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Comparison of Community & Hospital Pharmacists' Sources of Information About Medicines: Written Sources

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Abstract:

Focal Points
- This study investigated the written resources used in community & hospital pharmacy.
- Community pharmacists face barriers to accessing information about medicines.
- This might result in poorer quality answers to queries.

Introduction
Despite making up ~70% of pharmacists, community pharmacists (CPs) submit a small minority of the enquiries received by the UKMi network. In comparison, hospital pharmacists (HPs) submit a significant proportion of enquiries, despite making up ~20% of the work force. The recent introduction of new CP services may require increased access to information about medicines. Therefore, the objectives of this study were to identify which written sources of information are used by CPs & HPs, & to explore reasons for any differences.

Method
Quantitative data were collected via a questionnaire sent to CPs & HPs 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
HPs reported accessing information on medicines twice as often as CPs. Both groups cited the BNF as their most commonly used resource, but HPs were significantly more likely to use the eMC & Martindale at least weekly. CPs were significantly more likely to be unaware of a range of specialist resources, with the exception of the Patient UK website. When asked where they would look for information in specific scenarios, CPs preferred "general" resources such as the BNF, whereas HPs preferred a wider range of "specialist" resources. CPs commonly suggested they would consult only one resource, usually the BNF.

All HPs reported having unrestricted or only-partially restricted internet access in the workplace, but 56% of CPs reported having either no internet access or access to only pre-approved websites. A significant minority of CPs reported that access to various reliable websites was blocked, e.g. NeLM (16%), NHS Evidence (14%) & Patient UK (9%).

The interviews highlighted the difficulties CPs face in obtaining information on medicines: they appeared less confident when using the internet or new information sources. CPs reported that new services had increased their need for information, but they did not have enough access to specialist sources & it was difficult to find new resources. Both CPs & HPs thought that CPs were more likely to be asked simple queries by patients & HPs were more likely to be asked complex questions by other professionals & that this might drive differences in the use of resources.

Discussion
Despite a growing need for information, CPs face a number of barriers to accessing information about medicines, including limited internet access & lack of knowledge of the range of information available. This is reflected in their use of a narrower range of less specialist resources & might result in poorer quality answers to queries. The publication of a list of "essential resources" for CPs would be a first step in addressing this issue, to support the further development of safe CP services.