

Leadership in action

Examples of good leadership and innovative research were showcased at this year's joint Guild of Healthcare Pharmacists and UK Clinical Pharmacy Association conference. By Shona Kirk

To become leaders, pharmacists need support from peers and mentors, and they need this from day one, said Catherine Duggan, chair of the UK Clinical Pharmacy Association.

Richard Catell, president of the Guild of Healthcare Pharmacists, highlighted the importance of showing leadership by acting immediately rather than waiting for

somebody else to make a decision. "We are all part of a great profession — broad, challenging, responsible — and most of all we can see the direct benefit to patients of what we do," he said.

Mr Catell added that the next few years will be challenging for pharmacy so it is important to invest time in the services that provide the greatest benefits to patients.

The White Paper — what next?

High quality care will be an important driver for pharmacy over the next few years, said Jonathan Mason, national clinical director with responsibility for community pharmacy and primary care at the Department of Health. "We need to ensure that we provide better care for all people using NHS services, so we need to ensure that the services we provide are of the best quality and are evidence-based," he said.

Mr Mason said that public health is a key priority for pharmacy over the next few years. "We need to ensure that we help people live healthier lives," he said. "We need to make sure that we manage people better and that people are empowered to manage their own conditions better."

Mr Mason said that community pharmacy has a valuable role to play in helping patients get the best from their medicines, and that more screening programs should be available through community pharmacies in the future. He added that it is important that we help patients as they transfer through community services and social services.

Tighter times

There is an opportunity to start preparing for tighter times in the NHS, said Martin Stephens, national clinical director with responsibility for hospital pharmacy at the DH, as he turned to money saving



Christine Clark

Jonathan Mason

tips for the NHS. Mr Stephens discussed the importance of collaborating to deliver effective interventions and effective new ways of working, rather than individual teams struggling to develop these systems alone. He suggested that critical appraisals of new drugs should not be duplicated. Other money saving tips included the use of pre-prepared medicines, automated systems and e-prescribing. "It is not just about how much we spend on medicines but it is about getting medicines used well," he said.

Award winners

Pfizer patient safety award

Automated systems need to be altered so that they can handle part-medication packs, according to a study carried out by Richard Boldero from the Princess of Wales hospital, Abertawe Bro Morgannwg University NHS Trust, Wales. The study examined the impact of an automated item picking system on dispensing error 'near misses'. Near misses decreased but were not completely eradicated in the two years following implementation of the system, possibly because the system were not designed to handle part-packs, Mr Boldero explained. His team was awarded the Pfizer patient safety award for their work.

TEVA leadership award

The TEVA leadership award was presented to Gail Richardson, head of pharmacy at Wishaw General Hospital, NHS Lanarkshire, Scotland for her work on using a 'lean' approach to reduce prescription turnaround time. The lean approach seeks to improve workflow at all stages in the process of preparing and dispensing prescriptions. Ms Richardson described how a complete review of the dispensary was carried out over a one month period, which included an intensive week in which many systems and processes were altered. During the intensive week beneficial changes to practice were continued and non-beneficial changes were promptly stopped.

Sanofi-Aventis diabetes award

Pharmacist-led clinics help to reduce health inequalities, according to work presented by Alia Gilani, health inequalities pharmacist in the pharmacy development team, NHS Greater Glasgow and Clyde. Ms Gilani established a bilingual pharmacist-led medication review clinic for patients with diabetes, increasing attendance by South Asian patients. This led to a number of medication changes and onward referrals. Ms Gilani was awarded the Sanofi-Aventis diabetes award for her work (see Profile, p167).

How to engage with NICE

More pharmacists should get involved with the National Institute for Health and Clinical Excellence, Sarah Garner, associate director of research and development at NICE, told conference attendees.

Dr Garner pointed out that the NICE website lists all the professional groups involved in each appraisal, including the UKCPA, and said, "The UKCPA does not crop up as often as I would like it to . . . I would like to see more representation from pharmacists."

Dr Garner described how pharmacists can get involved in the appraisal process. Individual pharmacists do not have to formally register as a consultee in order to provide a comment, she explained. Any person can provide an *ad hoc* comment about a technology appraisal, however only consultees have the right to appeal. For technology appraisals, specific groups are invited to be stakeholders, but for guideline documents anyone can register to be a stakeholder through a professional body. Dr Garner said that pharmacists can also suggest topics for NICE to investigate.

Dr Garner referred to the new information portal, 'NHS evidence', for which NICE is responsible (*The British Journal of Clinical Pharmacy* 2009;1:135). Since the website is still in development this is a good opportunity for pharmacists to suggest any content they would like to see included in the portal, or any improvements.

Pharmacists should handle stem cells

Pharmacists may be better placed than other health care professionals to handle and dispense regenerative medicines such as stem cell technologies. This was the general consensus of a workshop on regenerative medicines. "People haven't really thought through the practicalities of how regenerative medicines are going to be delivered. Are they going to go through pharmacies or are they going to be shipped straight to surgeons?" asked Rob Thomas, pharmacist and lecturer at Loughborough University. "I think that pharmacists should be involved," he said.

"Products such as vials containing fibroblasts have a shelf-life of about 11 days and it takes five days to do the quality control," explained Paul Kemp,

chief scientific officer and founder of the regenerative medicines company Intercytec. "If the product could go somewhere where we know it is under control until it is approved for use, that would save us days," he said.

Chris Hewitt, director of the Doctoral Training Centre in Regenerative Medicine at Loughborough University pointed out that there are already some stem cell clinical trials taking place in the UK and pharmacists are getting involved in the basic bioscience and production of these therapies. Practicing pharmacists might get involved in formulation of such products and will certainly be involved in delivery and counselling, he added.

'Smart' pumps reduce errors

The impact of 'smart' pumps on medication errors, and the subsequent steps taken by nurses, was studied at Brigham and Women's Hospital, Boston, US.

A total of 27.2% of incorrect settings that users tried to input into a smart pump were repeated by the operator, and one operator tried to input the same incorrect dose nine times, said Tom Cooley, assistant

director of pharmacy services at the hospital. "These pumps are working, they are helping to stop adverse drug events," he said.

Mr Cooley added that they are planning to implement a wireless system in his hospital so that the pumps can be programmed based on information provided by the pharmacist.

Award winners

UKCPA education and training award

The mini-PAT (peer assessment tool) can be used successfully to assess general level pharmacists in secondary care, according to work carried out by Jignesh Patel and colleagues from King's College London. The mini-PAT facilitates anonymous feedback on a practitioner's performance; practitioners are able to nominate colleagues to provide feedback. Mr Patel's work showed that the response rate for completed assessments was high (77.2%) and that the mini-PAT was well received by its users. His team was awarded the UKCPA education and training award.

Best poster award

Healthcare professionals working in community hospitals believe that accurate and appropriate medicines-related communication between acute teaching hospitals and community hospitals is important, according to research from the pharmacy departments at Oxford Radcliffe Hospitals NHS Trust and Cardiff University. Participants at 25 interviews and two focus groups raised issues about medicines-related communication at patient discharge, including the use of different information sources to perform medicines reconciliation and a lack of awareness of different facilities available between the hospitals. Rebecca Chanda, lead pharmacist for stroke and geratology at Oxford Radcliffe Hospital, won the prize for best poster award for this work.

Guild medals

This year's GHP gold medal, for outstanding contribution to pharmacy at a national level, was presented to Tony West, chief pharmacist at Guy's and St Thomas' NHS Foundation Trust. The silver medal, for an outstanding contribution at a local or regional level, was awarded to Liz Kay, clinical director, medicines management and pharmacy services, Leeds Teaching Hospitals NHS Trust.

The 5th joint national conference of the Guild of Healthcare Pharmacists and UK Clinical Pharmacy Association, entitled 'Making it happen – leadership in action', was held in Leicester on 15–17 May.