

# Clinical Pharmacists Role in the UK

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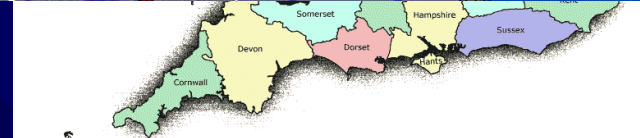
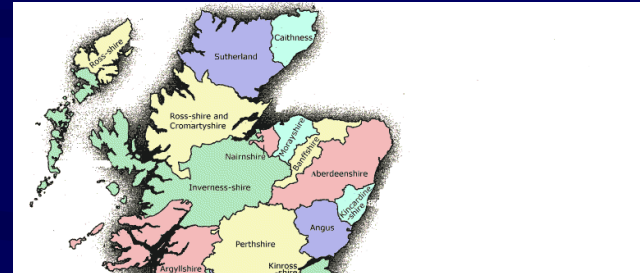
June 2006

# NHS Structures - Implications for Pharmacy

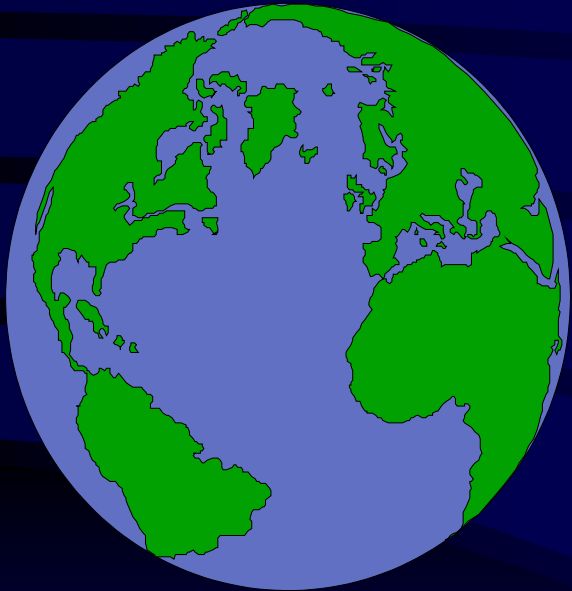
- NHS reforms
- Hospital Acute Services
- Priorities for Pharmacy

# Personal background

- Head of School  
The School of  
Pharmacy  
University of  
Hertfordshire UK
- Chairman of Luton  
and Dunstable NHS  
Trust



# Health Services – A Global View



- World wide
  - Rising expectations of health services
- Cost Containment
- Evidence Based Practice
  
- UK Issues for Hospitals
  - Patient Choice agenda
  - Demand Management
  - More acute hospitals and tertiary centre specialisation
  - Patient Safety
  - Clinical Governance and Quality

(Hensher et al 1999)

# UK - NHS

- NHS was launched in 1948
- Culture, ethos and success maintained
- Key Principles:
  - universal services based on clinical need
  - Shaped around patients
  - Responsive to different populations
  - Improve quality and minimise risk
  - Partnership agenda
  - Reduce inequalities

# NHS Reforms in last 5 years

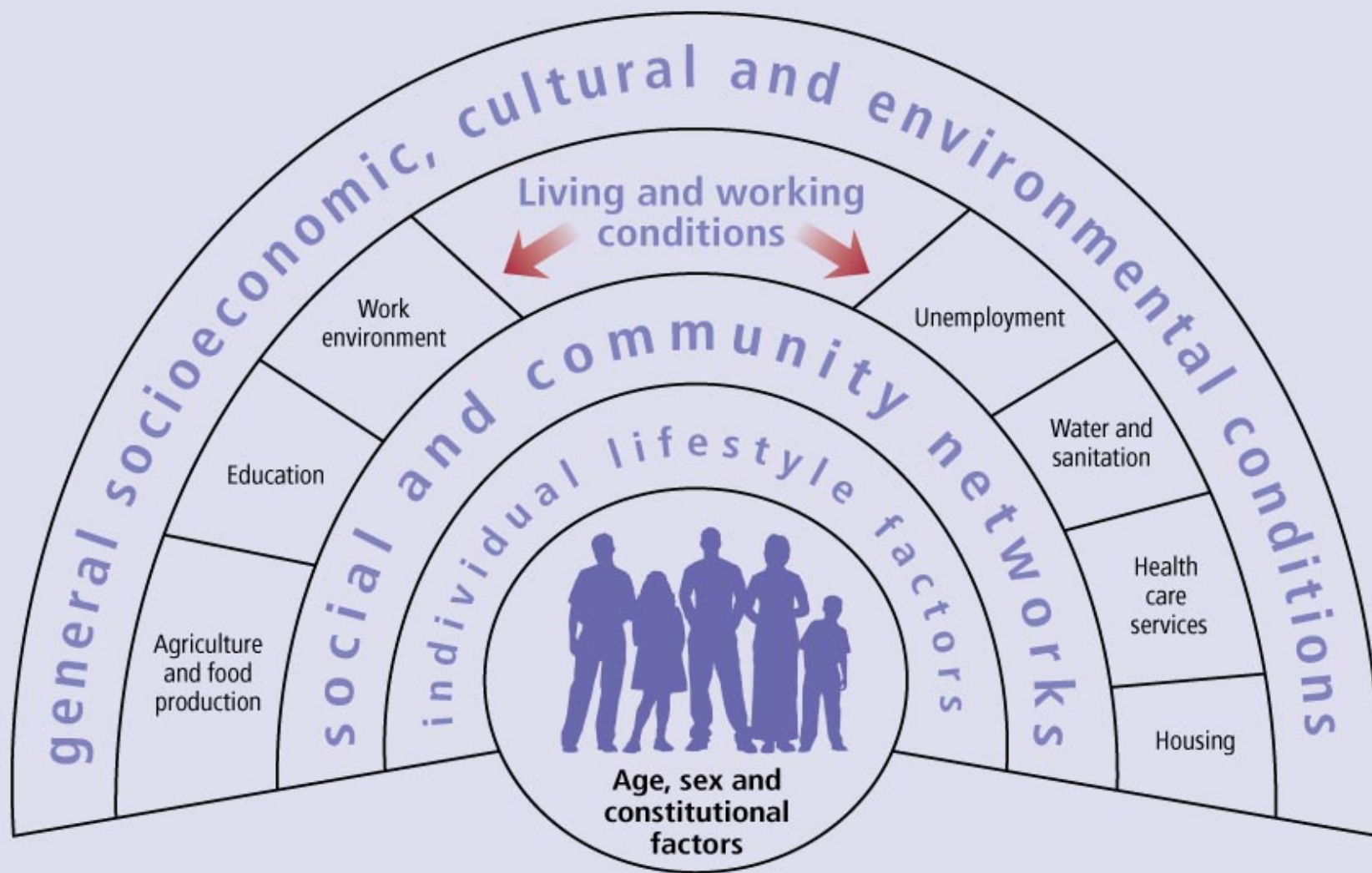
- Care in the right Place
- Interprofessional working and Changing roles
- Pharmacists
  - Public Health agenda
  - Clinical effectiveness of medicines
  - Non medical Prescribing
- Primary care
- GP referral pattern
  - Dermatology/diabetes/
  - Cardiology
- Diagnostics/Surgicentres centers



NHS Improvement Plan June 2004 and Care in the Right Place 2005

(DoH Policy )

Figure 1 The main determinants of health





# Medicines Management Focus

- Policy
- Practice
- Patient





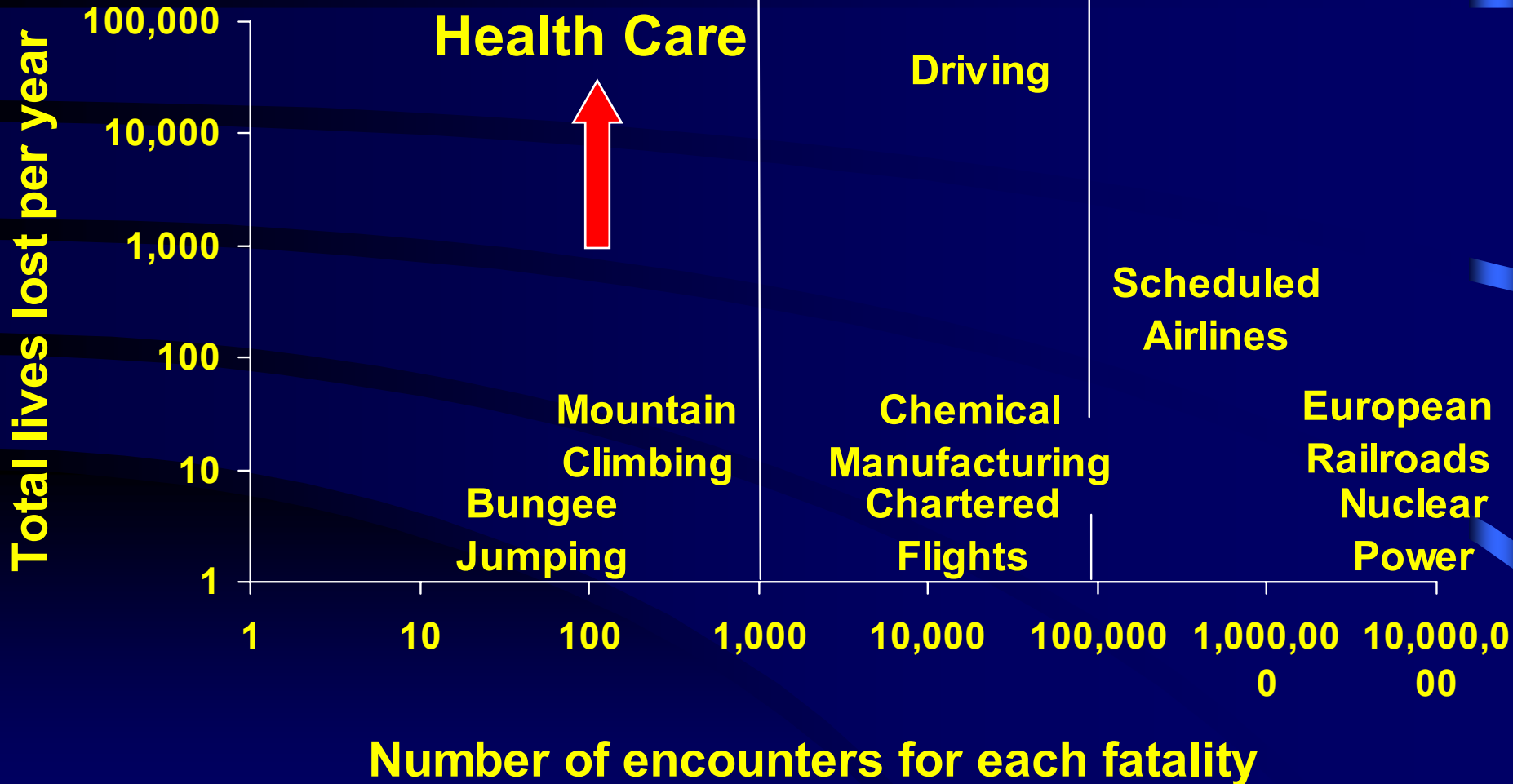
# How Hazardous Is Health Care?

*(Leape and Amalberti)*

HAZARDOUS  
( $>1/1000$ )

REGULATED

ULTRA-SAFE  
( $<1/100K$ )



# Priorities for Pharmacists in the Hospital



- Cost containment
- Medicines Management
  - Pharmaceutical Care
  - Appropriate Prescribing
  - Patient safety
- Empowerment of Patients to take responsibility for health
  - Public Health

# Medicines Management

All aspects of medicine supply chain

- Selection
- Procurement
- Manufacture
- Delivery
- Prescribing
- Administration
- Review
- Education



# Pharmaceutical Care Issues

- Procurement of Medicines
- Manufacture and Development
- Supply – Automation
- Evidence base prescribing – Treatment protocols
- Outcomes for patients
  - Patient empowerment
  - Medicines Use review
- Workforce and Skillmix
- New Roles for Pharmacy

# Pharmaceutical Care

- Procurement
  - Formulary Management
  - Clinical Guidelines and audit
- Manufacture and Developments
  - Small scale and specialist
  - CIVAS and Cytotoxics
  - TPN
- Automation – changing roles and more accesible to the patient
- Evidence Base Prescribing
  - Cost containment
  - Medication errors
  - Outcomes based
- Outcomes
  - Concordance
  - Medicines Use review
  - Patient access
- Workforce and Skillmix
  - Changing roles eg Prescribing
  - Consultant Pharmacist
  - Technicians



# Spoonful of Sugar (DoH 2003)

- Medicines management key clinical governance responsibility for the trusts
- Medication problems and errors
  - Reduce medication errors and adverse reaction related deaths
- Pharmacist time to be targeted around clinical work than mechanics of drug supply
  - Improve admission/discharge related problems
  - Increased use of computer prescribing and medical records
  - Forming effective relationships with primary care





# Supplementary prescribing and Non-Medical prescribing

- Pharmacist prescribing on NHS
- Individual clinical management plan agreed by doctor and patient
- Chronic conditions (asthma, hypertension, diabetes)
- ↑ speed and efficiency access to medicines
- ↓ doctors' workload
  
- Independent prescribing

# Helping Patients Get the Best from their Medicines

- Medicines Management Services
- Non-Medical Prescribing
- Patient Partnership in Medicines Taking

# NHS Structures - Implications for Pharmacy

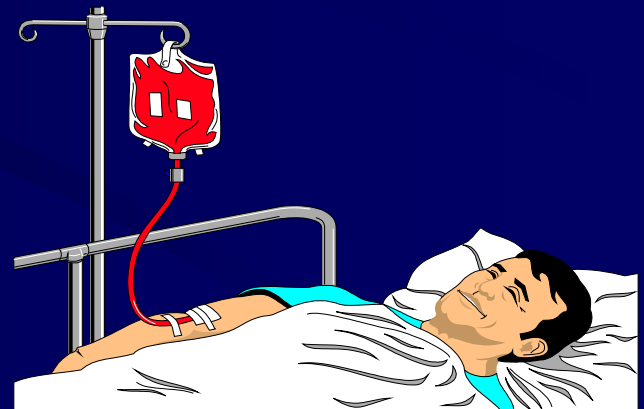
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# Acute Hospitals Key Issues

- Demand Management
  - Admission and Discharge
  - Pharmacists

Tulip (2002)

- Improving standards of care
  - Clinical audit
  - Formulary management
- Developing Clinical Services
  - specialisation
- Patient Safety
  - Medicines use review



# Pharmacist Careers

- Medical admissions pharmacist
- A&E department pharmacist
- Critical care pharmacist
- Falls prevention pharmacist
- Orthopaedic pharmacist
- Specialist paediatric pharmacist
- Specialist mental health pharmacist
- Specialist HIV pharmacist
- Cancer services pharmacist
- Chief Pharmacists
- Specialist radiopharmacist
- Specialist microbiology pharmacist
- Specialising in procurement
- Education and Training Pharmacists
- Pharmacist in a private hospital

# National Service Frameworks - Implications for Pharmacy

- Mental Health
- Cancer
- Cardiology
- Older People
- Diabetes
- In the Future:
  - Renal
  - Paediatrics
- Real need for Pharmacy services to target these policy documents and standards



# Coronary Heart Disease

- Where can Pharmacists contribute?
- Medication review
- Statins appropriate usage
- Tobacco Cessation
- Uptake of Cardiac Rehabilitation
- Improving Anticoagulation
- Local community based services
- Direct Access/Echocardiograms
- Thrombolysis target

# NSF for Older People

- Proactive role - pharmaceutical care eg opening CRC
- Computer systems printing labels with larger print.
- Full instructions to appear on labels
- Older people with mobility problems - home delivery
- Elderly Nursing Homes –
- Admissions/Discharge pharmacist
- Repeat Prescribing Review
- Medication review clinics



## Conclusion: Priorities for Pharmacy MEDICINES MANAGEMENT

- Medicines available/Dispensing medicines
- Effective Outcomes for Patients
  - Improving the effectiveness of medicines
  - Safety
- Education and Training for Health Professionals
- Better Communication between Community Care and Hospital Care

THANK YOU