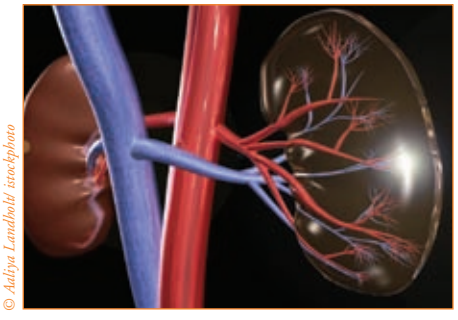
Demonstrating economic benefits of clinical pharmacy services is founded on good quality studies

In response to requests from our readership we have increased the clinical content of *Pharmacy in Practice*. In this month's edition there are clinical articles for pharmacists with a range of experiences both in primary and secondary care. The *Basic pharmacy skills* series is continued with an article by Su Wood, which looks at basic skills needed for monitoring the appropriateness of medicines (see p19) — in this instance for making drug adjustments in renal failure.

Previous articles in the *Medication review* series explored the different types of medication reviews and the skills needed to offer these reviews. The series now continues by looking in-depth at the questions that should be asked when reviewing the appropriateness of individual types of therapies. We have started at the beginning of the *BNF* by looking at the treatment of dyspepsia (p17). Our *Therapeutic options* articles are generally aimed at more experienced practitioners. Christopher Brown (p23) provides a more detailed analysis of prescribing for patients



© Aditya Landhold/ istockphoto

with renal failure and Peter Burrill (p8) argues the case for offering metformin to most people with type 2 diabetes. In a special feature on pain management Sahar Kareem and colleagues provide a review of post-operative pain relief (p28). If you are interested in contributing to any of these series we would be keen to hear from you.

The management of medicines for patients with renal failure is an important area for clinical pharmacists not least because it seems to be ignored — or at least poorly understood — by other health care professionals. General Practitioners are funded under the Quality and Outcome Framework to produce registers of patients with chronic kidney disease (CKD). These registers are enabling a large number of patients with CKD to be identified. The majority of older people (aged 75 years and more) have at least mild renal failure as a result of their age and because it is secondary to cardiovascular disease. Although GPs are being asked to concentrate on managing CKD through blood pressure reduction and use of ACE-inhibitors, pharmacists ought to be screening these patients for use of potentially nephrotoxic drugs, such as NSAIDs, and excessive doses of renally cleared medicines.

Demonstrating the value of clinical pharmacy services is important to justify funding of existing services and for providing evidence for new services. In the *Soapbox* feature Ron Purkiss (p6) asks us to think about how pharmacy services are measured and quantified when attempting to prove their financial worth. Although there is good clinical trial evidence for the economic benefits of clinical pharmacy services in secondary care the evidence base for primary care is weak and we need more good quality studies in this area.

In a new series on *Research funding* (p12) we aim to provide guidance to new and experienced researchers to help optimise your success in obtaining funding. To be a strong profession pharmacy must do research — and arguably we should be doing an awful lot more than we currently do.

© Laurence Gough/ istockphoto

Research should also form an important part of pharmacists' career development. There are, however, many barriers to conducting research, such as time constraints and lack of funding. Many of us have good ideas for research but are daunted about moving this forward. Having a good idea is one thing but turning it into an answerable question and knowing what study method to use to answer the question is another. The key to success is getting good advice from experienced researchers such as senior pharmacists or pharmacists at the local university. Obtaining sufficient funds for a well thought through research proposal is also vital. Research takes time and money and it cannot always just be squeezed into an existing job. Getting funds to help buy in expertise or personnel to collect data or recruit subjects, for instance, makes the work much more achievable and less stressful.

Duncan Petty, consultant editor