

What supports hospital pharmacist prescribing? – A mixed methods, exploratory sequential study

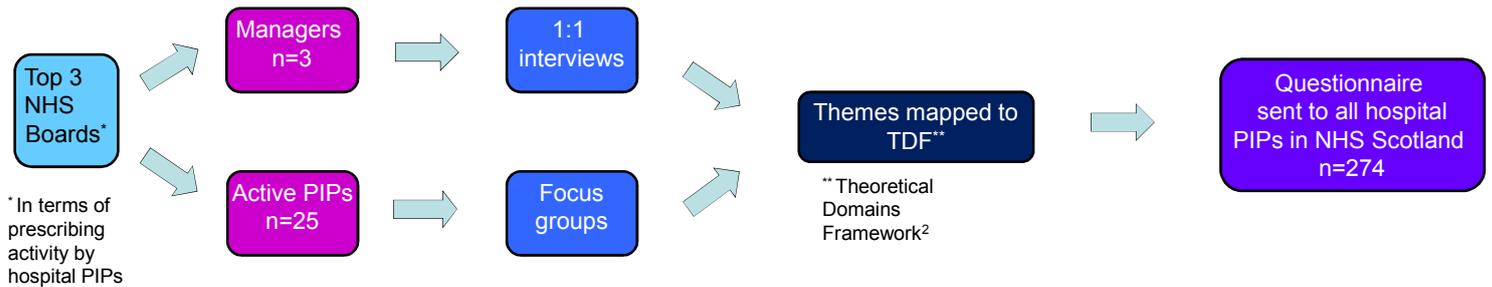
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Background & Aim

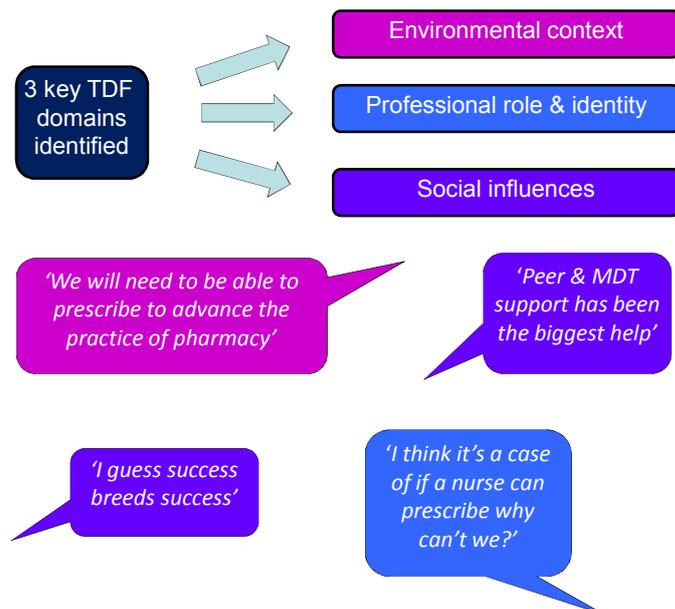
Approximately half of all qualified hospital pharmacist independent prescribers (PIPs) in Scotland are active prescribers, the proportion varying across the 14 NHS Boards.¹ The aim of this study was to explore hospital PIPs' perceptions of factors and behavioural determinants associated with prescribing activity and the infrastructure required to better support PIPs.

Methods



Results

Interviews & focus groups



Questionnaire

- Response rate 62% (170/274)
- Backfill of substantive posts was the most common reason given by PIPs for not prescribing
- Active PIPs were more likely than inactive PIPs to:
 - consider prescribing integral to their role (75.4% v 37.5%, $p < 0.0001$)
 - have a clear prescribing role agreed with their manager (65.4% v 45%, $p < 0.05$)
 - feel better supported by pharmacy management (72.4% v 47.5%, $p < 0.01$)
 - feel better supported by the multi-disciplinary team (MDT) (90% v 72.5%, $p < 0.05$)

Conclusion

Strategic planning is required to consider patient needs for a prescribing role prior to undertaking the course. Management and leadership within pharmacy and the wider healthcare team need to support prescribing by providing a supportive environment in which pharmacists perceive prescribing integral to their role. Study limitations include the potential for response bias which may limit generalisability of the findings and reliance on self-reported data.

References

1. NHS Education for Scotland Pharmacist Prescribing Reports (unpublished) 2012-2014.
2. Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation Science* 2012;7:37-53.

Chronic Pain 'Teach & Treat' Training for Pharmacists



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Background

Around 20% of the population suffers from chronic pain, consequences of which can include disability, interference with work and activities and reduced quality of life. Many analgesics appear in the top 20 drug costs in NHSGGC and despite use of cost containing indicators, costs continue to rise year on year. There is no systematic review process for this population in Primary Care at present.

Aims

Increase the capacity and capability of the pharmacy primary care workforce to assess and support patients to manage their pain through holistic person centred interventions delivered by pharmacist independent prescribers. Step away from the traditional biomedical/ drug treatment model and think about the bio-psychosocial model.

Methods

- Structured education and training programme with a formative competency self-assessment framework for individuals to determine their learning needs in order to deliver chronic pain clinics. Training tailored to meet each individual pharmacist's needs and dependent on previous experience
- Learning needs met by self directed learning and the completion of e-learning modules (pain/ emotion matters, NES pain module) where appropriate
- Additional clinical components delivered through pain clinic and physiotherapy shadowing, and peer shadowing
- Other training recommended: NES consultation skills, NES clinical skills, ASSIST, SAGE and THYME, familiarity with the NHS GGC pain guideline, peer support groups

Assessment

- Informal - peer review case based discussions
- Formal - assessed using the mini-CEX methodology and ascertain if required competencies have been met



Results

3 cohorts of pharmacists undertaking chronic pain Teach and Treat training

2014 - 2015 Cohort 1

- 6 pharmacists started training in 2014
- Training completed in 2015
- 5 pharmacists doing regular clinics

2016 - 2017 Cohort 2

- 12 pharmacists enlisted to do the training
- Training ongoing
- 6 pharmacists doing regular reviews
- 2 pharmacists due to start clinics soon
- 4 lapsed at present due to change in work priorities

2017 - 2018 Cohort 3

- 22 pharmacists signed up to do the training (including 1 pharmacist from Addictions team)
- Training started Dec 2016
- Clinics due to start early spring

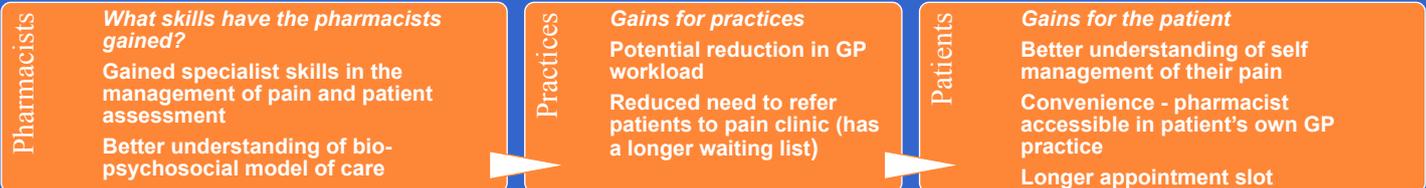
Discussion

Challenges

- Coordination of shadowing
- Addressing the differences in baseline knowledge & behaviours
- Collating the data and evaluating impact of reviews

What is working well?

- Good communication links & support established with NHS GGC pain clinics
- Good sharing and learning links established with NHS Tayside and Fife pharmacy teams and with NES



Feedback from trainees



- Peer review session and shadowing very positive
- Peer review with Consultant sitting in was a good idea
- Good practical focus on setting up clinics

Changes made as a result of feedback

- Longer initial session with pre reading ahead of the session
- Set up peer review sessions early on
- Signpost to training materials on specific conditions and guidelines
- Streamlining of the reporting process
- Ongoing peer review sessions to focus on fulfilling identified learning needs with outsourcing to specialists as required.



Conclusion

- The Teach and Treat model is a successful method of sharing learning and has been used for other therapeutic areas
- The Chronic Pain Teach and Treat programme promotes collaborative working with other healthcare professionals and has raised the profile of pharmacists' role in pain management



Scottish Reduction in Antimicrobial Prescribing (ScRAP) Programme V2 Primary Care Educational Resource

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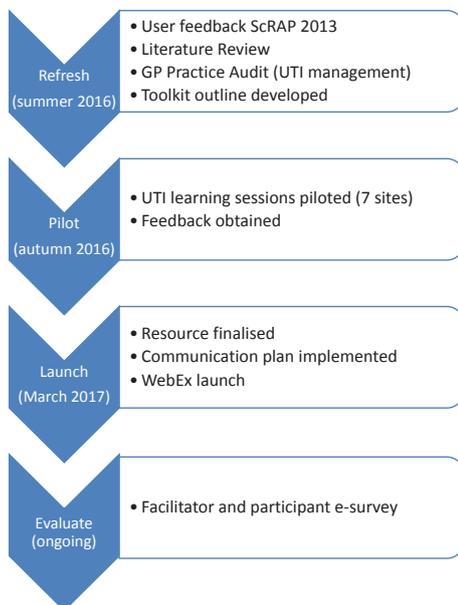
Background

The Scottish Reduction in Antimicrobial Prescribing (ScRAP) programme is an educational toolkit to support a reduction in unnecessary antibiotic prescribing in primary care. The ScRAP programme was originally launched in 2013 and was updated in 2016-2017. The update focused on refreshing existing content and adding new learning on urinary tract infection (UTI).

Aim

To provide an updated, 'off the shelf', educational toolkit for primary care health and care professionals to support quality improvement in managing common infections and reduce unnecessary antibiotic prescribing.

Method



Results

Development of six slide sets and notes to support delivery of small group 'bite-size' learning sessions (30-60 minutes each):

1. Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HAI)
2. Antibiotic Use - Public Understanding and Expectations
3. Targeting Prescribing - Respiratory Tract Infection (RTI)
4. Uncomplicated Female UTI
5. Complicated UTI (Older People, Catheter Associated, Male)
6. Recurrent UTI

Sessions are designed to support:

- ✓ Learning
- ✓ Group discussion and reflection
- ✓ Quality Improvement

Additional toolkit elements include:

- ScRAP support pack with references
- Audit tools (RTI and UTI versions)
- Good practice examples
- Signposting links (for example patient leaflets, decision algorithms and further learning)

Conclusion

The update of this resource ensures it is practical to deliver and focused on relevant learning needs. It provides a useful resource across a number of primary care settings to support health and care professionals to reflect, discuss and improve their approach to antibiotic use.

ScRAP can be accessed on the HAI section of the NHS Education for Scotland website:

[www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottish-reduction-in-antimicrobial-prescribing-\(scrap\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottish-reduction-in-antimicrobial-prescribing-(scrap).aspx)

Contact email: hai@nes.scot.nhs.uk

Improving Prescribing Confidence for Smoking Cessation Therapy Using Peer Assisted Learning

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Introduction

Smoking cessation is a key Scottish Government Local Development Plan (LDP) target.

Community pharmacy supports the majority of smoking cessation quit attempts in Scotland.

Since June 2014¹ varenicline has been offered as pharmacotherapy under Patient Group Direction (PGD)

Varenicline delivers 3 month quit rates at 38%, higher than any other pharmacotherapy²

Prescribing of varenicline in Scotland in 2015/16 was low in comparison to England: 11% of quit attempts compared to 25%. In NHSGGC this figure was even lower at 7%³

Anecdotal reports suggested a lack of community pharmacist confidence prescribing varenicline with concerns about side effects and Black Triangle status

Aim

To provide peer assisted learning increasing the confidence of community pharmacists to prescribe varenicline under PGD optimally supporting smoking cessation attempts.



Method

NHSGGC Pharmacy Public Health Smokefree team developed a training event focused on addressing community pharmacists' concerns around prescribing varenicline under PGD, which covered:

- Pharmacology and efficacy of varenicline
- The newly reviewed NHSGGC Varenicline PGD, highlighting key changes e.g. option as first line therapy, removal of key contraindications
- EAGLE study² results highlighting safety and efficacy particularly in individuals with mental health problems
- A peer panel session led by experienced community pharmacists regularly prescribing varenicline

The training event was run on four occasions (two evening and two half day sessions) between June 2016 and February 2017.

Post course evaluation of confidence to prescribe varenicline was undertaken at all four events by questionnaire.

Results

87 pharmacists and 13 pre-registration pharmacists attended the four events.

Evaluation from 94 participants was extremely positive with 78 (83%) reporting increased confidence to prescribe varenicline.

The most highly valued section of the training was the opportunity to discuss varenicline prescribing with community pharmacist peers.

Varenicline prescribing in NHSGGC increased to 15.6% by December 2016. See Figure 1. Percentage of Community quit attempts with varenicline 2014-2016



Conclusion

A training event which included peer assisted learning was well evaluated by community pharmacists, who stated that it improved their confidence in prescribing varenicline.

A contemporaneous increase of varenicline prescribing was demonstrated in NHSGGC community pharmacies.

References

1. Additional Pharmaceutical Services. Public Health Service Directions 2014. NHS PCA(P)(2014) 23
2. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial.
3. NHS Smoking Cessation Services (Scotland) 1 April to 31 March 2016 Publication date 04 October 2016. Information services division

Acknowledgements

Christine Alford and members of the NHSGGC Health Improvement Facilitator team.

NHSGGC Pharmacy Smokefree team.

PHARMACY FIRST: Protected Learning Event

Kirstin McIntosh, Arlene Turnbull NHS Forth Valley

Aim:

Pharmacy First was a joint NHS Forth Valley Pharmacy Services and Community Pharmacy Contractor Committee proposal to build capacity in primary care, both in hours and out of hours by extending the scope of local community pharmacists in the management of common clinical conditions. The service seeks to counter the challenges of access to GP services and to relieve pressure on Out of Hours services.

The aim of the protected learning time events were to provide pharmacists with training on the common clinical conditions, uncomplicated urinary tract infections and impetigo.

Method:

Three protected learning time events were organised, with participation from the local Antimicrobial Pharmacist, Clinical Lead for Out of Hours, Pharmacist Independent Prescriber with a special interest in minor ailments and pharmacy champion support.

Two funded training places were offered per contractor to ensure locum and relief staff could also access training along with the pharmacy manager, therefore reducing the risk of untrained pharmacists being unable to provide the service during all pharmacy opening hours.

Protected Learning Event - UNCOMPLICATED UTI & IMPETIGO

Small Group Case Study Workshops

Introducing new Trimethoprim PGD

3 X Case Studies:

- Peer Review
- Facilitated by specialist clinician**
- Introduction to associated documentation



Specialist Antimicrobial Presentation

Introducing new Impetigo PGD

3 X Case Studies:

- Peer Review
- Visual Learning** (medical photography)
- Introduction to associated documentation

Education and Training Outcomes:

Over the three events 117 community pharmacists received training on antimicrobial stewardship, impetigo, uncomplicated urinary tract infections and were introduced to the associated documentation.

Feedback from pharmacists who attended the training included:

*'Good - lots of opportunity to ask questions and get answers'
'antibiotic info especially good and case studies. Made more confident in starting the service'*

Following the three training events all 76 community pharmacies contracted to provide the pharmacy first service.

Service Outcomes:

Since the service was launched in March 2016 a total of 3513 patients have accessed the service.

The service was independently evaluated by the Scottish Government. Due to the success of Pharmacy First the service has been extended to include bacterial conjunctivitis, vaginal thrush, skin infections and skin conditions.

Reducing Stigma.....Supporting Recovery!

Jean Logan, NHS Forth Valley
 Alan McRobbie, Scottish Drugs Forum
 Kirstin McIntosh, NHS Forth Valley
 Elaine Lawlor, Forth Valley Alcohol & Drug Partnership

Aim

NHS Forth Valley and Community Pharmacy Forth Valley agreed a new model of pharmaceutical care for patients prescribed Opiate Replacement Therapy (ORT) in 2015. This model promotes a patient-centred recovery approach for every patient in line with the national strategy¹.

The aim was to develop a training module and materials to support Community Pharmacy teams to deliver this holistic care package for people with a substance misuse problem. A key objective was to raise awareness of the community pharmacy role and responsibility within the wider Forth Valley Recovery Orientated System of Care (ROSC).

Method

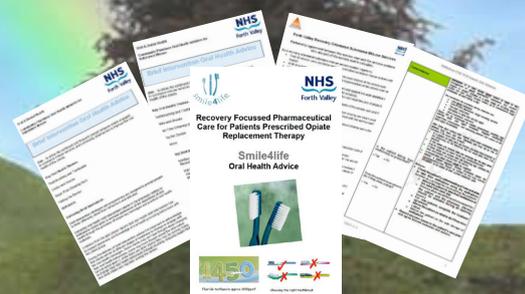
Forth Valley Alcohol and Drug Partnership (ADP) worked in collaboration with the Scottish Drugs Forum to design a programme for community pharmacy teams.

The trainer adapted a ROSC programme that had been developed for the wider Forth Valley ADP workforce. Community pharmacy representatives were consulted on the course content.

Forth Valley ADP sponsored the protected learning events which were delivered over three separate days.

These events explored Recovery Orientated Systems of Care (ROSC), highlighting the impact of attitudes and stigma on patient care and helping participants to recognise the impact of parental substance misuse on children.

Resource Pack



Community Pharmacy resources are available from the Community Pharmacy Show website.

'Familiarise myself with other services for signposting'

'I will be a bit more patient and understanding....'

'...make the most of all time spent with patients and to treat them with respect whilst encouraging them to direct their own treatment plan'

'I will be more engaging with service users after learning the impact of simple conversation'

Outcomes

Three ROSC training events were attended by 57 community pharmacists and support staff. Training provided participants with holistic skills to support the long term recovery of their patients.

The Scottish Drugs Forum programme evaluation showed that **86.4% of participant's rated the learning outcomes as fully covered.**

In particular **100% reported recognising the impact of attitudes and stigma on client care.**

To further support community pharmacists in the delivery of holistic care for this patient group a follow up programme has commenced in 2017 addressing the community pharmacy role in safeguarding children and families affected by parental substance use

'Made me take a look at my behaviour.....'

Conclusions

Specialist training materials can be successfully adapted for community pharmacy using a collaborative approach. Resourcing a full day protected learning event encourages the community pharmacy workforce to engage in training.

Further work is required to follow up and support the community pharmacy teams to develop their practice to demonstrate improvements.

References

1. The Scottish Government. The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008 <http://www.gov.scot/Resource/Doc/224480/0060586.pdf>