THE RESEARCH ISSUE

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If you would like to share your news, announcements and experiences with the UKCPA community, please email Sarah Carter at general.secretary@ukcpa.com
A project jointly funded by UKCPA and Pharmacy Research UK was recently featured as a case study in the Association of Medical Research Charities’ (AMRC) annual report on research impact.

The AMRC report highlights the impact of research funded by its members—medical research charities—in terms of generating new knowledge, translating research ideas into new products and services, creating evidence that will influence policy or other stakeholders, stimulating further research via new funding or partnerships, and developing the human capacity to do research.

The report features the research, led by Gemma Donovan (second from right in picture below), to demonstrate how research within pharmacy can benefit the sector and influence the course of future research, and inform policies and the consequent actions that take place.

The project investigated the use of unlicensed medicines (ULMs) across the multidisciplinary team. It highlighted the requirement for training and development of the core standards on the use of unlicensed medicines, so that this can be standardised across different pharmacy practices.

“How and why prescribers choose to initiate these medicines, pharmacists source them and patients use them [had] never been explored”, says Gemma.

“Lack of education and training for healthcare professionals around what an unlicensed medicine is and the associated implications with their use, coupled with a lack of information, seems to perpetuate problems identified in the use of ULMs.”

The research concludes that pharmacists appear to have a wider working knowledge than their medical and nurse colleagues of ULMs and the potential implications of their use. They are often referred to for medicines information and advice.

However, the research also raised concerns over the current lack of multidisciplinary and patient involvement in developing guidance on the use of unlicensed medicines, which raised the question as to whether there is a lack of awareness of the use of unlicensed medicines outside of the pharmacy profession.

You can read the full AMRC report here.
How did you get to where you are today?

Early in my career, I had to make a decision on my future pathway. I could either progress with the dynamic multiple company that I was working with, or I could apply for a more clinically oriented role at a local health centre run by four GP partners. Working closely with patients and clinical teams had always been how I had envisaged I would work, so I opted for the health centre job.

I undertook postgraduate study at King’s College London, with conversion to a PhD research program. I studied the benefits of having a specialist pharmacist working in the hospital outpatient clinic setting to support patients and multi-disciplinary teams in secondary and primary care sectors.

I presented the results at conferences in Australia and in the UK, which provoked a lot of interest and discussion on how pharmacists could support clinically oriented patient care. Remember, this was back when pharmaceutical advisor and formulary pharmacist roles were new, with appointments in primary care to ensure cost effective prescribing and management of prescribing budgets, and the emerging development of advanced level practice by pharmacist peers in secondary care.

What is your role today?

I run two weekly medication management clinics at Northwick Park Hospital. The first is a Mid-life Women’s Health Care clinic for women with premature ovarian insufficiency, high risk menopause management cases and it has a dedicated clinic for women with breast cancer in their survivorship phase. We accept referrals to the service from primary care and cross referrals from other directorates within the Trust. We also receive out of area referrals as our service is recognised as providing gold standard care.

The second weekly clinic sees patients with osteoporosis and risk of fragility fractures. My oldest patient in this clinic is in her 90s and on multiple medicines, and we have built up a rapport which has helped with good adherence with her bone sparing treatments and de-prescribing to help reduce her medicines burden.

You were one of the first pharmacists to demonstrate consultant level practice, how did that come about?

The competencies that you need to demonstrate or work towards for advanced level practice as a consultant pharmacist include pharmaceutical or clinical care, research and development, education and training, management, leadership and policy work. When Consultant Pharmacist posts were established in the UK the competencies for my role were reviewed and my post was put forward for ratification for this title.

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How has the UKCPA community supported you during your career?

I have been a member of UKCPA for a long time. What I find invaluable is the ability to discuss various issues on the forums, network with peers and the numerous opportunities to attend masterclasses and conferences for networking and professional development. I have also been a member of the General Committee, the Education & Training Group Committee and the previous Research & Development Committee. I have championed the establishment of the Women’s Health Group and I know that the current committee will take it from strength to strength.

What research are you involved in now?

As part of my research commitment in 2015, I worked with colleagues at Northwick Park Hospital on a service redesign project for elderly fallers. We considered the support that these patients might need at various stages of their journey, including in the community, within primary care, secondary care and at the interface. I conducted a literature review of the evidence base for medication review in elderly fallers, which was published in 2016.

The paper is included, along with other references, in the Consensus Briefing and Resource Pack developed by the Public Health England National Falls Coordination Group, on which I represent the Royal Pharmaceutical Society. The next stage is to work on implementation strategies, and I will be writing the section on medication optimisation. Please let me know if you are involved in any work in this area, particularly if you know of any evaluated results. You can contact me at nuttantanna@nhs.net

In another project, we have received funding from the Charitable Trusts to evaluate the improvement in clinical care delivery with use of the iNSight software which allows us to request trabecular bone scores (TBS) when a DEXA bone scan is done, and use this additional information to critically assess the risks for vertebral fractures.

A third of vertebral fractures are never identified, so you can understand why the TBS score is going to be so important. I’m really looking forward to running this exciting project.

You have recently been awarded Menopause Specialist accreditation by the British Menopause Society – congratulations! How is this accreditation awarded?

For accreditation as a specialist, the applicant must demonstrate a portfolio of patient care cases and confirm that they see at least 50 new menopause cases a year. The applicant must be a member of the British Menopause Society and attend the national or international conferences to demonstrate ongoing professional development.

I love attending the BMS conferences, and the UKCPA conferences; each time I am inspired with new ideas on improving patient care delivery.
Strengthen your research skills at the UKCPA Conference

24 & 25 November 2017
The Queen’s Hotel, Leeds

Developing your critical appraisal skills
This worksession will benefit all pharmacy professionals since all are expected to acquire the necessary skills and tools to critically appraise articles in the scientific literature.

Dr Deborah Layton
Director of Drug Safety, NEMEA Centre of Excellence in Retrospective Studies, QuintilesIMS

At the end of this session, participants should be able to:
♦ Integrate key criteria for critical appraisal in individual personal practice
♦ Assemble appropriate instruments and resources for use in critical appraisal, apply these tools to appraise published research and judge reliability

How to present your research and audit at conferences
This session will be valuable for junior and specialist pharmacists who are developing their area of interest. It will encourage and provide them with information on starting to develop their portfolio on research and audit skills.

Tejal Vaghela
Team Leader Pharmacist, Antimicrobials & Acute Admissions, West Hertfordshire Hospitals NHS Trust

At the end of this session, participants should be able to:
♦ Identify research and audit ideas within their practice areas for presentation at conferences
♦ Outline how to prepare abstracts, posters and oral presentations
♦ Provide practical tips on outcome data

How to develop a multitude of skills through conducting research
Undergraduate, pre-registration and registered pharmacy professionals at all levels of experience who are interested in developing their career through involvement in research will benefit from attending this session.

Dr Richard Keers
Clinical Lecturer in Pharmacy, The University of Manchester and Honorary Research Pharmacist, Greater Manchester Mental Health NHS Foundation Trust

At the end of this session, participants should be able to:
♦ Identify the relevant skills that may be developed through involvement in research, and how they may be useful in career development
♦ Discuss how to manage challenging situations in research projects and how to develop and apply relevant skills through discussion of practical case examples
♦ Describe how skills developed during research activity may be translated to other clinical pharmacy roles

Writing a research grant application
This session is designed for professionals planning a research grant or application in the near future or those looking to learn more about proposal writing.

Rachel Joynes, Ivana Knyght & Helena Rosado
Research team, Royal Pharmaceutical Society

The session will include a presentation on what makes a good application, followed by a small group exercise workshop defining:
♦ A quality research question
♦ Research design and methodology
♦ Building a research team
♦ Costing a grant application
♦ Assessment and critique of proposals
♦ Feedback session & questions

For more information, please take a look at our website
UKCPA members Justine Tomlinson and Kristina Medlinskiene are undertaking PhD research studies. They have discussed their research design and topics with patients and carers. Why?

"Both Justine and I gained unique and invaluable insights about our chosen research topics from involving patients and the public. We would actively encourage everyone undertaking a research project or service improvement work to engage with members of the public from the outset", said Kristina.

Justine’s PhD study focusses on optimising post-discharge medicines related care for older people living with frailty. It aims to design and test the feasibility of a complex intervention to reduce medicines related problems and promote follow on medicines related care for older type 2 diabetic patients living with frailty after discharge from hospital to home.

Kristina’s PhD research investigates the barriers and enablers in the introduction of innovative medicines into patient care, aiming to understand the key issues undermining the uptake of innovative medicines into practice by using non-vitamin K oral anticoagulants (NOACs) as exemplar. It will explore the involvement and influence of ‘leaders’ at strategic and operational level and develop a co-designed intervention to reduce the gap between policy and implementation.

“We were awarded Public Involvement Funding by the Research Design Service (Yorkshire and the Humber). These awards have been used to support patient and public involvement (PPI) in the design and development of our projects and to strengthen our NIHR grant applications”, explained Kristina.

Justine and Kristina held discussions with patients and carers to explore their respective research topics and design ideas. The aims of engaging with patients and the public at the early stages of their research were to confirm that the proposed research topics were important and relevant to patients, and to improve the research proposals, such as better shape research questions, identify possible ethical issues, and discuss research methods and recruitment.

“Involving patients and the public had a significant positive impact on both research projects by providing a greater understanding of patients’ lived experiences and identifying additional aspects from a patient perspective for further consideration”, said Kristina.

Justine and Kristina will continue to engage with patients throughout their research by forming PPI advisory groups. These groups will meet regularly to influence the direction of the research and be involved in the analysis and dissemination of results.

If you would like further information about Justine’s or Kristina’s research, please contact: j.e.c.tomlinson@bradford.ac.uk or k.medlinskiene1@bradford.ac.uk
Society is made up of people from various backgrounds and circumstances. Diversity opens our minds to alternative lifestyles and ways of living which enriches our society. However, health services and healthcare professionals often do not fully tailor or cater for the unique requirements of individuals. Consequently, some people can become disadvantaged and their voices seldom heard.

In this article, we focus on the medically underserved who are typically eligible to receive a health service but for varying reasons do not, despite them being potentially most in need. These individuals have been shown to have distinctive healthcare needs, yet they may be less inclined to participate in health screening services and have been shown to have poorer health outcomes.

Equality laws exist to protect the rights of minority groups. For example, the Equality Act 2010 legally protects people from discrimination. As pharmacists, we have a legal duty to encourage equal access to health services in the community to all patients without restricting these services to just those who may be more accepting of the invitation.

A recent study looked into the implicit bias displayed by healthcare professionals towards patients. Its findings indicated that healthcare professionals exhibit the same levels of implicit bias as the wider population, which in turn influences the clinician-patient interaction.

Further work needs to be undertaken to reconfigure services so that the most vulnerable are supported with their health and medicines. One way to achieve this would be to raise awareness of these influences to avoid subconscious biases and disparities in delivering healthcare to all patients.

Who is medically underserved?
Although it can be helpful to talk about groups of people who have common concerns and distinctive needs, and face shared barriers to health care, it is important to be mindful that not everyone who may belong to an 'underserved' community are the same and some may not have poorer health when compared to the rest of the population, nor require additional support to manage medicines.

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What work is being done to support these patients?

An independent study evaluating the scale, causes and costs of wasted medicines estimated that in England alone, the yearly cost of NHS prescription medicines wastage is £300 million, including £90 million worth of medicines unused at patients’ homes and £110 million returned to community pharmacies.\(^6\)

Medicines Use Reviews form part of the English Government’s medicines management strategy to help improve medication adherence and reduce wastage. A team of researchers at the University of Nottingham, led by Dr Asam Latif, have developed a short Medicines Use Review (MUR) e-learning programme, aimed at community pharmacy staff\(^1\). The aim is to improve pharmacists’ awareness, attitudes and behaviours towards the medically underserved.

The free e-learning programme has been co-produced by professionals and patients with the view of incorporating a shared decision making model. The team will investigate whether this educational intervention can change the attitudes and behaviours of pharmacy staff.

The primary outcomes include evaluating the impact of the e-learning programme in improving the provision of MURs to underserved communities. It further aims to capture the pharmacy staff’s experience, perceived impact on practice and any potential barriers and facilitators to successful implementation of the e-learning. Underserved patients’ experiences of medicines and level of support received from healthcare professionals will also be explored.

The e-learning programme is currently being evaluated and the resource should be freely available online to all community pharmacy staff by the end of the year.

By improving pharmacists’ awareness of underserved communities we might be able to better help patients and improve their health outcomes.

References:
3. \(\text{Healthwatch Lincolnshire (2015) Seldom Heard Voices, Boston England}\)
4. \(\text{Reducing inequalities in healthcare provision for older adults. Nursing Standard 25 (41):49}\)
5. \(\text{FitzGerald C., Hurst S. (2017) Implicit bias in healthcare professionals: as systematic review. BMC Medical Ethics. 2017; 18: 19.}\)
Information collected from patient satisfaction data and clinician feedback on anticoagulant medicines has revealed that patients do not retain the information provided on DOACs following initiation.

Following funding received from the Cardiovascular department at Guy’s and St Thomas’ NHS Foundation Trust, UKCPA members Gayle Campbell and Victoria Collings, along with their Cardiovascular pharmacy colleagues, have just launched a series of bite-sized patient information videos for the use of direct acting anticoagulants in atrial fibrillation.

The videos are easy for patients and their families to watch and allows them to access the right information at the point when they need it the most.

Researchers at the University of Manchester are looking for participants to join a research study which aims to describe and define the role of emergency department pharmacists who have completed additional clinical skills training.

The study, titled ‘An investigation of EmergeNcy Department PharmAcist PractitionERs in the United Kingdom’ (ENDPAPER) is jointly funded by UKCPA and Pharmacy Research UK.

If you have answered yes to the questions above, or would like more information about the research, please contact Chief Investigator Daniel Greenwood at daniel.greenwood@manchester.ac.uk

Are you...

- A pharmacist registered with the General Pharmaceutical Council or the Pharmaceutical Society of Northern Ireland?
- Working part time or full time in a UK emergency department (this includes walk-in centres, urgent care centres and minor injuries units)?
- Have completed some additional clinical skills training? Examples include, but are not limited to:
  - An Independent Prescriber qualification
  - Clinical examination skills training
  - Short courses such as phlebotomy or venepuncture training which may have been provided by your hospital employer

The videos are available to view at www.guysandsthomas.nhs.uk/anticoagulation

Gayle Campbell: Senior Cardiovascular Pharmacist (Heart Failure), Guy’s and St Thomas’ NHS Foundation Trust
Victoria Collings: Senior Cardiovascular and KCL Academic Link Pharmacist, Guy’s and St Thomas’ NHS Foundation Trust
PARTNER EVENTS

Royal Pharmaceutical Society Winter Summit: Bridging the gap between industry, academia, policy and practice

5 December 2017
Mary Ward House, London

This new event in the RPS calendar is designed to showcase the latest innovations in science, research and education and explore how they impact across pharmacy and healthcare in general.

The programme comprises experts and influencers who are pushing the boundaries of innovation in the pharmaceutical sciences, research and education across industry, academia and practice. It provides a forum for knowledge translation and an opportunity to develop new ideas and innovations from the lab to the clinic and back.

You will have the opportunity to present new work via posters and oral presentations to influence policy makers, service commissioners and educators.

The deadline for abstract submissions is Monday 11 September 2017.

See here for more details

Royal Pharmaceutical Society Research Fellows Forum: Addressing challenges to establish successful research careers

10 October 2017
Royal Pharmaceutical Society, London

The forum will bring together current and prospective research-active peers for a discussion of the challenges currently faced by pharmacists and pharmacy professionals. We particularly welcome early career researchers and those engaged in research supported by funding programmes.

The objective is to build a community to enable networking and support. We seek to gain an understanding of the current climate in research, explore the barriers and opportunities to establishing research careers, and how the RPS can further support members and the wider workforce. Discussions will be framed by a series of short talks and workshops with an opportunity for participants to showcase their research achievements.

Attendees will have the opportunity to:
♦ Present their research achievements
♦ Share best practice in developing research & fellowships
♦ Discuss mentoring in research
♦ Identify barriers to research career pathways
♦ Broaden their network of contacts
♦ Shape RPS work plans for supporting research active professionals.

See here for more details