

Award winners improve prescribing and communication at care interface

THE possibility of community pharmacists advising on secondary care prescribing was examined by the winners of the 2002 joint National Pharmaceutical Association and Guild of Healthcare Pharmacists award.

Reporting the results at the British Pharmaceutical Conference last week, Ros McLoughlin, community services pharmacist, Royal Cornwall Hospital NHS Trust, explained that the aims of the project had been to improve communication across the primary/secondary care interface and to find out more about outpatient prescribing. Information was collected from 17 community pharmacies that regularly dispensed hospital outpatient prescriptions.

Michael Wilcock, pharmaceutical adviser, Central Cornwall Primary Care Trust, reported that over the nine months of the project, 5,315 outpatient prescription forms and 7,217 items were processed by the community pharmacists. Few opportunities for cost savings were found with generic switches identified in only 0.9 per cent of the prescriptions and strength optimisations in none.

"There was little evidence of off-formulary prescribing, although general practitioners had the perception that there was lots of it," he explained. However, in terms of the quality of prescribing, 4.8 per

cent of prescriptions were classified as "difficult to dispense". This was for a number of reasons, the most common ones included lack of clarity about the quantity, lack of clarity about the dose or strength, lack of clarity about the medicine itself, incorrect patient name and illegible doctor's name.

One of the outcomes of the project is that community pharmacists have been sent a list of contact details for all the doctors that work in the outpatient departments at the hospital, said Mr Wilcock. He pointed out that if the NHSnet was available in community pharmacies then this would allow pharmacies access to local hospital telephone directories. Another outcome is that hospital doctors have been issued with a simple guidance sheet about writing prescriptions.

□ **2003 award** The winner of the 2003 joint National Pharmaceutical Association and Guild of Healthcare Pharmacists award is a team from Guy's and St Thomas' NHS



Alice Osborne (right) is presented with the 2003 National Pharmaceutical Association/Guild of Healthcare Pharmacists award by Alison Ewing (left), the Society's Vice-President, watched by Dr Gill Haworth (centre), the Society's President

Trust and Lambeth Primary Care Trust. Alice Osborne, Chima Olughu, Lucy Oakley and Duncan McRobbie will develop a smoking cessation referral system from secondary to primary care with the aim of making care continuous between the two settings. They will report the results of their work at next year's BPC.

The award is sponsored by MSD.

Dispensing robot flown to UK

A FULLY automated, multiple monitored-dose dispensing robot was displayed in the United Kingdom for the first time at BPC.

"We believe it is the first machine in the world to offer multi-dose dispensing in blister packs to this level of automation," said Todd Siegel, president of MTS Packaging Systems, the American company that brought the robot to the Conference.

The robot, called "OnDemand", holds 400 drugs. Barcodes from stock pots are scanned in, and then each drug is placed loose into a cassette. Prescription information is fed into a computer operating the robot and, once it is told to dispense the items for a particular patient, the robot fills the dosage system. It uses a standard disposable monitored dose pack with four blisters for each day. The robot is able to fill multiple drugs into each blister at once.

Once the pack has been filled it comes out of the machine open so that a physical inspection can be made before it is sealed. Finally the labels are printed and stuck on to the pack in one movement using the prescription data fed into the computer at the start of the dispensing process.

Peter Williams, general manager of MTS Packaging Systems International, the UK subsidiary of the company, said: "It takes less than a minute from the prescrip-



Part of the MTS Packaging Systems machine is shown to Conference participants

tion data to the end product, irrespective of the complexity of the drug regimen."

The new robots cost £190,000 each and the company expects them to be used in hospitals or in centralised dispensaries for a number of community pharmacies.

BPC BRIEFS

BPC 2004

Next year's British Pharmaceutical Conference will be held on 27-29 September 2004 at the Manchester International Convention Centre. The theme of the conference will be "Medicines: from cell to society" which will explore the transfer of innovation into effective medicines.

ADR reporting

Hospital doctors need to be encouraged to report suspected adverse drug reactions in children, according to a study reported at the BPC by researchers from Wales. Of 43 hospital doctors questioned, only 30 per cent believed that all ADRs in children should be reported and 75 per cent would not report a known complication of a medicine. Reporting rates could be improved by training, reminders and involvement of other staff.

Warning over mixing medicines

Researchers from King's College London reported at the BPC that one in 20 people are taking potentially dangerous combinations of prescription and complementary medicines (Media interest, see photograph p409). The most common interaction was between St John's Wort and SSRIs.

London pharmacists secure training funds for supplementary prescribing

THIRTY-TWO pharmacists working in London have secured funding from their local Workforce Development Confederation for supplementary prescribing courses which start this month, according to the London pharmacist supplementary prescribing support team.

They include cardiology pharmacists who work in heart failure, transplantation and hypertension clinics, and HIV pharmacists who wish to prescribe antiretroviral and supportive therapy. Other specialist areas of pharmacists doing the training include cancer, mental health, renal medicine, nutrition, anticoagulation and adult intensive care.

This first cohort includes people working in community pharmacy, as well as in hospitals, primary care trusts and the prison service. A further 10 pharmacists are ready to start the next wave of courses in January 2004.

Speaking at the British Pharmaceutical Conference in Harrogate last week, Jane Nicholls, leader of the project team, explained that pharmacist supplementary prescribing should allow patients to have quicker and more efficient access to medicines. Reducing the workload of doctors, making the best use of pharmacists' skills and meeting National Health Service access



Jane Nicholls



Jatinder Harchawal

targets are other benefits that could be highlighted when making a business case for pharmacist supplementary prescribing. Hospitals that use pharmacist prescribers should see a reduction in wasted medicines and greater financial control of drug expenditure. Patients who have access to pharmacist prescribers will have a greater choice of health care provider with higher levels of safety and a better quality of care.

Jatinder Harchawal, secondary care lead for the project team, explained that some trusts are developing non-medical prescribing committees to manage the introduction of supplementary prescribing. They are responsible for advising the trusts on changes in legislation and developing

trust-wide frameworks to support and co-ordinate development.

Mr Harchawal outlined some of the remaining challenges to successful implementation of pharmacist prescribing. Relationships would need to be developed between supplementary and independent prescribers. Both the supplementary and independent prescribers will also have to learn to use clinical management plans successfully. It is important that clinical management plans are kept simple, he added. The London pharmacist prescribing team have made examples of clinical management plans which they have written available on Druginfozone (www.druginfozone.nhs.uk).

Ashok Soni, a community pharmacist and professional executive committee member for Lambeth Primary Care Trust, said: "I will be training as a supplementary prescriber because I believe it will improve the patient experience."

Grainne Goldsmith, a senior pharmacist working in outpatient clinics at Barts and the London NHS Trust, said: "The course will allow me to take responsibility for the treatment decisions I make with patients and it is encouraging for me to have the support of patients, nursing and medical staff in this venture."

Community pharmacy now higher priority for PCTs than in the past

COMMUNITY pharmacy is developing a higher profile for primary care trusts, and it is now on directors' agendas, according to Sally Greensmith, a member of the Royal Pharmaceutical Society's Council, who was speaking at a Conference session on current issues and attitudes involving primary care pharmacists (see p413).

But, although the working relationship between community pharmacists and primary care organisations in some areas has become closer, community pharmacists are still not sufficiently integrated into the primary care team, Ms Greensmith said.

Primary care trusts need to recognise that community pharmacists are primary care pharmacists as much as those directly employed by the PCTs and it is up to pharmacists working in PCTs to help manage this change, she added.

This is to be achieved through two-way communication. Community pharmacists need to recognise the pressures that PCTs are under but, at the same time, it is important that advisers who have not come from a community pharmacy background understand the history of community pharmacy and the service it has delivered for the

National Health Service, Ms Greensmith told the session. In addition, Ms Greensmith acknowledged that the Society has a role to help all community pharmacists and primary care pharmacists to be fit for the purpose that PCTs need. In order to perform this function the Society is planning a series of roadshows to improve information links between itself and primary care pharmacists. Venues in Scotland, Wales and England are being looked at, Ms Greensmith announced.

BPC BRIEFS

Ideas for error research wanted

Suggestions that pharmacists want to make about potential topics for research into medication errors have been requested by the director of the Patient Safety Research Programme (PSRP). Professor Richard Lilford of the University of Birmingham made his request during a hospital pharmacy session at the BPC (see p416).

Start thinking now about independent prescribing issues

PHARMACY needs a wake up call to start thinking about independent prescribing fairly quickly, Clive Jackson, chief executive, National Prescribing Centre, told a practice session on primary care at the BPC.

Independent prescribing presents two key issues for the profession, Mr Jackson said. First, pharmacy needs to look at its diagnostic skills and second, it needs to look at the range of medicines that pharmacists are likely to be allowed to prescribe independently. All the indications are that the development of the independent prescribing policy will begin in the new year but, bearing in mind all the consultation and other things that development requires, we are unlikely to see even "a fair wind" given to pharmacists prescribers until mid or late 2005. Mr Jackson said. However, the profession needs to be proactive in policy development, especially in "looking at what the options are for pharmacists and where it could make a positive impact, rather than just waiting for the Committee on Safety of Medicines, and a range of others, to decide what options there are in terms of medicines that can be prescribed," he warned.