Investigating the use of a local Medicines Information service by GP practice pharmacists

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Introduction

Medicines Information (MI) pharmacists at MFT Oxford Road Campus (ORC) have recognised an increasing number of enquiries made by GP practice pharmacists.

A project was therefore undertaken to investigate how GP practice pharmacists use the MI service at MFT ORC.

Aims & objectives

Locally, we want to investigate the enquiries made by GP practice pharmacists in terms of the nature of their enquiries and impact on MI workload. In particular, we would like to:

1. Quantify how many enquiries from practice pharmacists were conventional MI enquiries and how many were considered 'non-MI' enquiries
2. Quantify how many enquiries are received per month from GP practice pharmacists and how this has changed over time
3. Investigate what complexity levels and categories these enquiries fell into
4. Evaluate for recurring themes
5. Investigate whether some enquirers are using the service more frequently than others
6. Investigate how much time these enquiries take to complete

Methods

Data were obtained from MiDatabank (filtered by enquiry origin) and an Excel log sheet of 'non-MI' enquiries from June 2015 to Dec 2018. Examples of enquiries classed as MI include those regarding dosing information or interaction data whereas an example of a 'non-MI' enquiry would be the request for contact details of staff within the Trust. Enquiries from both sources were manually reviewed and relevant data extracted (e.g. time taken, enquirer, categories) for entries from practice pharmacists. Thematic analysis was then carried out on collected MI enquiries for 2018 using an iterative familiarisation, re-reading, and coding process to generate concordant themes.

Results

Number of enquiries received from practice pharmacists

Out of a total of 86 enquiries received from 27 different practice pharmacists, 65% of these were MI enquiries (i.e. on MiDatabank). The total number of enquiries (MI and 'non-MI') increased over time.

Monthly number of practice pharmacist enquiries over time

Complexity levels & categories of MiDatabank enquiries

Enquiries can be classed by their complexity ranging from a simple level 1 enquiry to a complex level 3 enquiry. 98% of the enquiries received fell into either level 1 or level 2 complexity, with only one enquiry classed as level 3. The enquiries fell into at least one of sixteen categories. The majority of these (64%) fell into the 'Patient-Centred Enquiry' category; 36% of enquiries fell into the 'Administration/Dosage' category.

Time spent answering enquiries & use of the service by enquirers

A total of 57.5 hours were spent answering practice pharmacist enquiries. 91.5% of this time was spent answering those logged on MiDatabank. The mean time to complete an MI enquiry was 56 minutes; comparatively for 'non-MI' enquiries this value was 9 minutes.

Enquiries were received from 27 different pharmacists. The most frequent user represented 31% of enquiries evaluated.

Thematic analysis of enquiries

Three key themes were identified from the data. These were:

Transfer of care issues – Calls asking for clarification of medication changes on discharge letters (generally due to unclear documentation) were common. Other interface issues included clarification of prescribing responsibilities/shared care arrangements, and local formulary status.

Requests for specialist information – Practice pharmacists were sometimes unfamiliar with the management of patients or use of drugs in specialist populations. For example, in obstetric, renal, cardiology, and most notably, paediatric patients. MFT MI pharmacists and specialist pharmacists and clinicians in these fields were able to advise accordingly.

General MI enquiries – These included requests for dosing information, advice on feeding tube administration, requests for local and national guidelines, and interaction data.

Discussion and conclusions

The total number of enquiries received from practice pharmacists has increased over time which may reflect the increasing number of these pharmacists in practice. Thematic analysis highlighted that many enquiries related to transfer of care issues, which aren't considered traditional MI enquiries and relate more to clarity of communication. Specialist input was not usually needed, as MI often acted as a triage service liaising with ward pharmacists to resolve issues. Consideration may be given to the development of a discharge referral team who may be able to address issues around communication of medicines issues at ward level. The importance of clear documentation of medication changes on discharge should be reiterated to clinical teams.
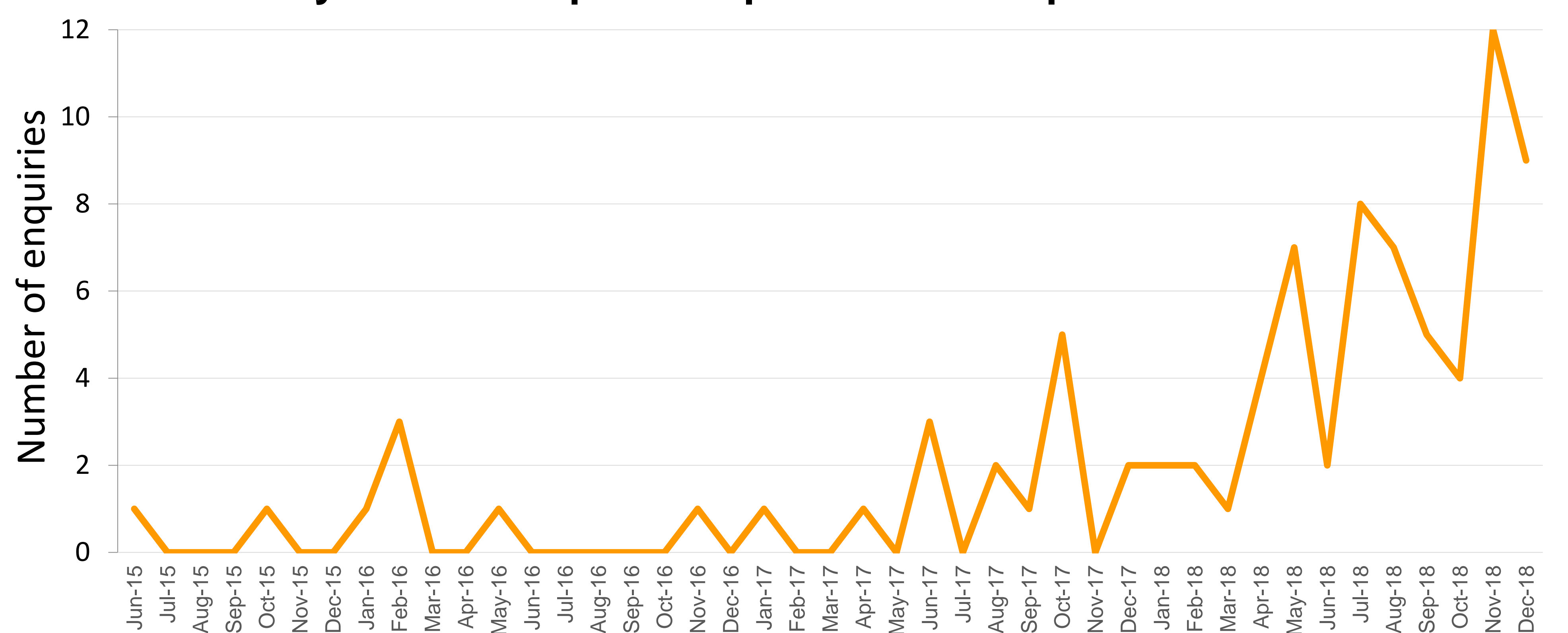
Ongoing prospective monitoring of the nature of practice pharmacists' calls may be needed to address how they affect MI workload, and if the support service required by practice pharmacists requires additional resource allocation. Limitations of this study included the limited ability of MiDatabank entries and brief 'non-MI' call logs to provide more in-depth understanding of the nature of enquiries, and the retrospective study design.