Finally, I note Dr Holyoake is a clinical oncologist by specialty, which illustrates there is a demand in non-respiratory higher specialist trainees to learn bronchoscopy in view of techniques such as bronchoscope-guided radiofrequency ablation and brachytherapy (anaesthetics and interventional radiology being the other specialties). It will be important for those with responsibility for bronchoscopy learning programmes to facilitate such cross-specialty interest without any negative impact on learning opportunities for higher specialist respiratory trainees. In this respect also, virtual bronchoscopy simulation is a welcome development.

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Clinical and scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Self-administration of medicines by inpatients: are we making any progress?

The central theme of the NHS plan is to empower patients to take an active role in the management of their conditions. Self-administration of medications (SAM) by patients in hospital improves compliance and comfort, and empowers patients as they are actively involved in their care.[1] The Audit Commission report in 2001 had shown variability in the uptake of self-administration policies in different NHS trusts.[1] The Healthcare Commission's review on medicines management in hospitals in 2005/2006 showed that only 19.5% of the eligible wards actually offered it.[2] It regards 'progress towards self-administration' as a performance indicator in the annual health check on the medicines management aspect of any hospital.

The opportunity for self-administration should be offered to all competent patients, especially where the timing of the medications is crucial, as with diabetes, Parkinson's disease and asthma.

In diabetes, most medications are to be taken around mealtimes. A document published by NHS Diabetes in March 2012 encourages patients with diabetes to self-administer and adjust insulin in collaboration with a healthcare professional.[3] An audit performed at Warrington General Hospital NHS Foundation Trust examined adherence to the SAM policy by staff in the context of diabetes medications and patients' knowledge and attitudes towards inpatient self-administration. There is currently little published evidence that explores patients' perspectives on this issue.

Fifty competent inpatients with diabetes were selected and data were gathered by interviewing staff and asking patients to complete questionnaires. Among those on oral agents (n=25, 50%), none were allowed to self-administer. 43% of these patients were not aware of the SAM policy and would have liked to self-administer (Fig 1). Patients in this group were between 57 to 88 years of age (median 70 years). In the injectable (n=25, 50%) group, 76% were aware of self-administration. 56% of these actually self-administered and 45% of those who didn't self-administer would have liked to (Fig 1). There was also a perceivable, but not quantified, ambivalence among the staff on this policy. A major limitation quoted as a hindrance to the execution of the policy was time constraint, as risk assessment for self-administration

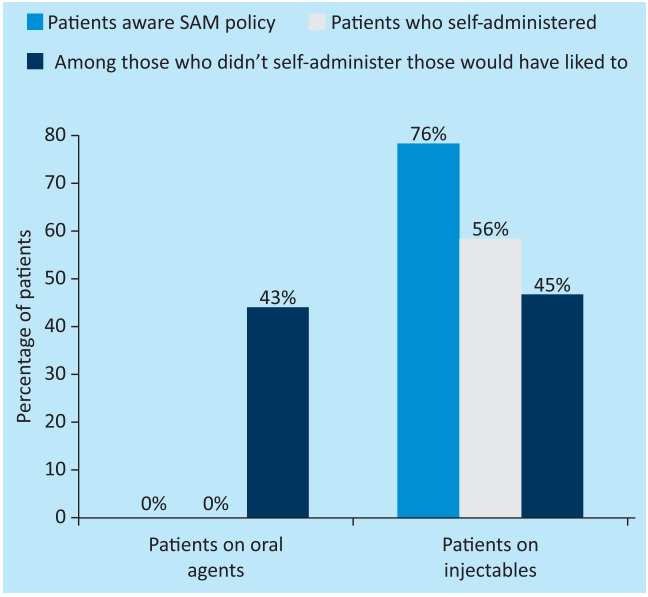

Fig 1. Awareness of SAM policy and level of self-administration among competent inpatients with diabetes. SAM = self-administration of medicines.

in the acute setting can be time consuming. It must also be reviewed regularly as the clinical condition of any patient can change over time.

There is a wealth of evidence supporting the benefits of inpatient self-administration.[4–7] Staff should embrace this policy to realise its benefits and promote patient autonomy wherever applicable. The initial investment on resources such as individual bedside cabinets and additional staff training in facilitating nurse administration can be offset by the long-term benefits to patients, reduction in prescribing errors and reduction in nurses' drug administration time. In the current financial climate, where the impetus is on increasing productivity, the focus would be on training current staff to learn new skills and work differently to adapt to a changing policy. This 'management inertia' can be overcome when every trust introspects its adherence to the self-administration policy, identifies areas for improvement and allocates the necessary resources towards its implementation.

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