Using a notification card to improve communication between community pharmacists and general practitioners

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SUMMARY. A pilot scheme was set up to evaluate a notification card to be used by community pharmacists when referring patients to their general practitioner, with the aim of improving communication. Six community pharmacists and 15 general practitioners took part in the study. During the 18 month study period 120 cards were issued by pharmacists. The majority of patients (71%) advised to see their general practitioner by the pharmacist did so. Fourteen cards (12%) were issued for suspected adverse drug reactions. The card was received positively by patients, doctors and pharmacists.

Introduction

COMMUNICATION between the community pharmacist and the general practitioner is limited, partly because of the geographical separation of their premises and because community pharmacists are required by law to remain on the pharmacy premises to supervise the dispensing of prescriptions and sales of pharmacy-only medicines as well as sales of medicinal products advised in response to symptoms.[1]

The Nuffield report recognized this lack of communication and commented that many contacts between pharmacists and general practitioners are when the pharmacist contacts the doctor to clarify a prescription query: 'in circumstances which are likely to put the general practitioner on the defensive'[2]. Such a situation is hardly conducive to developing more positive communication.

The pharmacist is not generally considered to be a member of the primary health care team,[3,4] although the Royal College of General Practitioners has recommended closer contact between pharmacists and general practitioners.[5] The government's white paper, *Promoting better health*[6] emphasized the role of the community pharmacist in primary health care and encouraged closer working between pharmacists and general practitioners; indeed a recent statement described the community pharmacist as being 'at the heart of primary health care'.[7]

A novel system has been developed using a notification card which is completed by the pharmacist when a patient seeks advice about symptoms in the pharmacy. The project was initiated in response to a joint recommendation from the Royal Pharmaceutical Society of Great Britain and the Royal College of General Practitioners.

The value of the notification card was seen to lie in a number of areas: encouraging patients to see their general practitioner, reporting adverse drug reactions and improving communication between pharmacists and general practitioners. Patients sometimes seek the pharmacist's advice rather than the doctor's because they feel their condition may be too trivial or to avoid having to make an appointment and travel to the surgery. Pharmacists give strong encouragement to such patients to seek medical advice where necessary, and a notification card might reinforce this advice.

Suspected adverse drug reactions are known to be underreported, despite attempts to encourage doctors to utilize the yellow card reporting system.[8,9] Community pharmacists are not involved in the reporting of adverse drug reactions in this country. However, research has documented the important part that hospital pharmacists can play in the reporting process.[10] The question of whether community pharmacists should report directly to the Committee on Safety of Medicines — as hospital pharmacists now do — has been debated for years, but direct reporting has not been supported.[11–14] However, it is recognized that the pharmacist may be the first, and sometimes the only, health professional to whom patients describe the symptoms of a possible adverse drug reaction. There is also concern that the yellow card system does not sufficiently encompass the reporting of adverse reactions to over-the-counter medicines. One example is that of hallucinations from the use of pseudoephedrine in children, even given at appropriate doses. Publicity about this adverse reaction showed that it was well known among parents, doctors and pharmacists but had never been reported to the Committee on Safety of Medicines.[15]

Problems in communication between pharmacists and doctors have already been mentioned, and the scope for improvement is self-evident. The notification card was considered to be an additional channel for effective and constructive communication for the benefit of the patient.

Objectives

The aims of the study reported here were: (1) to test the usefulness and acceptability of the notification card; (2) to investigate the use of the card in the reporting of suspected adverse drug reactions from the community pharmacist to the general practitioner; and (3) to assess the acceptability and value of such a card to patients, doctors and pharmacists.

Method

The notification card

A card was designed and subsequently modified after a trial of its use. There was space for the pharmacist to record patient details, type and duration of symptoms and medication currently being taken by the patient or being recommended by the pharmacist.

A brief questionnaire was included on the reverse side of the card. The general practitioner entered the date of the consultation and was asked whether he or she considered the symptoms

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reported by the patient to be significant or not significant, to report the action taken, and to indicate whether he or she had found the notification card helpful or not helpful.

Selection of participating pharmacists and general practitioners

Community pharmacists and general practitioners (the latter including group medical practices in two small towns in the West Midlands) were contacted, first by letter and then by personal visit, to invite and discuss participation. All six pharmacists and 15 general practitioners (in four group medical practices) agreed to take part. The study was discussed with practice managers so that they were able to inform other staff.

Card issue

The notification card was designed for issue to patients whom the pharmacist thought should seek immediate medical advice. Guidelines were developed and issued to each pharmacist. The pharmacist issued a card where he or she thought it appropriate, retaining a paper copy. The card was given to the patient, who was asked to give it to the receptionist at the surgery. The card was then attached to the patient's notes. The doctor completed the questionnaire on the reverse side of each form received, then stored the completed card in the patient's notes.

Card follow-up

The researchers visited participating pharmacies at regular intervals to collect the pharmacists' copies of issued cards. At the doctors' surgeries the patients' notes were examined to determine whether any visit has been made to the general practitioner at or near to the time of card issue. In addition, a note was taken of whether the card was present and of any medication prescribed, consequent referrals or investigations.

Results

Follow-up of notification cards

A total of 120 cards was issued by the six pharmacists during the 18 months' study period. Slightly more notification cards were issued for women (56%) than for men, reflecting the profile of pharmacy customers, the majority of whom are women. The rate of card issue remained steady throughout the study period, each pharmacist in the study issued an average of one to two cards per month. Follow up of patients' records at the surgeries showed that 85 of the 120 patients (71%) who had been given a notification card had subsequently visited the doctor: 56 cards (47%) were recovered from these patients' notes.

Table 1 shows the symptoms for which cards were issued. The commonest symptoms were skin (31%) and eye (18%) conditions. Some of the most significant presenting conditions which resulted in the issue of a notification card involved suspected adverse drug reactions. Fourteen (12%) cards were issued for this purpose and nine of these patients subsequently saw their general practitioner. Of these, eight had their medication stopped or changed and three were referred to a consultant for further investigation. Follow up by the West Midlands regional adverse drug reporting centre showed, however, that none of the cards had resulted in the completion of a yellow card by the general practitioner.

The general practitioners' responses to the 56 patients with cards showed that in 49 (88%) cases they thought that the patients' symptoms were significant while in only seven cases (13%) they thought they were not. In 47 cases (84%) the doctors thought the card was useful and in six (11%) that it was not useful (no response for three).

Table 1. Symptoms for which notification cards were issued by the pharmacist.

Symptom	No. of cards issued
Skin	37
Eye	22
Respiratory tract	12
Ear	10
Gastrointestinal	10
Genitourinary	8
Central nervous system	7
Mouth/throat	6
Musculoskeletal	2
Other	6

Reactions to the notification cards

Discussions with participating general practitioners indicated that they thought the notification card was a useful innovation. The details about medicines the patient had taken to treat their symptoms was reported to be particularly valuable because an alternative could be prescribed. The doctors also commented that they found it useful to know that the patient had already seen the pharmacist. The use of the notification card to alert the doctor to a suspected adverse reaction was well received by the doctors. Several doctors recognized and regretted the lack of more regular contact with pharmacists and time for discussion.

The pharmacists reported a positive response from patients. No one had declined to give the information requested and patients appeared to be impressed by the card and welcomed this additional service from the pharmacist.

All the pharmacists found the notification card to be a useful addition to their practice. Apart from the occasional pressures of work, the notification card had fitted readily into the pharmacist's work pattern. There was a general agreement among participating pharmacists that cards were not usually issued where an over-the-counter medicine was recommended: such patients were given the standard advice to see their general practitioner in a few days' time if the symptoms did not improve. An unexpected and valuable use of the card was for visitors to the area on holiday or business. The card served as an introduction to the doctor for these temporary residents and alerted the general practitioner to the fact that the patient had already seen the pharmacist.

Feedback about the patients who had sought their advice was received by the pharmacists with great interest. Patients who have consulted the pharmacist for advice do not always return with a prescription and rarely recount what has happened. Provision of regular feedback was discussed after the end of the research project. Returning the completed card to the pharmacist could present problems of confidentiality. However, pharmacists are health professionals who deal with confidential information and the maintenance of confidentiality is a central requirement to their long-established professional code of ethics.[16] In any case the problem could be overcome by omitting the patient's full name and address from the card. One pharmacist who continued to use the card now receives regular feedback from local doctors in the form of returned notification cards with comments on action taken.

Discussion

Analysis of general practitioners' comments showed a favourable reaction to the card. The general practitioners considered the patients' symptoms to have been significant in almost all cases, that is, that the symptoms could not have reasonably been dealt with by the pharmacist and warranted referral. The card was found to be helpful by the majority of doctors (over 80%). Initial doubts about the acceptability of the card to patients, because of the possibility of formalizing the informal nature of the pharmacist–patient consultation, proved to be unfounded and patients reacted positively to the introduction of the card.

No yellow cards were completed in this study as a result of the notification cards: most of the adverse reactions were well known to the general practitioners and were not thought to require formal reporting. However, the study established that patients do report possible side effects to community pharmacists and the notification card resulted in changes to therapy in many cases. Longer term use of the notification card might encourage joint completion of yellow cards by general practitioners and pharmacists.

Since our study, supplies of notification cards are now available through the National Pharmaceutical Association[17] and an amended design incorporates the results of any screening tests performed by the pharmacist, for example, blood pressure or serum cholesterol measurements.

The notification card used in the pilot study provided a simple means for community pharmacists to convey information to general practitioners, and may provide a means of involving the community pharmacist in adverse drug reaction reporting. The notification card can stimulate and contribute towards developing and fostering collaboration between the two professions.

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