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The Right Medicine - The Right Information Community Pharmacy Services Leaflets

Patients need clear, precise information so that they can make informed decisions.

Information is available from a variety of sources but patients are not necessarily aware of these. Anecdotal evidence suggests that locally produced information can be more effective than that delivered centrally. Information that can be displayed in pharmacies, GP practices and at local health promotion events appears to be well received. With many GP practices closed at weekends, availability of repeat prescriptions at times convenient to patients increases access and reduces the workload on out-of-hours services.

A questionnaire survey involving over 1,000 patients in South Central Edinburgh revealed that only 8% of patients who collected prescriptions from their GP practice used the pharmacy collection service, although 73% indicated they would use the service if it was explained to them.

Key findings from the patient questionnaire:

- 73% of patients would visit a GP rather than a pharmacist to ask a question about a drug
- 25% of patients had run out of their medication at some point, and of these patients, over 50% would wait approximately 48 hours until their prescription was ready for collection
- Another 15% would make an urgent appointment with their GP and 3% would borrow from a friend
- Several patients order all their repeat medication at the same time because it is convenient, *not* because they need the items, contributing to the £1 million spent each year on unused and wasted medication in Lothian

Following on from the questionnaire, funding was secured by the Lothian Repeat Prescribing Services Task Group, as part of the Right Medicine strategy. This enabled a community pharmacist to develop two

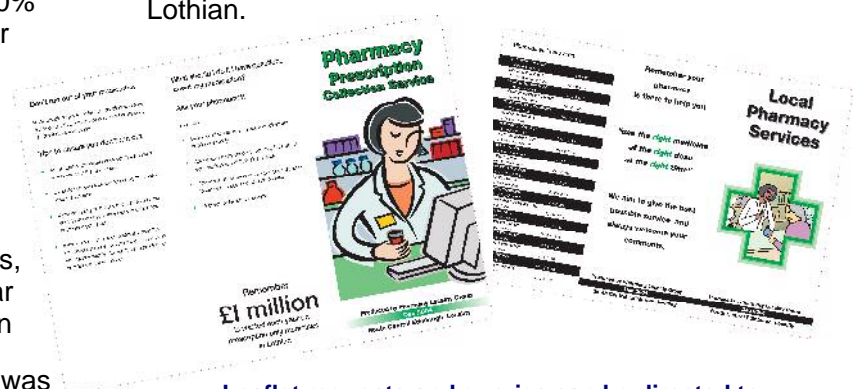
user-friendly patient leaflets, 'Pharmacy Prescription Collection Service' and 'Local Pharmacy Services'.

Draft leaflets were circulated to local surgeries, pharmacies and patient focus groups for comment and review. Final proofs were approved by South Central Pharmacy Locality Group.

What do the leaflets aim to achieve?

- Improved awareness by patients and healthcare professionals of the services pharmacists can provide
- Improved patient understanding and use of the pharmacy repeat prescription collection service
- Decreased waste and improved concordance with drug therapy
- A decrease in the number of appointments made with GPs and out-of-hours services for an urgent repeat prescription

The leaflets have now been circulated to pharmacies, GP practices, libraries and nursing homes. Further work may include translation into different languages such as Chinese, Arabic, Urdu and Bengali. This initiative has the potential to be rolled out across Lothian.



Leaflet requests and queries can be directed to
**Katie Johnston, Primary Care Pharmacist, South Central
LHCC, Katie.Johnston@lpct.scot.nhs.uk**

*Thanks to Martin O'Dwyer, Community Pharmacist,
Springwell Pharmacy, for contributing this article.*

NHS Lothian Pharmacy Education, Research and Development

Pre-registration Pharmacist Project Presentations 2005

The Lothian pre-registration pharmacist trainees presented their research projects at a seminar held at the Royal Infirmary, Edinburgh (RIE) on Thursday 24 March 2005.

Once again, the trainees demonstrated that their projects are significant pieces of work produced to a high standard, covering topics that reflect a range of developments in pharmacy practice in both primary and secondary care. There were five projects undertaken with some contributing to specific service developments and others building on and contributing to other projects. For the first time, one of the joint projects involved a hospital trainee and a community trainee working together.

DECISION MAKING IN PRESCRIBING

Debbie Magee (RIE) and **Becky Grainger** (Inch Pharmacy), working with **Sandra McNaughton** and **Doug Steinke**, compared the prescribing of statins and angiotensin-2 receptor antagonists in two GP practices matched in terms of 'Arbuthnott' populations (Arbuthnott being a formula to calculate population profile), to investigate the appropriateness of their drug budget allocations. They explored differences in prescribing to identify if the morbidity of the practice populations was being picked up or not.

In interviews with the practices, Debbie and Becky established background information and looked at the decision-making processes with respect to the use of screening clinics, guidelines and protocols, and the involvement of Primary Care Pharmacists (PCPs).

One practice adhered to the Lothian Joint Formulary (LJF), but statin prescribing was low indicating a possible unmet need. The second practice adhered to the LJF to a lesser extent, used higher doses and more second-line choices rather than first-line recommendations. The team concluded that there are potential 'pockets of poverty' within post-code sectors that are not accounted for by Arbuthnott, and further work needs to be done to determine unmet need.



APPLYING WARFARIN ASSESSMENT CRITERIA TO PHARMACY PRACTICE

Aileen Cameron (WGH) and **Sadaf Arshad** (RIE) investigated the feasibility of applying quality criteria to the pharmaceutical care of patients receiving warfarin. The project built on the [now launched] Lothian Warfarin Guidelines and a PhD study at the University of Strathclyde to develop an evidence based medication assessment tool. Their project supervisor was **Moira Kinnear**. The aim of Aileen and Sadaf's study was to explore the potential application of a limited number of the developing assessment criteria in routine pharmacy practice using data readily available in different settings including patient consultation. Fifteen criteria were selected covering initiation and continuation of therapy.

None of the selected criteria could be measured from data currently available in community pharmacies. Two criteria were measured using data available on GP practice computer and 8 from the hospital computer system. Lack of communication among professionals and across different settings was recognised.

All pharmacists considered a set of quality criteria to be useful, especially in hospital practice. Further work is required to define a minimum set of criteria to be applied routinely in each practice setting.

STANDARDS FOR THE USE OF PATIENTS' OWN MEDICINES IN HOSPITAL

A review of retrospective statistics and a survey of other centres enabled **Marjory Neill** (RIE), supervised by **Julie Blythe**, to explore the development of performance standards for the Patient Pack Initiative at the Royal Infirmary (one-stop dispensing). Marjory collected currently recorded data, including patients' own medicines used and orders completed. Potential performance standards were identified by literature review and a postal questionnaire was carried out to identify practice across the UK. From the responses, Marjory identified the application and usefulness of a range of performance indicators. The majority of the hospitals found discharge waiting times, the impact of technicians on the ward, the amount of patients' own medicines used and changes in dispensary workload to be the most useful performance indicators.

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Other less frequently used but potentially useful performance indicators may be number of patients counselled, formulary compliance, number of patients screened, and incident or near miss reports.

Marjory concluded that the best performance standard would be the amount of patients' own medicines used, although any measure requires careful interpretation in the context of other data available at ward level. A limitation is the need for a reliable source of data. Discharge waiting times would also be a useful area for spot check monitoring if data is available.

ASSESSING THE POTENTIAL IMPACT OF THE NEW EUROPEAN DIRECTIVE ON CLINICAL TRIALS

Sarah Eccleston and **Anneila Qurban** are undertaking a split hospital/industry pre-registration training year at the RIE and Quintiles. Their project was an assessment of the impact of the EU Directive (2001/20/EC) on clinical trials, from a hospital and an industry perspective, and their supervisor was **Phil Woodhead**. This Directive (see <http://medicines.mhra.gov.uk/ourwork/licensingmeds/types/clintrialdir.htm>), fully implemented on the 1st May 2004, sets standards for conducting clinical trials.

The Regulations provide a statutory basis for:

- standardisation of procedures for ethical and competent authority consideration and authorisation
- Good Clinical Practice (GCP) standards for commencing and conducting clinical trials
- Good Manufacturing Practice (GMP) standards for medicines used in clinical trials
- inspections against internationally accepted principles and standards of GCP and GMP, supported by enforcement powers.

Sarah and Anneila used questionnaires to gather opinions in each sector about how the Directive has affected individuals and their daily work practices, and the impact on resources.

In both sectors the additional time involved in preparing for trials was a significant issue, particularly in relation to documentation. Both sectors commented on the lack of formal training offered to staff and expressed views that this should be compulsory. From a financial perspective, those in the hospital sector felt that trials would be unaffordable without external resource (from pharmaceutical companies). Views varied in the industry sector. There was comment on business lost to companies operating outwith Europe due to reduced charges, but also comment that companies would be able to capitalise more by selling their services at a higher rate.

Sarah and Anneila concluded that there is some confusion and lack of awareness, particularly in industry, in relation to the Directive, and more training is required in both sectors. There may be potential for long term financial gain for industry, but this is not the case within the NHS, in terms of non-commercial investigations.

ASSESSING SELF-MEDICATION IN OLDER PATIENTS

The final project was conducted by **Ciara O'Rourke** (WGH) and **Michelle McLauchlan** (St John's) on the ability of older patients to self-medicate. Their work is linked to research being undertaken at the University of Strathclyde to develop a risk assessment tool for determining the ability of older patients to take their own medication, and their project supervisors were **Anne Kinnear** and **Garry Todd**.

Their objectives were to test the risk assessment tool and compare the data to previously collected data in Glasgow, and to design shortened versions of the tool and compare the performance of these to the original version. The performance of the tool was measured against subjective assessment by clinical pharmacists. This was different from previous work which used a nurse assessment as the gold standard.

The original risk assessment tool includes a nineteen-item questionnaire covering issues such as comprehension, communication, motivation, swallowing, reading labels, dexterity, and co-ordination, and the patients are scored as being able, able with assistance or unable to self-administer.

The sensitivity and specificity of the different versions of the tool were measured and results differed according to the gold standard used (i.e. pharmacist or nurse). Further work is required to develop the tool for application by any healthcare professional in any care setting.

Full details and reports of all the projects are available by contacting the Education, Research and Development (ERD) team, who wish to gratefully acknowledge the support and guidance of the tutors and supervisors in the conduct of the pre-registration pharmacist projects. Project proposals have now been submitted for 2005-06, all of which are aimed at achieving the recommendations of 'The Right Medicine'.

If you have a proposal and you are prepared to supervise a project, please contact Stephen Peddie, stephen.peddie@luht.scot.nhs.uk (0131 537 2550) or Moira Kinnear, m.kinnear@strath.ac.uk (0131 537 1216).

Thanks to Stephen Peddie, Principal Pharmacist, ERD and Moira Kinnear, Head of ERD, NHS Lothian.

News From West Lothian

Pharmacy Locality Group, Community Health and Care Partnership, NHS 24

The PLG

The West Lothian PLG was formed in 1998 and has a membership comprising of primary and secondary care colleagues.

A lead pharmacist was appointed, followed a year later by the appointment of a deputy. In February 2002, 'The Right Medicine' called for locality groups to be set up to involve all community and hospital pharmacists within an LHCC boundary. The aim was to deliver seamless pharmaceutical care to the patients of Scotland and to ensure equity of access to current and future services. As an integrated trust, multi-disciplinary working in West Lothian was successful in that the lead and deputy were invited to join an increasing number of committees and groups. In order to spread the workload, a steering group was formed in 2002. Members of the steering group were then invited to attend various committees and were responsible for fulfilling any action points and feeding back to both the steering group and the wider locality group meetings.

Committees and Groups currently attended by WL PLG steering group members include:

WEST LOTHIAN

Drug and Therapeutics Committee
Primary Care Prescribing Forum
Drug Treatment and Testing Orders Steering Group
Community Pharmacy Management Group
Primary Care Development Management Team
Primary Care and Independent Contractor Group

PAN-LOTHIAN

Locality Drug Problem Assessment Clinic Steering Group
Lothian PLG Leads
Lothian Supervised Consumption of Methadone Group
Lothian Out-of-Hours Management Group

The next WL PLG meeting will be held on 6th September 2005 at St John's Hospital, Livingston.

The CHCP

With the introduction of the WL Community Health and Care Partnership (CHCP) on 1st April 2005, the remit of the PLG is set to increase. The PLG intend to invite applications for the pharmacist representative on the CHCP sub-committee. This person will then attend the 6-weekly CHCP sub-committee meetings and be the figurehead for the locality. The sub-committee will have representatives from a range of professions including social work, pharmacy and the voluntary sector and will be charged with influencing and implementing policy, strategy and decisions. It will also provide expert advice to the CHCP.

The CHCP intends that each professional group, the voluntary sector and the public will have a West Lothian forum where issues relevant to that group will be discussed. The WL PLG provides such a forum for its members. To support the CHCP pharmacy representative the steering group will evolve to become the executive committee of the WL PLG.

NHS 24

The partnership between NHS 24 and community pharmacy is not yet fully integrated. NHS 24 can refer patients to pharmacies but as yet do not have the facility to forward information. Electronic links in the future could facilitate this transfer of extremely useful and welcome information. The WL PLG carried out an audit of referrals from NHS 24 to community pharmacy to determine if these referrals had been appropriate. The audit ran over a 3-month period from mid-October 2004 to mid-January 2005, thus taking the festive season when GP practices were closed for 4 days over Christmas and New Year. Initial findings show an increased number of referrals for over-the-counter medicines, emergency supplies of prescription medicines and emergency hormonal contraception during the festive season and at evenings and weekends. A report is currently being produced.

Thanks to Andrea Smith, Primary Care & Community Pharmacy Support Pharmacist, St. John's Hospital, Livingston.

If you have any comments on Pharmacy News, or wish to contribute to a future issue, please email:

anne.gilchrist@lpct.scot.nhs.uk

Deadline for submitting articles for next issue: end July 2005.