Executing the Royal Pharmaceutical Society’s medicines safety policy

In this article, Eileen Neilson describes how the Royal Pharmaceutical Society’s medicines safety policy was formulated and how it will be taken forward in the future by the new professional body’s national pharmacy boards.

Having heard their advice, I commissioned a report from leading patient safety expert Charles Vincent, of Imperial College London. He appointed a team of researchers led by Nick Barber, of the London School of Pharmacy, to examine the current state of knowledge about medicines safety in the UK and make recommendations about how medicines safety could be improved. The report had a particular focus on the role of pharmacy in improving medicines safety and the ways in which the new professional body could promote such improvements.

The board has now decided how they wish to take forward the issues and recommendations of the medicines safety report. Their priorities differ, reflecting differences between the three GB countries and the two countries of the UK and make recommendations about how medicines safety could be improved. The report had a particular focus on the role of pharmacy in improving medicines safety and the ways in which the new professional body could promote such improvements.

The next stage was to draw up an implementation plan, which I prepared in draft then took to the Society’s national pharmacy boards, Public Liaison Group and Science Committee for discussion.

The plan suggested a range of actions covering the short, medium and long term, some to be led by the new professional body and others where external organisations would have a crucial role.

I also had informal meetings with organisations that had expressed an interest in being involved in implementing the report, including the National Patient Safety Agency, the Medicines and Healthcare products Regulatory Agency, the Pharmaceutical Services Negotiating Committee and the NHS Institute for Innovation and Improvement. There was a high level of support for the report’s recommendations and a number of additional recommendations were suggested. I reported the results of these discussions to the Society’s Council in July 2009 and the Council agreed to remit implementation of the report to the national boards.

The boards have now decided how they wish to take forward the issues and recommendations of the medicines safety report. Their priorities differ, reflecting differences between the three GB countries and the place of this work in each board’s overall work programme. The boards are all keenly aware of the need to target funding and effort where they can make a real difference, and to avoid duplication with other safety initiatives. Their priorities may change again when the new pharmacy contract in place.

England The English Pharmacy Board has decided to focus on the medicines safety portal (recommendation 9 of the report). Howard Duff, director for England, said that following discussions with NPSA, a project plan will be presented to NPSA’s medication safety forum next week with a bid for £40,000 of Department of Health funding to set up the portal and run it for the first year. The portal will enable pharmacists, GPs, nurses and possibly the public to find evidence and policies that promote good practice in medication safety.

Wales Paul Gimson, director for Wales, said that the Welsh Pharmacy Board is developing a strategy to promote medicines safety through its support to members and its influencing role in Wales. This will include working with other agencies and influencing politicians, the Welsh Assembly Government and the NHS in Wales. The board is planning to lobby on how pharmacist prescribing can improve medicines safety (eg, through prescribing advice, concordance and increasing the number of pharmacist prescribers). A seminar is being planned to explore an all-Wales approach to implementing the NPSA’s lithium alert card. The board will also work closely with the “1,000 lives” campaign, much of which is concerned with saving lives through better management of medicines. An early focus of the campaign has been on managing anticoagulants, and the next topic to be addressed will be systems and processes for medicines management.

Scotland Aileen Bryson, principal policy adviser in the Society’s Scottish Department, said that the Scottish Pharmacy Board is taking forward the work on medicines safety in conjunction with the Scottish Patient Safety Programme, an NHS Scotland initiative. The board has prioritised four key issues: leadership for the profession, by ensuring pharmacy is integrated into all aspects of the SPSP; improving adverse drug reaction reporting in community pharmacy through the public health service element of the community pharmacy contract; a campaign to improve pharmaceutical care to patients living in care homes; and promoting the value of medicines, eg, by highlighting best practice and working with patient groups and the public to increase their understanding of medicines risks.

In conclusion, implementation of the medicines safety report is one of the first areas where the national boards rather than the Council are taking the lead on a GB-wide issue.

This is an important step in the transition to the new devolved professional body. Much will be learnt in the process and it is to be hoped that this learning will be of value to the new national pharmacy boards and professional body Assembly.

Eileen Neilson, former head of policy development at the Royal Pharmaceutical Society, is an independent consultant (e-mail eileen.neilson@gmail.com)

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