Determining Pharmacist Awareness and Implementation of the NICE Medicines Adherence Guideline

Background
Up to 50% of medicines are not taken as recommended with potential for reduced benefits or treatment failure and financial implications of the unused medicines. The NICE clinical guideline on Medicines Adherence is relevant to all healthcare workers but there has been no formal assessment of its uptake among pharmacists.

Objectives
To determine awareness and application of the Medicines Adherence guideline among UK hospital pharmacists.

Method
A postal self-completion questionnaire was sent to hospital pharmacies across northwest England. Descriptive statistics were used to analyse the responses and key themes identified from free-text comments.

Results
There were 45 responses. Pharmacists were aware of the guideline via communication from NICE (26%), pharmaceutical/media press (20%) and local communication (14%). 20% of respondents reported that their hospital/department had guidance in place before publication of the guideline and 23% that their hospital issued guidance after publication. 39% already used the principles of the guideline in their practice and further independent action was not needed whereas 22% changed their practice. Although most pharmacists considered they had adequate experience and training, insufficient time and technical support were major barriers to addressing adherence issues in practice.

Discussion
Improved communication about the guideline is needed. Many pharmacists want to apply the principles of the guideline but need support to overcome barriers to effective implementation.

Implications for Guideline Developers/Users
Guideline developers could help implementation by disseminating relevant guideline information more specifically at pharmacists. Cross-referral to the Medicines Adherence guideline could be included in all other relevant NICE guidelines.

The Quality of Clinical Practice Guidelines of Acupuncture

Background
Acupuncture practice plays an important role in healthcare in China as well as in the world. 2011, the China Academy of the Chinese Medical Sciences (CACMS) published 5 Clinical practice guidelines (CPGS) of acupuncture, which were the only 5 CPGS specialised for acupuncture in China. Our research was to systematically review the quality of these 5 CPGS.

Methods
We evaluated the quality of the 5 CPGS through the guideline appraisal instrument: Appraisal of Guidelines for Research and Evaluation II (AGREE II). Four appraisers rated 6 domains separately.

Results
None of the included 5(0%) guidelines described the systematic methods for searching and selecting the evidence, and all (100%) appraised the quality of evidence and graded the strength of recommendations. 5 guidelines (100%) reported the guideline panel which involved special methodologists, and 5 (100%) mentioned updates but no one (0%) described a procedure and frequency for updating the guideline. None of the guidelines (0%) considered the patients values, and no one (0%) used the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system. None (0%) reported the conflicts of interests. From the assessment with AGREE II, the mean scores were very low for the domains editorial independence (2%) and applicability (8%), while the other domains were low for the rigour of development (18%), stakeholder involvement (35%), ‘clarity of presentation’ (46%) and ‘scope and purpose’ (54%).
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