Further evidence for the benefits of clinical pharmacist interventions

Further evidence for the benefits of interventions by clinical pharmacists has been presented by two recent studies from the US.

The first study showed that collaboration between pharmacists and physicians improves blood pressure control (*Archives of Internal Medicine* 2009;169:1996–2002). This was a prospective, cluster randomised controlled trial based at six community-based clinics (three control and three intervention) and included 402 patients with uncontrolled hypertension.

In the intervention group, the clinical pharmacist assessed the patients' medication at baseline and at one month, and by telephone at three months, and made recommendations to the physician about treatment, based on national guidelines. The collaboration between the pharmacist and the physician led to an increase in guideline adherence scores. The authors state that this highlights the importance of team-based chronic disease management.

This study follows recent research showing that pharmacist interventions improve blood pressure control (*The British Journal of Clinical Pharmacy* 2009;1:291).

Collaboration between pharmacists and doctors improved guideline adherence

The second study showed that pharmacist interventions, such as screening for adherence concerns and patient counselling, improves the quality of patient discharge (*ibid* 2009;169:2003–10). This was a prospective, quasi-experimental design that was carried out in the US, and included patients who were at high risk of developing medication-related problems.

The study compared the outcomes of those who received pharmacist interventions at discharge from hospital (n=358) with those who did not receive interventions (n=366). More medication discrepancies were identified at discharge, and therefore resolved, in the intervention group than the control group (59.6% versus 33.5%, respectively). However, this did not lead to decreased re-admission rates or visits to the emergency department.

Gillian Cavell, deputy director of pharmacy, medication safety, at King's College Hospital, London, told *The British Journal of Clinical Pharmacy*: "The study seems to support the role of the pharmacist in improving the quality of discharge by minimising discrepancies between hospital inpatient medication and discharge medication — a role that is well established in hospital pharmacy practice in the UK. Further work needs to be done to identify effective interventions in primary care to prevent medication related reattendance and readmission in patients recently discharged from hospital."

Earlier access to new innovative drugs in the NHS

Drugs with limited cost-effectiveness data that are used in small patient populations will be able to be assessed for use in the NHS before a National Institute for Health and Clinical Excellence appraisal is carried out, under a new proposal.

The 'innovation pass' is a pilot scheme that is due to be launched by the Department of Health. This three year initiative is due to start in April 2010 and has a budget of £25 million for 2010/11. No single drug to be considered for the scheme can cost over £8 million per year.

A new 'innovation pass' advisory committee will assess each application for specific criteria, which include whether the drug: is a significant medical innovation, such as having a novel pathway, receptor or other target; fulfils an unmet clinical need; has relatively immature data (for example when the patient population is too small to have collected a sufficient amount of evidence to date); has additional studies planned to enable collection of more clinical data; and has an impact on NHS services that is not be greater than that incurred with current standards.

A NICE appraisal of the drugs that receive an innovation pass must be carried out at a maximum of three years after the pass has been granted.

Martin Stephens, national clinical director with responsibility for hospital pharmacy at the DH, said: "An important aspect of the proposed approach is that additional data can be collected to better inform the NICE appraisal." NHS organisations will be encouraged to participate in data collection exercises. "I would encourage pharmacists to comment on the principles and details of the proposal," he added.

The innovation pass scheme was originally suggested in 'Life sciences blueprint', a document published by the Office for Life Sciences in July, and has been developed with input from NICE, the NHS and the pharmaceutical industry.

The consultation document is open for comments until 8 February 2010 and can be accessed at www.dh.gov.uk.