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Title: The Role of the Pharmacist in the Provision of Hi-tech Health Care at Home (HTHH).

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Introduction: In the United States pharmacists have developed an important role in the establishment of HTHH schemes [1-3], especially in ensuring that quality and continuity of home health care is consistent with that provided to inpatients [2]. The UK has been slow to implement home infusion programs but with pressure on hospital beds and increasing experience of HTHH, it is becoming accepted as a safe and effective model of health care, although there is still a need for more descriptive studies [4]. HTHH fits the government agenda laid out in the recent white paper [5], of making health care easily accessible to patients, as close to home as possible. The aim of this study was to determine the current place of pharmacists in the provision of HTHH in England. These data would identify areas where their role could be extended or modified to optimise pharmaceutical care for HTHH patients.

Method: Lists of all NHS Trusts in England were obtained from NHS Executive Regional Directories. Ambulance, Mental Health and Learning Disabilities Trusts were excluded from the survey. A questionnaire was designed based on roles of the pharmacist reported in the literature and from local experience of providing HTHH. It was piloted on 7 pharmacists. A telephone survey of 349 Trusts, over the period Nov-Dec '97, was carried out to establish which Pharmacy Departments were involved with HTHH schemes. The written questionnaire was sent to those with any involvement (167). Responses were recorded on an Access database which was subsequently used for analysis of the results.

Results: 105 responses were received (63%), of which 94 were evaluable. The most common roles of pharmacist in HTHH ($\geq 67\%$) are listed in Table 1. The areas where pharmacists had least input were in maintenance of the infusion pump (19.1%), competency assessment of the patient/carer (20.2%) and selection of venous access device (22.3%). There were 64 pharmacists (68.1%) who had been involved with setting up a HTHH program but only 8 were very involved with monitoring its quality, 32 had some involvement and 44 said they had no involvement (9 didn't answer and 1 answered "n/a"). 59 pharmacists had been involved with setting service specifications and 30 had had no involvement (5 gave no answer). Fewer (39) were involved with ensuring compliance with the service specifications than setting them and 44 had no input at all (11 did not answer this question).

Table 1, Most Common Areas Of Pharmacist Involvement In HTHH Programs

Role of the Pharmacist	number of pharmacists giving response				Total (a+b)
	very involved (a)	some involvement (b)	no involvement	no answer	
Pharmaceutical advice to prescriber	58	26	7	3	84 (89.4%)
Co-ordination and communication with other health professionals	41	41	9	3	82 (87.2%)
Providing formulation and stability data	62	19	10	3	81 (86.2%)
Maintenance of prescription records	55	21	13	5	76 (80.9%)
Co-ordination and communication with patients and their families	19	56	15	4	75 (79.8%)
Supply of drugs	55	15	21	3	70 (74.5%)
Aseptic reconstitution of drugs & filling of infusion devices/syringes	53.5	16	19.5	5	69.5 (73.9%)
Choice of appropriate drug therapy	32	37	22	3	69 (73.4%)
Co-ordinating the home care program	25	38	26	5	63 (67.0%)
Setting up the HTHH program	34.5	28.5	26	5	63 (67.0%)

Discussion: In England hospital pharmacists apply to HTHH their traditional roles of providing advice, specialist knowledge, communicating with patients and other staff and in providing drugs. More than half of the pharmacists giving a response had no involvement in quality assurance of the home care program even though 64 were involved with setting up the program. This contrast markedly with the US situation [1-3]. It has been shown that this role of monitoring quality has not been taken on by health authorities as purchasers of HTHH [6]. With the recent emphasis on clinical governance, pharmacists working in HTHH in England should examine the monitoring and quality roles of their US colleagues and determine whether contracting and service delivery of HTHH in the UK health care system could also benefit from increased pharmacist input. One limitation of this study is that some Trusts provide the entire package of care to patients at home whereas others contract for some aspects with a commercial provider, necessitating varying levels of pharmacist input. Future development of the role of pharmacists in HTHH should include assurance and monitoring of the quality of care delivered by both commercial and NHS providers.

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