



Paediatric Pharmacy

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INTRODUCTION & METHOD

- The pharmacy workforce input into paediatric renal services was reviewed via a questionnaire as part of a larger review of pharmacy services within paediatric renal units. Due to the lack of dedicated staff within the units and the diversity of remits it was necessary to follow up some of the questionnaire answers with further questions in order to obtain as close a picture as possible to the reality of the pharmacy staff involved in the paediatric renal units.
- The data below is an amalgamation of raw data and written and verbal comments. It is intended to reflect approximately the current situation and give detail on the perceived future workforce needs with reference to the relevance of the changes. This data has been reviewed by the centres providing paediatric renal services and by the committee of the Neonatal and Paediatric Pharmacists Group (NPPG).

CURRENT STAFFING

- There are 13 pharmacists directly involved in paediatric renal pharmacy. The wte at the sites varies from 0.06 - 0.6
- The median grade of pharmacist is D-E expressing the need for fairly senior grade pharmacists

ROLES & RESPONSIBILITIES

- Prescription Monitoring
- Risk Management
- Formulation Assessment
- Discharge Planning/Seamless Care at the Tertiary/Secondary/Primary
- Ensuring Cost effective prescribing - budget management
- Monitoring, advising and teaching on Drug Handling in renal impairment in paediatrics
- Patient / carer counselling
- Actively reviewing Formulary / Guidelines / New Drugs
- Research / Audit and development

DEVELOPMENTS & INITIATIVES

These initiatives have been taken up by some but not most of the units at present, but should become standard practice.

- Centralised Intravenous Additive Services
- All new patients to a unit should have a drug history taken or checked by a pharmacist.
- In-patients should be run on a basis of "One stop dispensing" with carer/child self medication when ever suitable.
- Medicines Management should be conducted in such a way as to enhance the long term outcome of the child

THE WIDER PHARMACY TEAM

- Extend the role of the pharmacy technician in terms of assessing Patients Own Drugs (POD,s); Medicines Management Schemes; filling and assessing Medication Trays to aid compliance with complex medication regimen.
- It is important to remember community pharmacists playing a role in the dispensing of many of these medications in the community. About 50% of these medications are being used outside their licence.

RECOMMENDATIONS

5 Year Plan

	Now	3 years	5 years
Small centres (<3 million covering population)	0.5 wte	1	1.5
Medium centres (3-6 million covering population)	1 wte	1.5	2
Large centres (>6 million covering population)	1.5 wte	2	2.5

- Due to the complexity of the paediatric renal patient these should be pharmacists of high standard (within the grading system as it stands D grade upwards)

Small/Medium centres	0.5 wte technician
Large centres	1 wte technician

- It is also essential for all sites to have access, 24 hours a day, to a member of the pharmacy team for advice.
- Patient care from the paediatric renal pharmacist should probably be carried out on a 6 or 7 day a week service and not a 5.

REFERENCES

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