Reducing prescribing risk is the true value of clinical pharmacy

Donald Rumsfeld, the former United States defence secretary, once famously said: 'There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don't know. But there are also unknown unknowns. There are things we don't know we don't know.' It is difficult to know if this man was a deep thinker or whether he was familiar with reflective practice and continuing professional development.

Pharmacists should always be alert to the fact that there are things they don't know. One way to do this is through peer review or through reflecting on practice with a mentor. The mentor need not be doing the same job, indeed choosing a mentor from a different discipline, such as medicine, may help give a different perspective.

Laxatives are the subject of this month's medication review (p62). A number of 'known unknowns' can be illustrated with laxatives. For instance, we do not know if any laxative is more effective than another, or if there are certain laxatives more effective in certain types of constipation. A medication review of a laxative may appear

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unimportant enough not to be worth bothering with. However, there may be 'unknown unknowns'. Laxatives are for constipation, and constipation may be a sign of other significant pathology. For instance, would a pharmacist have considered 'red flags' or medical causes of constipation when doing their review? Would they know when referral to a doctor is necessary?

Sitting down to write next year's plan for my PCT prescribing support team is an opportunity to reflect on what our practice pharmacy service does. Our work plan always falls into a number of clearly defined categories, but reducing clinical risk is the underpinning theme for most. For medication review services objectives include reducing clinical risk by optimising treatments (starting evidence-based medicines and stopping inappropriate medicines). Risk is also reduced through pro-active audits, to detect problems that might lead to errors or adverse reactions, such as targeting prescribing in higher risk groups of patients, or higher risk medicines. For example, screening older people who are prescribed NSAIDs to detect those most at risk of heart failure, renal failure, cardiovascular disease and gastrointestinal bleeds, or prescribing of amiodarone or lithium to check appropriate blood tests are being done.

Clearly, it is better practice to try and prevent medicine-related problems than to spend time and resources on correcting them once they have occurred. This month Paul Wright and colleagues (p44) describe how they established a medicines reconciliation pre-admission clinic to reduce the risk to patients undergoing elective percutaneous coronary interventions. Recent NICE/NPSA safety guidance highlighted that 30–70% of patients admitted to hospital had unintentional medication variances.[1] The report recommended that pharmacists should be involved in medicines reconciliation as soon as possible after admission to reduce risk.

Pharmacists, whether in hospital or community practice, routinely screen prescriptions for errors and appropriateness for the individual. This is a role highly valued by doctors and is a basic task for pharmacists. But how can pharmacists detect problems from medicines once the patient has taken them? Deciding whether a symptom is related to a medical condition or a medicine requires a certain level of skill. In this month's *Basic pharmacy skills* series Anthony Cox (p57)

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explains how to detect adverse drug reactions (ADRs). The decision can be aided using tools such as the DoTS (Dose relatedness, Timing and patient Susceptibility) system. He also reminds us that most ADRs are caused by older medicines rather than by new ones.

It is a shame that clinical pharmacy services are often justified on the ability to save on prescribing costs when the real value is in reducing medicines misadventure. Being measured on costs is not a true measure of a profession. We must change the emphasis to risk reduction.

Duncan Petty, consultant editor

References

1. Anon. *NICE patient safety guidance 1, Technical patient safety solutions for medicines reconciliation on admission of adults to hospital.* Available at www.nice.org.uk/PSG001.