

# Library Current Awareness Bulletin: Pharmacy – January 2021

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## Alerts

Alerts and Recalls for Drugs and Medical Devices (GOV.UK)

[View the December and January Alerts](#)

Letters and drug alerts sent to health professionals (GOV.UK)

[View the December letters and alerts](#)

## Guidance

[NHS Pharmacy Regulations Guidance 2020](#)

[NICE Guidance and Advice List – December and January Updates](#)

The National Institute for Health and Care Excellence

## 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.]

### [Covid-19 vaccination: What's the evidence for extending the dosing interval?](#)

*BMJ*

January 2021

["On 30 December the four UK chief medical officers announced that the second doses of the covid vaccines should be given towards the end of 12 weeks rather than in the previously recommended 3-4 weeks. Gareth Iacobucci and Elisabeth Mahase look at the questions this has raised."]

### [New standards for initial education and training of pharmacists approved](#)

*General Pharmaceutical Council*

December 2020

["The implementation of these standards will transform the education and training of pharmacists, so they are able to play a much greater role in providing clinical care to patients and the public from their first day on the register."]

### [NHS Discharge Medicines Service](#)

*NHS England*

December 2020

["The NHS Discharge Medicines Service is a new essential service for community pharmacy contractors, commencing on the 15 February 2020. As an essential service, it must be provided by all community pharmacy contractors."]

### [Pregnancy, COVID-19 and Emerging Therapeutic Options](#)

Abbas-Hanif, A., Tansey, S., Sankarasubramanian, R. and Ward, P. for *Faculty of Pharmaceutical Medicine Blog*

January 2021

[In this article the authors discuss the risks COVID-19 poses to pregnant women, the foetus and the newborn. They review current epidemiology, therapeutic options and focus on the specific drug development needs of this group during a pandemic.]

## Community Pharmacy

### [Community pharmacy explained](#)

Baird, B. and Beech, J.

*The Kings Fund*

December 2020

["Community pharmacy is a critical part of primary care in England, but its role and relationship to the wider NHS is often poorly understood. This explainer looks at the community pharmacy sector in England, explaining how pharmacies are contracted and funded, the types of services they provide and future trends in the sector."]

### [Community pharmacists' exposure to COVID-19](#)

Cabas, P., Di Bella, S., Giuffrè, M., Rizzo, M., Trombetta, C., Luzzati, R., Antonello, R.M., Parenzan, K., and Liguori, G. *Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1882-1887

January 2021

[Between April 30th and May 10th, a questionnaire was administered through social media to Italian community pharmacists. From 67,000 pharmacists currently working in community pharmacies, 1,632 answered the survey which asked questions about occupational exposure, symptoms development, and testing practices. The survey population reflected the general Italian community pharmacist population in terms of age, gender, and number of co-workers. Protective measures were adopted in up to 99.9% of pharmacies. 624 pharmacists (38.2%) developed at least one COVID-19 related symptom in the period between February 28th and May 10th. In addition, 102 pharmacists (6.2%) were tested for COVID-19 and 15, the 15% of the tested population and 0.92% of the whole survey population, tested positive on nasopharyngeal swab. However, while the number of symptomatic pharmacists decreased, a higher number of tests were performed, thus COVID-19 prevalence among community

pharmacists could have been underestimated and is probably intermediate between other healthcare workers and the general population (0.31%).]

[General practitioner practice-based pharmacist input to medicines optimisation in the UK: pragmatic, multicentre, randomised, controlled trial](#)

Syafhan, N.F., Al Azzam, S., Williams, S.D., Wilson, W., Brady, J. et al

*Journal of Pharmaceutical Policy and Practice*, vol. 14(1)

January 2021

[The purpose of this study was to evaluate the impact of a medicines optimisation intervention, delivered by GP practice-based pharmacists, to patients at risk of medication-related problems (MRPs), on patient outcomes and healthcare costs. This was a multi-centre, randomised (normal care or pharmacist supplemented care) study in four regions of the UK, involving patients (n = 356) from eight GP practices, with a 6-month follow-up period. Participants were adult patients who were at risk of medication-related problems (MRPs). Median number of MRPs per intervention patient were reduced at the third assessment, i.e. 3 to 0.5 (p < 0.001) in patients who received the full intervention schedule. Medication Appropriateness Index (MAI) scores were reduced (medications more appropriate) for the intervention group, but not for control group patients (8 [4–13] to 5 [0–11] vs 8 [3–13] to 7 [3–12], respectively; p = 0.001). Using the intention-to-treat (ITT) approach, the number of telephone consultations in intervention group patients was reduced and different from the control group (1 [0–3] to 1 [0–2] vs 1 [0–2] to 1 [0–3], p = 0.020). No significant differences between groups were, however, found in unplanned hospital admissions, length of hospital stay, number of A&E attendances or outpatient visits. The mean overall healthcare cost per intervention patient fell from £1041.7 ± 1446.7 to £859.1 ± 1235.2 (p = 0.032). Cost utility analysis showed an incremental cost per patient of – £229.0 (95% CI – 594.6, 128.2) and a mean QALY gained of 0.024 (95% CI – 0.021 to 0.065), i.e. indicative of a health status gain at a reduced cost (2016/2017).]

[On the frontline against COVID-19: Community pharmacists' contribution during a public health crisis](#)

Cadogan, C.A. and Hughes, C.M.

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 2032-2035

January 2021

["This article seeks to highlight roles and activities that community pharmacists can undertake to help in relieving pressure on other areas of the health service, such as general practice. This information could help to inform future decisions about the restructuring of existing health services by governments, public health bodies and policy makers in response to public health crises such as COVID-19."]

[Personal protective practices and pharmacy services delivery by community pharmacists during COVID-19 pandemic: Results from a national survey](#)

Zaidi, S.T.R. and Hasan, S.S.

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1832-1837

January 2021

[Community pharmacists across the UK were invited to participate in a cross-sectional survey to understand their protective practices, professional and general wellbeing, and the delivery of pharmacy services during the COVID-19 pandemic. A total of 206 responses were received with representations from England, Northern Ireland, Scotland, and Wales. The majority of pharmacists (>75% or above) reported an increase in customer traffic to their pharmacy and were asking relevant questions from patients with flu-like symptoms before signposting them to the appropriate care. Most pharmacists (>85%) were maintaining a safe distance of two metres from customers and 72% were wearing an N95 protective mask and 28% were using protective gloves and apron in addition to safe distancing and protective masks. Ninety-nine percent of pharmacists reported drug shortages with 38% and 26% reported significant drug shortages and critical drug shortages causing disruptions beyond over the counter medicines. Eighty-nine percent of pharmacists reported inappropriate behaviour from patients or carers with 31% and 16% reported it to be a regular or frequent problem, respectively. Fifty-three percent of pharmacists were willing to offer their assistance for mass testing of COVID-19 antibodies if adequate training and reimbursement are provided.]

[Social distancing and the use of PPE by community pharmacy personnel: Does evidence support these measures?](#)

Hasan, S.S., Kow, C.S., and Zaidi, S.T.R.

*Research in Social & Administrative Pharmacy*, vol. 17(2) pp. 456-459

February 2021

["Upon reviewing the recommendations of 15 selected countries across five continents (Asia, Europe, Oceania, North America, and Africa) on social distancing and the use of personal protective equipment (PPE) in community pharmacies, we found inconsistencies in the recommended social distance to be practiced within the community pharmacies. There were also varying recommendations on the use of PPE by the pharmacy personnel. Despite the differences in the recommendations, maintaining recommended social distance and the wearing of appropriate PPE is of utmost importance for healthcare workers, including community pharmacy personnel dealing with day-to-day patient care activities, though full PPE should be worn when dealing with suspected COVID-19 patients."]

#### [The medication discrepancy detection service: A cost-effective multidisciplinary clinical approach](#)

Oñatibia-Astibia, A., Malet-Larrea, A., Mendizabal, A., Valverde, E., Larrañaga, B., Gastelurrutia, M.Á., Ezcurra, M., Arbillaga, L., Calvo, B., Goyenechea, E.

*Atención Primaria*, vol. 53(1) pp.43-50

January 2021

[This study aimed to estimate the effectiveness of a Medication Discrepancy Detection Service (MDDS), a collaborative service between the community pharmacy and Primary Care. This was a non-controlled before-and-after study at the Bidasoa Integrated Healthcare Organisation in Gipuzkoa, Spain. The service was provided by a multidisciplinary group of community pharmacists (CPs), general practitioners (GPs), and primary care pharmacists, to patients with discrepancies between their active medical charts and medicines that they were actually taking. The primary outcomes were the number of medicines, the type of discrepancy, and GPs' decisions. Secondary outcomes were time spent by CPs, emergency department (ED) visits, hospital admissions, and costs. The MDDS was provided to 143 patients, and GPs resolved discrepancies for 126 patients. CPs identified 259 discrepancies, among which the main one was patients not taking medicines listed on their active medical charts (66.7%, n = 152). The main GPs' decision was to withdraw the treatment (54.8%, n = 125), which meant that the number of medicines per patient was reduced by 0.92 ( $9.12 \pm 3.82$  vs.  $8.20 \pm 3.81$ ;  $p < .0001$ ). The number of ED visits and hospital admissions per patient were reduced by 0.10 ( $0.61 \pm .13$  vs  $0.52 \pm 0.91$ ;  $p = .405$  and  $0.17$  ( $0.33 \pm 0.66$  vs.  $0.16 \pm 0.42$ ;  $p = .007$ ), respectively. The cost per patient was reduced by €444.9 ( $€1003.3 \pm 2165.3$  vs.  $€558.4 \pm 1273.0$ ;  $p = .018$ ).]

#### [The potential role of local pharmacies to assess asthma control: an Italian cross-sectional study](#)

Caminati, M., Cegolon, L., Bacchini, M., Segala, N., Dama, A. Bovo, C., Olivieri, B., Furci, F., and Senna, G.

*BMC Public Health*, vol. 21(1)

January 2021

[This cross-sectional study aimed to describe the relationship between asthma severity and control in community pharmacies within the health district of the city of Verona, Italy. Patients referring to the participating pharmacies with an anti-asthmatic drug medical prescription and an asthma exemption code were asked to complete the Asthma Control Test (ACT) and a brief questionnaire collecting information on their age, sex, smoking status, aerobic physical exercise and usual asthma therapy, which also defined asthma severity. A multinomial logistic regression model was fitted to investigate the risk of uncontrolled as well as poorly controlled vs. controlled asthma (base). Results were expressed as relative risk ratios (RRR) with 95% confidence interval (95%CI). Fifty-seven community pharmacies accepted to participate and 584 asthmatic patients (54% females; mean-age:  $51 \pm 19$  years) were consecutively recruited from 1st January to 30th June 2018 (6 months). Based upon ACT score 50.5% patients had a controlled asthma, 22.3% a poorly controlled and 27.2% uncontrolled. A variable proportion of patients with uncontrolled asthma were observed for every level of severity, although more frequently with mild persistent form of asthma. Most patients (92%) self-reported regular compliance with therapy. At multinomial regression analysis, patients under regular asthma treatment course (RRR = 0.33; 95%CI: 0.15; 0.77) were less likely to have an ACT < 16 compared to those not taking medications regularly.]

## Hospital Pharmacy

#### [Bibliometric analysis of peer-reviewed literature on antimicrobial stewardship from 1990 to 2019](#)

Sweileh, W.M.

*Globalization and Health*, vol. 17(1)

January 2021

[This study aimed to assess global research activity on antimicrobial stewardship (AMS) as one measure for efforts dedicated to contain AMR. A bibliometric method was applied using Scopus. A validated search query was implemented. Bibliometric indicators and mapping were generated. The study period was from 1990 to 2019. The

keywords “antimicrobial stewardship” or “antibiotic stewardship” were searched for in the titles or abstracts. In addition, documents with the term “restrict” or “restriction” if used with the terms “antimicrobial” or “antibiotic” were retrieved. The search query returned 4,402 documents. The number of publications and cumulative citations showed a steep and parallel increase in the last decade. The region of the Americas returned the most while the Eastern Mediterranean region returned the least. The United States (n = 1834, 41.7%) ranked first. Main research themes in the retrieved literature were the (1) impact of AMS on hospital length stay, (2) role of pharmacists, and (3) development of resistance of various pathogens. *Clostridium difficile* (n = 94) and *Staphylococcus aureus* (n = 76) were among the most frequently encountered author keywords. The *Infection Control and Hospital Epidemiology* journal ranked first (n = 245, 5.6%, h-index = 134) while documents published in the *Clinical Infectious Diseases* journal (h-index = 321) received the highest number of citations per document (70.7). At the institutional level, the US Centers for Disease Prevention and Control (n = 93, 2.1%) ranked first followed by the Imperial College London (n = 86, 2.0%). The main funding sponsors were the National Institute of Health. Pfizer, Merck, and Bayer pharmaceutical companies played a key role in funding AMS research. International research collaboration between developed (n = 3693, 83.9%) and developing countries (n = 759, 17.2%).]

#### [Changes in workflow to a University Pharmacy to facilitate compounding and distribution of antiseptics for use against COVID-19](#)

Nigro, F., Tavares, M. Sato de Souza de Bustamante Monteiro, M., Keiko Toma, H., Faria de Freitas, Z.M., Garofalo, D., Monta Alverne, M., Barros dos Passos, M.M., Pereira dos Santos, E., and Ricci-Junior, E.

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1997-2001

January 2021

["This article is a report from an experience about a work developed by Farmácia Universitária at UFRJ (FU-UFRJ) during the nCov-19 pandemic period. The aim of this work was to describe its contribution in the production of antiseptic supplies used to prevent contagion by the new coronavirus. The work routine at the pharmacy has been changed to allow the implementation of local workflow during the pandemic, and to adapt the protection rules to meet the safety measures. FU-UFRJ started to manipulate two antiseptic formulations: 70% ethyl alcohol and gel alcohol, which are included in the National Form, manufacturing around 100 L of these formulations, weekly, to donate to different health units. The experience enabled the adaptation to emergency health standards, planning and meaningful guidance to pharmacists and technicians to attend clinics at university hospitals, vaccination center and UFRJ city hall, in order to facilitate the access to adequate hand hygiene to the population."]

#### [Clinic- and hospital-based home care, Outpatient Parenteral Antimicrobial Therapy \(OPAT\) and the Evolving Clinical Responsibilities of the Pharmacist](#)

Docherty, T., Schneider, J. J., and Cooper, J.

*Pharmacy*, vol. 8(4)

December 2020

["The pharmacist's role is evolving from that involved primarily with dose preparation and supply of medications. Their clinical expertise in medication management ensures that they are an integral member and leader in these models of care. Their role ensures the safe and quality use of medicines, particularly across transitions of care, with the pharmacist taking on the roles of educator and consultant to patients and health professional colleagues. Activities such as antimicrobial stewardship and ongoing monitoring of patients and outcomes is fundamental to ensure quality patient outcomes in these settings."]

#### [Effect of medicines management versus standard care on readmissions in multimorbid patients: a randomised controlled trial](#)

Lea, M., Mowé, M., Molden, E. Kvernørød, K., Skovlund, E., and Mathiesen, L.

*BMJ Open*, vol. 10(12)

December 2020

[The aim of this study was to investigate the effect of pharmacist-led medicines management in multimorbid, hospitalised patients on long-term hospital readmissions and survival. It was a parallel-group, randomised controlled trial with participants recruited from an internal medicine hospital ward in Oslo, Norway. Participants were acutely admitted multimorbid patients 18 years or older, using minimum four regular drugs from minimum two therapeutic classes. 399 patients were randomly assigned, 1:1, to the intervention or control group. After excluding 11 patients dying in-hospital and two erroneously included, the primary analysis comprised 386 patients (193 in each group)

with median age 79 years (range 23–96) and number of diseases 7 (range 2–17). Intervention patients received pharmacist-led medicines management comprising medicines reconciliation at admission, repeated medicines reviews throughout the stay and medicines reconciliation and tailored information at discharge, according to the integrated medicines management model. Control patients received standard care. The primary endpoint was difference in time to readmission or death within 12 months. Overall survival was a priori the clinically most important secondary endpoint. Pharmacist-led medicines management had no significant effect on the primary endpoint time to readmission or death within 12 months (median 116 vs 184 days, HR 0.82, 95% CI 0.64 to 1.04,  $p=0.106$ ). A statistically significantly increased overall survival was observed during 21–40 months follow-up (HR 0.66, 95% CI 0.48 to 0.90,  $p=0.008$ ).]

#### [Investigating the challenges and opportunities for medicines management in an NHS field hospital during the COVID-19 pandemic](#)

de Val, J., Sohal, G., Sarwar, A., Ahmed, H., Singh, I., Coleman, J.J.

*European Journal of Hospital Pharmacy*, vol. 28(1) pp. 10-15

January 2021

[Opportunities and challenges presented for optimal medicines management (MM) during the development of the NHS Nightingale Hospital Birmingham (NHB) are investigated, and a framework developed to support future NHS field hospitals of this model. A team, comprised of an associate medical director, trust chief pharmacist and senior pharmacists iteratively developed a framework to convert the large non-hospital setting into a functioning NHS field hospital with standardised MM processes adjusted appropriately to cope with operational constraints in the pandemic situation. NHB has, because of its repurposing, both challenges and advantages affecting MM that influence development of the framework. Throughout implementation, a 7-week period between announcement and opening, there was continuous evaluation, external stakeholder validation and peer review. The PESTLE model, a mechanism of analysis to identify elements of a project environment (Political, Environmental, Social, Technological, Legal and Economic), was applied to identify influencing factors and support detailed project planning. Compliance with medicines legislation was at the forefront of all MM process development for the NHB field hospital. Internal factors were identified by the core MM team, resulting in a workforce, education & training and clinical pharmacy MM plan.]

#### [Management of human resources of a pharmacy department during the COVID-19 pandemic: Take-aways from the first wave](#)

Adam, J-P., Khazaka, M., Charikhi, F., Clervil, M., Huot, D.D. et al

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1990-1996

January 2021

["The purpose of this article is to share the experiences of the pharmacy department of the Centre hospitalier de l'Université de Montréal (CHUM) in response to the COVID-19 pandemic. Seven of the most important issues will be addressed: crisis management, internal communications, employee stress, reorganisation of workspaces, reorganisation of pharmacist workforce, telework and schedule management. Some of the changes made in human resources deployment will likely remain even post-pandemic."]

#### [Patient prioritisation for hospital services: current approaches in the UK](#)

Abuzour, A.S., Hoad-Reddick, G., Shahid, M., Steinke, D.T., Tully, M. P., Williams, S.D., and Lewis, P.J.

*European Journal of Hospital Pharmacy*

December 2020

[The aim of this study was to survey and explore current approaches to deployment of pharmaceutical care prioritisation tools in acute hospitals in the UK. 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 semi-structured telephone interview to explore the development, evaluation and application of their tool and share relevant documentation. Interviews were transcribed and thematically analysed. 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.]

[Pharmacy Emergency Preparedness and Response \(PEPR\): a proposed framework for expanding pharmacy professionals' roles and contributions to emergency preparedness and response during the COVID-19 pandemic and beyond.](#)

Aruru, M., Truong, H-A., and Clark, S.

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1967-1977

January 2021

[“This paper draws on the American Society of Health-System Pharmacists (ASHP) 2003 Statement on the Role of Health-System Pharmacists in Emergency Preparedness and lessons learned from previous and current public health emergencies, such as the 2009 H1N1 pandemic and the current COVID-19 pandemic, to provide expanded guidance for pharmacists and pharmacy professionals across all practice settings in EP&R. The proposed PEPR framework also incorporates information and recommendations from The Pharmacy Organizations' Joint Policy Recommendations to Combat the COVID-19 Pandemic (March 2020), CDC-NIOSH, International Pharmaceutical Federation (FIP) Guidance, health departments and emergency preparedness guidance and resources, Boards of Pharmacy, and other pharmacy professional organizations and educational institutions.”]

[Prevalence and follow-up of potentially inappropriate medication and potentially omitted medication in older patients with cancer – The PIM POM study](#)

van Loveren, F., van Berlo-van de Laar, I.R.F., Imholz, A.L.T., van 't Riet, E., Taxis, K., and Jansman, F.G.A.

*Journal of Geriatric Oncology*, vol. 12(1) pp. 80-84

January 2021

[This prospective observational study aimed to determine the prevalence of Potentially Inappropriate Medication (PIMs) and Potentially Omitted Medication (POMs) in older patients with cancer. Hospital pharmacists conducted comprehensive medication reviews in older patients with cancer (aged 65 years or older) receiving parenteral chemotherapy and/or immunotherapy at the Deventer Hospital. PIMs and POMs were identified using the Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPP), the Screening Tool to Alert doctors to the Right Treatment (START), and pharmacists' expert opinion. Recommendations regarding PIMs and POMs were communicated to the patient's oncologist/haematologist and follow-up was measured. Associations between covariates and the prevalence of PIMs and POMs were statistically analysed. For the 150 patients included, 180 PIMs and 86 POMs were identified with a prevalence of 78%. Using pharmacists' expert opinion in addition to only STOPP/START criteria contributed to 49% of the PIMs and 23% of the POMs. A follow-up action was required in 73% of the 266 PIMs and POMs. Number of medicines and Charlson Comorbidity Index score were both associated with having at least one PIM and/or POM ( $p = .031$  and  $p = .016$ , respectively).]

[Providing pharmacy services in a basketball arena: Reflections on building a pharmacy in a COVID-19 surge](#)

Warr, D., Storey, E., Denys, M., Brown, S., and Rose, C.

*American Journal of Health-System Pharmacy*

December 2020

[“As Coronavirus disease 19 (COVID-19) has spread globally, hospital systems have seen an increasing strain on their ability to accommodate the growing caseload. This demand has led countries to adopt varying surge-facility or alternate care site (ACS) models to manage patient overflow. This report describes the experience of setting up pharmacy services at a city-run surge facility in Philadelphia.”]

[Role of pharmacist during the COVID-19 pandemic: A scoping review](#)

Visacri, M.B., Figueiredo, I.V., Lima, T.

*Research in Social & Administrative Pharmacy*, vol. 17(1) pp. 1799-1806

January 2021

[To identify and describe core services provided by the pharmacist during the COVID-19 pandemic a literature search was performed in MEDLINE, Embase, Scopus, and LILACS for studies published between 1st December 2019 and 20th May 2020 without language restriction. Studies that reported services provided by pharmacists during the

COVID-19 pandemic were included. Two independent authors performed study selection and data extraction with a consensus process. The pharmacist's intervention identified in the included studies were described based on key domains in the DEPICT v.2. A total of 1,189 records were identified, of which 11 studies fully met the eligibility criteria. Most of them were conducted in the United States of America (n = 4) and China (n = 4). The most common type of publication were letters (n = 4) describing the workplace of the pharmacist in hospitals (n = 8). These findings showed the different roles of pharmacists during the COVID-19 pandemic, such as disease prevention and infection control, adequate storage and drug supply, patient care and support for healthcare professionals. Pharmacists' interventions were mostly conducted for healthcare professionals and patients (n = 7), through one-to-one contact (n = 11), telephone (n = 6) or video conference (n = 5). The pharmacists' main responsibility was to provide drug information for healthcare professionals (n = 7) as well as patient counselling (n = 8).]

[Use and validation of a survey tool to measure the perceived effectiveness of insulin prescribing safety interventions in UK hospitals](#)

Bain, A., Hasan, S.S., Kavanagh, S., and Babar, Z-U-D.

*Diabetic Medicine*, vol. 37(12) pp. 2027-2034

December 2020

[This study aimed to describe the use and validation of a survey tool to elicit the opinion of hospital pharmacists and medicines safety officers in the UK regarding the perceived effectiveness of strategies to improve insulin prescribing safety in hospitals. One respondent from each participating organisation completed the survey on behalf of the main acute hospital in their trust (n = 92). A five-point Likert scale was used to determine opinion on how effective 22 different interventions were at promoting insulin safety at the respondent's trust. The tool, the Perception of Effectiveness of Prescribing Safety Interventions for Insulin (PEPSII) questionnaire, underwent content validity testing. The reliability was estimated using Cronbach's alpha ( $\alpha$ ). The PEPSII questionnaire demonstrated good reliability ( $\alpha = 0.867$ ). Outreach team review and mandatory insulin education were the highest-scoring interventions; the insulin passport was amongst the lowest scoring interventions. Most interventions were considered more effective by trusts using them compared to those who didn't, except for self-administration policies, electronic prescribing and the insulin passport.]

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