

## STANDARD 5.0 MEDICINES EXPERTISE

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Medicines used in the organisation are chosen to maximise safety, effectiveness and adherence to treatment.

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### 5.1 EXPERTISE FOR HEALTHCARE PROFESSIONALS

*Healthcare professionals prescribing, administering and monitoring the effects of medicines have relevant, up-to-date, evidence based information and pharmaceutical expertise available to them at the point of care.*

Examples of evidence
<ul style="list-style-type: none"><li>• Training;<ul style="list-style-type: none"><li>▪ pharmacy delivers or reviews the medicines component of induction training for all relevant staff. E.g. doctors, nursing staff, non-medical prescribers, theatre staff.</li><li>▪ feedback is sought on training to assess whether outcomes have been met.</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Surveys;<ul style="list-style-type: none"><li>▪ ward staff are surveyed to ask if they know how contact the pharmacy team</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Medicines information;<ul style="list-style-type: none"><li>▪ all pharmacists trained to level 1-2 for answering of MI queries</li><li>▪ access to a quality assured MI service (either on or off site)</li></ul></li></ul>
<ul style="list-style-type: none"><li>• Reference sources;<ul style="list-style-type: none"><li>▪ prescribers have access to up-to-date pharmacy resources via hospital intranet site, traffic is analysed for number of hits, audits undertaken to ensure compliance with formulary/guidelines.</li></ul></li></ul>

#### Example of Practice (see Appendix 2 for more examples)

Pharmacy and medical teams have developed an electronic dose calculator for staff working in Paediatric Intensive Care Units (PICU), which gives Prescribers access to a safe way of calculating doses on a mg/kg basis. It does not provide any decision support. The Trust are currently developing an application that accesses the organisational paediatric formulary, providing a quick reference to important issues to around drugs in paediatrics as well as giving the dose. Information is easily accessible to prescribers and future developments will look to incorporate drug calculations as well. **Evelina London Children's Hospital, Guy's and St Thomas' NHS Foundation Trust.**

## 5.2 EXPERTISE FOR PATIENT CARE

*Pharmacists are integrated into clinical teams across the organisation and provide clinical care direct to patients.*

Examples of evidence/measures
<ul style="list-style-type: none"> <li>• Integration;               <ul style="list-style-type: none"> <li>▪ pharmacists integrated into clinical teams with formal links to the management team and lead clinician</li> <li>▪ pharmacists contribute to MDT research activities</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Impact on patient outcome;               <ul style="list-style-type: none"> <li>▪ interventions recorded, cardexes audited, outcome monitored</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Clinic involvement;               <ul style="list-style-type: none"> <li>▪ for example, chemotherapy/oncology, erythropoietin, heart failure, cystic fibrosis, smoking cessation, anticoagulant/warfarin, HIV adherence clinics, preadmission clinics, chronic pain, diabetes, tuberculosis and liver, rheumatology, cardiology, and GUM clinics</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• High risk medicines;               <ul style="list-style-type: none"> <li>▪ list on all wards, ward guidelines in place, mandatory training, audits and outcome monitoring</li> </ul> </li> </ul>

### Example of Practice (see Appendix 2 for more examples)

In a Community NHS Trust, a specialist community pharmacist provides care for patients with long term conditions. Following a community nurse referral, the pharmacist visits the patient in their home and conducts a full clinical review of their medication. This is supported by GP notes and patient lab data. The outcomes and any recommendations are sent to the GP, community pharmacist the original referrer. The service is targeted at high intensity users of primary and secondary services and aims to identify medication issues that could result in unplanned hospital admissions; to reduce prescribing costs and to provide education and support to patients and carers in order to help them with taking their medicines ([The Pharmaceutical Journal 2009;282:83](#)). The Trust is looking to expand this service for other areas such as a pharmacist on the rapid response team. The vision is patients that stay well, stay out of hospital.

**Sussex Community Hospitals Trust**

### *Examples of how some sites are achieving delivery of standard 5.0 medicines expertise:*

- Measure of time pharmacists spend training the MDT; e.g. contact teaching hours
- Surveys of nursing teams; e.g. to establish if they know how and when to contact pharmacy
- Audit availability of pharmacists on ward rounds. In line with Royal College of Physicians and Royal College of Nurses best practice on ward rounds guidance.
- Pharmacist contributions monitored to evaluate impact of interventions on patient care and to input into training of MDT members.

### *Examples of areas for development identified for standard 5.0 medicines expertise:*

- Need to input into the training of all relevant professionals, for example senior grade doctors, nursing staff and ODP induction training.
- Need to look again at how to make sure prescribers can access relevant information through the hospital IT system.
- Need to address gaps in pharmacist input in some specialist services.
- Need to look at how many of the pharmacist prescribers are actively prescribing.