Sussex Partnership
NHS Foundation Trust

CLINICAL PHARMACY SERVICE STANDARDS

(Incorporating MEDICINES OPTIMISATION)

Version 4 – November 2020

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INTRODUCTION

The purpose of this document is to set standards of practice for all clinical pharmacists, pharmacy technicians and assistants working in Trust settings. These standards are set in order that that all patients receive optimal pharmaceutical care.

Medication is the most common therapeutic approach when treating patients with mental health problems and the number and potency of available medicines is increasing all the time. Therefore, the processes of prescribing and administering medication is becoming increasingly complex and requires ever more care and consideration in order to provide the best possible care for the patient by optimising outcomes and minimizing risks.

The provision of pharmaceutical care involves many stages and includes patient assessment, consideration of available guidance on treatments, selection of therapy, the provision of information and counselling of the patient, monitoring of effect (both positive and adverse), and the planning of continuing care or the discharge from care.

Clinical pharmacists, pharmacy technicians and assistants are essential members of the wider multi-disciplinary team and will often be involved in any or all of these stages, whenever appropriate, in order to ensure that patients get the best out of their medicines.

The overall aim of the clinical pharmacy service is to provide excellent pharmaceutical care to patients, thus ensuring that the medicines provided for each individual are safe, clinically effective, economic, rational and, wherever possible, evidence-based. This is regardless of the care setting and will apply to all patients, whether being cared for in the community or as an inpatient, across all care groups. The service will also attempt to detect, solve and prevent actual and potential medication related problems in order to improve the overall care of all patients.

The service will be provided by clinical pharmacists, pharmacy technicians and assistants working together and integrated into multi-disciplinary teams. These staff will participate in regular clinical supervision and undertake continuing professional development in accordance with professional standards.

Where appropriate, the clinical pharmacists will develop specialist skills that will allow provision of enhanced, tailored services to individual teams or clinical delivery systems (CDS).

This document describes core activities. It also briefly describes additional activities that may not currently be provided to all teams – these, together with other activities not listed will, ideally, be further developed as Trust resources allow.

The team will endeavour to deliver a consistently high level of service at all times and in the provision of this service all members of the team will be readily contactable by phone and/or email. They will ensure that all enquiries related to the service and to medicines optimisation are answered without undue delay.

ACTIVITY 1 - MEDICATION REVIEW, TREATMENT AND CLINICAL INTERVENTION

Standard

To ensure that the medication is appropriate for the patient.

Structure

Pharmacists are medication experts and will use their knowledge to help ensure the patient receives appropriate medication and that the medication is safe, effective and economic. They will be supported in this role by clinical pharmacy technicians and assistants.

Process

1. The pharmacist will review all items prescribed on inpatient drug charts against Trust protocols, policy and guidance, and against national and legal guidance as appropriate, endorsing each medication regardless of whether supplies are requested or not.

2. Pharmacy technicians or assistants will often see a prescription before the pharmacist. If a medicines-related problem is identified, depending on the knowledge and experience of the pharmacy technician, they will either raise the issue directly with the prescriber or refer to a pharmacist.

3. A medicines-related problem is defined as 'an event or situation involving drug treatment that actually or potentially interferes with the patient experiencing an optimal outcome of medical care. Examples of drug-related problems can include:

    - Drug selection
    - Over or under dosing
    - Adherence issues
    - Monitoring
    - Education or information
    - Drug interactions
    - Side effects

4. Pharmacy staff will engage with the multi-disciplinary team to contribute to the pharmaceutical care of the patient. This is usually in participation at ward rounds, consultation with individual clinical team members, clinical notes review and/or patient or carer contact.

5. The Pharmacist should, as part of their routine assessment of medication appropriateness, always consider the option to de-prescribe if that medicine is proving ineffective, contributing to other health conditions or if the patient is experiencing unpleasant or excessive side effects as a result of it's use and it is the patient's best interest to stop that medication. National initiatives such as Stopstart® (or others) should be adopted as an exemplar framework.

6. Inappropriate, unsafe, ineffective and/or uneconomic medication will be discussed with the relevant member of the healthcare team, usually the prescriber or senior nurse in a timely manner and appropriate alternatives will be recommended if appropriate.

7. Clinical intervention can be defined as 'Any professional activity by the pharmacy team that improves patient outcomes associated with the use of medicines by recommending a

change in the patient's treatment or means of administration or improves medication adherence'.

8. Pharmacy staff undertake clinical interventions as part of their professional duty of care and this should be appropriately recorded. These records will be kept by the pharmacist or technician concerned and may be used during clinical supervision.

9. Information that may have a significant impact on patient care is recorded in the patient's carenotes (See Appendix). Those interventions considered to have significant impact on patient safety will be logged on the Trust's safeguarding (Ulysses) system. As part of formulating care plans, response to or lack of response to treatment should be assessed.

10. Pharmacists will use routine biochemistry and pathology test results to monitor and evaluate treatment and adverse effects. Side-effect scales, e.g. GASS, will be used to minimize the impact of side-effects on the patient. When appropriate, monitoring booklets will be provided for some treatments, e.g. lithium. Particular care will be given to high risk drugs or prescribing strategies, e.g. high dose treatments.

ACTIVITY 2 – MEDICINES RECONCILIATION

Standard

Where resources allow, pharmacy technicians or pharmacists will expect to reconcile medication within one working day of admission.

Structure

Pharmacy technicians are trained to obtain accurate drug histories from different sources.

Process

1. The pharmacy technician or pharmacist will check the admitting doctor's drug history against at least two sources, e.g. GP summary, summary care records, community pharmacist, hospital discharge summary or A&E summary (if recent admission), carenotes.

2. The allergy box in the front of the drug chart will be checked and if necessary completed as part of the medicines reconciliation process.

3. The pharmacy technician or pharmacist will try to interview the patient as soon as reasonable and appropriate after admission to assess their attitude to medicines use and discuss any concerns.

4. The pharmacy technician or pharmacist will always record the results of the reconciliation on the approved medicines reconciliation form and then upload this under the medication tab in the patient's Carenotes.

5. The pharmacy technician or pharmacist will follow up any discrepancies to ensure appropriate action has been taken and the medicines reconciliation will not be complete until the discrepancy is resolved.

6. Patients' own medicines will be checked for reuse. If not brought in on admission then the pharmacy technician or pharmacist will, via the nursing team if appropriate, ask visiting carers and relatives to bring them in later.

ACTIVITY 3 - PROVISION of MEDICINES INFORMATION to CLINICAL STAFF

Standard

To provide members of the clinical team with timely information on any aspect of drug therapy.

Structure

Pharmacy staff will provide medicines information to healthcare professionals.

Process

1. Pharmacy staff on wards, in community teams and in their office base will respond to queries from healthcare professionals regarding any aspect of drug therapy, including advice on animal products used in medicines.

2. All enquiries relating to drug use in pregnancy or whilst breast-feeding will be recorded and referred to the locality lead pharmacist for assessment, or the Perinatal Service (where available). All advice provided will be recorded in the patients notes (uploaded to Carenotes) to include the source of the information.

3. The senior pharmacy team will publish a quarterly drugs and therapeutics newsletter and ensure this is widely distributed and available to clinical staff.

4. The pharmacy team will maintain the medication section of the Trust website and include the provision of both internal and external links to medicines information.

5. An out of hours “on-call” pharmacist will be available for medication related advice outside normal working hours.

ACTIVITY 4 – MEMBERSHIP of TRUST DECISION-MAKING BODIES

Standard

1. The Chief Pharmacist will chair the Trust’s drugs and therapeutics group on behalf of the Chief Medical Officer, and will also attend the Effective Care and Treatment Committee.

2. The Chief and Deputy Pharmacists, along with the Principal Pharmacists will be member of other decision-making groups and committees as requested.

Structure

All pharmacists, pharmacy technicians and assistants are expected to contribute to discussion and process either by attendance at meetings or by involvement in relevant consultations.

Process

1. Each Lead Pharmacist (and above) will be expected to attend at least two of the quarterly Pharmacy Forums and the Pharmacy Operational Groups held each year. They will also be expected to actively contribute towards policy making and production of protocols and guidelines.

2. Specialist Pharmacists, Pharmacy technicians and assistants will be encouraged to attend the Forum and to contribute to consultations where appropriate.

3. All pharmacists have a professional obligation to ensure that safe medicines management procedures are in place. They will be directly involved in monitoring the impact of relevant policies, procedures and guidelines following their implementation.

4. Quarterly minutes of the drugs and therapeutics group and a quarterly drugs and therapeutics group Newsletter that includes a summary of the key drugs and therapeutics group decisions will be widely distributed and posted on the Trust website.

ACTIVITY 5 – PATIENT COUNSELLING and EDUCATION

Standard

Whenever appropriate, pharmacists and pharmacy technicians will counsel patients and if appropriate, their relatives and carers, about their medication, either individually or in organised groups. They should engage in the ethos and principles of meaningful conversations about medicines to ensure optimum connectivity and decision making has the patient at the forefront of their treatment plan.

Structure

Pharmacists or pharmacy technicians are often in the best position to give patients advice on the correct use of their medication.

Pharmacists or pharmacy technicians will assist in the assessment of patients who are most likely not to adhere to their medication regimen and will aid other healthcare professionals who identify adherence problems.

Process

1. Pharmacists or pharmacy technicians will counsel individual patients and will lead medication educational groups.

2. Pharmacists or pharmacy technicians will on the request of a patient or healthcare professional discuss medication choices with the patient. They will offer advice on how and when to take medication and how to use medication delivery devices. They will also explain what the medication is for, and what side effects may be experienced. Pharmacists can also support patients to explore their beliefs and options regarding medication. At all times they will be sensitive to the needs and understanding of the individual, who may need more than one discussion.

3. Pharmacists and pharmacy technicians will assist in assessing the patient's capacity to understand, retain and weigh up the risk and benefit of medication from the information they are given. Any concerns will be documented in the patient's notes and raised with the prescriber or the multi-disciplinary team if appropriate.

4. Pharmacy staff will reinforce discussions by supplying medication information leaflets in suitable formats if necessary, such as other community languages or audio recordings or will direct patients to reliable resources, as deemed appropriate. Patients and carers, if appropriate, will be given details of the choice and medication® website and those on complex medication such as lithium, insulin or anticoagulants, will be supplied with additional specialist information resources where necessary.

5. If additional support is needed to assist a patient in adhering to their medication regimen, the pharmacy team will advise on the suitability of adherence aids, such as patient medication record cards and monitored dosage systems.

6. All patient interventions related to counselling will be recorded in the patient's carenotes.

ACTIVITY 6 – ADVICE on NON-PSYCHOTROPIC MEDICATION

Standard

Pharmacists will support psychiatrists and nursing staff in the treatment of non-psychiatric conditions.

Structure

Pharmacists will maintain an up to date working knowledge of the treatment of non-psychiatric conditions and the medication used. They will also identify and advise on physical health medication, its impact on psychiatric conditions and its potential interaction with psychotropic medication.

Process

1. Pharmacists will provide advice to psychiatrists and other clinical staff, in both inpatient and community settings, about non-psychiatric conditions and medication for physical healthcare.

2. Pharmacists will advise on referral to specialist, non-psychiatric medical or nursing staff where appropriate.

3. Pharmacists will be actively involved in the production and implementation of protocols and guidelines for the use of medication in physical healthcare conditions, eg. insulin, anticoagulants, antibiotics.

4. Pharmacy staff will provide advice to clinical staff and to patients/carers on over-the-counter medication, illicit medication and on alternative therapies, eg. herbal and homeopathic medicines.

ACTIVITY 7 – PATIENT SELF-ADMINISTRATION

Standard

Where appropriate, patients will be given opportunity to administer their own medication prior to discharge.

Pharmacy staff will facilitate and advise on self-administration schemes in accordance with local guidance.

Process

1. Pharmacy staff are involved in the implementation of self-administration procedures to help ensure the safety of patients.

2. Pharmacy staff may be involved in the selection, monitoring and counselling of patients who are self-administering medication, and in the identification of risk.

3. Pharmacy staff will facilitate the provision of medication in the most appropriate form for self-administering patients.

ACTIVITY 8 – DISCHARGE PLANNING

Standard

The pharmacy team will be involved with the pharmaceutical aspects of the discharge planning process.

Structure

The pharmacy team will be available to assist in the discharge planning process.

Process

1. Where resources allow, pharmacists will clinically screen and review all the discharge forms prior to transfer to primary care.

2. Pharmacists and pharmacy technicians will provide discharge counselling for selected patients.

3. If a discharge summary has been sent to the GP practice without a clinical screen and inaccuracies are later identified, the pharmacy team will contact the GP practice to ensure the error is rectified.

ACTIVITY 9 – TRAINING of CLINICAL STAFF

Standard

Pharmacy staff will provide formal, essential study days on Medicines Management for Trust nursing staff and provide half day training for non-nurses involved in medication-related activities. Pharmacists will take part in the local academic training programme for junior doctors. Pharmacy staff may also provide additional formal and ad hoc training in response to identified need, including for non-nurses.

Structure

Pharmacy staff will provide information and education on Medicines Management to clinical staff via organised educational sessions and informally.

Process

<u>Medical Staff</u>

1. The senior pharmacy team will develop and facilitate on-line, e-learning programmes for junior doctors that cover psychopharmacology, rapid tranquilization and use of the electronic prescription and medicines administration (EPMA) system.

2. A lead pharmacist will contribute to the Trustwide induction for junior doctors in order to introduce the pharmacy/ medicines management service and to highlight common areas of prescribing error.

3. A pharmacist or pharmacy technician will attend local academic sessions for junior doctors in order to introduce the pharmacy service within their locality. Sessions will be held for every four-month rotation within the first 2-3 weeks, in each locality.

Nursing Staff

1. Pharmacy staff will develop and facilitate essential (core) education in Medicines Management for qualified nursing staff, either as study days or online modules, where completion every three years is mandatory. Study days will be held at various locations across the Trust to ensure wide accessibility. The outcome of training will be fedback to the participants to enhance their understanding and to enable them to further their skills.

2. A pharmacist-led working party will meet annually to review the content of the essential training, to include a review of feedback from nurses who have completed it in the previous year. Examples of reported medication incidents and near misses will be used to inform revision of the course content.

3. Pharmacy staff will provide training to nurses to undertake local, small-scale dispensing and use 'one stop' stocks of medication.

Pharmacy staff

1. Pharmacy staff will develop competency-based programmes with clinical support and supervision to rotational pharmacy staff hosted by other Trusts including to:
    a. Pre-registration pharmacy technicians
    b. Pre-registration pharmacists
    c. Foundation pharmacists

2. Training programmes will be of an agreed rotational length in collaboration with the host organisation and will be designed to meet the needs of applicable national criteria eg. That of the General Pharmaceutical Council (GPhC) for Pre-registration posts and Health Education England (HEE) or the Royal Pharmaceutical Society (RPS) for registered/ post-graduate programmes.

Other staff

1. Pharmacy staff will provide regular training/ educational courses for other health and social care staff where they are involved in medication.

ACTIVITY 10 – SUPPLY of MEDICINES

Standard

Medicines will be supplied by acute trust pharmacy departments (or specialist supply centres or community pharmacies) in accordance with a contract. FP10 (outpatient) prescriptions will be dispensed by community pharmacies.

Structure

Acute trust pharmacy departments, community pharmacies (and occasionally some others) will supply medicines to the Trust and their patients in accordance with the directions of pharmacy regulator bodies and their code of ethics.

Process

1. Wards and departments will have stocks of medicines appropriate to their needs decided upon by pharmacy staff and the appointed practitioner in charge. Stock lists will be reviewed at least annually and be revised according to actual usage.

2. Re-supply of ward stock will be by an agreed requisition procedure.

3. Members of pharmacy staff providing stock top-up services will highlight any unusual stock usage or patterns of ordering to the clinical pharmacist responsible for the unit so that this can be further assessed and action taken where necessary.

4. Before supply, prescriptions will be clinically screened by a pharmacist and checked for legality and clarity, contra-indications, and interaction between medications.

5. All medicines dispensed will be subject to a final check by either a pharmacist or an accredited checking technician.

6. All medicines requiring special monitoring procedures will be supplied in accordance with the manufacturer's licensing requirements, e.g. clozapine.

7. Where risk assessments are undertaken and nurses trained to use them, 'one stop' supplies for suitable inpatients will be used.

8. Wards will have access to emergency stock cupboards and/or to FP10 prescriptions for dispensing by community pharmacies when medicines are needed outside normal hospital pharmacy opening hours.

9. An out-of-hours emergency service will be provided as part of the supply contract.

10. Problems or concerns arising with medicine supply services will be communicated to the supplier by the local Trust pharmacist in the first instance. Further communication and liaison will be with Trust chief pharmacists as appropriate.

11. The clinical pharmacists are expected to keep a watchful eye on national medicines shortages either through engagement with national or regional groups, or via close contact with our medicine suppliers. Where a medicine is predicted to be unavailable for an impactful period of time, clinical pharmacists must work together to seek alternative treatments and present these to the drugs and therapeutics group; connecting clinicians and the Chief Medical Officer in decisions via the senior pharmacy team.

12. Acute trust pharmacy departments and community pharmacies will be responsible for actioning drug alerts relating to the medicines they have supplied or dispensed.

13. Most medicines required by patients receiving treatment in the community will get their medicines prescribed on FP10s and dispensed by community pharmacies.

14. Some medicines will be supplied to community patients via special arrangements, e.g. clozapine, long acting antipsychotic injections.

ACTIVITY 11 – TEAM TRAINING and COMPETENCE

Standard

All pharmacists and pharmacy technicians will be competent to undertake the role they are being asked to do.

Structure

All clinical pharmacists will have the necessary skills and knowledge to undertake their role and will meet the continuing professional development requirements laid down by the General Pharmaceutical Council (GPhC).

All pharmacy technicians will have the necessary skills and knowledge and appropriate competency-based accreditations to undertake their role and will meet the continuing professional development requirements laid down by the GPhC.

All members of the clinical pharmacy service will ensure they meet the framework of core mental health competencies for all pharmacy professionals as laid out by Health Education England embedded below:

Pharmacy Framework 2020.pdf

Leadership within the clinical pharmacy team is a crucial part of our ethos and culture as well as personal development. All members of the clinical pharmacy team will have the opportunity to learn and develop themselves as leaders, extending this where appropriate to formal coaching skills.

Process

1. All pharmacists will have at least a post-graduate clinical certificate or be actively undertaking a course to obtain one. Alternatively they can demonstrate their competence by becoming a full member of the College of Mental Health Pharmacy by preparing a portfolio and undertaking a viva, or by achieving level II practitioner status in the practice of mental health with the Faculty of the Royal Pharmaceutical Society.

2. Where availability of courses allows, all clinical pharmacists will undertake the College of Mental Health Pharmacy's Psychiatric Medicines level 2 training programme within 24 months of working as a mental health pharmacist. (This is unnecessary if already a full member of the College of Mental Health Pharmacy or a level II practitioner in mental health status with the Faculty of the Royal Pharmaceutical Society).

3. All Lead Pharmacists will be encouraged to develop their clinical practice to become a non-medical prescriber (NMP) or advanced clinical practitioner (ACP) where the Trust and our patients would benefit from this additional role and expertise. In addition, our clinical pharmacy standards aspire to further develop the pathway to consultant pharmacist posts within the Trust.

4. All pharmacy technicians will be encouraged to undertake the College of Mental Health Pharmacy's Psychiatric Medicines level 1 training programme, or the College's Psychiatric Pharmacy Technician programme. Newly appointed pharmacy technicians will complete one of these programmes within 18 months of appointment.

5. All pharmacy technicians will have the accreditations required to undertake specific specialist roles.

6. All clinical pharmacists, pharmacy technicians and assistants will have opportunity to gain attributes in developing rapport with patients that may include courses on non-violent communication, to ensure they optimise connectivity with patients in line with the ethos of developing skills to really engage in meaningful conversations about medicines with the hope of achieving full patient benefit and medicines optimisation.

7. All clinical pharmacists, pharmacy technicians and assistants will undertake clinical supervision in line with Trust policy.

8. All clinical pharmacists, pharmacy technicians and assistants will have clinical objectives set at their annual appraisal and these will be reviewed via clinical and managerial supervision.

9. All clinical pharmacists, pharmacy technicians and assistants will have the opportunity to develop their skills further to drive services in their workplace and improve outcomes for patients. The programme, developed through the NHS Leadership Academy includes;
   - Self-awareness. Using the Myers-Briggs Type Indicator® (MBTI®) and develop skills in personal influence, resilience and effectiveness as a leader.
   - Explore leadership styles, the importance of networking, giving and receiving effective feedback and conflict resolution.
   - Team engagement and capability, motivation, delegation and coaching.
   - Challenges of leading change and improvement within the pharmacy setting.

   In addition, the clinical pharmacy team is encouraged to take part in the Darzi Fellowship Programme, an initiative that can demonstrate impact not only on participants, but also on their seconded organisation to lead major service improvements, implement numerous safety and quality initiatives and make substantial financial savings for that organisation. The programme includes;
   - Learning the foundations of change
   - Developing an understanding of methodologies for change as well as personal strategies and skills for leadership including working with peers and with diversity
   - Developing the ability to work effectively and productively with peers from diverse backgrounds including service users.

ADDITIONAL ACTIVITIES

In addition to core services, other activities are provided to some units and teams as staffing levels permit. These may be further developed or extended as resources allow.

Examples include:

1. Involvement in case conferences where medication is likely to be discussed so that a clinical pharmacist can contribute to the resolution of medication problems.

2. Preparation of drug histories for use in case conferences, etc.

3. Access to and input of information to carenotes.

4. Input into decisions regarding the covert administration of medicines.

5. Clinical pharmacist involvement as the second professional (who is not a nurse or doctor) to be consulted by the second opinion appointed doctor (SOAD) operating under Section 58 of the Mental Health Act.

6. Participation in clinical audit of medication related issues, either in response to national drivers or to local audit planning.

7. Support for the development of non-medical prescribers.

8. Cross-sector working across partners in the integrated care system (ICS) on the development of policy, standards and shared-care agreements.

9. Undertaking (occasional) medication administration rounds on selected wards.

10. Contribution to Trust bulletins, newsletters and presentations on current medicines management issues.

11. Contribution to enquiries or investigations relating to medication mismanagement or misappropriation.

12. If a member of the pharmacy team has concerns about the professional practice of another pharmacy team member or another health care professional these concerns will be raised with their line manager or if appropriate, one of the Principal Pharmacists, Deputy Chief or Chief Pharmacist for appropriate action.

Appendix 1 - Entries in patients' carenotes

1. It must be remembered, at all times, that patients may request access to their clinical notes and therefore all entries must preserve the therapeutic relationship between the patient and all members of the multidisciplinary team (MDT). When making entries in notes, pharmacy staff will ensure that they do not undermine the opinion or work of another healthcare professional.

2. If any member of pharmacy staff is unsure or is concerned about making an entry in the clinical notes, they are encouraged to consult a peer or a more senior member of the pharmacy team for assistance.

3. Pharmacy staff will remain aware that they are individually responsible for the content and quality of their notes entries and for the content and quality of their own records.

4. When entering activity / information in clinical notes, pharmacy staff will make direct electronic entries as per Trust protocols. Alternatively, a clearly written paper entry may be uploaded.

    - All entries will be annotated with a date and time.

    - All entries will be made at the earliest possible time following the intervention. The time of the intervention itself should be documented if this is felt to be relevant. For example, where a specific observation of mental state is being recorded or when a one-to-one discussion with the patient, or a member of the MDT, took place.

    - All entries should include name and job title. In addition, pharmacy staff should record how they might most easily be contacted, eg: mobile phone number.

5. Entries in the carenotes may cover:

    - Confirmation of prescription details.
    - Accounts of personal contact with patients, carers or of patient observation.
    - Therapeutic opinion and/or record of therapeutic discussions with other MDT members.
    - Advice regarding omissions / lapses / changes relating to use of medication under section 58 of the Mental Health Act.
    - Summaries of patient-specific literature searches.

6. Wherever possible, recorded clinical opinions will refer to Trust or national policy or guidance. This also applies to literature sources, but where extensive research has been necessary to formulate the opinion, this will be documented as a letter written direct to the consultant, care coordinator or key worker, and a copy-letter filed in the patient's notes.

7. Where a request has been made for the clinical pharmacist to be involved with a second opinion under the terms of the Mental Health Act, an entry will be made documenting the content of the discussion with the named Mental Health Act Second Opinion Approved Doctor (SOAD) and any outcome of that discussion.

8. Pharmacy staff will remain aware that documentation in carenotes is not a substitute for direct verbal communication, which should always be the first route of contact where possible. Where urgent communication is needed, strenuous effort will be made to directly contact the appropriate practitioner, or where this does not prove possible, pharmacy staff will ensure that their notes entries are brought to the attention of another senior member of the healthcare team.