



# A day in the life of a BUPA pharmacist

An alternative to the NHS for hospital pharmacists is to work for a private hospital. Elizabeth Read describes her typical day

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**I**n my job there is no such thing as a typical day. My responsibilities span BUPA's 34 hospitals, with just over 1,800 beds, which in NHS terms is on a similar scale to a large trust. One of the big differences is that our hospital beds, theatres, outpatient clinics and pharmacy departments are scattered the length and breadth of the country on 34 different sites that, from a management perspective, present geographical challenges.

In addition to my national responsibilities, I continue to practise clinically in one of our hospitals where I am also the pharmacy department manager. This helps me keep my feet firmly on the ground, aware of the day-to-day issues at hospital level and also ensures my skills are kept up to date.

In terms of time management, I try to dedicate two days each week to my base hospital, leaving three days to attend to the demands of national issues, although a degree of flexibility is essential to attend meetings and deal with urgent and unexpected events.

Travel is an inevitable aspect of the job, visiting hospitals and BUPA's head office in the centre of London. I often find myself

on a train in the early hours of the morning and returning home late in the evening. Occasionally business demands necessitate staying away from home for a few days. I am always amazed at the volume of work I can get through while travelling: preparation for meetings, reviewing documents, and telephone calls (although this can be frustrating when I go through an area with no mobile network cover).

## Head office

**A** day in head office would generally involve a series of meetings:

- ▶ Clinical governance meeting
  - ▶ Clinical Effectiveness Committee — which promotes best practice and develops practice guidelines
  - ▶ Meeting with our purchasing department to review drug purchasing data and advise on negotiations for purchasing agreements with the pharmaceutical industry
  - ▶ Update meeting with my line manager, head of clinical services
  - ▶ Meeting with our legal adviser to deal with any issues associated with medicines, medicines law or professional and ethical standards
- In between meetings I check my e-mail

for urgent messages. These tend to be in the form of a request for advice from my pharmacy colleagues, hospital matrons or head office personnel. We use e-mail as our main means of communication. It is a quick and efficient, but sometimes overwhelming. I typically get around 40 a day.

### Base hospital

I have an office at my base hospital, BUPA Fylde Coast Hospital in Blackpool. This is where most of the national work gets done. The list below provides an indication of some of the activities:

- ▶ Developing, reviewing and revising medicines policy and prescribing guidelines
- ▶ Analysis of drug usage data
- ▶ Staff recruitment and retention issues
- ▶ Development and management of patient group directions
- ▶ Various company initiatives
- ▶ Dealing with issues about financial reimbursement from private medical insurers for drug treatments
- ▶ Providing information and advice across all disciplines on medicines and pharmaceutical issues

There is more of a routine to the days I spend in clinical practice. The hospital is relatively small and all the clinical disciplines work together closely. There is just one ward at the hospital. However, unlike the traditional type of hospital ward, patients have their own room. There is one high dependency room, two theatres, a minor operations suite and six consulting rooms. In addition to the pharmacy, other services include physiotherapy and imaging.

Each morning starts with a review of the "overnight" book to identify any medicines that have been removed for urgent use during the night. Then there is usually a pile of discharge prescriptions to be dispensed for patients leaving that morning. It may be necessary to counsel some patients on new or complex treatments.

At 9.30am there is a multidisciplinary team meeting on the ward. At the meeting the nurse in charge gives an update on each patient's status, highlighting any particular problems that need attention. For pharmacy these tend to be around

pain management, postoperative nausea and vomiting, review of medicines brought in by patients on admission, patients wishing to self-administer their medicines and discharge planning.

A quick review of the planned admissions list can indicate whether there is likely to be a demand for any infrequently used medicines. This helps enormously with planning.

A significant proportion of the morning is spent on the ward reviewing each patient's medication, attending to the issues flagged up at the team meeting and dealing with any further issues that arise during the round. Medication charts are kept in the patient's room along with all other monitoring charts and the relevant care-pathway. This makes the round quite time consuming. Each patient has to be visited individually in his or her room, and some delight in telling you their life history!

By the time the round is completed and all the issues resolved the mail has arrived. I usually manage a cup of tea while dealing with the post, although it is often interrupted with requests from theatre staff for Controlled Drugs or outpatient prescriptions.

Around midday our clinical trials nurse arrives with a number of prescriptions for patients in clinic. Most of our trials are run by a consultant neurologist, so we are dealing with drugs to treat Parkinson's disease, epilepsy and Alzheimer's disease — an interesting contrast to the bulk of our work, which is elective surgery.

### Lunch

Lunch is generally between 12.30 and 1pm, but it is not always possible to eat undisturbed. Consultants are coming and going all the time and when they have a question they want answering, they will find me irrespective of where I am or what I am doing (well, almost!).

The consultants cover a wide range of specialties and many of our patients present with pre-existing medical conditions so a broad knowledge base and access to good reference sources is essential.

I get a diverse assortment of queries: the availability of a product, the unlicensed use of medicines, determining if a patient's symptoms could be a side effect of one of their medicines, and so on.

The majority of our consultants come from the local NHS trust and fit their private work around their NHS commitments, which means that they are not in the hospital all the time. We have a resident doctor who is on the premises and available 24-hours-a-day to handle patients' medical needs during the consultants' absences.

A considerable number of our patients are in hospital just for the day (day cases), so there is always a constant flow of discharge prescriptions throughout the day and particularly in the afternoon. Patients that fall into this category may have had a diagnostic procedure, such as a colonoscopy or gastroscopy, or minor surgery, for example, cataract surgery, orthopaedic arthroscopy and debridement. In addition to day case surgery the hospital also performs more complex surgery such as partial gastrectomy and hip replacement.

### Paperwork

In the afternoon I usually spend some time dealing with paperwork:

- ▶ Purchase orders and invoices
- ▶ Writing to consultants on various matters, such as recommending a change in the choice of medicines for a particular indication, eg, prophylactic antibiotics, brand of low molecular weight heparin
- ▶ Patients' accounts and queries
- ▶ Writing pharmacy bulletins for distribution to hospital departments

The day would not be complete without a final session on the e-mail before closing the department for the evening.

Life is never dull and I rarely have a moment to spare, but I would not want it any other way. ✕