#TEXTJeff WattlingChiefPharmicist-Friday
#CODEF1
can only provide what was issued to wards
#ENDCODE
#CODEF3
Controlled Drugs always issused to stock:- normal practice in NHS
Total monthly issues:-Produced sheets
See attached papers
Summary of medicine use 1999-2001
Spreadsheet and computer sheets offered, showing reduction in stock provided to wards of drugs in question.
#ENDCODE
#CODEF1
Policy Discharge(Pharmacy Input)
In respect of prescribing-people driving it at ward level-divisional level
(Paula) or trust wide(Kevin).These people drive at appropriate level.
#ENDCODE
#CODEF2
Policy Discharge(Pharmacy Input)
In respect of prescribing-people driving it at ward level-divisional level
(Paula) or trust wide(Kevin).These people drive at appropriate level.
#ENDCODE
#CODEB3
In respect of total medicines Policy that has been recently revamped
#ENDCODE
#CODEB2
Kevin has led at trust level, with prper input from other Profs and has been developed together with partners in health community.
#ENDCODE
#CODED10
Pharmacy vacancies fairly recent. Pharmacists based in same office. So have adhoc opportunities for meeting and discussions
More of a problem at ward and dept level because of diverse nature of trust. Information sent to wards, but people do not always read what is sent.
#ENDCODE
#CODED11
Jeff apprasises team in 'cascade fashion
#ENDCODE
#CODEK1
members of pharmacy staff e.g. Paula, could repeat problems to Jeff and this was done in respect of Jean Dalton. Trust has attempted to handle her dismissal difficulties, sickness etc no problem with her clinical work , 'attention to detail' pension (Paula is Pharmacist who had resigned).
#ENDCODE
#CODEI4
members of pharmacy staff e.g. Paula, could repeat problems to Jeff and this was done in respect of Jean Dalton. Trust has attempted to handle her dismissal difficulties, sickness etc no problem with her clinical work , 'attention to detail' pension (Paula is Pharmacist who had resigned).
#ENDCODE
#CODEF1
No Pharmacist expressed concern during Police Interviews that prescribing may be taking place outside of palliative care guidances.

#ENDCODE
#CODEF1
BNF guidelines allow for large range of dosage of morphine
#ENDCODE
#CODEF1
Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
#ENDCODE
#CODEH1
Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
#ENDCODE
#CODEK1
Pharmacists book for existence of guidance, and whether they are being adhered to by prescribers
#ENDCODE
#CODEF1
Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
#ENDCODE
#CODEK1
Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
#ENDCODE
#CODED11
pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
#ENDCODE
#CODEF1
pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
#ENDCODE
#CODEK1
pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
#ENDCODE
#CODEF1
there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions.
#ENDCODE
#CODEF3
there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
#ENDCODE
#CODEK1

there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
#ENDCODE
#CODED11
there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
#ENDCODE
#CODED10
Present pharmacy vacancies are prechanging sole detailed audit work onpharmacy interventions that rust would like to undertake.
#ENDCODE
#CODENC
Have filled sickness vacancies by going over budget
#ENDCODE
#CODEK1
Confidence in systems to pick up errors in prescribing 5/10
#ENDCODE
#CODEF3
recording systems- plain to understand incidents and can remind pharmacists to be alert and report.
Problem of pulling right data would need a good IT system to provide comparative data.
#ENDCODE
#CODEK1
Would like IT system to captivate data e.g hand held help anaylsis
Its presented BCs for improving pharmacy IT.
#ENDCODE
#CODEF1
Would like IT system to captivate data e.g hand held help anaylsis
Its presented BCs for improving pharmacy IT.
#ENDCODE
#CODEF3
Would like IT system to captivate data e.g hand held help anaylsis
Its presented BCs for improving pharmacy IT.