

# Remote dispensing machines to be tested in UK hospitals

Remote pharmacy dispensing machines, known as MedCentres (developed by PharmaTrust), are to be piloted in a number of UK hospitals later this year. Shona Kirk talks to chief pharmacists from two of the trusts that are considering taking part in the pilot of this new ‘telepharmacy’ technology.

Remote pharmacy dispensing machines, known as MedCentres and developed by the Canadian company PharmaTrust, are to be piloted in a number of UK hospitals later this year. The MedCentres will be the first remote dispensing machines to be available in the UK. This new ‘telepharmacy’ technology will store, label and dispense medicines according to patients’ prescriptions, and will be under the complete control of a pharmacist. The aim of the MedCentres is to provide easier access to pharmacy services close to the point-of-care or in remote areas.

The MedCentres will provide a face-to-face consultation with a pharmacist via a video link, allowing immediate access to prescribed medicines (see Panel 1). They were first introduced in Ontario, Canada in 2007, where they have proved to be popular with patients (see Panel 2, p204).

The introduction of the MedCentres, which are expected to be assessed in five hospitals across the UK, will be independently evaluated by a UK school of pharmacy, yet to be announced as *The British Journal of Clinical Pharmacy* went to press.



## Improved access

Imperial College Healthcare NHS Trust is one of the trusts investigating the prospect of becoming a pilot site for the MedCentres. Ann Jacklin, chief pharmacist at the trust,

told *The British Journal of Clinical Pharmacy*: “We have been approached by PharmaTrust and we are seeking an appropriate location in which the MedCentres could be trialled.” She points out that the trust is interested in finding out if the new technology can add value to current services. “Among other things, the MedCentres will be evaluated to see if they improve access to medicines,” explains Ms Jacklin. “This could prove beneficial for patients who visit our trust since we are a large campus and some patients have to walk quite a distance to collect their medicines.”

City Hospitals Sunderland NHS Foundation Trust is also considering becoming a trial site for the MedCentres.

## Panel 1: How the MedCentre works

Patients insert their prescriptions into the MedCentre machine and pick up a phone, where they will be linked to a pharmacist via a video conferencing system. Both sides of the prescription are scanned before being authorised by the pharmacist. The pharmacist is able to conduct a full medication history with the patient before remotely selecting the medicine from a stock of up to

1,800 products. The device labels the medicine and verifies its barcode, batch number, expiry date and weight, providing a full breakdown of this information to the pharmacist before the medicine is released to the patient. The pharmacist can view the medicine from several angles using cameras mounted in the machine, and can counsel the patient via the video link.

## Panel 2: The patients' experience

An assessment of patients' experiences of the MedCentres was carried out by staff at three sites that use the technology in Canada and involved over 1,150 patients. Key findings include:\*

- 96% of patients received their medicine in under five minutes
- 97% of patients said they would use the MedCentre again
- 79% of patients said the video-linked pharmacist counselling was helpful and very important

\*Data from PCA Services Inc (PharmaTrust). This data is from a prototype machine, which had a smaller capacity than the one that will be tested in the UK.

David Miller, chief pharmacist at the trust, says: "The MedCentres could enhance pharmaceutical care for patients who are currently missing out." Mr Miller explains that a number of patients around the country do not currently have any pharmacy input when they collect their medicines, such as those who receive their medicines out of hours or in remote locations. "This is an opportunity to put pharmaceutical presence into areas where it is not already there," he adds. However, he poses the question: "If the MedCentres were to be used in situations such as out of hours, would hospital clinical pharmacists want this extra supply responsibility and workload?"

Mr Miller acknowledges that he is unsure if consultations provided using the

MedCentres will be as effective as traditional 'face to face' consultations but asks: "How much time do patients spend with pharmacists based in hospital dispensaries now?" Both Mr Miller and Ms Jacklin suggest that the new technology could improve patients' direct access to pharmacists. Ms Jacklin says: "The evaluation will show us how effective this one-to-one contact with a pharmacist will be."

Mr Miller adds that his trust is also considering one of two other remote systems that may be introduced to the UK (VisaVia, ARX and Bluepoint; ExpressRx).

## Clinical impact

Ms Jacklin acknowledges that some pharmacists may be concerned about how this new technology could affect their job security; however, she does not think the MedCentres pose any threat to jobs, particularly in hospital services. "There are always unmet pharmaceutical needs in hospital services. We are trying to make better use of our staff — this is just another way of streamlining our services and making use of new opportunities," she explains. Mr Miller agrees. "If anything, the MedCentres will take up more of the pharmacists' time," he says.

Mr Miller points out that it is not cost-effective for pharmacists to work in small, quiet dispensaries. "If the MedCentres are successful, pharmacists working in quiet dispensaries could also manage the MedCentres," he suggests.

It will be interesting to see if clinical pharmacists will see the MedCentres as a 'friend' or an 'imposition', says Mr Miller. "If it works, improves patient care and makes life in pharmacy easier, clinical pharmacists will see it as a friend, but if it proves to be a hassle they will see it as an imposition."

In Canada, the MedCentres cost approximately C\$80,000 (about £50,000). The cost of the MedCentres in the UK has not yet been confirmed, but it is likely that, if introduced nationally, a variety of packages will be available depending on the level of service required.

The introduction of remote dispensing systems is discussed in a commentary on p211.

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