About KHP CPMU

King’s Health Partners (KHP) is one of only five academic health science centres within England bringing together research, teaching and delivery of health care in order to improve the health of patients. KHP is a working collaboration between King’s College London and the three local NHS Foundation Trusts: Guy’s and St Thomas’, King’s College Hospital and South London and Maudsley.

The creation of the Pharmaceutical Science Clinical Academic Group (PSCAG) within KHP recognises the important contribution of medicines to achieving the health outcomes targeted by KHP. The PSCAG covers the breadth of drug discovery, delivery and testing to medicines use.

The King’s Health Partners Clinical Practice and Medicines Use Group (CPMU) focuses on studying how medicines are used once approved for clinical use. The research group is comprised of research active pharmacy staff from the three KHP Partner Trusts and academic staff from KCL based in the Institute of Pharmaceutical Science.

Currently, expertise and main research activity of the group embraces five themes. However, these themes may change depending on evolving interests and activity:

- Safe and effective use of medicines in critical illness
- Detection and reporting of medicines safety incidents in order to design, implement and evaluate a range of interventions to reduce risk
- Psychopharmacology and illicit drug use
- The design and evaluation of more effective medicines support systems to improve informed patient adherence to their prescribed medicines.
- Use of medicines at the extremes of age

Our strategy

In August 2011, the Key Strategic Goals for KHP CPMU for the next five years were established.

1. Create a new research group which reflects activity with all KHP clinical pharmacy areas. This will supersede KCL CPMU and all trust pharmacy research groups. The purpose of the group is one of research oversight. The group should be attended by Trust/KCL R&D leads and research active individuals (i.e. senior Trust/KCL members acting as deputy R&D leads).
2. The creation or continuation of local R&D research groups in each Trust which feed into the new research group
3. Create a sustainable research infrastructure that will be achieved via a number of approaches, for example:
   a. Establishing Clinical Research Fellowships (or equivalent) for pharmacists working within the Trusts alongside general up-skilling of staff in research methods
   b. Ensuring that research active and research aware staff have a research mentor
4. Establish a research forum for the exchange of ideas, generation of research proposal and applications across the PSCAG, for example:
   a. Facilitating a seminar series
5. Establish significant collaborations in the key research themes with colleagues across KHP as well as other national and international organizations, for example:
   a. Ensuring that across KHP, all research projects are conducted collaboratively if at all possible
6. Contribute to the HEFCE Research Excellence Framework (REF) by the publication of papers in high impact research journals, securing competitive research funds, making appropriate impact
7. To be within the top 5 Schools of Pharmacy “pharmacy practice” REF submissions

Progress

One year on, key achievements include the following:

- The CPMU Research and Development Oversight Committee, chaired by Professor David Taylor, meet monthly to oversee research activity across KHP CPMU. This is attended by Trust R&D and Audit Leads and by the five Research Theme Leads
- The first Clinical Research Fellowship commenced in January 2012
- Clinical Academic appointments will be awarded starting from October 2012
- Monthly Research Surgeries provide access to a research mentor for research active and research aware staff and facilitate the generation of research proposals and publications

The pages that follow document the research activity undertaken by KHP CPMU during 2011 and highlight the significant collaborations in each of the key research themes.
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Published Papers
Part I

Overview

In 2011, 46 papers were published by the KHP CPMU group and over 50 abstracts, conference and invited presentations were given. Full references appear below. This list contains reviews and trials but does not contain e-publications, books, editorials or letters published in 2011. From this point forward, publications will be referred to according to their reference number as indicated below.


5. Auyeung V, Patel G, McRobbie D, Weinman J, Davies JG. Information about medicines to cardiac in-patients: patient satisfaction alongside the role perceptions and practices of doctors, nurses and pharmacists. Patient Education and Counseling 2011; 83: 360-6


11. Blochberger A, Jones S. Parkinson’s Disease: Clinical Features and Diagnosis; Clinical Pharmacist 2011; 3: 361-366
12. **Chambers K.** ‘New and Emerging Therapies for Multiple Sclerosis’; Multiple Sclerosis Special Supplement. *Hospital Pharmacy Europe* 2011; ss33-37 [http://content.yudu.com/Library/A1v08s/HospitalPharmacyEuro/resources/35.htm](http://content.yudu.com/Library/A1v08s/HospitalPharmacyEuro/resources/35.htm)


20. **Jones S.** Aetiology, pathophysiology and prognosis; Multiple Sclerosis Special Supplement. *Hospital Pharmacy Europe* 2011; ss33-35 [http://content.yudu.com/Library/A1v08s/HospitalPharmacyEuro/resources/35.htm](http://content.yudu.com/Library/A1v08s/HospitalPharmacyEuro/resources/35.htm)


46. Wright D, Tomlin S. How to help if a patient can’t swallow. *Pharmaceutical Journal* 2011; 286; 271-274

**Bibliometric performance**

Table 1 details the key bibliometric statistics for each journal in which a CPMU paper was published.

**IF** stands for Impact Factor. The impact factor is a measure of the frequency with which the average article in a journal has been cited in a particular year or period. Impact Factors reported in Table 1 are from the 2010 Journal Citation Reports Science Edition (produced by Thomson Reuters).

**H** stands for H index. The H index expresses the journal’s number of articles (h) that have received at least h citations. It quantifies both journal scientific productivity and scientific impact. For example, if a journal has an H index of 10 if it has published at least 10 papers, each of which has been cited at least 10 times. It is also applicable to scientists, countries, etc.

**SJR** stands for SCImago Journal Rank. It is a prestige metric, in that a citation from a journal with a high SJR is worth more than one with a low SJR. It normalises for differences between fields i.e. it is a value that can be used to compare the value of journals from quite different fields with different citation behaviours, because the impact of a single citation is given a higher value in a subject where citations are less likely, and vice versa. This addresses the criticism of the Impact Factor, which can have wildly different values in different fields.

**SJR Q** stands for SJR Quartile, where Q1 means highest values and Q4 lowest values.
Table 1: Journals in which CPMU had publications, listed in descending order of bibliometric performance. If no bibliometric statistics are available, publications are listed in alphabetical order.

<table>
<thead>
<tr>
<th>Journal</th>
<th>IF</th>
<th>H</th>
<th>SJR</th>
<th>Q</th>
<th>No. of pub’n</th>
<th>Reference no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMJ</td>
<td>13.471</td>
<td>250</td>
<td>0.32</td>
<td>Q1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>British Journal of Psychiatry</td>
<td>5.947</td>
<td>129</td>
<td>0.3</td>
<td>Q1</td>
<td>1</td>
<td>38</td>
</tr>
<tr>
<td>Journal of Clinical Psychiatry</td>
<td>5.023</td>
<td>132</td>
<td>0.26</td>
<td>Q1</td>
<td>1</td>
<td>36</td>
</tr>
<tr>
<td>British Journal of Haematology</td>
<td>4.942</td>
<td>125</td>
<td>0.59</td>
<td>Q1</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>Journal of Clinical Psychopharmacology</td>
<td>4.857</td>
<td>86</td>
<td>0.22</td>
<td>Q1</td>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>Journal of Antimicrobial Chemotherapy</td>
<td>4.659</td>
<td>111</td>
<td>0.42</td>
<td>Q1</td>
<td>2</td>
<td>27, 37</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4.595</td>
<td>65</td>
<td>0.33</td>
<td>Q1</td>
<td>1</td>
<td>41</td>
</tr>
<tr>
<td>CNS Drugs</td>
<td>4.497</td>
<td>63</td>
<td>0.25</td>
<td>Q1</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Journal of Infection</td>
<td>3.805</td>
<td>53</td>
<td>0.29</td>
<td>Q1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Journal of Psychopharmacology</td>
<td>3.801</td>
<td>62</td>
<td>0.14</td>
<td>Q1</td>
<td>2</td>
<td>15, 43</td>
</tr>
<tr>
<td>Acta Psychiatrica Scandinavia</td>
<td>3.795</td>
<td>82</td>
<td>0.2</td>
<td>Q1</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Drug Safety</td>
<td>3.599</td>
<td>77</td>
<td>0.31</td>
<td>Q1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Archives of Disease in Childhood</td>
<td>2.881</td>
<td>85</td>
<td>0.2</td>
<td>Q1</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Patient Education and Counseling</td>
<td>2.237</td>
<td>61</td>
<td>0.14</td>
<td>Q1</td>
<td>2</td>
<td>1, 5</td>
</tr>
<tr>
<td>Pediatric Drugs</td>
<td>1.786</td>
<td>34</td>
<td>0.14</td>
<td>Q1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>International Journal of Psychiatry in Clinical Practice</td>
<td>0.327</td>
<td>20</td>
<td>0.03</td>
<td>Q3</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>International Journal of Pharmacy Practice</td>
<td>*</td>
<td>20</td>
<td>0.04</td>
<td>Q2</td>
<td>4</td>
<td>7, 18, 19, 33</td>
</tr>
<tr>
<td>Pharmaceutical Journal</td>
<td>*</td>
<td>18</td>
<td>0.03</td>
<td>Q4</td>
<td>3</td>
<td>28, 29, 39, 46</td>
</tr>
<tr>
<td>BMJ Case Reports</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>British Journal of Cardiac Nursing</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>British Journal of Clinical Pharmacy</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Pharmacist</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>3</td>
<td>11, 23, 24</td>
</tr>
<tr>
<td>Future Prescriber</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Hospital Pharmacy Europe</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>5</td>
<td>12, 20, 25, 42, 45</td>
</tr>
<tr>
<td>Journal of Central Nervous System Disease</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>The Psychiatrist</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Therapeutic Advances in Psychopharmacology</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>5</td>
<td>10, 22, 35, 40, 44</td>
</tr>
</tbody>
</table>
Publications by KHP CPMU site

Table 2 reports the number of total publications from each site. Boxes on the diagonal indicate the number of publications in which there was no cross-site collaboration.

**Table 2: Number of publications (reference no.) from each site and working collaborations between sites**

<table>
<thead>
<tr>
<th></th>
<th>SLaM</th>
<th>GSTT</th>
<th>KCH</th>
<th>KCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLaM</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSTT</td>
<td>0</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>KCH</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KCL</td>
<td>19</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

(1, 3, 14, 17, 21, 27, 28, 29, 37, 39, 41, 42, 46)

(11, 12, 20, 23, 24, 32)

(4, 5, 7)

(33)

(1, 18, 19, 45)
Conference presentations
Part II

Oral presentations

1. **Dhital R**, Norman IK, **Khan NS**, McCambridge J, Milligan P, **Whittlesea C**. Development of a pharmacy brief intervention practice: overview of a research programme. 1. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)

2. Huynh C, Mortazaei E, **Tomlin S**, Jani Y, Chaleb M, Wong ICK. Medicines reconciliation at the point of hospital discharge for children. *Archives of Disease in Childhood* 2012; 97:e7-e8

3. **Kantilal K**. Implementation of a chemotherapy prescribing training programme at Guy's and St Thomas' NHS Foundation Trust. Oral presentation at British Oncology Pharmacy Association (BOPA) conference (Glasgow) [Abstract not found].

4. **Marsh L**, **Cavell G**. Validation of a weight-based calculation confirmation chart to reduce the risk of calculation errors by nurses in paediatric analgesic regimens. *Clinical Pharmacist* 2012; 4 (Suppl 2): S10


7. **Whittlesea C**, **Khan NS**, Dhital R, Norman IJ. Alcohol Brief Intervention (BI) delivered in UK Community Pharmacies: Customers’ Experiences. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)

Poster presentations and Conference abstracts


therapy in chronic Hepatitis B is efficient but has negative impact on bone in comparison to Entecavir monotherapy. *Journal of Hepatology* 2011; 54: S284


7. Eestila S, Oakley C. A Non Medical Chemotherapy Clinic & Proactive Telephone Monitoring Pilot. Multinational Association of Supportive Care in Cancer (MASCC) conference 2011 (Athens).


13. Huynh C, Jani Y, Tomlin S et al. Epidemiology of medication discrepancies upon hospital admission in children – a systematic review. NPPG 17th Annual Conference and Exhibition (Bristol)

14. Huynh C, Mortazaee E, Tomlin S et al. Medicines reconciliation at the point of hospital discharge for children. NPPG 17th Annual Conference and Exhibition (Bristol)


17. Kantilal K, Christer, S. Implementation of a chemotherapy prescribing training programme. British Oncology Pharmacy Association (BOPA) Annual Conference (Glasgow)

18. Kantilal K, Merali F. Medication safety in cancer care - an audit of chemotherapy prescribing errors in adult patients. British Oncology Pharmacy Association (BOPA) Annual Conference (Glasgow)


20. Khan N, Dhital R, Whittlesea C, Norman IJ, Milligan P. UK Community Pharmacy-based Alcohol BI: Significant alcohol consumption reduction in increasing risk drinkers. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)


27. Patel JP, Auyeung V, Patel RK, Marsh MS, Green B, Ayra R, Davies JG. Women’s views and adherence to enoxaparin therapy during pregnancy and the puerperium. 23rd Congress of the International Society of Thrombosis and Haemostasis (Kyoto)

28. Patel JP, Patel RK, Marsh MS, Green B, Davies JG, Ayra R. The Thrombin generation profiles of women on prophylactic enoxaparin during pregnancy and the puerperium. 23rd Congress of the International Society of Thrombosis and Haemostasis (Kyoto)


36. Wells H, Galloway L, Drage M, Hilton R. Specialist Pharmacist Role in HIV-Positive Renal Transplantation. European Society of Transplantation Congress 2011 (Glasgow) and Renal Pharmacy Group Conference (Birmingham)

Oral presentations (other)

1. British Association for the Study of the Liver (BASL) Annual Meeting 2011 7-9 September. 9th September 2011 8.30-9.30. Practicalities with the proteases – how are we going to use them? Chair: Professor Graham Foster, Barts & Royal London Hospital. Professor Geoff Dusheiko, Royal Free, Professor David Back, University of Liverpool, Ms Sarah Knighton, King’s College Hospital

2. British Association for the Study of the Liver (BASL) Annual Meeting 2011 Nurses Forum 7-9 September. Hepatitis C Protease inhibitors – the pharmacology. 8th September 2011 10.00-10.20. Ms Sarah Knighton, King’s College Hospital

3. The Pharmacy Show 9-10 October 2011. 9th October 10-11am. Clinical Forum – Current Practices in Hepatitis C. Ms Sarah Knighton, King’s College Hospital

4. British HIV Association (BHIVA) Autumn Conference 17-18 November 2011. 18 November 13:25-14:25. Practicalities with the proteases: DAAs in the co-infected and mono-infected patient, the MDT approach. Dr M Nelson, Dr K Agarwal, Ms S Knighton, Ms J Schulz
Table 4 lists PhD students currently supervised by CPMU staff. This includes 8 students registered at KCL and 3 students registered at UCL.

**Table 3: PhD students supervised by CPMU staff**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Student name</th>
<th>Supervisors</th>
<th>Start date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The development and the assessment of the effectiveness of alcohol brief intervention in community pharmacies</td>
<td>Ranjita Dhital</td>
<td>Cate Whittlesea, Ian Norman (FNSNM)</td>
<td>January 2006</td>
<td>Part-time. Registered with FNSNM</td>
</tr>
<tr>
<td>3. Antipsychotics and Race</td>
<td>Anne Connolly</td>
<td>David Taylor, Graham Davies</td>
<td>April 2009</td>
<td>Part-time</td>
</tr>
<tr>
<td>4. Population pharmacokinetic modelling of enoxaparin through the antenatal period</td>
<td>Jignesh Patel</td>
<td>Graham Davies, Roopen Arya (KCH)</td>
<td>August 2009</td>
<td>Full-time</td>
</tr>
<tr>
<td>5. Antipsychotic use prior to clozapine</td>
<td>Siobhan Gee</td>
<td>David Taylor, Graham Davies</td>
<td>April 2011</td>
<td>Part-time</td>
</tr>
<tr>
<td>6. Evaluating the risk in antibiotic use</td>
<td>Anas Hamad</td>
<td>Cate Whittlesea, Gillian Cavell, Paul Wade</td>
<td>January 2011</td>
<td>Full-time</td>
</tr>
<tr>
<td>7. To design an evidence-led tool to stratify the risk of elderly patients experiencing a medication related problem and to compare its ability to that made as a result of routine clinical decisions (standard care), made at the point of discharge</td>
<td>Jennifer Stevenson</td>
<td>Graham Davies, Jos Williams</td>
<td>January 2012</td>
<td>Part-time</td>
</tr>
<tr>
<td>7. The assessment of wrong-dose administration errors</td>
<td>Abdulmajeed Alqasoumi</td>
<td>Cate Whittlesea, Alice Oborne</td>
<td>January 2012</td>
<td>Full-time</td>
</tr>
</tbody>
</table>

**PhD students supervised by a CPMU supervisor**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Student name</th>
<th>Supervisors</th>
<th>Start date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drug Related Problems in Children</td>
<td>Asia Rashed</td>
<td>Steve Tomlin</td>
<td>(Month) 2009</td>
<td>Registered at UCL SOP</td>
</tr>
<tr>
<td>2. Medicines Reconciliation in Children</td>
<td>Chi Huynh</td>
<td></td>
<td>October 2010</td>
<td></td>
</tr>
<tr>
<td>3. Medicine Compliance in Children with Chronic Renal Failure</td>
<td>Norkasihan Ibrahim</td>
<td></td>
<td>December 2010</td>
<td></td>
</tr>
</tbody>
</table>
Research Activity by Research Themes
Part IV

Overview

Currently, research activity is focused around 5 core research themes:

1. Safe and effective use of medicines in critical illness (Lead: Cathy McKenzie)
2. Detection and reporting of medicines safety incidents in order to design, implement and evaluate a range of interventions to reduce risk (Joint Leads: Gillian Cavell, Alice Oborne, Cate Whittlesea)
3. Psychopharmacology and illicit drug use (Lead: David Taylor)
4. The design and evaluation of more effective medicines support systems to improve informed patient adherence to their prescribed medicines (Leads: Vivian Auyeung, John Weinman)
5. Use of medicines at the extremes of age (Leads: Sara Arenas-Lopez, Graham Davies, Steve Tomlin)

Table 5 indicates research activity undertaken by each site according to the above core themes. This data has been compiled from the GSTT Research Output Report 2011 and the KCH RAG Report 2010-2011. Research undertaken outside of the core themes i.e. emerging themes, from each site have been included. These include:

1. Specialist and General Medicine (from GSTT)
2. Oncology (from GSTT)
3. Safe and effective use of medicines in special patient groups (from KCH)
4. Quality of pharmaceutical care (from KCH)
5. Service quality (from KCH)
6. Innovations in practice to improve patient outcomes (from KCH)

The collation of research activity has led to the merging of the above themes to create the following ‘emerging’ themes. At a minimum, emerging themes have at least publication/oral presentation/poster presentation. This includes:

1. Safe and effective use of medicines in special patient groups (including renal transplant, Hepatitis C and anticoagulation)
2. Oncology
3. Pharmacy in Public Health
4. Pharmacy education and training
5. Quality of pharmaceutical care

Publications, oral presentations and conference abstracts and posters have then been allocated to a research theme. Publications which cut across themes appear in square brackets.
Table 4: Activity under each research theme across KHP sites

<table>
<thead>
<tr>
<th>Core themes (Lead/s)</th>
<th>SLaM</th>
<th>GSTT</th>
<th>KCH</th>
<th>KCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safe and effective use of medicines in critical illness</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>2. Detection and reporting of medicines safety incidents in order to design, implement and evaluate a range of interventions to reduce risk</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>3. The design and evaluation of more effective medicines support systems to improve informed patient adherence to their prescribed medicines</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>4. Use of medicines at the extremes of age</td>
<td>☐</td>
<td>☑</td>
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<td>Innovations in practice to improve patient outcomes</td>
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Core theme 1: Critical Illness

Publications


Oral presentations

None

Poster presentations and Conference abstracts

Core theme 2: Medicines safety

Publications


Oral presentations

Marsh L, Cavell G. Validation of a weight-based calculation confirmation chart to reduce the risk of calculation errors by nurses in paediatric analgesic regimens. *Clinical Pharmacist* 2012; 4 (Suppl 2): S10


Poster presentations and Conference abstracts


Core theme 3: Psychopharmacology and illicit drug use

Publications


25. Lyons M, **Taylor D**. Modern formulations of long-acting antipsychotics. *Hospital Pharmacy Europe* 2011; 33-37


**Oral presentations**

None

**Poster presentations and Conference abstracts**

None
Core theme 4: Patient adherence

Publications


Oral presentations

None

Poster presentations and Conference abstracts

Patel JP, Auyeung V, Patel RK, Marsh MS, Green B, Ayra R, Davies JG. Women’s views and adherence to enoxaparin therapy during pregnancy and the puerperium. 23rd Congress of the International Society of Thrombosis and Haemostasis (Kyoto)
Core theme 5: Extremes of age

Publications


46. Wright D, **Tomlin S**. How to help if a patient can’t swallow. *Pharmaceutical Journal* 2011, 286; 271-274

Oral presentations

Huynh C, Mortazaee E, **Tomlin S**, Jani Y, Chaleb M, Wong ICK. Medicines reconciliation at the point of hospital discharge for children. *Archives of Disease in Childhood* 2012; 97:e7-e8

Naeem Q, **Tomlin S**, Thornhill W, Hayes P. Pharmacy on wheels: bringing pharmaceutical care to the child’s. *Archives of Disease in Childhood* 2011; 96: e1.

Poster presentations and Conference abstracts

Huynh C, Jani Y, **Tomlin S** et al. Epidemiology of medication discrepancies upon hospital admission in children – a systematic review. NPPG 17th Annual Conference and Exhibition (Bristol)

Huynh C, Mortazaee E, **Tomlin S** et al. Medicines reconciliation at the point of hospital discharge for children. NPPG 17th Annual Conference and Exhibition (Bristol)

Huynh C, Terry D, **Tomlin S** et al. Medicines reconciliation upon hospital admission in children – A UK multisite study. The 6th Asian Conference on Phamacoepidemiology (ACPE) and 2011 Annual Meeting of the Committee of Pharmacoepidemiology of Chinese Pharmaceutical Association (AMCP-CPA) (Beijing, China).
Kadambari S, Menson EN, Kim JJ, Taylor J, Sharland M, Tomlin S, McCulloch M. Variation in the prevention and treatment of CMV disease in paediatric renal transplant patients in the UK. World Society of Paediatric Infectious Diseases Conference (Melbourne)


Emerging theme 1: Safe and effective use of medicines is specialist patient groups (including renal transplant, Hep C, anticoagulation)

Publications

11. Blochberger A, Jones S. Parkinson’s Disease: Clinical Features and Diagnosis; Clinical Pharmacist 2011; 3: 361-366

12. Chambers K. ‘New and Emerging Therapies for Multiple Sclerosis’; Multiple Sclerosis Special Supplement. Hospital Pharmacy Europe 2011; ss33-37

20. Jones S. Aetiology, pathophysiology and prognosis; Multiple Sclerosis Special Supplement. Hospital Pharmacy Europe 2011; ss3-35


Oral presentations

None

Poster presentations and Conference abstracts


Carey I, Mendes A, Joshi D, Gera A, Knighton S, Al-freah M, Suddle A, Agarwal K. Early on Treatment Haematological parameters and genotype predict response to Pegylated


**Patel JP**, Patel RK, Marsh MS, Green B, **Davies JG**, Ayra R. The Thrombin generation profiles of women on prophylactic enoxaparin during pregnancy and the puerperium. 23rd Congress of the International Society of Thrombosis and Haemostasis (Kyoto)


**Knighton S**, Agarwal K, Henghan M, O’Grady J, Bruce M, Carey I, Heaton N, Suddle A. A Pharmacist delivered stratified conversion protocol from Hepatitis B Immunoglobulin (HBIG) to Tenofovir or entecavir is efficacious, safe and cost-effective for prevention of recurrence of Hepatitis B virus (HBV) in Liver Transplant (LT) recipients. *Gut* 2011; 60(Suppl 2): A35
Knighton S, Agarwal K, Henghan M, O’Grady J, Bruce M, Carey I, Heaton N, Suddle A. A Pharmacist delivered stratified conversion protocol from Hepatitis B Immunoglobulin (HBIG) to Tenofovir or entecavir is efficacious, safe and cost-effective for prevention of recurrence of Hepatitis B virus (HBV) in Liver Transplant (LT) recipients. *Hepatology* 2011;54(4):619A


Wells H, Galloway L, Drage M, Hilton R. Specialist Pharmacist Role in HIV-Positive Renal Transplantation. European Society of Transplantation Congress 2011 (Glasgow) and Renal Pharmacy Group Conference (Birmingham)
Emerging theme 2: Oncology

Publications

None

Oral presentations

Kantilal K. Implementation of a chemotherapy prescribing training programme at Guy's and St Thomas' NHS Foundation Trust. Oral presentation at British Oncology Pharmacy Association (BOPA) conference (Glasgow) [Abstract not found].

Poster presentations and Conference abstracts

Eestila S, Oakley C. A Non Medical Chemotherapy Clinic & Proactive Telephone Monitoring Pilot. Multinational Association of Supportive Care in Cancer (MASCC) conference 2011 (Athens).

Kantilal K, Christer, S. Implementation of a chemotherapy prescribing training programme. British Oncology Pharmacy Association (BOPA) Annual Conference (Glasgow)

Kantilal K, Merali F. Medication safety in cancer care - an audit of chemotherapy prescribing errors in adult patients. British Oncology Pharmacy Association (BOPA) Annual Conference (Glasgow)

Emerging theme 3: Pharmacy in Public Health

Publications

None

Oral presentations

Dhital R, Norman IK, Khan NS, McCambridge J, Milligan P, Whittlesea C. Development of a pharmacy brief intervention practice: overview of a research programme. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)

Whittlesea C, Khan NS, Dhital R, Norman IJ. Alcohol Brief Intervention (BI) delivered in UK Community Pharmacies: Customers’ Experiences. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)

Poster presentations and Conference abstracts

Khan N, Dhital R, Whittlesea C, Norman IJ, Milligan P. UK Community Pharmacy-based Alcohol BI: Significant alcohol consumption reduction in increasing risk drinkers. 8th International Network on Brief Interventions for Alcohol Problems (INEBRIA) (Boston)
Emerging theme 4: Pharmacy education and training

Publications


Oral presentations

None

Poster presentations and Conference abstracts

None
Emerging theme 5: Quality of pharmaceutical care

Publications

None

Oral presentations

None

Poster presentations and Conference abstracts

Hamilton R, Cavell G. The appropriateness of prescribing intravenous and oral paracetamols to hospital patients – Mini Audit. *Clinical Pharmacist* 2012; 4 (Suppl 2): S17