

Library Current Awareness Bulletin: Pharmacy – October 2021

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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 August and September Alerts](#)

Letters and medicine recalls sent to health professionals (GOV.UK)

[View the August letters and alerts](#)

Guidance/Reports

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

[Specialist Pharmacy Service – Latest Updates](#)

[Pharmacy Quality Scheme – Guidance 2021/22](#)

NHS England

[Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions](#)

Department of Health and Social care

September 2021

Vaccination Information

[COVID-19 vaccination programme](#)

NHS England

[Vaccination information from other organisations](#)

NHS England

News

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

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

[Community pharmacies to be at the forefront of NHS efforts to save lives](#)

Dr Bruce Warner, NHS England Blog, August 2021

[This overview of forthcoming developments follows the announcement of the third-year agreement of the five-year Community Pharmacy Contractual Framework.]

[COVID-19: What can pharmacists learn from people's experiences of services?](#)

Healthwatch, August 2021

[Highlights of research from Healthwatch into what people across the country think about using their local pharmacy.]

[Inhaler firm Vectura removed from conference over Philip Morris takeover](#)

The Guardian, September 2021

[Academics object to UK company's sponsorship of pharmaceutical event after tobacco giant seals £1.1bn deal]

[Nationwide roll-out of NHS high street heart checks to save thousands of lives](#)

NHS England, August 2021

[A key part of the NHS long term plan is to find people living with cardiovascular disease sooner. By providing heart checks to people aged 40 and over it is estimated that 3,700 strokes and 2,500 heart attacks could be prevented over the next five years and around 2,000 lives could be saved.]

[NHS access to BNF content secured for a further 12 years](#)

Royal Pharmaceutical Society, August 2021

["Pharmaceutical Press and BMJ, joint publishers of BNF Publications and their partner Royal College of Paediatrics and Child Health, have been awarded a 12-year contract from National Institute for Health and Care Excellence (NICE) to continue supply of British National Formulary content to the National Health Service (NHS)."]

[NHSE&I: Pharmacies could share pharmacists with PCNs to plug shortages](#)

Chemist and Druggist, September 2021

[Having a "pool of pharmacists" working both in community and GP surgeries could help tackle some of the workforce issues community pharmacy is facing, an NHSE&I director has suggested.]

[Third RPS Workforce Wellbeing Survey launched](#)

Royal Pharmaceutical Society, September 2021

["The survey is open to all pharmacists in every setting, including students. This year's survey is focussed on exploring the prevention of poor mental health and wellbeing at work."]

[Tocilizumab or sarilumab are equally suitable for treatment of COVID-19, new advice says](#)

The Pharmaceutical Journal, September 2021

[The advice comes as the government warns of shortages of tocilizumab]

Community Pharmacy

[Feasibility and acceptability of a community pharmacy referral service for suspected lung cancer symptoms](#)

Holland-Hart D., McCutchan G.M., Quinn-Scoggins H.D., Brain K., Hill L, Shanbag S., Abel M., White K. et al
BMJ Open Respiratory Research, vol. 8(1)

August 2021

[Background: Lung cancer survival rates in the UK are among the lowest in Europe, principally due to late-stage diagnosis. Alternative routes to earlier diagnosis of lung cancer are needed in socioeconomically deprived communities that are disproportionately affected by poor lung cancer outcomes. We assessed the feasibility and acceptability of a community-based pharmacy referral service to encourage earlier symptomatic referral for chest X-rays. **Methods:** Seventeen community pharmacies located in a deprived area of Wales participated between March 2019 and March 2020. Stakeholder interviews were conducted with four patients, seven pharmacy professionals and one general practitioner. Four focus groups were conducted, including one with healthcare professionals (n=6) and three with members of the public who were current and former smokers (n=13). Quantitative data regarding patient characteristics and clinical outcomes were collected from hospital records and patient referral questionnaires completed by pharmacists and analysed using descriptive statistics. Qualitative data sets were analysed thematically and triangulated. **Results:** Twelve patients used the pharmacy referral service, all of whom were male. Average length of the pharmacy consultation was 13 min, with a mean 3 days to accessing chest X-rays in secondary care. Patients experienced a mean 46-day wait for results, with no lung cancer detected. Participants found the service to be acceptable and considered the pharmacy element to be broadly feasible. Perceived barriers included low awareness of the service and concerns about the role and capacity of pharmacists to deliver the service. Facilitators included perceived approachability and accessibility of pharmacists. A well-publicised, multifaceted awareness campaign was recommended. **Conclusions:** A community pharmacy referral service for lung symptoms was considered an acceptable alternative pathway to symptomatic diagnosis of lung cancer in deprived communities. Wider implementation of the service would require workforce capacity and training to be addressed to ensure optimum utilisation and promotion of the service.]

Hospital Pharmacy

[Do legislated carbon reduction targets influence pro-environmental behaviours in public hospital pharmacy departments? Using mixed methods to compare Australia and the UK](#)

Singleton J.A., Lau E.T-L., and Nissen L.M.

PLoS One, vol. 16(8)

August 2021

[Pharmaceuticals and their packaging have a significant negative impact on the environment providing a very strong argument for action on the part of pharmacists and pharmacy technicians to engage with pro-environmental behaviours (PEBs) in their workplaces. The aims of this research were therefore to investigate in hospital pharmacists and pharmacy technicians, 1) factors affecting engagement with workplace PEBs, and 2) determine if legislated carbon reduction targets in the UK influenced workplace PEBs in the UK compared with Australia which does not have legislated carbon reduction targets. The environmentally responsible disposal of pharmaceutical waste was the PEB of interest in this study. A mixed methods research design was utilised and a conceptual model (key variables: environmental attitude, concern, and knowledge, and organisational factors) was developed to identify factors influencing workplace PEBs. Participants were from five hospitals in Queensland, Australia and five NHS hospitals in England, UK. There was no statistically significant difference in environmental attitude or concern between the two groups—most had a mid-environmental attitude score and low levels of environmental concern. Participants lacked knowledge of the issue and the link between the environment and public health. Both Australian and UK participants reported recycling packaging waste was not a priority in the hospital pharmacy workplace (even in hospitals with recycling capability) as hospitals focused on compliance with clinical (contaminated) and confidential waste streams. Environmental attitude, knowledge, and concern therefore appeared to be weak influences on intention to perform workplace PEBs with workplace social norms (compliance due to audits) appearing to be a significant mediator of action. The key difference between the cohorts was that UK pharmacists felt waste was not in the scope of their role, and therefore not their responsibility. This study identified that legislated carbon reduction targets did not influence hospital pharmacy workplace PEBs—neither cohort reported

engaging significantly in workplace PEBs. UK Government and NHS sustainability policy did not appear to have disseminated to pharmacy department level of UK public hospitals to any great extent.]

[Improving the aseptic transfer procedures in hospital pharmacies. Part B: evaluation of disinfection methods for materials with a non-sterile surface.](#)

Boom F.A., Le Brun P.P.H., Boehringer S., Kosterink J.G.W., and Touw D.

European Journal of Hospital Pharmacy, vol. 28(5) pp. 271-275

September 2021

[Objectives: To improve the disinfection methods for materials with a non-sterile surface to be used in aseptic handling. **Methods:** The surface bioburden on ampoules (A) and injection vials (IV) is determined by contact plates and total immersion. The occurrence of spore-forming bacteria is determined by strain colouring and matrix-assisted laser desorption ionisation-time of flight mass spectrometry. The disinfection procedures of non-sterile materials in 10 hospital pharmacies are judged by observing. **Results:** After wiping according to local disinfection methods, the mean surface bioburden determined by contact plates in 10 hospital pharmacies is 0.36 (plastic A), 0.50 (glass A) and 0.29 colony-forming unit (cfu) (IV). The observers found great differences in accuracy of wiping and degree of wetting the sterile gauzes. After improved wiping with commercially available alcohol impregnated sterile wipes and a two-towel technique (one-step TT disinfection), the mean surface bioburden determined by contact plates is 0.03 (plastic A), 0.2 (glass A) and 0.13 cfu (IV). Further improvement can be reached by submerging A and IV in ethanol 70% followed by improved wiping (two-step TT disinfection), but still micro-organisms will remain (mean surface bioburden determined by total immersion is 0 (plastic A) and 0.3 cfu (IV); glass A not determined). Two-step TT disinfection is more labour intensive. Spilling of alcohol is another disadvantage. However, we presume one-step TT disinfection is effective enough in daily practice. Routine surface bioburden determinations have to prove this. The effectiveness of the combination of spray and wipe is not examined because we observed a quick disappearance of alcohols from vertical as well as horizontal surfaces, which shortens the contact time to far below the advised 2 min. Spore-forming bacteria disappear as quickly as other micro-organisms during disinfection by alcohols. **Conclusion:** Local disinfection procedures can be improved. Complete removal of micro-organisms from materials with a non-sterile surface, even after two-step TT disinfection, is impossible. Routine surface bioburden determinations have to prove if one-step TT disinfection is effective enough.]

Medicines Management

[Clinician attitude towards safety in medication management: a participatory action research study in an emergency department](#)

Bakshi F., Mitchell R., Nikbakht Nasrabadi A., Javadi M., and Varaei S.

BMJ Open, vol. 11(9)

September 2021

[Objectives: Medication management is a process in which medications are selected, procured, delivered, prescribed, reviewed, administered and monitored to assure high-quality patient care and safety. This paper explores clinicians' attitudes towards medication management which is both open to influence and strongly linked to successful changes in medication behaviour. We aimed to investigate effects of engaging in participatory action research to improve emergency medicine clinicians' attitudes to safety in medication management. **Setting:** Emergency department of one university affiliated hospital. **Participants:** A total of 85 clinicians including nurses and physicians partook as participants. Eight managers and clinicians participated as representatives. **Design:** Data are drawn from two-cycle participatory action research. Initially, a situation analysis on the current medication management and clinician views regarding medication management was conducted using three focus groups. Evaluation and reflection data were obtained through qualitative interviews. All qualitative data were analysed using content analysis. **Results:** Clinicians initially expressed negative attitudes towards existing and new plans for medication management, in that they were critical of current medication-related policy and procedures, as well as wary of the potential relevance and utility of potential changes to medication management. Through the action research, improvement actions were implemented including interprofessional courses, pharmacist-led interventions and the development of new guidelines regarding medication management. Participants and their representatives were engaged in all participatory action research stages with different levels of involvement. Extracted results from evaluation and reflection stages revealed that by engaging in the action research and practice new interventions, clinicians' attitude towards medication management was improved. **Conclusions:** The results support the impact of participatory action

research on enhancing clinicians' positive attitudes through their involvement in planning and implementing safety enhancing aspects of medication management.]

[Effect of a smartphone application \(Perx\) on medication adherence and clinical outcomes: a 12-month randomised controlled trial](#)

Li A., Del Olmo M.G., Fong M., Sim K., Lymer S.J., Cunich M., Caterson I.

BMJ Open, vol. 11(8)

August 2021

[Objective: To determine whether the Perx app improves medication adherence and clinical outcomes over 12 months compared with standard care in patients requiring polypharmacy. **Design:** Randomised controlled trial with 12-month follow-up. **Setting:** Outpatient clinics in three tertiary hospitals in Sydney, Australia. **Participants:** Eligible participants were aged 18–75 years, with at least one chronic condition, taking ≥ 3 different medications (oral medications or injections), with smartphone accessibility. Participants were randomised in a 1:1 ratio. **Interventions:** The intervention group used the Perx app that contained customised reminders and gamified interactions to reward verified medication adherence. **Main outcome measures:** The primary outcome was medication adherence over 12 months measured using pill counts. Secondary outcomes included clinical outcomes (haemoglobin A1c (HbA1c), cholesterol, blood glucose, triglycerides, creatinine, thyroid function, blood pressure and weight). **Results:** Of 1412 participants screened for eligibility, 124 participants were randomised; 45 in the Perx arm and 40 in the control arm completed the study. The average age was 59.5, 58.9% were women, chronic conditions were cardiovascular disease (78%), type 2 diabetes (75%), obesity (65%) or other endocrine disorders (18%). On average, participants were taking six medications daily. The Perx group had greater improvements in adherence at month 2 (Coef. 8%; 95% CI 0.01 to 0.15), month 3 (Coef. 7%; 95% CI 0.00 to 0.14) and month 12 (Coef. 7%; 95% CI 0.00 to 0.13). The probability of HbA1c $\leq 6.5\%$ was greater in the Perx group at months 9 and 12 and cholesterol (total and low-density lipoprotein cholesterol) was lower in the Perx group at month 3. The intervention was particularly effective for those with obesity, taking medications for diabetes and taking ≤ 4 medications. **Conclusions:** This study provides evidence that app-based behavioural change interventions can increase medication adherence and produce longer-term improvements in some clinical outcomes in adults managing multimorbidity. More trials are needed to build the evidence base.]

[Organising polypharmacy: unpacking medicines, unpacking meanings – an ethnographic study](#)

Swinglehurst D. and Fudge N.

BMJ Open, vol. 11(8)

August 2021

[Objectives: We explore how older patients affected by polypharmacy manage the 'hidden work' of organising their medicines, how they make sense of this work and integrate it into their lives. **Design and setting:** Ethnographic study observing patients over 18–24 months in patients' homes, general practice and community pharmacy, in England, UK. **Participants and methods:** Ethnographic case study including longitudinal follow-up of 24 patients aged 65 or older and prescribed ten or more items of medication. Our dataset includes: 562 hours of ethnographic observation across patients' homes, community pharmacies and general practices; 47 audio-recorded interviews with patients about their lives and medicines practices; cultural probes (photographs, body maps, diaries and imagined 'wishful thinking' conversations); fieldnotes from regular home visits; telephone calls, and observation/video-recording of healthcare encounters. We apply a 'practice theory' lens to our analysis, illuminating what is being accomplished, why and by whom. **Results:** All patients had developed strategies and routines for organising medicines into their lives, negotiating medicine taking to enable acceptable adherence and make their medicines manageable. Strategies adopted by patients often involved the use of 'do-it-yourself' dosette boxes. This required careful 'organising' work similar to that done by pharmacy staff preparing multicompartiment compliance aids (MCCAs). Patients incorporated a range of approaches to manage supplies and flex their regimens to align with personal values and priorities. Practices of organising medicines are effortful, creative and often highly collaborative. Patients strive for adherence, but their organisational efforts privilege 'living with medicines' over taking medicines strictly 'as prescribed'. **Conclusions:** Polypharmacy demands careful organising. The burden of organising polypharmacy always falls somewhere, whether undertaken by pharmacists as they prepare MCCAs or by patients at home. Greater appreciation among prescribers of the nature and complexity of this work may provide a useful point of departure for tackling the key issue that sustains it: polypharmacy.]

Prescribing

[Implementation of an Automated Dispensing Cabinet System and Its Impact on Drug Administration: Longitudinal Study](#)

Wang Y-C., Chin-Yuan T., and Meng-Chun C.

JMIR Formative Research, vol. 5(9)

September 2021

[Background: A technology that has been widely implemented in hospitals in the United States is the automated dispensing cabinet (ADC), which has been shown to reduce nurse drug administration errors and the time nurses spend administering drugs. **Objective:** This study aimed to determine the impact of an ADC system on medication administration by nurses as well as safety before and after ADC implementation. **Methods:** We conducted a 24-month-long longitudinal study at the National Taiwan University Hospital in Taipei, Taiwan. Clinical observations and questionnaires were used to evaluate the time differences in drug preparation, delivery, and returns in the inpatient ward by nurses before and after using the ADC. Drug errors recorded in the Medical Incident Events system were assessed the year before and after ADC implementation. **Results:** The drug preparation time of the wards increased significantly (all $P < .005$). On average, 2 minutes of preparation time is needed for each patient. Only 1 unit showed an increase in the drug return time, but this was not significant. There were 9 (45%) adverse events during the drug administration phase, and 11 (55%) events occurred during the drug-dispensing phase. Although a decrease in the mean number of events reported was observed during the ADC implementation period, this difference was not significant. As for the questionnaire that were administered to the nurses, the overall mean score was 3.90; the highest score was for the item "I now spend less time waiting for medications that come from the pharmacy than before the ADC was implemented" (score=4.24). The item with the lowest score was "I have to wait in line to get my patient medications" (score=3.32). **Conclusions:** The nurses were generally satisfied with ADC use over the 9 months following complete implementation and integration of the system. It was acknowledged that the ADC offers benefits in terms of pharmaceutical stock management; however, this comes at the cost of increased nursing time. In general, the nurses remained supportive of the benefits for their patients, despite consequences to their workflows. Their acceptance of the ADC system in this study demonstrates this.]

[Improving documentation of prescriptions for as-required medications in hospital inpatients](#)

Ross S.L., Bhushan Y., Davey P., and Grant S.

BMJ Open Quality, vol. 10(3)

September 2021

[It is estimated that 1 in 10 hospital inpatients in Scotland have experienced a medication error. In our unit, an audit in 2019 identified documentation of as-required prescriptions on drug Kardexes as an important target for improvement. This project aimed to reduce the percentage of these errors to <5% in the ward in 6 months. Weekly point prevalence surveys were used to measure medication error rates over a 12-week baseline period. Errors in route, frequency of dose and maximum dose accounted for >80% of all prescribing errors. The intervention was a poster reminder about the three most common errors linked to standards for prescribing pain medication. Barriers to change were identified through inductive thematic analysis of semistructured interviews with five ward doctors and two staff nurses. In the 6 weeks after intervention, our run chart showed a shift in maximum dose errors per patient, which fell from 75% to 26%. However, route and frequency errors remained high at >70% per patient. Most of these errors were due to use of abbreviations, and qualitative interviews revealed that senior doctors and nurses believed that these abbreviations were safe. We found some evidence from national guidelines to support these beliefs. Overall, the intervention was associated with decreased prevalence of patients without a maximum dose written on their prescription, but lack of space on drug prescriptions was identified as a key barrier to further improvement in both maximum dose and abbreviation errors.]

[Public preferences for delayed or immediate antibiotic prescriptions in UK primary care: A choice experiment](#)

Morrell L., Buchanan J., Roope L.S.J., Pouwels K.B., Butler C.C., Hayhoe B., Tonkin-Crine S., McLeod M. et al

PLoS Medicine, vol. 18(8)

August 2021

[Background: Delayed (or "backup") antibiotic prescription, where the patient is given a prescription but advised to delay initiating antibiotics, has been shown to be effective in reducing antibiotic use in primary care. However, this strategy is not widely used in the United Kingdom. This study aimed to identify factors influencing preferences among the UK public for delayed prescription, and understand their relative importance, to help increase

appropriate use of this prescribing option. **Methods and findings:** We conducted an online choice experiment in 2 UK general population samples: adults and parents of children under 18 years. Respondents were presented with 12 scenarios in which they, or their child, might need antibiotics for a respiratory tract infection (RTI) and asked to choose either an immediate or a delayed prescription. Scenarios were described by 7 attributes. Data were collected between November 2018 and February 2019. Respondent preferences were modelled using mixed-effects logistic regression. The survey was completed by 802 adults and 801 parents (75% of those who opened the survey). The samples reflected the UK population in age, sex, ethnicity, and country of residence. The most important determinant of respondent choice was symptom severity, especially for cough-related symptoms. In the adult sample, the probability of choosing delayed prescription was 0.53 (95% confidence interval (CI) 0.50 to 0.56, $p < 0.001$) for a chesty cough and runny nose compared to 0.30 (0.28 to 0.33, $p < 0.001$) for a chesty cough with fever, 0.47 (0.44 to 0.50, $p < 0.001$) for sore throat with swollen glands, and 0.37 (0.34 to 0.39, $p < 0.001$) for sore throat, swollen glands, and fever. Respondents were less likely to choose delayed prescription with increasing duration of illness (odds ratio (OR) 0.94 (0.92 to 0.96, $p < 0.001$)). Probabilities of choosing delayed prescription were similar for parents considering treatment for a child (44% of choices versus 42% for adults, $p = 0.04$). However, parents differed from the adult sample in showing a more marked reduction in choice of the delayed prescription with increasing duration of illness (OR 0.83 (0.80 to 0.87) versus 0.94 (0.92 to 0.96) for adults, p for heterogeneity $p < 0.001$) and a smaller effect of disruption of usual activities (OR 0.96 (0.95 to 0.97) versus 0.93 (0.92 to 0.94) for adults, p for heterogeneity $p < 0.001$). Females were more likely to choose a delayed prescription than males for minor symptoms, particularly minor cough (probability 0.62 (0.58 to 0.66, $p < 0.001$) for females and 0.45 (0.41 to 0.48, $p < 0.001$) for males). Older people, those with a good understanding of antibiotics, and those who had not used antibiotics recently showed similar patterns of preferences. Study limitations include its hypothetical nature, which may not reflect real-life behaviour; the absence of a “no prescription” option; and the possibility that study respondents may not represent the views of population groups who are typically underrepresented in online surveys. **Conclusions:** This study found that delayed prescription appears to be an acceptable approach to reducing antibiotic consumption. Certain groups appear to be more amenable to delayed prescription, suggesting particular opportunities for increased use of this strategy. Prescribing choices for sore throat may need additional explanation to ensure patient acceptance, and parents in particular may benefit from reassurance about the usual duration of these illnesses.]

[Therapeutic duplication on the general surgical wards](#)

Huynh I., and Rajendran T.
BMJ Open Quality, vol. 10(3)
September 2021

[Therapeutic duplication is the practice of prescribing multiple medications for the same indication or purpose without a clear distinction of when one agent should be administered over another. This is a problem that occurs frequently, especially on electronic prescribing records (EPR) as the medication chart is not always reviewed before prescribing. The aim of this Quality Improvement Project (QIP) was to reduce therapeutic duplication to 0% through educating the general surgical team. Prescriptions of all general surgical patients in the surgical wards were reviewed daily for a month. EPR was used to check if there were any duplications or identical class of drug prescribed. Patient documentation was thoroughly checked to rule out if the duplication was intentional. Following this, if duplication was still unclear, the relevant teams would be contacted for clarification. Any unintentional error was removed, and data was collected. The QIP results were presented to the local general surgical meeting and our fellow colleagues were educated on the importance of safe prescribing and on how to prevent prescribing errors. The baseline of therapeutic duplications on the general surgical wards was 9% prior to our first cycle. Following the presentation of data and educating the surgical team at the surgical meeting, the number of errors seemingly reduced, however, there was a jump to 22% of therapeutic duplication on a particular Friday which brought the average of therapeutic duplication to 8.77%. The team was reminded again about the importance of correct prescribing and after the second cycle, the number of errors reduced to 5.29%. For the third audit cycle, the team was presented with the reaudited data and following this, the number of errors dropped down to 3.12%. Therapeutic duplication should never occur as this could cause a risk to patient harm. Through educating the surgical team and reminding our team regularly, the average number of errors reduced by more than half of the original number. In our hospital, the main source of safety net is through pharmacists and nurses, however as shown, this is not enough to prevent all therapeutic errors. A more sustainable intervention such as an alert on EPR prior to prescribing may be required to maintain a low therapeutic duplication average and prevent patient harm.]

[What influences prescribing decisions in a multimorbidity and polypharmacy context on the acute medical unit? An interprofessional, qualitative study.](#)

Rivers P.H., Langford N., Whitehead A., and Harrison T.

Journal of Evaluation in Clinical Practice, vol. 27(5) pp. 1076-1084

October 2021

[Rationale, aims and objectives: The primary aim of the study was to understand the mindset of doctors and pharmacists, as they embark upon prescribing in a multimorbidity and polypharmacy context during routine practice at a hospital acute admissions unit. The study also aimed to evaluate to what extent attitudes, embedded within real-life decision-making scenarios, relate to existing theory and models of prescribing decisions. **Methods:** Anonymized case studies were identified from the medical notes of patients aged 65 and over with conditions likely to be associated with multimorbidity, medication issues and polypharmacy: namely: fall, urinary tract infection, confusion or lower respiratory tract infection. A total of 39 doctors based on the acute medical admissions unit and 9 pharmacists were recruited to one of three focus groups. Patient case-studies provided the context for discussion from which verbatim transcripts were thematically analyzed using an interpretative, qualitative approach. Sub-themes were matched to Murshid and Mohaidin's proposed model of physician prescribing decisions. **Results:** Seven principal themes were identified that were associated with prescribing decisions on the acute medical unit, namely, "patient characteristics," "drug characteristics," "pharmacist factors," "trustworthiness," "reliability of medication history," "competing priorities" and "responsibilities of prescribers." **Conclusion:** Prescribing decisions on the acute medical admissions unit were influenced by a variety of factors, some of which have already been acknowledged within existing theories and models. The findings provisionally offer new insights, which, subject to confirmation by further research, bring to light three attitudinal characteristics that may impact negatively upon the quality of prescribing decisions. These include, first, how perceived poor reliability of medication history may result in information gaps that compromise prescribing decisions; second, how competing priorities restrict doctors' aptitude to conduct a review of medication and finally, how doctors may rationalize the assignment of medication review to the GP.]

[Use of Primary Care Data in Research and Pharmacovigilance: Eight Scenarios Where Prescription Data are Absent.](#)

Okoli G.N., Myles P., Murray-Thomas T., Shepherd H. Wong I.C.K., and Edwards D.

Drug Safety, vol. 44(10) pp. 1033-1040

October 2021

[The use of primary care databases has been integral in pharmacoepidemiological studies and pharmacovigilance. Primary care databases derive from electronic health records and offer a comprehensive description of aggregate patient data, from demography to medication history, and good sample sizes. Studies using these databases improve our understanding of prescribing characteristics and associated risk factors to facilitate better patient care, but there are limitations. We describe eight key scenarios where study data outcomes can be affected by absent prescriptions in UK primary care databases: (1) out-of-hours, urgent care and acute care prescriptions; (2) specialist-only prescriptions; (3) alternative community prescribing, such as pharmacy, family planning clinic or sexual health clinic medication prescriptions; (4) newly licensed medication prescriptions; (5) medications that do not require prescriptions; (6) hospital inpatient and outpatient prescriptions; (7) handwritten prescriptions; and (8) private pharmacy and private doctor prescriptions. The significance of each scenario is dependent on the type of medication under investigation, nature of the study and expected outcome measures. We recommend that all researchers using primary care databases be aware of the potential for missing prescribing data and be sensitive to how this can vary substantially between items, drug classes, patient groups and over time. Close liaison with practising primary care clinicians in the UK is often essential to ensure awareness of nuances in clinical practice.]

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