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Library Current Awareness Bulletin: Pharmacy – June 2022

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Alerts/Guidance

Alerts and Recalls for Drugs and Medical Devices (GOV.UK)
View the May and June Alerts

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

NICE Guidance and Advice List – Latest Updates

Specialist Pharmacy Service – Latest Updates

Expanding Prescribing Scope of Practice
Royal Pharmaceutical Society, June 2022

Providing safe and effective treatment: Selecting the appropriate mode of consultation when assessing a person's needs
General Pharmaceutical Council, May 2022

Vaccination Information

COVID-19 vaccination programme
NHS England

COVID-19 vaccines and medicines: updates for May 2022
Medicines and Healthcare products Regulatory Agency

Recommendations for the use of pre and post exposure vaccination during a monkeypox incident.
UK Health Security Agency

News

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

First hospital trust electronic prescription service system due to be approved in June 2022
The Pharmaceutical Journal, 17 May 2022

GPhC Council agrees changes to the requirements for entry to independent prescribing courses
General Pharmaceutical Council, 12 May 2022

New Pharmacy First service launches in Liverpool
National Health Executive, 5 May 2022

NHS lead to investigate pharmacists being given just ten minutes for medication reviews
The Pharmaceutical Journal, 19 May 2022

Pharmacists must be central to the pharmacogenomics revolution
Royal Pharmaceutical Society, 18 May 2022

Why are there shortages of HRT and other drugs in the UK?
BMJ, vol. 377(8338)

Community Pharmacy

A Qualitative Systematic Review of Facilitators of and Barriers to Community Pharmacists-Led Anticoagulation Management Service
Egunsola O., Li J.W., Mastikhina L., Akeju O., Dowsett L.E. and Clement F.
The Annals of Pharmacotherapy, vol. 56(6) pp. 704-715
June 2022
[**Objective**: To identify the facilitators of and barriers to the implementation of Community Pharmacists-Led Anticoagulation Management Services (CPAMS). **Data Sources**: MEDLINE, EMBASE, CINAHL, Cochrane Database of Systematic Reviews, and Cochrane CENTRAL Register of Controlled Trials were searched from inception until August 20, 2021. **Study Selection and Data Extraction**: All abstracts proceeded to full-text review, which was completed by 2 reviewers. Data extraction was completed by a single reviewer and verified. Analysis was completed using best-fit framework synthesis. **Data Synthesis**: A total of 17 articles reporting on CPAMS from 6 jurisdictions were included: 2 Canadian provincial programs (Nova Scotia, Alberta), a national program (New Zealand), and 3 cities in the United

Kingdom (Whittington and Brighton and Hove) and Australia (Sydney). Facilitators of CPAMS included convenience for patients, accessibility for patients, professional satisfaction for pharmacists, increased efficiency in anticoagulation management, improved outcomes, enhanced collaboration, and scalability. Barriers included perceived poor quality of care by patients, resistance by general practitioners, organizational limits, capping of the number of eligible patients, and cost. **Relevance to Patient Care and Clinical Practice**: The barriers and facilitators identified in this review will inform health policy makers on the implementation and improvement of CPAMS for patients and health care practitioners. **Conclusion and Relevance**: CPAMS has been implemented in 6 jurisdictions across 4 countries, with reported benefits and challenges. The programs were structurally similar in most jurisdictions, with minor variations in implementation. New anticoagulation management programs should consider adapting existing frameworks to local needs.]

Real-World Impact of Transferring the Dispensing of Hospital-Only Medicines to Community Pharmacies During the COVID-19 Pandemic.

Murteira R., Romano S., Teixeira I., Bulhosa C., Sousa S., Conceição M.I., Fonseca-Silva A., and Martins H.
Value in Health: the journal of the International Society for Pharmacoeconomics and Outcomes Research
April 2022
[**Objectives**: In Portugal, the dispensing of most outpatient specialty medicines is performed exclusively through hospital pharmacies and totally financed by the National Health Service. During the COVID-19 first wave, the government allowed the transfer of the dispensing of hospital-only medicines (HOMs) to community pharmacies (CPs). This study aimed to measure the value generated by the intervention of CP in the dispensing of HOM. **Methods**: A single-arm, before-and-after study with 3-month follow-up was conducted enrolling a randomly selected sample of patients or caregivers with at least 1 dispensation of HOM through CP. Data were collected by telephone interview. Main outcomes were patients' self-reported adherence (Measure Treatment Adherence), health-related quality of life (EQ-5D 3-Level), satisfaction with the service, and costs related to HOM access. **Results**: Overall 603 subjects were recruited to participate in the study (males 50.6%) with mean 55 years old (SD = 16). The already high mean adherence score to therapy improved significantly ($P < .0001$), and no statistically significant change ($P > .5757$) was found in the mean EQ-5D score between baseline (0.7 ± 0.3) and 3-month follow-up (0.8 ± 0.3). Annual savings account for €262.1/person, arising from travel expenses and absenteeism reduction. Participants reported a significant increase in satisfaction levels in all evaluated domains-pharmacist's availability, opening hours, waiting time, privacy conditions, and overall experience. **Conclusions**: Changing the dispense setting to CP may promote better access and satisfaction. Moreover, it ensures the persistence of treatments, promotes savings for citizens, and reduces the burden of healthcare services, representing a crucial public health measure.]

The frequency and nature of prescribing problems by general practitioners in training (REVISiT).

Salema N.E., Bell B., Marsden K., Gookey G., Swanwick G., Bassi M., Mehta R., Silcock N., Avery A.J., and Knox R.
BJGP Open
May 2022
[**Background**: Prescribing errors can cause significant morbidity and occur in about 5% of prescriptions in English general practices. **Aim**: Our aim was to describe the frequency and nature of prescribing problems in a cohort of GPs in training to determine whether they need additional prescribing support. **Design & Setting**: A primary care pharmacist undertook a retrospective review of prescriptions issued between 09/10/2014 and 11/03/2015 by ten GPs in their final year of training from ten practices in England. **Method**: Pre-existing standards, and expert panel discussion, were used to classify the appropriateness of prescribing. Data were imported into STATA Version 13 to perform descriptive analysis. An individualised report highlighting prescribing errors, suboptimal prescribing, and areas of good practice identified during the review was shared with the GPs in training and their trainers. This report was used to guide discussions during the GP in training's feedback session. **Results**: A total of 1028 prescription items were reviewed from 643 consultations performed by ten GPs in training. There were 92 prescribing errors (8.9%) and 360 episodes of suboptimal prescribing (35.0%). The most common types of error concerned medication dosages (n=30, 32.6% of errors). **Conclusion**: Personalised review of prescribing revealed an error rate higher than recorded in a previous similar study mainly comprising GPs who had completed postgraduate training, and a substantially higher rate of suboptimal prescribing. A larger intervention study is now required to evaluate the effectiveness of receiving a personalised review of prescribing, and to assess its impact on patient safety.]

What the public in England know about antibiotic use and resistance in 2020: a face-to-face questionnaire survey
McNulty C., Read B., Quigley A., Verlander N.Q., and Lecky D.M.
BMJ Open, vol. 12(4)
April 2022
[**Objectives**: To describe public attitudes and knowledge around antibiotic activity, resistance and use. **Design**: Face-to-face household 18 question survey using computer-assisted data collection undertaken by Ipsos Market and Opinion Research International. **Setting**: Randomly selected households across England, January-February 2020. **Participants**: 2022 adults (aged 15+,) including 521 black, Asian and minority ethnic (BAME) participants, and 406 aged 15-25 years olds. **Main Outcome Measures**: Responses to questions about antibiotic activity, resistance and expectations for antibiotics and trust in healthcare professionals. Analyses were weighted to obtain estimates representative of the population with multivariable analysis undertaken for questions with five or more significant univariate variables. **Results**: 84% stated they would be pleased if their general practitioner (GP) said they did not need antibiotics. Trust in GPs to make antibiotic decisions remains high (89%) and has increased for nurses (76%) and pharmacists (71%). Only 21% would challenge an antibiotic decision; this was significantly greater in BAME participants (OR 2.5; 95% CI 1.89 to 3.35). 70% reported receiving advice when prescribed antibiotics. Belief in benefits of antibiotics for ear infections was very high (68%). Similar to 2017, 81% agreed that antibiotics work for bacterial, 28% cold and influenza viruses. 84% agreed antibiotic resistant bacteria (ARB) are increasing, only 50% agreed healthy people can carry ARB and 39% agreed there was nothing they personally could do about ARB. Social grade DE and BAME participants, and those with less education had significantly less understanding about antibiotics and resistance. **Conclusions**: As trust in healthcare practitioners is high, we need to continue antibiotic education and other interventions at GP surgeries and community pharmacies but highlight that most ear infections are not benefitted by antibiotics. Targeted interventions are needed for socioeconomic DE, BAME groups and previous antibiotic users. We need to explore if increasing perceived personal responsibility for preventing ARB reduces antibiotic use.]

Education, training and professional development

Contribution of supervision to the development of advanced practitioners: a qualitative study of pharmacy learners' and supervisors' views
Hindi A.M.K., Willis S.C., Astbury J., Fenton C., Stearns S., Jacobs S., McDermott I., Moss A., Seston E. et al
BMJ Open, vol. 12(4)
[**Objective**: To apply educational theory to explore how supervision can contribute to the development of advanced practitioners using the example of several postregistration primary care training pathways for pharmacy professionals (pharmacists and pharmacy technicians). **Design**: Qualitative semistructured telephone interviews applying Billet's theory of workplace pedagogy for interpretation. **Setting**: England. **Participants**: Fifty-one learners and ten supervisors. **Primary Outcome**: Contribution of clinical and educational supervision to the development of advanced practitioners in primary care. **Results**: Findings were mapped against the components of Billet's theory to provide insights into the role of supervision in developing advanced practitioners. Key elements for effective supervision included supporting learners to identify their learning needs (educational supervision), guiding learners in everyday work activities (clinical supervision), and combination of regular prearranged face-to-face meetings and ad hoc contact when needed (clinical supervision), along with ongoing support as learners progressed through a learning pathway (educational supervision). Clinical supervisors supported learners in developing proficiency and confidence in translating and applying the knowledge and skills they were gaining into practice. Learners benefited from having clinical supervisors in the workplace with good understanding and experience of working in the setting, as well as receiving clinical supervision from different types of healthcare professionals. Educational supervisors supported learners to identify their learning needs and the requirements of the learning pathway, and then as an ongoing available source of support as they progressed through a pathway. Educational supervisors also filled in some of the gaps where there was a lack of local clinical supervision and in settings like community pharmacy where pharmacist learners did not have access to any clinical supervision. **Conclusions**: This study drew out important elements which contributed to effective supervision of pharmacy advanced practitioners. Findings can inform the education and training of advanced practitioners from different professions to support healthcare workforce development in different healthcare settings.]

Educational supervision to support pharmacy professionals' learning and practice of advanced roles
Styles M., Middleton H., Schafheutle E., and Shaw M.
International Journal of Clinical Pharmacy
May 2022
[Pharmacy professionals are increasingly moving into advanced roles, including in primary care. In England, the publicly funded Pharmacy Integration Fund (PhIF) enabled employment and training of pharmacy professionals in new patient-facing roles, including general practice and care homes. In recognition of the need for support and supervision during work-based learning and building on established support structures in medicine and nursing, one of the providers of PhIF funded learning developed a supervision structure which mirrors arrangements for postgraduate medical specialty training. This paper describes what informed this supervision model, with a particular focus on educational supervision, its delivery, and the training which was developed to support supervisors. This supervision enabled pharmacy professionals moving into primary care to practise safely, manage workplace challenges, extend their roles and make progress with their education. This model illustrates the benefits of supervision in supporting post-registration learning to facilitate the development of advanced patient-facing clinical roles.]

Identification and evaluation of medication-related issues relating to patient's own drugs by pharmacy students while on placement in a tertiary hospital
Richardson C.L., Rook L., Pearson E., Mundell A. and Todd A.
International Journal of Clinical Pharmacy, vol. 44(2), pp. 575-579.
April 2022
[**Background**: Pharmacy students require knowledge of prescribing and supply of medicines; this is achievable through work-based learning. In UK hospitals, pharmacy technicians assess patient's own drugs (PODs) so medicines can be used as they would be at home. Student-led POD checks have not yet been considered as an opportunity for legitimate peripheral participation (LPP). **Aim**: To evaluate an undergraduate pharmacy placement model using POD checking as a way of gaining LPP within a UK tertiary hospital. **Method**: Students (n = 100) attended nine placements over academic year 2020-2021; they were supervised by a pharmacy technician to complete POD checks. Data were collected concerning student activities and resulting medication-related issues (MRIs); data were descriptively analysed. **Results**: 1094 patients were seen by pharmacy students and 296 MRIs identified. Omitted (non-prescribed) medicines were the most common MRI (32.1%), followed by incorrect stock items (16.2%). Most MRIs were medium risk (65.5%). The most common actions/outcomes were handover to another ward member (41.6%) or medication removal (25.3%). **Conclusion**: Clinically relevant MRIs relating to PODs can be identified by pharmacy students while experiencing LPP. These activities illustrate scalable work-based learning where pharmacy students can contribute to patient care in relation to the use and supply of medicines.]

The PRACTICE framework for organising and delivering a learning event for pharmacists' lifelong learning.
Micallef R., Kayyali R. and Ooms A.
Currents in Pharmacy Teaching & Learning, vol. 14 (4), pp. 407-414.
April 2022
[**Introduction**: To date, there is no unified model in Great Britain (GB), or globally, that provides consistency in planning, delivering, and evaluating learning events, that can support pharmacists' lifelong learning. This poses ongoing challenges for quality assurance and standardisation. The aim of this study is to present the development and validation of a framework to support the planning, delivery, and evaluation of learning events. **Methods**: Development and design of the framework was a result of using triangulating methods capturing data from previous studies. Primary validation included face validation and content validation. Secondary validation involved using a think-aloud systematic process. Finally, the framework was trialed in practice by organising, delivering, and evaluating a learning event, following its guidelines. **Results**: Initially, the PRACTICE framework included 48 statements. The content validity of the framework was 0.9. Think-aloud interventions resulted in changes to the number and clarity of statements, along with their position in the framework. The final PRACTICE framework consists of 51 statements and was successfully trialed in a face-to-face training event. **Conclusions**: The PRACTICE framework is an instrument supported by validation evidence and has been shown to be used effectively. Although the PRACTICE framework was created primarily for pharmacists, validation showed it can also be used for organising training events for other health care professionals. Future organisation and delivery of events according to the framework will continue to provide evidence about use in different settings.]

UK pharmacists' experiences and perceptions of conflict between personal ethical commitments and professional obligations, as set out in professional guidance.
Fovargue S. and Neal M.
The International Journal of Pharmacy Practice
April 2022
[**Background**: In 2017, the General Pharmaceutical Council (UK) issued new Standards for Pharmacy Professionals and supporting guidance, Guidance on Religion, Personal Values and Beliefs, to help pharmacists when their religion, personal values or beliefs might impact on their provision of services. **Objective**: To understand how pharmacists in the UK experience and perceive conflicts between their personal ethical commitments (matters of conscience) and professional obligations in guidance from their regulator. **Methods**: Twenty-four registered pharmacists were interviewed using semi-structured interviews. Interviews were transcribed verbatim and analysed using thematic analysis. **Key Findings**: Participants were generally aware of the Council's consultations and responded if they had something to say, or it was their role to respond. Age and stage, confidence, and workload impacted on whether participants responded to Council consultations, and, therefore, on the range of views heard. The professional obligation to provide person-centred care (PCC) was central to participants' practice, and personal ethical commitments were important to some. Conflicts between such commitments and professional obligations were rare, and it was generally believed that the former should be accommodated, as far as possible, but not imposed on others. Personal ethical commitments could affect PCC, and some suggested that the Council's Guidance was not clear on pharmacists' responsibilities in this regard. **Conclusions**: Clarification on the role of personal ethical commitments in professional practice, particularly in relation to providing PCC, would be useful. Clearer guidance on how pharmacists should manage perceived conflicts between their personal ethical commitments and their professional obligations would also be welcomed.]

Hospital Pharmacy

A qualitative evaluation of weekly reflective practice sessions for the intensive care unit pharmacy team during the COVID-19 pandemic
Fowlis N., Barnett N., Banks S., and Jubraj B.
European Journal of Hospital Pharmacy
April 2022
[Despite well-being initially being high on the agenda for UK health organisations, the COVID-19 pandemic has highlighted significant gaps around provision for well-being of pharmacists in the UK. The COVID-19 intensive care unit (ICU) environment exposed pharmacists to mental, physical and emotional challenges, including high levels of patient mortality. **Objectives**: To provide an account of the experience of pharmacists working within an ICU at a large National Health Service hospital who attended reflective practice sessions throughout the first wave of the pandemic. **Method**: A retrospective, cross-sectional design was used to gather information from eight participants who had attended nine, 30-minute weekly reflective practice sessions. Participants were invited to complete a 10-item online self-report questionnaire. The responses from the questionnaire were analysed using theoretical thematic analysis. **Results:** Seven participants completed the self-report questionnaire. Thematic analysis of responses identified four themes: (1) permission: both professional and personal 'permission' was necessary for participants to be present for the reflective practice sessions and to attend to their own well-being; (2) containing safe space: reflective practice sessions offered a consistently secure environment from which to explore topics which created challenge, personally and/or professionally; (3) connectedness: the impact of these sessions on participants' relationships with other attendees, as individuals and the group as a whole; and (4) emotional experience: increased awareness of developments around their expression, processing and management of emotion as a result of attending the sessions. **Conclusions:** This study provides new and important insights into the use of reflective practice for pharmacists working in an ICU during the COVID-19 pandemic. Findings demonstrate heterogeneity in the experience of distress, the need to support the pharmacy profession, and the need to provide opportunities for staff to connect safely with colleagues during such crises. The impact of organisation-led support for the pharmacy profession is discussed as a future direction of research.]

Development of the Manchester framework for the evaluation of emergency department pharmacy services
Greenwood D., Tully M.P., Martin S. and Steinke D.
International Journal of Clinical Pharmacy
April 2022
[**Background**: Many countries, including the United Kingdom, have established Emergency Department (ED) pharmacy services where some ED pharmacists now work as practitioners. They provide both traditional pharmaceutical care and novel practitioner care i.e. clinical examination, yet their impact on quality of care is unknown. **Aim**: To develop a framework of structures, processes and potential outcome indicators to support evaluation of the quality of ED pharmacy services in future studies. **Method**: Framework components (structures, processes and potential outcome indicators) were identified in three ways: from a narrative review of relevant international literature, and separate panel meetings with ED pharmacists and then other ED healthcare professionals. Structures and processes were collated into categories developed iteratively throughout data collection, with outcome indicators collated into six domains of quality as proposed by the Institute of Medicine. These raw data were then processed e.g. outcome indicators screened for clarity i.e. those which explicitly stated what would be measured were included in the framework. **Results**: A total of 190 structures, 533 processes, and 503 outcome indicators were identified. Through data processing a total of 153 outcome indicators were included in the final framework divided into the domains safe (32), effective (50), patient centred (18), timely (24), efficient (20) and equitable (9). **Conclusions**: The first framework specific to the quality evaluation ED pharmacy services, service evaluators should validate potential outcome indicators prior to their use. The minimum expected of a high-quality service should also be defined to enable interpretation of relevant measurements.]

Incidence and nature of adverse drug events in paediatric intensive care units: A prospective multicentre study
Alghamdi A.A., Keers R.N., Sutherland A., Hann M., Gray J., Mason G., Isaac R.E., and Ashcroft D.M.
British Journal of Clinical Pharmacology, vol. 88(5) pp. 2213-2222.
May 2022
[**Aims**: The aim of this study was to assess the incidence, nature, preventability and severity of adverse drug events (ADEs) across three paediatric intensive care units (PICUs) in England. **Methods**: A prospective observational cohort study was conducted across three PICUs over a three-month period during 2019. Included patients were aged ≤18 years and stayed in PICU for a minimum of 24 hours. Identification of suspected ADEs was performed by trained PICU pharmacists. A multidisciplinary expert panel assessed causality, preventability and severity of events. **Results**: A total of 302 patients were included and 62 ADEs were confirmed (definite/probable causality). One in six patients experienced one or more ADEs. The estimated incidence of ADEs were 20.5 per 100 patients (95% CI 15.3-27.5) and 16.7 per 1000 patient-days (95% CI 9.3-29.9). The majority of ADEs were judged preventable by the expert panel (36/62, 58.1%). ADEs were commonly involved with medicines prescribing (29/62, 46.8%) and caused temporary patient harm (42/62, 67.7%). Medications for the central nervous system (14/62, 22.6%), infections (13/62, 20.9%) and cardiovascular system (12/62, 19.4%) were commonly implicated with ADEs. Multivariable analysis revealed that patients who stayed in PICU for ≥7 days (OR 6.29, 95% CI 2.42-16.32) were more likely to experience an ADE compared to patients with a stay of 1-6 days. **Conclusion**: ADEs are common in English PICUs and most of them may be preventable. There is a strong association between ADE occurrence and duration of PICU stay, which represents a target for remedial interventions. Exploring contributory factors of preventable ADEs is now necessary to inform preventive policies.]

Medication Safety

Stability implications of repackaged medications in dose administration aids: a systematic review
Lim C.X., Aliakbari M., Gokulanathan V.R., Noah S., Taskin R., Stupans I., and Allahham A.
The International Journal of Pharmacy Practice
April 2022
[**Background**: Dose administration aids (DAAs) or multi-compartment compliance aids are commonly used to organise doses of medications in accordance with a patient's dosing schedule. Despite their widespread use, there is a paucity of information on the stability of repackaged medications in DAAs. **Objectives**: The objectives of this work were to evaluate stability studies conducted on repackaged medicine in DAAs and to provide a summary of the latest stability data available. **Methods**: A systematic review following the Preferred Reporting Items for Systematic

Reviews and Meta-Analyses guidelines was performed on studies associated with repackaged medications in DAAs and drug stability. PubMed, CINAHL, EMBASE and SCOPUS were searched from January 1998 to June 2021. **Key Findings**: A total of 342 articles were retrieved and 29 articles met the inclusion criteria. Data regarding medications from the reviewed papers were reported according to stability testing and physicochemical properties. The extracted data were then compared with stability information on DAA provision available on the database in the UK. This review identified several discrepancies between this dataset and reported stability and reveals a significant shortage in the stability data of medications repackaged in DAAs. **Conclusion**: This review highlights the need for further studies to be conducted to better understand the impact of DAA repackaging on the stability, safety and efficacy of medications. It is recommended that a database of stability information of repackaged medications via systematic stability testing studies could be established, serving as a valuable resource for pharmacists when preparing DAAs without compromising patient safety.]

Medication Compliance Aids Unpackaged: A National Survey.
Walters S., Chakravorty M., McLachlan S., Odone J., Stevenson J.M., Minshull J., Schiff R.
British Journal of Clinical Pharmacology
May 2022
[**Background**: 64 million pharmacy filled multicompartment medication compliance aids (MCAs) are dispensed by pharmacies in England each year. Despite the widespread use of MCAs and evidence that their use may be associated with harm there is no national consensus regarding MCA provision by acute hospital Trusts in England. Aim: To determine current practice for initiation and supply of MCAs in acute hospital Trusts in England and the potential consequences for patients and hospitals. **Methods**: A 26 item survey was distributed to all acute hospital Trusts in England. The questionnaire covered policy, initiation, supply and review of MCAs; alternatives offered; and pharmacy staffing and capacity related to MCAs. **Results**: 72 out of 138 (52%) Trusts responded to the survey. 70 Trusts responded regarding policy for MCA provision, with 60 (86%) having a policy regarding this. 33/55 (60%) that supplied MCAs on discharge supplied a different prescription length for MCA vs. non-MCA prescriptions. 49/55 (89%) Trusts provided only one brand of MCA. 47/55 (85%) MCA-supplying Trusts identified frequent difficulties with MCAs and 13/55 (24%) reported employing staff specifically to complete MCAs. 30/35 (86%) MCA-initiating Trusts had an assessment process for initiation, with care agency request reportedly the most common reason for initiation. **Conclusion**: There is a lack of a national approach to MCA provision and initiation by acute hospital Trusts in England. This leads to significant variation in care and has the potential to put MCA users at an increased risk of medication related harm.]

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