Could pharmacy staff become involved in medicines administration on the wards? The small print of Lord Carter’s independent report into operational productivity and performance suggests so.

The report, recently received by acute hospitals, highlights “unwarranted variation” in a number of areas of hospital care, including a significant focus on the use of medicines and growing expenditure in hospitals. Tucked away on page 31 is a diagram to represent activities that hospital pharmacy services should principally concern themselves with. This includes all the usual undertakings, such as medicines reconciliation, prescribing and ward-based pharmacy. However, it also includes “medicines administration”. There is no other reference to this in the report, and more importantly, no mention of the benefits (or risks) of having hospital pharmacy staff undertake the administration of medicines. Neither is there any indication that nurses have been included in the decision to include this recommendation, nor if they view the interpretation of medicines administration as a solely “technical task”.

That said, there does seem to be interest in this development, driven in part by the challenges of nurse recruitment, but also because the volume and complexity of medicines prescribed to hospital inpatients is growing markedly. In its 2001 review of medicines management in NHS hospitals, A Spoonful of Sugar, the Audit Commission estimated that nurses spent approximately 40% of their time on the administration of medicines. Data from my own hospital suggests that the figure is now likely to be about 60%. The audit argued that encouraging patients to administer their own medicines during admission could reduce the impact of this task on nurses, and promote greater patient independence. In reality, the increasing acuity and dependency of the hospital inpatient population has meant that, in general terms, self-administration has never had the impact that was once anticipated - and is unlikely to in the future.

Most hospitals have registered pharmacy technicians working on their wards and coordinating the supply of medicines. Many will provide advice to patients and staff about medicines, and are seen as an integral part of the ward team. The idea of extending the role to include aspects of medicines administration does have some appeal. Many will have skills in the aseptic preparation of injectable medicines and could be used to support the preparation of IV infusions. They could assist in identifying patients who might be suitable to self-administer medicines, or are likely to experience problems after discharge.

This proposal could undoubtedly improve “medicines optimisation” for hospital patients and give nurses much needed support. However, medicines administration is not a task and requires detailed knowledge of the patient, so it is vital that nurses, pharmacists and technicians work together to bring about safe, effective change. NT

Martin Shepherd is head of medicines management at Chesterfield Royal Hospital Foundation Trust

An expert group carried out a review of end-of-life care and developed some key messages to help organisations identify areas for improvement. The group summarises the main findings on page 16. Better Endings, which was funded by the National Institute for Health Research, looks at how the right care must be delivered in the right place and at the right time. It raises many pertinent questions for organisations to consider: how are patients who need palliative care identified in the community and in the hospital? What kind of ongoing support is there for care homes? How are staff being supported to discuss with patients and their families plans for their next phase of care?

These are all key questions and will undoubtedly lead to improvements in care. How would they be answered where you work?

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