

Pharmacists should dispense information

By Steve Tomlin, consultant pharmacist children's services, at The Evelina Children's Hospital, Guy's and St Thomas' NHS Foundation Trust

Should pharmacists play a major role in providing medicines information to the public? Readers may question why I have bothered to pose such a simple question and one for which there can be only one answer. Pharmacists, as custodians of knowledge about medicines, have a professional obligation to ensure that patients and carers receive enough information to adhere to and manage their medicines correctly. How then is it acceptable that community pharmacists spend so little time discussing the details of dispensed medicines with patients? And even where time can be found to provide information, how much is remembered by the recipient?

Medicines usually form a key part of the management of long-term conditions. However, receiving medicines information in isolation from information about the condition, non-drug treatments and social care needs, may not be optimal. In addition, as patients access different services, it is essential that messages about medicines and their corresponding conditions are consistent. While we may believe that information is useful to patients, how can we be sure that messages provided by healthcare professionals are consistent, validated and fit with their overall care?

The Department of Health (DoH) White Paper "Our health, our care, our say" committed to improving access to appropriate information for people with health or social care needs. It proposed that, from 2008, all those with long-term health and social care needs, and their carers, will be offered an "information prescription", in consultation with a health or social care professional. The DoH wants these to be nationally recognised as a key source of information on services and care, which is seamlessly and formally integrated into the care process.

Information prescriptions are intended to guide people to relevant and reliable sources of information, allowing them to feel more in control and to manage their condition and maintain their independence better. Information prescriptions might include links or signposts, health information on conditions and treatments, information on social services and benefits, support groups for advice and networking, and useful addresses, telephone numbers and websites.

Medicines for children

The Evelina Children's Hospital at Guy's and St Thomas' NHS Foundation Trust applied to be a pilot site for information prescriptions. Ours was the only project out of 20 to put the pharmacist at the centre of information provision. We aimed to test a system that could be used on a national basis to provide medicines information to parents and carers of children with long-term conditions.



There is little information on how parents or carers can best support children to participate in their own care

Paediatric medicines present many challenges. Pharmacists need to convey complex information about how a child should take a medicine when the product is formulated for an adult. They also need to provide information on how parents or carers can best support the child to participate in his or her own care.

In addition, although legislation requires a patient information leaflet (PIL) to be provided with every dispensed medicine, these seldom relate to use of the product in children. Many medicines prescribed for children, particularly in secondary care, are used outside product licences and, as a result, children and their carers often receive information about the use of the medicine in adults, there is no information on use in children on PILs and information can even be dangerous (eg, doses specified are adult doses). Little written information aimed at children, their parents or carers about use of medicines in children exists. And, where the information does exist, it has often been developed in-house with no standardisation or quality assurance.

Pharmacists are perfectly placed to identify patients on medicines long-term. Moreover, prescriptions themselves help to highlight patients with long-term conditions and these were used to trigger the offer of an information prescription. The children's hospital and five community pharmacies took part in a pilot where pharmacists helped parents complete a simple information prescription request when a medicine was dispensed. Using tick boxes, parents could request information about their child's condition, support groups, how medicines work, adverse effects, what to do if the child experiences adverse effects, what to do if a dose is missed and what to do if the condition deteriorates.

The DoH is also committed to the production of accredited information. However, because it would not be possible to accredit all information it is targeted at information sources. This should, at least, help patients identify information they can trust. In addition,

reliable delivery of accredited written information is less easy on a local scale so the pilot was run in collaboration with NHS Direct, which already delivers information by telephone, post and e-mail. The organisation has a robust information validation process, backed up by specialist UK Medicines Information pharmacist input for more advanced or individualised problems, and has developed directories of information to dispense information prescriptions.

Information requests were faxed or e-mailed to NHS Direct's online enquiry service, which then compiled information against the request and delivered it to parents by e-mail or post within 48 hours. An NHS Direct helpline was also made available. The pharmacists could log in to the NHS Direct system to see what information had been dispensed.

Preliminary data indicate that parents are satisfied with this model of information prescription and thought the information provided was easy to read and understand. Parents felt the service was "handy to have", particularly information on what to do if their child experiences adverse drug effects.

Conclusion

Pharmacists are well-placed to provide tailored information prescriptions about medicines because they are easily accessible and have the patients' full list of current medicines to hand. Pharmacists' knowledge means they can address some queries verbally and also request written information to reinforce verbal information. A partnership, such as the arrangement between NHS Direct and the pharmacies involved, makes it possible for busy pharmacists to deliver consistent, validated, accessible information that is needed by a patient or carer as part of ongoing care.

Ad hoc, photocopied information leaflets that are not regularly reviewed are unacceptable information sources. Accredited, evidenced-based medicines information directories that sit alongside directories of information about health conditions, healthy living and social care, need to be accessible to pharmacists and other healthcare professionals. In this way, consistent high-quality patient information can be delivered for a truly integrated approach to care and pharmacists will be at the forefront of delivering a service in which they are the rightful experts.

A conference to discuss the integration of this service into everyday pharmacy practice is to be held at the Royal Pharmaceutical Society headquarters in London on 28 April. For further information, e-mail louise.browes@nhsdirect.nhs.uk