

Making the elite pharmacists of today the stars of tomorrow

The winners of the Pharmaceutical Care Awards 2002 were presented with their awards at a dinner held at the Savoy Hotel in London on 27 June. The awards, organised by The Journal and sponsored by GlaxoSmithKline, were presented by Professor Martin Kendall. Finalists presented their work at a conference held in the afternoon before the dinner

Professor Martin Kendall, professor of clinical pharmacology, University of Birmingham, gave the keynote address at this year's Pharmaceutical Care Awards conference.

"I wonder how many doctors and people out there have any idea about what we have heard this afternoon," he said. Professor Kendall hoped that he could provoke pharmacists to tell the world what they are doing.

In particular, he examined four areas: drug safety, drug information, disease management and prescribing.

The potential that community pharmacists have to find out about the safety of drugs is huge, he said. "This is either grossly under-exposed or you're keeping quiet about it. Just think what a network of community pharmacists could provide: information that no one else could."

Although an increase in the number of yellow card reports by pharmacists had been seen in the past year (see p5), the rate of reporting could still be improved. Statistics from the Adverse Drug Reaction On-line Information Tracking (ADROIT) database drew attention to the COX-2 inhibitors. It showed that there had been 217 reports of ADRs to celecoxib and 203 reports to rofecoxib, placing them in position two and three of the ADR "top 10". A third COX-2 inhibitor was in 10th place. However, com-



Professor Kendall told pharmacists to tell the world about the initiatives they had developed

munity pharmacists had made only 12 of these reports about rofecoxib and 10 about celecoxib. "The challenge is to do something about this," said Professor Kendall.

Between 6 and 8 per cent of all hospital admissions are a result of adverse drug reactions. "If one hospital in 100 monitored all admissions for one month in 12, we could have a superb database on the impact of ADRs on mortality, morbidity, bed occupancy and finance," he said. "If pharmacists acted cohesively as a group then they could find this information and reduce the enormous morbidity and mortality associated with drugs."

What pharmacists are doing in the field of drug information is wonderful, Professor

Kendall said. But he questioned whether enough is being done for children. One idea was the production of a specific British National Formulary for Children.

Turning to disease management, Professor Kendall said that great things are happening, some of which were described by the winners of this year's Pharmaceutical Care Awards. "But these are local initiatives, reported only to other pharmacists." He asked if the world knew about the initiatives, and whether they could be extended nationwide.

Professor Kendall also wondered if anyone was defining a role for pharmacists in diabetes, hypertension, epilepsy and asthma. "The Department of Health is making a big effort with nurses," he noted.

He asked where pharmacists fit into the overall picture of expanding the health professionals who can prescribe. For instance, how the different prescribers would know what the others are doing, who would take responsibility and what happened if prescribers stop each other's drugs. "Aren't pharmacists the people who should be coming up with the ideas," he asked. Furthermore, he wondered if the Department of Health is taking pharmacist prescribing seriously enough.

However, Professor Kendall concluded positively: "This is a great day for pharmacy: think big."

Pharmacists can improve health outcomes

Patient-centred services featured in many of the entries for the Pharmaceutical Care Awards this year, and patient-centred care will inevitably impact on pharmacists, JOHN LEPORE, vice-president of GlaxoSmithKline UK, told guests at the awards dinner.

Before the dinner, Mr Lepore had attended the National Health Service confederation conference in Glasgow, where this model of care was a recurring theme, he explained.

"The possibilities embedded in proposals concerning supplementary prescribing and the new pharmacy contract could position pharmacists to improve health outcomes through active disease management

of conditions such as diabetes and hypertension," he added.

Having moved to the United Kingdom from Singapore two months ago, Mr Lepore said that he had spent a great deal of time in his new role trying to understand the NHS. And although this was no easy task, he found that the one constant amid all the changes being made is a commitment to improving patient access to quality health care.

Mr Lepore went on to highlight how GSK was already engaging in medicines management initiatives, in partnership with pharmacists, as part of the GSK+plus programme. Disease areas that the GSK programme is currently involved in include diabetes, asthma and smoking cessation.



John Lepore addresses the awards dinner

INNOVATION IN HOSPITAL PHARMACY

Pharmacist-led blood pressure clinic for diabetes patients wins award

A pharmacist-led hypertension and cardiac risk clinic for patients with diabetes mellitus

Andrew Lowey, MRPharmS (clinical pharmacist), Sara Moore, MRPharmS (clinical pharmacist), Catherine Norris, MRPharmS, (clinical services manager), Peter Hammond, (FRCP) (consultant physician and endocrinologist) Harrogate Healthcare NHS Trust, David Wright, (senior lecturer in pharmacy practice, University of Bradford at the time the study was undertaken)

Reducing high blood pressure and lowering high lipid levels are known to reduce the risk of complications in patients with diabetes. Hence pharmacists at Harrogate Healthcare NHS Trust set up a hypertension and cardiac risk clinic to monitor and treat diabetes patients who have blood pressures and cholesterol levels above target ranges.

Patients are referred to the clinic by a consultant endocrinologist or a specialist diabetes nurse. Once baseline blood pressure and cholesterol have been established, pharmacists use an evidence-based algorithm to adjust antihypertensive medicines. Consideration is also given to introducing a statin or aspirin. Pharmacists educate patients about any changes made to their medicines and other aspects of their disease. Each patient attends once every four weeks.



Andrew Lowey receiving the winners award in the innovation in hospital care category from Professor Martin Kendall

After 12 weeks of treatment (three visits) patients have mean reductions in blood pressure of 12mmHg and in serum cholesterol of 0.5mmol/L. Since the clinic was set up in May 2002, 80 patients have been treated, and 21 of these have reached their target blood pressure (140/80mmHg) and been discharged to their general practitioner.

Commenting on their success in reducing blood pressure, including in a patient who previously had blood pressure above the target range for nine years, Andrew Lowey said that “it is the intensive nature of the care that is key to results”. – Contributed by Rachel Graham, staff editor, Hospital Pharmacist.

FINALIST

OVERSEEING THE SAFE MANAGEMENT OF HIGH RISK DRUGS FROM THE HOSPITAL TO THE COMMUNITY

High risk drug monitoring clinic — expanding the pharmacist’s role

Sasha Beresford MRPharmS (principal pharmacist, complex medicines clinic, Carol Stevens, MRPharmS (director of clinical pharmacy), Michael Cross MRPharmS (director of pharmacy), Barts and the London NHS Trust

Certain high-risk drugs used in the management of inflammatory bowel conditions, such as azathioprine, mycophenolate and sulfasalazine, require careful monitoring to be used safely. Pharmacists at Barts and the London NHS Trust therefore set up a clinic to target these drugs, which are generally initiated in hospitals, and oversee their safe management in the community.

Recently diagnosed patients are seen by a consultant gastroenterologist before pharmacists explain the importance of blood monitoring to them and discuss their drug therapy. Follow-up patients are generally seen only by a pharmacist, who takes their blood samples and monitors their treatment. Communication with general practitioners is improved by drawing up monitoring guidelines and sending out standard letters promptly, as is communication with patients (by providing a hand-held drug monitoring booklet and information sheets). The patient-focused approach also means that outpatients spend less time at the hospital.

Presenting the work, Sasha Beresford said that pharmacists had become an “integral part of the outpatients’ multidisciplinary team”. The service is to be extended to rheumatology and dermatology. – Contributed by Rachel Graham, staff editor, Hospital Pharmacist.



Sasha Beresford receiving the runners-up award in the innovation in hospital pharmacy category from Professor Martin Kendall

INNOVATION IN PRIMARY CARE

Better management of skin conditions in prison through pharmacist-led clinic

A pharmacist-led dermatology clinic

Dr Rod Tucker MRPharmS (forensic medical services, HMP Moorland, Doncaster)

A pharmacist-led dermatology clinic in a prison won Dr Rod Tucker the award for innovation in primary care. The clinic, at HMP Moorland in Doncaster, demonstrated that pharmacists can take on greater responsibility for the management of chronic skin conditions.

The aims of the pharmacist-led clinic were to improve patient care, educate patients and reduce waiting times for accessing health care. Usually, prisoners have to apply for an appointment with a medical officer to access health care. Making the dermatology clinic the first port of call helped to reduce waiting times.

At the clinic, patients are given appointments, each lasting for between 10 and 15 minutes. During this time, the pharmacist takes a history and examines the patient. "We can initiate treatment, offer advice or refer the patient to the prison doctor," Dr Tucker explained. Patients are also seen again at a follow-up appointment.

"On average we are seeing 60 to 65



The winner in the primary care category Rod Tucker (left) receives his prize from Professor Martin Kendall

patients a month," said Dr Tucker. The clinics are ongoing but an assessment of the first 227 patients showed that 45 per cent consulted the clinic about asthma, 26 per cent about eczema, 11 per cent about fungal infections, 10 per cent about psoriasis and the remaining 10 per cent about other skin conditions.

To improve patient care, the clinic allows patients to select an emollient or topical acne therapy after sampling the available products. "Patients choose the one they want so this increases use," explained Dr Tucker. The clinic also introduced a scheme to allow patients to purchase certain skin

products such as anti-bacterial skin washes giving the patients some degree of self-management. In addition, patients are educated about their skin conditions and its management.

The pharmacist-led clinic has developed to such an extent that prisoners with skin problems now apply to see the pharmacist rather than

prison medical officer. This is backed by analysis of the patients' outcomes. For example, 77 per cent of patients with acne had their symptoms controlled by topical therapy alone and all flare-ups of eczema were managed successfully with either hydrocortisone or Eumovate.

"The project showed that pharmacists can manage common skin problems in this setting. Patients felt informed about their condition and its management," concluded Dr Tucker. "The clinic had a positive impact on waiting times and reduced pressure on the prison medical officers."

FINALIST

MEETING THE NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE TARGETS IN FALLS AND MEDICATION REVIEWS

Pills and spills

Ashley Harling MRPharmS (project manager, Pills and Spills), Liz Reid MRPharmS (pharmaceutical adviser, South Manchester PCT), Karen O'Brien MRPharmS (pharmaceutical adviser, Central Manchester PCT), Ruth Thornton (district nurse and South Manchester PCT lead for older people), Chris Hale (single assessment lead, Manchester Social Services), Maggie Walker (Care and Repair), Dr Mark Holland (falls consultant, Wythenshawe Hospital) and Dr Helen Hosker (general practitioner)

A project that reduced the number of inappropriate medicines prescribed to older people and the risk associated with falls was awarded the runner-up prize in innovation in primary care.

The project involved a pharmacist reviewing patients' medicines and conducting a holistic assessment of their needs. Pharmacists were given additional training to carry out fall risk assessments and to take blood pressure. "Pharmacists are not looking just at medicines but at all the patient's care," said Ms Harling.

This review not only identified medi-

cine-related problems but also provided the opportunity to refer patients to other services available within the multi-disciplinary team. Some patients were also given information leaflets by the pharmacist. "This was particularly important for patients who are house-bound," said Ms Harling.

The project was piloted in a variety of care settings: two GP practices, a nursing home, a residential home and an intermediate care facility. About 200 people have been seen so far.

The group concluded that the project established a "gold standard service" which supported the targets on falls and medicines reviews in the National Service



The team from Central and South Manchester PCTs. Top row (left to right): Ruth Thornton, Helen Hosker, Ashley Harling, Emily Fielding (registrar in care of the elderly, Wythenshawe Hospital). Front row (left to right): Karen O'Brien, Sue Assar (chief executive, Central Manchester PCT), Liz Reid, Kate Kinsey (community pharmacist)

Framework for Older People. "It enabled older people to maintain independence for longer," said Ms Harling.

In addition, it improved multidisciplinary working and increased information sharing in the team.

INNOVATION IN COMMUNITY PHARMACY

Medicines support scheme for patients with diabetes wins award

Community pharmacy diabetes medicines support service

Ziba Rajaei-Dehkordi, MRPharmS (service development manager, Pharmacy Alliance), Caroline Hollingshead, MRPharmS (service development pharmacist, Pharmacy Alliance), Shailen Rao, MRPharmS (pharmaceutical adviser, Hillingdon PCT), Rob Horne, MRPharmS (professor of psychology in health care and director, centre for health care research, University of Brighton), Donna Herkes (service development technician, Pharmacy Alliance), Michael Holden, MRPharmS (service development pharmacist, Pharmacy Alliance)

A diabetes medicines support service run through four pharmacies within Hillingdon Primary Care Trust was the winner of the award in the innovation in community pharmacy category. The service involves joint working between a range of health care professionals, including practice nurses and dietitians, who recognise pharmacists as medicines specialists and refer patients to them. The pharmacist then checks that the patient's diabetes monitoring parameters (eg, blood glucose, HbA_{1c}, blood pressure and cholesterol) are in line with PCT targets and



The winners in the innovation in community pharmacy category received their prize from Professor Martin Kendall: (left to right) Ziba Rajaei-Dehkordi, Rob Horne and Shailen Rao

advises on medicines and the benefits of a healthy lifestyle.

The project is ongoing, but interim results show that for the 83 patients recruited, pharmacists made 141 consultations and identified 265 problems. Pharmacists referred 11 per cent of these patients to their general practitioner, mainly if monitoring parameters were uncontrolled or if drug regimens needed to be reviewed. The

consultation allowed pharmacists to spend time with patients and the concerns or misinformed beliefs that patients had about their diabetes medicines were significantly reduced by the pharmacists' interventions. Ziba Rajaei-Dehkordi, Pharmacy Alliance, said that because of the pilot's initial success, the PCT has allowed the service to be continued and expanded, with four more pharmacists to join the team later in the year.

FINALIST

IMPROVING ADHERENCE BY CALLING PATIENTS

"Hello, it's the pharmacist calling" — how telephoning patients improves adherence

Nick Barber, MRPharmS (professor of the practice of pharmacy, school of pharmacy, University of London), Sarah Clifford (research fellow, school of pharmacy, University of London), Elaine Hartley, MRPharmS (professional services executive, Moss Pharmacy), Helen Smurthwaite, MRPharmS (ethical development manager, Moss Pharmacy), Glen Savage, MRPharmS (pharmacists training officer, Moss Pharmacy), Rob Horne, MRPharmS (professor of psychology in health care and director, centre for health care research, University of Brighton), Rachel Elliot, MRPharmS (senior lecturer, school of pharmacy and pharmaceutical sciences, University of Manchester)



Professor Martin Kendall with runners up Helen Smurthwaite and Nick Barber

A project in which pharmacists telephoned patients two weeks after they had started new medication for a chronic condition, to provide advice and information on any medicine-related problems, revealed non-adherence in eight per cent of patients at four weeks compared with 16 per cent in the control group (n=492, P=0.03).

This patient-centred service was prompted by an earlier study, which showed that non-adherence quickly develops at the start of taking a new medicine. Patients were recruited from across England (through Moss Pharmacies) based on National Health Ser-

vice priorities — apart from being prescribed a new medicine for a chronic condition, patients also had to be aged over 75 years or suffering from stroke, heart disease, diabetes or rheumatoid arthritis.

Helen Smurthwaite, one of the two specially trained pharmacists who telephoned patients, said that the best thing about the service was getting to spend quality time talking to patients. "I spoke to one man who had been prescribed statins for years but had never taken them," she said. This patient was persuaded to tell his doctor and at follow up he had started to take his statins.

The authors of the project say that pharmacist-led telephone services are a viable option for implementation of current National Health Service strategies. In this case, each telephone call took an average of 12 minutes (range 1 to 56 minutes).