# MEDICINE INFORMATION CLINICAL PHARMACY SERVICES: QUANTIFICATION AND CHARACTERISATION OF ENQUIRIES FROM GPS AND INVESTIGATION OF THEIR AWARENESS, EXPERIENCES AND VIEWS.

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### Background

- The UK Medicines Information (UKMi) network is a 'critical NHS resource'.<sup>1</sup>
- Innes et al concluded; 'the broadest cohort of healthcare professionals' should have access to Medicine Information (MI) services.<sup>2</sup> MI Centres (MICs) in Scotland provide services to primary and secondary care.
- There is a perceived under-utilisation of the local MIC by General Practitioners (GPs) in primary care.

### **Objectives**

1) To quantify and characterise enquiries received to the local MIC from GPs.

- 2) To compare this with other Scottish MI centres.
- 3) To investigate the awareness, views and experiences of GPs to the local MIC services.

### Method

#### Part 1

The number and types of enquiries received from GPs, from Jan 2016 to June 2016, were obtained from the local MIC database using a pre-piloted and standardised data collection tool. Lead pharmacists at five similarly sized Scottish MI centres were contacted by email to request information from their databases using the same tool.

### Part 2

In August 2016, a postal questionnaire was developed from the literature and a rigorous process of consultation with relevant experts. The questionnaire contained items on awareness, experiences and views of the local MIC. It was piloted and sent, with return envelope, to all GPs (n=574) within the MIC's catchment area, after excluding a pilot sample (n=64). A reminder questionnaire was posted two weeks later. Data were analysed using descriptive statistics. All appropriate ethical and NHS Research and Development approvals were obtained.

## Results

Part 1

- Fig. 1 shows that over a 6 month period the local MIC had 55 (4.5%) enquiries from GPs.
- There was similarity between the majority of Scottish MICs in relation to the proportion of GP enquiries. Two had much higher rates at 15 and 21%.

Figure 1: Total number of enquiries and number of enquiries from GPs received to each Scottish MI centre between 01/01/2016 and 30/06/2016.



Table 1: Complexity of the enquiries received by MICs from GPs, as

defined by Orthin.						
Complexity of Enquiries received from GPs	Local MIC n (%)	MIC A n (%)	MIC B n (%)	MIC C n (%)	MIC D n (%)	MIC E n (%)
Level 1	8 (14.5)	1 (10.0)	11 (15.9)	26 (27.1)	2 (16.7)	4 (9.5)
Level 2	39(70.9)	3 (30.0)	51 (73.9)	46 (47.9)	7 (58.3)	32(76.2)
Level 3	8 (14.5)	6 (60.0)	7 (10.1)	24 (25.0)	3 (25.0)	6 (14.3)

Footnote: Level 1. Simple enquiries – answered using data from one or two standard sources. Level 2. Complex enquiries – requiring the use of multiple and more specialist sources where the available evidence provides a reasonably clear answer or course of action. Level 3. Complex enquiries – in the absence of a clear answer or course of action from available sources, professional judgement is used to provide advice to the enquirer. This may require the specialist evaluation of multiple sources and the evaluation of primary literature.

• Table 1 shows that the level of complexity of enquiry was variable across the MICs.

### Part 2

- A total of 193 questionnaire responses (34.3%) were received from GPs in the local MIC catchment area.
- The majority (n=126, 65.3%) were unaware of the local MIC.
- Of those who had contacted the MIC with an enquiry previously (n=35), all were satisfied with response(s) received.
- Of the total number of respondents, the majority (n=172, 89.1%) thought access to the MIC would be useful when prescribing medicines.

## Conclusion

- GP enquiry rates are similar across Scottish MICs with variability in complexity. There is scope however to increase engagement of GPs with MIC services.
- Most local GPs are unaware of the MIC, which is similar to previous studies in the UK.<sup>3</sup>
- The MIC should consider actively promoting its enquiry answering service to GPs.
- The low response rate limits the generalisability of these findings.

#### References

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