Introduction

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Hospital pharmacy

It may be tempting to say that definitions and boundaries 'used to be clearer' at some point in the past, blaming the blurring of identities on the postmodern world. For hospital pharmacy, I think such a claim would mislead. Whilst there would be common agreement on certain activities being 'pharmacy' undertaken in what is clearly a 'hospital', there has never been a definitive, universally accepted description of what hospital pharmacy comprises. Neither has there been a clear demarcation of what falls outside hospital pharmacy's remit. For example, does hospital pharmacy include dispensing for hospital outpatients? In Scotland, and in some English trusts, dispensing for hospital outpatients is not part of the service provided by the hospital pharmacy. Do the community pharmacies dispensing for hospital outpatients (FP10HPs in England) consider themselves part of the hospital pharmacy service? What of hospitals that employ pharmacists who give direct advice to general practitioners – is it hospital pharmacy when based in the hospital building and primary care when based in the surgery? Certainly, the arrival of primary care trusts and the development of care trusts could further blur the boundaries. Lack of a precise definition for hospital pharmacy is not unique to the UK. In his book on hospital pharmacy in the USA, Hassan uses a 1951 American definition which describes a service under the direction of a pharmacist 'from which all medications are supplied', 'where special prescriptions are filled', where injectables '*should* be prepared', where supplies are '*often* stocked' – clearly room for some variation [1].

Having acknowledged that the edges may be fuzzy, we can note that there have been attempts to describe key functions and responsibilities of hospital pharmacy services. In 1955 the Linstead report on the hospital pharmaceutical service included a statement of the key

functions [2]. These included dispensing, promoting economy in usage and 'instructing or advising those who handle the material provided'. The buzzwords of the current provision of health care and some of the current roles may be missing, but the report contains the essential principles on which hospital pharmacy still works. In the 1980s the English Regional Pharmaceutical Officers developed standards for the service: the second edition (1989) contained 28 areas of practice [3]. These standards describe what is expected if a specified service is present; the standards mention purchase, supply, clinical and drug information amongst others. Similarly, the Chief Administrative Pharmaceutical Officers in Wales drew up a standards document, which was developed into a document describing the constituents of a comprehensive pharmaceutical service and which supported audit against the standards set [4].

Taking a patient's perspective, hospital pharmacy can be described as: providing medicines, information and advice to inpatients and outpatients, as well as to the health professionals and others giving them health care. There is, of course, much more to hospital pharmacy services than the patient sees. Ensuring the appropriate purchase of medicines, establishing safe systems to store and supply medicines, decision-making on formularies, budgetary planning and many other roles surround the provision of care. In *A Spoonful of Sugar*, the Audit Commission makes clear its expectation that pharmacy should be a patient-centred service, closely linked to the rest of the clinical team [5]. Reducing risk to patients and reducing financial risk to organisations are described as key pharmacy functions. Inevitably, to achieve these functions, education and training, management, quality assurance, research and application of information technology are required to underpin the service.

In summary, hospital pharmacy is about ensuring that medicines are available and are used safely and effectively by informed patients and professionals both within the environs of a hospital and beyond. The service has moved a long way in this direction since the Noel Hall Report of 1970 [6]. The report stated: 'the pharmacist can no longer be regarded as only a dispenser of medicines ... he has also to co-operate with medical and nursing staff in securing the most effective safe and economical use of drugs'. The report was an important landmark for hospital pharmacy. Later chapters should make clear that at least some of the potential identified in 1970 has been achieved. The progress made means pharmacists and other pharmacy staff are key members of the 21st-century hospital health care team, contributing over a broad range of duties towards effective patient care.

Documents key in hospital pharmacy's development

The NHS and pharmacy have changed significantly over the last 30 years. For hospital pharmacy I believe five key documents are worthy of mention in this introductory chapter. Two have already been mentioned; all will crop up again in later chapters. The list is not comprehensive for pharmacy and does not attempt to include some important NHS policy documents that have had a major impact on the service; chapter 2 will touch on some of these.

The Noel Hall Report (1970)

This was the report of a committee established in 1968 to review pharmaceutical services in the NHS. In addition to the quotation given above – pharmacy isn't just dispensing – the report identified the need for cooperation between departments to avoid a fragmented ineffective service, for a good career structure and for good training for pharmacists and their staff. The 1974 reorganisation of the NHS (see chapter 1) opened the way for implementation of cooperation on a district and area basis. Training opportunities and specialised posts have developed well since that time, although staff shortages can still disrupt [6].

The Nuffield Report (1986)

This was a report to the Nuffield Foundation following an inquiry of a committee led by Sir Kenneth Clucas that ranged across the whole of pharmacy practice and the profession. The recommendations included the statement 'clinical pharmacy should be practised in all hospitals'. Movement of tasks to support staff and the need for additional resources were identified. Cooperation on 'drug information', manufacturing and quality control was commended, as it was in the Noel Hall Report. More research, pharmacists reporting adverse drug reactions, 24-hour cover, increased pay for basic grades and better career structures for technicians were amongst the other recommendations [7].

The Way Forward health circulars (1988)

Issued by the various home-country NHS bodies, these circulars stated clearly the need for effective clinical pharmacy services throughout the NHS. Though implementation and resourcing were left to local decision-making, these circulars gave the service considerable impetus and

the opportunity for hospital pharmacy mangers to develop their clinical services [8].

Pharmacy in the Future (2000)

This document was made pharmacy's piece of *The NHS Plan* [9]. Meeting the needs of patients, getting the most from medicines and using the pharmacist's expertise were central themes. Much of the document deals with pharmacy's community role, but reengineering hospital pharmacy services to deliver the best standards was emphasised – practices already seen in some hospitals. 'One-stop dispensing' (see chapter 3), self-administration and pharmacists working on admission wards are given as examples of good practice. Pharmacist prescribing was proposed as a way of using pharmacists' skills and giving a better service for patients [10]. For Scotland *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland*, issued in 2002, lays out the strategic direction for pharmacy; its recommendations include self-administration schemes and medication review before discharge [11]. In Wales the Task and Finish Group on Prescribing gave advice on a range of issues related to prescribing and medication [12].

A Spoonful of Sugar (2001)

The Audit Commission document *A Spoonful of Sugar* accompanied a major audit exercise undertaken across hospital pharmacy departments. It dealt with medicines management in NHS hospitals, pointing out the hazards of medicines as well as their potential benefits. Patient safety and financial stability were identified as at risk where medicines management is not done well. Amongst the 33 recommendations were: to invest in electronic prescribing and automated dispensing, to ensure enough pharmacy staff for clinical pharmacy, to ensure all hospital staff are trained for their roles with medicines, to introduce one-stop dispensing and to use original packs. The document was an important endorsement of the role of pharmacy in the NHS [5].

Conclusion

These documents have been part of hospital pharmacy's progress; some of the themes recur and have not yet seen full implementation. The NHS and pharmacy in the NHS will not become static. The development of pharmacist prescribing, the increased use and usefulness of information

technology and robotics and the development of specialist practitioners will mean that hospital pharmacy continues to progress. The need for the pharmacist and the pharmacy technician with their support team to help plan for, organise and deliver health care is great. I hope this book assists in that process by informing and preparing them for their roles.

References

1. Hassan W E. *Hospital Pharmacy*, 5th edn. Philadelphia: Lea and Febiger, 1986.
2. Standing Pharmaceutical Advisory Committee. Ministry of Health. *Report of the Sub-committee on the Hospital Pharmaceutical Service*. London: HMSO, 1955.
3. Regional Pharmaceutical Officers' Committee. *Standards for Pharmaceutical Services in Health Authorities in England*, 2nd edn. 1989.
4. Morgan D, Way C, eds. *Standards for Pharmaceutical Services in Health Authorities and Trusts in Wales*. Directors of Pharmaceutical Public Health and Chief Pharmacists' Committee (Wales) 1997.
5. Audit Commission. *A Spoonful of Sugar – Medicines Management in NHS Hospitals*. London: Audit Commission, 2001.
6. Hall N, chair. *Report of the Working Party Investigating the Hospital Pharmaceutical Service*. London: HMSO, 1970.
7. Clucas K, chair. *Pharmacy: The Report of a Committee of Inquiry Appointed by the Nuffield Foundation*. London: The Nuffield Foundation, 1986.
8. Department of Health. *The Way Forward for Hospital Pharmaceutical Services*. HC 88 (54). London: Department of Health, 1988. Also WHC 88 (66) (Wales) 1988 and 1988 (GEN) 32 in Scotland.
9. Department of Health. *The NHS Plan*. London: The Stationery Office, 2000.
10. Department of Health. *Pharmacy in the Future*. London: Department of Health, 2000.
11. Scottish Executive. *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland*. Edinburgh: Scottish Executive, 2002.
12. National Assembly for Wales. *Report of the Task and Finish Group on Prescribing*. Cardiff: National Assembly for Wales, 2000.

Further reading

Audit Commission. *A Spoonful of Sugar – Medicines Management in NHS Hospitals*. London: Audit Commission, 2001.

Clucas K, chair. *Pharmacy: The Report of a Committee of Inquiry Appointed by the Nuffield Foundation* (Chapter 4). London: The Nuffield Foundation, 1986.

Department of Health. *Pharmacy in the Future*. London: Department of Health, 2000.