

**INTRODUCTION OF A MEDICATION HOME DELIVERY SERVICE AND
CLINIC BASED PHARMACIST TO A TRANSPLANT OUTPATIENT
DEPARTMENT: AN EVALUATION.**

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PROBLEM: A medication home delivery service was recently introduced to the Oxford Transplant Centre out-patient department, facilitated by a clinic-based pharmacist. The pharmacist is available throughout clinic for advice and to conduct medication reviews and to screen all home delivery prescriptions. The pharmacist also counsels patients on new and existing medication. However, there has been no formal assessment of patients' or healthcare professionals' views on the introduction of a clinic-based pharmacist or how patients viewed the introduction of a medication home delivery service.

PURPOSE: To investigate patients' and healthcare professionals' views on the introduction of a clinic-based pharmacist at the Oxford Transplant Centre out-patient department and how patients viewed the introduction of a medication home delivery service.

DESIGN: A number of staff from the transplant outpatient department were interviewed to assess the introduction of a pharmacist to the multidisciplinary team. Interviewees had worked within the clinic for at least 3 months and included the outpatient manager, a nurse practitioner, senior house officers (n=2), specialist registrars (n=2), and a consultant. A semi-structured questionnaire was used. The interviewer was introduced as a senior pharmacist who was not responsible for managing the service but who was conducting an audit in conjunction with the outpatient pharmacist. A patient satisfaction questionnaire was developed and distributed to 300 consecutive patients, approximately 50% of the patients seen by the clinic pharmacist. The questionnaires were sent with a stamped, addressed envelope and a covering letter from the project supervisor explaining the purpose of the questionnaire. All responses were sent to the project supervisor and were anonymous.

FINDINGS: Two hundred and forty (80%) patient satisfaction questionnaires were completed. Over 98% (236) preferred the delivery service to the service provided by the hospital pharmacy; the main benefit cited was the reduced amount of time spent at hospital (possibly 2-3 hours per visit). 95% (224) rated the service overall as either excellent or good and 78% (187) felt that it was definitely a positive development to introduce a pharmacist to clinic. The benefits cited included having their medication double-checked and having a source of additional information with regard to drug treatment and adverse effects. All clinic staff stated that they consulted the pharmacist during every clinic for advice. Most respondents consulted with the pharmacist about a range of subject matters including the introduction of novel drugs, treatment protocols, and for their considered opinion on problem patients. All respondents felt that the service provided to patients and the quality and safety of prescribing had been improved and wanted the service to continue. The idea of stopping the service was thought to be a danger to patients and a false economy.

CONCLUSION: The introduction of a medication delivery service has been found to be an extremely effective method of supplying medication and is preferred by patients when compared to the previous service provided by the hospital pharmacy. Both patients and staff have found the introduction of a clinic pharmacist to be a positive development.

RELEVANCE: A medication home delivery service, with medication dispensed by a private company, has worked successfully for 2 years and is preferred by patients. To ensure patient safety, a pharmacist screens the prescriptions before patients leave the hospital and this has been well-accepted by staff and patients alike. There are other clinics with complex medication where such a service could also be beneficial. The delivery service relieves pressure on the hospital pharmacy; national vacancy rates for hospital pharmacists are double those of nurses.