

#TEXTJeffWatling

Chief Pharmacist 7.1.02

#CODENC

Pharmacy Services Manager for Portsmouth NHS Trust. Before that: SE Hants. In post since 1983.

#CODEB1

Responsibilities across Portsmouth and SE Hants.

#CODEB2

Accountable to Division Manager for Clinical Support in Portsmouth. He provides services through SLA to this Trust. Liaises with Finance Director.

#ENDCODE

#CODENC

Non-trading part 87 staff 23 or 24 are pharmacists. He is based at QA. Service from QA, St Mary's and St James' (three locations).

#ENDCODE

#CODEF1

Service to Trust is managed by a Grade E Pharmacist (Paula Diaper) and 2 pharmacists elderly and mental health + community. She also has staff at QA.

#ENDCODE

#CODEB2

Service to Trust is managed by a Grade E Pharmacist (Paula Diaper) and 2 pharmacists elderly and mental health + community. She also has staff at QA.

#ENDCODE

#CODED4

Service to Trust is managed by a Grade E Pharmacist (Paula Diaper) and 2 pharmacists elderly and mental health + community. She also has staff at QA.

#ENDCODE

#CODED4

Pharmacists appraised annually, but seen 3 monthly formally, and informally monthly.

#ENDCODE

#CODED4

Paula Diaper is accountable to Mr Watling.

#ENDCODE

#CODED4

Jane Marshall deals with elderly pharmacy matters, accountable to Paula Diaper who concentrates on Psych services.

#ENDCODE

#CODENC

Jane is lead for elderly and works independently and works with Ann Dow, one of the geriatricians.

#ENDCODE

#CODEF1

Inappropriate use of medicines - unless serious it is taken up by the pharmacists; only involve chief if they do not make progress with clinical staff.

#ENDCODE

#CODENC

Some audit undertaken on his services, simplification of regimes. But struggle to provide the basic services.

#ENDCODE

#CODEI3

Training/supervision. Staff work towards Clinical Pharmacy diploma - at least it is on offer. Also might do Health Economics Diploma. Helps recruitment - training is funded 0.5 days a week.

#ENDCODE

#CODEF1

Guidelines. Formulary in medicine, approved by Committees. If involved with 1° care goes to a 1° care committee. Use external Guidelines if appropriate.

#ENDCODE

#CODENC

Specialist Use - System can designate special medication to certain specialities. Eg special for ophthalmology.

#ENDCODE

#CODEF1

Anybody can prescribe diamorphine/haloperidol/Midazolam. They do challenge large doses written by Junior Doctors.

#ENDCODE

#CODENC

Cannot improve checks without computerisation. In general the dose range of diamorphine has narrowed. A computer system would provide the historic use for an individual.

#ENDCODE

#CODEI1

Training to other staff. He regards as "totally inadequate" - Doctors & Nurses become theoretical rather than practical. Training not taken seriously by the pupils, even though pharmacists do regard it as serious. Participate in Induction.

#ENDCODE

#CODEI2

Training to other staff. He regards as "totally inadequate" - Doctors & Nurses become theoretical rather than practical. Training not taken seriously by the pupils, even though pharmacists do regard it as serious. Participate in Induction.

#ENDCODE

#CODEI1

No input into training GP Clinical Assistants. Does not know if pharmacists train nurses on syringe Drivers.

#ENDCODE

#CODEI2

Attended syringe driver/drug competency course - 98 - 01 from Dryad/Daedalus Wards.

#ENDCODE

#CODEF1

In process of putting guidelines on Intranet - but not generally available "Compendium of Drug Therapy Guidelines". Would not be aware if prescribing had changed since 1998.

#ENDCODE

#CODEF1

He does business orientated committees.

#ENDCODE

#CODEC4

Comments on culture of care 98 vs NOW - "I wouldn't know".

#ENDCODE

#CODEA3

Services from Pharmacy have improved to Elderly Care Wards at QA - no resource to put in more time to "outposts" eg GWMH.

#ENDCODE

#CODEA3

SAFF process not helping bolster Pharmacy Services.

#ENDCODE

#CODENC

He was involved with Police Inquiry to explain controlled Drug records. Pharmacy have had limited involvement "not outrageous quantities" being used. Vanessa may be able to advise us better - goes to local hospice "The Rowans". Concerns do get flagged up. Much is settled at a lower level. He get to know if it is not resolved.

#ENDCODE

#CODEB1

Eg. Intrathecal drugs, DoH wanted consultant only use. Trust wanted a Waiver agreed to by the CEO.

#ENDCODE

#CODEI3

At the time the doses were not considered excessive, but not in a position to comment on the appropriateness of the use in the individual case.

#ENDCODE

#CODENC

Active service is in MAU and Medicine - help check patients in and help with discharge.

#ENDCODE

#CODEB1

Audit Commission "spoonful of sugar" - recommended more pharmacy involvement in clinical areas, warning of high doses.

#ENDCODE