

PHARMACY TECHNICIAN **JOURNAL**

Post Conference Edition

PTJ

Journal of the Association
of Pharmacy Technicians
United Kingdom



AAH/APTUK
Annual Pharmacy
Technician Awards 2018



APTUK September issue: Conference Edition

- APTUK Annual Awards
- Membership Business Meeting
- Conference Sessions





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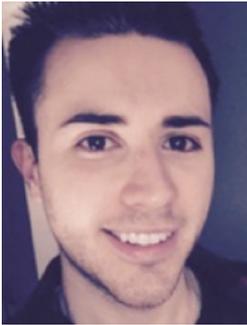
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JOSH TAYLOR MPharmT – Editor
editor@aptuk.org

Where has the time gone!

As I find myself writing my editorial for this September issue of 2018 it has hit me... My two years in post as a National Officer for APTUK has come to an end! It feels like only yesterday I was the new kid that joined this amazing organisation looking to enhance my role as a pharmacy technician, and to delve more into the profession and see it in a wider context.

I have to say, these past two years have been a real eye opener in terms of all the fantastic work our members are carrying out across the sectors, all in the name of being a pharmacy technician. We are a pretty diverse bunch and I truly am proud to be a part of this family of healthcare professionals, all looking to enhance our profession and take it to the next level.

Throughout this issue, you will see the great content that was exhibited throughout the APTUK Annual Conference, and whether or not you attended, I'm sure you can appreciate all the hard work that went on behind the scenes, providing our members with the opportunity to gather as a profession to share learnings, best practice, and the award-winning work we do on a daily basis. So, lets take this time to give thanks to all of our, very hard working, Directors and National Officers, who work tirelessly, and in their own time, to make our profession something to be proud of!

As I said, this issue is filled with all the best moments from this year's conference, so if you were unable to attend, you can catch up on the conference session that you missed, as well as all of this year's award winners. If you were lucky enough to attend, then you will find the pages filled with memories of what I'm sure was a fantastic weekend!

Reflecting on my time with APTUK, I am still amazed that I was able to be a part of this national organisation to shape and help grow our phenomenal profession, through various meetings attended, but mainly, through this body of work which I am highly proud of. I feel sad to be letting go of the journal, but for the next year I will be focusing on completing my Level 4 Clinical Diploma.

I would like to leave on a note of thanks. A huge thank you to everyone at APTUK in their support throughout my term as a National Officer. This role has helped me in so many ways, from developing my writing skills for work reports and KPI details, to the submission of essays and assignments in my clinical diploma. I cannot recommend this role enough to anyone looking to gain new skills, or to develop existing skills you may already have. If you are unsure about applying for any positions within APTUK, I say go for it!

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PTJ 2018/19 Timeline

Edition	Copy deadline
December 2018	November 10th 2018
April 2019	February 17th 2019

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TESS FENN MAPharmT – APTUK President
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President's Address

Members, Fellows, Honorary Members, National Officers and Guests

Firstly, I would like to start my 2018 address by extending my gratitude to all members, our sponsors and our stakeholders who continue to give support to APTUK, the Pharmacy Technicians' professional leadership body. Without this support we could not continue our work. I am pleased, yet again, to report that the number of members continues to steadily rise. This year we have increased our membership by 16%. Diane Meech, our Director of Finance, will provide you with the membership details in her report, but I would like give our new members, who are from all pharmacy sectors, a very warm welcome. I, and APTUK, look forward to your involvement and feedback that will enable us to go from strength to strength.

Never was there such an important time for pharmacy technicians, as fundamental members of the pharmacy team, to collectively rise to challenges and to take opportunities wherever possible. It is essential that the role of the pharmacy technician is maintained and developed and that we, APTUK, as the professions' leadership body, influence how roles can be utilised to develop and enhance services to improve patient care and outcomes.

Reflecting on the associations' role as leaders and that of our members, I feel it is fair to say again, this year that we are all working within the 'constant of change', in that change is now always-to-be-expected. However, we are also working within systems that are under immense pressure, whether that is in the healthcare system trying to meet a rising patient demand or APTUK, in our leadership role, keeping pace with the support our members and profession want and need.

Doing the right things

In any organisation, it is the strategy, driven from the vision of leadership that defines if we are 'doing the right things' and we are 'doing these right'. To help us develop our 2018-2021 strategy and identify our priorities, we held an event in January 2018

'APTUK Professional Leadership with a Purpose-our next 3 years'. Invited members and key stakeholders joined the Board of Directors and the Professional Committee at this engaging event that included presentations highlighting the future direction of pharmacy and a series of interactive workshops looking at 'Pharmacy Technicians: The Profession', 'APTUK: The organisation' and what we

should 'Start, Stop & Continue' to do. We are currently working on the evaluation of the horizon scanning event and developing this into our 3 year strategy, soon to be launched.

Looking back over our outcomes for 2017-2018, our business plan for this period identified, as well as 'business as usual' for the running of APTUK, twenty-five objectives. Of these, 28% are ongoing and in progress, 16% have not been started or put on hold and 56% have been completed.

The finer details of these outcomes are informed by the Workstream reports. However, the highlights of objectives met include: increased number of Branches and development of support tools, 'Step up to Revalidation', Engagement with the General Pharmaceutical Council Initial Education and Training standards, the Pharmacy Technician Qualification and the Pharmacy Apprenticeship Trailblazers, Review of the Pharmacy Technician Journal, collaborative agreements with pharmacy partners, Statement of Intent for working with the Royal Pharmaceutical Society, develop and establish new website and development of Professional Standards for Final Accuracy Checking which are near to final consultation during the summer/autumn 2018. I would like, at this point, to acknowledge the support from our Honorary Member, Karen Harrowing, for her expertise in helping us develop the final accuracy checking standards.

We have continued to respond to a number of consultations on behalf of our members and have represented the views and opinions of pharmacy technicians for six consultations. These have included the GPhC: guidance to ensure a safe and effective pharmacy team and the HEE Workforce Strategy: Facing the Facts, Shaping the Future, A health and care workforce strategy for England to 2027.

In addition to this work APTUK have attended a number of pharmacy events, promoting the profession and offering members information and guidance as well as encouraging non-members to join. These events have included the Pharmacy Show, Day Lewis Conference, The Manchester Pharmacy Careers Conference and the Clinical Pharmacy Congress. We also engaged extremely successfully, in October 17, with 'Celebrating Pharmacy Technician Day, RxTechDay'.

This work has been ongoing throughout the year and once again, I report that APTUK have had an exceptionally busy year. Reflecting on this, I would like to acknowledge the APTUK Directors and

"THIS YEAR
WE HAVE
INCREASED
OUR
MEMBERSHIP
BY **16%**"

“IN TOTAL I HAVE ATTENDED OVER A HUNDRED MEETINGS OF WHICH 75% HAVE BEEN EXTERNAL MEETINGS”

Professional Committee of National Officers for their commitment, hard work and time that they freely give to support our Pharmacy Technician profession. Without their continued dedication, on behalf of our members, none of this would be possible. Please do read the workstream reports so that you are aware of the range, depth and volume of work, the initiatives we are engaged with plus the many meetings and events that have been attended.

To continue to support our vision ‘Leading pharmacy technicians to deliver professional excellence for patient centred care’, you will see by my list of meetings attended, that once again, I have engaged significantly with governments, the regulator and other key stakeholders and organisations to ensure that the Pharmacy Technician profession is fully utilised. In total I have attended over a hundred meetings of which 75% have been external meetings representing our profession. I have also attended twenty four internal organisational meetings of which I have formally chaired twelve.

As in previous years, many of these meetings have been as a member of strategic and high level national pharmacy projects including, to name but a few, the GPhC Continuing Revalidation Advisory Group, Hospital to Home Pharmacy Urgent Care Reference Group, CPPE Executive Operational Board, Pharmacy Public Health Forum, Paperless 2020 – Pharmacy Digital Literacy Working Group, RPS polypharmacy steering group, Health and Justice Pharmacy Workforce Group, Pharmacy Technician Qualification Oversight Group, Community Pharmacy Technician Programme Research Steering Group and last but not least, the Rebalancing Medicines Legislation and Pharmacy Regulation Programme Board.

Well represented

In addition to this APTUK representatives are also part of the RPS Homecare Standards Handbook Advisory Steering Group (Diane Meech), the RPS professional standards for hospital pharmacy review (Andrea Ashton, Sue Jones, Pam Bahia), Pharmacy Apprenticeship Trailblazer Group (Dalgeet Puaar), NHS Pharmacy Education and Development Group (Dalgeet Puaar), SVQs in Pharmacy Services - Reference Group (Dalgeet Puaar), Welsh Pharmacy Partnership Group & Welsh Pharmaceutical Committee (Sarah Wilcox) and the Rebalancing Medicines Legislation and Pharmacy Regulation Programme (Oliver Jones).

Again this year, I have been invited to speak on a variety of topics that have given me the opportunity to promote the pharmacy technician role and the value we can bring to enhancing patient outcomes. Events that I have presented APTUK at include the RPS Conference: Debate panel member ‘Dispense with Dispensing’, Pharmacy Show: Where next for the Rebalancing programme, Chemist & Druggist Round Table: Rebalancing Discussion, Inspiring Women in Pharmacy (#IWDPharmacy): Panel Discussion, Community Pharmacy Technician Programme: APTUK Presentation and #PJMindTheGap Twitter Chat. All of these events have given the opportunity for networking, sharing,

and raising the pharmacy technician profile. Often they have also given a platform for myth busting and explaining the role and education required.

In addition, during this year, I have continued to keep members informed through the President’s PTJ column, I have written a monthly article for Training Matters and have written a number of President blogs.

Referring back to the proposals and discussions at the 2017 Membership Business Meeting, the Board of Directors listened to the offer of support from the Fellows and would like to thank them for supporting the review of this year’s fellow award judging criteria and judging the awards. We also give our thanks to the Fellows for supporting the recruitment and selection process by being panel members on our interviews.

CPPE partnership

This year, we have again renewed our partnership with Centre Postgraduate Pharmacy Education and look forward to continuing our collaboration and the support provided for our ever increasing numbers of Branches. At this point it seems appropriate, once again, to thank the Branch officers for their commitment and support for delivering the Associations’ aims at a local level. The Branches play such an important role in engaging with our subscription members, providing benefits and supporting their continuing development. We really do appreciate all the hard work and effort it takes, again on a voluntary basis and after a hard day’s work in the day job. Last year I indicated that we would be aiming to offer the branches more support so to promote a more unified presence. I believe that we have done just that through our new Branch Liaison National Officer, Rachel Raybould, who started the role in November 17. On behalf of the Branches I would like to thank Rachel for her energy and passion and bringing the network of branches together and supporting a number of new branches as they set up.

During the last year I have continued to work with the Primary Care Pharmacy Association and we formally launched our working relationship in April 2018 at the Clinical Pharmacy Congress. February 2018 saw our first joint event delivered with UKCPA, a Pain Management masterclass, ‘Managing Pain: Making it happen’. I have also continued to work with the Royal Pharmaceutical Society scoping the plans for working together following the announcement of our ‘Statement of Intent’ at the Pharmacy Show in October 2017.

I have also worked closely with the Director of Policy & Standards to revise the Terms of Reference, purpose and scope of the APTUK Advisory Group. Now that the group is formed there are plans for regular engagement going forwards into 2018-2019.

Workload

I am sure you can see by now that the workload of the professional leadership body has continued to significantly increase. Alongside managing this workload, we have also continued to recruit into Director and National Officer Posts as they become vacant.

At this time of year traditionally some National Officers step down from their posts and again this year this is linked to increased workload and workplace pressure both inside and outside of individuals 'day jobs'.

So this brings me to, personally and publically, thank the out-going officers that are either standing down at conference or have done throughout the year. I would like to thank Pam Bahia, Mary Carter, Daniel Dicker, Diane Taylor and Joshua Taylor for their hard work and dedication in their Workstream roles. They will all be truly missed. I would also like to thank Samantha Murray who has wanted to stand down for a number of months now but has stayed with us developing and launching our new website, which I hope you will agree is outstanding and will be an excellent resource going forward for revalidation.

Also stepping down is our Director of Professional Development, Dalgeet Puaar and I would like to thank Dalgeet for her dedication, knowledge and expertise she has brought to the Board and the workstream. Dalgeet has been an asset to the Board of Directors and she will be missed.

New recruits

As we say goodbye to our outgoing officers and give them our good wishes for their future careers, I would also like to personally welcome our newly recruited post holders who will be joining the Board of Directors or the Professional Committee.

Director: Secretary: Gail Hall (December 2017).

Director of Human Resources: Andrea Ashton

Director of Professional Development: Joanne Nevinson

Director of Communications: Rachel Raybould

Foundation Practice Officer: Joanne Nevinson (July 2017)

Finance Officer: Sarah Griffiths (November 2017)

Engagement National Officer: Salmia Khan

Following on from this, some posts are now vacant and have been advertised with a closing date of the 28th June 2018. These are:

Communications Workstream: Website Officer, Events Officer, Editor

Professional Development Workstream: Advanced Practice Officer, Branch Liaison Officer, Foundation Practice, Revalidation Officer

HR Workstream: HR Policy & Procedures, Recruitment & Retention.

It is vital that APTUK provides professional representation on behalf of our growing diverse membership and to ensure business continuity and sustainability for the future of the professional leadership body. It is crucial that succession planning continues to be a high priority. It is important that the Association continues to evolve and embrace the different perspectives that new officers can bring and I urge our members to consider the opportunities and benefits that being a national officer can bring.

During the last year to support our succession planning and recognising that many of our members would like to support the delivery of our professional leadership activities but are not able to commit to a full National Officer role we introduced a number of Associate posts that work with the

National Offices on specific pieces of work.

We had an excellent response to our advertisement and have recruited to the following posts:

Professional Development workstream: PTPT Practice (Michelle Power), Foundation Practice (Susan Jones), Advanced Practice (Sheetal Jogia & Hayley File), Revalidation (Debbie Bowden)

Communication Workstream: Events (Shelley Mannion) & Editorial Associates (Kay Morgan & Iman Hassan)

Policy and Standards Workstream: Policy & Standards (Joanne Woodward & Michelle Dutton) Devolved Countries (Scotland - Nicky Nardone, Wales - Sarah Wilcox, England - Joanne Woodward)

We extend a warm welcome to the Associate team and very much look forward to working together as these posts develop and evolve.

I am hugely encouraged that the Association is in an excellent place going forward. It is an honour and a responsibility to offer, voluntarily, services as a National Officer and without such dedication the Association would not exist. Nor would it be recognised as the Pharmacy Technician Leadership Body by governments, the regulator and other key stakeholders. Just take a moment reflection to imagine what it would be like without APTUK.

“I AM HUGEY ENCOURAGED THAT THE ASSOCIATION IS IN AN EXCELLENT PLACE GOING FORWARD.”

So, I urge you all to be advocates for your profession and spread the leadership messages encouraging your colleagues to join as members.

I repeat again from last year that we will continue to influence and promote utilising the pharmacy technicians' skills, knowledge and expertise to help pharmacy better deliver person centred care. We will continue to uphold professionalism and excellence in all that pharmacy technicians do.

It is with sadness that I have decided not to stand for another 2 year term of office as your President. I have not made this very difficult decision lightly, as pharmacy and APTUK has been my passion for so long. However, it is based on a number of considerations; for personal reasons and also that I am now retired and no longer in pharmacy practice, I believe that the association would benefit from renewed energy and vision from a President who is closer to pharmacy technician practice and the professions' future.

I have however, agreed to be co-opted into the President role, as stated in the Memorandum and Articles, up to the end of this calendar year, to support the modernisation of the Articles 15.2 and 19.5.

During the coming months I will continue to lead the Board of Directors and to support the succession planning for the next President.

Lastly, I thank you all sincerely, for your support and, as I have said before, you are the Association of Pharmacy Technicians UK. I am continually inspired by all of the excellent work the pharmacy technicians carry out day to day for the benefit of patients.

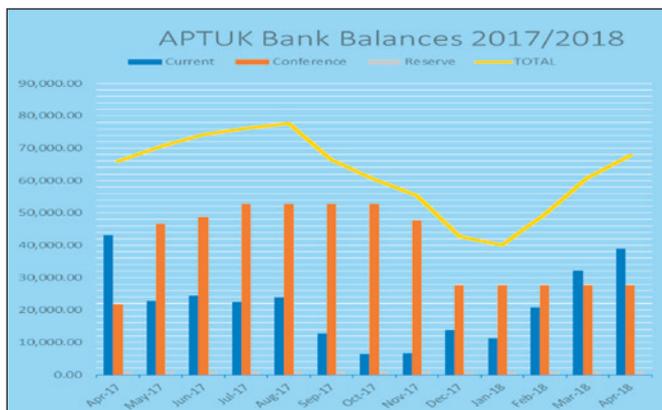
Finance Workstream Report 2017-2018

Introduction

The finance team includes: Sarah Griffiths, Oli Jones and Lynn Ali.

- Sarah Griffiths, as the Finance Officer works closely with myself to manage finances, outsourcing contracts and procurement. Sarah became a National Officer last November and comes with a wealth of procurement experience.
- Oli Jones is our Business Development Officer, and in his first year has focussed on developing and maintaining links with organisations to provide direct and indirect membership benefits.
- Lynn Ali, our Membership Coordinator, now in her third year, competently manages the administration associated with maintaining and updating the membership database.

Finances



I will first report on the financial position. The APTUK financial year runs from 1st May to the 30th April. APTUK has three bank accounts, a current, conference and reserve account. At the beginning of our financial year, the bank accounts totalled just under 66K, and closed at £66,743. Once the accounts have been finalised, I will be able to confirm whether there is actually small profit or loss for 2017/18.

The summer months show a peak in funds as we collect sponsorship monies prior to conference but have not yet had to pay the venue costs. The peak in membership renewals from February to April also boosts funds in the first half of the calendar year, which is the latter half of our financial year

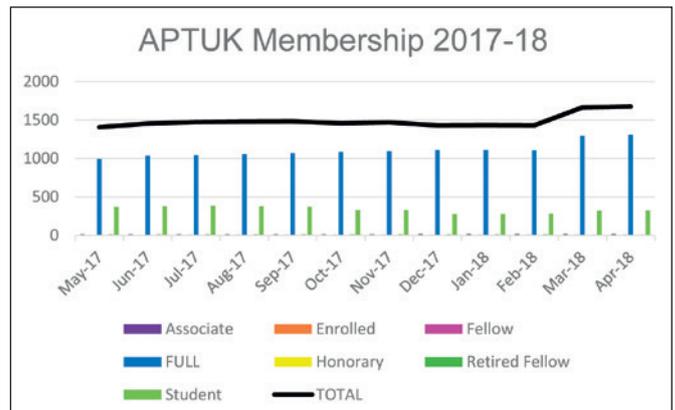
When setting the conference budget we aim to make it cost neutral and set a target for seeking pharma sponsorship to achieve this. This year we increased the target from 15K to 20K. Many thanks to Oli and Profile for engaging sponsors to be present this weekend in order to achieve the 20K. Do visit the stands and make the most of the opportunity to obtain information to support your revalidation.

In September 2016 we increased membership fees to enable investment into the business, 7K has been spent in the development of the new website. We have also used funds to cover the costs of meeting venues and consultancy services in developing the strategy for APTUK. Based on the healthy state of current finances the Board has decided not to increase fees.

Membership

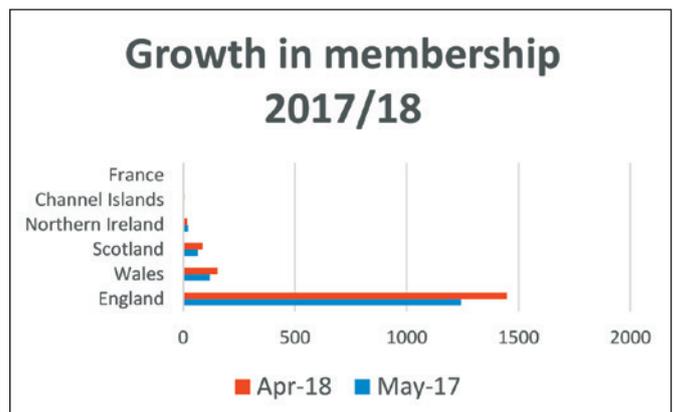
Our membership continues to grow year on year. At the start of May 2017, membership totalled 1405. By the end of April 2018, numbers had increased to 1677, which equates to 16% growth.

The growth in membership is largely due to Day Lewis, paying the cost of one year's membership for all their pharmacy



technicians. The project was a steep learning curve for both organisations in obtaining membership data on mass, Lynn undertook the task with her usual diligence to ensure data was accurate and up to date.

The drop in student members was due removal of those who had completed their training but had not taken up full membership.



With regards to the breakdown of membership by country, there has been some interesting movement. In England membership has increased by just over 14%, Wales by 23% and Scotland by 26%. In Northern Ireland there has however been a 20% decrease, which equates to 4 members. We have one longstanding member who has recently moved to France and also a member in the Channel Islands.

I have the full KPI breakdown so happy to provide more detailed information after the meeting, to those that are interested.

Business Development

With regards to business development, work has been undertaken in engaging with Pharma companies in order to pursue mutual benefits to both Pharma and APTUK. The production of the APTUK 2018 Corporate Sponsorship Brochure, has proved a worthwhile investment. Oli has already secured 3 major sponsorship packages, totalling an income of £12K and following promotion at CPC, is in discussions with other companies to finalise their choice of package.

With regards to indemnity insurance, the expectations of the NPA in continuing the relationship, were not in the best interests of APTUK members. The Board decided not to renew the contract and that other options should be pursued.

To this end, Oli is currently developing partnerships with indemnity insurers to obtain a discounted indemnity insurance fee for APTUK members.

CORPORATE SPONSORSHIP PACKAGES	Gold	Silver	Bronze
A 3m x 2m stand at APTUK 2018 Conference and Exhibition	✓	✓	✓
Acknowledgement of being 'Gold/Silver/Bronze corporate sponsor 2018 on all conference documentation'	✓	✓	✓
Advertisement in the quarterly Pharmacy Technician (half page, full colour)	✓	*	
2 full conference 2018 tickets including accommodation and awards dinner for 2 company representatives	✓	*	
Promotional materials in delegate packs	✓	✓	✓
Logo, link and advertising on the APTUK website	✓	✓	✓
Information distribution to members via email (promotional material or questionnaire)	Twice yearly	Once yearly	
Educational supplement (up to 6 pages) in the Pharmacy Technician Journal	✓	*	
Opportunity to hold a 30 minute workshop at the APTUK Annual Conference on topic to be determined by said organisation, with the approval of the APTUK Board	✓	*	
Sponsored places for 2 pharmacy technician customers	✓	*	
		* A choice of 2 of above	
Price (no VAT)	£5995	£4495	£3495

Objectives for 2018/19

In conclusion, the key priorities for the finance team are:

- Investing in software to support business administration processes and reduce the manual input currently needed.
- Securing additional sponsorship to support the investments mentioned above.
- To continue to seek and secure membership benefit opportunities.
- Compliance with the new General Data Protection Regulations with regards to the membership database.

The corporate sponsorship brochure will be available on the new website; those of you that have links with pharma, please do share with your networks, in order to gain more support.

Report compiled by



DIANE MEECH
MAPharmT
 Director of Finance/Workstream
 June 2018

On behalf of:
 Business Development Officer – **Oliver Jones**
 Finance Officer – **Sarah Griffiths**
 Membership Coordinator – **Lynn Ali**



**KEEP CALM
 REVALIDATION
 IS
 COMING**

Are you ready for Revalidation?

APTUK members do you know that our website has a variety of different resources which can support you with your Continual Professional Development (CPD)? If you're looking for inspiration for creating your next CPD record then visit our 'Training area' on our website and log into your account.



Companies House

Again this has been a busy year for APTUK and as Secretary I have maintained the Companies House official documentation, including 'Directors Declaration of Interest' forms and 'Director Statements'. In addition I have also maintained the 'Declarations of interest' and 'Statement of National Officer' document forms for all National Officer, covering their responsibilities and obligations as required by the Association. These documents, together with every copy of the minutes for each Director and Professional Committee meeting, all constitute to the Statutory register. These are held in an additional registered premise with Companies House, and any changes to any part of the register have to be completed within a stated time scale as a legal requirement. In addition to the "normal" work this year compliance with the GDPR for the Companies House data has also had to be factored in – see GDPR.

The preparation of all these, together with the legal forms required including the Annual return, is an ongoing task for the Secretary and must be constantly updated following any changes to the Board.

The returns for Companies House were updated following the resignation of one of the Directors mid-term and the appointment of two others (myself as Secretary and the Director of Communications).

Meetings

Board of Directors and Professional Committee meetings have been held throughout the year. These have been held either via Skype for Business or face-to-face.

For both the Professional Committee meetings and Directors meetings, the Secretary has planned, alongside the President, the content for each meeting

and produced the agenda and then in turn completed the minutes, following the event. This is all within a set deadline, ensuring feedback and comments from other National Officers or Directors are included within these. The full list of meetings attended by all Directors and National Officers on behalf of the Association are presented, alongside the workstream reports, on the APTUK stand.

Associates

Since coming into post in November 2017, as Secretary I have been busy liaising with colleagues on the Professional Committee on the recruitment of the new Associate posts.

This included developing recruitment and selection criteria for Associates and advertising the posts to our members.

In the absence of an HR Director the Secretary is currently maintaining all the documentation regarding the appointment of these posts.

We received a very positive response to the request for members to come forward for Associate roles and it's both reassuring and encouraging that members do want to become more involved with the organisation at this level. We do, however, still have some vacancies and these will be advertised in due course.

Fellows etc

As Secretary I Co-ordinated the Fellow and Honorary membership process for this year. I worked with a selection of Fellows of the Association, to develop the criteria for the Fellow nominations this year, linked to the values of APTUK and the GPhC Professional Standards. A judging panel consisting of Board Members and current Fellows of the Association were used to judge the nominations against the developed criteria and it is pleasing that we will be able to announce Fellow and

Honorary memberships to the Association at conference.

General Data Protection Regulation (GDPR)

As Secretary I volunteered to lead on the requirements for GDPR for APTUK. As a membership organisation we are required to ensure we keep our members up to date with developments and issues that form part of their membership. Meeting the requirements for membership and GDPR proved a challenge. Our Privacy Policy was updated and an email sent to member's signposting them to the update on the website. In addition internal policies on the storage and management of personal data have been updated.

I would encourage all members to ensure that their contact details are up to date and inform membership@aptuk.org with any changes. If we have incorrect details we cannot pass on all your membership benefits and keep you informed with everything that is happening.

The Secretary would also like to thank fellow Directors and National Officers for all their help and support throughout the year.

Report compiled by:



GAIL HALL
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APTUK Secretary
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APTUK Conference 2018 Award Winners

APTUK Awards sponsored by AAH

Pre-Registration Trainee Pharmacy Technician of the Year 2018

• **1st Place** – **Laurence Miller**, *Royal Free London NHS Foundation Trust*

Laurence was recognised for his commitment to successfully completing his qualification as well as contribution to the team he works alongside. His personal development was acknowledged during the time he has been training. He was described by his nominator as 'embodying the professional standards expected of a pharmacy technician'.

• **2nd Place** – **Natasha Cariello**, *Betsi Cadwaladr University Health Board*

• **3rd Place** – **Owen Saunders** *East Kent Hospitals University NHS Foundation Trust Service*

Transformation and Integration

• **1st Place** - **Lisa Miles, Alethea Murley, Julie Christie**, *Kent Community Health Foundation (Reducing the Need for medicines administration by community nurses)*

This project aimed to reduce the number of patients who required visits by community nurses to administer medicines by educating and empowering them or their carers to administer their medicines safely and manage their condition. Working collaboratively with the community nursing team, patients were identified who needed the support of the pharmacy technicians. Results included patients being able to safely administer their own medicines, appropriate interventions and referrals made to support patients and a financial benefit being realised of £1.4 million as a result of reducing nursing visits.

• **2nd Place** – **Pharmacy Technician Team**, *University Hospital Crosshouse and University Hospital Ayr (Combined Assessment Unit)*

• **3rd Place** – **Aileen Begley**, *Queen Elizabeth University Hospital, Glasgow (Improved Governance of Medical Gases across four hospital sites and GP surgeries)*

Patient Safety

• **1st Place** – **Jane Astley**, *(Physical Health Checks by Pharmacy Technicians) Lancashire Care Foundation Trust*

The award recognised the benefits to patient safety brought about by the introduction of a pharmacy technician led Physical Health clinic set up in Community Mental Health Team (CMHT).



Local audit had identified that there were gaps in physical health monitoring for patients taking antipsychotics. People with serious mental illness have higher morbidity and mortality rates of chronic physical diseases than the general population. It was recognised that pharmacy technician skills could play a significant role in improving both the physical and mental health of people with serious mental illness. The technician works alongside integrated team with mental health support worker and trained mental health nurse. The technician interacts closely with wider multi-disciplinary team including team pharmacist and consultant psychiatrist and refers when appropriate

Pharmacy Technician of the Year

• **1st Place** - **Caroline Boyle**, *Professional and Regulatory Standards Business Partner Well Pharmacy*



Caroline was nominated because of her passion, commitment and desire to make a difference for patients and her colleagues. Caroline is the first Pharmacy Technician within the Pharmacy Superintendent's office of Well Pharmacy to take on the level of responsibility in the multidisciplinary project workstreams as professional and regulatory subject matter expert. She is respected and valued for her expertise within the business. Caroline was recognised for making a significant contribution to the wider healthcare system through her influence and involvement in key business initiatives, research projects and local and National meetings.

• **2nd Place** - **Kay Morgan**, *Lead Specialist Pharmacy Technician (Education and Training), NHS Grampian*

• **3rd Place** - **Salmia Khan**, *GP Practice Pharmacy Technician Healtcot Medical Practice*

Leadership

• **1st Place** – **Suzi Hawthorn**, *Lead Technician, Education & Training, and PTPT EPD Medway NHS Foundation Trust*

Suzi was nominated for her consistent leadership in all aspects of the pharmacy service in her organisation. Suzi was described as a role model and inspiration and was recognised for always maintaining high standards and for expecting high standards from others. Her personal values were acknowledged as was her tireless advocacy for the pharmacy technician profession.

Suzi was described as working collaboratively to demonstrate the importance of both professional groups working in synergy, maximising their skills, to deliver the best outcomes for patients.

- **2nd Place** – Pat Hayes, *Dispensary Manager Evelina London Children's Hospital*
- **3rd Place** – Alison Hemsworth, *National Assistant Head of Primary Care Policy NHS England*

Branch of the Year

- **1st Place** – Aberdeen



The Aberdeen branch was nominated for their award by Stacey Anderson. As a fairly new branch, the submission described the branch as one that is 'learning and developing at each step of their adventure, with the committee enjoying the journey and watching the branch grow'. The branch is the only active branch in Scotland and they are working hard to promote the benefits of being a member of a local APTUK branch to hopefully encourage the development of new branches across Scotland. To facilitate attendance, meetings are held at different venues due to the geographical spread across the region. In the 12 months the branch has existed, many achievements had been realised and these were evidenced in the submission including: holding six meetings, increasing numbers attending local meetings; increasing membership of APTUK; collaborating with RPS; increasing social media presence; supporting Pharmacy Technician Day; supporting members with information about revalidation and IET; and members have represented APTUK at other pharmacy events. It was recognised that everyone comes away from branch meeting 'buzzing and feeling enthusiastic about the profession' – Well done Aberdeen Branch!

- **2nd Place** – Warrington

Pharmacy Technician Award for Digital Innovation

- **1st Place** – Jeetender Dhap – #Pharmacyhour

Jeetender was recognised for his role in the setup of @PharmacyHour, a simple Twitter platform, enabling pharmacists, pharmacy technicians, students and pharmacy groups to share best practice, events, news products and services etc. for one hour every week using #PharmacyHour and retweeted by @PharmacyHour for free. The project championed learning and capability development, as pharmacy colleagues can gain useful information from each other.

APTUK 2018 Fellows

Fellow membership is the highest level of APTUK membership and recognises developed expertise and sustained professionalism. Being awarded a fellowship is the highest honour that can be bestowed upon a member.

The membership category of Fellow is achieved through



peer nomination. To be eligible to be nominated, members of the Association must demonstrate upholding the values of the Association of Pharmacy Technicians UK (APTUK) through loyalty to APTUK, the pharmacy technician profession and be well respected by their peers and colleagues.

A Fellowship is awarded in recognition of exceptional professional performance or outstanding service contribution to the pharmacy technicians profession or to the Association, on either a local or a national level. These years worthy recipients are Gail Hall, Shelley Mannion, Kay Morgan and Julie Mathieson.

Honorary Member 2018 – Andrew Morris

An honorary membership category, was introduced in June 2011, to enable APTUK to acknowledge exceptional service, given either to the association or to the pharmacy technician profession generally, by a person who is not eligible to be a member of APTUK.

The honorary member is a distinctive membership bestowed in recognition of the efforts of the nominee who has made a profound difference by either:

- championing and upholding the professional role of pharmacy technicians;
- publically supporting the continuing development of pharmacy technicians
- advancing the roles, knowledge, skills and behaviours of pharmacy technicians
- working consistently hard on behalf of pharmacy technicians.

This year the award was presented to Andrew Morris. Andrew is Service Design and Healthcare Development Manager working in the Hospital Services team of Celesio UK. Andrew was recognised for advocating and advancing the role of the pharmacy technician with Celesio as well as his commitment to APTUK.



The Katherine Miles Poster Award 2018

The Katherine Miles Poster Competition is held during The Association of Pharmacy Technicians United Kingdom (APTUK) Annual Professional Conference and Exhibition. This competition provides a platform for pharmacy technicians to showcase their creative and leadership skills in research, development and implementation of best practice innovations that further enhance pharmacy roles and create efficiencies.

The poster competition is named after Katherine L Miles MBE, who founded of The Association of Pharmacy Technicians UK (APTUK) in 1952.



APTUK appreciate the support received from HELAPET, who are committed to the education and development of pharmacy technicians and make this competition possible through providing sponsorship.

There were 32 entries for 2018 and they were all exceptional. The display of fantastic work being undertaken by our pharmacy technician colleagues was impressive. Many specialities were represented from a variety of pharmacy sectors and showed innovative methods of improving patient safety, reducing costs and implementing or enhancing services.

The standard of the entries this year made the judging process extremely difficult, as every poster could have been a winner. The posters were submitted in advance of the conference and they were scored against the marking criteria, which can be found on the APTUK website, by a team of judges. The posters were on display for the duration of the conference and were enjoyed by the delegates.

The competition winners were presented with their prizes during the conference by Robert Collins (HELAPET Senior Account Manager for Scotland and North of England). APTUK offer sincere congratulations to the worthy winners of the 2018 Katherine Miles Poster Award who are:



1st Place – Vinala Gajendran from The Community Independence Service, Central and North West London Foundation Trust for her poster titled “The Role of Integrated Care Pharmacy Technician in Community Independence Service – Rapid Response Team”.

This poster showcases how the role of the integrated care pharmacy technician undertaking domiciliary visits, to deliver an enhanced medicines optimisation service to improve patient care, reduces costs and prevents hospital admissions.



2nd Place – Linda Robinson from Altnagelvin Hospital, Western Health and Social Care Trust, Londonderry for her poster titled “Does Expanding the Role of the Critical Care Pharmacy Technician Impact on Patient Care?”

This poster describes how re-modelling the pharmacy technician role to deliver direct patient care has resulted in a more efficient pharmaceutical service. This is achieved by focussing on pharmacy technician review requests in key prescribing areas to improve the optimisation of medicines for critically ill patients. This has also resulted in improved skill mix and job satisfaction for the pharmacy team.



3rd Place – Jayne Black also from Altnagelvin Hospital, Western Health and Social Care Trust, Londonderry for her poster titled “Development of Pharmacy Technician Pocket Medicines Reference Cards”

This poster demonstrates how the use of quick pocket medicine reference cards has improved patient safety and quality of care.

Well done to all of the pharmacy technicians who showcased their excellent work through the presentation of a poster at conference. All of the posters are available to view in full in the members section of the website. If you would like any additional information about any of the work demonstrated in the posters please get in touch. Next year – it could be you!

If you are currently working on, or planning to work on, an innovate project relating to, or impacting upon, the roles of pharmacy technicians then please consider sharing these best practice ideas with your fellow pharmacy technicians by submitting a poster for entry to the Katherine Miles Poster Award 2019. Details for entry will be available on the website from December 2018. APTUK are looking forward to receiving your entries.



JOANNE NEVINSON
MAPharmT

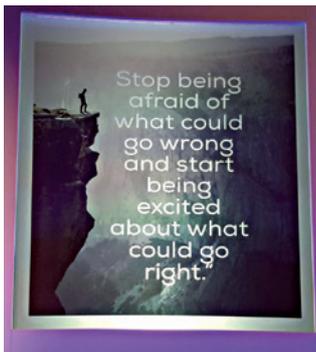
APTUK Director of Professional Development
professionaldevelopment@aptuk.org

APTUK 2018 Bursary Winners

I attended the APTUK conference this year on a bursary, I am very grateful for this as there is always a wealth of learning and networking opportunities and this year's conference didn't disappoint.

It was interesting to hear from many highly respected keynote speakers and also to see smaller presentations by pharmacy technicians showcasing their day to day work, ensuring patient safety and medicines optimisation.

Highlights for me were:

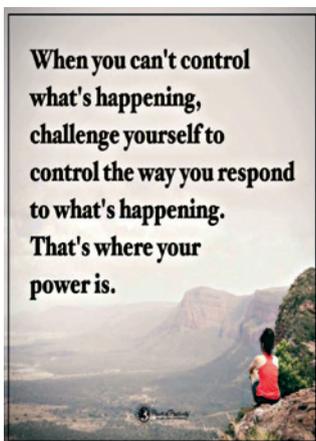


- Hearing updates on the new Pharmacy Technician qualification and national pharmacy agendas from keynote speakers. Which encouraged discussions about the changes to the pharmacy technician role and our 'Spectrum of Practice'

Technical to clinical



- Seeing my fellow colleague, Vimala Gajendran win first prize in the Katherine Miles poster awards and the connections made with other pharmacy technicians who do a similar role.



- Reflection on Emma Stroud's session on Resilience, this gave me time to think about my own mental and physical wellbeing and also to be prepared for the challenges ahead.



EMMA WALKER MPharmT
Medicines Optimisation and Professional Lead Pharmacy Technician CNWL
@emmawalker393

Amazed by APTUK

Wow – where do I begin! This was my first APTUK conference and I was absolutely blown away. The mixture of feeling part of something amazing, meeting new and old friends and staying in a beautiful hotel added to what felt a very special weekend.

As soon as we arrived I was soaking up information like a sponge. The variety of presentations and speakers broadened my knowledge and whetted my appetite to learn more – the amount of CPD acquired was brilliant! I have shared the information obtained with my team and it has energised everyone to think what they could achieve over the next year.

I presented two posters which were well received and Jane Astley (a wonderful pharmacy technician in our team) was nominated for a Patient Safety award and won! This was the icing on the cake and a fantastic achievement for our Trust.

The conference ran so smoothly and the hard work that everyone must have put in beforehand really showed – thank you to everyone involved – what a success.

I can't wait to attend next year and am holding off booking my holidays until I know the date! Bring on APTUK 2019!



SARAH GREEN
Lancashire Care NHS Foundation Trust

The 2018 APTUK Conference was the second one that I had attended with my first being that in 2017. Again, I can honestly say that I thoroughly enjoyed and left feeling empowered and inspired to achieve great things as a pharmacy technician with endless opportunities.

The programme catered for all specialities within the profession whilst allowing those working in different sectors to come together for networking whether that be poster viewing, over refreshments or at the Awards dinner - yes pharmacy technicians also know how to party!

For the specialist sessions, I attended Coding for the Future, Hospital Pharmacy Transformation Project, Developments in Operational Procurement Efficiency and Medication Errors. Each one was extremely insightful and thought provoking. They also reinforced the need for pharmacy technicians as registered professionals to be working at the top of their licence. This was an ongoing theme throughout the conference and it really resonated with me. Only by doing this can we consistently rise to the challenges that we face to not just provide good outcomes but to provide the best. The fact that so many others also share this view means that the future of the profession will continue to bring exciting new developments.

ADAM SCOTT

Stores and Distribution Team Leader
Lancashire Teaching Hospitals

I was lucky to have secured a bursary for this year's APTUK Annual Professional Conference and Exhibition. This year's conference took place at The Grand Central Hotel in Glasgow. The professional committee decided to move the conference around the Home Counties and this year did not disappoint. The programme was packed with hot topics and dedicated speakers all highlighting the theme 'Patient Safety'.

There were a range of workshops for delegates to attend; this included revalidation, aseptics, EPMA, medicines shortages, medication errors and an OTC update; something for everyone! It was fantastic speaking to so many pharmacy technicians and pre-registration pharmacy technicians over the weekend. Catching up with friends, old colleagues and meeting up with all those on the twittersphere!

Conferences are a good way of allowing professionals to network and learn from one another and to make those key contacts to help develop the profession. The highlight, for me, of conference is always the Katherine Miles poster exhibition. I am a huge advocate of shouting about the work we, as pharmacy technicians, do for patients and the NHS. There were so many posters on display this year ranging from improving medicines information service, a pilot for automated controlled drug dispensing, pharmacy technician led asthma clinics to working within the electronic prescribing and medicine administration team. All posters showcased the fantastic work being carried out by pharmacy technicians in a range of specialities. I didn't get a chance to speak to all those that had submitted a poster, but to those that I did, were very passionate about their projects and pleased that they could produce a poster to share their practice with others.

I was proud to collect the Pre-Registration Trainee Pharmacy Technician of the Year award 2018 on behalf of Laurence Miller

from Royal Free London NHS Foundation Trust; who was unable to attend conference. Laurence has become a role model for other trainees and pharmacy assistants within his department. His commitment to the training and the input he provided for future trainees has been valuable and he has shown great traits of being a pharmacy technician, one that will always put patients first and work to the highest standard.

The awards are a wonderful way to acknowledge and recognise the outstanding contributions that our colleagues make in order to make a difference within pharmacy. Laurence and so many other PTPTs, who will shortly be registered Pharmacy Technicians, have an amazing career ahead of them, with so many different paths and specialities to go into. Welcome to the #PharmFam and we hope you're planning to attend #APTUK19

During this year's conference, Tess Fenn announced that she will be stepping down as president towards the end of this year. I know that she will be writing in the PTJ about this; but I'm sure members will agree with me when I say this...

Thank you, Tess, for all that you have done for our profession, pushing the boundaries and challenging the status quo. We are indebted for your dedication, passion for the pharmacy profession and ensuring that we have a voice at the table. It has been an absolute pleasure to work with you over so many years. I look forward to just meeting up for a cocktail or two!



PAM BAHIA MPharmT

Pharmacy Programme Facilitator
Health Education England, London and
South East Pharmacy



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APTUK / AAH Branch of The Year Award - 2018

APTUK and AAH Pharmaceuticals are delighted to announce that the winners of the APTUK Branch of the Year Award 2018 were the **Aberdeen Branch**.

The award was accepted by Kay Morgan, Aberdeen Branches Events Organiser who was joined on stage by branch committee members and a number of branch attendees. The award was presented by Andrew Morris AAH Director of Sales and APTUK President Tess Fenn, at the APTUK Conference Gala dinner at the Grand Central Hotel, Glasgow on Sunday 17th June.

The Aberdeen Branch were established in 2017 and have shown a great deal of enthusiasm for all branch related activities. The branch has provided a number of educational sessions for their members, and actively promote themselves and the work of APTUK via social media. Representatives from the branch have also attended a national event and external company meetings to promote APTUK and their branch.

The Warrington branch were placed second in this year's awards. This branch has also had a great year working hard to promote their meetings etc. This has resulted in the highest number of attendees to their branch meetings. They have also hosted a number of educational meetings on a variety of topics and provided responses to national consultations.

The APTUK/AAH Branch of the Year Award acknowledges the ongoing dedication, enthusiasm and commitment of Pharmacy Technician members running local branches, voluntarily in their community. Set criteria had been created to judge the award nominations which includes reviewing details of the branch activity, i.e. number of meetings held, use of Social Media and other methods to promote the branch and work of APTUK, and participation in national consultations relevant to the pharmacy technician workforce etc.

Branches play an imperative role in the delivery of educational sessions to its members, who in turn may wish to use this information for CPD to support them in the Revalidation process. They also provide networking opportunities across the pharmacy sectors, facilitating communication exchange between APTUK and its branch members. This year the branch committee support network was introduced by the Branch Liaison Officer. This gives branch committee members the opportunity to dial in to

quarterly Skype meetings with the Branch Liaison Officer and receive updates from APTUK. It also encourages participants to give feedback on behalf of the branch and their attendees. Branch committee members can also access a social media networking group to discuss branch related issues. Representatives from the branch committees are also invited to attend an annual event – Branch Day- which provides a forum all to meet with fellow branch committee members, the APTUK President, Branch Liaison Officer and other members of the Professional Committee. This is a great event which supports branch development.

Branches are a fantastic place to go to network with other pharmacy technicians, increase your knowledge and to receive updates from APTUK, and information on national issues which may impact on your work area. If you are reading this thinking you would like to know about more APTUK branches, then please visit our new website and head to the branches area. Each branch has their own dedicated page which provides further information about their upcoming meetings, and links to their social media accounts etc. If you don't have a branch near to you but would be interested in setting up a new branch, please contact the Branch Liaison Officer: branchliaison@aptuk.org for further details.

Congratulations again to the Aberdeen Branch on winning the Branch of the Year Award. I would like to take this opportunity on behalf of myself and all the Professional Committee to thank all Branch Committee members for the hard work and dedication to APTUK.



RACHEL RAYBOULD

Branch liaison officer

November 2017–July 2018

APTUK Director of Communications
from July 2018

communications@aptuk.org

A human factor approach to medication errors – why do we make errors?

Presented by Kelly Wood

Kelly opened her session by defining the concept of human factors and identifying key human factors that contribute errors. An error is a deviation between what was actually done and what should have been done. We all make errors irrespective of how much training and experience we possess or how motivated we are to do it right. The NPSA stated that 80% of reported errors are attributable to humans. Human factors encompass all those factors that can influence people's behaviour.

In a work context human factors are the environmental, organisational and job factors and individual characteristics which influence behaviour at work. Experience of behaviours, impact on us and how they make us feel. We worked through different types of behaviours - system, human interaction, environment, equipment, and personal.

Kelly gave the group an exercise looking at four different scenarios where an error had occurred and invited us to select and list the "human factors" that applied to each scenario. Kelly highlighted how other people's behaviours affects our own behaviour. She explained that our brain autocorrects small errors e.g. A repeat of the same word "the the."

We moved on to thinking, there are two ways of thinking:

- Automatic way of thinking, much faster
- Taking more time, not making assumptions.

When we are learning, we are more focussed, triple checking, but over time we become more confident and competent, we often cut corners and allow ourselves to try and multi-task. It is important to recognise when this occurs and how to manage this, but we do need to slow down when in this situation.

System 1 is natural but we need to move to system 2 when situation arises, e.g. picking a packet with a similar packaging to the one we need to dispense. Our brains read patterns rather than actual words. With drugs that sound and look the same, putting uppercase letters in a word breaks the brain patterning to force us into system 2.

Kelly used the Swiss cheese model which shows different factors that cause an error. Holes equal opportunities for something to go wrong, such as a new system. Each slice of cheese represents a stage in a process which also involves human interaction, the need to have lots of checks in place at each stage of a process.

Kelly explained the principles of situational awareness and the importance of knowing when to assess this. It is not a skill taught to us in the work place, unlike when we are learning to drive where this is taught in the first few lessons e.g. always looking ahead and preparing to act/respond.

We then thought about the conscious decision steps we could work through in order to change an environment to help us concentrate and work safely e.g. asking people to talk more quietly, or consider whether we can change our location and what impact this may have on our work. We looked at how individual factors combine with physical factors. For those of us that have to confront others with their errors, we are not often taught how to have these difficult conversations in how to approach others in bringing this up. By reflecting and learning from our errors, we can tell others about how we made an error and put in place ways to prevent a reoccurrence.

The presentation was expertly researched and presented, making a difficult topic easy to relate too and gave us practical ideas to take back to our workplaces.



DIANE MEECH
MAPharmT
Director of Finance
finance@aptuk.org

Pharmacy Technicians and their role in the provision of clinical trials

Helen Tomlinson works at Southampton University Hospital NHS Foundation Trust as a specialist pharmacy technician within clinical trials. Skills and experience obtained from her varying roles during her career, has extended Helen's knowledge enabling her to undertake her current work in clinical trials.

Helen explained that the team structure at Southampton, where she works as a Band 7 pharmacy technician, leads on research and development of studies coming to the site. Two Band 6 pharmacy technicians have a management role, supporting the lead pharmacy technician.

In her role Helen has 35 Open Studies, 27 Studies to set up and 15 Studies to update.

Accuracy and final checks are completed by Band 5 Accredited Checking Pharmacy Technicians (ACPT) for Open Studies as part of their role in the Clinical Trials Team. In addition to this they also deal with any queries received.

Other projects that Helen is involved with include:

- Transferring processes to EDGE - a research management system;

- Updating Standard Operating Procedures;
- Changing processes and other individual projects, ensuring good clinical practices are updated every two years.

Helen shared four case studies with the group where they discussed and shared knowledge from their experiences working in this area.

In conclusion the workshop was interesting and an inspiration for any pharmacy technician who wants to consider working in clinical trials.

Helen can be contacted at helen.tomlinson@uhs.nhs.uk for any pharmacy technician wanting to know more about specialising in clinical trials.



JULIE MATHIESON
MAPharmT
Director of Policy & Standards/
Vice President

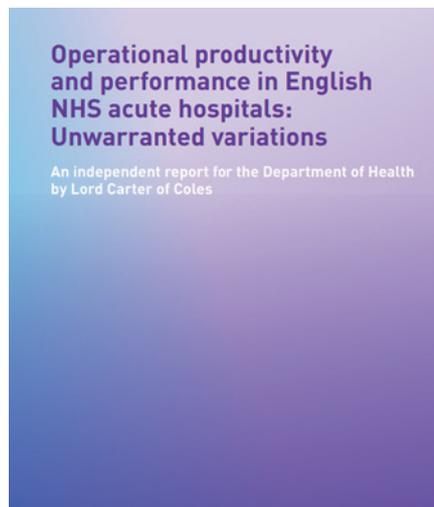
Clinical Prioritisation for Pharmacy Technicians

In the south west, SWMIT (South West Medicines Information & Training) have been developing training and competency frameworks to support the development of pharmacy technicians in patient facing roles for about 18 years.

In 2000, the Medicines Management Training Scheme was developed and contained units in assessment of patients own drugs and supply of medicines. This programme has developed in line with the demands of the role and the need for pharmacy technicians to upskill to complete new tasks, such as drug history taking and medicines reconciliation. SWMIT Medicines Management/ Medicines Optimisation programmes have also been mapped to the national framework for assessment of medicines management skills

In 2015, SWMIT began to scope for new pharmacy technician roles in the region to ensure that the current programmes remained fit for purpose to address the needs of the developing patient facing role. The programmes were also updated to Medicines Optimisation to reflect the focus on the patient centred optimisation of medicines rather than process related (Medicines Management)

At this time we asked chief pharmacists in the South West what were the priorities for their pharmacy technician workforce in the coming years. The message was loud and clear..... a decentralised pharmacy service where pharmacy technicians are undertaking medicines optimisation tasks on the wards for the majority of the day and that clinical prioritisation needs to be within the skill set of these pharmacy technicians



Even before the Carter report, we were envisaging a pharmacy workforce which is more patient facing and focussing on clinical tasks. In February 2016, the Carter report cited that pharmacists and 'clinical' pharmacy technicians spend more time (aiming for 80%) on patient-facing medicines optimisation activities

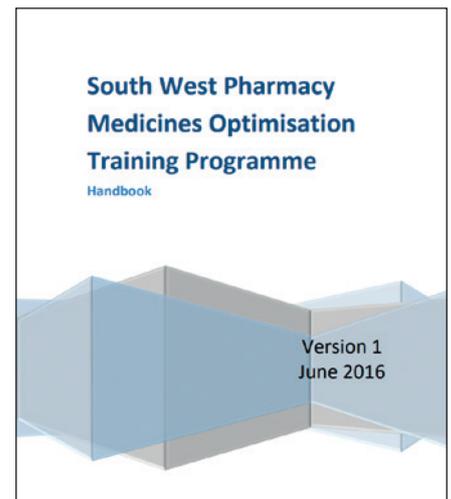
So, how can we achieve this within the financial and resource constraints of hospital pharmacy?

With demand for beds, hospital pharmacy is no longer about seeing every patient every day (and sometimes it is not even necessary to do so). It is about making the best use of every minute that the pharmacy team spends with patients. Recognising the skills of patient facing pharmacy technicians is vital, as is developing the role they have in working with the pharmacist to help achieve these aims.

So, what is clinical prioritisation? We attempt to define it as a method of working that aims to achieve the optimum use of the pharmacy team in clinical areas by means of prioritising patients who require clinical input regarding their medicines. Clinical prioritisation skills have a wide range of applications, in fact wherever there are groups of patients/service users requiring input from pharmacy services (e.g. prisons, care homes etc.)

The concept of clinical prioritisation is perhaps not a new one to many experienced medicines management technicians who develop these skills heuristically and through experience, but what was needed was a mechanism that could develop this skill set and assesses competence in its application.

Developing clinical prioritisation skills is not about equipping the pharmacy technician with advanced clinical knowledge. The programme aims to provide the pharmacy technician with a more in depth understanding of high risk patients and medicines relevant to their scope of practice. The aim is to develop an understanding of what patients and situations present risk and translating that into appropriate referral by assessment of those risks.



The SW Pharmacy Medicines Optimisation Training Programme – Unit 3.1 Clinical Prioritisation

The aim of the training programme is to provide training and assessment that will equip pharmacy technicians with the required knowledge and skills to be able to accurately and efficiently prioritise patients who require further clinical input regarding their medicines and to communicate this effectively.

Learning Outcomes:

1. Demonstrate a working knowledge of high risk patient conditions and high risk medicines and how to identify these
2. Locate, review and use professional and clinical judgement to interpret patient specific information
3. Deal with conflicting or a variety of information and prioritise effectively
4. Interpret what information needs to be communicated and to whom
5. Demonstrate an understanding of urgency and when to escalate
6. Refer to the relevant healthcare professionals using the appropriate handover techniques

This unit will prepare trainees for this role by:

- Developing their knowledge of high risk patient conditions and high risk medicines that are most likely to cause significant harm to the patient, even when used as intended

- Developing their understanding of and ability to interpret patient specific results, including regular observations and blood test results, for the purpose of identifying potential clinical issues, adverse reactions and referring appropriately
- Developing their ability to deal with a variety of potentially conflicting information and establishing an order of priority for referral
- Providing an opportunity to test and apply the knowledge gained to a series of case studies and scenarios
- Developing their understanding of prioritisation, escalation and handover techniques

The programme structure involves completion of underpinning knowledge and course preparation, attendance at a programme induction day, a period of in house evidence collection and case studies. Trainees also attend for a final summative assessment interview where they are required to present a case study where they provide insight into how they have applied the new skill set in prioritising a group of patients.

Application of clinical prioritisation skills in practice – Fran Evans

As a pharmacy technician accredited in unit 3 (clinical prioritisation) of the SW Pharmacy Medicines Optimisation Training Programme, Fran is able to use her enhanced medicines optimisation skills in her patient facing role on a daily basis.

When undertaking the clinical prioritisation role it is vital to have clarification and definition in place in terms of role and expectations. A process or SOP for clinical prioritisation including risk classification and referral criteria is vital in ensuring that the pharmacy technician understands what is expected from them in carrying out this role so that they can carry it out safely and effectively.

We should also take into account that as registered professionals, pharmacy technicians can make judgements and take responsibility for their actions.

At Dorset County Hospital, there are electronic systems that can highlight patient's clinical needs by means of alerts and symbols. It could be said that these types of systems will prioritise patients automatically. Whilst recognising that this is helpful in flagging patients who may require input, pharmacy technicians with this new skill set will be able to further interpret these priorities and apply their knowledge in establishing an order of priority within their patient groups

In terms of benefit to the pharmacy



technician, Fran has identified the following:

- Potential for development of specific clinical pharmacy technician roles
 - Further development of pharmacy technicians and recognition of abilities
 - Improved skill mix and motivated staff
 - Pharmacy technician-led wards / departments and exposure to multi-disciplinary working and networking
 - Better collaborative approaches, system-working and time efficiencies
 - Reduction in unnecessary duplication of work i.e. pharmacist and pharmacy technician both checking chart where no changes have been made since last visit
- The benefits to patients are clear with a more effective way of working to improve outcomes and also:

- Patients requiring clinical intervention are prioritised and risks averted by timely escalation
- High risk patients and patients on high risk drugs identified as priority
- Reducing the risk of medication related errors and missed doses
- Information correct at transfer of care
- Decreased number of re-admissions
- Reduction in the number of HCPs potentially asking the same questions

Fran is clear on her role and objectives in her clinical prioritisation role and describes some of the challenges she has experienced. One of these challenges has been acceptance of her advanced role within the wider pharmacy team. If the development of the pharmacy technician role into clinical prioritisation is communicated effectively within the pharmacy team, it ensures that there is a good understanding of the dynamics of

the pharmacist / pharmacy technician working together to improve patient outcomes.

Professional patient centred care requires both professions working together to improve patient outcomes and clinical prioritisation is an excellent example of how this can be achieved whilst making best use of the knowledge and skills of both the pharmacist and the pharmacy technician



MARY CARTER
MAPharmT

SW Pharmacy Medicines Optimisation
Training Programme Director



FRAN EVANS
MAPharmT

Principal Pharmacy Technician,
Medicines Management, Pharmacy
Department, Dorset County Hospital

Revalidation Workshop



Mary Shelly - Presenter

We all know that on 1st April 2018 the General Pharmaceutical Council introduced revalidation for all pharmacy professionals. Since then I have spent a lot of time with pharmacy professionals both in engagement events and ‘down the corridor’ conversations, and whilst it seems that most have got to grips with the framework and requirements, it’s the actual content of the revalidation entries that is causing most anxiety... How will I know that what I write is good enough?!

With this in mind I knew that a workshop at APTUK conference would create the perfect opportunity to hopefully banish fears and instil confidence in revalidation. You can do it!...

Joined by the knowledgeable and talented Osama Ammar from the GPhC I was able to provide delegates with some insight into my personal experience in undertaking revalidation and we also provided the opportunity to undertake a mini peer discussion.

Osama opened the workshop by providing a useful recap on the development of the GPhC revalidation framework and what the annual requirements are in fulfilling this. It was also recognised that all registrants should use this time to increase their familiarity with the framework in readiness for the submission of CPD records in the first year and peer discussion and reflective account in the second.

The requirement for registrants to be able to reflect well is crucial to effective revalidation recording. Whilst methodology for reflective practice was not included in the workshop, Osama provided some helpful insight into reflective practice and how it is so relevant to our practice and revalidation entries.

A common theme throughout revalidation entries is the requirement for registrants to provide evidence of how their learning has benefited the people who use their services. In order to achieve this, it is first beneficial to think about who your service users are. For many registrants this may not necessarily be a patient. For example, if you are working in a GP practice it may be the practice nurses who benefit from your learning, or in education and training it may be students or trainees that benefit.

Sometimes it may not be obvious how your learning has benefited your service user. If this is the case then it may be beneficial for you to revisit your revalidation entries at a later

time when you have had time and opportunity to develop a better idea on how your learning has benefited your service users and be able to provide some more robust examples. In other words, you should not feel compelled to sit and write a record from beginning to end in one sitting. Save it and come back to it later!

Reflection is the critical evaluation of practice and learning to find ways to benefit further the people using your services. It is therefore a thought process. Some people find this process challenging, so if you identify that you need to develop your reflective skills then take a look at some models that may give you some ideas to strengthen this. Reflection not only drives improvement it also helps assure members of the public.

So...what does good look like? Osama was able to provide some advice on how registrants can appraise their own revalidation records

What does a ‘good’ revalidation record look like?

Core criteria for ALL records

1. They are submitted by the deadline.
2. They can be understood and are submitted in the form we require.
3. They cover the right time frame (renewal deadline to renewal deadline).
4. They are your records and it was your decision to submit them.
5. The correct number of records have been submitted and they are suitable for your role(s) and setting(s) of practice.
6. They comply with or safeguard patient confidentiality.
7. They reflect any directions for learning you have been given by GPhC.
8. They only contain true and accurate information.

(These are paraphrased from the criteria set out on page 18 of the revalidation framework)

Having these criteria in mind when completing your record will help you ensure that you meet the core criteria for your revalidation records.

What does a good planned CPD look like?

When writing a planned CPD record you can ensure that you meet the requirements by ensuring that there is a description of:

- what you want to learn
 - the relevance of the learning to your practice
 - how the learning will affect the people using your services
 - the options or activities you have selected to carry out
 - how you have applied the learning
 - how the learning – once you have applied it – has benefited the people using your services, illustrated with an example
- Having these criteria to hand when writing your planned CPD record will help you construct your planned CPD record and ensure that you have included all the necessary content

What does good unplanned CPD look like?

When writing an unplanned CPD record you can ensure that you meet the requirements by ensuring that there is a description of:

- the activity you took part in that enabled new learning
- what you have learnt
- how you have applied the learning
- how the learning – once you have applied it – has benefited the people using your services, illustrated with an example

Again, having these criteria to hand when writing your unplanned CPD record will help you construct your record and ensure that you have included all the necessary content

What does a good peer discussion look like?

When writing your peer discussion record you can ensure that you meet the requirements by ensuring that there is a description of:

- why you chose your peer(s)
- how the process of peer discussion has benefited your practice
- how the process of peer discussion has benefited the people using your services, illustrated with an example

It is important to remember that your peer discussion record does not need to include the content of the things you discussed with your peer. The focus of your recording should be on how this discussion has benefited your practice and the people using your services.

What does a good reflective account look like?

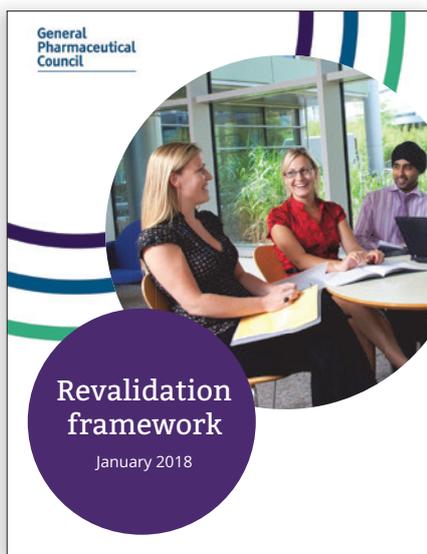
When writing your peer discussion record you can ensure that you meet the requirements by ensuring that there is a description of:

- your area(s) of practice
- the typical users of the service(s) you provide
- how you are meeting one or more of the standards for pharmacy professionals, illustrated with real example(s)

Understating the criteria under which revalidation records are reviewed is crucial in supporting you in making effective 'good' revalidation records.

These criteria can be found on pages 18-19 of the GPhC Revalidation Framework here: https://www.pharmacyregulation.org/sites/default/files/document/gphc_revalidation_framework_january_2018.pdf

Delegates were also given the opportunity to undertake a mini peer discussion about how they would meet the requirements of revalidation now. You may wish to have a go at this now in preparation for the introduction of peer discussion in the second year of submission...



- What are the challenges you think you will face?
- How might you overcome them?
- Who would your peer be?
- How would you prepare yourself and them for the discussion?

Submission of records

You may be amongst the first set of registrants to submit CPD records at renewal of your GPhC registration after 31st October 2018. Osama provided some information regarding the submission and review process.

You will need to submit your

revalidation records and renew your registration in myGPhC. When you renew your registration, you will need to declare that the records you are submitting are your own work.

You can record multiple records in myGPhC, then pick those that you would like to submit when you renew. Or you can record your records somewhere else, and then add them to myGPhC when you come to renew.

Review and feedback

The GPhC will randomly select a sample of records to review, and will also do some targeted selection. If you are selected and reviewed and your records meet the criteria, you will not be selected again for next two years. You will still need to carry out, record and submit your records when you renew each year. Your records can be selected for review at any time in the year following submission. The GPhC will let you know if you have been selected for review.

Revalidation records will be reviewed using core and feedback criteria mentioned earlier. If you do not meet the core criteria you may need to submit revised records. Feedback criteria are used to offer developmental feedback for future records.

Records will be reviewed jointly by a pharmacy professional and a lay reviewer. Pairing the reviewers improves quality and consistency and ensures that there is a reviewer who understands your practice and a reviewer who can reflect the voice of the people using pharmacy services. All of the GPhC revalidation reviewers will be trained to carry out reviews and write developmental feedback.

For members support with revalidation please see the revalidation pages at the APTUK website here: <https://www.aptuk.org/revalidation>

You can also get in touch with your local branch to access revalidation support/opportunities: <https://www.aptuk.org/branches>

The APTUK CPD Facebook page is the perfect place to find/share CPD/Revalidation ideas. Just search APTUK CPD to find the group and request to join!

For further information see the GPhC website at: <https://www.pharmacyregulation.org/revalidation>



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Beyond disruption

Delivering services at scale, and an update from NHS Digital Innovation Award winner 2017

During this breakout session we heard from Dafydd James (NHS Digital Innovation Award Winner 2017) and Mohammed Hussain (Senior Clinical Lead for Live Services, NHS Digital).

Dafydd James kicked off an excellent workshop by talking about the digital innovation developments he has been working on that won him the NHS Digital Innovation Award at last year's APTUK conference.

Dafydd explained he was a part of a core in-house multi-disciplinary team that designed, tested and implemented a bespoke electronic prescribing and medicines administration (EPMA) system 'for Renal by Renal'. This was made possible after a successful Efficiency Through Technology Fund application from the Welsh Government for a modest budget to deliver at pace and scale.

They now have a system which is web based and touch enabled to allow administration on mobile devices. The EPMA system is also embedded in to the consolidated renal electronic record, which also includes demographic details, clinical notes, blood results, dialysis treatments and a full medication list. This development is helping to achieve high quality care through digitisation efficiently.

The next challenge for Dafydd and the team will be to roll-out the system to the neighbouring Health Board, before scaling up to a National service over the coming year.



Mohammed followed Dafydd's presentation and talked the audience through his project on delivering live services at scale.

Mohammed looked at the core national infrastructure and how these services provide capability throughout the system; thus, allowing users to access and exchange relevant information securely and effectively in a variety of settings; primary, secondary, emergency and urgent care. The results of this digital development are ultimately improving patient care and enable better patient outcomes.

Services such as NHS Choices enable the public to make informed choices on their own health and wellbeing. It empowers the public.



Mohammed went on to explain that managing all these services, technical components, contracts, suppliers and users and delivering value at the same time is very challenging. The scale of some of the services is huge. To finish the session Mohammed discussed the complexity of Shared Care Records across the borders of England, Scotland, Wales and Northern Ireland due to healthcare in the UK being devolved.



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Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Delivered by Neil Fallan, JAC Pharmacy & HEPMA Trainer Technician, NHS Ayrshire and Arran

Everyone knows the pen and paper method of prescribing has numerous flaws. The answer is an electronic prescribing system. Once you have identified the system that best fits with your service provision and users you need to design the implementation plan:

Identify potential challenges:

- Training all levels of staff
- Anxious users for a new system
- Develop an online training package and training scripts
- Support on go-live
- Give appropriate hardware
- Interface with patient management system
- Identify and rectify unexpected work processes
- Infrastructure needs to be suitable
- Provide ongoing support 24/7 via on call out of hours
- Disaster recovery plan created

Summary of benefits:

- Legible
- Improved allergies sensitivity warnings
- Decision support tools – interaction of drug, allergy warning
- Largely eliminates omissions and transcription errors
- Seamless prescribing and admin transfer patient to another HEPMA site
- Improved record keeping
- Prescribing support at point of use
- History available easily FOI requests
- Audit trail of prescribing and admin records
- Remote access

Automated ordering and reducing missed doses:

The NHS Ayrshire and Arran Health board uses the JAC ePrescribing solution, which integrates ward level prescribing and medicines administration with pharmacy stock control. As such, the system was configured to automatically order at the point of prescribing for medicines that were not held within the ward stock list. Further supplies could also be ordered by nursing staff using the ePrescribing system within the standard nursing medicines administration process, with clear guidance available on outstanding supplies.

The new functionality was piloted within Ward 4D – a combined Care of the Elderly and Stroke Unit within Crosshouse Hospital. Implementation was carried out in consultation with the ward's nursing team with training provided on the new supply process in the run up and the early post



go-live stages of the pilot by the NHS Ayrshire and Arran ePrescribing team. Because all inpatient administrations are recorded by nursing staff on ePrescribing at the point of administration to the patient, the HEPMA team were able to interrogate data held by ePrescribing system to identify where administrations had been missed (and where this related to the unavailability of the medicine at the point of administration) in order to evaluate the impact of the system change.

A reduction of almost 60% was observed when comparing missed doses between the six-month pre- and post- evaluation periods. A consistent reduction in missed doses was also demonstrated through a clear reduction in both mean and median values when comparing these periods. The trial in Ward 4D was made permanent and the automated ordering has been subsequently rolled out across almost all ePrescribing inpatient wards within NHS Ayrshire and Arran.

Conclusion

The benefits of HEPMA are pretty much what you'd expect from a good electronic prescribing system with the administration as a welcome addition. Prescribing errors are reduced, illegible handwriting is no more with drug administration improvements and cost savings are immediately identifiable. HEPMA data provides real potential for analysis and innovation.



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Covert Administration of Medicines

Kassin Yakhlef is a pharmacy technician who works for NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) and leads on medicines management clinical governance issues relating to care homes. Kassin delivered an excellent workshop at conference, to advise delegates on the guidance on legal and best practice regarding the covert administration of medicines.

Learning objectives

- Define covert administration of medicines
- Identify when it can be an issue
- List the procedures for a safe and legal practice
- Explain when to apply Deprivation of Liberty Safeguards (DoLS)
- Evaluate when to review this practice

In 2015, the Care Quality Commission (CQC) identified inadequate medicines management practices in Bristol nursing homes. This included malpractice in the covert administration of medicines.

Following the CQC visit, an audit of 40 nursing homes in Bristol found that 15 were administering medicines covertly and of these 11 nursing homes were non-compliant, two were semi-compliant and only two nursing homes were fully compliant with the legal, ethical and training requirements for the safe administration of medicines covertly.

What is covert administration of medicines?

Covert administration of medicines is when medicines are given to a person without their knowledge and/or consent. It may be disguised in a drink or in food. This can occur in any setting including care homes, hospitals, prisons and people's own homes.

Why is covert administration of medicines a concern?

Pharmaceutical concerns:

Some medicines have a narrow therapeutic range and any changes made to them, i.e. crushing tablets, may affect the efficacy of the medicine to make it ineffective or could increase the likelihood of side effects experienced. Examples of medicines with a narrow therapeutic range are digoxin, carbamazepine and phenytoin.

Some medicines are best absorbed on an empty stomach. For example, 50% of the absorption of penicillin is lost when administered with food.

Medicines that should not be crushed:

- Modified release, slow release or extended release tablets or capsules
- Enteric coated or film coated tablets or capsules (EN / EC)
- Hormone, steroid, antibiotic or cytotoxic medicines
- And many more

Concerns when medicines are taken with food:

Medicines are often affected by food and some examples of this are:

- Tea and coffee causes precipitation of some medicines such as the antipsychotic haloperidol
- The absorption of some medicines is reduced when they are taken with calcium for example ciprofloxacin with milk
- Thyroid hormone levels can decrease if levothyroxine is given with food and supplements containing calcium carbonate or if taken with juices fortified with calcium.

Legal concerns

The Mental Capacity Act 2005 states that the practice of giving medicines covertly applies only to people who lack capacity. It is therefore important that there is a recent and current mental capacity assessment in place if medicines are administered covertly.

The Mental Capacity Act 2005 allows restraint and restrictions to be used, but only if they are in the person's best interest. Giving sedatives and other medicines may amount to a certain level of deprivation of liberty. For example, the sedative effects of a medicine may cause the person to sleep or to be drowsy. This affects the person's ability to move freely which is a deprivation of their liberty. When a person's liberty is deprived in any way, an application for a Deprivation of Liberty Safeguard (DoLS) assessment would be necessary.

Covert Medicine Pathway



Mental capacity assessment

The assessment should be to make a specific decision about medicines. There are 5 core principles to the assessment:

- Presume the person has capacity and can make the decision
- Encourage / help the person to make the decision
- The person has the right to make a decision that you don't agree with
- Any decisions made must be in the persons best interest
- Any decisions made must be the least restrictive option

Best interest decision meeting

Must involve a multi-disciplinary team including:

- GP
- Nurse or carer
- Family, friend or lasting power of attorney (for health not wealth)
- Pharmacist or pharmacy technician – not to attend the meeting but involved in the care plan

The Court of Protection provides guidance to protect unlawful interference with article 5 and article 8 of the Human Rights Law. This guidance highlights that covert administration of medicines must be considered as a last resort. If no agreement is reached during the best interest meeting there should be an immediate application to The Court of Protection.

Management plan and documentation

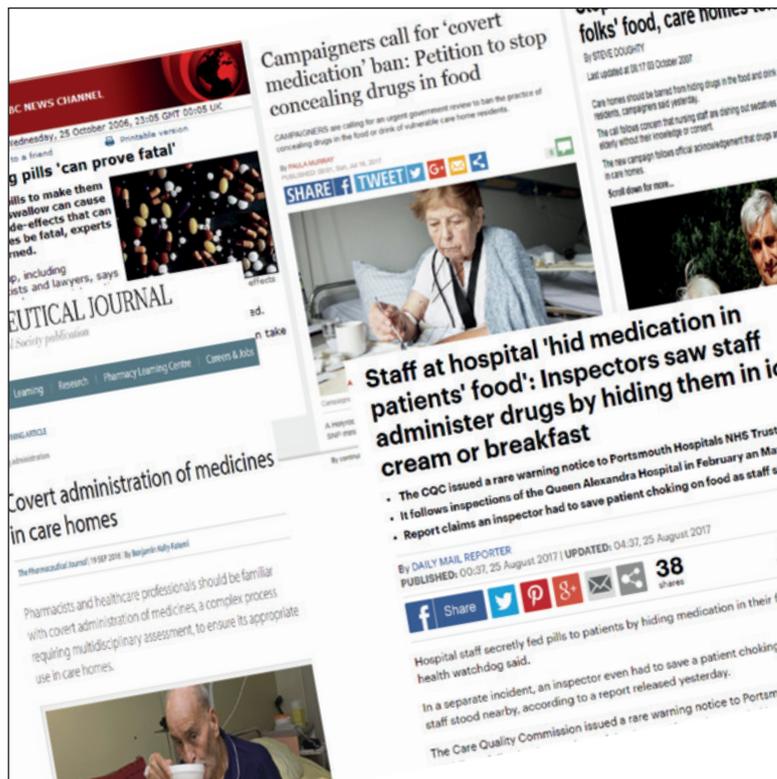
Medicines specific information from the mental capacity assessment should be documented with a clear plan for how to safely administer the medicine covertly.

Reviews

It is important to set a timeframe for reviews, but certain changes may trigger an earlier review. Reviews should include an assessment of whether covert administration of medicines is still the least restrictive option for the person. A decision to administer medicines covertly should be time limited because mental capacity fluctuates. Outcomes from reviews should be communicated to the relevant health care professionals and to the person's family.

Considerations for the covert administration of medicines:

- Medicines should always be offered openly first at every dose before they are administered covertly. This is because capacity sometimes fluctuates meaning that the person may be happy to take them sometimes.
- Ensure the person is eating and drinking all of the food / drink that is being used to disguise the medicine in order for the person to receive the correct dose.



- Some medicines, such as sertraline and zopiclone, have a bad taste when they are crushed and may change the taste of the food or drink which may discourage the person from taking the full dose.
- Explore the person's food preferences to improve compliance.
- Monitor the person's patterns of behaviour, they may be refusing at 8am but would be happy to take them later. They may take them when offered by one nurse / carer but not another.
- Pharmacists and pharmacy technicians should consider completing training on dementia. This is essential to developing persuasive techniques and to acquire the skills to establish the person's preferences.

Conclusion

Covert administration must be considered as a last resort when all other options have been considered. Nurses and other health care professionals (including pharmacy technicians) are responsible to question whether medicines are appropriate before they are supplied and administered. Some medicines when administered covertly will require an application for a DoLS assessment. The safe and legal pathway to use to set up covert administration of medicines includes a mental capacity assessment, a DoLS assessment if necessary, a best interest meeting where a decision is made, a documented management plan with information of how to safely administer the medicines covertly and a review date set.



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Medication Support Services Presentation

This presentation was delivered by Mary Ann Campbell, senior pharmacy technician with the Medication Support Service at East Renfrewshire Health and Social Care Partnership (HSCP). Mary Ann gave an overview about how the service is delivered, and the roles undertaken by pharmacy technicians within the team.

Introduction

This service involves visiting patients who are discharged from hospital to give them advice about their medication, therefore supporting patients getting the best use from these. The Medication Support Service (MSS) team consists of three specialist pharmacy technicians: One Band 6 working 30 hours a week, and two Band 5 pharmacy technicians one of which works full time, whilst the other is part time.

The Referral Process

Referrals into the service are made by other health and social care professionals within the local Health and Social Care Partnership. These include from staff within the health and social care team, GP practices where leaflets are held explaining the process, community pharmacy and patients may refer themselves to the service.

Once a referral is received the team aim to contact the patient within one to three days, they will carry out the medicines reconciliation process within 1-2 days usually. This allows GPs time to complete a post hospital discharge medicines reconciliation if applicable, thus allowing the MSS technician affirming any changes with the patient at the home visit. This process ensures they have the most up to date list of current prescribed medicines.

The solution

This involves a visit from a member of the MSS team, and communication will also include others involved in the patients care, i.e. Family/carer, Community Pharmacy, GP, Health and Social Care and Voluntary Organisations.

The team have remote access to the patients GP practices clinical system, a copy of the discharge letter can be accessed via the clinical portal. One reviewed the team arrange a time to visit the patient in their home.

The Review Process

A specialist pharmacy technician will visit the patient and assess the patient's adherence with their medication, using the 5 Rs rule. This is done to ensure that the patient understands what each medicine is used for and how it should be taken. They also check that the patient can take and use all medication correctly and that there are not having any problems associated with this.

The 5 Rs rule involves checking that the medication is given at the:

1. Right Time
2. The medication is for the Right patient
3. The Right drug is prescribed
4. Its prescribed at the Right dose
5. It is being used/ given via the Right route.

There may be barriers which may prevent the patient from being able to take the medication as prescribed and the team can suggest solutions to overcome this barrier, and example of these is shown in the table above.

Barrier	Solution
Visual impairment	Request Large Print labels for medication
Limited dexterity	Pill bob (device which helps patients who have dexterity problems) Plan cap bottles Autodrop device Haleraid devices
Patient forgetting to take medication at the correct time.	Medication Education - reminder charts Set alarm clocks Compliance aids if required.

Service Outcomes August 2016 – 2017

Mary Ann also provided an overview of the utilisation of the service within this period and the number and types of interventions made:

- 921 referrals were made to the service
 - A total of 215 interventions were made by the team and these included:
 - o Information provided around missed doses
 - o Identification of drug interactions
 - o Dealing with missing prescriptions for dosette boxes
 - o Transcription errors
 - The service identified cost efficiency savings of approx. £210,000 in this year.
 - The service supports 'What matters to you?' a Scottish NHS campaign to encourage and support meaningful conversations between people who provide health and social care and the people, families and carers who receive such care.
- The team are also able to refer patients to other health care and voluntary services if required.



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Rebalancing

This workshop was presented by myself, Oliver Jones, the Business Development Officer for APTUK. My role at APTUK is mainly geared towards securing sustainable funding for the organisation, but I have attended the Rebalancing Program Board Partner's Forum on behalf of APTUK and I sit on our task and finish group looking at the work of the Rebalancing board. It was with this in mind that I was asked to run a session on "Rebalancing".

Learning objectives

- Understand the purpose of the Rebalancing Medicines Legislation and Pharmacy Regulation Programme and the membership of the Board
- Describe the recent changes to legislation and the impact on pharmacy technicians
- Identify the potential future changes to legislation that could be advised by the Rebalancing Board
- Discuss your views so APTUK can appropriately represent our members on the board. This will be through small group work and individual feedback/discussion.

Content

The session started with a brief overview of the purpose of the board, which was set up to look at various parts of the legislation, including a review of the dispensing errors legislation, and a review of pharmacy owner, superintendent and responsible pharmacist arrangements.

We then covered the work already achieved by the board, which includes The Pharmacy (Preparation and Dispensing Errors – Registered Pharmacies) Order 2018. This provides a defence against the "crime" of an inadvertent dispensing error made by a pharmacist or technician on registered pharmacy premises. Patient safety was highlighted as one of the key drivers behind this legislation and the importance of learning from errors was emphasised.

The second part of the session, which was primarily delivered in a workshop format, discussed the "hot potato" of pharmacy supervision.



Firstly, the history and definition of what supervision means in this context was discussed, and some snap feedback from the room was taken. This feedback was taken on four key questions around supervision, using the novel "Plickers" app. Then the room was split in to table groups and they were asked to "decide on what you want the future of supervision to look like" considering "training, implications for the whole pharmacy team and how patient safety is maintained". This feedback was collated and will be fed back to the task and finish group.

Getting the right balance

Conclusion

The feedback from the session was positive, and engagement levels were high. It was great to hear the opinions of the people in the room and we will take these away and they will help to form our opinion and positioning going forwards.



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Patient Safety

An Anticoagulant Case Study

This workshop was presented by Samantha Quaye, lead pharmacy technician with the Centre of Pharmacy Postgraduate Education (CPPE). Sam provided attendees with an abridged version of the workshop (45 minutes) – the session normally has a 2-hour duration. This workshop is usually delivered by a CPPE local tutor, workshops are available in several locations throughout England. Further information about upcoming workshops and booking details are available on the CPPE website which can be accessed here: <https://www.cppe.ac.uk/>

CPPE are commissioned by Health Education England (HEE) to provide pharmacy education to registered pharmacy professionals and pre-registration pharmacists in England. Pharmacy education is provided in the other home countries by NHS Education for Scotland (NES), Welsh Centre for Postgraduate Pharmacy Education (WCPPE) and the The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD). Although this was a CPPE programme Sam stated that workshop material would be available to pharmacy technicians in the neighbouring home countries who attended the session.

Learning objectives

The learning objectives of the workshop were that by the end of the session attendees would be able to:

- describe the principles of patient safety concepts and terminology
- identify the systems which impact on patient safety
- recognise risk associated with anticoagulation
- confidently consult with patients who are prescribed high-risk medicines
- know how to respond appropriately to patient safety incidents.

The workshop is part of a larger CPPE Patient Safety Campaign launched in early 2018, in part to respond to the publication of the Medication Without Harm: The third WHO Global Patient Safety Challenge. This challenge will propose solutions to address many of the obstacles the world faces today to ensure the safety of medication practices. The World Health Organization (WHO)'s goal is to achieve widespread engagement and commitment of

WHO Member States and professional bodies around the world to reducing the harm associated with medication. Medication Without Harm aims to reduce severe avoidable medication-related harm by 50%, globally in the next 5 years.

A brief presentation was shared with the attendees focusing upon various aspects of patients' safety and recent developments within this area.

Information from NHS England (NHSE) was shared with the group, stating that NHSE had developed a national short life working group who were tasked with looking at strategies to reduce medication related harm. Recent news headlines have also reported that there are 237 million drug errors a year, thus demonstrating medication as a huge patient safety risk.

There have been recent legislative changes which have supported improved management of medication errors, e.g. Decriminalization of dispensing errors. Further information about this is provided in the pre-reading material

A short video was also shared with the group from Dr Bruce Warner - Deputy Chief Pharmaceutical Officer from NHS England, talking about how important pharmacy professionals' roles are in providing a safe pharmacy service to patients.

After the presentation attendees were asked to split into small groups and to work through an example case study looking at the journey of a patient prescribed anticoagulant medication. Attendees were asked to discuss a scenario, identify system failures which contributed to poor patient care and advice regarding best practice. Groups were then asked to feedback with suggestions of how the patient's care could have been improved.

CPPE programmes and associated learning can be used to support the completion of CPD records and support pharmacy technicians in their Revalidation process.



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Medicines Optimisation in Care Homes

Enhancing the Role of the Pharmacy Technician

Wasim Baqir is currently seconded to NHS England to lead the Pharmacy Integration Fund Medicines Optimisation in Care Homes Programme.

Wasim delivered a workshop that highlighted the current upsetting situation regarding medicines in many care homes, ways of improving this situation and the exciting opportunity this provides for pharmacy technicians.

Learning Objectives

- Understand medicines issues in care homes
- Understand medicines optimisation and management in care homes
- Understand the role of the pharmacy technician in the multidisciplinary team
- Understand the national (England) care homes programme and how pharmacy technicians are involved
- Understand the national (England) training pathway for pharmacy technicians

A sad, but true story of Alfie

Alfie is a 78-year-old male living in a residential care home and he has recently been discharged from hospital.

The pharmacy technician reviewed Alfie's medicines following the discharge picked up many medicines related issues. It was found that Alfie is prescribed 21 medicines, he administers them himself and they are supplied in a dosette box.

Alfie had stockpiled his medicines in his room and they were not stored appropriately which is a risk to the safety of Alfie and the other residents. Alfie did not understand what his medicines were for and why he should take them. Alfie did not want his medicines in a dosette box, so every time it arrived he would pop them all out. Alfie had been receiving his medicines in a dosette box for more than 2 years. No-one had thought to involve him in this decision. It was assumed that because he lives in a care home and that he manages his own medicines that he requires a dosette.



This is not an unusual story.

Why is this happening?

The different sectors that are providing Alfie's pharmaceutical care are working in silo. No-one had challenged the continued appropriateness of the 21 medicines that Alfie is prescribed. The GPs signed the repeat prescriptions, the community pharmacy dispensed them, the hospital had continued them and no-one had involved Alfie at any point.

It is important for the safety of patients that all health care professionals in all of the sectors providing care start to integrate better. We all need to step away from working in silo roles and start being a multidisciplinary team and have a better holistic understanding of the patient and their needs.

“NO-ONE HAD THOUGHT TO INVOLVE ALFIE IN THIS DECISION”

Health care professionals should have an understanding of each other's roles in patient care, have good working relationships and communicate with each other. They should provide joined up care by working across organisations to make shared decisions. Most importantly the patients and their families should be involved.

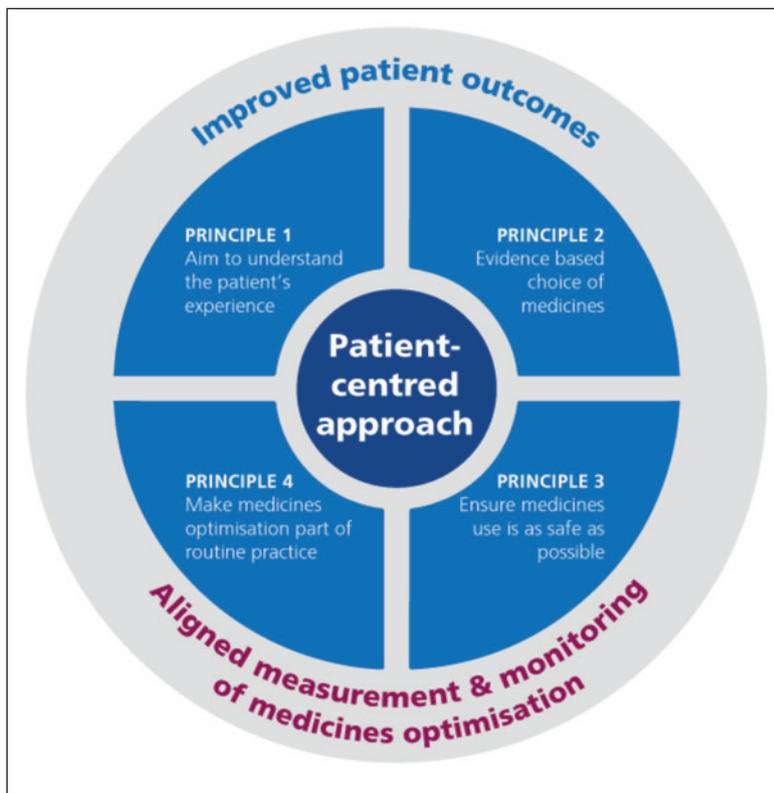
Research into medicines use in care homes has identified:

- many people are prescribed excess medicines, many are unnecessary and inappropriate
- there is a lack of a structured medicines review
- patients (or carers) are rarely involved in decisions about their medicines
- there are too many medicine related errors
- too much wasted medicines
- teams are working in silo

It is estimated that there are 237 million errors annually, and, 41.7% of those errors occur in care homes which are mainly administration errors. Implementing medicines optimisation in care homes improves quality, reduces risk of medicines related harm and reduces costs.

NHS England's Next Steps on the Five Year Forward View was published in March 2017. This document reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS England. It focuses on delivering improvements in the priority areas of cancer, mental health, primary care and urgent and emergency care with a national move towards **integrated care**.

Medicines Optimisation



Application of medicines optimisation principles in care homes promotes:

- the right decision being made first time
- that poor systems are challenged
- de-prescribing occurs when the time is right
- residents are given an equal say at the point of prescribing
- the multidisciplinary team work together and include the patient

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Medicines Optimisation in Care Homes Programme (MOCH)

NHS England has offered to fund 240 WTE pharmacy professionals (pharmacists and pharmacy technicians) to work across care settings to support care homes. These roles will be clinical and patient facing and involve medicines optimisation including de-prescribing and antimicrobial stewardship. The pharmacy professionals will also provide leadership to care home staff in reviewing and improving systems to reduce medicines errors and waste.

In order for the pharmacy professionals to undertake this work, Health Education England (HEE) has commissioned the Centre for Pharmacy Postgraduate Education (CPPE) to develop and deliver a training pathway. There are 600 places on the Medicines Optimisation in Care Homes Training Pathway and in addition pharmacists will be trained to be independent prescribers.

Pharmacy technicians in care homes

The Medicines Optimisation in Care Homes Programme is the first NHS England programme that names pharmacy technicians as part of it. Using pharmacy technicians as part of the multidisciplinary team promotes skill mix to support

residents, care homes and care home systems.

Pharmacy technicians often don't feel part of the multidisciplinary team, but as pharmacy technicians we are professionals in our own right and we should embrace and run with this opportunity to benefit the care of our patients.

Pharmaceutical care is becoming increasingly more complex. We have an older population which means there are so much more medicines being used and too many people requiring pharmacy services for us to continue working in the traditional pharmacist and pharmacy technician roles. It is time to move forward to benefit more patients.

The Shine+ project (www.health.org.uk/pills) found that pharmacists working in care homes start with care home 1 and work their way around their allocation until all visited and then back to care home 1. This approach is not working, it may take 18 months to see a resident. A safer target would be to aim for a pharmacy professional to identify and visit a new resident within 1 week.

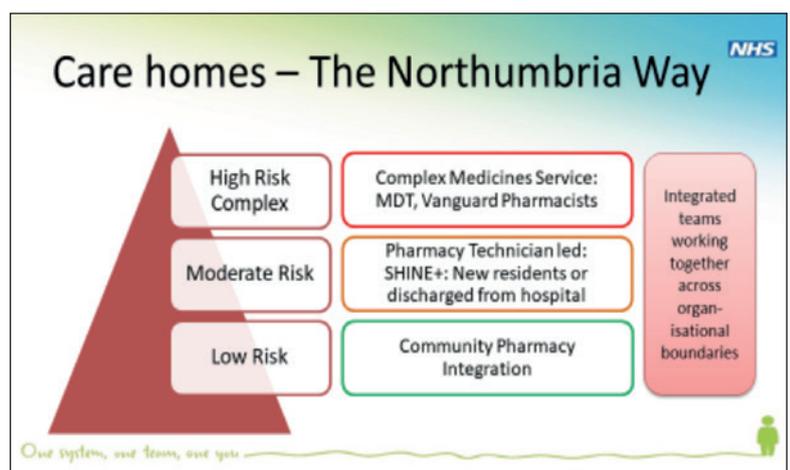
Pharmacists should continue to manage patients with complex pharmaceutical needs but in order for more patients to benefit, pharmacy technicians, with the right training and support, can see patients with low and moderate risk pharmaceutical care needs and refer when necessary. Pharmacy technicians are also well placed to provide leadership and management of systems and processes related to medicines in care homes. Many pharmacy technicians in secondary care have already evolved to include these types of roles. It is important for patient care that pharmacy professionals take responsibility to develop their skills and knowledge in order to work at the top of their license.

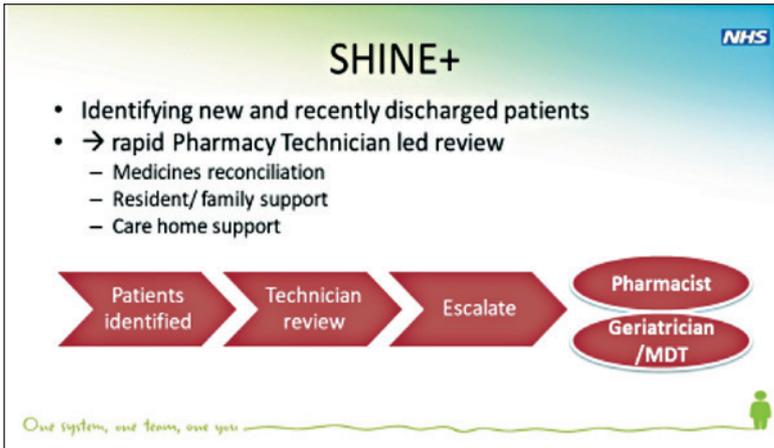
The pharmacy technician role in care homes includes:

- Patient facing clinical interventions such as medicines reconciliation, medicines review and shared decision-making consultations.
- Technical roles in leading and managing systems for wasted medicines, medicines ordering systems and storage of medicines.
- Training and support for care home staff

The Northumbrian Way

In Northumbria, at a Vanguard site, a model of pharmaceutical care provided by pharmacists and pharmacy technicians has been identified and





developed. Pharmacy technicians have taken responsibility to develop their own roles within the care homes. They are being embedded into the care pathway and attend MDT meetings, escalate care directly to GPs and consultants, they have their own patient case-loads and have an equal say about the people they care for.

An audit of the Northumbria pharmacy technician led reviews found that during a three month period pharmacy technicians saw 92% (n192) residents, made 328 interventions resulting in 52 medicines being stopped. 16 re-admissions to hospital were avoided and £96.6K of savings were made. The pharmacy technicians delivered all of this whilst also ensuring that shared decisions were made with patients and their families.

It is estimated that £30m of medicines are wasted in care homes due to inappropriate ordering, poor medicines storage systems, lack of medicines reconciliation, and knowledge base of care home staff.

One of the pharmacy technicians in Northumbria noticed that one of the care homes was throwing away a lot of fortisip that was prescribed for Dorothy. The pharmacy technician noticed that Dorothy was only 36.4kg so she made a dietician referral. The dieticians found that Dorothy had lost roughly 2kg per month since their last review. They prescribed pro-cal shots TDS and suggested to only use the strawberry flavour fortisip as she liked them the best. 4 weeks later Dorothy was much more compliant with her supplements and her weight had increased to 38.6kg.

CPPE MOCH Training Pathway

All pharmacists and pharmacy technicians employed on the NHS England MOCH Programme will undertake the training pathway. Pharmacists and pharmacy technicians learn together on the pathway and includes self-directed online learning, residential course, study days, learning sets, assessments and supervision. Pharmacy professionals are given 28 days of protected learning time for face to face events and supervision.

There are five pathway modules over 18 months that include:

- Essentials for medicines optimisation in care homes
 - Clinical knowledge and its application to people living in care homes
 - Clinical assessment skills
 - Leadership and management
 - A choice of options to advance knowledge and skills
- Further information is available on the CPPE website www.cppe.ac.uk

Back to Alfie

The pharmacy technician worked to the top of her licence to involve Alfie in shared decisions about his medicines. She changed the supply of medicines from being in a dosette box to in original packs which suited Alfie much better. Using her consultations skills, she was able to improve Alfie’s understanding of his medicines and assessed his inhaler technique and organised for the accuhalers to be changed to evohalers. The pharmacy technician highlighted the de-prescribing opportunity to the pharmacist and 7 medicines were discontinued and 4 others were reduced.

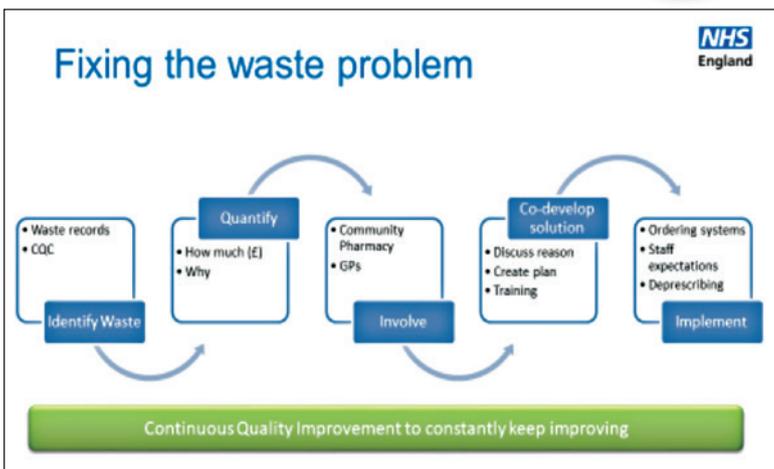
These actions resulted in Alfie taking 7 regular medicines and 7 when required. Alfie was happy with this and his compliance improved giving better pain control and reduced asthma symptoms.

✔ Medicines optimised! 😊



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REFERENCES & FURTHER READING:

Care Home Use of Medicines Study (CHUMS) – Universities of London, Leeds & Surrey
Managing Medicines in Care Homes SC1 – National Institute for Clinical Excellence (NICE)
The State of Health Care and Adult Social Care in England – Care Quality Commission (CQC)
Prevalence and Economic Burden of Medication Errors in the NHS in England – www.eepru.org.uk
Making Care Safer – www.health.org.uk
The Health Foundation Shine + - http://www.health.org.uk/pills

OVER THE COUNTER



BABIR MALIK held a session on the latest updates to the sale of over the counter (OTC) medication.

Session Objectives

- Describe recent OTC Updates
- Understand key points about recent POM-P switches
- Identify areas for your personal development in relation to minor ailments diagnosis and treatment
- Recognise 'red flag' symptoms for minor ailments

The group were asked to undertake a survey at <https://www.surveymonkey.co.uk/r/PKCCZPD> to identify their current knowledge regarding OTC updates. (Answers on page 28)

Question 1

Which one of the following is the minimum age the Daktarin Oral Gel can be sold?

- A. 1 month
- B. 2 months
- C. 4 months
- D. 6 months
- E. 12 months

Question 2

Which one of the following is the minimum age that Feminax Ultra can be sold?

- A. 45
- B. 50
- C. 55
- D. 60
- E. 65

Question 3

Which one of the following is the minimum weight that a patient needs to be eligible to buy Maloff Protect?

- A. 30kg
- B. 40kg
- C. 50kg
- D. 60kg
- E. 70kg

Question 4

How many mg of paracetamol 250 mg/5 ml. suspension should a 9-year-old have as a single dose?

- A. 125
- B. 250
- C. 375
- D. 500
- E. 625

Question 5

Which ONE of the following medicines interacts with Viagra Connect and warrants a referral to the GP?

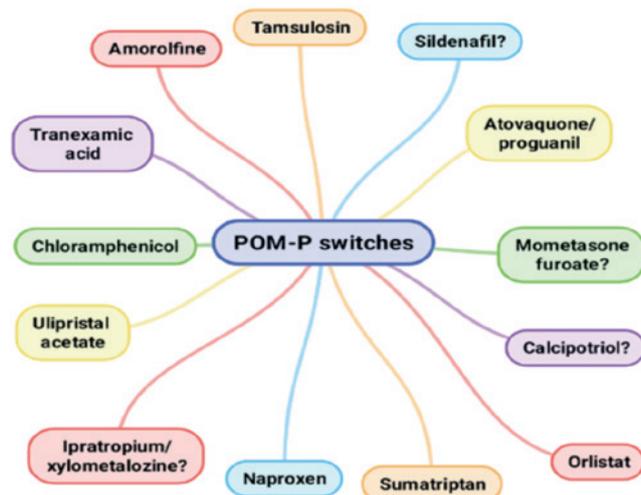
- A. amlodipine
- B. bisoprolol
- C. diltiazem
- D. esomeprazole
- E. fluoxetine

Question 6

What category is esomeprazole?

- A. GSL
- B. P
- C. PO
- D. POM
- E. None of the above.

Important information regarding recent POM to P switches and warning symptoms for minor ailments requiring referral



Red Flag symptoms – Referral required

- Chest pain • Difficulty breathing • Pain on breathing
- Blood in sputum • Difficulty swallowing
- Blood in vomit/faeces • Unexplained weight loss
- Loss of Vision • Neck stiffness (for no obvious reason)
- Pain in ear • Deafness • Difficulty urinating • Blood in urine
- Persistent symptoms • Persistent high temperature

A report from Brisbane

In July this year I was fortunate enough to visit Brisbane in Queensland, Australia for work. While there I wanted to take the opportunity to see first-hand how pharmacy technicians worked in Australia and share with them what pharmacy technicians in the UK were currently doing.

To begin planning I searched the Society of Hospital Pharmacists of Australia (SHPA) website¹ and started reading about their support staff role redesign project <https://www.shpa.org.au/techroleredesign> part of their current mandate. To my surprise (pleasant, I must say) I found a section and link to the research that UEA and APTUK had undertaken in 2016 in "Identifying the roles of pharmacy technicians in the UK".

The SHPA kindly put me in touch with Melynda Flor at the Royal Brisbane and Women's Hospital (RBWH), the largest hospital in Brisbane with over 900 beds. It was here that I met Melynda and her colleague and team leader Rachael Middleton, both of whom work tirelessly to drive the profession forward.

Melynda, an Australian, had spent 10 years working in the UK and during that time completed her pharmacy technician training including accredited final accuracy checking and medicines management skills courses including medicines reconciliation. After 10 years and struggling to deal with the UK's winter climate (to put this in context, July is Brisbane's winter and it was 23°C while I was there) Melynda returned to Brisbane and was employed by the Royal Brisbane and Women's Hospital.

I went to meet Melynda at the hospital the day after I had arrived in Brisbane. Arriving at the pharmacy inpatient reception, everything seemed to be reminiscent of a hospital pharmacy in the UK. I was greeted by a receptionist, I could see people working at the benches and clearly see that the dispensary was automated (I later found out that the launch of the dispensary robot was to be the following week). Wow, I thought! I had heard that pharmacy in Australia was way behind us, but from what I was seeing, it clearly wasn't. That was until Melynda came and met me, our introductions took place and we wandered into the dispensary talking about our roles. From then on, any similarities between the work of UK hospital pharmacy technicians and those in Queensland ended.

In Queensland Health there are no pharmacy technicians. In fact, the non-pharmacist staff are known by the Pharmaceutical Society of Australia as dispensary/pharmacy assistants/technicians and their main role is to dispense, label and manage stock and stock distribution. Although confusingly, I later discovered that depending on which Australian state you are in, the title 'pharmacy technician' is sometimes used. However, for the purposes of this article I shall stay with pharmacy assistant, as Melynda was clear that they were not referred to as 'technicians'. Rachael on the other hand had come across from New Zealand. Although not quite up



Royal Brisbane and Women's Hospital

to the speed of the UK, in New Zealand Rachael said that as well as general dispensary and stores work she used to actually counsel patients and had the opportunity to work in a more medicines management focussed role.

Question time!

I had many questions for Melynda and would like to share some of these and the answers with you:

Q. What is your role here at the Royal Brisbane?

A. I'm currently the education and training technician here. I manage the inductions of new assistants and support and mentor the Cert IV trainees. I also organise the ongoing development of assistants and undertake ward-based duties. All of this is very different to the level of activities I undertook when I was working in the UK.

Q. What initial training does a pharmacy or dispensing technician/assistant undertake in Australia?

A. In Australia each of the five states have their own laws governing the supply of medicines added to which community technicians/assistants complete different training to hospital technicians/assistants. However, the training that is on offer is recognised nationally i.e. across all five states. In community pharmacy the courses range from Cert II to Cert IV e.g. basic skills to front of house and management² and in hospital range from Cert III to Cert IV e.g. Dispensing to compounding (extemporaneous dispensing to us), aseptics and supporting the pharmacist on the wards (non-patient facing), dispensing administration and supporting and delivering training.



Melynda (right) and Rachael (left)

Q. Are there any registration requirements in Australia?

A. No, there is no state or national registration requirements for technicians/assistants. Hopefully, eventually, one day there will be.

Q. Do you have a professional leadership body for pharmacy or dispensing technicians/assistants?

A. No, we don't have our own professional leadership body. However, those working in hospitals can become full voting members of the SHPA and from this we have our own local branch networks who organise local branch meetings and CPD sessions.

Q. So where are pharmacy technicians now in hospital pharmacy and how do you think they will progress?

A. At the moment, here at the RBWH we have four ward-based assistants and in a hospital this size that isn't very many. We will try and expand on the numbers when the robot is working and hopefully expand the role to release the pharmacists time.

Q. What are the barriers to progression?

A. One of the main barriers is that there are five states and five different sets of rules! There are no official courses for final accuracy checking or medicines reconciliation. Although we have trialled final accuracy checking (known as tech-check-tech) here at the Royal Brisbane, this has been suspended as the processes are changing due to the installation of the robot. The Alfred Hospital in Melbourne (state of Victoria) do have Tech-check-Tech but this is not yet the norm³.

Summary

The work of pharmacy technicians in GB, particularly in hospitals, is much more advanced and patient facing than I witnessed in Queensland. Although the ward-based assistants undertake valuable supportive work, not to be underestimated, there is little or no patient contact and final accuracy checking is definitely not the norm. It would be all too easy for us to say "Well what's the problem? Accredited checking is a normal progression for us and works fine here". However, if we look back and remember the challenges faced when ACPT was first introduced in GB, and in some cases still face, the barriers or challenges they face may be similar. However they have the significant complication of five individual states that have their own laws and who will all need to agree if changes are to be nationally recognised.

Another challenge, which some may argue we also face, but on a seriously lesser scale, is that of remoteness. In a country with a population approximately only one third the size of GB, another challenge is created purely by the size and geography of Australia and the need for accessible, consistent quality education and training that would be available to those in the most remote areas as well as those in the cities.

To this end, even though there is a long way to go for our Australian colleagues, with the tech redesign project there is movement in a direction that reflects the extended roles of pharmacy technicians that we are familiar with. With no individual professional leadership body for the technicians/assistants, the SHPA, who by including technicians/assistants in their membership demonstrates a joined up approach to progression and with the drive and passion of people like Melynda and Rachael I am sure we will see changes in the future.

Finally, I would like to thank Melynda and Rachael for taking the time to meet me.

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Concerns Over UK Product Shortages

Planning is underway ahead of Brexit deal

Last year was one of the worst years in recent history for medicine shortages in the UK and senior health officials have warned that the situation is not likely to improve. It is reported that in the last 6 months of 2017 alone, drug shortages cost the NHS £180 million.¹ The cost is set to rise further in 2018 causing many to question how efficient the current system is. Both MP'S and pharmacists are urging the Government to come up with a better way of managing shortages, with Mike Dent (Pharmaceutical Services Negotiating Committee) calling the existing system 'unsatisfactory'.²

UK hospital pharmacies are already suffering greatly from shortages with some UL Medicines customers reporting that they are spending (on average) 38% of their working week sourcing alternatives medicines.³ So with tensions already high, what predictions have been made concerning the future of shortages?

Brexit Concerns

The Healthcare Distribution Association (HDA UK) that represents the companies that deliver 92% of NHS medicines are worried that the ability to parallel import medicines into the UK may be compromised. The association has warned that leaving the single market could mean that common trademark regulations would no longer apply to the UK, meaning that vital medicines would be stuck in a longer more complicated process.⁴

The HDA UK commented, "there is a high probability that this could then result in an increased risk of medicines shortages in the UK and a rise in the cost of medicines for the NHS.

In short, parallel imports of medicines into the UK provide both certainties of supply, when there is not enough UK stock (because of a sudden spike in demand), and incentivized purchasing competition, which saves the NHS over £100m per annum, (on current estimates)."⁴

However, as deadline day approaches (29th March 2019) there is growing concern over what a 'hard' Brexit or 'no deal' would mean for UK shortages. The chief executive of NHS England, Simon Stevens, commented that 'significant planning' was happening to ensure that patients would continue to be able to access drugs if they were delayed by border checks following the deadline.⁴

Currently, around 37 million packs of medicine arrive from the rest of the EU every month and a staggering 45 million go from the UK to the rest of Europe. Border checks would seriously disrupt this complicated process and delay time-sensitive medicine. It is predicted that the effects of a 'no deal' scenario could hit the UK in as little as two weeks after the deadline date.⁵

Simon Stevens did try to comfort the pharmaceutical industry by saying, "nobody's in any doubt that top of the list in terms of ensuring

continued supplies for all the things that we need has got to be those medical supplies."⁶

In addition to Brexit fears, it has been noted that there will be added pressures on the pharmaceutical supply chain due to the Falsified Medicine Directive (FMD) going live a few months prior to the Brexit deadline. The current process relies heavily on key individuals (qualified persons) who are responsible for certifying batches of medicines prior to release and ensuring a quality system is implemented and maintained.

Claude Farrugia, president of the EIPG, said the FMD deadline "exacerbates the potential risk to the availability of medicines" because it coincides with Brexit. **The UK is scheduled to leave the European Union (EU) on 29 March 2019, followed by the FMD launch on 9 February 2019.**

In conclusion, although circumstances still remain unclear, what is apparent is that hospital pharmacies need assistance when it comes to sourcing alternatives due to shortages. It is, for this reason, we, UL Medicines, have launched our own searchable, UK Drug Shortages platform that provides information about the latest shortage supply problems and information for Hospital Pharmacies. We would love to know what you think of our new, free database and would welcome feedback to ensure we are offering the best possible resource for hospital pharmacies.

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Controlled Drug Monitoring of Fentanyl in Sheffield

Background

Fentanyl is a powerful synthetic opioid similar to morphine but up to 100 times more potent¹, and usually used post-surgery to manage short term pain. Inhaling even small particles of this drug can prove fatal, particularly for opioid naive users.

It is used as a heroin substitute at street level, with the USA reporting 64,000 Fentanyl overdose deaths in 2016², and since November 2016 alone, 60 deaths linked to Fentanyl have been reported in the UK, many of which originate from the Yorkshire & Humber region².

A kilo of Fentanyl can sell for millions of pounds compared to a kilo of heroin typically selling for a few hundred thousand pounds. Main supplies of the drug in the UK appear to be coming from China and Hong Kong via the dark web; however, it is feared that suppliers will look to intercept the prescribed market as this source evaporates.

Reports received via the Controlled Drugs Local Intelligence Network from the local drug and alcohol action team³ (DACT) describe Fentanyl in Sheffield and the Yorkshire area being mixed with both Ecstasy and Heroin, and being promoted by dealers under the street names of “Serial Killer” and “Drop Dead”, which unfortunately makes it very intriguing to some.

CD Monitoring in Sheffield

Controlled drug (CD) monitoring is undertaken in Sheffield to support NHS England’s (NHSE) statutory obligation to monitor the usage of CD’s across each locality. Monitoring aims to support prescribers in their clinical practice and not deter or delay them from prescribing important medicines clinically required by patients.

Any prescribing of unusual items, quantities or strengths which fall outside of the tolerance levels set by the

Controlled Drugs Accountable Officer (CDAO) are highlighted for investigation by the medicines management team (MMT) at the clinical commissioning group (CCG)

In order to capture any possible inappropriate use of prescribed Fentanyl, Sheffield CCG was supported by the CDAO in a decision to decrease their tolerance of all immediate release Fentanyl products to zero.

In effect, this meant that all prescriptions for these items would be investigated for appropriateness of prescribing, and the prescriber asked to assure NHSE by providing information relating to the prescribing occurrence - such as the indication, drug, duration, dose, and monitoring arrangements.

Work Load

Investigating all Fentanyl in Sheffield has created 61 additional monitoring investigations out of a total of 191 across

Summary of interventions:

Item and Quantity	Outcome
Fentanyl Loz 400mcg and 200mcg Quantity 10, 22, 12, 24	All same patients. Patient has been diagnosed with non-cancerous unexplained pain - Has now been seen by psychiatry to discuss meds and propose a reducing plan
Fentanyl Tab Sublingual 200mcg Quantity 36	Patient had escalation in dose over a number of years and frequently loses prescriptions. Patient now has 36 tabs in 3 instalments weekly for safety and to avoid misuse
Fentanyl Tab Sublingual 200mcg Quantity 28	Patient has been put on 14-day prescriptions for safety and to avoid misuse
Fentanyl Tab Buccal 200mcg Quantity 20	Patient has 2 issues per month. Now under strict review and attempts are being made to reduce quantity
Fentanyl Tab Buccal 200mcg S/F and 100mcg Quantity 56 and 224	Same patient using both 200mcg and 100mcg. Patient was put on a reduction plan & came off 200mcg tabs, and has now been switched from 100mcg tabs to 75mcg patches. This has generated a cost saving for the NHS of £6618 per year.
Fentanyl Loz 600mcg Quantity 6	Patient is under regular review and now on a reducing dose plan, is given prescriptions to cover 3 and 4 days of the week as an acute not repeat to keep control of issues.
Abstral Tab Sublingual 600mcg & Abstral Tab Sublingual 200mcg Quantity x122 of each	Patient has been reviewed and now been switched to 800mcg as a dose consolidation. Patient prefers reduced tablet burden This has generated a cost saving for the NHS of £7185 per year
Abstral Tab Sublingual 200mcg Quantity 20	Patient has reduced frequency of use and now only using pre-dressing change. Issue duration has been updated on repeat to reflect new usage.
Fentanyl Loz 600mcg and 800mcg Quantity 21,14 + 7, 8	Patient currently on reducing plan is being reviewed weekly and consideration for patches has been stated.

Quarter 2 17/18 and Quarter 3 17/18. This translates into a small 15.5% increase in monitoring work load per quarter. The extra workload is felt to be warranted due to improvements in patient safety and outcomes as well as being a very cost-effective use of time.

Interventions

100% of investigation requests were returned, with 9 significant clinical interventions identified, correlating as 14.7% interventions made overall (see table below). The interventions included: 6 dose reductions, dose consolidation and better management of prescriptions which reduced the likelihood of possible misuse/abuse. Savings generated at this point total in excess of £1380 per year, with further savings being realised as dose reductions take place.

Future Plans

This piece of work has been extremely worthwhile in terms of quality patient outcomes, and has an additional bonus of cost saving to the NHS. Work will continue to monitor this drug over the coming months.

A rolling programme for further pieces of targeted CD monitoring is in development for South Yorkshire & Bassetlaw CCG's, scheduled to start in September 2018. One of the first considerations for this work stream is to include reviewing the risk versus benefit for patient's prescribed oral opiates at doses over 120mg, as per the opioids aware advice document produced by the royal college of anaesthetics - faculty of pain medicine department.⁴

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Contact details for Lynn Ali – APTUK Membership Coordinator

Email: membership@aptuk.org
Answerphone: 0121 632 2025

Policy and Standards Workstream Report 2017-2018

I would like to thank the Board of Directors, Professional Committee and Associates for all their invaluable support over this last year. Policy and Standards Workstream has focused on setting objectives for 2017 /18 as follows:

Review of organisational policies and procedures is ongoing.

I have scoped a list of policies and SOPs which need to be updated and am developing a document to include these and new policies to be developed.

The policy for management of policies and the Fitness to Practice policy is scheduled for completion by the end of June 2018

Work is ongoing to update membership categories and an APTUK code of conduct.

Advisory Group

Tess Fenn and I have reviewed the purpose of the group going forwards and have revised the Terms of Reference which have been approved by the Board of Directors. The review of the Advisory Group membership is almost complete and this covers all sectors. There are still a minimal number of gaps and representatives are being scoped for a community pharmacy technician, PTPT community and secondary care and an ACPT from community. Now that the advisory board is set up, the expertise within the group can be utilised going forwards in 2018-19.

Community Pharmacy Technician Sounding Board (CPTSB)

The CPTSB Terms of Reference have been revised and approved and the group is not ready for a relaunch. Plans are in place for 2018-19.

Where possible the intention is to involve the Associates from the home countries on both groups

Other Activity

During 2017-18 I have:

- Collated a response to the National Midwifery Council (NMC) Consultation on prescribing and Standards for Medicines Management.
- Worked with Tess Fenn to update the Standing Orders Document.
- Commented on the Business Plan and CIG contract.
- Attended the pharmacy show on the 8th /9th October 17.
- Attended the PDIG (Purchasing and Distribution Interest Group) meeting on 13th /14th June 18.
- Participated in the recruitment and selection for the Finance officer, Secretary, Branch Liaison Officer, Director of HR, Director of Professional Development and Director of Communications.
- Participated in the selection of Associate members for Policy and standards and Home Countries.
- Participated in the Skype meeting with Tess Fenn and Rachel Raybould on updating the Branch Handbook.
- Attended Professional Committee and Board of Director meeting throughout the year as outlined in the meetings attended list.

The work on updating and renewing policies, updating membership categories, working on the Code of Conduct and working with Associates on the advisory group and CPTSB will be ongoing for this coming year 2018/19.



JULIE MATHIESON
MAPharmT
Director of Policy and Standards

Have you heard about the APTUK Membership Challenge?

Have you made your pledge to recruit a new member to APTUK?
Have you encouraged a new member to join and shared this news with others?

For further details on how you can get involved in the #Plusone challenge visit our website
www.aptuk.org/plus-one-aptuk18-membership-challenge

Professional Development Report 2017-2018

Education and training of both pre-registration trainee pharmacy technicians and registered pharmacy technicians is essential to providing high quality patient care.

Following last year's annual professional conference, the professional development workstream consisted of:
 Director of Professional Development - Dalgeet Puaar
 NO, Pharmacy Technicians (Foundation Practice) - Vacant
 NO, Pharmacy Technicians (Advanced Practice) – Pam Bahia
 NO, Pre-registration Trainee Pharmacy Technicians – Emma Walker
 NO, Branch Liaison Officer - Vacant
 NO, Revalidation – Mary Carter

Unfortunately, after annual professional conference, Emma Walker decided to stand down as NO, Pre-registration Trainee Pharmacy Technicians. Hence, we started the year with a recruitment drive.

In August 2017 we recruited Samantha Collins as our NO, Pre-registration Trainee Pharmacy Technicians. Soon after starting Samantha went on maternity leave, we look forward to her return soon.

In December 2017 Pam Bahia handed in her notice and stepped down as NO, Pharmacy Technicians (Advanced Practice) in February 2018.

In December 2017 we recruited Rachel Raybould as our NO, Branch Liaison Officer.

Over the New year period we recruited six associates, which have been very supportive.

The education workstream have held regular virtual workstream meetings using Skype. Most of the work has been carried out by individuals giving up much of their evenings and weekends. Please see below a brief summary of the professional development workstream's achievements over the last year. Please feel free to come and talk to any member of the professional development workstream about our achievements and projects during the annual professional conference, we value any feedback you may have.

At the strategy event the professional development workstream agreed its purpose was to:

1. Provide specific professional support for pharmacy technicians and pre-registration trainee pharmacy technicians
2. Influence national priorities that effect pharmacy technicians and pre-registration trainee pharmacy technicians
3. Publish professional guidance for pharmacy technicians
4. Develop a governance structure to support and manage branches
5. Support active branches and re-engage non-active branches

Professional Practice Standards

The Accredited Checking Pharmacy Technician (ACPT) role is now well established across sectors and has become a fundamental part of post-registration practice for pharmacy technicians, it is also within the Initial Education & Training (IET) for pharmacy technicians.

A huge amount of work has been done to write the professional standards to support the ACPT and will be going out to consultation late summer. To find out more attend Specialist Session (SS10) on Monday, 11am.

GPhC initial education standards evidence document Standards of initial education and training for pharmacy technicians set out criteria against which the GPhC approves education and training for pre-registration trainee pharmacy technicians. The GPhC write an evidence document, APTUK provided feedback on this document.

Revalidation

With the introduction of the new revalidation process, this has taken a lot of resource. The professional development workstream have developed resource to support the introduction which are available on our website.

We have continued to increase the number of followers on our CPD Facebook page by ensuring the posts are timely and current.

Pharmacy Trailblazer

APTUK have been a part of the development of the Pharmacy Assistant trailblazer standards. This has been key work that was needed to inform the development of the Pharmacy Technician trailblazer standards. By getting involved in the development of the Pharmacy Trailblazers, APTUK have contributed to defining the skills, knowledge and behaviours that we require in our future workforce. The training will be subsidised by Apprenticeship Levy, supporting our profession to grow and prosper. The Pharmacy Technician Trailblazer standards are not complete, APTUK will continue to work with the group and respond to any consultations should they arise.

Branch Support

The professional development workstream delivered Branch Day on 02 December 2017. This was a productive day, we discussed the governance of the branches with their representatives. Feedback was used to inform updating the Branch Handbook and branch resources.

APTUK have a MoU with CPPE, within this they have agreed to support the branches by delivering one Educational session a year. Many of the branches have had a CPPE tutor deliver a workshop and there has been lots of positive feedback.

Keeping records of the branches and their committees is an ongoing job that is key to maintaining communications with the branches. We have a telegram group for branch committee members. We have also introduced quarterly branch skype meetings, this has proved a cost-effective way of keeping the branch officers up to date and ensuring two-way feedback.

All of the active branches will have a dedicated page on the new APTUK website.

APTUK Awards

The professional development workstream have been involved in the approving abstracts. They have also organised a fellow to be an external judge for the Katherine Miles Poster Awards. As well as participating in the judging of the Katherine Miles Poster Awards.

We have been extremely impressed with the number of poster submissions and the high standard of submissions.

APTUK Annual Conference 2018

The professional development workstream have part of the annual professional conference committee, ensuring the programme is packed with CPD opportunities. This has taken a lot of resource contacting speakers, agreeing topics and then supporting the speakers.

Dalgeet Puaar, Director of Professional Development June 2018

On behalf of
 NO, Pharmacy Technicians (Foundation Practice) – Joanne Nevison
 NO, Pre-registration Trainee Pharmacy Technicians – Samantha Collins
 NO, Branch Liaison Officer – Rachel Raybould
 NO, Revalidation – Mary Carter



Communications Workstream Report 2017-2018

Following conference 2017, the Communications Workstream started its 'new year' with a change of officers. We said farewell and thank you to Kieran Casey McEvoy, Claire Mills and Leanne Beverley as they stepped down. Andrea Ashton continued as Workstream Lead/Director as did Diane Taylor as Events Officers, Sam Murray as Website Officer, Josh Taylor as Editor and Daniel Dicker as Engagement Officer. We welcomed Lee Cogger as Media Officer. Mary Carter, as CPD National Officer moved, along with the role, to the Professional Development Workstream. The Business Development National Officer moved to the Finance Workstream with a new post holder – Oliver Jones.

Workstream Objectives for 17-18 were developed and agreed at the APTUK PC workstream and strategy meeting in July 17. Progress is described below:

Media Officer – has continued to promote APTUK throughout social media and having a more significant social media presence. This has resulted in 644 more Twitter followers (2408 in total) and 456 more (1743 in total) on Facebook. We have also widened access to the accounts to other officers and associates to respond and promote in a timelier manner. In addition, Lee has maintained the accounts 'housekeeping' and monitored direct messages passing these onto the relevant officers to respond. With respect to other media, Lee has been reviewing our YouTube videos and is working towards updating information, working on 'get to know your branch' and get to know your National officers' videos. Lee has also supported the Editor with proof reading the PTJ.

Website Officer – The development of the new website has been the main focus for Sam Murray this year together with maintaining the current website. A great deal of Sam's time has been involved in agreeing the specification and contract

with CIG, the build of the website structure and transferring relevant content to the new site. The content of the current website has been archived. Sam continued to maintain & update the current website with news for technicians and members and more recently as the demand for the new website development peaked she has been supported by Mike Howes ex website officer. I would like to take this opportunity to thank Mike for his help updating our website whilst the new site has been built. This has ensured continuity and created capacity for Sam. Sam has maintained emails correspondence to members, informing them about opportunities such as consultations, free course places, conference and job opportunities and updating on consultations and revalidation. Unfortunately, Sam has chosen to step down this year. The post has been advertised and has not yet been appointed to. I would like to thank Sam for her continued support in light of her decision. The post will be re-advertised after conference.

Editor – Over the past year we have continued to produce editions of the Pharmacy Technician Journal (PTJ) and this has been published as to two hard copies and one electronic version over the year. All versions of the PTJ continue to be made available to members, in PDF format, in the member's only area of the website. The PTJ continues to be well received and we would like to take this opportunity to thank all of our regular and guest contributors and sponsors. We would welcome more articles from our members. You will have seen that the PTJ has been refreshed and we feel this brings the journal more up to date in its appearance. Josh has been working with the printers and the finance team to establish four printed journals a year, as we know from member's feedback you prefer the hard copy. We also recognise that being able to share your journal with potential members

and other pharmacy staff is another way of promoting the profession. Josh has been updating the SOP's associates with PTJ to ensure effective production and editing. We have advertised this year for editorial associates and have been successful in appointing three who will support generating the PTJ and other news stories for website. Unfortunately Josh has decided to resign his post as Editor. The post will be advertised after conference.

Events Officer(s) – The events team have co-ordinated and represented APTUK, along with the President and other National Officers, at more events this year including the Pharmacy Show, the Day Lewis Conference, the Green Light Pharma Careers Conference, College of Mental Health Pharmacy Conference and the Clinical Pharmacy Congress. We were invited, but unable to attend the NHS Grampian Pharmacy Conference but were able to supply merchandise and flyers. These events have helped to promote APTUK and secured more members at each event. Diane has led on the organisation of the APTUK Annual Professional Conference and Exhibition 2018. Conference 2018 has seen a move to Scotland as APTUK are keen to hold the events across the four countries of the UK and enable access for the membership we represent. The theme for this year's conference is patient safety and the programme reflects this along with other relevant and current topics. This year the AAH sponsored awards have been refreshed following feedback at the Members Business meeting in 2017. The awards are now – Leadership, Patient Safety, PTPT of the Year, Pharmacy Technician of the Year and Service Transformation and Integration. We would like to thank AAH, NHS Digital and Helapet for their continued support for conference awards. SOP's have been developed for planning, setting up and attending each of the events we attend annually. Shelley Manion has been appointed as events associate and has been very active in the short time she has been in role, supporting at CPC and writing on behalf of APTUK for the CPC magazine, representing APTUK at MOD, as well as considering other opportunities for promotion and engagement. It is unfortunate that Diane will be stepping down from her post after conference.

Engagement Officer – A key and continuing objective for the engagement officer is to increase membership. Dan has given

presentations to several organisations about the benefits of being an APTUK member and attended NHS Expo. Other officers have also attended events such as a pharmacy technician training day at Ministry of Defence, NW PTPT awards and at Manchester College. Dan also attended branch meetings in Swindon and London to give APTUK updates. These events help us to gain valuable feedback from technicians which inform our plans and strengthen our relationship with members as well as create opportunities for new members to sign up. A success this year for engagement was being involved in Pharmacy Technician Day in October. Engaging with Pharmacy Technician Certification Board of America and American Society of Health-System Pharmacists (who also represent Pharmacy Technicians), we collaborated with Sam Quaye (CPPE) and Alison Hemsworth to promote this event to many stakeholders. Support from stakeholders to promote the event to their technicians was tremendous. Dan liaised with Jonathan Laird (Pharmacy in Practice) and wrote an article for publication. A @WePharmacists tweetchat was hosted by James Andrews on the evening of RxTechDay. Our Officers created blogs to share with pharmacy technicians and members via twitter. Resources were also posted on the website to download. Pharmacy Technicians shared their photos with us as they celebrated and these were uploaded onto the website. Other engagement plans include a #JOINUS campaign, updating our welcome and renewal email. Dan has now left this post in May and we have successfully appointed Salmia Khan as his replacement

I would like to recognise the contributions, in terms of time and talents, that our volunteer National Officers make and to thank the officers for all of their efforts to deliver the key objectives on behalf of our members



ANDREA ASHTON
MAPharmT
 Director of Human Resources

Consultations

Did you know that APTUK regularly respond to pharmacy related national consultations on behalf of our members and the wider pharmacy technician workforce?

If you would like to view APTUK's responses head to our Consultation Responses section of the website for further information: www.aptuk.org/consultation-responses

Smoking Cessation Toolkit

because **66%** of smokers want to quit¹



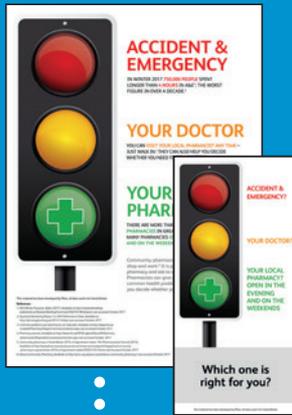
Oral Anticoagulation Toolkit
11% of medication incidents causing severe harm or death are attributable to anticoagulants³

Medicines Optimisation Campaign
Working toward yearly savings for the NHS of **£150 Million**²



RIGHT ROUTE: RIGHT CARE
Campaign Around

11% of patients who attend A&E are discharged without requiring treatment and a further **38%** receive guidance or advice only⁴



Pharmacy training resources accredited by the **RPS**



Therapy area training modules available **24/7**

Tools and resources for pharmacists available on **AccessPfizer.co.uk**

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