

Medicines management must be "top priority" in mental health

Mental health trusts need to make improving medicines management a top priority, according to last month's report from the Healthcare Commission.

"Talking about medicines: the management of medicines in trusts providing mental health services" was based on data supplied voluntarily by 42 (out of 83) mental health trusts in England and Wales. It was released at the same time as "The best medicine: the management of medicines in acute and specialist trusts," which details the full findings of the Healthcare Commission's medicines management review.

Data from the latter report, forming part of the NHS annual health check, were first published last year (*Hospital Pharmacist* 2005;13:269). The same methodology was used for both the mental health and acute trust reports and results were compared.

The Commission found that levels of medicines management support available within mental health trusts tend to be less than those found in acute trusts. For inpatients, 24 per cent of wards received no visits from pharmacy staff, compared to only 14 per cent in acute trusts, and only 14 per cent of wards received more than five hours of



pharmacy staff time each week, compared to 64 per cent in acute trusts. There are noticeably fewer pharmacy staff in mental health trusts, and the staff mix is also different, with fewer pharmacy assistants and technicians.

It is unjustifiable for mental health trusts to invest less than acute trusts in clinical pharmacy services, the report points out, because similar outcomes from pharmacy services can be achieved at both settings. Around 67 per cent of suggestions made by pharmacy staff were acted on in mental health trusts, with the corresponding figure for acute trusts being about 80 per cent. Pharmacy staff interventions were considered necessary to reduce harm for one in every 29

patients in mental health trusts and one in every 26 patients in acute trusts.

Poor medicines management support to mental health trusts is of particular concern, the report notes, given the importance of medicines in mental health treatment plans — over 90 per cent of service users have taken medicines for their condition in the past year. Medication reviews highlighted that 46 per cent of patients were not taking their medicines appropriately, compared to 12 per cent in acute trusts.

Recommendations are made throughout the two reports. However, David Branford, chief pharmacist at Kingsway Hospital, Derbyshire Mental Health Services NHS Trust commented that: "Meeting the recommendations of the [mental health trust] report will be beyond the capacity of many mental health trusts. The estimates in this report alone suggest a need for a pharmacy workforce at least three times that currently employed by mental health trusts." Funding, leadership from chief pharmacists and direction from the Department of Health and the Royal Pharmaceutical Society will be needed, he added.

Mr Branford was among the speakers at the *Hospital Pharmacist* conference held last week, focusing on the Commission's medicines management reports. Coverage will appear in next month's issue.

Recommendations from the mental health trust report

- Pharmacy staff should improve their profile so that other hospital staff and patients know how they can contribute to patient care
- Chief pharmacists should have the status of a clinical director and pharmacy staff should be key stakeholders in trust initiatives relating to medicines
- Trusts should maximise benefits from independent and supplementary prescribing by determining where it can be best used to meet clinical need
- Trusts should identify and communicate their requirements for electronic prescribing systems to ensure the benefits can be realised at the earliest opportunity
- Trusts should ensure that dispensing systems can provide small quantities of medicines for home leave or for patients whose care plan involves collecting medicines regularly

All but the final recommendation are also included in the acute trust report

brief

■ The NHS Retirement Fellowship is seeking more pharmacist members. Any pharmacists who are already retired, or who are about to retire, and who might be interested in joining, may contact the fellowship's central office by e-mail (sherry.smith@dorset-pct.nhs.uk) or visit www.nhsrf.org.uk

■ Helping renal units reduce the incidence of meticillin-resistant *Staphylococcus aureus* infection is the aim of a self-assessment tool and guidance set up by the Department of Health. The resources are accessible via *PJ Online* (available at www.pjonline.com/links/hp).

■ Over 500,000 biomedical papers (full text) are now available free of charge from the UK PubMed Central online archive. Those providing financial support include The Wellcome Trust, The British Heart Foundation, and Cancer Research UK. Website <http://ukpmc.ac.uk>

■ A new tool to help reduce hospital admissions has been developed by the King's Fund and others. The combined predictive model uses primary and secondary data to help clinicians identify patients with long-term conditions who are most at risk of unplanned and unnecessary hospital admissions.

■ A new award for pharmacy technicians has been set up by the Association of Pharmacy Technicians UK. Sponsored by AAH Hospital Services, the APTUK/AAH Hospital Service Technician of the Year Awards replace AAH's Hospital Pharmacy Technician of the Year Awards. Entries submitted for the 2006 AAH award (closing date now passed) will be automatically transferred to the new awards.

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Most preventable admissions caused by just four drug groups

Just four groups of drugs account for more than half of medicines-related preventable hospital admissions, according to research published last month in the *British Journal of Clinical Pharmacology* (2007;63:136-47).

Researchers from the UK and the Netherlands identified potentially relevant studies from several international medical and pharmacy databases. Of the 122 studies they reviewed, 17 identified adult patients with preventable drug-related hospital admissions from primary care. These reported the number and proportion of preventable drug-related admissions and either the type of drug involved or the underlying cause of admission. Studies focusing on specific diseases or medicines, or admissions to specialist units, were excluded.

Together, antiplatelets (16 per cent), diuretics (16 per cent),



Nonsteroidal anti-inflammatory drugs are one of the four drug groups responsible for most hospital admissions

nonsteroidal anti-inflammatory drugs (11 per cent) and anticoagulants (8 per cent) accounted for more than half of drug-related preventable hospital admissions (from nine papers). Problems with prescribing, adherence and monitoring were identified as the underlying cause in 30, 33, and 22 per cent of cases, respectively (from five papers).

The median percentage of preventable drug-related admissions was 3.7 per cent (from 13 papers).

Suggestions made by the authors include focusing interventions on those drugs belonging to one of the four groups identified and considering co-prescribing proton-pump inhibitors with NSAIDs.

Mandatory registration of technicians delayed

Pharmacy technicians in England and Wales will not now be covered by the Pharmacists and Pharmacy Technicians Order 2007 when it comes into force. Implementation of other aspects of the Order is expected later this month.

The Government has decided that, rather than have statutory regulation of technicians in England and Wales and no regulation in Scotland, it is preferable to have no regulation at all until the Scottish Parliament agrees to the same rules.

The Minister for Health in Scotland has agreed in principle with an amending Order to extend the scope of the Order to encompass pharmacy technicians in Scotland.

Drugs affect outcome more than behaviour

Mortality benefits that are associated with evidence-based medicines after acute myocardial infarction (MI) are related to drug effects more than to changes in generic behavioural attitudes. These were the conclusions of a population-based observational longitudinal study published recently in *JAMA* (2007; 297:177).

Previous studies have demonstrated a positive relationship between placebo adherence and mortality reduction. Here researchers aimed to determine how much benefit was due to true drug effects and how much to the healthy adherer effect.

They evaluated three drug classes — two of which have good evidence of benefit after MI: statins and beta-blockers, and one which does not:

calcium-channel blockers. They followed 31 455 patients aged over 65 years, all of whom had at least one year and three months survival post-MI, for a median of 2.4 years.

In the first year mean adherence rates were over 78 per cent for all three drug classes, with few patients stopping all drugs permanently.

Analysis showed a clear dose-response relationship between adherence and mortality for statins and beta-blockers, with the effect greatest for statins. There was, however, no indication of any relationship between mortality and adherence for calcium-channel blockers.

The authors conclude that optimising both drug choice and adherence enables patients to gain the most benefit from pharmacotherapies.

Improved handling of drug shortages needed

Joint guidelines to ensure that medicines shortages are handled in a more collaborative way have been published by the Department of Health, the Association of the British Pharmaceutical Industry and the British Generic Manufacturers Association.

The guidelines recommend improved communication between companies and the DH about impending shortages to enable contingency arrangements to be made where necessary.

Key recommendations emerging from "Notification and management of medicines shortages: best practice guidelines" include having a designated person to deal with supply issues both within companies and the DH, and warning the DH if companies

anticipate a product shortage that is likely to impact on patient care. This early exchange of information will enable the DH and the industry to work together to explore the options for managing the shortage.

In the event of medicines shortages, pharmacists should continue to play a key role in ensuring patient care is not compromised by liaising with clinicians about the best course of action to take, the report says.

Health Minister Andy Burnham said, "Thanks to the hard work of manufacturers, wholesalers and pharmacists, minor shortages often go unnoticed by patients and clinicians." These guidelines are intended to build upon previous DH advice on managing the discontinuation process for health products.