

Evidence supports regular involvement of ward-based pharmacists in patient care

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The National Institute for Health and Care Excellence (NICE) guideline NG94, published earlier this year, focused on organising and delivering emergency and acute medical care for people aged over 16 in the community and in hospital.¹ The main aims of the guideline were to reduce the need for unplanned hospital admissions, promote good-quality care in hospital and facilitate joined up working between health and social services.

The effectiveness and cost effectiveness of ward pharmacy services were examined in this guideline, where a review aiming at assessing whether having ward-based pharmacists improves outcomes and is cost effective was undertaken. This systematic review and accompanying meta-analysis demonstrated the potential benefits for patient safety of regular involvement of ward-based pharmacists in care provision. It also showed that it is cost effective to have this input on regular basis, by having a dedicated ward-based pharmacist. Based on its findings, a strong recommendation was made in the guideline to “Include ward-based pharmacists in the multidisciplinary care of people admitted to hospital with a medical emergency” [Recommendation 1.2.7].¹

It is no surprise that the paper reporting the findings of this review has attracted considerable interest and support from within and outside the pharmacy profession when it got published online, on 19 October, in the journal *Research in Social and Administrative Pharmacy (RSAP)*.² This level of evidence provides exactly the kind of support that hospital Chief Pharmacists can use for business cases to provide patient-facing pharmacists who are involved in medicines optimisation from admission to discharge. Investing in a patient-facing, ward-based pharmacy workforce will contribute to implementing the recommendations of Lord Carter’s review which support hospitals in addressing unwarranted variations in care.³

The authors of this letter encourage hospital pharmacists to make use of this up-to-date and comprehensive review to make the case for more direct involvement from pharmacists at ward level to provide medicines optimisation, governance and safety for patients, as recommended by Lord Carter.³

References:

1. The National Institute for Health and Care Excellence. Emergency and acute medical care in over 16s: service delivery and organisation (NG94). March 2018.
2. Dawoud D, Smyth M, Ashe J, Strong T, Wonderling D, Varia M, Hill J, Dyer P, Bion J. Effectiveness and cost effectiveness of pharmacist input at the ward level: A systematic review and meta-analysis. *Research in Social and Administrative Pharmacy*. 2018 (In press) <https://doi.org/10.1016/j.sapharm.2018.10.006>
3. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles.

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