UNITED KINGDOM CLINICAL PHARMACY ASSOCIATION

Putting progress into practice

The UKCPA spring symposium was held in Warwick from 9 to 11 May. Rachel Graham, of Hospital Pharmacist, *reports*

Pharmacists can provide 'flu jabs

Community pharmacists could routinely administer influenza injections, according to GEORGE DOWNIE, chief pharmacist at Grampian Primary Care Trust. A pilot project has been carried out in Aberdeen, where community pharmacists Charles Michie and Rhona Woodhead gave 'flu vaccinations in the pharmacy to patients who were aged under 65 years and who were in one of the "at risk" categories (for example, they had chronic heart disease, renal disease or diabetes, or were a carer) being targeted by the Scottish Executive.

Presenting work that won the UniChem community/primary care award 2003, Mr Downie said that the main aims of the project were to increase the uptake of 'flu immunisation in "at risk" patients who might not otherwise receive the vaccine, and to offer greater patient choice. During the 12 two-hour sessions during which immunisation was offered, 56 patients were vaccinated. Before immunisation, patients were screened for egg allergies, and to confirm that they were "at risk". Nurses advised on injection technique.

In a survey 73 per cent of those vaccinated thought the venue was more convenient than their general practitioner's surgery. Over 95 per cent of patients thought that the pharmacy provided private conditions and offered a polite and professional service. Ten patients would not otherwise have had the 'flu vaccine if it had not been offered in the pharmacy. Following the pilot, the pharmacists received 193 telephone calls from patients not "at risk" asking for private vaccinations.

Over 65 per cent of GPs whose patients had been vaccinated by a pharmacist and who responded to the survey said their practice would support the scheme running next year and 63 per cent would support the extension of the service to other pharmacies. There was more opposition to pharmacists vaccinating the over 65s, possibly due to GP targets for 'flu vaccinations in that age range.

There was clearly a demand for community pharmacists to administer 'flu injections, and some other types of vaccinations, and providing the immunisation service also enhanced the profile of pharmacists, Mr Downie said. Barriers to rolling out the service nationwide include a lack of suitable facilities at many community pharmacies. Of the 54 local pharmacies at which Mr Downie considered running the pilot, only a few had the waiting and recovery areas and booking system necessary for offering immunisations.

Progressing pharmacogenomics

Pharmacogenomics is the key to patient focused therapy, according to Professor GILBERT BURCKART, chairman, department of pharmacy, University of Southern California. Delivering the Aventis lecture, Professor Burckart said that advances in this area could lead to pharmacists being able to tailor drug therapy to suit particular patients, giving them only those drugs that are safe and effective for someone of their genotype.

Support for these conclusions comes from Professor Burckart's work on the effects of genetic polymorphisms in the MDR1 gene (the gene encoding for p-glycoprotein) on patient handling of immunosuppressive drugs used in transplantation. Patients with certain genetic profiles have high levels of p-glycoprotein, and these "high pumpers" handle some drugs in a different way from those with low levels of p-glycoprotein ("low pumpers"). For example, it is generally difficult to wean high pumpers off corticosteroids, but they are generally responsive to induction antibodies, he said. Pharmacogenomics is particularly important in states with low response rates, such as chronic graft rejection in transplantation.

Professor Burckart pointed out that pharmacogenomics is not a new science. As far back as 1950s, it was recognised that certain people could not metabolise suxamethonium due to a plasma cholinesterase deficiency. At the time, not much could be done with this information because the genetic technology was not available. Since then, many technological advances have been made, such as the sequencing of the human genome, but further advances, particularly in bioinformatics, are needed before the full potential of pharmacogenomics can be fulfilled.

With their knowledge of drugs, pharmacists are in a good position to embrace pharmacogenomics, and enhance their profile as a result, said Professor Burckart. In the United States, the perception is that pharmacists take prescriptions from patients and dispense "what the doctor ordered". In the future, it might be that patients will hand over details of their genetic profile, and the pharmacist could "take it from there".

Designing an oral syringe policy

A system for analysing failures can be used to reduce the risk of patients receiving oral medicines by the intravenous route, according to GILLIAN CAVELL, associate pharmacy director, King's College Hospital, London.

Describing work which won the Pharmacia patient safety award 2003, Ms Cavell said she was part of a multidisciplinary team who calculated a "criticality index" for five scenarios involving administering oral medicines to patients fitted with IV lines.

Administering an oral medicine from an IV syringe to a patient with IV access, and administering an oral medicine from an IV syringe to a patient with IV access where the medicine is to be given down an enteral feeding tube, have high criticality indices. Using a standard oral syringe instead of an IV syringe reduces the criticality index for the first scenario, but not for the second scenario, because the tip of a standard oral syringe needs to be fitted with a Luer adaptor before it can be connected to the enteral feeding tube, also making it compatible with IV access.

For that second scenario, using an amber oral syringe reduces the criticality index because the colour of the syringe provides a visual alert, making it more likely that the error will be detected before the patient receives the drug.

Using amber syringes for oral medicines is now policy at King's College Hospital, approved by the trust's clinical risk management group.

UKCPA BRIEFS

JOINT UKCPA/GHP SYMPOSIUM

The UKCPA and the Guild of Healthcare Pharmacists will be holding a joint spring symposium in 2005. The joint symposium is part of moves to co-ordinate some of the two organisations' activities. A joint leadership and management development group will be launched shortly.

RESPIRATORY PRACTICE GROUP

A respiratory practice interest group has been established by the UKCPA, with Anna Murphy as chairwoman. Further information is available from the UKCPA by telephoning 0116 277 6999, by faxing 0116 277 6272, or by e-mailing admin@ukcpa.com