Comparison of Community & Hospital Pharmacists' Sources of Information About Medicines: Use of the UKMi Network

Authors:
Laura Edwards¹, Benjamin Gascoyne¹, Matthew Jones², Jenna Power¹, Richard Spear¹, Corinne de Vries°.  
¹Department of Pharmacy & Pharmacology, University of Bath.  
²Pharmacy Department, Royal United Hospital, Bath.

Abstract:

Focal Points
- This study compared the use of UKMi by community & hospital pharmacists.
- Community pharmacists do not make widespread use of UKMi services, but generally have a positive experience when they do contact the service.
- Limited use of the UKMi network by community pharmacists may be due to poor promotion of the service & the perception that it will be too slow.

Introduction
Despite making up ~70% of pharmacists, historically community pharmacists (CPs) have submitted a small minority of the enquiries received by the UKMi network. Hospital pharmacists (HPs) submit a significant proportion of enquiries, despite making up ~20% of the workforce. The recent introduction of new CP services may require increased access to information about medicines. Therefore, the objectives of this study were to identify how often CPs & HPs use the UKMi network, & to explore reasons for any differences.

Method
Quantitative data were collected via a questionnaire sent to CPs, HPs & MI centres across the south west of England. The questionnaires contained only minor sector specific variations. Qualitative data from telephone interviews with volunteers were analysed to explore the reasoning behind individual pharmacists' decisions.

Results
56% of CPs had never submitted an MI enquiry, but all the participating HPs had at some point in the past. 55% of HPs reported submitting an enquiry at least once a month, compared to 5% of CPs. In contrast, 35% of CPs submitted an enquiry to the NPA at least once a month. These results were reflected in the information supplied by MI centres in the study area: in the year to the start of the study, 32% of enquiries had been submitted by HPs & 3% by CPs. Three MI centres reported receiving no CP enquiries.

CPs cited a range of reasons for not using the UKMi network, including not needing to, being unaware of the service or its availability to CPs, not knowing how to contact the network & the belief that the service would be too slow. However, CPs who had previously used the UKMi network were generally positive about the service, with 93% stating they would use it again. Commonly cited reasons included successful resolution of a query & a prompt & accessible service. The most common reason for a negative opinion was a slow service. All HPs were positive about the UKMi network, citing accessibility & prompt resolution of queries.

Interview data supported these findings. HPs highlighted the value of being able to discuss a problem with an experienced pharmacist. CPs highlighted the importance of obtaining an answer to a query quickly (“within 5 minutes”) as otherwise the patient may not return. CPs had concerns that the UKMi network might not be able to prepare an answer in this time, whereas they knew from experience that the NPA provides a speedy service. CPs' comments suggested that the role & availability of the UKMi network was not effectively promoted in this sector of the profession.

Discussion
The UKMi network is meeting the needs of HPs & is widely used by this sector of the profession. It also appears to meet the needs of the minority of CPs who contact it, but poor promotion to this sector & MI pharmacists' possible lack of understanding of the time pressures faced in CP prevent more widespread use of the service. As clinical services in CP grow & the future role of the UKMi network is decided, these issues may need to be addressed.