

Heart failure patients gain from charity

Anna Hodgkinson is the UK's first British Heart Foundation heart failure pharmacist working in primary care. Matthew Wright finds out about her role

Seamless transition between primary and secondary care is essential for patients with heart failure, which is why Lambeth Primary Care Trust, London, bid for funding from the British Heart Foundation for a community heart failure team. Anna Hodgkinson took on the role of heart failure pharmacist at the PCT last April — the first such position to be funded by the charity.

The BHF is funding three positions at the PCT — two nurses and Miss Hodgkinson's post — for a three-year period.

Various elements went towards the PCT's bid for BHF money, explains Miss Hodgkinson. The PCT drew up a service profile against the National Service Framework for Coronary Heart Disease which identified a service gap in the diagnosis and management of heart failure compared with other areas in the NSF. "Along with that, both Guy's and St Thomas' [NHS Foundation Trust] and King's College Hospital [NHS Foundation Trust] identified that there weren't any heart failure services in the community in Lambeth," she adds.

She says that the PCT wanted to do something innovative — it was decided that a multidisciplinary team would be the best option in Lambeth and that a pharmacist could bring additional knowledge and skills to the team.

Community care

Within the role Miss Hodgkinson works with colleagues in both primary and secondary care to optimise heart failure management in the community. "We are looking at improving standards of care for diagnosis, treatment and rehabilitation, and also for palliative care — complementing the service already provided by other healthcare professionals," she says.

"The secondary care teams refer patients to us to be managed in the community, and GP practices and community matrons can ask us for help with the management of their patients, which we do in collaboration with other healthcare professionals. So there are two ways of us seeing patients: one is by direct referral from secondary care; the other is through joint clinics with primary care clinicians," says Miss Hodgkinson.

The team also performs home visits to reach heart failure patients who are housebound. "Ideally," she explains, "we try to get our patients to see us in the clinic, but if they can't because of their condition or comorbidities then we go to see them."

She points out that a lot of liaison takes place between the community heart failure team and secondary care. "These things only work with good communication and good team working across the interface," she believes. Each member of the team has taken a lead for certain areas. Miss Hodgkinson links

in with the heart failure team at King's College Hospital, where she currently works in a heart failure clinic one morning each week.

And she has recently qualified as an independent prescriber. She elaborates: "We had some problems with the supplementary prescribing model, especially out in the community. Who is going to sign the clinical management plan? It's not practical to go around to over 50 GP practices to get the CMP signed."

Part of Miss Hodgkinson's role ties in with the PCT's medicines management team, focusing on cardiac medicines management issues within various practices.

She explains how this is useful: "Because I work with the medicines management team I know what the priorities are for Lambeth PCT, so I can ensure they are happening right through — from within the GP practices, in our own service, and have a little bit of influence on what's happening in hospital as well."

Miss Hodgkinson also critically appraises drug trials and new clinical evidence to ensure that guidelines and practice are kept up to date. "All of our work needs to be evidence-based," she points out, "and we make sure that it is done according to what has been set out nationally and locally as well."

She adds: "I am currently putting together some medication guidelines for Lambeth PCT for the treatment of heart failure, which will be agreed across the [primary/secondary care] interface."

Working together

Miss Hodgkinson acknowledges the importance of a good working relationship with colleagues, in particular the two heart failure nurses with whom she undertakes clinics and home visits. "Initially, when bringing together two nurses and a pharmacist we needed to identify where the skills of each profession crossed and complemented each other, to ensure that our patients got the best care," she says.

"It was about figuring out where I could tap into their knowledge and where they could tap into mine. We haven't had any problems with this multidisciplinary approach."



Anna Hodgkinson finds working in a multidisciplinary team particularly rewarding

As the pharmacist member of the team Miss Hodgkinson says that she tends to take on more of the medicines-related responsibilities. She deals with patients who have complex medication issues and co-morbidities — reviewing and optimising their prescribed medicines.

She is also involved with concordance and compliance issues and receives plenty of medicines information queries from GPs. Miss Hodgkinson is clearly enthusiastic about her role.

An enjoyable aspect of her job is the interaction with people from other health disciplines, says Miss Hodgkinson, drawing special attention to a GP with special interest in cardiology in the Lambeth area, and the PCT's coronary heart disease facilitator.

Furthermore, she is highly involved with education — developing healthcare professionals' knowledge and skills in the management of heart failure patients. "I work with quite a range of professionals, including community pharmacists, community matrons, practice nurses, district nurses and GPs."

Miss Hodgkinson says that some of the patients she sees are surprised to hear that she is a pharmacist. "They are used to pharmacists being in a community pharmacy or a hospital. So a pharmacist actually coming out to visit them, or seeing a pharmacist in the clinic setting, is quite different," she reflects.

"Getting involved with patients is very rewarding — this is the way that the profession is moving," she believes.