

## Agenda for Change

### What is it?

The Agenda for Change (AfC) is a new pay system. It is about ensuring all staff in the NHS (currently excluding doctors and very senior managers) work to the same terms and conditions and are paid according to their "worth" on a common pay spine. The pay spine is divided into nine bands (with band 8 being further divided into a,b,c and d).

### Job profiles

A job profile is made up of 16 different factors that are used to describe areas of individual jobs. These factors are divided into levels and weighted to provide a number of points to for each factor. The sum of the points gives

the band. Full descriptors of each factor can be found in the Job Evaluation Handbook on the Department of Health AfC website ([www.dh.gov.uk](http://www.dh.gov.uk)). National agreed pharmacist and technician profiles can also be found on the website.

### Job evaluation and matching

Each job is evaluated against a nationally agreed job profile (where one exists). This is done using the job description (which should reflect what the current post holder does) and the person specification (which should reflect the minimum skills, knowledge and experience required in order to do the job - not necessarily the skills, knowledge and experience of the current post holder. Jobs do not necessarily have to match against the job title, but do have to match against factors 2 (knowledge and skills) and factor 12 (freedom to act). Continued on p7.



## Guild of Healthcare Pharmacists and UKCPA Joint Conference April 2005

Following two years of discussions and announcements at GHP and UKCPA conferences, both organisations are delighted to provide further details of the **Joint Conference in Glasgow** next year. The conference, from **15 to 17 April**, will take the best from the experience of the both organisations.

### The idea for a joint conference

GHP and UKCPA, whose total membership is around 5500, have long recognised their own strengths and weaknesses and in the past two years have worked more closely on a number of levels. The Annual National Conference has historically dealt well with political, strategic and developmental topics and the Spring Symposium continues to offer practitioners training in clinical pharmacy, celebrate best practice and scan the horizon for changes in practice.

The two organisations believe that by holding a joint meeting, the strengths of the two conferences can be used synergistically to create a conference that offers greater breadth and depth than the two conferences alone.

## Towards the safer use of methotrexate

### Action on NPSA alert by March 2005

The risks of oral methotrexate therapy are familiar to us all following the Cambridgeshire incident and *Building a Safer NHS for Patients: Improving Medication Safety*. Both publications provide recommendations to promote safe methotrexate use.

In July 2004 the National Patient Safety Agency (NPSA) published its third Patient Safety Alert *Reducing the harm caused by oral methotrexate*. The alert defines the scope of the problem further stating that, in the UK, 137 documented incidents associated with oral methotrexate have been identified including 25 deaths and 26 incidents requiring hospitalisation.

Almost simultaneously a report in the *American Journal of Health System Pharmacy* described 106 errors associated with methotrexate reported to the FDA between November 1997 and December 2001, 25 of which were fatal. The NPSA alert was circulated to NHS acute trusts and primary care organisations, and describes action to be taken by **March 2005**.

All trusts are required to review current

shared care arrangements for prescribing and monitoring oral methotrexate. Trusts are required to produce a pre-treatment information leaflet and a patient held monitoring and dose record which all patients receiving oral weekly methotrexate are required to be given. Guidelines and core content of these leaflets are provided by the NPSA as part of the alert.

Major IT database and system suppliers have been asked to ensure that safety enhancements to software are developed and in place by November 2004. NHS staff must then ensure they are applied to local prescribing and dispensing systems by March 2005.

The NPSA also advises NHS organisations to purchase 2.5mg and 10mg tablets that are visually distinct to avoid confusion.

The alert has been sent out for action by medical directors in England and Wales with the recommendation that pharmacy should be included in the review process.

Gillian Cavell

Deputy Director of Pharmacy, Medication Safety, King's College Hospital

## Editorial

You may be confused by recent changes to the Royal Pharmaceutical Society charter. It would appear that the "new" charter is remarkably similar to the old charter, despite the effort, emotion, column inches and money that went into this. What amazed me most was that when members finally had their say, in the referendum, an appallingly low number exercised this right: only 10%! This indicates amazing apathy amongst pharmacists about their profession.



But I suppose we shouldn't be surprised. UKCPA is another organisation with a democratic process for electing office bearers. Despite almost 2000 members, we find it hard to get all but a small number of dedicated individuals to really *participate* in the functioning of the organisation. Without these people, the General Committee members and group committee members, there would be no organisation. In recent years we struggled to get nominations for office bearers, and often end up co-opting a willing individual. I can't remember the last time there was a contested election.

We can interpret this in two ways: either UKCPA members are supremely happy with the way UKCPA is run, the officer holders are fantastic and are doing everything you would if in their position, or you can't be bothered.

But participation doesn't necessarily require representation. To make the organisation function we need active participation, not just watching from a distance. Contribute, rather than just read the newsgroups. Your answer may differ from others, but may be right. Come to study days and symposia and while you are there, let committee members know how you would be willing to be involved and your ideas for changes. Submit work for posters or awards: sharing experiences with colleagues is rewarding for everybody.

At *In Practice* we would like to hear your views on the organisation, the things you like and how you think things could be done better. We will seek to publish letters sent to us.

Even if you didn't vote in the referendum, there is still the opportunity to comment on an organisation that really matters.

The deadline for contributions, including letters, for the next issue is **30 November 2004**.

Write to: The Editor, *In Practice*, UKCPA, 2nd Floor, Alpha House, Countesthorpe Road, Wigston, Leicestershire, LE18 4PJ or email: [admin@ukcpa.com](mailto:admin@ukcpa.com)

## Chair's news

Welcome back...I hope you all managed to get away for a break during the summer months and that your batteries are re-charged ready for the opportunities and challenges to come.

The committees of UKCPA have been working hard to prepare for the Autumn Symposium; I hope to see lots of you there. Blackpool in November really is quite nice! Work has also continued in preparation for our joint symposium with the Guild of Healthcare Pharmacists in April 2005.

Please do contact the UKCPA office if you feel that we are not meeting your individual needs and we will endeavour to try and rectify the situation.

Thank you for your continued support



Helena Hodges  
Chair

## Anaesthetist and pharmacist forum

On 1 July pharmacists from both the Surgery and Theatres (STG) and Critical Care (CCG) groups met anaesthetists for dinner at the Association of Anaesthetists for GB and Ireland (AAGBI). This was followed by a formal meeting on Friday 2 July, facilitated by Jago Pearce (Healthcare facilitators) following discussions between Mark Tomlin (Chair, CCG) and the executive council of the Anaesthetist Association.

The AAGBI has around 9000 members compared with CCG (300) and STG (300). The objectives of AAGBI are education and research, similar to UKCPA groups.

The meeting aimed to discuss subjects of mutual interest and to avoid areas of potential hostility. Anaesthetists are often frustrated by interactions with pharmacy, whereas pharmacists often see anaesthetists as causing problems. It was quickly apparent that there are many subjects where anaesthetists and pharmacists have mutual goals and would benefit from collaboration.

Anaesthetic departments are of similar size to pharmacy departments. However, anaesthetic departments comprise 40-50% consultants with the remainder junior anaesthetists. Most anaesthetists were unaware that pharmacy departments comprised only 30% pharmacists, with the remainder being technicians, assistants and clerical staff. Communication often occurs under a tense clinical scenario with junior pharmacy staff who has little experience or comprehension of anaesthetists' needs. Anaesthetists may thus find pharmacy unhelpful because they speak to the wrong people or make unreasonable demands. Appropriate

liaison in advance of a clinical crisis can eliminate most of the miscommunication and avoid problems developing. Link pharmacists for anaesthetists to communicate may also avoid problems.

Both professions are essentially support services without direct activity contracts with PCTs. Like pharmacists, anaesthetists often feel forgotten when surgeons negotiate workload with commissioners. Anaesthetics often spend less than 5% of consumables cost (sutures, staples and prosthesis) used by surgeons yet they are under pressure to contain costs, whilst surgeons are not scrutinised at all.

Medication errors were discussed. Co-operation and discussion about labelling and packaging could produce useful risk management dialogues with the pharmaceutical industry about product presentation. Labelling of lines, ampoules and syringes, drug calculations, confusion over strengths, standardisation of epidurals, issues around pain management and controlled drug processing, using drugs off-licence were joint problems. A high proportion of anaesthetic research is drug orientated yet the first encounter with a pharmacist is often via research ethics committees. Much of this could be resolved by improving communication via a pharmacists with funded time allocated to theatres/anaesthetics/intensive care.

The meeting concluded with a plan for further discussions and a study day to share examples and address drug errors. For further information contact Mark Tomlin or Rachel Westwood (STG).

Mark Tomlin  
Southampton Hospitals NHS Trust

## Professional secretary's news

### Have your say!

The UKCPA is regularly consulted by various organisations with regard to changes or implementation of policies. As UKCPA professional secretary, I respond to these, after discussions with interested people on the General Committees and Practice Interest Groups.

I am also very keen that the wider membership has the opportunity to comment before the consultation reply is formulated. So in future if we have consultations that correspond with the publication of *In Practice* I will bring them to your attention.

We currently have two issues from the Medicines and Healthcare Products Regulation Agency (MHRA). They are available to download from the website ([www.mhra.gov.uk](http://www.mhra.gov.uk)).

They are:

Consultation letter MLX 309: **Implementation of revised EU medicines legislation: implementing the "2001 Review"**.

Consultation letter MLX 310: **Proposals to enable the use of electronic signatures on prescriptions and proposed amendments to the Prescription Only Medicines (Human Use) Order 1997**

If you have any views on these issues please email them to UKCPA office by 4 October 2004. I look forward to hearing from you!

*Graeme Hall*  
Professional Secretary



## A warm thank you!

UKCPA would like to take this opportunity to thank all corporate members and sponsors for their support.

Therefore, a big thank you goes to:

- Aguetant Ltd
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- Sanofi-Aventis
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- United Co-op Pharmacy Group
- Wyeth Laboratories

## Patient safety: are we doing all we can? By Amanda McLean

Patient safety has always been on the pharmacist's agenda. Every dispensed medicine carries with it a whole set of checks to ensure that the patient gets medicines safely.

The establishment of the National Patient Safety Association (NPSA) in July 2001 and recent Department of Health activity highlight patient safety healthcare-wide. *Building a Safer NHS for Patients* in 2001 set a target to reduce the number of serious errors in the use of prescribed drugs by 40%. In January 2004, the follow-up *Building a safer NHS: Improving Medication Safety* showed how this could be achieved.

The NPSA operates in England and Wales to coordinate reporting and to learn from problems affecting patient safety. To date the NPSA has issued three *Patient Safety Alerts*. The previous two were mainly directed at secondary care (**potassium chloride concentrate solutions** and **crash call telephone numbers**).

The most recent *Alert*, in July 2004, around **oral methotrexate**, includes actions for pharmacists.

These include 1. providing patients with information before and during treatment; 2. ensuring dispensing software is updated to include the latest methotrexate alerts and prompts; 3. ensuring purchased products comply with recommendations. All patients receiving oral methotrexate should carry a monitoring and dosage record. A template for this and information leaflets are available on [www.npsa.nhs.uk](http://www.npsa.nhs.uk).

The NPSA is exploring the best way to develop national reporting amongst community pharmacists. Lessons can be drawn from findings from secondary care. The NPSA's National Reporting

and Learning Scheme (NRLS) data include all patient safety incidents, of which about 6% relate to medicines. Initial data used to validate NRLS were published recently. Data are comparable with other studies around the world, which conclude that about 8% of medication errors occur during prescribing, 14% during dispensing and 35% at administration. Of dispensing errors, 22% were wrong doses, 21% wrong medicine and 7% wrong patient. Drugs which are error-prone are similar in the US and the UK: insulin, heparin/warfarin and morphine are generally amongst the top ten.

So, what does this mean for community pharmacists? Some pharmacies are already collecting dispensing error data and this is an important resource. However, community pharmacists also can be a source of information on prescribing errors, administration errors (– yes, by patients, as that is how the majority of medicines are administered!). How data will be collected and reported nationally is yet to be decided.

Meanwhile, pharmacists can: 1. look at high risk drugs and see if additional safeguards can be set up; 2. report problems with product packaging or labelling, either identified by yourselves or by patients to the MHRA; 3. review dispensing processes, identify weak areas and build in safety steps such as checks, prompts and reminders. And above all, 5. be prepared to share your findings, as it is through shared-learning that true error-proofed systems can be devised.

*Amanda McLean*  
Chair, Quality and Risk Management Group  
QA Pharmacist, Lothian University Hospitals Div

## Newsgroup addresses

If you would like to join the practice interest group electronic newsgroups, please email the group address below, giving your:

- Email address
- Job title
- Postal address
- Contact telephone number

UKCPACardiologyPIG-subscribe@yahoo.co.uk

UKCPA-CriticalCare-PIG-subscribe@yahoo.co.uk

UKCPA-DiabetesPIG-subscribe@yahoo.co.uk

UKCPA-EducationTraining-PIG-subscribe@yahoo.co.uk

UKCPA-ElderlyCare-PIG-subscribe@yahoo.co.uk

UKCPA-InfectionManagement-PIG-subscribe@yahoo.co.uk or  
Barbdean@tiscali.co.uk

UKCPA-PalliativeCare-ChronicPain-subscribe@yahoo.co.uk

UKCPA-PrimaryCare-PIG-subscribe@yahoo.co.uk

UKCPA-QualityAssurance-PIG-subscribe@yahoo.co.uk

UKCPA-RespiratoryPIG-subscribe@yahoo.co.uk

UKCPA-Rheumatology-OsteoporosisPIG-subscribe@yahoo.co.uk

UKCPA-Surgery-Theatres-PIG-subscribe@yahoo.co.uk

UKCPA-emergencycarePI-Group-subscribe@yahoo.co.uk

Lmdig-subscribe@yahoo.co.uk

## News from the Groups

Discussions and items of interest from the interest groups

### Infection Management Group

#### Committee changes

We announce with regret Bryony Dean Franklin stepped down on 1 July 2004 as acting Chair of the UKCPA Infection Management Group (IMG). Bryony took on this post around 3 years ago on an acting basis originally for a year and three years later finds herself with increasing clinical and research work commitments. The committee whole-heartedly thank her for all her hard work and previous experience with IM which was invaluable.

In the interim, Barbara Dean has offered to take the helm and will be acting Chair until early 2005 when official committee elections will take place. We have co-opted another very experienced antibiotic pharmacist Kieran Hand, microbiology pharmacist at Chelsea and Westminster Hospital, London to join our committee. Kieran is also currently completing an MSc in infection management for pharmacists.

Congratulations are in order to Conor Jamieson, antibiotic pharmacist, City Hospital's NHS Trust, Birmingham, on an article co-authored with his microbiologist Dr Tim Weller, entitled 'The expanding role of the antibiotic pharmacist' published in *Journal of Antimicrobial Chemotherapy* 2004; 54(2):295.

#### Forthcoming meetings

An important meeting is our UKCPA Infection Management study day entitled 'Current Controversies in Infection Management' to be held on 14 October 2004 at The Jury's in Birmingham. Please contact the UKCPA office immediately if you wish to attend this meeting (our study day last year was oversubscribed). Topics include tuberculosis, genomics, thermodynamics and kinetics of antimicrobial therapy presented by experts in these fields. The day also provides an excellent forum for networking with your colleagues.

A number of external organisations planning national meetings relating to infection management have approached the group. The annual Federation of Infection Societies (FIS) conference will be held in Cardiff from 23–25 November 2004. For further information please see their website, [www.fisconferences.com](http://www.fisconferences.com).

The British Society of Antimicrobial Chemotherapy (BSAC), the Alliance Prudent Use of Anti-infective (APUA) and Specialist Advisory Committee are running a meeting on 30 November in London on Antimicrobial Resistance (SACAR). Details on the BSAC website, [www.bsac.org.uk](http://www.bsac.org.uk).

### Infection management newsgroup

For new members wishing to subscribe to the e-mail news group, you must firstly join UKCPA through the office and then email Barbara Dean below to join the news group once you have received your membership number. There are also some antibiotic technicians who are interested in joining the group. If you have any working in your department please ask them to contact Barbara Dean on [barbdean@tiscali.co.uk](mailto:barbdean@tiscali.co.uk)

Wendy Lawson

Senior Pharmacist, Infectious Diseases,  
Hammersmith Hospital's NHS Trust



### Critical Care Group

#### Education

By the time of publication the last 'Clinical Specialist' study day held by the Critical Care Group (CCG) will be completed at Wallace Space on 14 September. We worked hard at this timetable and hope the event was a success.

#### The CCG has three educational events planned for 2005

**1. Beginners day 22 February 2005 (London).** In 2004 this day was oversubscribed and a number of interested parties were unable to attend. If you would like to attend, we suggest that you contact the UKCPA asap to avoid disappointment.

#### 2. Joint GHP/UKCPA Conference Spring 2005 (Glasgow).

The CCG are running two sessions at the joint meeting in Glasgow, the first on drugs without evidence and the second on high cost drugs without funding. These sessions are aimed at pharmacists already practising in critical care. The whole programme for this weekend looks excellent with plenty of time for networking. Again book early to avoid disappointment.

#### 3. Joint meeting CCG and Infection Management Group.

We are pleased to announce a joint meeting with the UKCPA IMG on the 22<sup>nd</sup> September 2005. A provisional programme will be available from the office shortly. Likewise book early to avoid disappointment. (continued overleaf)

# News from the Groups, continued



## Critical care group,

continued

### Comprehensive Critical Care

The critical care programme run by the Modernisation Agency will change in 2004. This does not mean the end of the programme, but funding has been transferred from the Modernisation Agency to strategic health authorities, who will allocate funding.

Mark Tomlin has been nominated the AHP/pharmacist lead for the national stakeholder group: Careers in Critical Care Pharmacy.

We mentioned in an earlier *In Practice* that the CCG was planning to undertake some work on a career pathway in critical care pharmacy. This work is now well underway and has been very kindly supported by the Department of Health. We plan to distribute a consultation document on what has been achieved by the end of 2004. If you would like further information on this project, please contact Cathy: catherine.mckenzie@gstt.nhs.uk

### Journal club

Did you know there is a successful journal club run by Mark Borthwick (Senior critical care pharmacist John Radcliffe Hospital Oxford). Journal club is distributed via the CCG enetwork.

The August 2004 summary is below:

Low dose steroids given for longer than 5 days improves mortality in sepsis and septic shock without increasing risks of GI bleeding, superinfections or hyperglycaemia, but optimal dose, administration method and treatment length remain unknown.

*BMJ*, doi:10.1136/bmj.38181.48222.2.55 (Epub ahead of print, 2 Aug 04)

Prior-treatment with statins significantly reduced the incidence of severe sepsis in patients admitted to hospital with a suspected or proven bacterial infection

*Circulation* 2004; 110: 880-885

This study shows diuretic use in renal failure is not associated with a significant increase in mortality. A RCT of diuretics in critically ill patients with renal dysfunction is needed, but will it be done? *Crit Care Med* 2004;32: 1669

There is a significant correlation between high dose lorazepam (mean 0.16mg/kg/h) and propylene glycol concentrations, as reflected by a hyperosmolar anion gap metabolic acido-

sis. Propylene glycol toxicity can cause renal dysfunction, intravascular haemolysis, cardiac arrhythmias, seizures and CNS depression.

*Crit Care Med* 2004; 32: 1709-1714

If you would like to contribute, contact Mark at Mark.Borthwick@orh.nhs.uk.

Cathy McKenzie

Principal pharmacist, critical care,  
Guy's and St Thomas'  
NHS Foundation Trust



## Care of the Elderly Group

### Committee membership

We welcome Eleanor Wakeling to the committee. Eleanor has a joint post between hospital and Bradford University. She can be contacted at e.wakeling@brad.ac.uk. Other committee members are Caroline Williams (caroline.williams@scpct.nhs.uk), G a r r y T o d d (gary.todd@lpct.scot.nhs.uk) and Derek Taylor.

### Study day: Pharmacist integration into the Single Assessment Process. 20 October 2004. London

The Care of the Elderly Group is pleased to announce support for a joint study with the London, South East and Eastern Older Persons Network with the aim of identifying methods for incorporating medicine-related assessment into the Single Assessment Process (SAP).

Sessions will include SAP strategy, the London OPDP Medicines Management programme, experiences from local implementers and workshops on identifying barriers and overcoming hurdles to implementation.

The day will be free. If you are interested, contact Christine: christine.masterson@nwlh.nhs.uk or me.

### New stroke guidelines

Both the Royal College of Physicians of London and the Scottish Intercollegiate Guidelines Network have published updated guidelines on management of stroke. The RCP's *National Clinical Guidelines for Stroke*, 2 edition is downloadable from: rcp.london.ac.uk. SIGN's *Rehabilitation, prevention and management of complications and discharge planning* is on sign.ac.uk.

### Autumn 2004 Symposium

Workshop places are still available:

#### 1. Dementia

This aims to review the management of patients with Alzheimer's disease.

At the end of this workshop participants will be able to:

- Define clinical signs and symptoms of Alzheimer's and other dementias
- Describe mechanism of action and side effects of dementia therapy
- Identify and discuss pharmaceutical care issues in patients with Alzheimer's disease via case studies

#### 2. Depression

This aims to review the management of patients with depression.

At the end of this workshop participants will be able to:

- Outline the aetiology and classification of depression
- Describe the mechanism of action and rationale of the major types of antidepressants
- Identify pharmaceutical care issues in the management of depression

#### 3. Pharmaceutical care in stroke

This aims to outline important components of a pharmaceutical care plan for stroke patients.

At the end of this workshop participants will be able to:

- Discuss key changes in the latest RCP stroke guidelines
- Identify areas of pharmaceutical input in stroke patients
- Prepare a pharmaceutical care plan for use in stroke patients

### Electronic news group

This group aims to encourage networking, electronic dissemination of information and models of care. If you are interested in joining email me with:

Email address, job title, postal address, and contact telephone number. Some emails are returned as undeliverable. Contact me again if you have not had newsgroup emails recently.

Derek Taylor, Chair, CoE Group

Broadgreen Hospital, Liverpool

Email: dataylor@tinyworld.co.uk

## British Geriatrics Society multidisciplinary conference United In Care.

At the Royal College of Physicians, London, this aims to identify ways to improve interdisciplinary collaboration among healthcarers attending older people. For information contact MEP Ltd on 020 7561 5400 or email sbradley@mepltd.co.uk

## Contact details for pharmacists groups

Surgery & Theatres: Rachel Westwood, tel: 01384 244088, email: rachel.westwood@ngh.nhs.uk

Education & Training: Helen Bradbury, tel: 0113 3431269, email: h.m.bradbury@leeds.ac.uk

Quality & Risk Management: Amanda McLean, email: tанда.mclean@virgin.net

Critical Care: Mark Tomlin, tel: 02380795117, email: mark.tomlin@suht.swest.nhs.uk

Care of the Elderly: Derek Taylor, tel: 0151 282 6446. Email: dataylor@tiny-world.co.uk, or Derek.Taylor@rlbuh-tr.nwest.nhs.uk

Infection Management: Barbara Dean barbdean@tiscali.co.uk

Cardiology: Duncan McRobbie, tel: 020 7188 2984, email: duncan.mcrobbe@gstt.sthames.nhs.uk

Respiratory: Anna Murphy, tel: 0116 250 2646, email: anna.murphy@uhl.tr.nhs.uk

Leadership and Management, Graeme Hall, email: Graeme.hall@uhl-tr.nhs.uk

Diabetes: Candy Norris, email: candy.norris@hnc-tr.northy.nhs.uk

Emergency Care, Nicola Wake, email: Nicola.wake@northumbria-healthcare.nhs.uk

## News from the Groups, continued

### Surgical and Theatres Group

Firstly congratulations to Sharron (our Chair, on maternity leave) on the arrival of her baby, we look forward to welcoming her back soon! The Surgical and Theatres group (STG) has not been resting over the summer, lots of new things have been happening.

#### Perioperative guidelines

Lindsay has been putting the pharmacist's view on some peri-operative guidelines written by the Royal College of Nursing. She will be attending a meeting with them in September to ensure that management of patients' medication during the peri-operative period is appropriately written. At present the guidelines focus on the management of fasting and the administration of food. If anyone else would like to be involved, please do not hesitate to contact Lindsay as moral support would be greatly appreciated.

#### Pre-assessment Association

Rachel is now on the Steering Group of the Pre-assessment Association and the first meeting will be in early September. The association is still in its infancy and at the inaugural conference in October, she will be presenting with Rekha Shah 'How pharmacists can benefit the pre-assessment clinics'. If you would like more details of the conference please contact me. There will also be a session on multidisciplinary working and how the different Royal Colleges and Associations can work together and we will be representing the UKCPA at this.

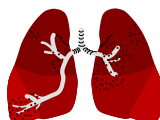
We were involved with the first joint meeting between the Critical Care pharmacists group and the Association of Anaesthetists which is reported on elsewhere within In Practice.

#### New guidelines

The resource centre has had a few recent additions, updates of **nil by mouth** and **PONV guidelines**. All of the recent study day's hand-outs are kept in the resource centre as well. If you would like a complete list of documents in the resource centre please contact me on Rachel.westwood@ngh.nhs.uk

If you are involved with new or updated guidelines, policies, procedures, please consider adding them to the resource centre as we all benefit from preventing re-inventing the wheel!

Rachel Westwood, Chair STG  
Lead Clinical Pharmacist  
Northampton General Hospital



### Respiratory Group

#### What's happening with peak flow meters?

From 1 September 2004 there is a new Peak

Expiratory Flow Meter. A new standard (EN 13826) for measuring peak expiratory flow (PEF) is being introduced across Europe. The Wright-McKerrow scale currently used is non-linear and readings may be magnified in the mid-range by up to 30%. This scale has been used in the UK since 1959 and whilst it has caused no major clinical concerns it can potentially give falsely high PEF measurements, which may affect patient management. This was the main motivation for the change. The new meters that conform to the EU standards have undergone thorough testing for both accuracy and reliability.

Clement Clarke have colour-coded the scale of the new EU peak flow meter with blue text on a yellow background. The previous Wright-McKerrow scale was white text on a black background. A conversion chart and more information is available at: [www.peakflow.com](http://www.peakflow.com)

#### Asthma may lead to COPD

Patients with asthma are about 12 times more likely to develop chronic obstructive pulmonary disease (COPD), according to a 20-year observational study of more than 3000 adults, based on respiratory questionnaires and spirometry measurements. Patients with active asthma were 10 times more likely to develop chronic bronchitis and 17 times more likely to develop emphysema, even after controlling confounding factors such as smoking. The US researchers say their findings challenge the view that asthma and COPD are distinct conditions with differing clinical courses. They call for further studies looking at the mechanism behind the apparent link. This may explain why some apparent asthmatics seem to benefit from anticholinergics for chronic use. Silva GE, Sherril, DL, Guerra S, Barbee RA. Asthma as a risk factor for COPD in a longitudinal study. *Chest* 2004; 126: 59-65.

#### Email questions

Again over the last few months there have been some very interesting questions placed on the Respiratory Group email. Information has been shared within the group on the technique for **pleurodesis**, in particular the use of **sterile talc** since **discontinuation of parenteral tetracycline**. Also protocols have been shared on subcutaneous beta-2-agonists infusions. If you wish to have a copy of these protocols please join our email group or contact one of the Respiratory Group committee.

Finally, congratulations to Judith and Chris Green on their recent marriage. We wish Anna Murphy and Lynne Brown all the best for their forth-coming weddings. It is about time the Respiratory Committee were made honest women!

If you are a UKCPA member and would like to join our newsgroup, visit [www.ukcpa.org.uk](http://www.ukcpa.org.uk) and follow the instructions.

The Respiratory Group committee

## Caption Competition!



This issue we are looking for a caption for this picture! Email [admin@ukcpa.org](mailto:admin@ukcpa.org).

Also send humorous digital pics of UKCPA members (with their permission ideally) so we may use them here in the future. We won't say where we get them!

#### Captions from previous competition:

- I am the Dancing King Young and Sweet, Only Seventy! FA da Costa (winner)

- I always fall over in these high heels! S Carter  
- At the annual St David Day Ball, a hapless party-goer discovers discarded leeks can be as slippery as bananas. M Borthwick



# News from the Groups continued



## Education & Training Group

### The Committee

The Education and Training Group (E&TG) Committee welcomes Ros Meju as a new member. Ros is principal pharmacist for education and training at Blackpool Victoria Hospital. She is involved in preregistration and basic grade pharmacist training, mentoring diploma students and leads on CPD for pharmacists.

The E&TG committee thank Julie Sowter for her contribution to the team. Julie decided not to stand for re-election this time due to her increased work commitments. Julie was a member of the E&T committee for three years and during this time took the lead for organising the pre-registration pharmacists weekend symposium for two years running before handing over the reins to Alice Conway. Julie also helped organise the Interprofessional Education study day we ran in June and with plan and delivery of various workshops for both the spring and autumn symposia.

### Inter-professional education study day

The E&TG study day for 2004 was

held on 23 June in Leeds. Entitled *Inter-Professional Education: Direction and Development* the aim of the day was to provide a forum to facilitate critical debate on inter-professional working and learning. Hugh Barr, the President of the UK Centre for the Advancement of Inter-professional Education (CAIPE), focussed on the 'Direction' of IPE. The session included models of IPE, the difference between multi-professional and inter-professional education and a review of the evidence base.

This was followed by personal experiences of the development of IPE from Helen Evered (curriculum implementation co-ordinator, New Generation Project) and Helen Bradbury, Julie Sowter and Margaret Lascelles from the University of Leeds.

The afternoon sessions allowed participants to develop a network for IPE and also to focus on some of the challenges and solutions. Some of the identified challenges were evaluation of IPE, ensuring learning opportunities are appropriate to all participants, resources, ensuring continuity of initiatives and dealing with perceived differences in status. Suggested solutions were good facilitation, setting ground rules, seeking managerial support and dealing with issues of stereotyping.

The study day was attended by a wide range of pharmacists involved in education and training in a number of settings and attracted excellent feed-

back.

### UKCPA/GHP Spring Symposium 2005

The E&TG committee is planning a series of **workshops on 'Non-medical Prescribing'** for the Spring Symposium.

Details are currently being finalised but it is expected that the three sessions will focus on:

1. An overview of developments in non-medical prescribing including how the profession of pharmacy is taking this challenge forward.
2. Progress with non-medical prescribing including models of supplementary prescribing by pharmacists.
3. The move towards independent prescribing.

In order to shape the direction of our workshops we would like to hear your views and experiences of supplementary prescribing and the move to independent prescribing.

You may find it useful to read this article discussing pharmacist prescribing as part of practice within the service model described. Then please email your comments to the E&T e-discussion group. Tanna N. Care of the elderly - an osteoporosis medication management clinic. *Hospital Pharmacist* 2004;11(6):231-238. Watch this space for further workshop details!

Jill Holden

Lead Clinical Pharmacist

## AfC (continued from page 1)

There can be some differences in other factors (usually by not more than one level in 5 factors).

The matching process is done by a team of trainer matchers (usually 2 staff side and 2 management representatives) who evaluate the job description and person specification. It is important to remember they are comparing your job with other jobs in the organisation, not just other jobs on pharmacy.

### Assimilation

If the job has matched, the post holder will then be assimilated onto the pay scale for that band. Assimilation takes in to account only the basic pay (so EDA and London Weighting are excluded in the process). Individuals are then assimilated onto the point on the AfC pay spine above your current basic salary, and any enhancements then added. If your current basic salary is below the pay spine you will be assimilated onto the bottom "transitional point". If your current salary is above the top point of the pay spine you will be entitled for pay protection.

### Job analysis questionnaire

If your job does not match any nationally agreed

profile you will be asked to complete a Job Analysis Questionnaire (JAQ). The process we went through was that each non-match had to complete the whole questionnaire giving examples of how you would demonstrate your level of performance against all of the 16 factors. This is onerous, difficult and time consuming, but did generate the nationally agreed profiles.

If your job is completely unique, and does not match to any nationally agreed profile (not just those for pharmacists or pharmacy technicians - you could match against a professional manager profile or clinical scientist profile, for example), you may be asked to complete a JAQ.

### Changes in terms and conditions

**Hours:** All NHS staff under AfC will be contracted to work 37.5 hours per week. Pharmacists hours therefore decrease. In order to accommodate this there needs to be a changes in the way we work.

**Overtime:** Rostered overtime is paid at one and a half time the hourly rate for all overtimes hours except those worked on a Bank Holiday (paid at 2x hourly rate). There is no flexibility for local e.g. pharmacy specific, changes to pay. Under the current agreement there is currently no scope for people in band 8 or 9 to be paid overtime.

**On call:** For pharmacists the current on call payment (Emergency Duty Allowance) will be protected until 2007. After this there will be an arrangement where by a percentage enhancement is added to your basic salary depending on how frequently the on call occurs.

**Working outside normal hours:** Normal working hours in the agreement are classified as 7am to 7pm Mondays to Fridays for bands 1-7. For band 8 and 9 this changes to 7am - 10pm Monday to Fridays and 7am - 1pm Saturdays and Sundays. Any hours rostered and worked outside of these time will be considered "out side of normal hours. Payment will be a percentage enhancement on the basic salary. This percentage will increase depending on the number of hours worked outside these hours.

**Annual leave:** For pharmacists, annual leave entitlement currently increases with grade. Under AfC this changes to increasing with years of service. Everyone will start with 27 days that will increase to 29 after 5 years service. The maximum number of days (33) will accrue after 10 years service. This may affect mid grade pharmacists who change jobs.

Duncan McRobbie

Principal Clinical Pharmacist, Guy's and St Thomas' NHS Foundation Trust

# News from the Groups continued

## Cardiology Group

**News from the discussion group**  
**CLOPIDOGREL** was again the subject of debate – this time concerning the duration of treatment for patients with bare metal stents and drug eluting stents. Practice varied depending on the type of stent used and also for elective and acute presentations. More recently **NICE guidance** been published on the use of **clopidogrel in acute coronary syndromes** ([www.nice.org.uk](http://www.nice.org.uk) - technology ap-

praisal 80, July 2004) although this guidance still leaves the duration of therapy open to interpretation.

Questions were raised regarding the use of **METFORMIN** in patients undergoing coronary angiography. The recommendation from the SPC is that metformin should be 'discontinued prior to or at the time of the test and not reinstated until 48 hours after and only after the renal function has been checked and found to be normal' ([www.emc.medicines.org.uk](http://www.emc.medicines.org.uk)). Some centres preferred to stop met-

formin 48 hours prior to angiography.

Are any of you involved in **cardiac rehabilitation clinics** offering a medication review/up-titration service/supplementary prescribing? If so the group would like to hear from you.

### Study day 30 September 2004

Details have been circulated to all group members for this event.

Alison Warren

Cardiac Pharmacist

Brighton and Sussex University Hospitals Trust

## Study days

### New treatments and trends in diabetes care study day

This will be held on Sunday 10<sup>th</sup> October, at the Holiday Inn, Brig House, West Yorkshire.

This is a joint study day between the Yorkshire Region of the Royal Pharmaceutical Society of Great Britain and the Diabetes Group, UKCPA.

As UKCPA were invited by the RPSGB to join them in this venture, there will be no charge for the day.

The aims of the study day are to:

1. increase awareness of the evidence base for diabetes treatment
2. explore new roles for pharmacists in the care of people with diabetes.

Please contact the office to register.

For **Cardiology study day**, **Care of the elderly study day**, **Critical care study day**, **Infection management study day** and **Respiratory study day** see **News**.

## Awards

Submissions are invited for:

1. **Pfizer Patient safety award 2005**
2. **Unichem Community pharmacy/primary care award 2005**
3. **Wyeth Pharmaceuticals Education and training award 2005**

Closing dates 10 December 2004.

See right: the IVAX leadership award.

## Symposia

The **UKCPA Autumn Symposium** is **19-21 November 2004** in **Blackpool**.

The **Guild and UKCPA joint conference** is **15-17 April 2005** in **Glasgow**.

## IVAX UKCPA/Guild Leadership Award



United  
Kingdom  
Clinical  
Pharmacy  
Association

GHP

Guild of  
Healthcare  
Pharmacists



### IVAX Leadership Award 2005 Turning Vision into Action Closing date 10 December 2004

This new and exciting award aims to recognise excellence in leadership in any area of healthcare pharmacy at any level of practice. It is not restricted to senior managers and applications from practitioners at any level are encouraged.

IVAX are sponsoring this award up to £1500 for leadership development for individuals/teams. The successful submission will be presented at next year's joint GHP/UKCPA conference.

#### Award detail

Describe an initiative, project or development you have undertaken showing how you turned a vision into action.

Material included in *In Practice* is based on information available from resources at our disposal at the time of issue.

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You should include:

#### **Articulating the vision**

What was your vision and how did you create it?

#### **Motivation**

-How did you motivate your team?  
-How did you balance delivering the vision and achieving change whilst maintaining services?

#### **Learning**

-What are the key learning points from delivering the vision?  
-How did this further your personal development?  
-How did this develop your team?  
-Plan to utilise the award to continue your leadership development

**Submission:** A UKCPA/GHP submission form can be downloaded from the UKCPA website. Applications (max 1000 words) by 10 December 2004.



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