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**BENCHMARKING NEONATAL PHARMACISTS TIME IN THE UNITED KINGDOM**Abigail Mee. *Bristol Children's Hospital Paediatric Chief Pharmacist*

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**Aim** To benchmark current levels of Pharmacist staffing on Neonatal Units in the UK and compare this to the time per cot defined in 'British Association of Perinatal Medicine (BAPM) Service Standards for Hospital's Providing Neonatal Care' and the Pharmacist provision statements contained in 'Department of Health's toolkit for High Quality Neonatal services 2009'.<sup>1 2</sup>

**Method** a short online Survey monkey survey was developed and sent via the Neonatal and Paediatric Pharmacists Group (NPPG) email network to all NPPG registered pharmacists. The questions were designed to ascertain workload, Pharmacist time, funding of time and inclusion of neonatal unit work within job descriptions. The Pharmacists were then asked to compare this information against the Recommended Pharmacist provision as outlined in the British Association Perinatal Medicines Service Standards.<sup>1</sup>

**Results** 40 units responded to the survey covering 974 neonatal beds. All bar one result was from the UK leaving a total of 39 units for analysis

The average amount of Neonatal Pharmacists time spent on the wards is 6.7 minutes per cot. This is broken down as follows

Level 1 units n=3 average time/cot 3.3 min

Level 2 units n=15 average time/cot 5.7 min

Level 3 units (all) n=21 average time/cot 7.9 min

Level 3 units with surgery n=8 average time/cot 6.7 min

Level 3 units without surgery n=13 average time/cot 8 min

The number of units that complied with BAPM standards for neonatal staff time was 6 (15%). All of these were level 3 units.

12 (31%) of Pharmacists felt they have enough time to undertake the necessary duties even though 7 (18%) were not compliant with BAPM time. Of these 12 the time varied between 5–9 mins per cot and covered all unit levels. 28 (72%) responders did not feel that they had sufficient time to do the neonatal work. 20 (51%) of Pharmacists providing care to Neonatal patients stated did not have their role defined in their job description.

**Conclusion** Only (15%) of neonatal units are compliant with the British Association Perinatal Medicines Service Standards for pharmacist's time per cot, although a further 18% with cot time less than the BAPM standards were happy with the available time they have to provide care. It is clear that the current level of funding assigned within hospitals for the pharmaceutical care of neonates is still low with many staff diverting funding for other posts or areas to provide this. I would encourage all Trusts to review their current provision of Pharmacist time on their neonatal unit against the BAPM standards. I would also encourage them to ensure that their neonatal unit Pharmacists duties are clearly defined within their job description, to ensure compliance with The Department of Health's Best Practice Standards.

## REFERENCES

- 1 British Association of Perinatal Medicine. British Association of Perinatal Medicine Service Standards for Hospitals Providing Neonatal Care 3rd edition. 2010.
- 2 Department of health. Toolkit for high quality Neonatal services. October 2009. [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 23 Jun 2014).