



Reducing Unnecessary Supply Requests Received by On-Call Pharmacists

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Background

At Gloucestershire NHSFT, the on-call pharmacy service offers emergency medication access overnight. However, on-call pharmacists must also continue to work their usual daytime hours in addition to any on-call work done. Pharmacists that work more hours have a perceived higher level of stress, meaning that busier on-calls could lead to more stress. As it's often safer and more time efficient for staff to find medications themselves rather than call the on-call pharmacist, wards should only ever call in an emergency. However, baseline data found that **38% of all supply requests were unnecessarily received by the on-call pharmacy team.**

Aim

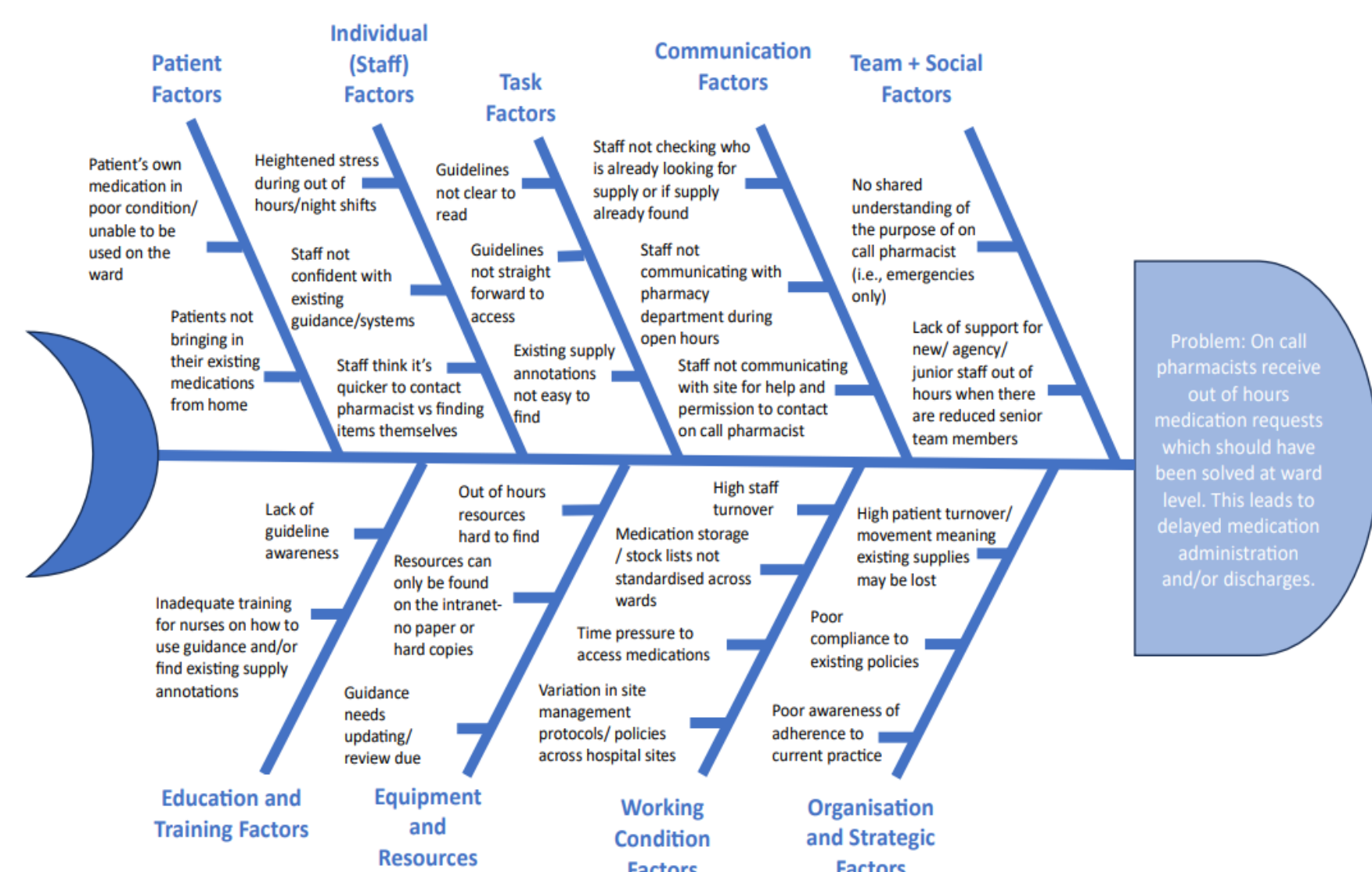
The aim is to reduce unnecessary supply requests received by on-call pharmacists by 1/3 over a 6-month period between October 2023 and March 2024.

The QI Team

- On-call pharmacy team
- Clinical pharmacy team
- With approval from Medicines Optimisation Committee

Diagnostics

Baseline data analysis and use of scoping tools found that the biggest perceived issues surrounding supply requests were lack of guidance awareness, clarity, and actual use of existing out of hours guidelines.



Data collection: Data was extrapolated from on-call timesheets, and then categorised as 'appropriate', or 'unnecessary'. Unnecessary requests are defined as requests that did not, or should not, require pharmacist intervention.

Outcome measure: percentage of unnecessary supply requests received by the on-call pharmacy team

Process measures: overall number of supply requests received by the on-call pharmacy team, use of locate a drug

Balance measure: number of missed medication dosages

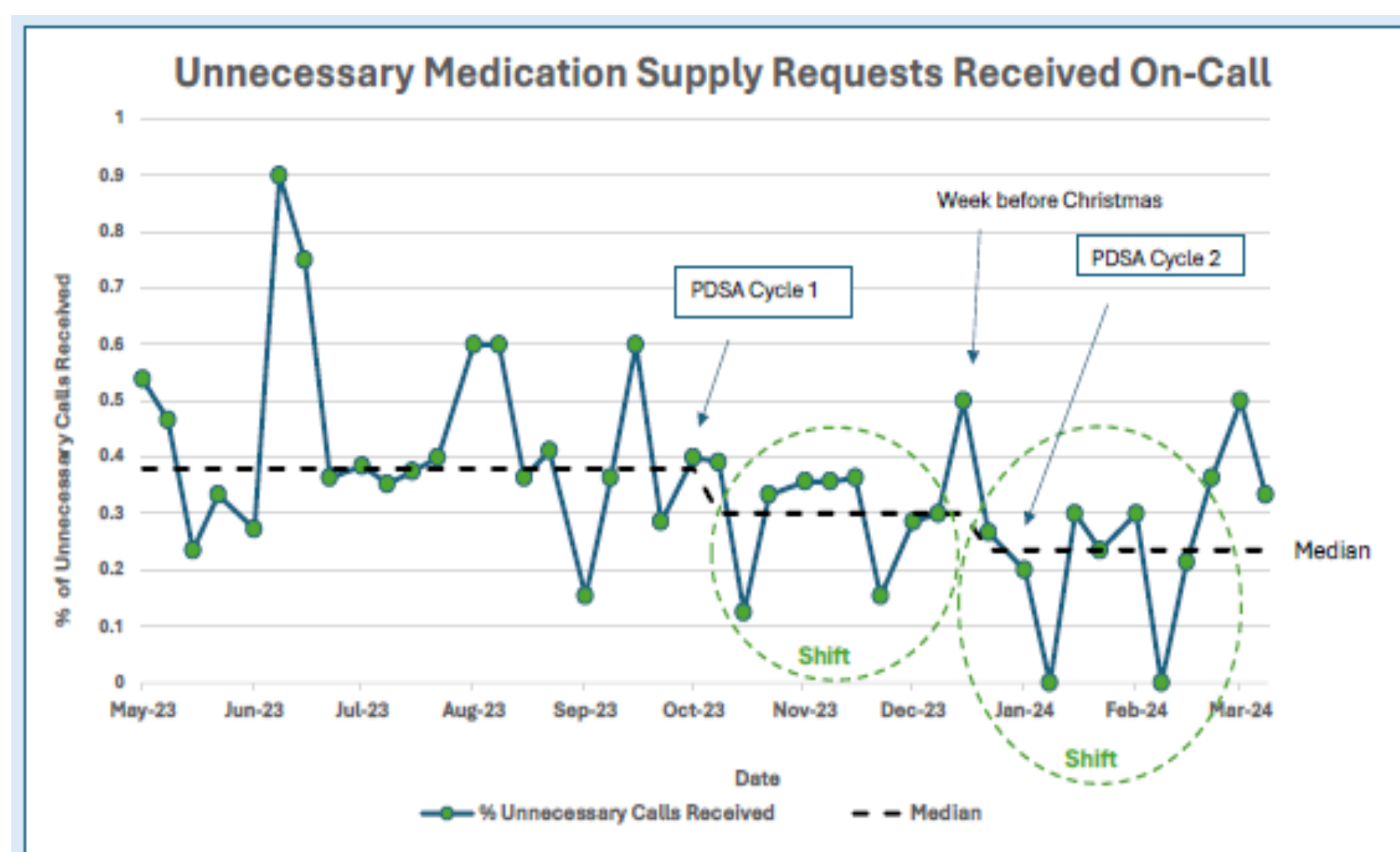
PDSA Cycles

Cycle 1 → Pharmacist education and targeted caller education

Cycle 2 → New on-call pharmacy guidelines [out of hours supplies]

Results

Both change cycles displayed a statistically significant improvement, showing **two shifts** in unnecessary calls. This reduced the percentage of unnecessary calls to 30%, and then 24%. **Overall, there was a 37% reduction in unnecessary calls over 5 ½ months.**



Sustainability and Next Steps

Published guidelines are now an integral part of on-call training, and will be periodically reviewed by the on-call lead pharmacists.

Reduction in unnecessary calls could help towards reducing the stress burden for on-call pharmacists, whilst ensuring timely and safe access to critical medications. Future change cycles could focus on related guideline updates and optimisations, ward based education, and site and switchboard involvement into the project.