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Library Current Awareness Bulletin: Pharmacy – December 2021

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Alerts/Guidance

Alerts and Recalls for Drugs and Medical Devices (GOV.UK)
View the November and December Alerts

Letters and medicine recalls sent to health professionals (GOV.UK)
View the October letters and alerts

NICE Guidance and Advice List – Latest Updates

Specialist Pharmacy Service – Latest Updates

Reports

Antimicrobial stewardship interventions: a practical guide
WHO Europe

Advanced service specification NHS community pharmacy hypertension case-finding advanced service
NHS England

Community pharmacy drug reimbursement reform: consultation response
Department of Health & Social Care, Updated 11 November 2021

Delivering equality, improving diversity and fostering inclusion Our strategy for change 2021–26
General Pharmaceutical Council

Making the community pharmacist consultation service a success
Royal Pharmaceutical Society and Royal College of General Practitioners

Pharmacy dispensing models and displaying prices on medicines: response to the 2016 consultation
Medicines & Healthcare Products Regulatory Agency, Updated 11 November 2021

Vaccination Information

COVID-19 vaccination programme
NHS England

Vaccination information from other organisations
NHS England

News

BBC News articles on the pharmaceutical industry
[Articles published by BBC News on the pharmaceutical industry are collected here.]

GPhC Consultation on changes to requirements for training as a pharmacist independent prescriber
The Royal Pharmaceutical Society, November 2021
[The RPS support the removal of the two-year time requirement.]

Key Notes for November
InPharmacy (National Pharmacy Association), November 2021
[NHS Pandemic Delivery Service for those self-isolating has been extended / GPhC revalidation reminder / Changes to NMS / Kickstart Scheme - resources to support your recruitment]

How to… employ a pharmacy technician
Pulse, November 2021
[GP partner and PCN leader Dr Helen Maxwell-Jones and team explain the benefits and practicalities of employing a pharmacy technician in general practice.]

Majority of UK pharmacy schools are 'decolonising' their degree programmes
The Pharmaceutical Journal, November 2021
[Nearly 90% of institutions who responded to a freedom of information request said they were committed to 'decolonising' their pharmacy curriculum.]

New £15.9m investment into pharmacy professional career development
National Health Executive, November 2021
[Over the next 4 years pharmacists and pharmacy technicians are set to receive up to £15.9 million to allow for expansion of frontline pharmacy staff in primary and community care.]

Hospital Pharmacy

Analysis of activities undertaken by ward-based clinical pharmacy technicians during patient hospital journey.
Abuelhana A; Ashfield L; Scott MG; Fleming GF; Sabry N; Farid S; Burnett K
European Journal of Hospital Pharmacy: science and practice, vol. 28(6)
November 2021
[Introduction: Previous studies recognise insufficient time as an obstacle to pharmacists expanding their clinical-based activities and services. For such a reason, the role of well-trained ward-based clinical pharmacy technicians (CPTs) is to work as an integral part of the pharmacy team to achieve the best patient outcomes and medicines optimisation, releasing pharmacist time to complete more complex clinical-related activities. Objective: To demonstrate quantitatively the range and extent of daily activities undertaken by CPTs during a patient's hospital journey. **Method**: A prospective-based study has been designed. All daily working services and activities undertaken by ward-based CPTs within a 450-bed Acute District General hospital were quantitatively collected and documented. Data were collected from five medical, two surgical and one cardiology wards of 30 beds in each over a period of 2 weeks for each ward representing a total of 70 working days (14 weeks, excluding weekends). **Results**: Results showed the breakdown of seven different ward-based activities throughout a typical working day with the main working load being reviews of the patients' medication charts in order to supply new medicines and refer medicines-related issues to the ward pharmacist, with an average number reviewed of (23.17±0.85) representing 77.23% of the total patients in a 30-bed ward. The CPTs' highest workload was on Mondays and Fridays, mainly during the morning working hours (09:00-12:00). Also, statistically significant differences ($p<0.05$; Kruskal-Wallis test) existed between the workload of the three different ward specialties (medical, surgical and cardiology) in five clinical activities out of seven undertaken by CPT per day. **Conclusion**: CPTs are completing more than seven different ward pharmacy-related activities which enhance medicines optimisation, medicines management and patient care. They are a valuable resource carrying out many roles which were previously completed by junior pharmacists. Their prioritising of patients for review ensures pharmacists focus their efforts on the most vulnerable patients.]

Improving shared decision-making in pharmacist-led haematology clinics: a 'Plan Do Study Act' approach.
Ferro-López L; Barnett N; Minshull J
European Journal of Hospital Pharmacy: science and practice, vol. 28(supplement 2)
November 2021
[**Introduction**: The concept of person-centred care is regarded as an essential approach to healthcare. A core component of person-centred care is the shared decision-making process. There is evidence that effective shared decision-making can improve people's satisfaction with their care. This quality improvement project used the 'Plan Do Study Act' (PDSA) cycles to test the small changes made and to assess their impact on shared decision-making in clinic consultations. **Objective**: To enhance patient satisfaction in pharmacist-led haematology clinics by improving shared decision-making. **Methods**: Patients from a haematology clinic participated in a survey based on the validated 'Benefit, Risk, Alternatives, do Nothing' (BRAN) questions, which encourage patients' involvement in shared decision-making conversations with clinicians. Data were collected from 142 consultations over 3 months, using three PDSA cycles, which provided the structure to implement changes, evaluate their impact, and build on the learning from previous cycles. The first cycle analysed the shared decision-making in the clinic. The second cycle involved shared decision-making training for pharmacists. On the third cycle, decision-making aid leaflets were implemented. **Results**: First cycle results showed patients were mostly satisfied with the 'Benefit' statement. The second cycle revealed satisfaction improvements on 'Risk'. On the third cycle, satisfaction increased on the 'do Nothing' statement. The baseline mean of the patient satisfaction score increased from 3.25/5 at the start to 3.75/5 by the end of the study. **Conclusions:** The results show that each cycle had a positive effect, suggesting that training specialist pharmacists in person-centred care and shared decision-making led to an improvement in patient satisfaction. Encouraging patients to be involved in shared decision-making enabled them to ask questions in consultations and led to improved satisfaction. The project highlighted the importance of developing the skills and knowledge of the pharmacy workforce to support the needs of an expanding and ageing cancer population.]

Patient prioritisation for hospital pharmacy services: current approaches in the UK.
Abuzour AS; Hoad-Reddick G; Shahid M; Steinke DT; Tully MP; Williams SD; Lewis PJ
European Journal of Hospital Pharmacy: science and practice, vol. 28 (supplement 2)
November 2021

[**Objectives**: To survey and explore current approaches to deployment of pharmaceutical care prioritisation tools in acute hospitals in the UK. **Methods**: A national online survey was circulated electronically to chief pharmacists of hospitals to determine if they use a prioritisation tool or process. Where such mechanisms exist, respondents were invited to participate in a semistructured telephone interview to explore the development, evaluation and application of their tool and share relevant documentation. Interviews were transcribed and thematically analysed. **Results**: Seventy hospitals (70/130) used a tool or process to prioritise clinical pharmacy services. Thirty-six interviews were conducted, and two were excluded. The majority of tools had been developed in-house. Few hospitals had undertaken formal evaluations of their prioritisation tool. Pharmacy prioritisation tools ranged in complexity and often included a combination of pharmacy service prioritisation, such as medicines reconciliation, and a section to assign an individual patient prioritisation level. Determining the priority of a patient based on the identification of set indicators instilled confidence in pharmacists by ensuring they were not missing high-risk patients. Electronic prioritisation tools were especially useful at retrieving real-time data to prioritise workload, improving workflow and ensuring continuity in patient care. Drawbacks of using prioritisation tools included lack of tool sensitivity across certain specialties and time spent using the tool if not all information was accessible. **Conclusions**: Prioritisation tools were seen to be useful for prioritising workload and ensuring the right patients are seen at the right time. As few hospitals had formally evaluated their tools, it is important to rigorously and systematically develop an evidence-based prioritisation tool that is both useable and acceptable. Further research to evaluate such tools would be needed to ensure it improves patient health outcomes and efficiency in pharmacy services.]

Reducing the risk of non-sterility of aseptic handling in hospital pharmacies, part B: risk control.
Boom, F.A.; Ris, J.M.; Veenbaas, T.; Le Brun, P.P.H; Touw, D.
European Journal of Hospital Pharmacy: science and practice, vol. 28(6)
October 2021
[**Objectives**: To determine prospectively the risk reducing measures of non-sterility during aseptic handling and to develop a method for prioritising these measures. **Methods**: In the first part of this series of articles, we identified all sources of risk which could contaminate a product during aseptic handling, and calculated the remaining risks of non-sterility using a risk assessment (RA) model. We concluded that additional research of some risk sources was needed before risk control (RC) could be executed on all risk sources. The chances of technical problems with a laminar airflow cabinet or safety cabinet (LAF/SC) were collected from 10 hospital pharmacies using a questionnaire. The chances of blocking first air were examined by airflow visualisation (smoke studies). For checking the way of working during aseptic handling, a checklist for an audit was developed. Risk control was executed by a multidisciplinary team of (hospital) pharmacists and technicians, a consultant experienced in aseptic processing and an independent facilitator. They determined the risk reducing measures for each source of risk and the influence of these measures on the remaining risk (expressed as risk prioritisation number). **Results**: The chances of defects of the LAF/SC were low. Airflow visualisation is a sensible method to find the correct location of materials and equipment inside the LAF/SC and to detect a way of working without blocking first air on critical spots. Audits will provide valuable information about the way aseptic handling is executed and the remaining risks as a consequence. The risk of non-sterility caused by needle or spike contact with critical spots of vials and ampoules (stopper or ampoule neck), blocking first air under downflow and touching critical spots cannot be eliminated completely. **Conclusion**: The RA/RC model shows the impact of risk reducing measures on the probability of non-sterility during aseptic handling. The calculated risk prioritisation numbers are helpful in prioritising these measures. Audits result in risk reduction for nearly all sources of risk.]

Medication Review

Development of a model of medication review for use in clinical practice: Bristol medication review model.
McCahon D; Denholm RE; Huntley AL; Dawson S; Duncan P; Payne RA
BMC Medicine, vol. 19(1)
November 2021
[**Background**: Medication review is a core aspect of medicine optimisation, yet existing models of review vary substantially in structure and content and are not necessarily easy to implement in clinical practice. This study aimed to use evidence from the existing literature to identify key medication review components and use this to inform the design of an improved review model. **Methods**: A systematic review was conducted (PROSPERO: CRD42018109788)

to identify randomised control trials of stand-alone medication review in adults (18+ years). The review updated that by Huiskes et al. (BMC Fam Pract. 18:5, 2017), using the same search strategy implemented in MEDLINE and Embase. Studies were assessed using the Cochrane risk of bias tool. Key review components were identified, alongside relevant clinical and health service outcomes. A working group (patients, doctors and pharmacists) developed the model through an iterative consensus process (appraisal of documents plus group discussions), working from the systematic review findings, brief evidence summaries for core review components and examples of previous models, to agree on the main purpose of the review model, overarching model structure, review components and supporting material. **Results**: We identified 28 unique studies, with moderate bias overall. Consistent medication review components included reconciliation (26 studies), safety assessment (22), suboptimal treatment (19), patient knowledge/preferences (18), adherence (14), over-the-counter therapy (13) and drug monitoring (10). There was limited evidence from studies for improvement in key clinical outcomes. The review structure was underpinned by patient values and preferences, with parallel information gathering and evaluation stages, feeding into the final decision-making and implementation. Most key components identified in the literature were included. The final model was considered to benefit from a patient-centred, holistic approach, which captured both patient-orientated and medication-focused problems, and aligned with traditional consultation methods thus facilitating implementation in practice. **Conclusions**: The Bristol Medication Review Model provides a framework for standardised delivery of structured reviews. The model has the potential for use by all healthcare professionals with relevant clinical experience and is designed to offer flexibility of implementation not limited to a particular healthcare setting.]

Reviewing Potentially Inappropriate Medication in Hospitalized Patients Over 65 Using Explicit Criteria: A Systematic Literature Review.
Alshammari H; Al-Saeed E; Ahmed Z; Aslanpour Z
Drug, healthcare and patient safety, vol. 13
November 2021
[Potentially inappropriate medication (PIM) is a primary health concern affecting the quality of life of patients over 65. PIM is associated with adverse drug reactions including falls, increased healthcare costs, health services utilization and hospital admissions. Various strategies, clinical guidelines and tools (explicit and implicit) have been developed to tackle this health concern. Despite these efforts, evidence still indicates a high prevalence of PIM in the older adult population. This systematic review explored the practice of using explicit tools to review PIM in hospitalized patients and examined the outcomes of PIM reduction. A literature search was conducted in several databases from their inception to 2019. Original studies that had an interventional element using explicit criteria detecting PIM in hospitalized patients over 65 were included. Descriptive narrative synthesis was used to analyze the included studies. The literature search yielded 6116 articles; 25 quantitative studies were included in this systematic literature review. Twenty were prospective studies and five were retrospective. Approximately, 15,500 patients were included in the review. Various healthcare professionals were involved in reviewing PIM including physicians and hospital pharmacists. Several tools were used to review PIM for hospitalized patients over 65, most frequently Beer's criteria and the STOPP/START tool. The reduction of PIM ranged from 3.5% up to 87%. The most common PIM were benzodiazepines and antipsychotics. This systematic review showed promising outcomes in terms of improving patient outcomes. However, the reduction of PIM varied in the studies, raising the question of the variance between hospitals in the explicit tools used for review. Additional studies need to be conducted to further investigate the outcomes of reviewing PIM at different levels, as well as assessing the cost-effectiveness of using explicit tools in reducing PIM.]

Medication Safety

Analysis of the third WHO Global Safety Challenge 'Medication Without Harm' patient-facing materials: exploratory descriptive study.
Subakumar K; Franklin BD; Garfield S
European Journal of Hospital Pharmacy: science and practice, vol. 28(supplement2)
November 2021
[**Objectives**: To evaluate patients' views on the content and use of the 'Five Moments for Medication Safety' materials developed as part of the WHO's 'Medication Without Harm' Global Patient Safety Challenge. These comprise a booklet, flyer, infographic poster, pamphlet and mobile application. They include recommended

questions for patients to ask healthcare professionals to gain a better understanding of their medication. **Methods**: Structured interviews were conducted with members of the public who entered an outpatient pharmacy in a London teaching hospital, using a combination of open and closed questions. Qualitative data were analysed thematically. Quantitative data were analysed descriptively. χ 2 , Fisher's exact, Mann-Whitney U and Kruskal-Wallis tests were used to test for associations between responses and variables such as age. **Results**: We approached 147 people; 100 (68%) agreed to take part. Of these, 83% thought that the materials would be 'quite' or 'very' useful. Potential barriers to their use were patients being of the view that they already ask healthcare professionals about their medicines or that there would be limited time available to answer their questions during consultations. Fifty-nine per cent of participants stated that they would prefer to be given the materials in waiting areas before seeing a healthcare professional; 61% thought they should be displayed on television screens in general practice surgeries. Age was significantly associated with preference for the mobile application (χ 2 test, p<0.01), with younger people preferring this format. **Conclusions**: Patients' views of the Five Moments for Medication Safety materials were generally positive. Our findings suggest that they should be displayed on television screens in waiting areas and given to patients prior to appointments. More advice is needed for patients on how to incorporate the questions suggested in the resources into a brief healthcare consultation.]

New Medicines Uptake

Barriers and facilitators to the uptake of new medicines into clinical practice: a systematic review.
Medlinskiene K; Tomlinson J; Marques I; Richardson S; Stirling K; Petty D
BMC Health Services Research, vol. 21(1)
November 2021
[**Background**: Implementation and uptake of novel and cost-effective medicines can improve patient health outcomes and healthcare efficiency. However, the uptake of new medicines into practice faces a wide range of obstacles. Earlier reviews provided insights into determinants for new medicine uptake (such as medicine, prescriber, patient, organization, and external environment factors). However, the methodological approaches used had limitations (e.g., single author, narrative review, narrow search, no quality assessment of reviewed evidence). This systematic review aims to identify barriers and facilitators affecting the uptake of new medicines into clinical practice and identify areas for future research. **Method**: A systematic search of literature was undertaken within seven databases: Medline, EMBASE, Web of Science, CINAHL, Cochrane Library, SCOPUS, and PsychINFO. Included in the review were qualitative, quantitative, and mixed-methods studies focused on adult participants (18 years and older) requiring or taking new medicine(s) for any condition, in the context of healthcare organizations and which identified factors affecting the uptake of new medicines. The methodological quality was assessed using QATSDD tool. A narrative synthesis of reported factors was conducted using framework analysis and a conceptual framework was utilised to group them. **Results**: A total of 66 studies were included. Most studies (n = 62) were quantitative and used secondary data (n = 46) from various databases, e.g., insurance databases. The identified factors had a varied impact on the uptake of the different studied new medicines. Differently from earlier reviews, patient factors (patient education, engagement with treatment, therapy preferences), cost of new medicine, reimbursement and formulary conditions, and guidelines were suggested to influence the uptake. Also, the review highlighted that health economics, wider organizational factors, and underlying behaviours of adopters were not or under explored. **Conclusion**: This systematic review has identified a broad range of factors affecting the uptake of new medicines within healthcare organizations, which were grouped into patient, prescriber, medicine, organizational, and external environment factors. This systematic review also identifies additional factors affecting new medicine use not reported in earlier reviews, which included patient influence and education level, cost of new medicines, formulary and reimbursement restrictions, and guidelines.]

Prescribing

Potential impact of national recommendations to use short course antibiotic therapy on antibiotic use in the emergency department of a UK hospital: retrospective observational study.
Powell N; Wade L; Iqbal-Elahi R; McDonald C; Philips R; Owens R; Amir A; Cho S; Nampa T; Lim D; Tai K; Jadav M
European Journal of Hospital Pharmacy : science and practice, Ahead of print
November 2021

[**Background and Importance**: The National Institute for Health and Care Excellence (NICE) antimicrobial prescribing guidelines for common infections recommend short course antimicrobial therapy in order to reduce antibiotic associated harm. **Objective**: To quantify the opportunity to reduce antibiotic use in an emergency department (ED) through adoption of these short antibiotic course recommendations. **Design, Settings and Participants**: A retrospective observational study in an ED in the UK with 95,000 attendances a year. Patients managed in the ED between 1 December and 31 December 2019 with the following infections were identified: acute otitis media, human and animal bites, pyelonephritis, lower urinary tract infections, cellulitis, cough, infective exacerbation of chronic obstructive pulmonary disease, pneumonia, sore throat, sinusitis, and diverticulitis. **Outcome Measure**: Excess antibiotic use due to either a protracted course length, or not meeting criteria for antibiotics. **Results**: 395 patients (260 adults and 135 children) were identified. Of the 1,215 days of antibiotic therapy, 198 (16%) were excess because of protracted course lengths. In terms of antibiotic defined daily doses (DDD), there were 1,201.5 antibiotic DDD prescribed, of which 232 (19%) DDD were excess because of protracted course lengths. If both protracted courses and unnecessary antibiotic use were included, then 321 (27%) DDD were excess. Excess antibiotic use and total antibiotic use by infection group were: 123/546 (23%) DDD in lower respiratory tract infection, 46/59 (79%) in upper respiratory tract infection, 44/231 (19%) in upper and lower urinary tract infection, 0/113 (0%) cellulitis, 77/180 (43%) bites, and 30/40 (75%) diverticulitis. Excess antibiotic use, as a proportion of all antibiotic use in the ED, was 321/4291 (7.5%) DDD, and of whole hospital antibiotic use, the ED's excess use was 321/33,566 (0.96%). **Conclusion**: Adoption of NICE antibiotic prescribing guidelines for common infections has the potential to reduce total antibiotic use in the ED by 7.5% and contribute to the hospital-wide antibiotic stewardship programme.]

Price versus clinical guidelines in primary care statin prescribing: a retrospective cohort study and cost simulation model.
De Zarate MO; Mentzakis E; Fraser SD; Roderick P; Rutter P; Ornaghi C
Journal of the Royal Society of Medicine, Articles in press
November 2021
[**Objective**: To investigate the relative impact of generic entry and National Institute for Health and Care Excellence clinical guidelines on prescribing using statins as an exemplar. **Design**: Retrospective analysis of statin prescribing in primary care and cost simulation model. **Setting**: Royal College of General Practitioners Research and Surveillance Centre (RCGP R&SC) database and Prescription Cost Analysis (PCA) database. **Participants**: New patients prescribed statins for the first time between July 2003 and September 2018. **Results**: General trends of statin' prescriptions were largely driven by a decrease in acquisition costs triggered by patent expiration, preceding NICE guidelines which themselves did not seem to affect prescription trends. Significant heterogeneity is observed in the prescription of the most cost-effective statin across GPs. A cost simulation shows that, between 2004 and 2018, the NHS could have saved £2.8bn (around 40% of the £6.3bn spent on statins during this time) if all GP practices had prescribed only the most cost-effective treatment. **Conclusions**: There is potential for large savings for the NHS if new and, whenever possible, ongoing patients are promptly switched to the first medicine that becomes available as generic within a therapeutic class as long as it has similar efficacy to still-patented medicines.]

Trends, geographical variation and factors associated with melatonin prescribing in general practices in England: a practice-level analysis.
Wan M; Begum R; Rashed AN
British Journal of Clinical Pharmacology
November 2021
[An overview of melatonin prescribing trends and variation in England is described in this study. Prescription reimbursement data for melatonin in England were extracted from publicly available primary care datasets between 2008-2019. Melatonin prescribing rates, cost, and product license status were described over time. Potential factors associated with melatonin prescribing were investigated using Poisson regression. Melatonin prescribing increased from 2.0 to 19.9 per 1,000 people between 2008-2019. While prescriptions for licensed products increased from 6.5% to 88.2%, spending on unlicensed products was £10 million and accounted for 23.3% of the total prescription cost in 2019. Practices with a higher proportion of children and older people and those serving more deprived patient populations were associated with a higher rate of prescribing (rate ratio= 1.51, 1.66, 1.59, respectively). Melatonin prescribing in England has increased exponentially over the last decade, with substantial spending on unlicensed products of unknown quality. Patient-level analysis research is needed.]

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