

Library Current Awareness Bulletin: Pharmacy – October 2020

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Alerts

Alerts and Recalls for Drugs and Medical Devices (GOV.UK)
[View the September and October Alerts](#)

Letters and drug alerts sent to health professionals (GOV.UK)
[View the September letters and alerts](#)

Guidance

[Access to new medicines in the English NHS](#)

[Have you ever wondered how new medicines are developed, approved and priced? This explainer outlines the long journey from the discovery of a new drug to when it becomes available on the NHS.]

[NICE Guidance and Advice List – September and October Updates](#)

The National Institute for Health and Care Excellence

[Pharmacy Quality Scheme Guidance 2020/21 \(Part 2\)](#)

NHS England

News

[Need for tech to reduce medication error and improve patient safety](#)

Omnicell, National Health Executive

September 2020

[Provides an overview, and a link to watch the recording, of a health summit held recently to discuss the impact of medication errors on patients and the NHS.]

[Putting the R into pharmacy: Developing open-source analytics for better pharmacy stock control](#)

The Health Foundation

September 2020

[The project described is one of ten selected as part of a programme to improve analytical capability in health and care services.]

[Risks of Supermarket Medicine Substitutions](#)

Royal Pharmaceutical Society

October 2020

[The RPS has written to the British Retail Consortium to express concern that substitutions of medicines as part of supermarket home delivery practices are putting customers at risk.]

[RPS calls for action to fight counterfeit medicines](#)

Royal Pharmaceutical Society

October 2020

[The RPS has called on the UK Government to take immediate action to prevent counterfeit medicines entering the medicines supply chain following the UK's exit from the European Union.]

[RPS Welcomes Pause in Withdrawal of Priadel](#)

Royal Pharmaceutical Society

October 2020

[The withdrawal of Priadel, a brand of lithium taken by people with bipolar disorder, will be paused while the Competition and Markets Authority investigates.]

Community Pharmacy

[Evaluating an implementation programme for medication review with follow-up in community pharmacy using a hybrid effectiveness study design: translating evidence into practice](#)

Varas-Doval, R. et al

BMJ Open, vol. 10(9)

September 2020

[This study aimed to evaluate an implementation programme of a community pharmacy medication review with follow-up (MRF) service using a hybrid effectiveness-implementation study design, and to compare the clinical and humanistic outcomes with those in a previously conducted cluster randomised controlled trial (cRCT). 222 pharmacists, providing MRF to polymedicated patients aged 65 or over, from 135 community pharmacies in Spain participated. The primary outcomes for the implementation programme were progress, reach, fidelity and integration. The secondary outcomes were number of medications, non-controlled health problems, emergency visits, hospitalisations and health-related quality of life, which were compared with a previous 6-month cluster RCT.]

[Evaluation of patient's knowledge about oral anticoagulant medicines and use of alert cards by community pharmacists](#)

Jani, Y.H. et al

International Journal of Clinical Pharmacy

September 2020

[An online survey-based evaluation was conducted over a five-month period in pharmacies in England to ascertain patients' knowledge, use of anticoagulant alert cards, compliance with national monitoring requirements for warfarin, and frequency and nature of community pharmacist involvement in optimisation. Differences between patients on direct-acting oral anticoagulant agents and warfarin were assessed using Chi squared tests. The main outcome measure was patients' knowledge and use of anticoagulant alert cards. 1,515 pharmacies participated.]

[Over-the-counter codeine: can community pharmacy staff nudge customers into its safe and appropriate use?](#)

Mody, S. et al

Pharmacy, vol. 8(4)

October 2020

[An educational patient safety card was developed and piloted to see if it 'nudged' UK customers into the safe and appropriate use of over-the-counter (OTC) codeine. Exploratory analysis was conducted by (i) recording quantitative interactions for people requesting OTC codeine in community pharmacies; and (ii) a web-based pharmacy staff survey. 24 pharmacies submitted data on 3,993 interactions using the Patient Safety Card.]

[The development and proof of principle test of TRIAGE: A practical question set to identify and discuss medication-related problems in community pharmacy](#)

Vervloet, M. et al

Pharmacy, vol. 8(4)

September 2020

[This study aimed to develop and test a practical set of questions for pharmacy technicians, called TRIAGE, to identify problems during encounters. In ten community pharmacies, from the pharmacy chain BENU Apotheken in the Netherlands, 17 pharmacy technicians used TRIAGE during encounters with patients who collected their cardiovascular medication. For each encounter, pharmacy technicians registered the identified problems and suggested solutions. A total of 105 TRIAGE conversations were held, 66 for first refill and 39 for follow-up refill prescriptions. Pharmacy technicians indicated that they identified medication-related problems with TRIAGE that otherwise would be left unnoticed. They appreciated TRIAGE as a useful instrument for starting the conversation with patients about medication use.]

[Using the behaviour change technique taxonomy v1 \(BCTTv1\) to identify the active ingredients of pharmacist interventions to improve non-hospitalised patient health outcomes](#)

Scott, C. et al

BMJ Open, vol. 10(9)

September 2020

[The aim of this study was to identify which behaviour change techniques were present in intervention and control groups of randomised controlled trials (RCTs) included in a Cochrane systematic review. The data set was derived from 86 RCTs, conducted in community, primary and/or ambulatory-care settings, from an interim update of the Cochrane review of the effectiveness of pharmacist services on non-hospitalised patient outcomes. The primary outcome was the identification of behaviour change techniques scheduled for delivery in intervention and control groups of the RCTs. The secondary outcome measure was to identify which behaviour change techniques were not utilised in intervention and control groups of the RCTs.]

Hospital Pharmacy

[A machine learning-based clinical decision support system to identify prescriptions with a high risk of medication error.](#)

Corny, J. et al

Journal of the American Medical Informatics Association (JAMIA)

September 2020

[The accuracy of a hybrid clinical decision support system in prioritising prescription checks was tested. Data from electronic health records were collated over a period of 18 months. Inferred scores at a patient level (probability of a patient's set of active orders to require a pharmacist review) were calculated using a hybrid approach (machine learning and a rule-based expert system). A clinical pharmacist analysed randomly selected prescription orders over a 2-week period to corroborate findings. Predicted scores were compared with the pharmacist's review using the area under the receiving-operating characteristic curve and area under the precision-recall curve. These metrics

were compared with existing tools: computerised alerts generated by a clinical decision support (CDS) system and a literature-based multi-criteria query prioritisation technique. Data from 10,716 individual patients (133,179 prescription orders) were used to train the algorithm on the basis of 25 features in a development dataset.]

[Community and hospital pharmacists in Europe: encroaching on medicine?](#)

Garattini, L. et al

Internal and Emergency Medicine

September 2020

[This narrative review explains the historical background of pharmacy as a discipline between health and chemistry devoted to drug development, production and compounding. It explores the advocated shift from product to patient and the evolution of the pharmacist's role in healthcare, whilst considering the differences between the hospital and community setting.]

[Health economic evaluation of a clinical pharmacist's intervention on the appropriate use of devices and cost savings: A pilot study](#)

Chasseigne, V. et al

International Journal of Surgery, vol. 82 pp. 143-148

October 2020

[The purpose of this study was to assess the impact of a clinical pharmacist's intervention in the operating room on the non-compliant use of medical devices. The economic impact of the pharmaceutical intervention was also assessed. This was a single-centre prospective study carried out in the operating room of a University hospital in France over one year. Three surgical specialties: urologic, digestive and gynaecologic were audited after a preparatory phase to optimise usage of medical devices used for surgeries. The supply costs concerning the three specialties were compared before and after the pharmacist intervention.]

[Learning from practice: How East Lancashire Hospitals' Pharmacy service has embraced information technology](#)

Gray, A. et al

Pharmacy, vol. 8(4)

September 2020

["The Trust currently does not have an electronic patient record (ePR) or electronic prescribing and medicines administration (ePMA), although we do have electronic prescribing for chemotherapy. However, like all Trusts, we have many electronic systems which offer interoperability, or can support making it easier for the pharmacy team to do a good job. This article describes the many fronts we have worked on over the last ten plus years. Taken individually, the elements cannot be considered as revolutionary; together, they have helped us develop and deliver the safe, personal and effective pharmacy service that we call dedicated ward pharmacy."]

[Medication reviews in hospitalized patients: a qualitative study on perceptions of primary and secondary care providers on interprofessional collaboration](#)

Walraven, B. et al

BMC Health Services Research, vol. 20(1)

September 2020

[The aim of this qualitative study was to gain insight into the perceptions of primary and secondary care providers on interprofessional collaboration on medication reviews in hospitalised patients. 10 face-to-face semi-structured interviews and three focus group discussions were conducted with 20 healthcare providers from three hospitals and community health services in Amsterdam. Interviews were aimed at exploring general practitioners', community pharmacists', geriatricians', and hospital pharmacists' experiences, attitudes, and views of interprofessional collaboration. Focus groups consisted of representatives of all professional groups. Group discussion addressed three main questions: 1) What are the benefits of in-hospital medication reviews? 2) What are the barriers to in-hospital medication reviews from an interprofessional collaboration perspective? 3) Given the barriers mentioned, how should this interprofessional collaboration between primary and secondary care be designed? Data were analysed using a thematic-content approach.]

[Medication-related hospital admissions and readmissions in older patients: an overview of literature](#)

Linkens, A.E.M.J.H. et al

International Journal of Clinical Pharmacy, vol. 42(5) pp. 1243-1251

October 2020

[This review aimed to assess what is currently known about medication related hospital admissions, medication related hospital readmissions, their risk factors, and possible interventions which reduce medication related hospital readmissions. The reviewers searched PubMed for articles about medication related hospital admissions and readmissions. Overall 54 studies were selected for the overview of literature.]

[Patient and provider perspectives on the development and resolution of prescribing cascades: a qualitative study](#)

Farrell, B.J. et al

BMC Geriatrics, vol. 20(1)

September 2020

[The aim of this qualitative study was to understand how prescribing cascades, which occur when the side effect of a medication is treated with a second medication, develop and persist and to identify strategies for their identification, prevention and management. 22 semi-structured interviews explored the existence of prescribing cascades and to gather patients', caregivers' and clinicians' perspectives about how prescribing cascades start, persist and how they might be resolved. Participants were older adults (over 65) at an outpatient Geriatric Day Hospital in Ottawa, with possible prescribing cascades, their caregivers, and healthcare providers. Data were analysed using an inductive content analysis approach.]

[Polypharmacy at admission prolongs length of hospitalization in gastrointestinal surgery patients](#)

Abe, N. et al

Geriatrics & Gerontology International

September 2020

[The aim of this study was to investigate whether polypharmacy has a prolonging effect on hospitalisation. The study subjects were 584 patients (348 male, 236 female) in a university hospital in Japan who had been admitted for hepatectomy, pancreaticoduodenectomy, gastrectomy or colectomy, and to whom clinical pathways had been applied. In this study, polypharmacy was defined as taking five or more regular oral medications, and prolonged hospitalisation was defined as hospitalisation longer than that determined by the clinical pathway. Multiple logistic regression analysis was performed to investigate whether polypharmacy affects the length of hospitalisation.]

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

Onatibia-Astibia, A. et al

Atención Primaria

September 2020, article in press

[This study aimed to estimate the effectiveness of a Medication Discrepancy Detection Service (MDDS), a collaborative service between the community pharmacy and primary care - Bidasoa Integrated Healthcare in Spain. The MDDS was provided by a multidisciplinary group of community pharmacists, general practitioners, and primary care pharmacists, to patients with discrepancies between their active medical charts and medicines that they were actually taking. Primary outcomes of the study were the number of medicines, the type of discrepancy, and GPs' decisions. Secondary outcomes were time spent by community pharmacists, emergency department visits, hospital admissions, and costs.]

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