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THE IMPACT AND ACCEPTABILITY OF A MULTIMORBIDITY PHARMACEUTICAL CARE PLANNING CHECKLIST IN PRIMARY CARE.

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Background and Objective: Polypharmacy review is a key role for primary care pharmacists in Scotland.[1] Pharmacists' ability to identify care issues can vary.[2,3] In response to this, two Advanced Clinical Pharmacists in NHS Lothian, with input from specialist teams, have developed an evidence based, multimorbidity checklist for pharmaceutical care planning. The checklist, covering 13 common chronic conditions, lists potential care issues with standardised actions to optimise patient care and reduce harm. The aim of this study was to assess whether the checklist could improve the identification of pharmaceutical care issues and to evaluate its acceptability.

Method: Primary care pharmacists (n=36) in NHS Lothian completed four mock medication reviews, two using standard practice and two using standard practice plus the checklist. They were asked to record: all care issues and actions identified, time taken for each review, and rate their acceptability of the checklist using a Likert scale. Data were analysed descriptively and using appropriate parametric and non-parametric statistical tests.

Main outcome measures: Number of care issues and actions identified, time taken per review, time taken per care issue identified, and participant acceptability of the checklist

Results: The median number of care issues identified using the multimorbidity checklist for pharmaceutical care planning was significantly higher than when using standard practice alone. (9.81 vs 7.94 issues, p=0.040). The median time to complete the reviews with the checklist was longer but variance was not significant. (42.5 minutes vs 40.0 minutes, p =0.182). Time taken to identify one care issue was consistent across both groups. User feedback for the checklist demonstrated good acceptability with 91% of pharmacists reporting that they would use the checklist in their practice and recommend it to a colleague.

Conclusion: This study demonstrates that the checklist increases the identification and follow up recommendations for care issues aiding optimisation of patient care. Use of the checklist increased median time taken per review, although not significantly, and was widely acceptable to participants.

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Disclosure of Interest: None Declared