

Development of the clinical competencies of pharmacy technicians to support and expand the cardiac Discharge Medicines Service at Kingston Hospital NHS Foundation Trust

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Background

A Discharge Medicines Service (DMS) enables better communication of medication changes between primary and secondary care, providing safe transfer of care and reducing medication related re-admissions. At Kingston Hospital, pharmacists submit DMS referrals to community pharmacies for patients with compliance aids. We proposed integrating our pharmacy technicians further into the clinical setting to help expand DMS referral categories and enhance patient safety. Cardiac patients require up titration/amendment of doses and have a polypharmacy risk. Part of the NHS long term plan is to optimise treatment for these patients.

Aim

To expand the use of the DMS service for cardiac patients on Acute Coronary Syndrome (ACS) or Heart Failure (HF) medicines and enhance the clinical competencies of our Medicines Management Pharmacy Technician (MMPT) workforce.

- Design and develop a training programme for MMPTs to make DMS referrals to community pharmacy.
- MMPTs who have completed the programme to identify and counsel patients and make timely referrals to reduce medicine related incidents and hospital re-admissions.
- Ensure timely referrals to improve communication with primary care and aid patient outcomes so they can benefit from follow up care and services in the community.

Method

Months 1 - 4: Training workshops and materials were developed for the MMPT workforce. These included: when to refer to a pharmacist, counselling, health promotion, high-risk cardiac medicines and PharmOutcomes. An experienced band 5 MMPT was recruited to join the cardiology team under the supervision of the Cardiac pharmacist.

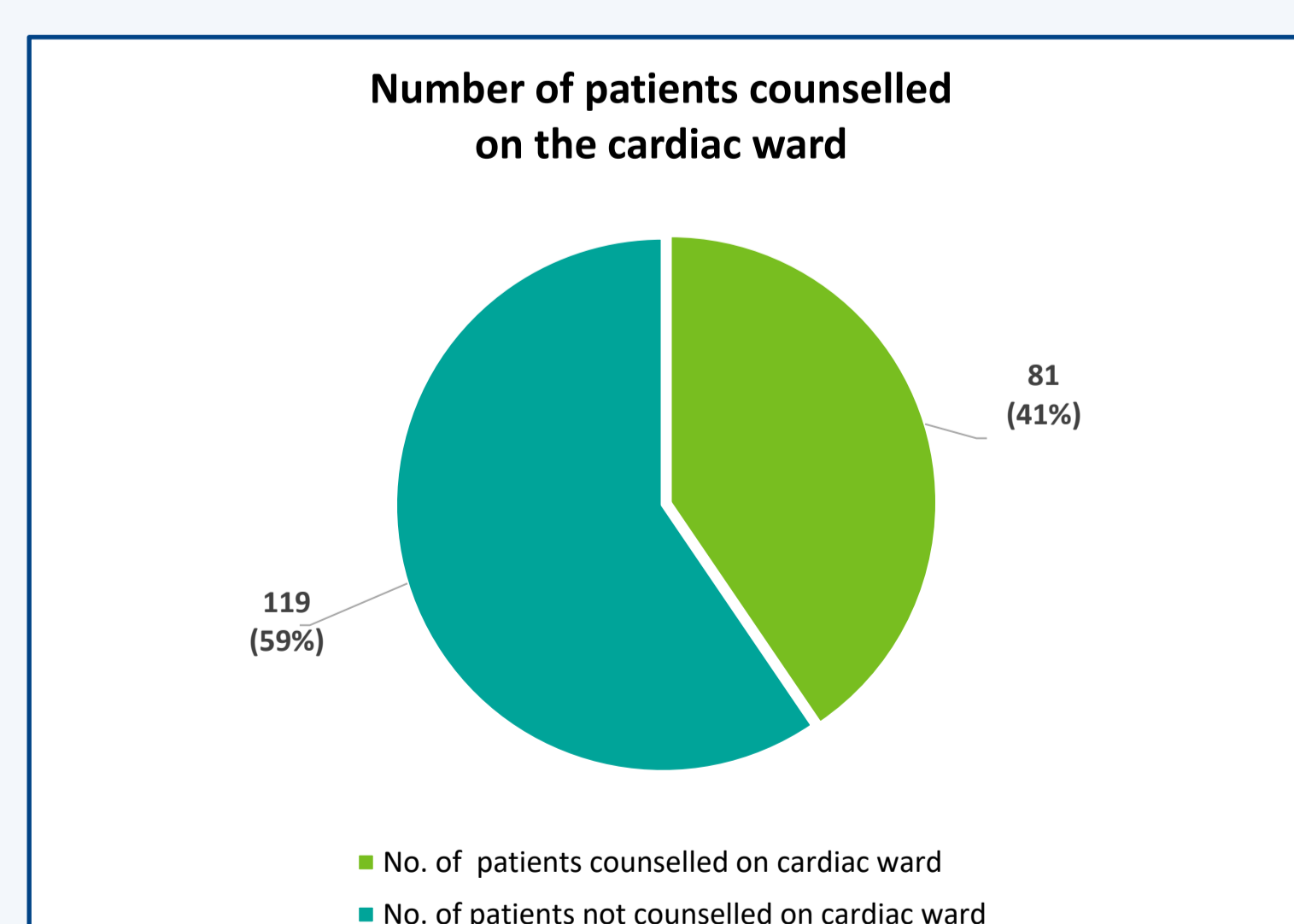
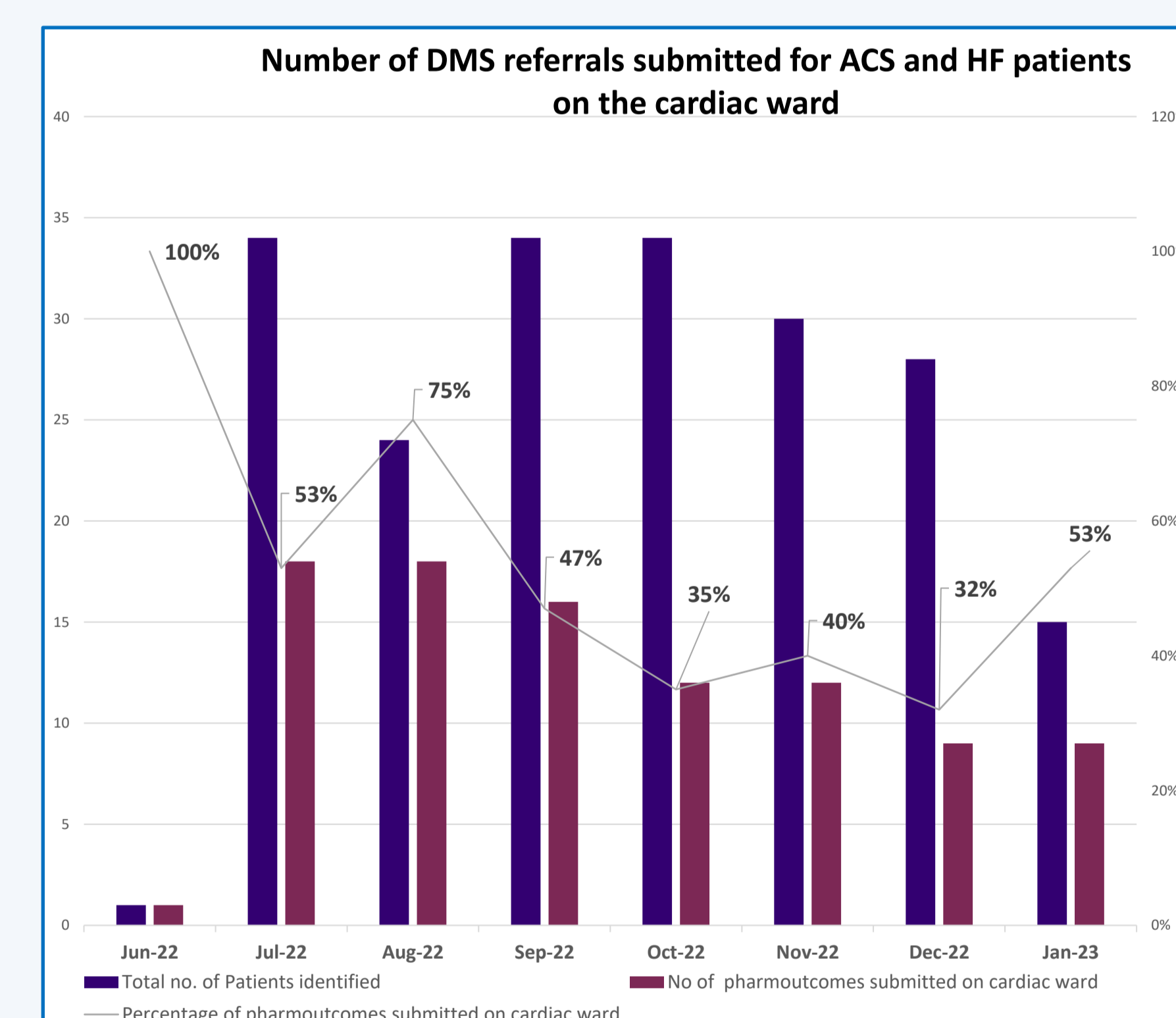
Months 4 - 6: The pharmacy technician undertook comprehensive DMS training supported by the education and training team (E&T) and completed competency logs. They then worked on the cardiology ward and piloted data collection.

Months 6 - 12: The cardiac MMPT implemented required duties, and continued data collection. They facilitated training of other MMPTs, overseen by the E&T team.

Results

The training programme was delivered to 7 of 8 MMPTs who completed DMS competencies to support community pharmacy referrals. 200 cardiac patients were identified over 8 months of which 41% (n=81) were counselled on their new/changed medication. This was an increase of 17% from the baseline data.

Out of 200 patients, 47% (n=94) had cardiac referrals submitted to community pharmacy of which 30% (n=29) were accepted, helping us to contribute to the national CQUIN. 76% (n=71) of these referrals were submitted within 72 hours of discharge as per national target which is an increase of 17% from the baseline data.



Conclusion

The project has enhanced the clinical role of MMPTs and improved the quality and efficiency of the pharmacy service. The results show the development of MMPT skills/knowledge has benefitted the care and safety of cardiac patients. By having a larger proportion of the workforce leading on DMS, this helped to ensure referrals are made in a timely manner. Cardiac referrals will continue to be made on all wards as part of daily duties for MMPTs. Our aspiration is to expand the other high-risk categories of patients who should be referred to community to optimise their care.

References

1. NHS Long Term Plan, version 1.2, August 2019 <https://www.longtermplan.nhs.uk/>
2. NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care, 15th January 2021 - <https://www.england.nhs.uk/publication/nhs-discharge-medicines-service-essential-service-toolkit-for-pharmacy-staff-in-community-primary-and-secondary-care/>