

Library Current Awareness Bulletin:

Pharmacy – June 2020

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Articles can be accessed from the links provided. An OpenAthens account may be required to access some of the articles.
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Alerts

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

[View the May and June Alerts](#)

Guidance

[NICE Guidance and Advice List – May and June Updates](#)

The National Institute for Health and Care Excellence

News

[BBC News articles on the pharmaceutical industry](#)

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

[Coronavirus \(COVID-19\) updates](#)

National Pharmacy Association

June 2020

[To help members find answers to common questions on operating in the COVID-19 Pandemic, the NPA has put together FAQs which will be updated daily. This webpage also has links to NPA webinars on key topics related to the coronavirus outbreak and relevant business continuity guidance.]

[Latest updates on COVID-19 \(coronavirus\)](#)

General Pharmaceutical Council

June 2020

[This webpage contains the latest statements and information from the GPhC in relation to the COVID-19 pandemic.]

[Criteria for pharmacist provisional registration agreed](#)

General Pharmaceutical Council

May 2020

[Discusses the agreed policy for registering pharmacists on a provisional basis as part of the regulator's response to the COVID-19 pandemic.]

[GPhC launches Vision 2030 and five-year strategic plan](#)

General Pharmaceutical Council

May 2020

[Vision 2030 sets out a 10-year vision for safe and effective pharmacy care for healthier communities. This is supplemented by a strategic plan for 2020-2025.]

[Medicines regulations need democratic oversight says NPA](#)

National Pharmacy Association

June 2020

[Refers to The Medicines and Medical Devices Bill, currently being examined by the Public Bill Committee. The NPA argue that the bill opens up the possibility of important changes to the rules around medicines supply taking place without sufficient parliamentary scrutiny and democratic accountability.]

[Think “big and bold” about the post-crisis world, says NPA following consultation with independent pharmacies](#)

National Pharmacy Association

June 2020

[Includes a link to an NHS England Survey which seeks to capture the beneficial changes which have been seen across general practice, primary care networks, and community pharmacy during the response to COVID-19.]

Community Pharmacy

[Community pharmacy teams' experiences of general practice-based pharmacists: an exploratory qualitative study](#)

Karampataki, G.D. et al

BMC Health Services Research, vol. 20(1) p. 431

May 2020

[The aim of this study was to identify the experiences and perceptions of community pharmacy teams regarding pharmacists' presence in general practice. 104 community pharmacies within a radius of two miles from eight West London general practices were identified and contacted via telephone. Pharmacy staff who verbally expressed their interest to participate were then provided with the study's documents. Qualitative, face-to-face, semi-structured interviews were conducted inside the pharmacy from which each participant was recruited. Interviews lasted 30 to 45 min and were audio-recorded. Audio-recordings were transcribed verbatim and transcripts analysed thematically. 48 community pharmacy staff participated.]

[Development of a complex community pharmacy intervention package using theory-based behaviour change techniques to improve older adults' medication adherence](#)

Patton, D.E., Ryan, C. and Hughes, C.M.

BMC Health Services Research, vol. 20(1) p. 418

May 2020

[This intervention development study reports on the design of a community pharmacy-based adherence intervention using 11 Behaviour Change Techniques (BCTs) which were identified from previous qualitative research with older patients using the Theoretical Domains Framework. Using a group consensus approach, a five-step design

process was employed. This focused on decisions regarding: (1) the overall delivery format, (2) formats for delivering each BCT; (3) methods for tailoring BCTs to individual patients; (4) intervention structure; and (5) materials to support intervention delivery. The APEASE (Affordability; Practicability; Effectiveness/cost-effectiveness; Acceptability; Side effects/safety; Equity) criteria guided the selection of BCT delivery formats.]

[Impact of point-of-care tests in community pharmacies: a systematic review and meta-analysis](#)

Albasri, A. et al

BMJ Open, vol. 10(5)

May 2020

[This study aimed to summarise the literature regarding the use of a point-of-care test (POCT) in pharmacies versus control/usual care. Articles were included if they: involved a POCT conducted by a community pharmacist, member of pharmacy staff or local equivalent; measured a clinically relevant outcome for example, clinical parameter monitoring. No clinical condition or language limits were set. The methodological quality of included studies was assessed, using the Cochrane Risk of Bias tool and Newcastle-Ottawa scale. Thirteen of the 1,584 articles found were included in the meta-analyses. Studies covered four therapeutic areas: targeted anti-malarial therapy (n=3 studies), glycated haemoglobin (HbA1c) in diabetes (n=2 studies), lipid control (n=3 studies) and international normalised ratio (INR) control in patients taking warfarin (n=5 studies).]

[Organisational factors associated with safety climate, patient satisfaction and self-reported medicines adherence in community pharmacies](#)

Jacobs, S. et al

Research in Social & Administrative Pharmacy, vol. 16(7) pp. 895-903

[This study aimed to investigate organisational factors associated with variation in safety climate, patient satisfaction and self-reported medicines adherence in English community pharmacies. Multivariable regressions were conducted using data from two cross-sectional surveys, of 817 pharmacies and 2,124 patients visiting 39 responding pharmacies, across 9 diverse geographical areas. Outcomes measured were safety climate, patient satisfaction and self-reported medicines adherence. Independent variables included service volume (e.g. dispensing volume), pharmacy characteristics (e.g. pharmacy ownership), patient characteristics (e.g. age) and areal-specific demographic, socio-economic and health-needs variables.]

[Pharmacy technicians' roles and responsibilities in the community pharmacy sector: a Welsh perspective](#)

Chamberlain, R., Huyton, J. and James, D.

Pharmacy, vol. 8(2)

June 2020

[The aim of this study was to establish existing roles of pharmacy technicians working in the community pharmacy sector in Wales and to explore barriers and enablers to development. A combination of quantitative and qualitative methodologies was used, with the main focus on quantitative methods. A total of 83 participants completed an online questionnaire and additional qualitative data were obtained from four semi-structured telephone interviews.]

[Systematic review to inform the development of a community pharmacy-based intervention for people affected by dementia](#)

Dann-Read, E., Poland, F. and Wright, D.

The International Journal of Pharmacy Practice, vol. 28(3) p. 233-245

June 2020

[The aim of this systematic review was to identify, describe, and evaluate the quality of the research for dementia-specific pharmacy-based interventions with potential for delivery through community pharmacy. 29 studies were identified. Interventions were categorised as medication review, targeted medicine intervention, education, memory screening and miscellaneous. Five studies were set in community pharmacy. Interventions frequently targeted antipsychotics, benzodiazepines and anticholinergic medication. 20 interventions were medicine-related. 18 studies were categorised as 'very low' quality, often due to small sample size.]

[Time-trend analysis of medicine sales and shortages during COVID-19 outbreak: Data from community pharmacies](#)

Romano, S. et al

Research in social & administrative pharmacy

May 2020

[The aim of this study was to characterise the impact of the COVID-19 outbreak on outpatient medicines' sales and shortages. A retrospective, time-trend analysis of medicine sales, shortages and laboratory-confirmed COVID-19 cases was performed from February 1st to April 30th, 2020, and its homologous period (regarding sales only). A detailed analysis of 6 pharmaceutical substances was performed. All data were subjected to rescaling using the min-max normalisation method, in order to become comparable.]

Hospital Pharmacy

[A novel approach to medicines optimisation post-discharge from hospital: pharmacist-led medicines optimisation clinic](#)

Odeh, M. et al

International Journal of Clinical Pharmacy

June 2020

[This randomised, controlled trial aimed to assess the impact of a post-discharge, pharmacist-led medicines optimisation clinic, in a district general hospital in Northern Ireland, on readmission parameters. Assessment of the economic, clinical and humanistic outcomes were considered. Blinded random sequence generation was used; a closed envelope-based system, with block randomisation. Adult patients with acute unplanned admission to medical wards subject to inclusion criteria were invited to attend the clinic. Analysis was carried out for intention-to-treat and per-protocol perspectives. The main outcome measure was the 30-day readmission rate.]

[Clinical and economic outcomes of hospital pharmaceutical care: a systematic review and meta-analysis](#)

Lin, G. et al

BMC Health Services Research, vol. 20(1) p. 487

June 2020

[Clinical trial studies were reviewed and analysed to evaluate the clinical effectiveness and economic outcomes of clinical pharmaceutical care. Two researchers searched literature published from January 1992 to October 2019, and screened them by keywords like pharmaceutical care, pharmaceutical services, pharmacist interventions, outcomes, effects, impact, etc. Then, duplicate articles were removed and the titles, abstracts and texts were read to screen articles according to inclusion and exclusion criteria. Key data in the literature were extracted, and Meta-analysis was conducted. A total of 3,299 articles were retrieved, and 42 studies were finally included. 12 of them were used for meta-analysis.]

[Development of an application for management of drug holidays in perioperative periods](#)

Kimura, S. et al

Medicine, vol. 99(19)

May 2020

[Multidisciplinary medical staff at Saga University Hospital (SUH) worked together to build an evidence-based Perioperative Drug Discontinuation Management Database (PDDMD) and developed the user-friendly Saga Application for Management of Drug Holidays in PeriOperative Periods (SAMPOP) via preliminary verification at SUH. From September 2018 to February 2020, 420 medical staff at SUH, including physicians, nurses, and pharmacists, installed and tested SAMPOP.]

[Effect of a formalised discharge process which includes electronic delivery of prescriptions to pharmacies on the incidence of delayed prescription retrieval](#)

Sachedina, A. K.

BMJ Open Quality, vol. 9(2)

May 2020

[This study was completed in the cardiology inpatient wards at a hospital in London, Ontario, Canada. 'Delayed prescription retrieval' was defined as the retrieval of a prescribed medication by a patient from their local pharmacy after the documented calendar day of discharge. The current discharge process on the cardiology wards was assessed and an initial monitoring period of study participants was completed to determine the baseline delayed prescription retrieval rate (pre-intervention group). A formalised discharge process, which included electronic delivery of prescriptions to pharmacies by fax, was implemented for study participants (post-intervention group). The rate of delayed prescription retrieval was assessed in both groups.]

[Failure to follow medication changes made at hospital discharge is associated with adverse events in 30 days](#)

Weir, D. L. et al

Health Services Research

May 2020

[This prospective cohort study, involving patients admitted to hospitals in Montreal, Quebec, between 2014 and 2016, aimed to evaluate the hypothesis that non-adherence to medication changes made at hospital discharge is associated with an increased risk of adverse events in the 30 days post-discharge. Non-adherence to medication changes was measured by comparing medications dispensed in the community with those prescribed at hospital discharge. Patient, health system, and drug regimen-level covariates were measured using medical services and pharmacy claims data as well as data abstracted from the patient's hospital chart. Multi-variable Cox models were used to determine the association between non-adherence to medication changes and the risk of adverse events. 2,655 patients met the inclusion criteria.]

[Global scope of hospital pharmacy practice: A scoping review](#)

Abousheisha, A.A.

Healthcare, vol. 8(2)

May 2020

[This scoping review is aimed at describing the extent and range of the professional pharmacy services offered in hospital pharmacies across different countries and the barriers underlying inappropriate or incomplete implementation of these services. Studies published in the English language between 2015 and 2019 were retrieved from the following databases: PubMed, CINAHL, Scopus, EBSCO Discovery Service, and Web of Science. A thematic analysis across the included studies produced two main themes. "Scope of practice" comprised three sub-themes: pharmaceutical care practice, clinical pharmacy practice, and public health services and "Multiple levels of influence" comprised five sub-themes: individual, interpersonal, institutional, community, and public policy-related factors.]

[Improving medication safety in the Intensive Care by identifying relevant drug-drug interactions - Results of a multicentre Delphi study](#)

Bakker, T. et al

Journal of Critical Care, vol. 57 pp. 134-140

June 2020

[The purpose of this study was to identify drug-drug interactions (DDIs) relevant for the intensive care unit (ICU). A modified Delphi procedure was conducted with a Dutch multidisciplinary expert panel consisting of intensivists and hospital pharmacists to assess the clinical relevance of DDIs for the ICU. The procedure consisted of two rounds, each included a questionnaire followed by a live consensus meeting. DDIs were selected according to their severity level and frequency in the ICU. Retrospective medication administration data was collected over a period of seven years from six Dutch ICUs consisting of both small and large ICUs, situated in teaching and non-teaching hospitals and geographically well-spread over the Netherlands.]

[Medicines reconciliation in primary care: a study evaluating the quality of medication-related information provided on discharge from secondary care](#)

Shah, C. et al

European Journal of Hospital Pharmacy, vol. 27(3) pp. 137-142

May 2020

[The objective of this study was to evaluate medicines reconciliation after discharge from hospital by assessing the quality of information regarding medicines within discharge summaries and determining whether the information provided regarding medicines changes were acted upon within 7 days of receiving the discharge information. Outcomes of interest included compliance with national minimum standards for medication related information on discharge summaries, such as allergies, changes to medication regimen, minimum prescription standards e.g. dose, route, formulation and duration, and medicines reconciliation by the primary care team. 43 CCGs covering each of the four NHS Regions in England participated in the study and submitted data for 1,454 patients and 10,038 prescribed medicines.]

[Reducing the risk of non-sterility of aseptic handling in hospital pharmacies, part A: risk assessment](#)

Boom, F.A. et al

European Journal of Hospital Pharmacy

May 2020

[This study aimed to determine prospectively the sources of risk of non-sterility during aseptic handling and to quantify the risks of each of these sources. A risk assessment (RA) of non-sterility according to Failure Mode and Effect Analysis was executed by a multidisciplinary team of (hospital) pharmacists and technicians, a consultant experienced in aseptic processing and an independent facilitator. The team determined the sources of risk of non-sterility, a 5 point scale for severity, occurrence and detection, and risk acceptance levels. Input about general applied risk reduction was collected by audits in 10 Dutch hospital pharmacies. The results of these audits were used for determining the remaining risks. The results, as well as scientific information and the experience of the team members, was used to determine scores for severity, occurrence and detection.]

[Reducing the risk of non-sterility of aseptic handling in hospital pharmacies, part B: risk control](#)

Boom, F.A. et al

European Journal of Hospital Pharmacy

May 2020

[Follows part A.]

[The role of a Coronavirus disease 2019 pharmacist: An Australian Perspective](#)

Nguy, J. et al

International Journal of Clinical Pharmacy

May 2020

[This commentary details an Australian hospital pharmacy response to the COVID-19 pandemic, describing the unique clinical and practical contributions made by a specialised COVID pharmacist.]

Education and Training

[Clinical practice and teaching of pharmaceutical care procedures for obstetric diseases](#)

Wang, X. et al

European Journal of Hospital Pharmacy

May 2020

[The authors' goal was to explore the pharmaceutical service and teaching methods of obstetric clinical pharmacists to establish standardised pharmaceutical care procedures for obstetric diseases. The clinical pharmacists in obstetrics formulated the pharmaceutical care procedure for each disease according to the standard and carried out clinical practice and teaching. A retrospective study was conducted to investigate the impact of the pharmaceutical care procedure before and after its implementation on both clinical practice and training. Obstetric pharmaceutical consultation and adverse reaction were the key indicators for clinical practice. The graduation assessment for students was strictly carried out in accordance with the regulations of the Chinese Hospital Association Pharmaceutical Affairs Professional Committee including communication and consultation capacity interview, case assessment, and training procedure assessment.]

[Hospital pharmacists understanding of available health literacy assessment tools and their perceived barriers for incorporation in patient education – a survey study](#)

Chan, S. et al

BMC Health Services Research, vol. 20(1)

May 2020

[The objective of the study was to characterise hospital pharmacists understanding of health literacy and their use of screening and counselling strategies before and after completion of an educational module and to identify barriers that hospital pharmacists perceive to exist that prevent them from using health literacy tools. Pharmacists in three Canadian health authorities were administered a pre-survey and then given access to an online 11 minute educational video. The post-survey was distributed 1 month later. Descriptive statistics were used to quantify survey responses with comparisons made between pre and post responses. The main outcome measure was pharmacists' understanding of health literacy and their current practice related to health literacy.]