

Consultant pharmacists introduced to develop clinical pharmacy service

By **Gareth Jones**, editor of *Hospital Pharmacist*

Clinical pharmacists with the most knowledge and experience can make a greater impact by targeting their work at the relatively small number of patients in a hospital who need their services the most. At the Doncaster and Bassetlaw Hospitals NHS Foundation Trust, this vision has resulted in a new clinical pharmacy service and the appointment of three consultant clinical pharmacists to deliver the highest level of care.

The new service is based on a pyramid model of pharmaceutical care requirements. Large numbers of patients at the bottom of the pyramid require minimal pharmacy input, whereas a small number at the top have more complex problems and require considerable time and expertise. This system works by assigning one of three levels of pharmaceutical care to every patient in the hospital (see Panel 1). Level 1 is offered to all patients and is delivered by basic-grade pharmacists. Part of the level 1 assessment involves identifying patients with a requirement for more pharmaceutical care. These patients are given the level 2 clinical pharmacy service, which is delivered by more experienced pharmacists. The small group of patients with the greatest pharmaceutical care requirements and who need the most time to deal with their issues are seen by one of the trust's three consultant pharmacists who provide level 3 care. The work of the pharmacy technicians overlaps the level 1 service. Technicians see elective patients and check patient's own medicines and whether the drugs have been prescribed correctly by the junior doctor, and confirm

that all drug doses are within British National Formulary limits.

Pharmacists are no longer allocated specific wards but, instead, they have a caseload of patients. Andrew Barker, clinical director for pharmacy and medicines management, explained that "an acute medical ward, for example, might be visited by three different pharmacists on the same day. Pharmacists working at levels 1, 2 and 3 may all visit the ward to see patients within their caseload."

"Many of the patients passing through a district general hospital do not require much of a pharmacy service, particularly if they are an elective admission," said Mr Barker. "There are a small number that need quite a lot due

to the complexity of their conditions," he added. Under the previous system, all pharmacists had responsibility for the patients on their nominated wards. The result was that some of the patients with the greatest needs were seen by junior pharmacists, while senior pharmacists were spending a lot of time on routine issues on their allocated wards. "Clearly not all pharmacists are equal," said Mr Barker, adding that the new system has improved skill mix by matching the abilities of the pharmacist with the needs of the patient. A trust-wide review in September 2003 of the way clinical pharmacy services were delivered led to the development of the new service and a successful business case for the introduction of consultant pharmacist posts

Panel 1: Definitions for the levels of pharmaceutical care at Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Level 1

Level 1 pharmacy interventions are based on the information available from the prescription, the patient and other associated sources of information. They focus on safety by ensuring that:

- The prescription is clinically coherent, ie, no obvious omissions or unnecessary duplication
- Doses are within acceptable limits
- There are no clinically significant interactions apparent
- There are no allergies apparent
- The prescription is legally acceptable and reasonably complete
- Formulary arrangements and local guidelines are being complied with
- Medicines are supplied and, where appropriate, administered at the appropriate time

Level 2

Level 2 pharmacy activity is based on a detailed understanding of the patient, and his or her medication history, condition(s) and treatment plan. As well as safety this approach focuses on efficacy. In addition to the requirements of level 1, it will ensure that:

- There is a documented pharmaceutical care plan which is shared with the medical and nursing staff responsible for delivering the patient's care
- There is a complete and accurate history of the patient's medication which is kept up to date, including documentation of the rationale for changes during the current episode of care
- Selected medication is the most appropriate for the patient's condition, including consideration of multiple conditions and other associated factors
- Where necessary, doses are adjusted based on the patient's condition, eg, renal and hepatic status, etc
- Treatment is in line with agreed pathways and guidelines
- Steps have been taken to ensure that the patient is able to take their medicines and understands their actions and place in their treatment regimen
- Details of the patient's treatment with medicines is accurately communicated when care is transferred to other agencies, including discharge to GP care

Level 3

In addition to the elements included in levels 1 and 2, level 3 activity is based on the specialist expertise and skills of the individual pharmacists concerned and the complexity of the patients' requirement for pharmaceutical care. It would be normal that the pharmacist concerned would take a key (lead) role in managing the patient's medication (working closely with the patient's medical consultant, GP and lead nurse, where appropriate). Although it is not considered as an essential element, it might be appropriate for pharmacist prescribing to be incorporated into packages of level 3 pharmaceutical care.



Andrew Barker: improved skill mix

(Panel 2). Three consultant clinical pharmacists were appointed in December 2004.

Consultant physicians working in an acute district general hospital are generalists with a specialist interest, commented Mr Barker. They will see any patient, for example, on the admission ward, but will also provide specialist consultations in their area of expertise, eg, cardiology. The consultant clinical pharmacist posts at the trust have been set up in a similar way, with specialist practice attached to all the posts (Panel 3). Consultant clinical pharmacists are also expected to be able to work in all areas of pharmacy. Commenting on the development of consultant pharmacist posts in the rest of the country, Mr Barker said: "I think a more common model for consultants pharmacists will be to appoint specialists rather than generalists."

A decision was taken to proceed with the appointment to these posts before the national guidance from the Department of Health had been published, although these appointments were in the spirit of the directions given in that document. These posts will now be submitted to the local strategic health authority with a request for retrospective approval.

Louise Parrack is one of the consultant clinical pharmacists and has responsibility for respiratory medicine and palliative care. She attends respiratory medicine wards rounds, respiratory medicine and palliative care multidisciplinary meetings, visits the hospice and is developing the service to day-care patients and those who are part of the "hospice at home" scheme. Ms Parrack also meets daily with more junior pharmacists and she advises them on dealing with complex patients. It is at this meeting that patients who require the expertise of a consultant pharmacist are referred.



Louise Parrack: protected time

Another dimension of Ms Parrack's consultant post is to be the pharmacy lead for clinical audit and practice development. She is planning to make the department's audit programme more structured. "We will build a rolling programme of audits, make sure that pharmacists know they need to feed back and ensure that links are built with other departments so that the work is multidisciplinary," said Ms Parrack. She is also developing a medication history document that will provide more structure for junior doctors when they are clerking new patients and will be used for documenting changed doses, stopped medication and monitoring or review requirements. This can be transcribed onto a discharge prescription and communicated to primary care. Mr Barker said: "This is a good example of what we are trying to achieve. Consultant pharmacists have protected time to develop services like this."

Ms Parrack was appointed as a consultant clinical pharmacist after a varied career involving both the delivery of clinical pharmacy and management. She has previously worked in respiratory medicine and the medical admissions unit and has undertaken project work. She most recently worked as a principal pharmacist.

"Consultant pharmacists need to have at least six years' experience in a senior clinical position," commented Mr Barker. He added that the ability to work autonomously was a key feature of a consultant. The two other consultant clinical pharmacists at the trust are Julie Kay, responsible for cardiology, critical care, clinical governance and education, and Lee Wilson, who works in peri-operative care and pain management and leads on the trust's joint formulary.

Mr Barker said that although he could provide managerial supervision to the consultants, he could not provide support in relation to their expert practice. A solution to this problem will be the identification of "buddies" from other trusts who are working

in their specialist area at the same level. The "buddies" could monitor each other and provide feedback on practice. With regard to audit and research work, a committee of clinical directors and the medical director will provide guidance and approve projects.

Mr Barker hopes that the development of consultant pharmacist posts will support recruitment and retention at the trust. He said: "For senior clinical pharmacists, the only path for promotion was to move into management. Now there is a choice and both jobs [chief pharmacist and consultant pharmacist] should be seen as professionally equal. Under Agenda for Change, the financial rewards are similar." He also hopes that the significant elements of supervision, mentoring and training in the consultant post will make it more attractive for less senior pharmacists to come and work at the trust and develop their own skills. He added: "The consultant pharmacist initiative has given extra structure to the career path by showing what training pharmacists need to undertake beyond the diploma."

"In the early days, consultant pharmacists will appear in the organisations where the pharmacy is proactive and has a good clinical reputation," said Mr Barker. "Getting the clinical and political support of the organisation are crucial — the difficult part of getting a post approved will not be going to the strategic health authority for approval," he commented. He presented a business case to other clinical directors and was given support because many had good personal experience of working with clinical pharmacists and saw the need for more staff working at a senior level. Other clinical directors were in favour of the posts because of the "ring-fenced" research and audit components.

The national guidance for consultant pharmacists does not define a job description for the role — it suggests that roles will develop to meet local needs. The new opportunities for pharmacists and how they will affect careers path will become clearer over the next few years. The consultant pharmacist posts at Doncaster and Bassetlaw, integrated into a new way of delivering clinical pharmacy, offer one vision on the way forward for those responsible for developing pharmacy services.

Panel 2: Summary of reasons for introducing consultant pharmacist posts

- Ensure the highest level of specialist pharmaceutical care is available to those patients who require it
- Maximise the number of patients who benefit from clinical pharmacy services by ensuring an appropriate level of supervision, support and development for pharmacists operating at lower levels within the competency framework
- Ensure that clinical pharmacy practice is continually developed, and its outcomes monitored, to deliver maximum clinical advantage to the trust's patients
- Offer both career progression and increased financial rewards for those pharmacists who wish to remain as clinical practitioners, thus retaining their skills and experience
- Have a significant effect on pharmacist recruitment at other grades, through enhanced development opportunities, training and support

Panel 3: Job description

- Undertake clinical practice, of which a significant portion is at level 3
- Maintain an active caseload of patients and take a lead role in managing their medication
- Be responsible for a defined area of professional leadership
- Undertake teaching and education
- Act as a clinical supervisor or mentor to more junior pharmacists
- Complete audits
- Complete practice research
- Undertake clinical governance
- Contribute to service development at a strategic level