Clinical pharmacy and clinical trials

Conclusions

The results of the service were analysed. 43 additional RTs from 1 clinical trial were not included in this study due to the impossibility of evaluating compliance (posology changes not notified to the pharmacy and unsuitable secondary packaging). The non-conformity rate was 20% (23 RT). 39% (n = 9) of the non-conformities (NC) were due to allowing empty boxes not to be returned. In 61% (n = 14) of NC there was a discrepancy between the expected count of returned IMPs and the one actually made, showing poor compliance. Average counting time was 12 minutes (5–30 min).

An exact count of returned IMP was operated during dispensing for 84% of returns and after dispensing for 66%. In all cases, a global analysis was performed before the prescription was dispensed.

Conclusions

This study points out the major role of the pharmacist in the education of the patient enrolled in clinical trials, about the return of all experimental medicines and the therapeutic schedule. It appeared very important to evaluate compliance while the pharmacist was dispensing the next prescription, independently of the time consumed, in order to correct possible errors in taking the medicines at that time.

No conflict of interest.

IMP Importance of Residual Investigational Medicinal Product Count

Background

Good Clinical Practice specifies the role of the pharmacist in clinical trials. For each prescription dispensed for a named patient, the pharmacist is responsible for educating the patient on the treatment, counting any residual Investigational Medicinal Product (IMP), and thus for evaluating the compliance.

Purpose

To assess the importance of pharmaceutical vigilance about IMPs.

Materials and Methods

This prospective study took three months. For each named-patient prescription dispensed, a count of returned treatment (RT) by the patient from the previously dispensed medicines was performed to assess compliance.

Results

117 RTs were analysed. 43 additional RTs from 1 clinical trial were not included in this study due to the impossibility of evaluating compliance (posology changes not notified to the pharmacy and unsuitable secondary packaging). The non-conformity rate was 20% (23 RT). 39% (n = 9) of the non-conformities (NC) were due to allowing empty boxes not to be returned. In 61% (n = 14) of NC there was a discrepancy between the expected count of returned IMPs and the one actually made, showing poor compliance.

Average counting time was 12 minutes (5–30 min).

No conflict of interest.

Implementation of a Clinical Pharmacy and Medicines Dispensing Service in a Chemotherapy Day Treatment Unit

Background

Cancer patients at the Oxford University Hospitals NHS Trust receive the majority of their chemotherapy treatments as daycase patients. The clinical pharmacy service provision to patients receiving chemotherapy did not move with the patients from the inpatient to the daycase setting. The lack of clinical pharmacy provision to the day treatment unit (DTU) resulted in medicines wastage and an increase in nursing time to educate patients on their medication.

Purpose

The pharmacy service to the DTU was reconfigured to provide a clinical pharmacy and medicines management service, and to dispense medicines as pre-packs at the patients’ bedside.

Materials and Methods

One pharmacist and half of a technician were funded from cost savings to implement the new service. Medication record cards were developed for each supportive regimen as a counselling aid to patients. A patient satisfaction survey was undertaken prior to initiating the new service, and two months after initiation. Drug expenditure and medicine wastage savings were recorded prior to and two months after implementation of the service. A satellite pharmacy was set up to dispense medicines next to the DTU. A trolley was used to dispense pre-packs at the bedside. Data was collected prior to and two months after initiation of the new service to assess patient satisfaction, impact on nursing time, medicines wastage and savings.

Results

It was anticipated that approximately £25,000 (£31,000) per month would be saved on medicines wastage. Patients were very satisfied with the new service. The service resulted in a reduction in nursing time of 37.5 hours/week. The results of the service impact after two months will be presented.

Conclusions

The DTU pharmacy service ensures medicines optimisation, reduces medicines expenditure, and improves the quality of patient care. Patients receiving chemotherapy as inpatients always benefited from a clinical pharmacy service, so it is appropriate to provide this service in the day case setting.

No conflict of interest.