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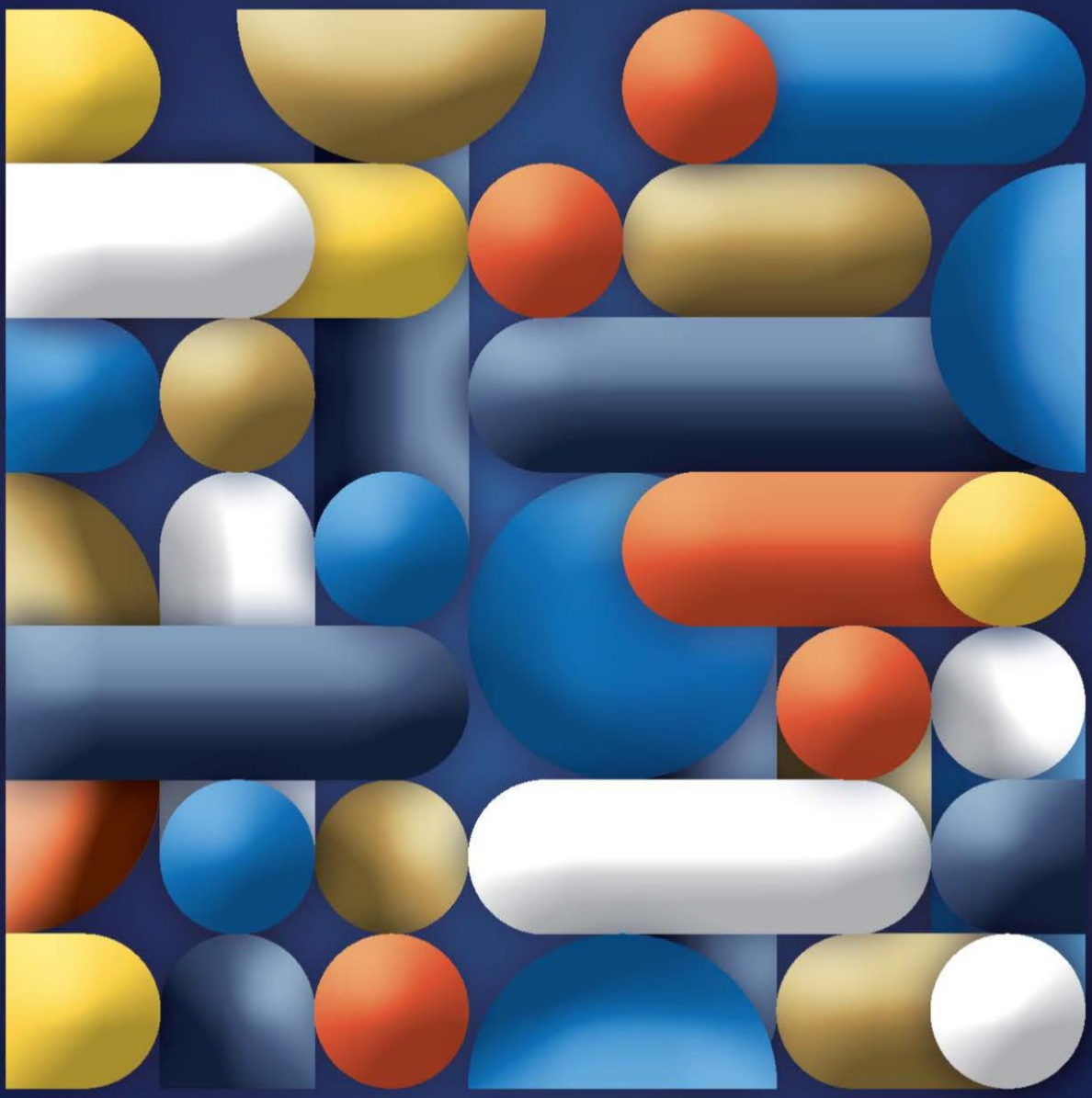
MAKING AN IMPACT



ANNUAL PROFESSIONAL CONFERENCE AND EXHIBITION

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P01 Increasing the incidence of patients receiving discharge counselling by a pharmacy technician in a mental health inpatient setting

Caroline Lawrence

Camden and Islington NHS Foundation Trust

Background: On discharge from a mental health inpatient unit, it is highly likely that the patient has had their medications (including high risk antipsychotics) changed compared to admission. Therefore, it is vital that the patient's understanding of medication use, any problems accessing medication are identified, the effectiveness of therapy and presence of potential adverse effects are explored. The pharmacy team should be involved with patient's medicines use from admission through to discharge and beyond.

Objectives:

- Implementing patient discharge counselling as a standard activity for medicines management pharmacy technicians.
- Improve patient medication education.
- Improve post-discharge continuity of care. (Follow up 72 hours and 30 days post-discharge)
- Reduce re-admission.

Results: Examples of improvements made to facilitate the objectives:

- Reducing number of wards allocated to pharmacy technicians by recruiting an extra MMPT.
- Empowering pharmacy technicians to actively seek opportunities.
- Attending weekly discharge meetings for inpatient wards.
- Improved Pharmacist-Pharmacy technician communication and liaison regarding TTA's.

Date - Number of discharge counselling completed

April 2022 - 0

July 2022 - 8

November 2022 - 19

February 2023 -23

Conclusions: This is an ongoing quality improvement project, and progress has been made regarding the quantity of discharge counselling, however there is still a way to go. Barriers have been identified and will be discussed and the impact on re-admission will be explored in the final poster.

P02 Structured development programme for pharmacy assistants within technical services to improve recruitment and retention

Sheetal Jogia

Bart's Health NHS Trust

Aim: To improve recruitment and retention of pharmacy asistants by offering a structured and competency based programme which will enable the manufacturing unit to meet the needs of the service and contribute towards patient care both safely and efficiently.

Objectives:

- Implement a competency based, career pathway for support staff.
- Allow candidates without NVQL2 in pharmacy and manufacturing experience to apply for the post.
- Implement Science Manufacturing Technician L3 (SMT)[2] as part of this programme which will support progression to band 4 posts for non-registered staff in technical services.
- Promote inclusion, diversity and local population to apply within NHS.

Introduction and background: Pharmacy assistants in technical services are involved with the manufacturing process of medicinal products.

Pharmacy assistants, regardless of their setting should adhere to General Pharmaceutical Council (GPhC) minimum requirement of NVQL2 Qualification in Pharmacy services or equivalent.[1]

Barriers to recruitment: NVQ L2 is an essential criteria for all band 2 post within the organisation and vacancies within technical services which requires specialist skills were difficult to fill.

Problem areas:

- Majority of the applications are from individuals working within the industry sector who have the relevant experience but don't have the qualifications.
- Candidates applying from primary care sector would have NVQ L2 but many would withdraw applications, have lack of understanding of the job or leave for career progression.

Solution:

- Convert vacant band 2 posts to trainee pharmacy assistant and introduce a competency based, career progression pathway which will improve recruitment and retention.

1. https://www.pharmacyregulation.org/sites/default/files/document/gphc-guidance-for-employers-on-pharmacy-support-staff-july-2020_0.pdf
2. https://www.instituteforapprenticeships.org/apprenticeship-standards/science-manufacturing-technician-v1-0

P03 Review and implementation of updated controlled drug (CD) ward stocklists post COVID-19 pandemic at our hospital

Conor Clinton ; Zoë Duncan

Barking, Havering and Redbridge University Hospitals NHS Trust

WITHDRAWN

P04 Evaluation of nurse preceptorship training

Sophie Goujon; Beth Attwood; Aizhan Kaidarova; Yvonne Chan

East Sussex Healthcare NHS Trust

Background: During induction, preceptorship nurses attend pharmacy training delivered by Medicines Management Technicians. Real life case studies, didactic teaching and visual media are used supporting a multi-professional approach to effective transfer of care, focussing on the medicines journey and drug error prevention. Sessions offer a valuable introduction to the role of the ward-based pharmacy team with signposting to relevant guidance and resources and highlighting Medicines Optimisation principles guidance (1)

The sessions aim to:

- identifying pharmacy contributions patient care safety
- develop awareness of medicines management, medicines optimisation and reconciliation
- enhance awareness of risk associated with medicines management
- enhance multiprofessional working
- highlight and signpost key resources supporting medicines management

Methodology: Monthly sessions from January-April to be evaluated via learner evaluation form shared at the end of each session which had several statements related to the session content delivered. Statements were anchored by a 5-point Likert scale with extreme descriptors from strongly agree to strongly disagree and results of this section to be analysed using Excel. A qualitative free-text answer to identify what they have learnt during the session, areas for improvement and any additional material that should be added to the sessions This was to thematically analysed to identify common themes

This study did not require ethics approval. It is anticipated there will be over 70 attendees.

Results and Recommendations to be shared at the conference.

1 Medicines optimisation: the safe and effective used of medicines to enable the best possible outcomes [NG5]Published: 04 March 2015 Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE (Accessed 23/3/2023)1

P05 Medicines Optimisation - Using adherence to support supply

Rianna White; Clare Horton-Smith; Sophie Dawson
Nottingham University Hospitals

Introduction: In 2019, a medicines optimisation study known as EMBRACE was carried out. It suggested that there were discrepancies between inhaled medicines supplied by the homecare company and the actual amount of medicine used.

Methods/description of project: CF Health hub (CFHH) was used to gain real time data of patients' adherence and was measured against medication supply to identify excess waste. There is more chance of unused medication expiring if not being used due to a limited shelf life. There is the issue of stockpiling and storage space for nebuliser treatments, as patients are receiving more stock than they are using.

In continuation of the EMBRACE findings, CFHH adherence could prove to be useful in amending homecare delivery dates and delaying them, to allow patients to use up their supplies. This was aimed at CF patients who use the homecare provider.

The aim of the audit was to deliver medicines optimisation using objective adherence data within CF services. The results from contacting patients were stored on a database where cost savings could be calculated.

Results/discussion: By initially contacting patients by checking their current stock levels for each prescribed nebuliser treatment and delaying homecare deliveries where possible many cost savings were made.

Conclusion: This project has shown the value of pharmacy technicians placed in ward areas. The enhanced role of the specialist medicines management technician reduces the burden of work from the multidisciplinary team. Pharmacy technicians are ideally placed to carry out homecare prescription reviews and cost saving exercises.

P06 Pharmacy technicians' experiences of undertaking the vocational training foundation programme: a qualitative study?

Valerie Findlay[1]; Christine Bond[2]; Jacqueline Inch[2]; Karen Liles[1]; Arlene Turnbull[1]; Jennifer Cleland[2]

[1]NHS Education for Scotland; [2]The University of Aberdeen

Background: The NES Vocational Training Foundation Programme for Pharmacy Technicians (PTs) was introduced in 2018[1]. The aim of this paper is to describe PTs' experiences of the Programme.

Methods: This was a qualitative study. All 115 PTs registered with the Programme since 2018 were eligible to take part. Emails, sent by NES staff, invited PTs to take part in a focus group or interview (face-to-face or virtual) at baseline, mid-point, and-programme completion, to explore their expectations and experiences. Proceedings were digitally recorded, and transcribed. Analysis was inductive and thematic and mapped to Bandura's Social Cognitive theory[2] (SCT).

Results: The 115 PTs originally registered were based in primary care (90), hospital (24) and community pharmacy (1). Forty-one have exited early, three have submitted portfolios for assessment and the remainder are ongoing. In total 41 PTs participated in seven focus groups, and 17 participated in individual interviews.

At baseline the main themes were motivations for taking part, baseline competences, issues of professional identity, and perceived barriers and facilitators for Programme completion. At midpoint and end of programme the themes were similar with clear benefits of the Programme identified, but with many logistical barriers described. Mapped to the SCT, environmental factors predominated in facilitators and barriers. Person/cognitive and behavioural factors dominated the motivators and benefits.

Conclusions: All three SCT factors influenced the experiences of the PTs, but environmental influences dominated the facilitators and barriers. The findings demonstrate the value of the Programme and inform logistical areas to address for future Programme delivery.

1. Vocational Training Foundation Framework for Pharmacy Technicians Pharmacy | NHS Education for Scotland
2. Dario Torre and Steven J. Durning Social cognitive theory: thinking and learning in social settings p105-116 in Cleland JA, Durning Sj Researching Medical Education Wiley 2015

P07 Antibiotic elastomeric pumps have excessive residue after 24 hours

Nicola Walker; Stuart Bond; Joseph Spencer-Jones; Damilola Mustapha; Annam Sadiq; Jade Lee-Milner

Mid Yorkshire Hospitals NHS Trust

Background: Elastomeric pumps (EMP), supplied by a homecare company, administer piperacillin/tazobactam, flucloxacillin or benzylpenicillin over 24 hours to patients on the outpatient parenteral antimicrobial therapy (OPAT) caseload. Over three years 3500 EMPs have been administered and there have been intermittent reports of excessive EMP residue after 24 hours. Potential causes for the residue such as patient positioning, temperature or restricted central lines are ruled out before reporting to the homecare company. The Antimicrobial Stewardship Team planned a two week collection of EMPs to gather residue measurements.

Method: All EMPs were collected over 14 days by the community OPAT nurses and the Specialist Pharmacy Technician measured and documented the residue. Guidance regarding residual volume tolerance from the homecare company is +/- 15%, for EMPs containing 240mls this is 36mls.

Results: There was a 66% residue exceeding 36mls in the 38 piperacillin/tazobactam 13.5g EMPs measured. The residue volume ranged from 37.5mls to 129mls. All patients finished the planned treatment course. Treatment was completed in 77% of patients according to consultant clinic letter, but there was disease progression in one patient, and another was admitted for surgery.

Conclusions: We will continue to ensure that potential causes for residue are ruled out before reporting EMP residue to the homecare company. Further investigation of excessive residue is required, including future collection and measurement, this should include flucloxacillin and benzylpenicillin EMPs. We will share these findings and any future data with the homecare company to work with them to find solutions.

P08 Improving discharge from hospital into a retirement village by improving communication between sectors

Susan Marshall[1]; Staci Drewe[2]; Kaye Biggs[3]

[1]Bedfordshire, Luton and Milton Keynes Integrated Care Board; [2]Milton Keynes University Hospital; [3]Extracare Retirement Village

Many medication errors result from a lack of communication between healthcare providers during transition of care. This work aimed to review the support patients need when discharged from hospital to a retirement village with a view to reducing the risk of readmission. The project was a collaboration between primary & secondary care pharmacy technicians and a registered nurse.

Informal discussions identified an assumption at discharge that support was available in the village; this was not the case and patients were often readmitted due to lack of follow up.

The risk of readmission was highlighted as a major concern as hospital staff unaware of what 'independent living' meant and a lack of communication and delay in actioning community support. Baseline data was collected for 10 weeks prior to the pilot.

The hospital governance team approved a consent form which was completed during admission enabling discharge information to be shared with the nurse. Follow up was done within 48hrs of discharge. Concerns were then raised with primary & secondary care colleagues and issues resolved.

The pilot ran for 10 weeks. 18 patients participated in the pilot; Analysis of hospital admissions data showed prior to the pilot the readmission rate was 1 in 4 and during the pilot was 1 in 9. 71 interventions were made.

The interventions were significant in reducing risk, encouraging compliance, and increasing self-care. it improved patient outcomes and had a potential cost saving to hospital by reducing readmission rates and potential contributed to a reduction in repeat prescribing errors in primary care.

P09 Understanding why patients remain on originator biologics where better value bioequivalents exist

Helen Taylor Bowers

Leeds Teaching Hospitals NHS Trust

Purpose: To understand reasons why patients remain on originator brands of biologic medicines after an organisational switch to cheaper biosimilar medicines.

Background: Biosimilars are highly similar but not identical in terms of molecular structure to the originator; they cannot be considered as a simple generic medicine switch.1,2,3

The trust and its commissioners are committed to the use of biosimilars which offer the same clinical effectiveness and safety at a substantially lower cost.2

Patients on biologics often have complex treatment journeys to obtain a level of daily living that most of us take for granted.4

Following organisation wide switches to biosimilars, data show that some patients remained on originators; the trust was keen to understand why this was happening.5

Method: A retrospective sampling of patient data was collated and analysed. A proportional sample of patients was randomly selected for four biologic medicines and patient notes reviewed for documented reasons why originator brands were used.6

Results: Multiple reasons why patients remain on originator brands were found, including adverse reactions, loss of effectiveness, device choice, clinician choice and patient choice. Use of originator brand ranged from 6% to 17%. There were differences between clinical specialities and between biologic medicines. The missed opportunity for savings appeared significantly reduced following analysis.

Conclusions:

- There remain opportunities to switch patients to best value biosimilars.
- The missed opportunity for savings is reduced when adverse reactions and loss of effectiveness is considered.
- Patients and clinicians would welcome better information about biosimilar switching.

1. Specialist Pharmacy Service. 29 June 22. Understanding biological and biosimilar medicines. Available online:https://www.sps.nhs.uk/articles/understanding-biological-and-biosimilar-medicines/
2. NHS England. 21 Feb 2023. What is a biosimilar medicine. Available online: https://www.england.nhs.uk/long-read/what-is-a-biosimilar-medicine/
3. British Biosimilars Association. Accessed 15 March 2023. Facts about biosimilars. Available online: https://britishbiosimilars.co.uk/facts-about-biosimilars.html
4. The Patients Association. Dec 2018. Understanding patient needs in switching from biologic to biosimilar medicines. Available online: https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=b17810ee-8470-4173-8efc-e7c13d117fbe
5. JAC pharmacy management system. Leeds Teaching Hospitals NHS Trust. 2022.
6. PPM+ patient management system. Leeds Teaching Hospitals NHS Trust. 2022.

P10 Evaluation of a clinical pharmacy technician's input providing increased pharmacy support to adult local mental health teams (LMHT)

Nathalie Berry

Nottinghamshire Healthcare NHS Foundation Trust

In 2019 the Care Quality Commission report (1) for the Trust indicated that medicines management within the LMHT's required improvement. Funding was obtained to employ Clinical Pharmacy Technicians across 11 LMHT's. Each Technician covered two teams, this evaluation focuses on input of one Pharmacy Technician.

Aims:

- Increase clinical pharmacy support to LMHT's
- Provide medicines management processes and medicines optimisation to LMHT's
- Promote medicines safety for patients prescribed high risk medications such as Clozapine

Objectives:

- Develop a database of patients prescribed high risk drugs
- Attend multidisciplinary team (MDT) meetings
- Complete national and local audits
- Deliver medication counselling and side effect monitoring
- Identify physical health monitoring needs
- Provide stock management and link between dispensary services.
- Promote an open culture around medicines incident reporting.

Method: One Pharmacy Technician provided clinical input into two LMHT's, each team received 2 days per week. From July 2021 to July 2022 the Technician captured all clinical and non-clinical activities to evaluate the impact of the role.

Results:

high risk drugs patients identified	83
Stock orders	47
Pharmacy queries	76
Clinical queries	26
Card reviews	1440
Audits completed	7
Physical Health review referrals	9
MDT's attended	54
Incident reports submitted	10
Side effect monitoring completed	11
Patient counselling	4
Medication management tasks	26

Conclusions:

- The role of the Technician has shown an improvement in medicines management within the LMHT's by providing both practical and clinical support.
- Safety netting of patients prescribed high risk drugs has increased with the Technicians input.

Quality Care Commission. Nottinghamshire Healthcare NHS Foundation Trust Inspection Report [Internet]. 2019 p. 31. Available from: https://api.cqc.org.uk/public/v1/reports/232284c8-18da-4b89-9438-9dde99a95790?20210116072138

P11 Learning from errors missed by pharmacy technicians during their final accuracy checking training

Joanne Nevinson; Lianne Whitehead; Maria Derrig; Matthew Shaw; Paula Higginson

Centre for Pharmacy Postgraduate Education

Background: The NHS England Pharmacy Integration Fund (PhIF)[1] was established to accelerate the integration of pharmacy professionals across health and care systems to deliver medicines optimisation for patients and support clinical pharmacy services.
We[2] were commissioned to deliver a final accuracy checking pharmacy technician programme (ACPT) as part of PhIF. Although final accuracy checking has traditionally been a pharmacist role, pharmacy technicians (PTs) are well placed to undertake final accuracy checking and release pharmacist time to deliver patient-facing clinical services.

The ACPT programme combines an e-course to support learning, a 1000 item workplace based checking log and a final assessment accuracy check of 20 medicines.

We routinely run reports on errors made in assessments to check validity and reliability of the process.

Methods: Error reports were analysed to look for trends. Potential reasons for these trends were considered to identify and fill any learning gaps within the content of the programme.

Results: Considering trends of error types missed by PTs can have real-life implications outside of a controlled learning environment.

We will present data on trends in error types and on the comparison of the findings before and after updating the learning content to fill any gaps identified.

Conclusions: The findings will help to inform establishments that provide final accuracy checking courses. They also apply across the landscape of final accuracy checking and could be useful to raise awareness of common errors in the workplace with a view to improving patient safety.

1. NHS England. Pharmacy Integration Programme. Available at NHS England » Pharmacy Integration Programme accessed 15 March 2023
2. Reference withheld to keep anonymity of authors during abstract submission only

P12 Greener inhalers - reducing our carbon emissions across Sheffield

Alex Watchorn; Megan Seymour

NHS South Yorkshire ICB

Background: In Sheffield it has always been a priority to reduce our carbon footprint and work towards a net zero NHS, in relation to medicines inhalers contribute to around 3%***1*** of the NHS carbon emissions. As a Respiratory team we recognised that different brands of Salbutamol inhalers contained more propellant than others and therefore are more damaging to the environment. We developed a process to reduce our carbon emissions by changing our formulary choice of Salbutamol to one with an improved carbon footprint.

Method: We carried out a trial of switching the brand of Salbutamol inhalers prescribed across 4 practices, after discussions with our teams, lead Respiratory Pharmacist and GP's we decided the most efficient and effective way to implement this was by bulk switching patients onto the new brand as it was a like for like switch and the risk was minimal.

Results: 12 weeks after the switch took place, we assessed the results and the impact of this change, switching 2351 patients resulted in a reduction in 38,086,200g of carbon emissions. This is equivalent to 125,983.924 miles in a medium sized petrol car***2***, this is enough miles to travel over 5 times around the world.

Conclusions: As this project has shown to have made such a significant difference in our carbon emissions across Sheffield we are planning to carry out further work around reducing our inhaler carbon footprint.

1. NHS 75 England [Internet] England: NHS; [citied March 2023]. Available from: https://www.england.nhs.uk/greenernhs/whats-already-happening/improving-health-outcomes-for-respiratory-patients-while-reducing-carbon-emissions/#:~:text=Inhaler%20emissions%20account%20for%20approximately,such%20as%20dry%20powder%20inhalers.
2. GOV UK [Internet] UK: GOV; [citied March 2023]. Available from: https://www.gov.uk/government/publications/greenhouse-gas-reporting-conversion-factors-2021

P13 Can upskilling pharmacy technicians support a robust and cost-effective Inflammatory Bowel Disease patient review process? A single-centre prospective study

Angela Packham; Fiona Rees; Melissa Smith

University Hospitals Sussex NHS Foundation Trust

WITHDRAWN

P14 Advanced Specialist Pharmacy Technician Role in Emergency

Jasbinder Kaur; Rishi Gupta
University Hospitals of Leicester NHS Trust

Leading on service improvement and strategic development of pharmacy in ED. Ensure the delivery of an efficient high quality, innovative and cost effective service that meets local and national standards whilst adhering to professional and legal guidelines.

- Reviewing all medicines stock list with senior ED Team to prevent missed doses, delays in treating a patient and reducing nursing staff time looking for the required medication
- Re organising stock in treatment room so easy to locate
- Review fluid orders from suppliers periodically based on usage and increase levels as required
- Leading on drug alerts, batch recalls and shortages in ED
- Monitoring high cost drugs usage and borrowing from other departments in and out of hours
- Monitoring the pharmacy on call logger monthly – identifying any repeated requests and taking relevant action to solve
- Monitoring the pharmacy top up service regularly as per needs of the service
- Conducting CD/medicine management audits as per policy
- Improving compliance of documentation
- Acting as a mentor for members of the pharmacy and non-pharmacy team.
- Lead on training of staff relevant to the work area
- Contributing to complaint investigation

This role has allowed for the planning and delivery of a safe and effective medicines management service, working with the Lead Pharmacist Emergency Medicine and also working closely with pharmacy and non-pharmacy senior colleagues working in ED to ensure effective service delivery.

P15 Researchers' experiences of pharmacy involvement: a UK cross-sectional survey

Michelle Watson[1]; Cate Whittlesea[2]; Puvan Tharmanathan[1]

[1]University of York; [2]University College London

Objectives: We aimed to explore the experiences and opinions of researchers who have involved pharmacy professionals in research studies. Pharmacy teams are valued healthcare professionals, with a wide knowledge base and skill set. They have regular contact with service users who may be interested in research, placing them in a good position for collaboration with researchers.

Methods: Cross-sectional survey circulated to researchers in the UK; analysed using descriptive, quantitative methods.

Key findings: A total of 238 responses were received from researchers, mainly within hospitals and universities. Most had more than 10 years of experience (45%) and had worked on 2–10 studies involving pharmacies (54%), frequently requiring hospital services (74%). Two-thirds of researchers had worked on clinical trials of investigational medicinal products. Most researchers worked with pharmacy teams that all had previous research experience (78%) yet did not involve them in participant recruitment (85%). Pharmacy staff frequently managed or dispensed medication (43%), however also engaged with other research-related tasks. Their previous experience and keenness were desirable qualities for researchers. Many respondents had a positive experience of collaboration and acknowledged various advantages and disadvantages.

Conclusions: Researchers' positive impression of working with the pharmacy sector bodes well for future collaborations. Many had experience with pharmacy, however, those more unfamiliar should consider the roles staff could perform; and pharmacy teams and professional bodies should advocate their involvement. For collaboration to prosper, we should promote the benefits of research engagement and consider how to overcome known challenges. The full article is available (1).

Watson M, Whittlesea C, Tharmanathan P. Researchers' experiences of pharmacy involvement: a UK cross-sectional survey. Journal of Pharmaceutical Health Services Research. 2022 Nov;13(4):387-92.

P16 Peer Discussion in Practice: Experiences of Pharmacy Technicians in the Participation of Revalidation for Registration

Gail Hall

Joined Up Care Derbyshire ICS

Learning from peer interactions, is a key objective of continued professional development (CPD), and revalidation, of healthcare professionals [1]. It is recognised as a factor in increasing patient confidence in their healthcare provision. Following a series of failings in the healthcare sector [2, 3], formal revalidation frameworks have been introduced, with pharmacy the most recent profession to move to a revalidation model [4]. Focusing on the diverse objectives of increasing patients confidence, improving professional practice and enabling performance management, revalidation requirements are multifaceted, with high value placed on the input of peers. Yet, literature demonstrates a range of experiences and practices in the use of peer interactions for learning [5]. In addition, there is a lack of an accepted definition of 'peer' and a lack of research into experiences of pharmacy professionals with peer discussions and specifically those of pharmacy technicians. The study aims to explore the experiences of pharmacy technicians undertaking peer discussion as part of their revalidation. This will include exploring how peers are identified and selected, the professions of those used as peers, the impact on practice and the guidance used. The study will take a constructivist approach, using online questionnaires and semi-structured interview methods. Qualitative data will be analysed using reflexive thematic analysis (6) to give rich descriptions of pharmacy technician experiencing peer discussion as part of revalidation. Results of this study are expected to be published in September 2025 as part of a Doctorate in Clinical Education.

1. H.M. Government. Trust, assurance and safety : the regulation of health professionals in the 21st century. Cm ; 7013. London: HMSO; 2007.
2. H.M. Government. Learning from tragedy, keeping patients safe: Overview of the Government's action programme in response to the recommendations of the Shipman Inquiry. In: Department of Health, editor. London: HMSO; 2007.
3. H.M. Government. The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995. Learning from Bristol. In: Department of Health, editor. London: HMSO; 2002.
4. General Pharmaceutical Council. Revalidation Framework. 2018.
5. Morris S, Brooks T. General pharmaceutical council revalidation: what is the best approach for conducting a peer discussion for paediatric pharmacists? Archives of Disease in Childhood. 2019;104(7):e2-e.
6. Braun V, Clarke V. Thematic analysis : a practical guide. London: SAGE Publications Ltd; 2022.

P17 Development of a decision-making tool to ensure the correct selection of the dispensing and labelling training for individual learning needs

Kerry Martin

Aneurin Bevan University Health Board

Introduction: To ensure the safe deployment of staff with dispensing and labelling tasks, the hospital has numerous training plans covering various scenarios and the complex decisions involved in selecting the correct level of training. Developing a decision-making tool allows the Senior Pharmacy Technician (SPT) to access information efficiently and ensure consistency with their decision-making.

Objectives:

- Develop a decision-making tool utilising Microsoft Forms that supports standardisation and efficiency.
- Utilise the Forms QR code and link functions to provide easy access.
- Collect data for training progression reports.

Method: Create a Microsoft Form with an algorithm of questions covering the variable scenarios that lead to a final decision to correspond with relevant guidance.

Update the guidance and training packs with instructions on accessing the decision-making tool.

Collect data to maintain training reports.

Results: The SPTs found the decision-making tool easy to access, providing efficient use of time and assurance of selecting the correct training.

Using the QR code at induction gave new starters immediate access to pre-requisite learning activities to complete and a sense of direction.

The data provided intelligence on the recent training resources and where to focus future efforts.

Conclusion: The decision-making tool is equitable, efficient and a valuable source of data collection. The tool ensures the right training is selected for the individual to be the best they can be to meet our patient's needs and support the NHS long-term plan.[1]

The National Health Service (NHS). *The Long-Term Plan*. January 2019. Available from: NHS Long Term Plan [Accessed 21/03/23].

P18 Developing a sustainable educational supervision and leadership platform to support pre-registration pharmacy technicians and pharmacy technician workforce within NHS Gloucestershire ICB

Sophie Liggat; Sian Williams; Adele Jones; Arcana Casey

NHS Gloucestershire ICB

Workforce projection for the system showcased a deficit of >50 pharmacy technicians by end of 2025[1]. Creation of an pharmacy techncian education and leadership platform within the ICS to support pharmacy technician workforce growth across the system was required. This offered opportunity for innovation across the system by utilising HEE funding for cross sector placements for pre-registration pharmacy technicians (PTPT).

The strategic workforce pharmacy lead gained executive approval for the appointment of a Lead ICS Pharmacy Technician for Workforce, Education and Training role to lead the project[2].

The ICS supported the project to be lead employer for 2 PTPT Apprentices, provide supervision, HR support and salary gap. Once recruited apprentices spent time rotating through community pharmacy, primary care and acute trust. Placement's awarded apprentices based on current PT workforce issue and locations where recruitment has traditionally been a challenge.Apprentices gained experience and competencies in line with Pharmacy Technician Competency Framework; enabling registration with the GPhC after completion of 2 year programme. Upon qualification apprentices have secured roles within specialist mental health and PCN sectors.

Securement of further funding[3], required an increase in educational supervision provision[4] to support our diverse and quality learning journey. This enabled upskilling and diversification of pharmacy techncians within the medicines optimisation team. The ICB have extended role out of supervision to the wider system to encourage and support wider pharmacy professional development.

Since 2021 the ICB team have supported the addition of 5 registered pharmacy technicians to the system. With 15 currently in training.

1. One Gloucestershire. Integrated Pharmacy and Medicines Optimisation (IPMO) Plan. v1.9 (Sept 2021). Not widely accessible.
2. One Gloucestershire. ICS Operational Executive Core Paper. April 2022. Not widely accessible.
3. Pharmacy Technician Workforce Expansion Project. 2023 Available online: Pharmacy Technician Workforce Expansion Project | Health Education England (hee.nhs.uk) (Accessed online 20/3/23)
4. ProPharmace: Training Through Innovation. Educational Supervision. 2022. Available Online: Educational Supervisor Programme - ProPharmace (Accessed online 20/3/23)

P19 Pharmacy technician pipeline development in NHS Fife

Colin Sinclair
NHS Fife

To meet the requirements of the Scottish 2018 GMS Contract (ref 1) and the subsequent 2021 Memorandum of Understanding (ref 2), the Board had to significantly increase the pipeline of pharmacy technicians to deliver the contract and prevent destabilisation (in terms of staffing) of other pharmacy sectors.

There was also a need to improve the skill mix within the hospital and primary care sectors to better reflect the role of pharmacy technicians and ensure the integrated pharmacy service could deliver across all sectors of practice, utilising the whole pharmacy workforce. This change had to take place during a prolonged period of budgetary constraints and the Covid-19 pandemic.

During the early stages of this work programme it was identified there was not enough work based assessors (WBA) or internal verifiers (IV) to be able to deliver Scottish Vocational Qualifications (SVQ) in-house.

The table below shows the growth in numbers during the work programme:

Year	No. PTPT training	No. WBA	No. IV
2018	2	2	0
2019	4	7	0
2020	6	7	2
2021	10	9	2
2022	19	22	5

The significant growth in numbers of Pre-registration pharmacy technicians (PTPT), WBA and IV was directly attributable to the creation (cross-sector: community, hospital, primary care) and subsequent expansion (vaccines, governance, mental health, cancer) of the PTPT rota. This was supported by utilisation of the local SVQ centre to vastly reduce costs. By the time a national PTPT scheme was funded (2022), we were in a strong position to deliver.

Scottish 2018 GMS Contract (GMS contract: 2018 - gov.scot (www.gov.scot)

2021 Memorandum of Understanding (Memorandum of Understanding (MoU) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards)

P20 Ensuring PGD compliance in a mobile workforce

Joanne Hammond; Jane Smithies

North West Ambulance Service NHS Trust

Background: Paramedics have a limited scope of medicines they are legally authorised to administer[1]. As pre-hospital care advances, more medicines are being added to formulary and administered using PGDs[2]. Many paramedics are novices at using the new formulary medicines. We describe the impact technicians have in ensuring compliance with PGDs across a diverse, mobile and geographical widespread workforce such as the ambulance service.

Objectives:

- Create e-learning packages to train staff and facilitate formulary launches.
- Monitor and communicate compliance to uptake of e-learning, competency assessment and electronic declarations.
- Generate trust wide communications to support paramedic understanding of PGD use.

Methods: Technicians supported the development of PGDs, e-learning packages and communications. Technicians generated compliance reports which were shared, weekly, with leaders. These monitored compliance with training requirements and electronic declarations of sign up to PGD use prior to formulary launch. Once target compliance levels were reached, new medicines were launched onto vehicles by the pharmacy team.

Results: In 2022 one new PGD was introduced and five PGDs were renewed. By the launch date, 85% (approx. 2000 for the new PGD) and 97% (2300+ for the renewed PGDs) paramedics, respectively, completed the training, assessment and competency sign off to support safe and legal administrations of medicines.

Conclusions: Using PGDs in the ambulance sector is challenging. Training must be completed with minimal impact on the operations of the emergency service. Pharmacy technicians are essential to facilitate the role out of PGDs to paramedics to support clinical advancements in the emergency pre-hospital arena.

1.The Human Medicines Regulations 2012: UK Statutory instruments 2012 No. 1916. Schedule 17 The Human Medicines Regulations 2012 (legislation.gov.uk)
2. Patient group directions. Medicines practice guideline (MPG2). NICE. Published: 02 Aug 2013. Last updated:27 March 2017. Overview | Patient group directions | Guidance | NICE

P21 A Two Part study to investigate the Environmental (viable) and Physical impact on Pharmaceutical Cleanrooms when High Efficiency Particulate Air filtered supply is temporarily suspended

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To ensure that aseptically manipulated pharmaceutical products are free from particulate and microbial contamination, they must be prepared in dedicated aseptic cleanroom facilities, maintained and operated in line with EU GMP parameters [1].

An essential piece of equipment for this regulatory control, is the Heating Ventilation and Air Conditioning (HVAC) system; these are vast energy consuming systems, ran continuously with only approximately 22% of its running time specifically used to maintain a cleanrooms regulator parameters, when operational activities are undertaken [2].

This study was conducted in two parts:

1. To ascertain if there is any significant physical and environmental impact on an unoccupied cleanrooms EUGMP parameters, when a HVAC system is “switched off” for 12 hours.
2. To understand the viable and particulate risk during varying operational factors when a HVAC system is switched off.

The overall objective of this study was to enable the safe implementation of HVAC “switch off” out of Aseptic Services working hours; ultimately reducing the energy consumption and total running cost of this equipment and also enabling the essential alignment with the 2040 net zero emission target for the greener NHS campaign [3]

The results verified that personnel are the biggest source of contamination and largest risk to the cleanroom environment during HVAC suspension and through the removal of personnel from a cleanroom, prior to the 12 hour HVAC "switch off", there is no significant impact on EU GMP parameters of a cleanroom. This study thus concluded that alternating HVAC supply can be safely adopted.

1. European Commission. Annex 1 - The Rules Governing Medicinal Products in the European Union - Manufacture of Sterile Medicinal Products. Brussels: European Commission; 2022
2. NHS Benchmarking Network. Pharmacy and Medicines Optimisation Benchmarking Project 2019 Summary Report. Manchester, NHS; 2019
3. NHS England. Delivering a 'Net Zero' National Health Service. London: NHS England and Improvement; 2022

P22 Improving the safety of medicines - the benefits of implementing a collaborative approach by the Medicines Safety Team and Medicines Management Nursing team

Wayne Short; Gail Briggs
Leeds Teaching Hospital Trust

WITHDRAWN

P23 Improving dressings management across care boundaries

Jennifer Gibbs[1]*; Maria Campbell-Widgery*[2]

[1]NHS Bristol, North Somerset & South Gloucestershire Integrated Care Board; [2]NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

Background: The supply of dressings via FP10 prescription can lead to unnecessary prescribing and waste. It also delays patient and clinician access to wound care treatment. Medicines Optimisation teams across two Integrated Care Boards (ICBs) worked together to improve dressings management across both areas, reducing wastage and promoting financially sustainability.

Method: Senior pharmacy technicians employed at each ICB worked with local tissue viability nurses (TVNs) to develop a joint wound care formulary. The Formeo V2.0 ordering platform started being implemented across both areas, with access given to nurses working in care homes, GP practices and other community sites. Training on dressings management was provided. Sites already using the Formeo V1.0 platform or NHS Supply Chain direct were moved over to Formeo V2.0. Manufacturers and wholesalers were monitored to ensure the continued supply of dressings during a time of supply instability following the Covid-19 pandemic.

Results: A joint formulary ensured that procurement teams negotiated the best prices with manufacturers, providing cost savings of £48,662 in the first six months for the first ICB implemented. Clinician and patient access to dressings was improved and there was increased TVN input into treatment decisions. Implementing the Formeo V2.0 ordering platform also reduced GP prescribing workload.

Conclusion: Joint working promoted strong links with specialist TVNs, product manufacturers and wholesalers, ensuring the continued supply of clinically appropriate and cost-effective dressings. Sharing resources and workload across both ICBs reduced duplication and promoted consistency in the care of patients across both areas.

P24 Pharmacy technical services training academy model

Caroline Reid
Health Education England (NHSE)

Background: NHS Pharmacy aseptic services provide 3.4 million injectable medicines per year, however, the plan for the future of the NHS [(1)] will require this figure to dramatically increase in order to deliver targets and the best treatments possible.

The workload is set to increase.

The technical services workforce is in a critical state and the current capacity, capability and infrastructure are insufficient and unable to support the development of the current and future workforce [(2)].

Action needs to be taken.

Change is required to support the workforce and sustainability of the service for the future. A central school or faculty of pharmacy technical services has been proposed [(3)].

The infrastructure for training and education is a priority development.

These reports guided the aims and objectives for this clinical fellowship work.

Method: NHS Aseptic Services in the North West of England participated in a series of semi-structured interviews on training capabilities, requirements, structures, ideas for the future and potential barriers; looking at options of how to develop an academy model for the service.

Existing training academy models were reviewed to gain insight into the similarities, successes and lessons learnt; these included the Scottish Police Force, North West NHS Endoscopy Academy, North West NHS Imaging Academy and the Academy for Healthcare Science.

The research and interview data are informing a set of proposals for how a Pharmacy Technical Services Training Academy could be delivered. This work is developing through 2023 and alinging with the Greater Manchester Aseptics Hub.

(1) NHS. The NHS Long Term Plan. [Internet] 2019. Available from: https://www.longtermplan.nhs.uk/
(2) Price, L., Jackson, M., Risby, G., Welsh, S. North of England Pharmacy Technical Services (PTS) Workforce Project Report. 2020. Available from: https://www.sps.nhs.uk/wp-content/uploads/2021/10/PTS-Workforce-Report-Slides-Final-22092021-v1.pdf
(3) Department of Health and Social Care. Transforming NHS Pharmacy Aseptic Services in England. 2020. Available from: https://www.gov.uk/government/publications/transforming-nhs-pharmacy-aseptic-services-in-england

P25 The journey to achieve interoperability of digital medicines systems with close loop medicine administration in an acute trust

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University Hospitals of Leicester

The Optimed project for closed loop medicine administration was successfully piloted on two wards and a business case was approved to roll out to other inpatient wards. During the pilot the electronic prescribing and administration system (ePMA) used was that of the third party's software for e-prescribing and micrologistic management. Our trust choose not to proceed with this software, opting for the current ePMA system that the trust had developed jointly with a provider. For close loop medicine administration to be achieved this require both systems to be interoperable.

A significant piece of collaborative work with the Optimed project team,ePMA team and both software providers was undertaken. This included prescription validation for all suitable pharmaceutical forms that are repackaged as unit doses. Amendments to dose sentences used to ensure the correct VMP was allocated. Recognition of unique barcodes allocated at the point of re-packaging then assigned at the point of prescribing. All of which ensured the interoperability of both systems allowing fully automated preparation and dispensing of medicines.

Prior to go live, extensive testing was carried out. A change management process was undertaken to ensure an efficient medicine administration process was implemented. Based on bedside verification of patients and medicines via scanning of barcodes. The sharing of data between the two systems allows for consistency with the ePMA system used within our trust and improves efficiency. The benefits of closed loop administration will be cost savings from reduced medicines wastage, reduced drug administration errors therefore improving patient safety.

P26 Cleanroom Supervision in Pharmacy Technical Services

Philip Jones
Pharmacy Workforce Development South

Pharmacy Technical Services is an ever changing and evolving area, and a key area in this area of pharmacy is cleanroom supervision.

Operators are expected to have the skills suitable to undertake cleanroom supervision, but don not generally receive adequate training to accomplish this, the roles is vital, providing assurance GMP is followed, managing teams and individuals, requiring good interaction and communication.

New roles are being developed and are in place, as stand-alone Cleanroom Supervisors, requiring training and development. Career progression and development for technical staff has not been clearly developed.

With training events in cleanroom supervision and the Leeds University/TSET course 'Supervisory Skills in Technical Services', a need had been identified, yet more training is required, so the objective was to design and run an accredited programme to give the necessary knowledge and skills and be able to assess competence of operators to be Cleanroom Supervisors.

First, clarification was gained on the extent of the role of a Cleanroom Supervisor and what is expected, a desktop review of any information already around, including training.

Working group was formed with the Aseptic Services Accreditation Group and discussed with TSET to steer the programme and clarify competencies identified. This then helped put together underpinning knowledge and how to record and assess evidence.

The result is a brand-new training programme launched in September 2022, that it wasn't inclusive to unlicensed units and key competencies were highlighted.

In conclusion this programme will provide the appropriate skills and knowledge, to improve patient safety, product quality and encourage best practice.

Cleanroom supervision is defined as "a process by which one worker is given responsibility by the organisation to work with another worker in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users." Social Care Institute for Excellence 2021.

QAAPS (Quality Assurance of Aseptic Preparation Services) states in the introduction of chapter 10, 'Aseptic Processing', that this involves the "control of the aseptic processes e.g., by use of standard operating procedures, monitoring, training, competency assessment, supervision, etc. "

Orange Guide (EU Guidelines for Good Manufacturing Practice for Medicinal Products), Chapter 5
National Occupational Standard's (NOS) Skills for Health criteria for 'Personal and People Development.'

P27 Evaluation of a local antimicrobial intravenous to oral switch (IVOS) tool by Medicines Management Technicians (MMTs)

Jamie Perry; Annette Clarkson

Nottingham University Hospitals

Background: IVOS is an antimicrobial stewardship (AMS) intervention which optimises antimicrobial use, reduces costs and contributes to safe and effective patient care. In November 2022, the UK Health Security Agency (UKHSA) published national IVOS criteria (1), these formed the basis of our revised local IVOS tool. The AMS team identified that the MMT could play a key role in IVOS and wished to seek MMT opinion.

Method: Our local IVOS tool formed the basis of a problem based education session, demonstrating application of the tool to prompt for an IVOS. MMTs were asked to provide anonymous feedback via a short questionnaire using a five point Likert scale.

Results: Twenty MMTs participated. The following mean scores were obtained;

- *Is prompting for IVOS an MMT role? 4.5/5.0.*
- *How confident do you feel using the IVOS tool?* 4.5/5.0.
- *Would you use the tool on the ward to assess a patient for IVOS?* 3.7/5.0.

Qualitative feedback showed that confidence in applying the tool varied. MMTs agreed the tool would work best as a reference-aid rather than as an assessment tool requiring formal completion.

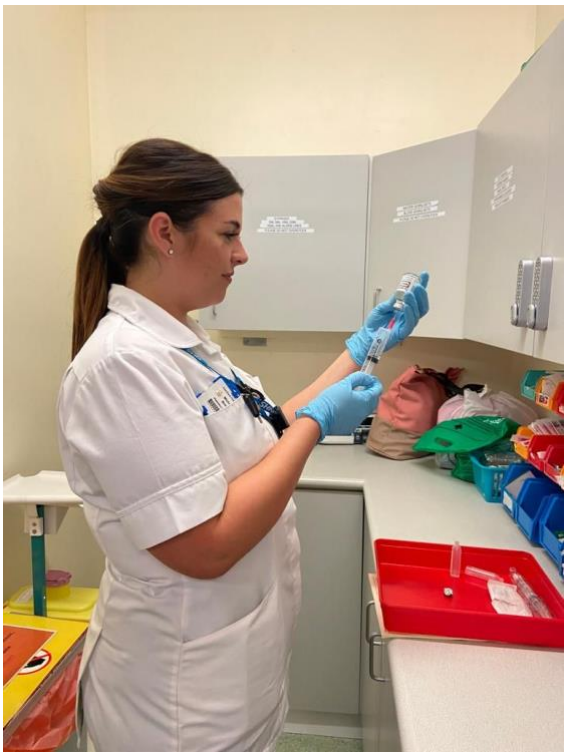
Conclusion: MMTs consider IVOS to be within their scope of practice and felt confident using the tool to assess for a switch in an educational setting. Application of the tool in clinical practice is an area for future study, to understand potential enablers and barriers.

UK Health Security Agency. *National antimicrobial intravenous-to-oral switch criteria for early switch*. https://www.gov.uk/government/publications/antimicrobial-intravenous-to-oral-switch-criteria-for-early-switch/national-antimicrobial-intravenous-to-oral-switch-ivos-criteria-for-early-switch [Accessed 14th March 2023]

P28 Improving patient safety in the emergency department by pharmacy technicians completing medicine and allergy reconciliations and administrating medications to patients

Benjamin Smith; Michelle Brown; Gemma Hoddinott; Lisa Miles; Sairah Mukhtar

East Kent Hospitals University NHS Foundation Trust



The Emergency Department (ED) were having incidences of patient safety being compromised. Patients receiving penicillin-based antibiotics they were allergic too, missing doses of critical medications, and not receiving correct medication during time in ED. Due to the department struggling to recruit nurses, ED wanted to pilot employing two Pharmacy Technicians to administer medications to patients and compete Medicine Reconciliations (MRs).

The objectives were to reduce patient harm from medicines by completing MRs, resolving discrepancies, answering clinical queries (within scope), allergy checks to prevent administration of medicines a patient was allergic to, sourcing medicines, and giving orals to prevent missed doses and administering top 3 IV medicines identified as causing harm through Datixes (Co-Amoxiclav, Flucloxacillin and Gentamicin).

The pilot took place from January till October 2022. Two Pharmacy Technicians were re-deployed to ED, covering 5 days a week from 8am till 7pm and weekends covered by AMU team. We were trained to administer medicines and completed competencies and signed off by nurse educators. Data was collected in form of intervention logs, recording MRs and interventions, queries, allergy checks, administration (with added benefit of releasing nursing time to care), reviewed at 3 and 6 months.

1020 Interventions were made since joining. From this, 600 helped prevent harm to patients. Following its success, we are funded to be part of the ED team permanently, helping with medicine issues to release nurses. Another Pharmacy Technician has joined us and plans to extend the role to our other acute hospital in the Trust.

P29 Improving patient experiences with admission avoidance home intravenous antibiotics

Nicola Walker; Stuart Bond; Joseph Spencer-Jones; Damilola Mustapha; Annam Sadiq; Jade Lee-Milner

Mid Yorkshire Hospitals NHS Trust

Background: The Specialist Pharmacy Technician and Antimicrobial Stewardship (AMS) Team coordinate outpatient parenteral antibiotic therapy (OPAT) referrals for once daily intravenous antibiotic infusions and elastomeric pumps administered in patient homes by community nurses. Patients requiring intravenous antibiotics but are well enough to remain at home are eligible for admission avoidance OPAT. The AMS team wanted to increase admission avoidance OPAT and first dose administration at home to improve patient experience and patient flow by reducing inpatient bed days.

Method: Hospital consultants refer patients to the AMS team for admission avoidance OPAT. The Specialist Pharmacy Technician coordinates medication supply, OPAT nurse referral and counsels the patient. Patients that have received intravenous antibiotics in the previous year are eligible for their first antibiotic dose at home. Patients only attend hospital for a peripherally inserted central line and are monitored in a weekly remote ward round.

Results: In 2018/2019 5% of the total OPAT caseload was admissions avoidance. This increased to 13% in 2020, 18% in 2021 and 19% in 2022. Admission avoidance OPAT since 2018 has saved 1,144 bed day for 66 patients. In that time five patients were admitted to hospital with central line problems or for surgery/palliation, and two patients ceased due to side effects. From June 2022 to March 2023 eight patients received their first dose of intravenous antibiotics at home.

Conclusions: The excellent working relationship of the Specialist Pharmacy Technician, AMS team, hospital consultants and community teams support and encourage the continued service improvement for our patients.

P30 Antibiotics used for UTI prophylaxis - A review in Primary Care

Claire Jones; Kathryn Davies; Zoe Kennerley
Hywel Dda University Health Board

A review was undertaken of all patients being prescribed prophylactic antibiotics for recurrent UTIs across the Health Board. A letter was produced by the lead urologist and the Assistant Medical Director of Primary Care advocating patients should be reviewed at 3 months for UTI prophylaxis and referred to urology in complex cases. Educational sessions were delivered to the pharmacy team and at GP prescribing leads/cluster meetings by the antimicrobial pharmacists and consultant microbiologists.

The aim of the review was to reduce the length of time patients are prescribed UTI prophylaxis in line with national guidance (1,2), to reduce antimicrobial resistance, the incidence of multidrug resistant infections and the risk of possible side effects e.g., pulmonary fibrosis with long term nitrofurantoin. Alternative options were offered including self-care advice, standby antibiotics and antibiotic sparing options e.g., methenamine hippurate (recently approved for use by GPs on the formulary).

Pharmacy technicians collected the data from patient records for the pharmacists to make recommendations to GPs. The GPs then reviewed and discussed with appropriate patients about their antibiotics, explaining the rationale for stopping. The enthusiasm and engagement from the GPs working alongside the Medicines Management team showed very positive results, reducing risk for these patients.

County 1 produced a 52% reduction, and county 2 a 24% reduction in antibiotics prescribed for UTI prophylaxis. All patients recieved a review and a discussion on their UTI prophylaxis with a healthcare professional. This has raised awareness within practices to complete ongoing reviews.

1. All Wales Medicines Strategy Group. *Primary Care Antimicrobial Guidelines.* Available from: https://awttc.nhs.wales/files/guidelines-and-pils/primary-care-antimicrobial-guidelines-2022-v7-pdf/. [Accessed 12 January 2023].
2. National Institute for Health and Care Excellence. *Urinary Tract Infection (Recurrent): Antimicrobial Prescribing*. Available from: https://www.nice.org.uk/guidance/ng112. [Accessed 12 January 2023].

P31 Developing an integrated pharmacy technician workforce for the future

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Dorset HealthCare University NHS Foundation Trust

Background:

- Address national recruitment and retention crisis affecting pharmacy technicians which is severely impacting our region
- NHS organisations and other employer stakeholders in our ICS formed a pharmacy workforce faculty to increase recruitment, retention, and development of the pharmacy workforce across the ICS
- The project supported the faculty's objectives by:
    - Developing a career framework for pharmacy technicians from student through foundation level and beyond
    - Creating rotational/ portfolio roles for pharmacy technicians across sectors in the ICS

Methods:

- Built on experience in PTPT cross sector apprenticeships
- Alongside Stakeholders, devised and implemented Integrated Technician Band 4 to 5 development programmes and posts across sectors and employers
- Utilised APTUK National Competency Framework for Primary Care Pharmacy Technicians and Foundation Pharmacy Framework
- Progressed autonomous Band 5 integrated roles across system including PCNs, care homes, acute trusts, mental health, community, and domiciliary services

Results are demonstrating:

- Greater understanding of different sectors and the patient journey to improve patient centred care
- Increased transferable skills facilitating their use across sectors
- Flexibility and versatility of workforce
- Succession and capacity planning for the future
- Flexible hours and portfolio roles are achievable
- Benefits of competency frameworks in staff development and leadership

Conclusion: Ongoing collaborative system level working is required for the continuing development of an integrated pharmacy technician workforce for the future. Innovative integrated portfolio roles are driving recruitment, demonstrating potential to increase retention, development, job satisfaction and raising the profile of pharmacy professionals.

P32 Referral of cardiac patients to discharge medicines service (DMS) - a training programme for pharmacy technicians

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[1]Kingston Hospital NHS Foundation Trust; [2]Health Education England London

Background: Part of our plan to expand the DMS[1] was to involve Medicines Management Pharmacy Technicians (MMPTs) in making referrals to primary care, initially for cardiac patients. Cardiac patients have a polypharmacy risk and require monitoring. Part of the NHS long term plan[2] is to optimise their treatment. To do this, MMPTs required training and upskilling with a focus on counselling and the DMS referral process for high-risk patients.

Method: A detailed training pack was designed and delivered over 6 months, including:

- e-learning
- directed reading.
- workflow checklists
- competency logs

Part of the programme also involved training workshops, run by the education and training team (E&T). These were interactive and included required content to further the MMPTs skills and knowledge to support DMS. These included:

- when to refer to a pharmacist
- counselling, health promotion
- high-risk cardiac medicines
- PharmOutcomes (established IT solution for community pharmacy referrals).

Results: 7 out of 8 MMPTs undertook the comprehensive training programme over 6 months. MMPTs were then fully skilled and competent in identifying high-risk patients, making appropriate interventions, providing effective counselling, and making referrals as part of DMS.

Conclusion: The increase in DMS referrals has demonstrated the advantage of upskilling MMPTs to improve patient care. Over 9 months, 111 out of 268 identified cardiac patients were referred by MMPTs once trained. Patient feedback highlighted that counselling they received was informative, helpful, detailed and efficient. Post training feedback from MMPTs highlighted it was engaging, supportive and increased job satisfaction.

1. NHS Discharge Medicines Service – Essential Service: Toolkit for pharmacy staff in community, primary and secondary care, 15th January 2021 - https://www.england.nhs.uk/publication/nhs-discharge-medicines-service-essential-service-toolkit-for-pharmacy-staff-in-community-primary-and-secondary-care/
2. NHS Long Term Plan, version 1.2, August 2019 - https://www.longtermplan.nhs.uk/

P33 Oncology Pharmacy Technician Association

Taryn Newsome

Oncology Pharmacy Technician Association Coordinator

Purpose: The Oncology Pharmacy Technician Association (OPTA) is the first professional association dedicated to supporting and encouraging the professional development of oncology pharmacy technicians. Established in late 2018 by NCODA, OPTA has quickly grown to a membership of over 800 oncology pharmacy technicians across the globe.

Our Mission is to strengthen and empower oncology pharmacy technicians in their increasingly vital role as part of the medically integrated pharmacy by providing leadership and professional development opportunities to ensure better outcomes for cancer patients.

Methods: OPTA helps maximize professional development through training, collaboration, and knowledge sharing. Through efforts like our monthly webinars and our pharmacy technician publication, *OPTA Review*, OPTA also provides access to CE and a certification program that advances leaders with high-quality oncology pharmacy technician education.

Results: The role of today's oncology pharmacy technician involves increased oncology clinical knowledge, expertise, and services that go beyond the traditional role of a pharmacy technician. According to the American Society of Health-System Pharmacists, with the increase of utilizing oral anticancer therapies, there is greater focus within the ambulatory oncology pharmacy to focus on quality improvement. 1 Therefore, oncology pharmacy technicians are assisting with patients' treatment through dose changes, refills, adherence, compliance and side effect management.2

Conclusion: Oncology pharmacy technicians are the foundation of the medially integrated pharmacy and through OPTA, pharmacy technicians are supported in the development of uniform education, training, and certification.

1. ASHP-HOPA guidelines on the roles and responsibilities of the pharmacy ... [Internet]. ASHP. [cited 2023Mar30]. Available from: https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/pharmacy-technician-role-responsibilities-ambulatory-oncology-pharmacy.pdf

2. Einodshofer M, Kansler S. Cost management through care management: a perspective on choosing the right specialty pharmacy partner: part 1. Am Health Drug Benefits. 2012;301-304.

P34 Improving inhaler technique counselling training given to Medicines Management Technicians (MMTs) to improve patient outcomes

Caroline Daykin

Specialist Respiratory Medicines Management Technician

Introduction: To be able to counsel patients on correct inhaler technique it is important that MMTs are competent and confident on how to use each device. If patients are not correctly taught and routinely tested on their inhaler technique then this will lead to poor disease control, wasted medication and an increased use of healthcare resources.

This project was undertaken as part of BTEC Level 4 Diploma in clinical pharmacy services and therapeutics.

Method: In person training session given to MMTs. The aim was to improve knowledge of inhalers and correct inhaler technique. In-Check DIAL G16 inhaler device used for MMTs to practise their own inhaler technique on, and placebos of various types of inhaler devices were provided for MMTs to learn how to prime and use each one. A supplementary training pack was supplied to each MMT that attended the training to reinforce what was learnt in the training session.

Results: After completing the training session 100% of MMTs were able to identify poor inhaler technique, identify different types of inhaler device and confidently counsel patients on correct inhaler technique

Conclusion: Prior to training MMTs felt that they lacked knowledge of inhaled medications and devices, and were not confident on correct technique to counsel patients. The training addressed this and on completion of training 100% of MMTs were confident to identify poor inhaler technique and to counsel patients correctly.

P35 A consensus building study to define the role of a clinical pharmacy technician in a Primary Care Network environment in England

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University of Bath

Objective: To define criteria of the role of a clinical pharmacy technician that can be applied to the Primary Care Network environment in England.
Method: Consensus-building study using Delphi methodology conducted in three stages: Stage 1: topic generation from a literature review; Stage 2: Delphi process via Jisc Online Surveys; Stage 3: analysis and presentation of identified topics.
Key findings: A consensus-defined list of 61 criteria appropriate for the role description of a clinical pharmacy technician across all healthcare sectors was derived. This was refined to 35 criteria considered most important to the role of a clinical pharmacy technician working in a Primary Care Network environment. A qualitative analysis of expert panel comments identified the importance of defining the level at which a pharmacy technician conducts each element of the role, suggesting they would be working at an 'advanced' level. Due to the advanced nature of this role, day-to-day supervision would be less than that of a pharmacy technician, and usually conducted by a pharmacist. This research supports existing international literature that a clinical pharmacy technician role releases capacity for other healthcare professionals to focus on more complex patient cases.
Conclusion: This research has provided a defined list of criteria considered appropriate for the role description of a clinical pharmacy technician. The need to evidence levels of pharmacy technician practice against recognised competency frameworks alongside clear role descriptors was noted. This study adds to the limited international research about pharmacy technician roles and supports the International Pharmaceutical Federation Pharmaceutical workforce development goals[1].

1. International Pharmaceutical Federation (FIP). The FIP Development Goals report 2021: Setting Goals for the Decade Ahead. The Hague: International Pharmaceutical Federation, 2022.

P36 Supporting pharmacy technicians to develop patient-facing clinical roles in primary care

Bianca Glavin; Joanne Nevinson; Sally Greensmith; Matthew Shaw

Centre for Pharmacy Postgraduate Education (CPPE)

Background: The Centre for Pharmacy Postgraduate Education (CPPE) was commissioned to train pharmacy professionals to undertake roles as described in the primary care Network Contract Directed Enhanced Service.

NHS England's vision for pharmacy technicians (PTs) is to move from technical roles to clinical and patient-facing roles.

Since 2021, PTs joining the pathway have shared challenges in recognizing how the CPPE clinical training was relevant to their roles.

Methods: We reviewed PT feedback to develop and implement a support programme, empowering PTs in patient-facing, person-centred care, integrated into the multidisciplinary team to improve patient access and improve health outcomes.

The programme encompasses induction, online support sessions, preparation sessions for the clinical workshops and an online PT forum.

Data is collected on engagement with support sessions plus routine feedback from the sessions' chat boxes, surveys and the forum.

Results: The data show an increase in engagement from PTs attending the support sessions and demonstrates an improved understanding of the relevance of PCPEP to the PT role, with the discussion forum proving effective in supporting role development.

Conclusions: The support has enabled PTs to recognize their professional position in primary care services and PTs are becoming patient-facing more rapidly than in 2021. The optional nature of these sessions means that some have chosen not to engage.

Further enhancement of the support sessions will accelerate early patient facing engagement through the use of PT case studies undertaking different types of medication review.

1. NHS England » Network Contract Directed Enhanced Service (DES)
2. NHS England » Network Contract Directed Enhanced Service: Additional Roles Reimbursement Scheme Guidance

P37 Replacing paper charts in our emergency department with an electronic prescribing and administration system

Deepa Raniga

University Hospitals of Leicester NHS Trust

Introduction: The electronic prescribing and administration system (ePMA) at UHL was developed jointly with Nervecentre and then successfully piloted on the renal wards. As part of the e-Hospital programme, this was rolled out to all adult areas replacing our existing ePMA system. The Emergency Department (ED) had always used paper charts and one of the final stages in the rollout was to configure and deployed the ePMA system in the busy ED environment.

Method: A significant piece of collaborative work with ED consultants and the ePMA team was undertaken which completed over 300 custom-built doses sentences, which included a specific file structure, agreed folders, sub-folders and protocols to facilitate ease of prescribing and administration. Prior to go live, training sessions and videos were developed and delivered to front line staff and during go live, floor walking support was made available to all staff to answer any queries and support use.

Conclusion: The smoothness of the rollout indicated that the system was easy to use and liked by staff, particularly as it is fully mobile and available on a variety of devices. The collaborative approach used during configuration ensured good staff engagement and satisfaction. Visibility of drugs prescribed and administered improved, reducing the number of missed doses and drug errors. Risk with regards to repeated drug dosing was mitigated which in turn has had a positive impact on patient safety. During roll out training and support required was minimal which indicated that the approach was a success.

P38 Evaluation of a regional Pre-registration Trainee Pharmacy Technicians (PTPTs) virtual training programme

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Background: In March 2020 the pandemic prompted the establishment of an online supportive network group of Educational Programme Directors (EPD's) from acute trusts across the region.

The group wanted to provide peer supported learning using a virtual platform, to aid networking with peers, compliment the academic learning and meet local service needs.

Objectives:

- Create a virtual monthly programme to cover the two-year PTPT training programme
- Identify areas for delivery complicit with standards for the initial education and training of pharmacy technicians[1]
- Evaluate PTPT's satisfaction of the monthly training programme

Method: One hour training sessions were scheduled at 4 weekly intervals. The schedule was aligned to the trainees' professional and academic journeys with a greater focus on clinical topics and preparation for professional practice in the second year.

PTPT's were invited to complete an online satisfaction survey with a five-point Likert scale. Qualitative comments were thematically analysed.

Results: 83 evaluations were completed. Attendance varied depending on cohort sizes and workforce demands. The evaluation results were overwhelmingly positive.

Key results:

98% felt the knowledge level was appropriate

94% felt the session was presented well

100% felt the sessions were relevant to practice

Conclusion: The evaluation proved that the time invested by EPD's was valued by the PTPT's. Having the opportunity for shared learning in a professional environment using a virtual platform was ideal for efficiency and inclusion.

To develop the programme further we would like to extend the sessions to PTPT's in other pharmacy sectors. This would allow resources to be shared, further networking and collaboration.

1. General Pharmaceutical Council. Standards for the initial education and training of pharmacy technicians. [internet]. 2017 [cited 2022 May 27]. Available from: www.pharmacyregulation.org/sites/default/files/standards_for_the_initial_education_and_training_of_pharmacy_technicians_october_2017.pdf

P39 Improve waiting times for patients receiving cancer therapy by introducing a technician led out-patient pharmacy service

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An increase in the number of patients receiving IV chemotherapy has resulted in extended waiting times for treatment prepared at Pharmacy and has led to inefficient nursing time at the cancer therapy unit. This has added increased pressure and stress for patients, pharmacy, and nursing staff due to long delays.

An audit was carried out from Monday to Friday over a 4-week period to evaluate the pharmacy chemo manufacture and dispensing service. Processing times were recorded for each step of the chemo manufacture process in order to establish areas of congestion and phone-calls/queries were also recorded. Once these areas were identified, it was important to look at how we could limit inefficient processes in our pharmacy service.

Some of the main areas identified as inefficient were the final checking process and delivery of chemotherapy from pharmacy to the cancer unit. The volume of calls/queries from cancer unit to pharmacy cause lots of distractions which in turn slows down the process of aseptic preparation.

A new pharmacy technician role was implemented to create a new technician-led service at the cancer therapy unit. The technician reviewed medication that could be moved/dispensed at the cancer unit. The pilot was initially trialled on a Thursday of each week. Data gathered before and after the pilot was compared to evaluate the service effectiveness.

The pilot was extremely successful, and the service is now formalised. The technician led service is now operational Monday to Thursday and continues to develop and improve.

P40 Pharmacy Technicians supporting Care Homes

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Background: Building on work initiated in 2016, the aims of the Care Homes Pharmacy Team are to reduce hospital admissions, optimising medicines, improve outcomes for residents, improve medicines-related processes, and reduce medicine wastage in care homes.

Method: Three Pharmacy Technicians are carrying out medication process reviews at care homes across the county using a "baseline audit" tool. The audit tool helps identify required support/training for staff, the changes required to medicines-related processes/systems, as well as how to reduce waste.

The Pharmacy Technicians provide ongoing support for care homes by building relationships with care homes staff, GP/PCN teams and other Multi-Disciplinary Team (MDT) members. They also support the Care Homes Pharmacy Team Pharmacists in preparing for Structured Medication Reviews (SMRs.)

Results - Interventions and advice given:

- Updating allergy information and dose timings on Medication Administration Record (MAR) sheets
- Highlighting to Care Homes Pharmacy Team Pharmacists which residents require priority reviews (including those on high-risk medicines or unusual dosing e.g., Furosemide at teatime)
- Suggesting areas of improvement after observing medication rounds at care homes
- Providing support and information to GP practices regarding PRN (when required) protocols, homely remedies, and covert administration
- Reduction of medicine waste and proven savings after guidance given to carry medication forward to the next cycle

Conclusions: Pharmacy Technicians are using their skills and knowledge to provide vital support to care homes and GP/PCN teams to ensure that residents receive optimised care, fewer hospital admissions, improved medicines-related processes, and reduced medicines waste at care homes.

P41 Enhancing the role of Registered Pharmacy Technicians working within Hospital Cancer Services through Expansion of Practice

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University Hospitals of North Midlands NHS Trust

Introduction: Following clinical screening of Systemic Anti-Cancer Therapy (SACT) prescriptions, the accuracy release of SACT is performed by authorised cancer pharmacists.

Pharmacy technicians perform final accuracy check on all dispensed medications (except clinical trials) through the nationally accredited Pharmacy Accuracy Checking Technician (ACT qualification) this includes oral chemotherapy and injectable medicines. SACT prepared within the MHRA Manufacturer's 'Specials' Licensed unit and sourced from commercial suppliers are excluded.

Introduction of ACT by Pharmacy Technicians of SACT expands their scope of responsibility.

Aims and Objectives: Develop an in-house training for ACT of SACT

- Train and educate ACTs in cancer and SACT regimens
- Ensuring safe practice – competency based validations in dispensing and accuracy checking SACT

Methods and Results:

- Training package developed in modules tailored to the experience and qualification of the registered pharmacy technician
- Completion of competencies for dispensing and checking SACT
- Systemic Anti-Cancer Therapy (SACT) Competency Passport, UKONS was referenced as part of the clinical module1
- Approval of Expansion of Practice by Divisional Governance and Chief Nurse

Discussions/Conclusion:

To date four technicians have completed the training and one is in training

This expansion of practice recognises the skills and experience of the registered pharmacy technician. Individuals have felt empowered in their role and enhanced responsibilities and have increased job satisfaction. It has created a positive cultural change within the team for workforce development. Service continuity has improved and released cancer pharmacist time for clinical duties.

1. UKONS. Systemic Anti-Cancer Therapy (SACT) Competency Passport: Oral, intravenous, subcutaneous and intramuscular SACT administration for adult patients. v4; 2019 August

P42 Audit of Medicines Reconciliation (MR) and Medicine Interactions of new patients scheduled to commence Systemic Anti-Cancer Therapy (SACT) at a Teaching Hospital

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Introduction: Medicines reconciliation (MR) i.e. 'the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes'1 is an essential process as part of the medicines optimisation agenda. It has the potential to reduce errors on admission and discharge from an acute hospital setting.

In addition, it is recognised that medicines errors pose a threat of harm to hospital inpatients, leading to increased morbidity, mortality and economic burden to health services2

Nationally accredited Pharmacy Accuracy Checking Technicians undertake telephone MR on patients about to commence SACT, including oral and outpatients.

Aims and Objectives: Audit of 70 MR was carried out for new SACT patients to quantify the number of interventions and potential drug interactions utilising the Radboundumc University of Liverpool Cancer Drug Interaction Checker3

Method and Results:

Review 70 MR

33 no interactions

29 one or more medicine interactions

6 unable to contact

1 declined medicines reconciliation

1 already started treatment

62 MR average number of medicines was 5

46% of patients reviewed had a potential interaction

Checked 271 items with 56 interactions equating to 21%

Discussion / conclusions: Undertaking MR prior to commencing SACT enabled Pharmacy Technicians to escalate medicine interactions in a timely manner to Pharmacists. The pharmacists assessed the interactions and escalated to the prescriber to review their treatment choices. This supports Medicines Management within the Trust and ensures patients are treated safely.

1. Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline March 2015 www.nice.org.uk/guidance/ng5
2. Technical patient safety solutions for medicines reconciliation on admission of adults to hospital: National Institute for Health and Clinical Excellence (NICE) and the National patient safety Agency (NPSA). Issue date December 2007, available at: http://www.nice.org.uk/nicemedia/pdf/PSG001Guidance
3. Radboundumc University of Liverpool Cancer Drug Interaction Checker https://cancer-druginteractions.org/

P43 Implementation of digitisation of NHS prescriptions in clinical homecare settings

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Introduction: Homecare prescription processes are currently paper based. With services operating across multiple sites prescription turnaround times can be extended, occasionally leading to delays in patient's treatment. The National Clinical Homecare Association (NCHA) launched its Prescription E-Signature Hub (RxESH); a significant step in the digitisation of homecare services. Whilst a fully integrated secondary-care homecare e-prescribing solution is the preferred option long-term, RxESH provides NHS Trusts, an immediately available, pragmatic solution.

Method: The NCHA, via tendering process, selected E-Sign to help build this system. UHL Pharmacy Homecare team worked with the E-Sign team and homecare provider to generate a digital process for Severe Asthma biologic prescriptions. E-prescriptions and workflows were tested; Standard Operating Procedures and governance practices were developed to ensure regulatory compliance and patient safety.

Results:

- Reduction in prescription processing time from two-days to two-hours, (80% reduction)
- Staff reported an improved ability to track/audit prescriptions
- Easy to set-up and maintain system
- Estimated 9,172kg CO2 equivalent reduction over 12 months (including paper and envelopes)

Conclusion: Whilst NHS trusts are developing integrated electronic homecare prescribing solutions, digital document management platforms like RxESH offer key interim solutions. Replacing paper-based methods provides healthcare workers with tangible benefits including prescription timesaving, enhanced security, as-well as, releasing time for clinical teams to focus on delivering patient care. Limitations of the RxESH can include clinical-homecare providers being at different stages of IT maturity and the different software and systems needing to communicate with each other.

P44 Community Falls Service; the Clinical Impact of a Pharmacy Technician

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The community resource team (CRT) is a multidisciplinary team establishing care closer to home. The aim of the service is to prevent hospital admission to relieve pressure in the acute service and provide a better patient experience. The service consists of health and social care professionals and includes a consultant-led Falls service. Pharmacy are a fundamental part of the team and the role of the Pharmacy Technician is rapidly evolving to deliver a high-end clinical service.

The Pharmacy Technician attends a weekly virtual multi-disciplinary team meeting, a weekly face-to-face Falls clinic and also has a caseload to visit selected patients at home. The Technician undertakes a comprehensive drug history for every patient and provides advice and initiates medication changes including de-prescribing, starting bone health, treatment for postural hypotension and medicines adherence. Once the review has taken place, the Technician makes suggestions to the medical team.

De-prescribing is a great opportunity to lessen tablet burden and remove medicines associated with falls. The Pharmacy Technician identifies patients in need of bone health through a fracture risk assessment tool and completes all necessary steps prior to pharmacist prescribing; this includes calculation of creatinine clearance, checking bone profile results, checking previous drug and medical history and a telephone discussion with the patient/carer.

Since the involvement of the Pharmacy Technician, the number of de-prescribed medicines and bone health prescriptions has increased, Pharmacist and Consultant time has been released, and Technician job satisfaction has been enhanced.

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