

New Workforce Models – Keeping You Informed Edition 13

Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the 'Keeping You Informed' bulletin explores the role of the **Pharmacist Practitioner**, working within the **Emergency Department** to help ease the pressure.

Martin Shepherd – Head of Medicines Management



Over recent years, development of the clinical Pharmacy workforce has focussed particularly on expanding the number of Pharmacists who are able to prescribe medicines in a range of clinical situations. As a result, the hospital now has one of the largest cohorts of pharmacists in prescribing roles who are making a significant impact on the safety and efficacy of medicines used across the Trust.

As the hospital has been developing new clinical roles to offset shortages in both the medical and nursing workforce, it has become evident that there is an opportunity for experienced clinical Pharmacists to expand their remit and to develop additional skills to complement and support the practice of the existing workforce and that of newly created practitioners, particularly in areas where the use of medicines form a significant part of patient care. With this in mind a number of 'Advanced Practice' roles have been developed to build on the Pharmacists' expertise in managing medicines, but with additional skills in patient examination and diagnostics.

Two such roles have now been adopted – One works in primary care in the hospital's GP practice, and the other is in the Emergency Department.

It is the intention of the Pharmacy service to look to develop more of these posts over the next few years.

Sarah Lock – Senior Clinical Pharmacist and Pharmacist Practitioner

"As a Senior Clinical Pharmacist I've been based in the Emergency Department for a while following a drive from Health Education England. We knew from previous trials across the country that there was a significant benefit to have a pharmacist based in ED so we decided to trial it here at Chesterfield. We then decided that this would be a great place to develop the Pharmacists' skills by

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completing patient assessment, clinical examination and prescribing.

“I was on maternity leave when the suggestion of a Pharmacist Practitioner came up, I applied and was successful. When I returned to this new role I enrolled on and completed a six month Advanced Practice in Clinical Skills course at Sheffield Hallam University.

“To put this role into context, as a Senior Pharmacist I have been a prescriber for 5 years. I can prescribe regular medications for patients admitted from ED to EMU avoiding delays in patients receiving medication that they would normally take day to day at home. For example, if a patient takes regular medication for Parkinson’s Disease, it is essential that this is prescribed and given in a time critical manner to lessen the effect of worsened symptoms. I am therefore there in the ED to prescribe this medication reducing any potential delay.

“In the Pharmacist Practitioner role, we can take this further by attaining the skills to conduct a more thorough assessment for a broader patient history. It’s not something a Pharmacist would normally do, and I’m just starting to do that independently, but it means that I can take a look at the ED list and assess the patients that I think may have presented with less complex conditions.

“I have a great deal of support from the Doctors and nurses. I can see the patient, take a history, make an assessment and talk through my findings with them to make sure that the assessment and my recommended course of action is correct. If the patient turns out to be more complex than I initially thought then I can hand the case back to my clinical colleagues who can assess them more thoroughly and I will still be able to provide the more traditional Pharmaceutical support.

“Over time, I can build up my competences, be able to look at our EDIS system and know which patients are more suited to a Pharmacist examination and manage that patient from assessment, through treatment to discharge. By seeing these patients, even if it’s only two or three, it frees up our Junior Doctors and Doctors to see the more complex cases and our patients are seen more quickly.

“Of course no two days are the same within a busy ED and I still have my traditional Pharmacy duties to carry out. Having a Pharmacist in an ED is hugely beneficial, reducing prescribing errors, cutting down on delayed medication administrations, intravenous administration queries, timely access to medications not readily available in ED.

“I’m enjoying my new role and I think it has been well received within the department. Using them both can be a balancing act and, over time, this part of my role will improve but, by having these additional skills I can help out in ways other than prescribing and play a more active part in relieving the pressure in what can be an incredibly testing environment.”



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