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IMPROVING PATIENT ACCESS TO SPECIALIST PHARMACEUTICAL CARE: AN ALTERNATIVE MODEL TO WARD BASED PHARMACY SERVICES



A method of clinical pharmacy has been developed which 'targets pharmacy services according to clinical need rather than geographic location'

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As clinical pharmacy develops pharmacists are becoming more specialised. The prevailing model in the UK is that specialist pharmacists have their own caseload, working with particular clinics or wards according to geographical location. This study examined an alternative strategy whereby the specialist clinical pharmacist could oversee the care of all patients in their institution according to their medication management needs as deemed by their prescribed medicines.

Objectives

To examine an alternative model of hospital clinical services that allows a specialist pharmacist to see all patients admitted taking medication in a particular subchapter of the British National Formulary (BNF). Medications for mental health conditions were chosen to investigate the practical application of this theory.

Method

A real-time email was sent to the specialist pharmacist every time a medicine listed in BNF chapters 4.2 and 4.11; [antipsychotic and antimanic drugs, and drugs for dementia] was

dispensed. Ward pharmacy teams also notified the pharmacist of a patient's admission directly by pager. The specialist pharmacist then conducted a clinical pharmacy review. Data were recorded in line with national [Caldicott] ethical guidelines.

Results

During the study period (17/09/2012 – 28/10/2013) the specialist pharmacist received 688 alerts concerning 385 patients and 426 hospital admissions. The email system generated most alerts [630 (91%)] . 11% (68) alerts in 27 patients were not received due to holiday and illness. Of the received alerts 81% (291) of patients were successfully reviewed. Reasons for non-review were the patient had already been discharged, was an outpatient or on a ward that was closed due to an outbreak of norovirus.

Conclusion

This study demonstrated the feasibility of an alternative model for clinical pharmacy services which targets pharmaceutical services according to clinical need rather than hospital geographic location. Although, the model was demonstrated in mental

health, it is thought that it could have wider clinical use to target specialist pharmacist review according to the prescription of any high-risk medication.



Clerking Doctor prescribes 'high risk' medication



Specialist pharmacist receives 'real time' prescribing information alerting her to the prescription of the high-risk medication



Specialist pharmacist does a ward based medication review.

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