download as a pdf shortly after the printed material becomes available. It is necessary to register at the CPPE website (www.cppe.manchester.ac.uk) before downloading any of the booklets.

The website hosts links and signposting to key resources and references designed to support individual modules. There is also a series of frequently asked questions to address common queries.

The programme is open to preregistration trainees, who can download the modules and access the assessment questions online. In addition, facilitators can now download introductory slides and copies of the model answers to case studies to support their sessions.

Over 940 pharmacists and pharmacy technicians have successfully completed the multiple-choice questions, which represents about one in 12 of those who undertake the learning. The CPPE would like to see more facilitators and users participating fully in the assessments to consolidate their learning.

A national evaluation of the programme is planned for the end of April 2007 and will take the form of a survey of all users. This will be an opportunity to let the CPPE know your views and influence the future direction of the programme. Further information about learning@lunch can be obtained by e-mailing info@cppe.man.ac.uk

## Panel: Uptake of the cardiovascular disease programme

| Learning@lunch programme title | Number of hospital trusts (acute and mental health) that have ordered programme | Number of three-booklet modules ordered |
|---|---|---|
| Acute coronary syndromes | 153 | 4,070 |
| Strategies for the primary and secondary prevention of cardiovascular disease | 137 | 3,775 |
| Stable angina | 125 | 3,218 |

# North Middlesex University Hospital launches medication safety awareness week

Patient safety is being treated as a top priority at North Middlesex University Hospital, London. In September 2006, the hospital conducted a week-long campaign to increase awareness of medication safety. The awareness week was a local initiative developed by the trust's safer medication practices group to help highlight the risks involved in using and handling medicines.

The campaign was a multidisciplinary effort, involving pharmacy, the practice development team, the patient advice and liaison service (PALS), the medical equipment unit, the clinical governance department, the physiotherapy department and the hospital's Macmillan team. It was open to all staff, patients and members of the public, and was intended to raise awareness of the potential risks involved in prescribing, preparing, dispensing and administering medicines.

A poster display illustrated some of the many activities and initiatives in place at the hospital to support safer medication practice, including:

- An audit of oxygen prescribing and the guidelines on oxygen prescribing, oxygen masks and delivery systems and registered nurse-led oxygen administration that were developed.

**Participants at the North Middlesex Hospital's medication safety event**

- The reporting of common medication errors on trust incident forms, the lessons learnt from these errors and measures put into place to reduce the risk of recurrence
- The reporting of common anticoagulation errors and the lessons learnt
- The use of aseptic technique for the preparation of injectable medicines, including cytotoxics, to promote safer handling of these medicines
- The use of green bags to encourage patients to bring their own medicines to hospital to enhance care and patient satisfaction, to reduce waste and costs, and to improve communication with patients about their medicines
- Training programmes on drug administration that are available for nursing staff

The campaign also included demonstrations on appropriate setting up of infusion pumps, the role of the PALS and its work to produce a booklet of common phrases in 36 languages, and manufacturers' stands for Multistix 8SG and tinzaparin to educate staff on these products, which had been recently introduced by the trust.

Staff, patients and members of public were encouraged to submit suggestions to improve medication safety, report anonymously any near misses or errors they had encountered and complete a medication safety quiz, which acted as a reminder of the common medication errors. In addition, all wards were sent copies of medication safety alert bulletins.

The events were well attended by patients, members of the public and nursing and medical staff, and resulted in significant and useful feedback. Suggestions from participants have been collated and the trust safer medication practice group is planning themed weeks to take forward the commitment to improve patient safety. — *Sarla Drayan, head of pharmacy, and Tejal Patel, deputy chief pharmacist, at North Middlesex University Hospital*

## Empower staff to deal with emergency situations

Staff need to be empowered to make decisions in emergencies. This was a key message from the HPG conference held in Birmingham in November 2006. It is important to make a decision, rather than vacillating between options, even if, with the benefit of hindsight, a different decision might have been made.

Describing the Royal London Hospital's response to the four bombs on public transport in London on 7 July 2005, Charles Tugwell, principal pharmacist at Barts and The London NHS Trust, said it was essential to have someone whose job was to stand back and take stock of the overall picture. However, attention to small details is also important. For example, staff who did not keep their identity cards with them found that they were denied entry when moving from one hospital building to another.

Bill Glendinning, clinical director of pharmacy at North Cumbria Acute Hospitals NHS Trust, described the flooding of Carlisle in January 2005. The availability of pharmacy staff was relatively unaffected because most lived on the same side of the flooded area as the hospital. If staff had lived elsewhere, they might have been unable to get to work. Mr Glendinning's conclusion was that it is not enough to know employees' telephone numbers; you also need to know where they live. A bigger problem had been that the hospital's IT department had not been deemed an essential system for connection to the emergency generator so when the mains supply failed, pharmacy terminals had power but the servers, which stored the data needed for the pharmacy system, shut down.

Peter Patrickson, general manager of airfield services at Birmingham International Airport, identified three key areas for responding to emergencies: planning, preparation and testing. "Things don't go according to plan — you can guarantee that," he said. "There's a lot of thinking on your feet,"

John Pullin, head of emergency planning for NHS London, added "A major incident isn't a major incident without chaos and confusion." — *Rachael Lemon, HPG committee member*

## HPG committee pushes ahead with changes

Publication of proposed changes to the terms of reference and make up of the HPG committee (described in *Hospital Pharmacist*, October 2006) elicited no adverse comment from members. As a result, the HPG committee reaffirmed, at its November meeting, the decision to make a proposal to the Council.

The Royal Pharmaceutical Society's Corporate and Strategic Development Directorate provided feedback on the original draft and minor modifications have been made to the terms of reference. In addition, a supporting paper has been drafted that will go to Council to explain the case for change and to outline the key implications for the HPG committee.

This paper is being reviewed by the Practice and Quality Improvement Directorate, which will make then make the proposal to Council. We expect that the proposal will considered by Council this month. — *Ray Fitzpatrick, HPG committee chairman*

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# HPG contributes to pharmacy's shared agenda

By **Graham Phillips**, member of the Council of the Royal Pharmaceutical Society

As one of two Council members sitting on the HPG committee, it pains me to read letters to *The Pharmaceutical Journal* complaining that the Society only represents community pharmacists. In fact, doubly so, because as a community pharmacist myself, community pharmacist colleagues tell me with equal certainty that the Society represents only hospital pharmacists' interests. Therefore, it was with a lot of hope, but not a little temerity, that I put myself forward for the HPG committee. What I discovered was exactly what I had hoped for: that we share almost all the same professional aspirations and frustrations — and it is the commonality that is striking, not the differences.

An early piece of work for the HPG was to consider changes affecting hospital pharmacy practice in the short to medium term, from which we produced a briefing paper for the Society's Practice Committee. The key contextual issues we identified were an increasing ageing population, unhealthy lifestyles, higher patient expectations, a recognition of current inadequacies (for example, interface issues) and pressures for improved efficiency and cost-effectiveness. The major drivers with impacts on hospital pharmacy included long-term conditions and chronic use of medicines, registration of pharmacy technicians, ambulatory care and treatment centres, and health economy-wide approaches to prescribing. All of these have resonances for community pharmacists as well.

The vision is that the management of many long-term conditions will transfer from the acute setting to provide care closer to patients' homes. There will be reliance on non-medical prescribers, which will constitute a significant opportunity for pharmacists and nurses. Since an appreciable proportion of admissions to hospital are medicines-related, a stronger pharmaceutical contribution to the management of long-term conditions will benefit not only patients, but also hospital services. However, the future poses many questions: will the medicines supply chain be through existing community pharmacies, or through wholesalers, automated centres or home care delivery services? Will hospital, community or primary care pharmacists be responsible for organising medicine supplies?

## Support staff

The HPG committee has been a consistent supporter of the registration of pharmacy technicians. Many activities are delegated already to qualified pharmacy technicians and the Health Act 2006 raises the possibility of further delegation and optimum skill mix within pharmacy practice. As the regulatory framework takes shape, questions about roles that can only be carried out by suitably trained and registered health professionals will be addressed, and clarity will be brought to the contribution of trained but unregistered support staff.

Ambulatory care, provided by treatment centres (formerly diagnosis and treatment centres), delivers elective surgery and diagnostic procedures, such as endoscopies. It is a high volume, limited range activity to meet local demand. What do these centres mean for pharmacy? Crucially, since the principle is rapid throughput, how will medicines be provided and what should be pharmacy's contribution to safe medication practices in these settings? Again, there are opportunities to make a positive impact and, to promote understanding of the potential for involvement of pharmacy staff, the HPG commissioned an article on treatment centres in *The Pharmaceutical Journal* (2005; 274: 237–9).

## Prescribing

Prescribing committees already exist and, increasingly, are addressing medicines related issues across primary and secondary care. Strategic health authorities in England have a responsibility for ensuring that local systems operate effectively and deliver improved performance. The Healthcare Commission provides measures of performance relating to medicines management in hospitals and, with new general medical and community pharmacy contracts, it is likely that community pharmacy will play a greater role in future health economy medicines management. To achieve a joined up approach, community pharmacists will need to link with advanced level and consultant pharmacists in hospital, particularly in relation to areas of special interest practice. As a profession, we have the chance to demonstrate a greater degree of communication about medicines across the interface than is currently the case with other professions.

The Society needs to be aware of these issues and to recognise that a one-size-fits-all approach to pharmacy practice will not work in a changing health care environment, particularly since England, Scotland and Wales will develop different systems to address national priorities.

# HPG response to Society's consultation on education and training

As part of the process for submitting a response to the Society's consultation on the principles of education and training, I met with members of the Society's education division in October 2006. It was clear that while the consultation was on the key principles for all pharmacy education and training, there was a particular focus on the undergraduate programme. In its response, the HPG committee raised a number of points:

- The undergraduate curriculum should aim to educate and develop a pharmacist, not just a graduate with sound scientific knowledge.
- The concept of professionalism should be introduced early in the undergraduate curriculum.
- Practice-based teaching should be an essential part of all undergraduate programmes.
- Practice-based tutors should be trained appropriately and there should be sufficient resource to support their activities.
- Preregistration training should be integrated into the undergraduate programme rather than form a separate period of training.
- There should be a diversity of assessment methods in all pharmacy education and training, not just traditional examination approaches.
- Fitness-to-practise issues should be considered as soon as the undergraduate programme (and S/NVQ3 and the associated underpinning knowledge programmes for pharmacy technicians) has begun and not be left until registration.
- The Society should consider extending the range of educational programmes it accredits (eg, to the registrable qualification for pharmacy technicians).

Two members of the HPG committee attended a follow-up meeting in January at the Education and Registration Directorate. Many areas of agreement had emerged during the consultation, which related to most of the points raised in the HPG submission, but, since the principles were deliberately high-level, it is likely that further work will be required in relation to specific forms of pharmacy education and training provision. — *Ray Fitzpatrick, HPG committee chairman*