

# Patients' views of a pharmacist-run medication review clinic in general practice

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## SUMMARY

**Background:** Reviewing elderly patients' medication is a requirement of the National Service Framework for Older People. Many general practitioners have insufficient time to review patients' medications in a consultation. Pharmacist review has been offered as an alternative and this will be a new experience for many patients.

**Aim:** To ascertain patients' views of a pharmacist-conducted medication review clinic, run in their general practice surgery.

**Design of study:** Qualitative study using focus group interviews.

**Setting:** General practices in Leeds Health Authority area.

**Method:** Patients aged 65 years and over, who had attended a medicine review clinic, took part in focus groups that were recorded and transcribed. Units of information representing an idea were identified and similar ideas were grouped together as themes.

**Results:** Patients had a number of prior beliefs about the clinic. Most patients knew that the clinic's purpose was to review repeat medication, to find out more about their medicines, and to ask questions about efficacy and side effects. Some patients were suspicious about the purpose of the clinic but others welcomed the opportunity to have an in-depth review and an explanation of their condition and its treatment; some patients did not accept advice or were disappointed that their expectations were not fulfilled. Most patients were happy to attend a yearly review but some expressed guilt about attending the surgery too frequently.

**Conclusion:** Patients who attended the medication review clinics expressed a range of views about the service. Further research into patients' and carers' opinions about medicine review is needed to inform the development of these services.

**Keywords:** medication review; pharmacist; patients' views.

## Introduction

THERE is now a requirement that elderly patients receive a medicine review at least yearly.<sup>1</sup> Most general practitioners (GPs) will have insufficient time to perform a full medication review that includes an opportunity to explain each medication in detail and to answer patients' questions about treatments. Previous research has shown that GPs do not conduct medication reviews in all patients on repeat medications.<sup>2-4</sup> We have previously tested the feasibility of a suitably trained clinical pharmacist conducting clinical medication review.<sup>2</sup> This paper examines patients' views about attending such clinics.

Most patients will be familiar with the pharmacist in the role of a community pharmacist in the high street from whom they are likely to have received advice and information about prescribed and over-the-counter medicines. However, community pharmacists have limited time to explain medications to patients and there is little opportunity for detailed, private consultations.<sup>5</sup> Discussion about medications therefore usually occurs when a patient consults his or her doctor and in these consultations the patient is usually passive and there is a low level of information exchange about risk, drug benefits and side effects.<sup>5</sup> Patients will not usually have seen a pharmacist for a consultation in general practice. Discussing medical and medication problems in more detail with a pharmacist may be uncomfortable for some patients, but others may see it as an opportunity to find out more about the treatment of their illness.

A number of studies have been published on pharmacist medication review conducted in the United Kingdom.<sup>6-12</sup> These studies have shown that a pharmacist-conducted medication review is beneficial in identifying medication-related problems. None, however, have looked at patient opinion of pharmacist-run medication review services. One study of a pharmacist domiciliary medication review found that the visit gave patients reassurance and help in understanding their medicines.<sup>13</sup> However, this study was not based on a medication review, but rather on a visit by a community pharmacist to assess more general pharmaceutical support.

Assessing users' views on new services is important if their implementation is proposed throughout the National Health Service (NHS). The aim of this qualitative study was to ascertain patients' views of this pharmacist-led medication review clinic and to inform future planning and development of such clinics by: (a) identifying possible barriers to patient participation, and (b) identifying possible positive and negative aspects of the experience.

## Method

Qualitative methods were used through focus groups. Since little is known about patients' opinions of extended pharmacy

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### HOW THIS FITS IN

#### *What do we know?*

There is now a requirement for elderly patients to have a yearly medicine review. Pharmacists have been shown to be able to support GPs by undertaking such reviews, but little is known about patients' attitudes to such services.

#### *What does this paper add?*

Patients who attended review clinics run by a pharmacist generally understood the purpose of the review, but some had suspicions about its real purpose. Some welcomed the opportunity to have an in-depth review and explanation of their medicines, but others were disappointed that it did not result in fewer medicines being taken.



services, such as medication review, an exploratory tool was required. Focus groups are commonly used for exploring and identifying relevant questions in a research area.<sup>14</sup> The interaction between participants provides a stimulus for the generation and discussion of a wider range of ideas and issues than would arise in individual interviews. Thus, the data collected are less restricted by the predetermined agenda of the researchers.

#### *Information of interest*

Two sources of information were used to inform the broad questions to be addressed in the focus groups. First, at the end of selected medication review appointments, the researcher who conducted the clinic asked patients their opinion of the clinic. Second, questions were based on responses gained from patients who did not wish to consent to the clinical medication review study. A summary of this work has been published elsewhere.<sup>15</sup>

From this background information, five themes were chosen (Box 1). These themes, and possible questions derived from them, were discussed with a panel consisting of five clinical pharmacists, a health service researcher and a GP. The panel was presented with the initial list of questions and each was discussed. Those questions thought not to be of direct relevance to the research questions were deleted. Where two or more questions were sufficiently similar they were combined. If no consensus of agreement could be achieved then the question was retained. The final questions used in the focus group are shown in Box 2.

#### *Sampling*

Sampling was from patients recruited to the study of the effectiveness of a pharmacist in conducting clinical medication review.<sup>2</sup> A purposive sampling technique was used. Members of the groups were chosen to represent both sexes, patients taking large numbers of medicines and patients taking only a small number of medicines, those whose medication had been changed at the review clinic, and those whose medication had not. Patients who were housebound were excluded because of practical difficulties involved in attending the focus group meetings.

#### *Information of interest*

1. Patients' reactions to being invited to participate in and attend a clinic; their concerns and suspicions.
2. What people hoped to and did achieve by attending (and what was not achieved but the patient hoped would be).
3. What patients believed to be a pharmacist's role within health care.
4. Patients' concerns about discussing medication issues with a pharmacist rather than their doctor.
5. Patients' reaction to having medication changed.

#### *Information not required*

1. Personal opinions about the pharmacist conducting the clinic reviews.
2. Patients' current medical problems.
3. Conduct of the focus group meeting.

*Box 1. Preliminary interview themes resulting from background information obtained from study participants and patients who did not wish to consent to the clinical medication review study.*

#### *Patient consent*

Approval for the study was obtained from the local research ethics committee. Forty patients were sent a letter asking if they would like to attend a focus group. If no response was obtained after two weeks they were contacted by phone.

#### *Focus group meetings*

The meetings were held in a suburban university conference centre. The patients' travel expenses were paid but no fee was given for attendance. The focus group was facilitated by a researcher (PK) who was not connected with running the medication review clinics.

#### *Analysis*

First, the meetings were audiotaped and transcribed. Pauses and interruptions were included in the transcript. Second, units of information were identified, each separate unit of information representing an idea, opinion or attitude. Whenever possible, the unit of information was supported by a direct quote from a participant in the focus group. The analysis was carried out separately by a pharmacist (DP) and a researcher (PK). The units of information were then sorted into broad categories. Criteria were defined for each category to ensure the reliability of the analysis performed by the different members of the team. Any units of information that did not fit into a broad category heading were placed in a miscellaneous pile. If there were sufficient pieces of information to justify a new broad category then one was created. Otherwise, they remained under the heading 'other themes'. If two or more of the broad categories were very similar, they were combined into one category. If a category appeared too heterogeneous after having added the units of information, this was separated into two or more categories. The two data analysts then compared their broad categories and units of information to identify areas in common. Where disagreements in the interpretation of the data were found, the data was revisited and reanalysed to check interpretation. If categories and units of information still differed, then a consensus decision was reached. The final stage of data analysis was to re-examine the broad categories, to see if

**Question A.** *How did you feel about being asked to attend the pharmacist clinic?*

1. Why did you agree to take part and attend a review clinic?
2. What did you think would happen at the clinic?
3. Do you have any worries about the clinic's purpose?

**Question B.** *What did you hope to achieve by attending the clinic?*

1. What did you actually achieve?
2. Was anything not achieved that you hoped would be?
3. Do you think anything extra could be achieved by attending the clinic that would not have been by seeing your doctor in the normal way? If so what?

**Question C.** *Tell me what you think pharmacists (chemists) do?*

1. Did you talk to your community pharmacist (chemist) about this study?

**Question D.** *Did you have any concerns about discussing medication issues with a pharmacist rather than with the doctor?*

1. How comfortable are you about discussing your medication and medical problems with the pharmacist?
2. Do you think that discussing your medicine with the pharmacist could have affected your relationship with your doctor?
3. How comfortable do you feel about your medicines as a result of your attendance at the clinic?

**Question E.** *How did you react to having your medicine changed?*

1. If you had your medicines changed, how are you managing with the change?
2. If you did not have your medicines changed, what did you find useful about attending?

**Question F.** *How often would you like your medicines to be reviewed?*

*Box 2. Final focus group questions chosen after panel discussion.*

they were supported by the identified units of information. The broad categories were then retitled as 'themes'.

## Results

Ninety patients were eligible for inclusion in the focus groups and forty were invited. Eighteen accepted the invitation, of whom eleven were male; the mean age was 73 years (range = 67 to 86 years); the mean number of repeat medicines was 5.5 (range = 2 to 10), and five patients had a medicine changed by the pharmacist at the review clinic. Patient characteristics are shown in Table 1.

Each of the three focus group meetings lasted around 90 minutes and the discussions within the groups fell into two broad themes: (a) perceptions before the medication review clinic, and (b) experiences of the medication review clinic.

### *Perceptions before the medication review clinic*

Four themes of pre-clinic perceptions were identified (Box 3). Under each theme, 'units of information' supporting an idea, opinion or attitude were illustrated with a quote from the focus group discussions.

Some participants believed that the medication review clinic would provide them with an opportunity to find out

more information about their medicines:

*'No, he couldn't change them, I didn't expect that but I just wanted more information about them. To find out more about the medication I'm taking.'* [Focus group 3, patient AW]

or if the medicine was beneficial or harmful:

*'Well, I thought it was for different types of medicine to see what medicine made a difference, what good the medicine we were already taking, to see if it had any benefits if it were getting worse or something different.'* [Focus group 2, patient AP]

*'Well, I went to find out what the effects of all the tablets I'm taking was.'* [Focus group 3, patient AW]

or if the medication was necessary:

*'I don't think I can cut down anyway, I think I've got to take them. I'd like to know [if the medicines are needed].'* [Focus group 1, patient K.]

*'The tablets I take are water tablets, I take a blood pressure tablet, I've warfarin tablets and I have this inhaler and all I was wondering whether I could do without some of them.'* [Focus group 3, patient AW]

*'Well, I was hoping to come off the depression tablets which I have been trying to come off which is paroxetine, then I went down again so I had to keep on with them.'* [Focus group 1, patient MC]

Some patients also valued the opportunity to have time to discuss their medicines:

*'It was nice to sit with someone that you could talk to, and you think God, they're not looking at you, you know you haven't any time, they've not much time. It was brilliant just to sit and talk to him and anything you wanted to ask him.'* [Focus group 3, patient DR]

Allowing more time for an in-depth review would also allow problems to be identified sooner:

*'I thought it would be a continuing and ongoing thing for people like myself [to see] if there were anything going wrong to identify it quicker.'* [Focus group 2, patient TC]

### *Suspicion*

Suspicion of the motives of the medication review clinic fell into two categories. There was suspicion that the review was aimed at stopping or changing medications to save money:

*'Well I thought it was to save money because I take buscopan. When I went to the doctors two or three months after, I wanted some buscopan, she [the receptionist]*

Table 1. Characteristics of participants in the three focus groups.

Patient initials	Age	Sex	Number of repeat medicines	Diagnosis listed in notes	Medication changed by pharmacist?
<b>Group 1</b>					
MP	69	F	2	Depression	No
KP	70	M	6	Stroke, prostate cancer, high blood pressure, diabetes	Yes
FT	79	F	10	Asthma, IHD	No
JM	68	M	7	IHD, cataract	No
MC	71	F	3	Dry eyes, depression, dyspepsia	Yes
<b>Group 2</b>					
SP	82	M	7	IHD, myocardial infarction	No
TC	82	M	9	Renal failure, basal cell cancer	Yes
AP	67	M	6	Gout, asthma, osteoarthritis	Yes
JB	73	F	6	Asthma, dyspepsia, gallstones, pain	No
FB	86	M	3	Gout, diabetes, high blood pressure	No
MN	68	F	2	High blood pressure, muscle spasm	Yes
<b>Group 3</b>					
PF	73	M	6	Deep vein thrombosis, IHD	No
MW	67	F	4	High blood pressure, osteoarthritis	No
AW	86	M	6	AF, TIA, hypertension	No
WH	79	M	3	Thyroidectomy, cramp, vertigo	No
KP	67	M	9	Hypertension, left ventricular failure, angina, stroke, AF	No
GM	68	M	3	Myocardial infarction, hypertension, IHD	No
DR	67	F	8	Osteoarthritis, depression, dyspepsia, hypertension	No

IHD = ischaemic heart disease; AF = atrial fibrillation; TIA = transient ischaemic attack.

Theme	Units of information
<b>Medication review</b>	<ul style="list-style-type: none"> <li>• to find out how the medicine worked</li> <li>• to find out if the medicine was doing good</li> <li>• to find out if the medicine was doing harm</li> <li>• time to discuss medication</li> <li>• quicker identification of problems</li> </ul>
<b>Suspicion</b>	<ul style="list-style-type: none"> <li>• to save the NHS money</li> <li>• more than just checking the medicines</li> </ul>
<b>Reasons for attendance</b>	<ul style="list-style-type: none"> <li>• altruistic                             <ul style="list-style-type: none"> <li>— help other patients</li> <li>— help the practice</li> <li>— help the researcher</li> </ul> </li> <li>• social contact</li> </ul>
<b>Other issues</b>	<ul style="list-style-type: none"> <li>• curiosity</li> <li>• waste of time</li> <li>• really about teaching students</li> </ul>

Box 3. Themes identified about participants' perceptions before the medication review clinic.

*said that [he wouldn't receive it] any more, Mr Petty's took you off. Anyway, I said, to be honest, I don't think it was doing me much good, but they put me on something else, which fortunately does seem to do the trick. I thought then, well, he was doing his job because obviously I wasn't taking it as I should do and, of course, it was a waste of money.'* [Focus group 2, patient MN]

Views were expressed about getting better value for money from medicines by reducing wastage and improving service efficiency:

*'I thought that it might be to, not necessarily to save money, but improve efficiency. That's the way I looked at it — not just saving money, but to improve the service and the efficiency to get more for what money there is.'* [Focus group 3, patient GM]

Some patients were not familiar with pharmacists performing a clinical role in a general practice and it was difficult for them to foresee the benefits of a medication review conducted by a pharmacist. Some participants believed that reviewing medicines was a doctor's role. There was also suspicion that the medication review service was something more sinister and that the pharmacists must have been in the practice for some other reason:

*'I'm still not sure of the purpose of it, I'm sure there's more involved than just looking at individual patients' tablets and I think there's something wider.'* [Focus group 3, patient GM]

#### Reasons for attendance at clinic

There was a feeling from participants that they had received a great deal from the NHS and now wanted to give some-

thing back that might be of help to other patients:

*'You make an appointment if you need treatment, you go, it's free for all of us I think, so you know why not, if this is free, why not help, you know, I've had quite a lot of operations and things through the NHS and otherwise so if it helps, it may make things easier for someone else.'* [Focus group 3, patient WH]

There was also loyalty and gratitude to the GP practices and attending the clinic was a way of paying them back:

*'The doctors at ... have been very good to me, they've helped me a lot and if I can't do a little back to help them or to help the team then its time we packed up.'* [Focus group 1, patient KP]

It was also perceived as being helpful to the researcher to enable him to complete his work:

*'Well I just thought it would help him with his career. I didn't really know what it was about but I thought well let's give him a chance.'* [Focus group 2, patient MN]

The patients chosen for the research were all over 65 years of age. Many lived alone and some agreed to take part in the research for social contact.

*'Well I thought to myself it will be a couple of hours out for me because I'm one that stays in the house all the time and I thought it would be a change and I'd meet different people and discuss a few things.'* [Focus group 2, patient SP]

For many elderly people, attending the general practice is one of their only sources of social contact. Whether fewer patients would attend a medication review clinic outside the context of a research project is not known.

### Other issues

Some of the participants attended the clinic because they were curious; others saw it as a waste of time or believed their attendance was really for the teaching of students:

*'You know, going in for it and see what it's all about.'* [Focus group 1, patient MP]

*'Well I'll be perfectly honest with you my husband got a letter and he said "no, no, I'm not going, it's a waste of time".'* [Focus group 2, patient MN]

*'I thought it was going to be like a discussion with all students round and them asking questions, how you feel.'* [Focus group 1, patient JM]

### Experiences of the medication review clinic

Six themes relating to participants' experiences of the clinic were identified (Box 4). Under each theme, 'units of information' supporting an idea, opinion or attitude were illustrated with a quote from the focus group discussions.

### Explanation

Some patients welcomed the opportunity to have questions answered, e.g. about their disease, side effects of the drugs they were taking, and how the drugs worked:

*'Whatever I asked him he gave me a straightforward answer and he explained everything in detail exactly what it was for.'* [Focus group 1, patient KP]

*'I read the leaflet but you read some of those leaflets and they're double dutch at times, but Mr Petty explained what each one was doing.'* [Focus group 2, patient JB]

An explanation from the doctor was not always considered necessary. The patients' trust in doctors as experts meant that sometimes recommendations were accepted without the need for explanation; the healthcare professional must therefore judge who needs more detailed information:

*'Do you need this information, you know, for myself when I go and I'm on thyroxine all the time and I just take them, you know if I go to the doctor's and he prescribes them, I just take them, I don't bother, I don't ask why, I don't see there's any need, or ask him why, they're the experts really.'* [Focus group 3, patient WH]

*'I think they've [doctors] got to choose who they are saying these things to, not everybody, it would not be useful to tell everybody like they tell me.'* [Focus group 2, patient TC]

Not everybody accepted the advice given by the pharmacist:

*'Mr Petty said I would actually be better taking eight painkillers instead of the one anti-inflammatory. I said, but I very rarely take any of these painkillers, so he said "why is this?", so I said, ooh well there's no way I'm going to take eight co-dydramols, so he said "why is that?", well I said, I think it's too much, I wouldn't want to put all those into my system with the remainder of the tablet. Well, he said "you'd be kinder to your stomach to take eight painkillers than you would the one anti-inflammatory". But I still don't take eight painkillers, no I still take the one.'* [Focus group 3, patient DR]

Patients found their own way of taking medication that satisfied their health belief, even if it meant remaining in some pain. There was a trade-off between symptoms and the need to take the medication. It may have been that this gave them the idea that they remained in control of their illness.

### Disappointment

Some patients were disappointed with the outcome of the medication review consultation. Disappointment arose from unrealistic expectations of the clinic, such as hoping that the pharmacist would be able to stop long-term medication or cure their problem:

Theme	Units of information
<b>Explanation</b>	<ul style="list-style-type: none"> <li>• explanation welcomed</li> <li>• explanation not always necessary</li> <li>• the health professional must judge how much information is required by the patient</li> </ul>
<b>Did not accept advice</b>	<ul style="list-style-type: none"> <li>• strongly held health beliefs</li> </ul>
<b>Disappointment</b>	<ul style="list-style-type: none"> <li>• unrealistic expectations</li> <li>• illness not cured</li> <li>• medication not stopped</li> <li>• conduct of the clinic</li> </ul>
<b>Changing medicines</b>	<ul style="list-style-type: none"> <li>• hierarchy of decision making: consultant &gt; GP &gt; pharmacist</li> </ul>
<b>Regular review</b>	<ul style="list-style-type: none"> <li>• reluctance to attend surgery too frequently, as may be viewed as hypochondriac</li> <li>• feelings of guilt if attending too frequently</li> <li>• happy having medicines reviewed by GP</li> </ul>
<b>The purpose of the clinic was not to check up on the GP</b>	

Box 4. Themes identified about participants' experiences of the medication review clinics.

*'Well, I was because I thought he was going to take me off some of the tablets.'* [Focus group 1, patient JM]

*'Well I was disappointed because the pain didn't go, but I can't do nought about it.'* [Focus group 2, patient AP]

Disappointment was also expressed about the conduct of the clinic, for example, not getting the information patients required:

*'Well I didn't really ask him properly, I just expected him to tell me, you know, I said to him do I need all these, 'cause I'd been told that the water tablet also helped blood pressure, whether it does or not I don't know, but he didn't say anything about that to me or anything like that.'* [Focus group 3, patient AW]

### Changing medicines

The concept of a hierarchy of who is responsible for managing patients was expressed. There was a feeling that the GP cannot change treatments prescribed by the specialist and a pharmacist cannot change treatment prescribed by the GP:

*'No disrespect either to Duncan or anybody else, but they, surely, can't go against the specialist. If the specialist says you've to have those tablets and if Duncan says "well they're not very good to you or whatever", it's got to go back to specialist surely and that.'* [Focus group 1, patient KP]

### Regular medication review

A range of views was given about the benefit of attending a medication review. Some found it beneficial but others did not. There was a difference of opinion on how frequently the review should occur. Some people did not want to attend too often and participants were concerned that if they attended the surgery too frequently they may be viewed as hypochondriacs; there was also guilt expressed about frequently attending the GP's surgery:

*'I'd had a little spate of going and I thought I don't want them to think I'm a hypochondriac, so you hold back in a lot of cases, but I thought no, I will go, it's stupid.'* [Focus group 2, patient MN]

Others were quite happy with the medication review they got from their GP and did not see the need to attend a separate pharmacist review:

*'I'm quite happy with my doctor.'* [Focus group 3, patient WH]

**The clinic was not about checking up on the GP**  
None of the patients believed that the purpose of the clinic was to check up on their GP.

## Discussion

### Main findings

Participants expressed views along two broad themes: (a) pre-clinic beliefs, and (b) experiences of the clinic. Although some participants understood the intended purpose of the clinic (to perform a review of the patient, their illness and their medication needs) others described prior concerns about its objectives. These included a belief that medicines would be discontinued against a patient's will or that the aim was to save money by putting patients on cheaper alternative medication.

Medication review clinics were not considered to be suitable for all patients. Some patients who were regularly seeing their GP felt attendance at a pharmacist review clinic was unnecessary. Some patients felt guilt about frequently attending the practice as they believed they were using up other people's appointment times or might be considered to be 'hypochondriacs'. However, a single review answered many patients' questions about their treatments and set their mind at rest about the appropriateness of their treatment. These patients queried the benefit of frequent medication reviews with the pharmacist.

Some participants welcomed the opportunity to have enough time for a detailed review of their medicines. However,

not all patients welcomed this 'medicines partnership' approach and preferred to be told what was required of them. Some patients hoped that the pharmacist might advise them to stop taking their medicines and were disappointed when they did not. These patients had recently become ill and found it difficult to come to terms with their disease and the need to take several medicines. For such patients the clinic served the purpose of re-emphasising the importance of taking some medication over long periods and reassuring them about the risks and benefits of their medicines.

The National Service Framework for Older People recommends that a medication review is undertaken once per year and every six months if the patient takes four or more repeat medicines.<sup>1</sup> It may be difficult to persuade patients to attend twice yearly, especially if they are also attending surgery to see other members of the healthcare team. An alternative approach might be to make medication review skills a part of others' work (e.g. nurses and doctors) so that, with time permitting, reviews could be done opportunistically.

### Study limitations

We know from our previous work<sup>15</sup> that some pre-clinic concerns expressed by participants in the focus groups stopped some patients from consenting to take part in the initial medication review study. This positive bias may also have subsequently been reflected in the patients who agreed to attend the focus groups. Also, it is possible that patients would welcome an opportunity to spend more time with any healthcare professional. However, there was a wide range of views expressed by participants and these included negative comments. The views expressed were those of an elderly (over 65 years) age group and no participants from ethnic minority groups were recruited. The participants were from a range of socioeconomic backgrounds but none of the study practices represented rural communities.

### Interpretation of study findings and implications for future research

Further research is needed, as most studies of medication review have not focused on patient-related aspects. It is possible that patients in most need of a medication review are those who rarely consult with healthcare professionals. Future research should identify reasons why some patients choose not to have a consultation and how these patients can be engaged in a review of long-term treatments. None of the patients who consented to the study had cognitive impairment or were given assent by a relative or carer. It would be useful, in future research, to obtain the views of carers or relatives.

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