



Health Education England

Seminar I3:

New Roles for Hospital Pharmacists... *"Pushing the Boundaries"*



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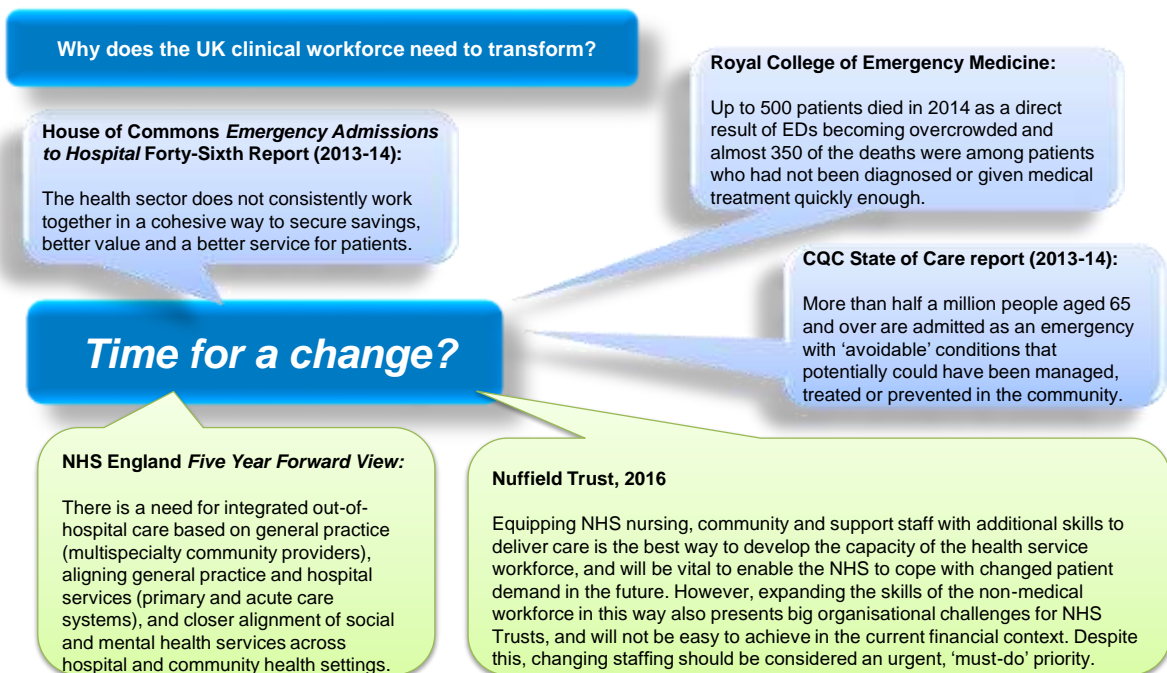
Health Education England

Speaker: Mr Matt Aiello, NHS Health Education England

The speaker has no relevant financial relationships to disclose.

Control Questions for the audience:

1. Is there a role for Pharmacists in the Hospital Emergency Department?
2. Should the traditional (medicines) role of Pharmacists be extended to include clinical health assessment and clinical examination of patients?
3. Do Pharmacists in primary care, community practice and hospital settings all have the skills and experience necessary to undertake the training and develop clinical roles as per (2)?



Workforce redesign to meet 21st century demand...

Investigating The Potential for Pharmacist Clinicians

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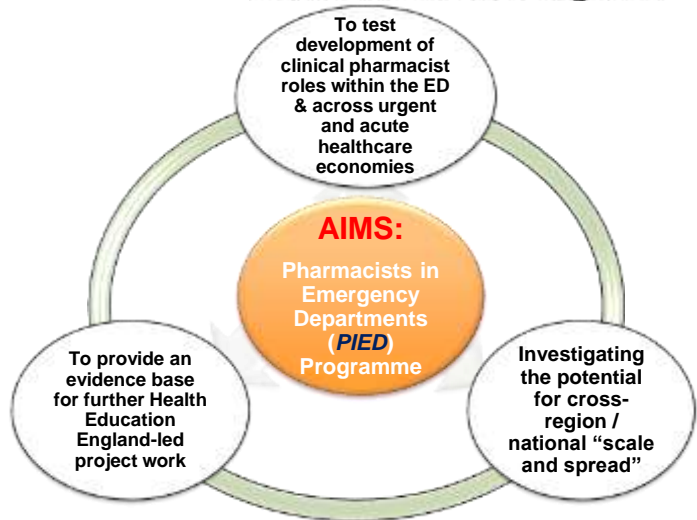
Guiding Questions:

1. "To what extent can pharmacists manage patients in the ED?"
2. "What extra training is needed to create an advanced clinical ED pharmacist?"
3. "What can a pharmacist uniquely contribute to the joined up, multi-disciplinary, multi-skilled, urgent and acute / emergency care workforce of the future?"

1st Step?

Test the concept...

2014-15 PIED-WM study...



Testing the Concept:

2013-14 Pharmacists in Emergency Departments (PIED-WM) Pilot

Methodology followed a multi-site, cross-sectional, observation study of patients attending three Emergency Departments (ED) in the West Midlands, in 2014. Pharmacists supported by ED clinicians and supervised by an Emergency Department Consultant Doctor.

782 Patients categorised according to whether they could be managed:

- "CP:" By a community pharmacist (avoided ED attendance)
- "IP:" By an Independent Prescriber pharmacist as part of a multi-disciplinary ED team.
- "IPT:" By an Independent Prescriber pharmacist in the ED, with an additional 12 months of clinical skills training, aligned to an "advanced practice" framework (as part of a multi-disciplinary team approach)
- "MT:" By the medical team only – unsuitable for pharmacist intervention.

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What is Advanced Clinical Practice Training?

Identified training needs included:

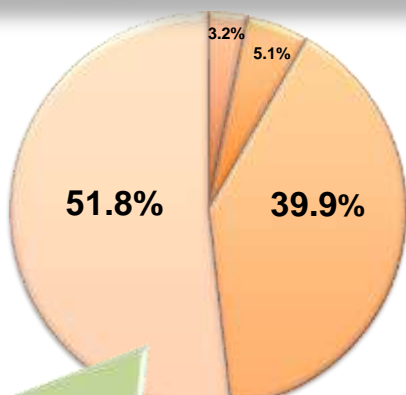
- Clinical examination and assessment (including diagnostic skills)
- Medical management and treatment
- Training course component

12 month (Level 7)
double module
(60 credit pgcert)

West Midlands and
National *PIED* project
categorisations based
on this curriculum

Module 1: Clinical Examination Skills for Healthcare Professionals (40 CATS points at Masters level)	Module 2: Clinical Investigations & Diagnostics for Healthcare Professionals (20 CATS points at Masters level)
<p>Aim: To provide the theoretical underpinning and practice base to enable the health care professional to deliver safe and effective autonomous care. This will include patients presenting with undifferentiated and undiagnosed primary and secondary care conditions across the age and acuity spectrum</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Assessed Essay/course work 4000 words • Four objective structured clinical examinations (OSCE) • Portfolio of evidence from own clinical practice 	<p>Aim: to complement the clinical examination module to provide the student with the theoretical underpinning for the acquisition of a range of skills and knowledge to support safe autonomous practice when requesting and interpreting clinical investigations for a wide clinical spectrum of conditions.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Assessed Essay/course work 2000 words • Two objective structured clinical examinations (OSCE) • Portfolio of evidence from own clinical practice

PIED-WM: West Midlands ED Pharmacy Pilot: Study Findings



Patients suitable for management by:

- Community Pharmacy (3.2%)
- Independent Prescriber (5.1%)
- Advanced Clinical Pharmacist (39.9%)
- Medical Team Only (51.8%)

Of the **782** patients surveyed over the three sites, **48.2%** of patients could be managed by a pharmacist **as part of a multi-professional team** and under the overall supervision of a doctor.

Of these, **39.9%** could be managed by a pharmacist with 12 months' focused **Advanced Practice training**, aligned to the HEE **National Advanced Clinical Practice framework...**

"We are pleased with how the pilot went here and are very keen to take this work forward. We are now looking at putting a pharmacist in the emergency department, who can be part of the team there and support with the triaging of patients."
Clinical Director of pharmacy at East Lancashire Hospitals NHS Trust

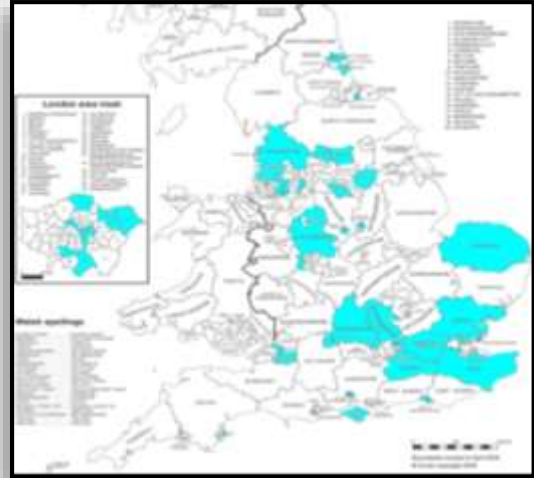
Developing a National Evidence Base: 2015 National ED Pharmacy Project

Aim: To expand upon the West Midlands pilot and develop evidence base for near-patient clinical pharmacists in the Emergency Department, as part of a multi-skilled, multi-disciplinary workforce...

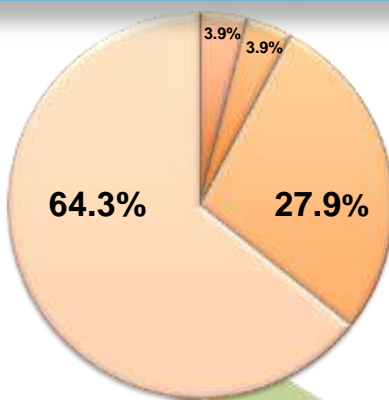
March - April 2015:

- **49 Acute Hospital Emergency Departments involved across England**, each categorising up to 400 sets of patient data against the West Midlands pilot methodology.
- Emergency Department locations were representative of a national cross-section.
- Data would demonstrate variance in patient presentations at UK EDs, during peak "winter pressures" period.
- **18,613 sets of patient data** received from 49 Trusts.

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2015 PIED-Eng Study: Findings



Professor Sir Bruce Keogh, National Medical Director (NHSE), confirmed that key outcomes from the ED Pharmacy work would include a *positive impact on patient safety, improved patient experience and throughput, expediting safe discharge of patients from hospital and increased capacity in the acute care pathway.*

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- Community Pharmacy (3.9%)
- Independent Prescriber (3.9%)
- Advanced Clinical Pharmacist (27.9%)
- Medical Team Only (64.3%)

Clinical groupings where pharmacists were considered to have the highest potential impact were identified as: *general medicine, minor trauma, cardiology, general surgery* and *respiratory*.

Findings suggest that pharmacists with advanced training may be most usefully directed to patients in the *general medicine* and *orthopaedic* clinical groupings.

If training were tailored to concentrate on these two areas, then (achievable) IPT becomes 19%.

PIED Outcomes

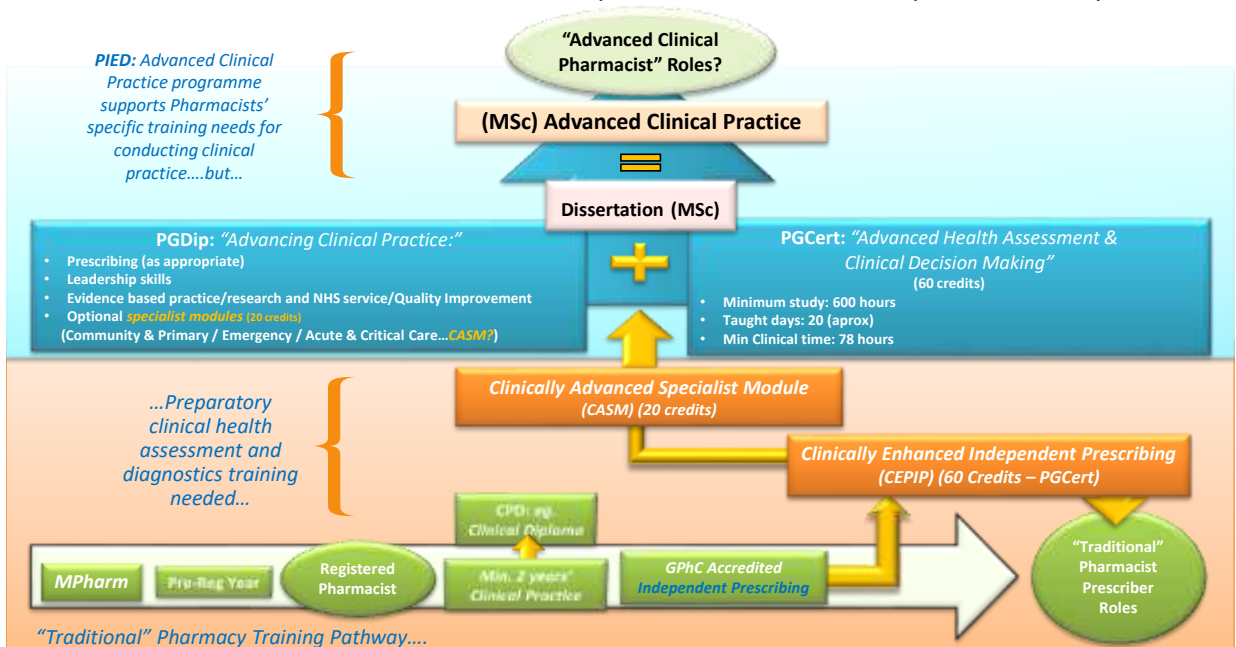
HEE **PIED Programme** developed an evidence base to support role development for pharmacists, including:

- Undertaking **medicines-focused** duties including pre-discharge medicines optimisation, medicines reconciliation, prescribing
- Optimising the use of medicines on **admission** to emergency and acute care
- Provision of confident and competent **clinical care** to patients presenting in urgent and acute settings – eg. primary care / general practice / geriatric settings
- **Pre-discharge** of acutely ill patients
- Freeing up doctors to conduct clinical work
- Reducing patient waiting times and delivery of safe patient care

.....Duties often undertaken (unnecessarily) by junior medical staff, consultant grades and GPs, who face significant demands on their time.

So what does the proposed clinical pharmacist training model actually look like?

Advanced Clinical Pharmacists: A Proposed Pharmacist Development Pathway



Clinically Enhanced Pharmacist Independent Prescribing (CEPIP)

Combines Independent Prescriber training with clinical skills training (Health Assessment and Diagnostics)

Health Assessment training includes:

- generic "head-to-toe" physical examination
- emphasis on "red flags"
- history taking
- consultation skills

Training is regulator accredited (General Pharmaceutical Society) at a Level 7 (60 credits) Postgraduate Diploma.

Should be recognised that enhanced clinical skills need to be honed by continuing clinical practice and experience, following course completion.

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2013-15 CEPIP Pilot:

- West Midlands pilot
- Trained 107 pharmacists from primary, community and secondary care.
- Pass and fail rates comparable with non-clinical ("standard") Independent Prescriber programmes at the test sites

At March 2017:

- Programme delivered in January, September and October 2016 and January 2017.
- **192** pharmacists trained or in training, with an even distribution between primary, secondary and community practice.

"I think it's very much needed. Especially, I think we will be at an advantage compared to all our other colleagues. We will be able to use our skills a lot more."

Pharmacist Clinicians... Developing the Pathway

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- **CEPIP** prepares pharmacists for entry onto Advanced Clinical Practice pathways...
- ...But what kind of training would complement **CEPIP** and provide "shop floor" clinical skills, relevant to workforce needs?
- Further clinical skills training should allow pharmacists to confidently transition into **Advanced Clinical Practice** training.
- Next step on the model training pathway?

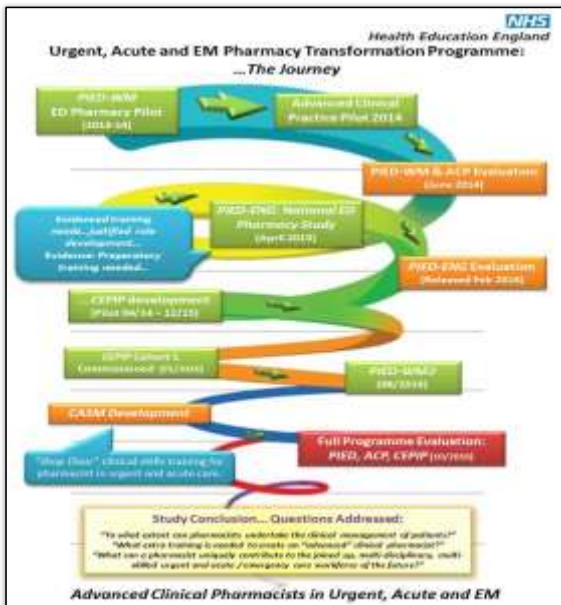
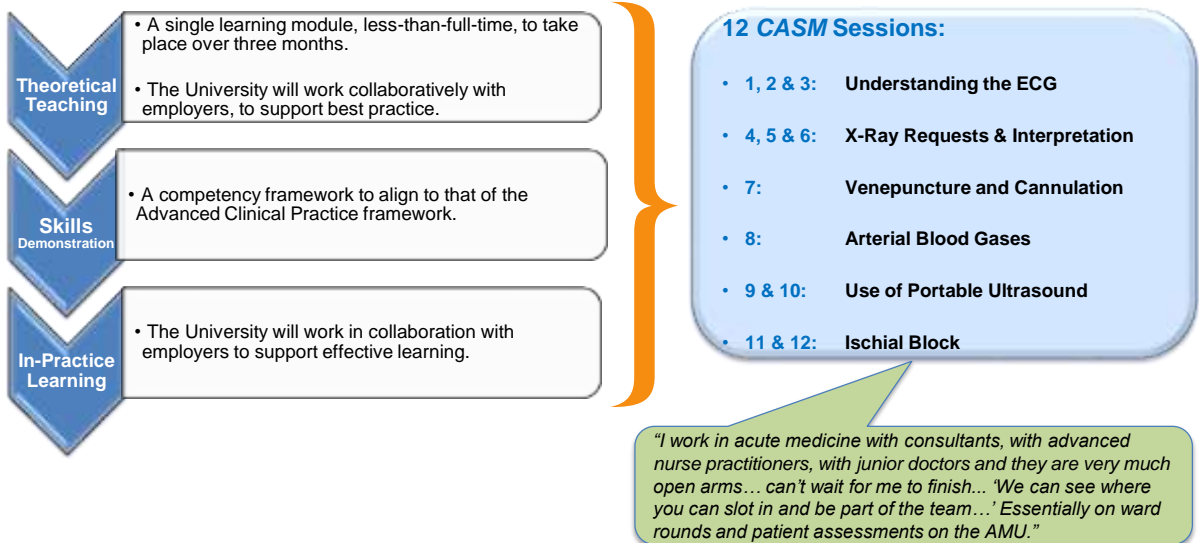
2016: HEE developed Clinically Advanced Specialist Module (**CASM**)

CASM Aims to offer targeted "shop floor" focussed clinical skills training, to reflect identified workforce needs.

"The entire ED pharmacy team at the Trust have either completed, or are in the process of completing the (HEE led) Advanced Clinical Practice programme, which has had a major impact on their ability to review patients and the quality of service they can deliver within the ED."

Deputy Chief Pharmacist, Worcester Acute Hospitals Trust

“Clinically Advanced Specialist Training” [CASM] for Pharmacists



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Summary

Traditional, medicines-focused role of the pharmacist is being challenged by Health Education England and national stakeholders.

The pharmacist clinician of the future should be able to confidently and competently manage patients at an advanced clinical level – with health assessment, diagnostics and clinical examination skills comparable with that of an Advanced Clinical Practitioner.

CEPIP and CASM support the development of clinical pharmacists.

Clinically trained pharmacist prescribers are drawn from a *sustainable workforce*, with an evidenced ability to address significant workforce challenges and clinical skills gaps in emergency and acute healthcare service provision.

Control questions for the audience:



1. *Is there a role for Pharmacists in the Hospital Emergency Department?*

- **Yes...** HEE *PIED* study suggests that Pharmacists are capable of managing patients in the ED and that there is value in them doing so, as part of a multi-professional clinical workforce.

2. *Should the traditional (medicines) role of Pharmacists be extended to include clinical health assessment and clinical examination of patients?*

- **Yes...** As part of the interim *CEPIP* evaluation (2015), participant responses suggested enhanced workforce capability by facilitating clinical areas to reduce workforce pressures through prescribing, resolving medication issues and facilitating discharge. Pharmacists could also take histories and perform medicines-focused duties, including medicines optimisation, medicines reconciliation, TTO preparation and minors-focused clinical duties.
- Increased patient safety also identified as an impact of the programme - attributed to the skills acquired on the course, enhanced pharmacy knowledge and a greater degree of involvement in patient care.

3. *Do Pharmacists in primary care, community practice and hospital settings all have the skills and experience necessary to undertake the training and develop clinical roles as per (2)?*

- **Yes...** *CEPIP* programme evaluation and case studies from graduates of the programme suggest that Pharmacists across primary and community care and hospitals are equally capable of undertaking training and developing their scope of practice. Pass, fail and attrition rates did not noticeably vary between community, primary care and hospital pharmacists undertaking training.

Take Home Messages



- Unless employers support the development of new clinical roles from sustainable sources, workforce gaps will remain and continue to grow exponentially; proportionate to increasing patient demand.
- With a stable and sustainable workforce comes an increased ability for employers to quality assure clinical standards, reduce reliance on locums and deliver safe, effective and 'joined up' patient care.
- A fundamental part of any workforce planning should include an understanding of emerging professions and the benefits of recruiting complementary doctor and non-doctor roles in an efficient, 'joined up,' future clinical workforce.

"The Royal Pharmaceutical Society believes that pharmacists could make a significant impact on patient care by adding both capacity and capability to emergency departments. Hospital pharmacy has been at the forefront of advanced clinical practice for some time and I have no doubt chief pharmacists and their teams will respond positively to this opportunity.

We are fully supportive of the work being undertaken by HEE to further evidence the value of pharmacists within emergency departments."

Dr David Branford, Royal Pharmaceutical Society English Pharmacy Board chair

Thank you for listening...
Questions?

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