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25TH EAHP ANNIVERSARY CONGRESS

HOSPITAL PHARMACY 5.0 –
THE FUTURE OF PATIENT CARE

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Pharmacists - to prescribe or not to prescribe, that is the question…. - part II

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Disclosures

Relevant Financial Relationship

- Nil

Off-Label Investigational Uses

- Nil

Learning Objectives

- To help identify an area that a pharmacist prescriber could improve patient care
- Discuss considerations of how to implement a new role/service
- Identify stakeholders and barriers to develop a prescribing role
- Provide an example of how a specialist prescribing role in Cardiology has been developed in the UK

Prescribing in the UK

- UK approach provided a legal framework for roles that clinical pharmacists were already undertaking
- Supplementary prescribing started in 2003
- In 2006 pharmacists became the 2nd group (after nurses) of health professionals to become independent non-medical prescribers (NMPs)
- Training programme typically runs over 4-6 months
  - Part-time with face-to-face teaching and self-directed study
  - Minimum of 26 days of teaching
  - Additional 12 days of learning in a practice environment whilst being mentored

National Policy in the UK

2014 NHS 5 Year Forward View

- Aimed to increase use of pharmacists in MDT

2017 NHS Next Steps on the 5 Year Forward View

- Funding for extra 1300 clinical pharmacists in primary care
- Utilisation of clinical pharmacists managing complex patients e.g. BP, CVD

2019 NHS Long Term Plan

- Pharmacists integrated into primary care MDT
- Pharmacist-led Care Home services
- Manage high risk conditions e.g. AF, respiratory disease
- Increase number of pharmacists in Primary Care Networks

Strategic planning to develop services and roles

- **Align to local and national priorities**
  - Quality clinical indicators/national clinical audits
  - Service burdens / waiting times
  - Treating patients closer to their home
- **Meet with stakeholders**
  - Collaboration with other services
  - No duplicating roles
  - Ensuring good communication
- **Equality and consistency of approach**
  - Population-level interventions
  - ‘every patient, every time

My Prescribing Journey

Background history

- Graduated in 2001
- Qualified in 2002
  - Medication history, medicine reconciliation, advice on TDM, counselling, ward rounds for meds optimisation
- 2005 – post graduate diploma in clinical pharmacy
- 2005 – became Lead Cardiology Pharmacist
- Fully integrated into Cardiology team
- Daily ward rounds, formulary and guideline development – locally and regionally, teaching, specialist input and advice etc.

but……

Back in 2011!

IDEA

Prescribing Role!

Why develop a prescribing role in Heart Failure (HF)?

- Total annual cost to NHS is around 2% of the total NHS budget
  - 70% of cost is due to hospital admissions
  - 5% of all emergency admissions
- National Institute for Cardiovascular Outcomes Research (NICOR)
  - Collects data and produces analysis
- Identified key factors which reduce recurrent worsening of symptoms, reduce hospitalisations for HF and mortality:
  - Improve patients on optimal therapy on ACEi, beta-blockers and MRA
  - Ensure patients managed and/or reviewed by HF specialist

Stakeholders and barriers to consider

Stakeholders

- Already fully established in Cardiology MDT
- Cardiologists and Specialist HF nurse keen for pharmacist on team
- Business manager keen to improve service to meet local / national targets
- Pharmacy manager supportive of role development

Barriers

- Few existing HF pharmacists in nationally (in 2011/12)
- Prescribing role not widely utilised at that time, particularly in the acute setting
- Required development of other skills e.g. clinical examination, consultation skills, ECG's
- Funding – time and further qualifications

Proposed changes to the inpatient HF service?

- **HF Service 2011**
  - 30 hours of the HF specialist nurse (HFSN) (non-prescriber)
  - Meet national audit targets, Counsel HF patients
  - Usually one visit per patient
- **Service Redesign 2012**
  - Funded 8 hours of HF pharmacist
  - Patients referred electronically Trust-wide
  - Review HF patients and optimise care
  - Counsel patient and collect national HF audit data (NICOR)

Proposed Anticipated Benefits

- Increase % of patients on HF medication
- Increase number of patients reviewed by a HF specialist
- Reduce readmission rates
- Reduce the number of out-patient clinics required by the community HF team for dose titrations
- **Improve quality of care for HF patients**
- **Could have financial implications to the Trust**

Additional Training and Qualifications

- Completed prescribing course
  - Agreed P-formulary - clinical governance and vicarious liability
  - Personal liability insurance
- Completed clinical examination course at university
- Completed Advanced Communication Course
- Completed 5-day ECG course
- Subsequently completed post-graduate Diploma for Specialist in Cardiology with distinction
- Ongoing mentorship from Cardiologists and peers throughout career

What do I actually do?

- Full review of case notes and take a history
  - ECHO, ECG, U+E'S, FBC, LFTs, TFTs, CXR, calc CrCl, weights, fluid balance
  - Signs and symptoms – NYHA classification

- Cardio respiratory examination
  - BP, HR, oxygen saturation, temperature,
  - Chest exam, peripheral oedema, JVP, heart sounds

- Impression of diagnosis

- Plan – initiate and titrate/adjust HF medication

- Advise on non-cardiac medication as appropriate

Then what?

- Counsel patient on diagnosis and agree treatment plan
- Liaise with teams and consultant if multiple co-morbidities or concerns
- Recommendations to ward e.g. daily weights, fluid balance
- Follow-up and monitor as needed
- Refer on to other healthcare specialist if needed
    - ✓ E.g. palliative care, Cardiologist review, Psych referral
- Refer to community HF team – transfer of information to primary care

What problems did I encounter?

- Fear of doing something new!
  - Examining patients
  - Interpreting clinical findings
  - Presenting cases to consultants for discussion
  - Time management
  - Attitudes of clinicians

What problems did I encounter?

Prescribing can be difficult – decisions are your responsibility

- Complex decision making
  - Diagnosis
  - Multiple treatment options
  - Patients that don't conform to guidelines
  - Plausibility / confidence / problem solving
- Dealing with treatment failures
- Dealing with ADRs
- Dealing with patient mortality / morbidity
- Pharmacists are traditionally risk adverse

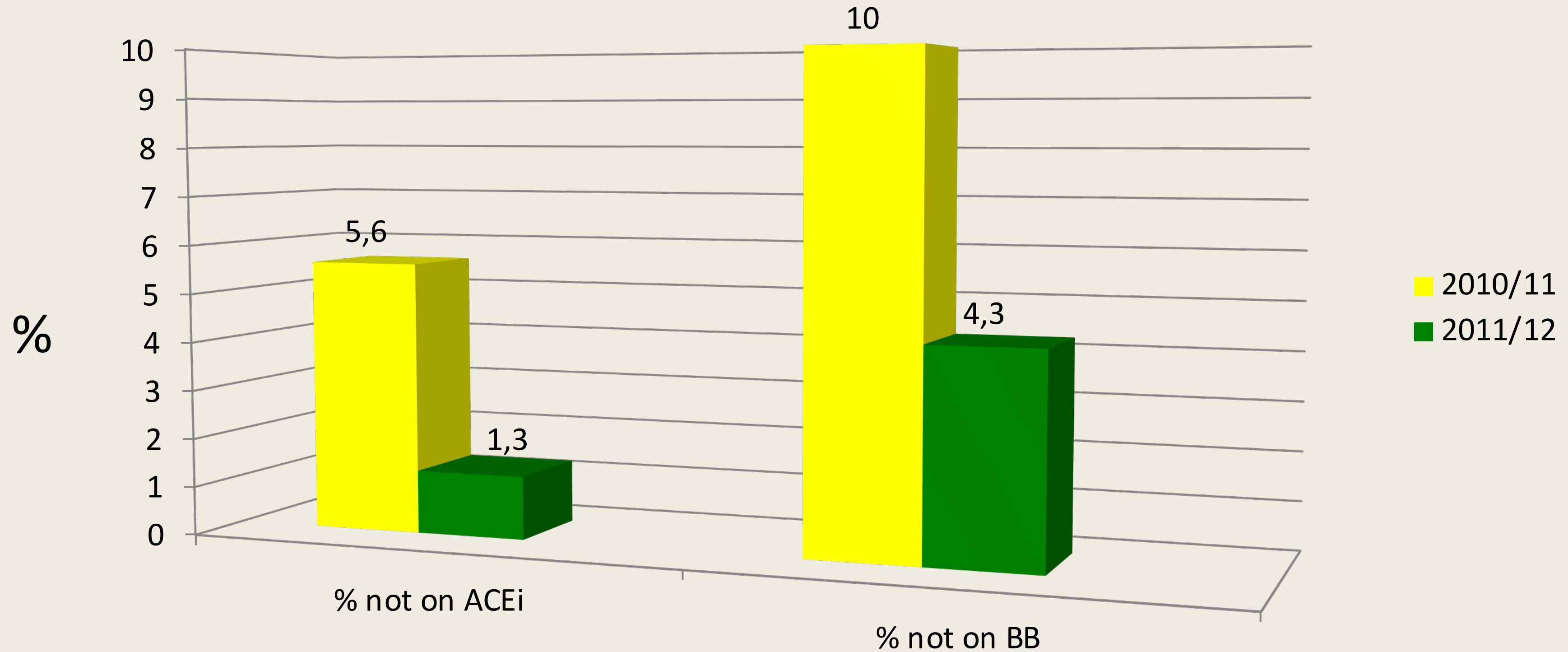
Consultation Skills

- Introducing yourself – 'hello, my name is…..'
- Taking history - open questions
- Examining patient – explanation and consent
- Adherence and self-management is crucial in HF
  - Listen to the patients, concerns, expectations, understanding
  - Shared decision-making with patient
- Breaking bad news
  - Understanding what the patient wants to know, what do they know already, what are they ready to hear
- Summarise agreed plan at the end of the consultation, check understanding

Did the Heart Failure Service see any benefits?

Service Improvement Audit Data from 2012

Results: β blockers & ACE-I at discharge



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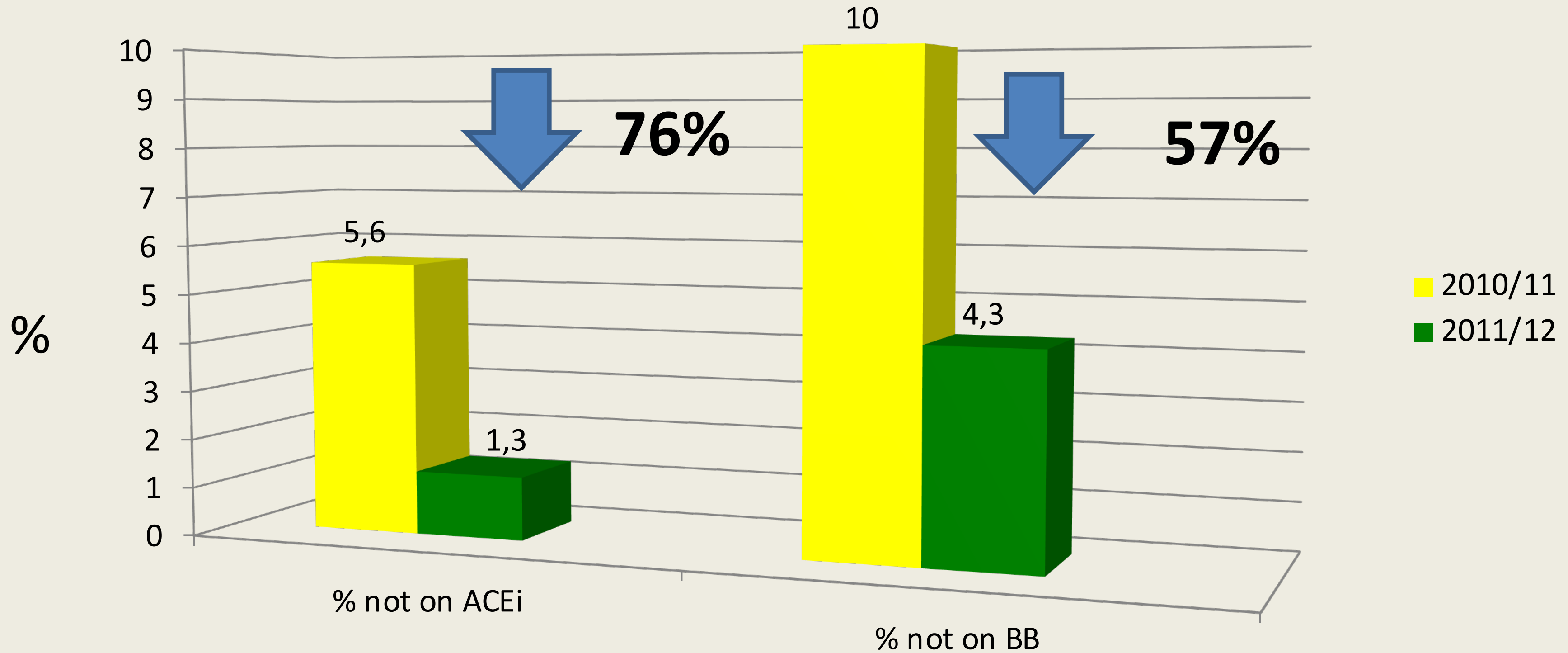

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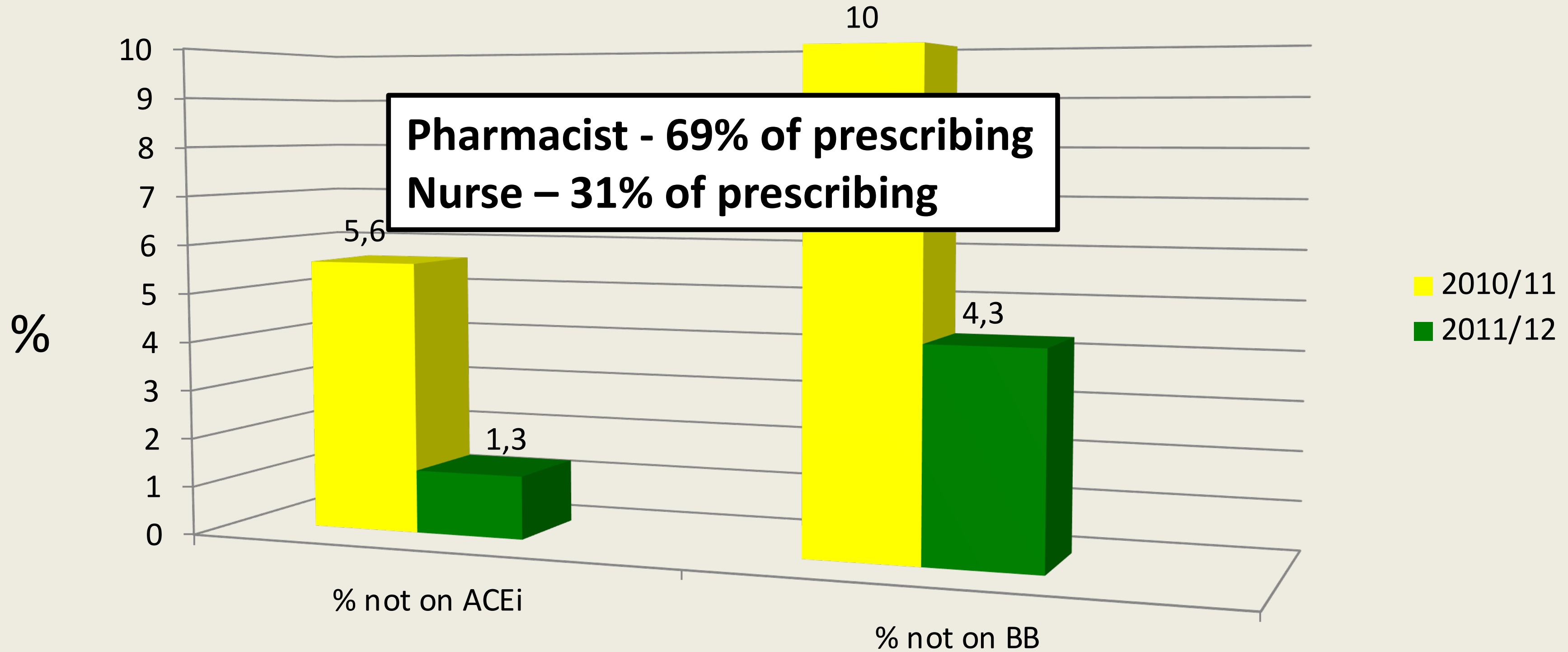
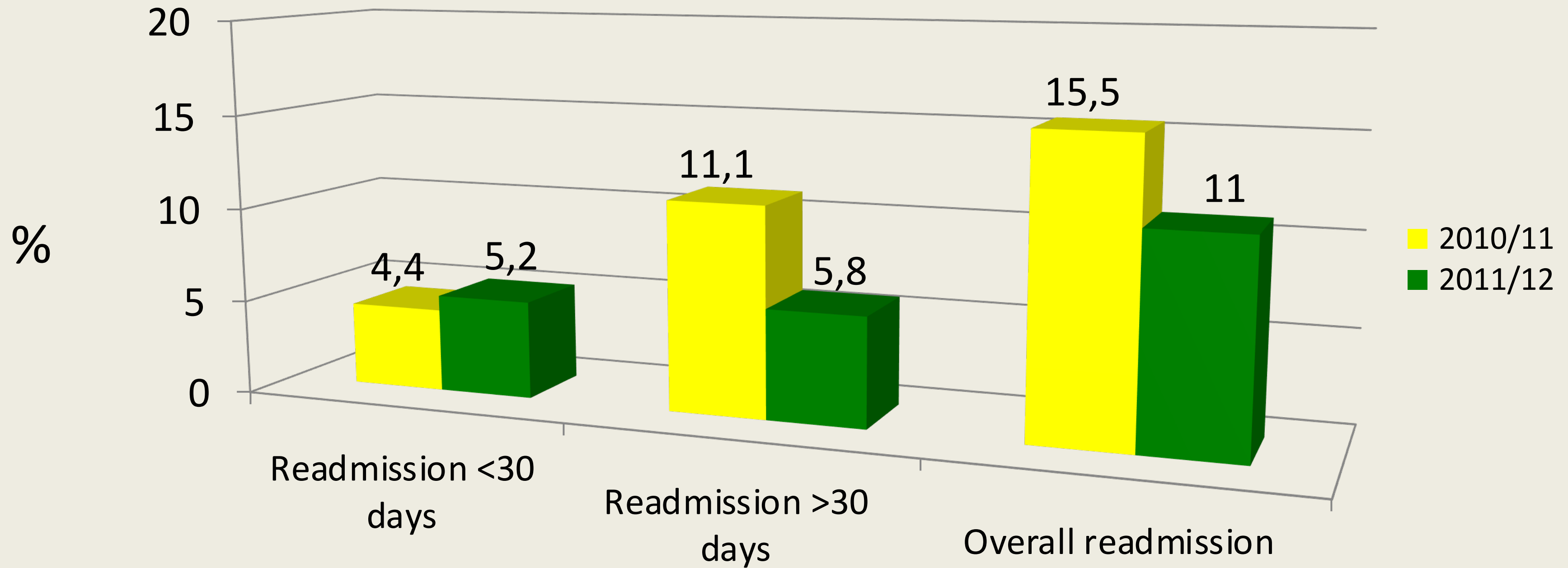


Results: Readmissions



- 9 months of data comparing 252 patients in 2010/11 vs. 187 patients in 2011/12

Interventions

Pharmaceutical Interventions

- 149 additional pharmaceutical interventions -excluding all prescribing of HF meds

Clinical Interventions

- Identified patients with;
  - New AF
  - Acute coronary syndromes (ACS)
  - New valvular problems
  - Severe decompensated CCF
- Referred for cardiology review and/or transferred to cardiology wards

Development of Clinical Role/Service since 2012

- Extra funding secured to increase hours for HF role in 2012
- Routinely prescribing on Cardiology ward rounds
- Urgent HF clinic – early follow up and specialist review
- Ambulatory unit for IV diuretics and IV iron set up
- Diagnostic HF clinic – referral from Primary care
- Funding for another Cardiology specialist pharmacist in 2018
- Weekly HF MDT - now including endocrinologist (SGLT2i initiation)

Cardiovascular (CV) Clinics

- General CV clinics in 2018
  - Shortage of Cardiologists – huge queue for outpatients reviews
  - Review a range of patients with CV condition
  - Over 9 months reviewed 100 patients

Outcome	No. of pts	% of pts
Patients reviewed in clinic	23	25%
Patients discharged from queue	51	55%
Patients needed an OPD with Cardiologist/SPR	18	20%
Patients lost to follow-up after Chest Pain clinic	11	12%

During Covid

- HF nurses redeployed to ICU
- Urgent HF clinics and diagnostic clinic continued by pharmacists
- Some day case IV diuretics continued
- Ward reviews continued by pharmacists
- Admission avoidance and facilitated early discharge

Do you think there a is role for prescribing pharmacists?

- Increasing demand
  - Hospital admissions
  - Ageing population with chronic conditions
- Increasing treatment complexity
  - New medicines
  - More info on interactions and ADRs
- More traditional pharmacist roles automated or technician-led
- Lack of doctors and specialist nurses
  - Physician Associates, physiotherapists

Do you think there is a role for prescribing pharmacists?

YES!

Summary

- Strategic planning when developing prescribing role
  - Align to local and national priorities
  - Meet with stakeholders
  - MDT and mentorship is crucial
- Utilise your skills and expertise
  - Blue sky thinking, don't be restrained by traditional roles
- Gain new skills and qualifications as needed
- Be brave, work outside your comfort zone

My Prescribing Journey

Thank you
Any questions?