MANAGEMENT CONUNDRUM

New Medicines Service – Making It Better

Simon Silver, who represents Community Pharmacists in the Riverdale Primary Care Organisation (PCO), was indignant. 'That's a pretty sweeping generalisation!' he exclaimed. 'There's always going to be a range of skills and experience for any new service.'

'I'm only telling you what the reality is', said Janet Donit, Chief Pharmacist of Metropolis NHS Trust. 'The quality of the New Medicine Service reviews is not consistent. Patients come in to hospital and we often have to change their therapy and even start them on new drugs. They are only with us for a short time so we can't be sure that the new medicine will suit them over time.'

'Isn't that just what the New Medicines Service is for!' exclaimed Simon. 'Participating pharmacists do have to fulfil certain criteria to provide the service, you know.'

'Yes', said Janet, 'but what is done varies from the minimum to some really good support for patients.'

Carey Whitecoat, Head of Medicines Optimisation at Riverdale Primary Care Organisation, was looking pensive. 'There seems to be some agreement that these reviews are very helpful when done well but it wouldn't be right to refer patients to a specific pharmacy. I wonder what we could do to maximise the gain from the opportunity?'

What would you suggest to make sure that the New Medicines Service is delivered to a consistent high standard and is as effective as it could be?

Commentaries

Robbie Turner
Chief Executive Officer,
Community Pharmacy
West Yorkshire
Email: robbie@cpwy.org

Too often we allow our perceptions of how others work as an excuse for inertia and the rationale for not trying something different. As pharmacy professionals we often, rightly, strive for things to be perfect; the gold standard solution. This can sometimes be to the detriment of quality improvement.

In this scenario it's likely that few patients are getting any support or advice about their prescriptions after they have been discharged from hospital. We all know, regardless of where we work, about the ongoing pressure on all areas of the hospital to discharge patients as soon as they are fit to go home. This will often give the hospital pharmacy staff little time to ensure patients have all the information they need or want about any new medicines they may have been prescribed.

The New Medicine Service offers an ideal opportunity for patients to be supported through the initial stages of taking newly prescribed drugs for asthma or COPD, type 2 diabetes, antiplatelets, anticoagulants or hypertension whilst at home in their familiar environment. But the regulations, which allow community pharmacists to carry this service out with patients who have been discharged, require them to be referred by a healthcare professional who has been involved with their care in hospital.

The Royal Pharmaceutical Society has recently produced a toolkit exploring a

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range of options to enable this local referral to happen. It can be found at http://www.rpharms.com/support-pdfs/3649---rps---hospital-toolkit-brochure-web.pdf and I would suggest this as a good starting point for all involved.

We know that, in any aspect of professional practice, there will be variation and this is not always a good thing. We should aim to reduce unwarranted clinical variation wherever possible as this will drive up quality further, but we should not let this put us off implementing change. Quality improvement requires us to 'give things a go' and test things out.

Improving the situation in this area, where no patients are benefitting from the New Medicine Service, does not require Riverdale PCO to implement the perfect system. It requires the organisations to implement a service where maybe only 10% of patients are receiving NMS because that's a good start. And a good start is a lot better than nothing at all.

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Regina Brophy
Chief Pharmacist, Royal United Hospitals NHS Trust, Bath
Email: regina.brophy@nhs.net

Janet may have had a bad experience but she should be open to the fact that, even in her own hospital, there may be variation in practice. We all need to work to reduce that. We do this locally by using standard operating procedures (SOPs) and following evidenced based guidelines. We also ensure that pharmacists and pharmacy technicians keep up to date with their continuing professional development (CPD).

There is a lot of supportive information and tools on the Royal Pharmaceutical Society's website and the Pharmaceutical Services Negotiating Committee (PSNC) website. The new medicines services (NMS) have been operating for a number of years now and pharmacy staff will be gaining more experience and confidence. Of course it is more difficult for pharmacists working in community pharmacy to have the support from other pharmacists and this is an area that they might want to think about. Could they set up action learning sets to get the peer review that is so valuable? Could they be proactive and ask to shadow the specialist pharmacists in hospital? This might initially have to be on their day off. However, this would establish contacts that could be used going forward. Hospital pharmacists could also be proactive in reaching out to community pharmacists. There are, currently, two good systems being piloted for referring patients electronically to community pharmacy that open up lots of positive opportunities for dialogue i.e Refer-to-Pharmacy, PharmOutcomes.

Perhaps continuing professional pharmaceutical education (CPPE) evening learning could explore ways of attracting hospital pharmacists to their sessions by looking at how both sectors fit into the pathway of care?

There has never been a more important time for us all to work together and recognise the synergy in our skills.

Declaration of interests

Robbie Turner

- None

Regina Brophy

- None .

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