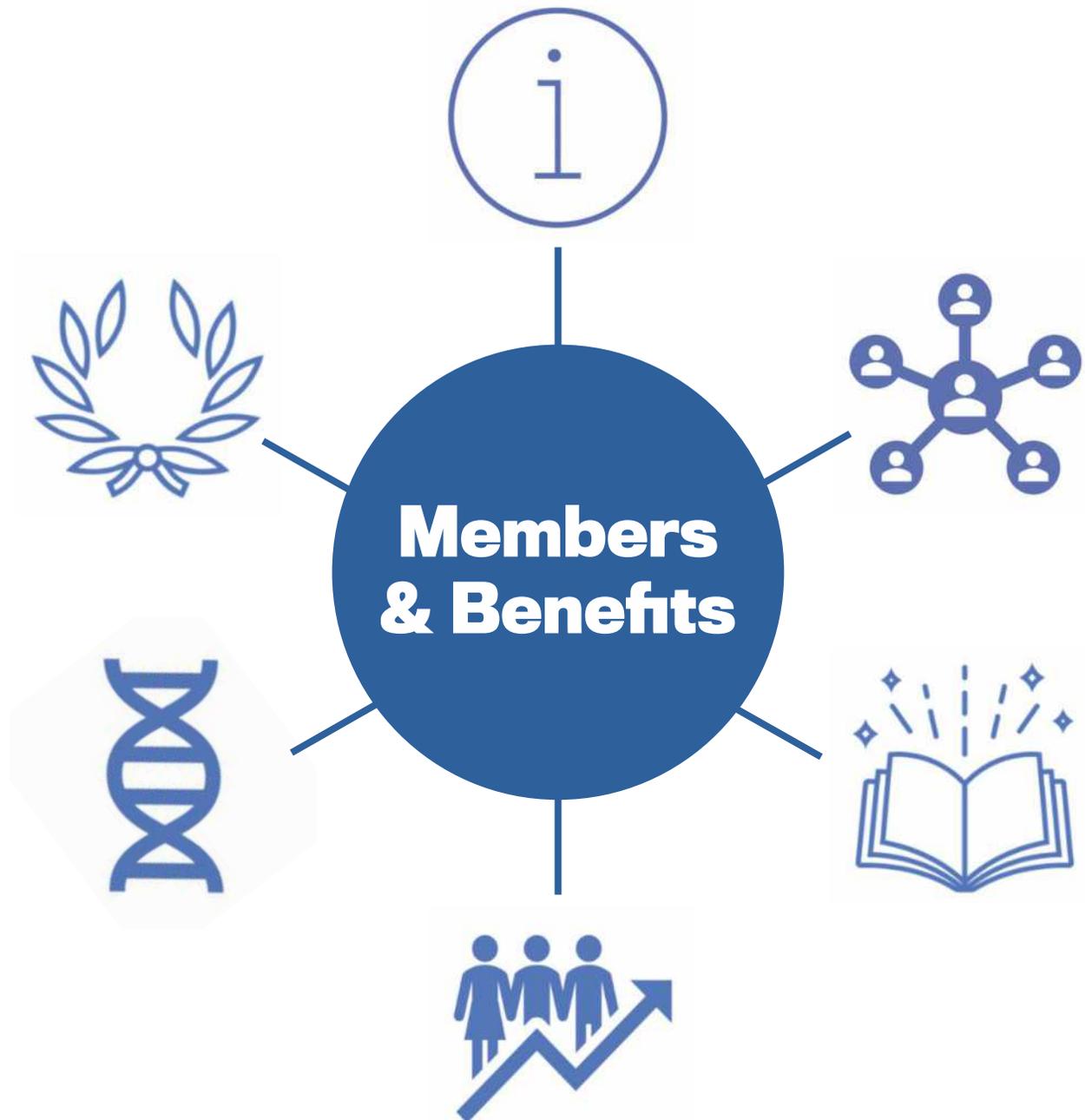




# PHARMACY TECHNICIAN JOURNAL

Journal of the Association of  
Pharmacy Technicians United Kingdom



- Peer and Professional Networking • Members Career Developments
- Shaping the Future of Patient Centred Care



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## Website Update - [www.aptuk.org](http://www.aptuk.org)

**In the last edition I announced that if all had gone to plan online membership payments would be available on the website. I am pleased to confirm this has indeed happened!**

Members will be encouraged to pay for their renewal via the website using either a debit or credit card and with an option of 1 annual payment or 12 monthly instalments. The use of the website payment in this way will reduce the manual checks and data creation, made by our membership co-ordinator, thereby enabling more of your fees to be used for membership.

Although there are still a few tweaks to the membership data we can access, we are confident that members will be impressed with the automation of membership application and the convenience of annual or monthly payments.

The new website continues to be updated and improved. The landing page, once signed in, now contains links to the key resources along with the latest APTUK and pharmacy news pages. We continue to see an increase in traffic to our website with over 7,000 visits to the website in September 2021 and over 17,000 pages viewed!

I encourage you all to sign into the website to use all your membership benefits. If you need any support in accessing the website please contact [membership@aptuk.org](mailto:membership@aptuk.org) The website continues to be ongoing investment for our members.



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# When Opportunity Knocks

**Welcome to the Autumn edition, can I give a special shout out to new members who have joined and welcome back those we were missing.**

The option for paying by monthly instalment on the new website seems to be a hit as 65% of new members choose that option last month. Welcome back to members who have recently started receiving a printed/posted copy too. A return postal address was added on the fly sheet of the last edition, and undelivered copies made their way back to Lynn the membership coordinator, who has traced members who were not receiving their printed PTJ. The return address has a few functions, it will help APTUK be more environmentally friendly by reducing waste and postage. It will also ensure the PTJ which is a member benefit reaches our members.

No-one came into pharmacy to get stuck into strategic plans but it is important and necessary to ensure the right matters are tackled and acted upon. A strategy should be clear and concise and aid the organisation to determine its direction, have timelines and specific outcomes and should not be a piece of paper that gathers dust and is only taken out to refresh and review on its expiry. Why tell you this? The APTUK executive committee took the opportunity recently to take time to discuss the draft strategy and to 'fill our baskets' with actions to ensure the momentum continues. This gave me the opportunity to be very brave & push myself out of my Covid induced comfort zone to travel on public transport and attend an indoor face to face meeting with more than 2 households. I was pleasantly surprised at myself for what I achieved when I took the opportunity.

Many of the articles in this edition are telling stories of pharmacy technicians taking opportunities or side steps that has enhanced their career. They share how they took brave steps in their career journeys and the paths they took to get where they are now. Pamela says: *We need to turn issues into opportunities and carve our own professional pathway.* Lauren took opportunity when findings in her project 'gave an opportunity to further develop skills in presenting and influencing'. Especially when she had identified presenting was something that did not come naturally to her but was an integral part of a new role. The ambulance service article gives us the opportunity to hear more about the input pharmacy technicians are making in an area some of us may be unfamiliar with, and Muhitur describes his path through a career in procurement which we all rely on, whatever our roles.

The Q+A format may well have encouraged submissions and has led to a great variety of interviews across a wide range of roles. If you want your 15 minutes of fame please do get in touch, or just like celebrating pharmacy technician day back in October nominate a colleague who has soared to new heights or inspired you. Templates for other types of articles are on my to do list (in my basket) so hopefully if there is something you want to report on we can guide you through a suitable format.

This is the last edition of 2021 and as Kaylee tells us in her piece 'winter is approaching'. I would like to thank you all for your support with PTJ during 2021. To all the authors, you the reader and to the executive committee, both current and past officers, for your passion and commitment to APTUK. Best wishes for the coming festive season and for 2022. Oh and dates for the 2022 PTJ are printed below, we'd love to share your story.

## Legal Disclaimer

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## PTJ 2022 Timeline

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Summer	5 August 2022
Autumn	21 October 2022

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Subscription available on request. For more information contact [membership@aptuk.org](mailto:membership@aptuk.org)



**LIZ FIDLER FAPharmT – APTUK President**  
[president@aptuk.org](mailto:president@aptuk.org)

## President's Column

**Welcome to our Autumn edition, as ever the articles will provide you with a snapshot of the amazing work undertaken by members of our amazing profession. I hope that you find the articles as inspiring and educational as I do, it really is a wonderful time to be a pharmacy technician. Please do get in touch and share the fantastic work you do. I am often asked for case studies, and I do use them to describe the professions diversity and value. Showcase and be proud of what you do.**

The contributions we make to the patients and communities we serve are valued and the profession is in a key position to demonstrate this at the highest levels. APTUK provides professional representation across all UK strategic forums, it's a privilege to represent the profession and you will have seen particularly during the pandemic the difference it made. Please do make sure you champion the work of your professional leadership body so we can continue to grow our numbers. We are at the highest we have ever been, but just think what APTUK could achieve if it had paid executive members!

As a registered profession **we are** healthcare professionals, we work within legislation and its encouraging to be part of discussions exploring where legislation needs to modernise to reflect what another registered healthcare professional in pharmacy and healthcare can add. We are no longer a delegated to profession, it's been 10 years in England, Scotland, and Wales! We do not need to prove ourselves, although I personally understand that we sometimes have that niggling doubt! As strategic discussions are underway, I would encourage you to personally identify within your roles your practice as a registered professional. Have confidence in your professional accountability and apply the professional standards you adhere to. When you complete your revalidation requirements, I hope you do so confidently recognise your value and what you do for services and patients.

It's time the profession demonstrated its confidence and knowledge around legislation and regulation and broke down some of the historical perceptions. We need to have a clear narrative around what our profession can offer, and we need to lead this, at every opportunity. Do you feel you use your knowledge and skills to provide the best possible patient service and care, if not then its important to say so... my wise Grandma often said, 'if you don't ask you don't get!'

As a profession we put patients at the heart of every decision and practice we undertake, we work with multiprofessional teams complementing others. We know our scope of practice and professional responsibilities so let's use this to inform others, this is what I can do legally and within my professional regulation and I am prepared to be accountable is a game changer when it comes to approach, we are all taking in healthcare right now - this is our moment, and we must seize it.

For some pharmacy technicians this may feel challenging, but for our future registrants and for healthcare services we must embrace the opportunities that are coming.

APTUK will continue to play our part providing examples, influencing decisions, and showcasing the profession BUT we need to build on the momentum of professional pride and support the messages of what our profession is loud and clear for all.

We will be launching our 5-year strategy after Christmas, what a great way to start the new year, our member observers will be key to helping us sense check the strategy and may have been in touch with some of you before we launch. This will demonstrate APTUK vision, aims and provide some measurable outcomes as we enter the next decade of registration there is much to build on.

Finally, please take a few moments to reflect on what you achieved for patients today and celebrate 'loudly' if possible, what our wonderful profession is all about. It's very therapeutic.....

Stay safe and warmest wishes

**Liz Fidler FAPharmT**  
**President**

# Branch Network Update

**It has been a very busy summer for the branches. The existing branches have been holding local virtual branch meetings and we've been updating the branch pages of the website.**

The branches continue to be active on Twitter and Facebook; please like and follow the branches social media pages for details of meetings and other learning opportunities that the branches share. On 30th September 2021 the East Midlands and Wales branches hosted a National Virtual Branch meeting which showcased the ways that APTUK has supported pharmacy technicians in their careers.

I am delighted to announce that new branches are launching in Northern Ireland and Coventry & Warwickshire and a joint APTUK/NPTGS Scottish Branch is also launching in the new year. The branches will be a fantastic resource for APTUK members in the home countries; supporting pharmacy technicians to network and access educational opportunities which reflect their local healthcare landscape. A National Virtual Procurement and Distribution Branch has also launched; the interest in this branch has been overwhelming and will be an invaluable source of support for pharmacy technicians working in procurement and distribution. The Community Pharmacy Branch held a launch evening on 19th October 2021 as part of Pharmacy Technician Day celebrations. There is interest in a Cambridgeshire Branch so please get in touch if you are interested in supporting this branch.

We continue to have interest in branches in other regions so please contact [branchliaison@aptuk.org](mailto:branchliaison@aptuk.org) if you would like to launch a branch in your area.

In line with the APTUK strategy the branches are an exclusive member benefit. Branches are only open to APTUK members, those that want to sample a branch meeting before joining can access a voucher to allow access to a single meeting and there is an option for those unable to join APTUK (e.g. pharmacy assistants and other healthcare professionals) to pay an attendance fee for single meetings.

I am very excited to announce the launch of the APTUK Branch Book Club. The book club will be an informal opportunity to read a book at the same time as pharmacy technician colleagues and then attend a virtual meeting to discuss. Nicola from the Hampshire Branch is leading the first book discussion which is "Silence is not an option" by Stuart Lawrence and we are delighted that Stuart has agreed to attend the first meeting on 17th November 2021 to participate in a Q&A session. The book club will announce a new book every two months; books will not directly relate to pharmacy practice but titles will be chosen which will encourage conversations that can support personal and professional development.



**KATHERINE WATKINSON**  
**MAPharmT**

APTUK Branch Liaison Officer  
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## APTUK Membership information

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To join APTUK follow this link:  
<https://www.aptuk.org/> sign up today  
The current annual fees are  
Full £60  
Early Years £60 for 18 months  
Trainees are FREE of charge  
**£6 per month for 12 months (=£72) or  
£4 per month for 18 months for  
Early Careers (=£72).**

### YOUR CONTACT DETAILS

To update your contact details please log into your account, go to 'Settings' and add or amend your profile settings. If you encounter any problems contact Lynn Ali, The Membership Coordinator.

### APTUK WEBSITE MEMBERS ONLY AREA

Please ensure you have access to the member's area to receive electronic journals and find details of other benefits of membership.  
If you have any difficulties logging in, please contact Lynn Ali, The Membership Coordinator.

### APTUK JOURNAL

Four editions of the journal are printed and posted to all full and fellow members. Editions are also available electronically via the member's area on the APTUK website. All members, including trainees can access previous and current editions via the member's only area.  
To discuss sharing your work in the journal, contact: [editor@aptuk.org](mailto:editor@aptuk.org)

#membershipmatters #joinus #supportustosupport

Contact details for Lynn Ali – APTUK Membership Coordinator  
Email: [membership@aptuk.org](mailto:membership@aptuk.org)

# Equality, Diversity and Inclusivity (EDI)

Equality, Diversity and Inclusion (EDI) has had a busy calendar this past few months. It is with such pleasure that we can share the remarkable steps we are taking to ensure APTUK is a leading professional body in delivering on EDI principles.



South Asian Heritage Month (SAHM) took place from 18th July to 17th August 2021. This event was first launched in the UK in 2020 and we collectively worked alongside representatives of The Royal Pharmaceutical Society (RPS), Pharmacy Technicians of Colour (PToC) and Friends to celebrate SAHM. We approached our members and fellow pharmacy team members to nominate individuals of a South Asian background and showcase what their ethnicity means to them. We had a great response from our members, and information cards were posted on Twitter celebrating their heritage. Thank you all for participating and celebrating.

## BIM2021

DIG DEEPER, LOOK CLOSER, THINK BIGGER

At the time of writing this article we will be recognising Black History Month in October. This year the theme is based around celebrating being of brown and black ethnicity, with the “Proud to be” campaign. We have asked our members to showcase their pride and celebrate this month of significant history for us in the UK. I would like to leave you with a statement, “proud to be brown and leading the APTUK into a future to develop and nurture our inclusivity and diversity through celebration of events such as Black History Month”

Please don't hesitate to email me on [edi@aptuk.org](mailto:edi@aptuk.org) if you would like to participate in the EDI events in the future.



**SHAMMA BAIG**  
MPharmT  
EDI executive APTUK  
[edi@aptuk.org](mailto:edi@aptuk.org)

As the equality, diversity and inclusion initiative begins to develop, we aim to expand on the current 2021 calendar and incorporate some key dates for commemoration, respect, acknowledgement and of course celebration. Keep tuned on the website to find out the latest dates for you dairy.

A few dates to keep in mind are:

- **January - 17th World Religion Day, 27th Holocaust Memorial Day**
- **February - LBGT History month, 1st Chinese New Year, 25th International Stand Up to Bullying Day**
- **March - 1st Shrove Tuesday/Pancake Day, 8th International Women's Day**

I hope we all as APTUK members endeavour to participate in EDI events throughout 2022 and make each event a success of respect and celebration. In the next edition I will be providing an article on EDI tools and resources and how we can utilise these in our day-to-day lives.

*Can I take this opportunity to wish you all a safe festive holiday and my warmest wishes for the new year!*



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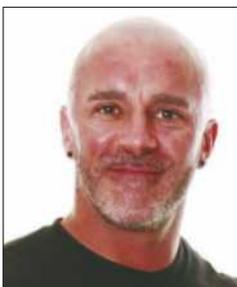
# Pharmacy Technicians In The Ambulance Service

Engrossed in the recent TV series of the BAFTA award-winning *Ambulance*? It has covered some hard-hitting issues that staff working in healthcare are dealing with and has been a difficult watch at times.



## Ever wondered where the ambulances get their medicines from?

The recent series shows the North West Ambulance Service (NWS) in action. Supporting the ambulance crews is a Medicines Team ensuring there are medicines for more than 600 ambulances across the region. Pharmacy technicians are the linchpin of the Medicines Team. Read on to find out more about pharmacy technicians and the ambulance service when Chief Pharmacist, Rachael Fallon, interviewed three pharmacy technicians.



Adam is the Medicines Supply Manager at NWS and oversees the day-to-day running of the Medicines Supply Hub.

The Medicines Supply Hub was set up in 2016 to facilitate procuring, storing, assembling and distributing medicines across the whole of the North West for use in each of our ambulances. Supporting Adam is a supervisor and a team of medicines assistants.

Prior to 2016 ambulance crews picked up a new supply of medicines when needed from hospital Emergency Departments that had dedicated medicines cupboards for the ambulance service and the hospital supplied all the medicines on behalf of NWS.

## Tell us a bit about how the Medicines Supply Hub support the ambulance crews with medicines

When an ambulance crew is responding

to a 999 call it is an emergency and so all the medicines required need to be to hand. To facilitate this the Medicines Supply Hub assemble medicines into various standardised kits so what is required can be quickly located. The kits contain a small amount of medicines to treat at least two patients in an



emergency. Emergencies may include cardiac arrest, seizures, hypoglycaemic, asthma, major bleeding, cardiac chest pain and anaphylaxis. Once these medicines reach a certain stock level the kit is returned to the Medicines Supply Hub to be replenished. A tagging system is used as a visual cue to signify a new kit (green), kit in use (amber) and kit requiring replenishment (red). The system works well and is a big improvement for the time pressured crews.

**With over a 100 ambulance stations, over 600 ambulances and a service responding to over 1.4 million 999 calls a year this must generate a lot of work?**

We are certainly a busy team. We maintain a database of all supplies made from the Medicines Supply Hub. This facilitates reporting in the Trust, supporting expiry date management,

financial management and waste management. These reports enable us to be as efficient as possible.

## What obstacles do you face in your role?

There are lots of practical considerations when putting medicines onto vehicles that are mobile and then move to the site of the patient which could be their home, on a motorway, in a field, in a factory, etc. We have a high usage of a small amount of medicines but need a reliable supply chain for these medicines. Stock shortages can pose a huge issue, but show me any pharmacy not dealing with this on a constant basis. Changes to manufacturers packaging may sound like a small thing but this can have a big impact. Changes in packaging size may mean it no longer fits into the kit, less robust packaging can lead to breakages and medicines not available for patients, increases in the number of vials per box can increase cost and look-a-like medicines need careful consideration to reduce product selection errors in what is a high pressure situation.

## What has been a highlight of working at NWS?

When the Medicines Supply Hub won NWS Team of the Year in the 2018 Star Awards! It was great for the team to understand how valuable their contribution is in supporting the patients we serve.

Joanne, joined NWS in 2012 and is the longest serving member of the team, she is the Medicines Operational Manager. She provides the interface between the Medicines Supply Hub and the Operational Teams in the service.



**Joanne, you are frequently referred to as the font of all knowledge in our medicines team, what made you come to join NWAS?**

I originally trained as a paramedic graduating from university in 2002 with a paramedic science degree. Fresh out of university and a lack of paramedic vacancies at the time I began working as a pharmacy assistant in aseptic services and really enjoyed what a career in pharmacy had to offer. After making the decision to stick with pharmacy instead and several years in hospital pharmacy progressing from assistant to pharmacy technician I finally left to work at a local college delivering pharmacy training to assistants and pre registration trainee pharmacy technicians. It was during this role that I was on the lookout for pharmacy technician jobs for the graduating pharmacy technicians I was involved with. Seeing a new role advertised for a pharmacy technician working in the ambulance sector seemed a little too good to be true and within 20 minutes from home! I strongly believe in fate and this seemed to be fated for me.

I saw the role advertised for NWAS which was new and only for 12 months. There was nothing like it in the country at the time to compare it to so taking a leap of faith along with a dose of confidence from my degree course I went for it and was successful. My aim was to do as much as I could in the short time I had with them to help improve how they managed medicines and leave a lasting change for the better. For me, I wanted to be able to gain an insight into a different NHS sector and demonstrate how the role of the pharmacy technician can diversify from the traditional. However, the job was made permanent and nine years on, with quite a bit of role changes, I am still here!

**What do you enjoy most about your role?**

I enjoy trying to change and improve working practices. I don't like the idea of medicines being an onerous task for the ambulance crews, they are already dealing with highly stressful situations, working long shifts and have so many other things they need to be on top of. If we can make the task of dealing with medicines as easy as we can but still ensure we have all the medicines governance and safety in place then this can only be a good thing. We have a great team in NWAS and we want to do our best for each other. I really do

enjoy coming into work each day. Yes it can be really hard and there is so much to do but we are implementing change at pace and it is exciting to be part of it.

**What has been your biggest challenge?**

There have been and continue to be many challenges but two come to mind.

The first challenge is simply our Trust size and geography. NWAS covers 5 counties, 109 ambulance stations, over 600 ambulances and over 4000 paramedics and emergency medical technicians. Consider each ambulance like a hospital ward that keeps moving from place to place with staff that are rarely in one place for long and you just can't catch up with it. Then you need to factor in some of the typical medicines governance requirements like medicine audits, stock management, staff training, flu vaccines, updates to formulary and medicine recalls. The scale brings an enormous logistical challenge. It requires us to think differently and creatively to work out how to effect what would normally appear to be the simplest of tasks.

I support the medicines related projects being delivered. My other challenge is one of our current projects around bringing the medicines processes into the digital world. I love working with our operational teams to find out what they need to improve their working relationship with medicines and then take this to our digital innovation team and collaborate to find a digital solution. This includes work streams looking at electronic controlled drug (CD) ordering and registers, wi-fi digital temperature monitoring, electronic CD keys, end to end barcoding and tracking, digital medicines checks with associated production of operational dashboards for managers and reporting.

Working collaboratively will enable us to modernise the processes making them more efficient to support our workforce to focus on patient care. I'm looking forward to seeing how this evolves over the coming 12 months.

Jane, Medicines Performance Facilitator, supports medicines governance and optimisation. This is a varied role that takes Jane out visiting various ambulance stations in the North West.

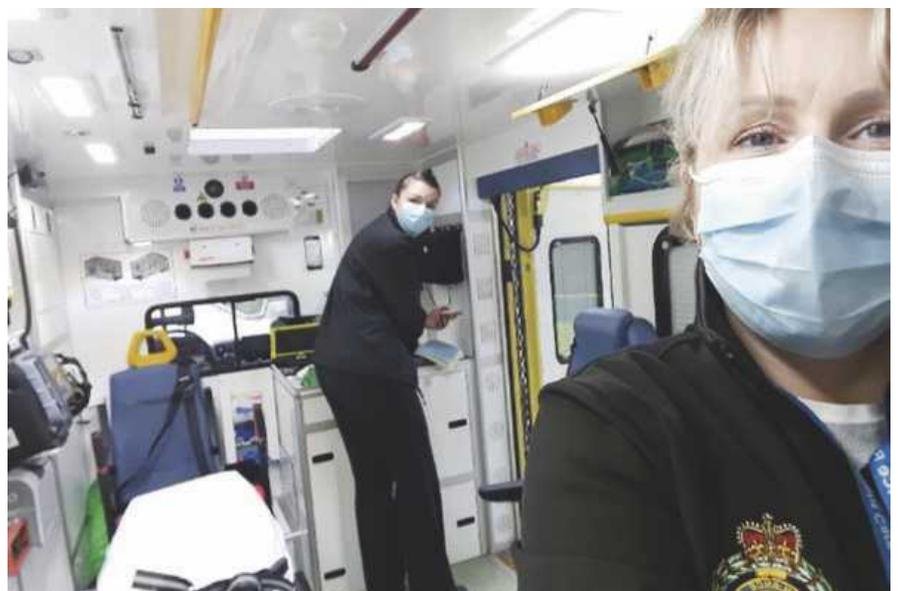


**Jane, what does an average day look like for you?**

No two days are the same at the ambulance service. I like being able to plan my own time according to workload

and priorities. Some days are spent at a computer answering medicine related queries, writing up reports and in meetings. Other days I will be on the road visiting ambulance stations to meet with paramedics to conduct medicines audits. As we provide medicines governance and optimisation support to the North West Air Ambulance charity then I also provide visits there. Supporting medicines use for the helicopter emergency service that also deploys doctors adds another dimension to the job.

On a daily basis I check all the medicine related incident reports and provide any input needed from the medicines team in order to make sure they are dealt with correctly, particularly when they involve controlled drugs. Dependent on what is coming in it can change your plans for the day whilst you respond to something more urgent.



I'm always made to feel very welcome when I visit ambulance stations, even if I have never met the staff before. Staff are always open to working with the medicine team in order to improve their own practice in handling and administering medicines as well as affecting wider NWAS medicines projects.

**Your background is in the hospital sector, acute and mental health. What was the biggest change coming into the ambulance service?**

Getting used to the huge geographical area that the trust cover was something that I hadn't really considered previously. I am no longer able to nip up to a ward to help with an incident investigation to get it resolved quickly. Some of the stations can be over 2 hours drive away, so I've had to form networks of medicines focussed staff who I am able to reach out to when things need to happen quickly.

Understanding that our medicines are constantly on the move can take some getting used to as well. It's very different to hospital where they are generally in a medicines room or a locker next to the patient. We can have anything between 600 to 900 vehicles out and about moving around with medicines on them. So if I need to see a particular vehicle I have to make a plan in order to catch up with it. I can quite often be mid conversation when the radio goes meaning the staff have to leave quickly for their next job.

There was also a whole new language to learn too but I've never felt silly in having to stop and ask what an acronym means or what a medical procedure involves. Everyone has always taken the time to educate me as well as me helping to educate them about medicines. Every interaction with staff is an opportunity for us both to learn something.

**What would you say to a pharmacy technician considering a change and coming to work in the ambulance service?**

Pharmacy technician opportunities within the ambulance service don't come up very often as it's quite a specialist



role. We are a small but growing team and one of the most rewarding parts is being able to see the benefits of change for the front line staff. You need to have great communication skills and enjoy the constant challenge of never having two days the same. I love that I'm still learning lots every day and am proud to be a part of the green family and team NWAS, being in the ambulance service certainly feels like one big work family.

It is only in the last couple of years that pharmacists have come to work alongside the pharmacy technicians in the Medicines Team. The ambulance service most definitely provides new challenges and learning everyday but all the pharmacy skills are transferable.

Over the past year many pharmacies have been involved in the running of vaccination hubs, here at NWAS this is no different. Within 2 weeks we had gone from making the decision that we were going to administer the Covid vaccine at NWAS to receiving our first delivery and injecting the first member of staff. The Medicines Team were integral to this, the chief pharmacist clinically leading the service and the Medicines Team leading on all aspects of the vaccine handling and supporting a paramedic workforce to administer the vaccine. Without the Medicines Team it would have been very difficult to make this happen.

Jo said "The pace, intensity, responsiveness and collaboration with

other departments required to make this happen was incredible but it was very rewarding knowing we were helping to protect our staff during the pandemic. The feedback we all received on the set up was amazing. It was a very proud moment when those first vaccines were given and I knew our team were instrumental in making that happen."

We hope this has given a flavour of what is like to be a pharmacy technician in the ambulance service. Going forward a national pharmacy technician group is currently being set up for collaboration, networking and shared learning. This group will work with the Ambulance Pharmacy Network which is part of the Association of Ambulance Chief Executives. Pharmacy technicians in this sector will continue to grow as the complexity of medicines and the governance arrangements needed mean they are an essential part of the team.



**RACHAEL FALLON**  
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**THE ASSOCIATION OF  
PHARMACY TECHNICIANS UK**

# Dark Nights

The nights are drawing in, the weather is getting colder and although we are excited that our favourite seasonal flavours may be back in the coffee shops, it is hard to shake the feeling that a lot of us suffer through the winter months with feelings of low mood and poor mental health symptoms.

**It has been an agonising two years for most people with juggling extra pressure at work, home schooling children, protecting our vulnerable and queuing outside the supermarkets with our NHS badges proudly displayed for priority access around our shift patterns. There is no misunderstanding why this winter, we may feel lower than normal, burnt out and exhausted.**

Up and down the country, employers are encouraging staff to look after their wellbeing, take breaks and providing self-care advice. However, are we more guilty of using time away from the workplace to complete the jobs at home that we have neglected or see the friends and family that we haven't caught up with and have a striking guilty feeling that we haven't done so, squeezing them all into the diary and adding more burden to our already overloaded calendars.

We can cope for a little while with these behaviours but if we continue too long we may be at risk of developing mental health conditions. In addition to this, the winter months bring risk of Seasonal Affective Disorder (SAD).

## Seasonal affective disorder

SAD is a condition which is not fully understood but is considered to bring low mood throughout the winter months due to the shorter amount of, and reduced sunlight exposure. Theories explain that reduced exposure may increase production of melatonin, increasing how tired we feel and paired with interruption of our circadian rhythm due to more dark hours. It may also affect how much serotonin we produce; lower levels may increase feelings of low mood and depression.<sup>1</sup> Other symptoms of SAD include weight gain, loss of interest in everyday activities and feelings of despair.

These symptoms are sometimes difficult to diagnose due to them being similar to other types of depression but SAD is usually diagnosed if these feelings come particularly in the autumn and winter months and ease off in the warmer and sunnier months. Some people find they can cope with their symptoms but a chat with the GP could be useful if you

are struggling to cope, tearful or feeling overwhelmed, whether it be now in the winter or any time throughout the year.

## Treatment

There are different treatments available for SAD and the NICE guidelines advise the condition is treated in line with other depressions<sup>2</sup>. If you feel you can, confide in a trusted friend, family member or work colleague how you are feeling. If you do not have anyone you can trust, there are some helplines listed at the bottom of this article that you can speak to. Building a support network helps people to understand how you are feeling. Also, if you are the trusted person someone is confiding in, Mental Health First Aid UK<sup>3</sup> teach positive listening skills such as listening for the purpose of hearing, not to interject or interrupt. Try not to compare busy lives or stories as this can shift focus from the help being sought after and provide little support or comfort.

Gentle exercise and walking in the daylight hours may help to absorb natural sunlight rays and also stimulates production and release of endorphins, dopamine and serotonin; the chemicals in our bodies that produce feelings of happiness. Joining a neighbour for a dog walk, having a walking lunch with a colleague or getting off the bus one stop earlier are a few suggestions for increasing your steps without putting too much pressure on your time. Other recommendations for self-help techniques include making the environment as airy as possible; opening and sitting near windows and eating a healthy, balanced diet<sup>4</sup>.

If clinical help is required, a GP may be able to suggest forms of therapy that can help improve symptoms, such as Cognitive Behavioural Therapy (CBT), counselling, light therapy and also medications if appropriate such as antidepressants. A combination of treatments may be required as response levels are different to treatments but the GP should discuss this with you. It is always advisable to speak to the GP or pharmacist with any new symptoms and before starting treatment regimes.

## Signposting

Looking after yourself is more important than ever and recognising that you are not feeling like you usually do is worth speaking up about. Our current worldly pressures are increasing and we are under more stress in all aspects of our lives with more things to worry about. Understanding ourselves and knowing there is help and we do not have to feel this way is imperative for staying healthy. Take time, breathe and ask for help and support when you need it.

There are lots of resources available for wellbeing and preventing and managing symptoms of poor mental health such as websites, apps for smartphones, podcasts and published resources. The NHS website is a trusted resource that you can use and recommend to others for a valuable source of information.

In a mental health crisis you should:

- **Attend your nearest A&E or call 999 for an ambulance**
- **Call Mind Charity – 0300 123 3393**
- **Speak to Samaritans - call 116 123**

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# THE ASSOCIATION OF PHARMACY TECHNICIANS UK



## PULL OUT POSTER TO SHARE WITH YOUR COLLEAGUES

As the only professional leadership body for pharmacy technicians, we are keen to expand our membership to ensure that we continue to deliver great training, networking, and leadership for the profession. We also want to provide as many people as possible the opportunity to share their opinions to inform our future.

So we have developed this poster to share with your colleagues.

**Simply pull out and pin up on your team notice board so they can see the benefits of being part of the pharmacy technician professional leadership body.**





# THE ASSOCIATION OF PHARMACY TECHNICIANS UK



## MEMBER BENEFITS

### Information and resources



Benefit from regular email updates, events and webinars to inform, share ideas, educate and unite our members

### Peer and professional networking



Meet other pharmacy technicians at your local APTUK branch or the annual APTUK conference

### The Pharmacy Technician Journal



Keeping you informed on national and strategic issues impacting the profession

### Career development



Access APTUK National Competency and Practice Frameworks and learning modules on a whole range of topics to keep your professional skills and behaviours up to date

### Shaping our future



Share your views and contribute your expertise and experience to national healthcare and pharmacy consultations and campaigns

### Kudos and recognition

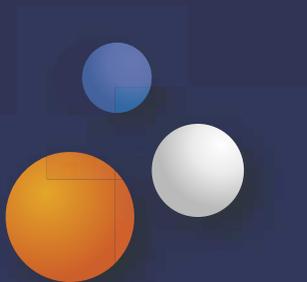


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# THE ASSOCIATION OF PHARMACY TECHNICIANS UK



## 2020/2021 ACHIEVEMENTS

### Pandemic support



- APTUK campaigned for inclusion of pharmacy technicians as key workers
- Provided guidance on ethical, professional decision-making
- Helped define pharmacy technician contribution to the vaccine programme
- Provided education and governance frameworks to support guidance for re-deployment and return to practice for pharmacy technicians
  - final accuracy checking
  - medicines optimisation
  - preparation of injectable medicines

### Professional development



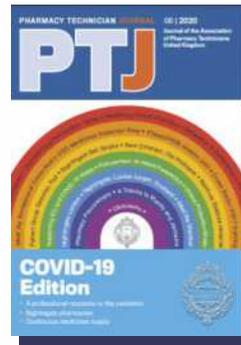
- Development of National Competency Framework for primary care pharmacy technicians
- National framework for Final Accuracy Checking of Dispensed Medicines and Products updates
- Guidance for pre-registration trainee pharmacy technicians, with patient and PTPT safety at its core

### Improved ways to connect and share best practice



- We set up 6 new branch networks including a virtual national branch
- Range of informative and educational webinars
- New website
- Regular social media updates

### PTJ bumper Covid-19 edition



Including updates from 7 national officers and articles relating to how pharmacy technicians responded to service needs during the initial stages of the pandemic.

### Significant membership growth

APTUK membership showed continued growth in 2020/2021



### Drive for sustainability and efficiency

We recruited a new and streamlined executive structure



### Focus on Equality, Diversity & Inclusion



- APTUK co-chaired the Inclusive Pharmacy Professional Practice (IPPP) meetings, round table events and supported publishing of the Joint National Plan.
- Recruited an EDI executive and developed tools - available on our website

### Professional celebration



We celebrated International Pharmacy Technician Day, Career's week, Apprenticeship week, and Pharmacy 24. We marked 10 years of registration of the pharmacy technician profession with a dedicated online event.



# THE ASSOCIATION OF PHARMACY TECHNICIANS UK



## JOIN US

We offer a number of different membership packages as well as different payment plans to meet your needs

### Pharmacy Technician membership

If you are a practising pharmacy technician in the United Kingdom, then our annual membership is for you. Join us by visiting [www.aptuk.org](http://www.aptuk.org), or speak to a member of the APTUK team.

**From 16p per day!**

One-off payment  
**£60 for 12 months**

**OR**

**12 monthly  
payments of £6**

### Early Careers membership

If you are starting out on your pharmacy technician career, and within the first 12 months of qualifying, then we will give you 18 months of membership for the price of 12 months!

**From 11p per day!**

One-off payment  
**£60 for 18 months**

**OR**

**18 monthly  
payments of £4**

### **STUDENT** Membership

The good news is that student membership is **FREE** for up to **2 years** whilst you are studying towards your pharmacy technician qualification. All we need is your tutor details and your **study start / end dates** and we will sign you up!

**FREE!**

**FREE**  
for up to  
**2 years**

[www.aptuk.org](http://www.aptuk.org)  
For membership queries, email: [membership@aptuk.org](mailto:membership@aptuk.org)

# Member Observer Update

In September we advertised for a new Member Observer position, to work with the Executive Committee.

**The purpose of the member observer post is to provide a member's perspective through objective input to executive committee discussion, engaging where necessary, contributing with constructive actions and direction for the committee.**

We are delighted to announce the appointment of two Member Observers to join the Executive Committee. Yes, you have read this correctly – we advertised for one post, but we were so impressed by the level and volume of applications that we decided to invite two members to take up the role.

**Mira Makhecha** is a Senior Medicine Management /Optimisation Pharmacy Technician for Surrey Heartlands CCG, Epsom PCN, Senior Pharmacy Technician and an Education Supervisor for CPPE. Mira has worked in the pharmacy world for nearly 25 years including community pharmacies, prison pharmacy, primary and secondary care, most recently working with care homes where she feels she has found her passion. Additionally, the 18-month CPPE Medicine Optimisation Care Home (MOCH) pathway has enabled growth of clinical skills. Mira is looking forward to learning and sharing her experiences along with networking with fellow pharmacy technicians, in the hope of giving something back to the pharmacy technician community that she is proud to be a part of.



*'As an observer I hope to contribute to the APTUK community and help pharmacy technicians progress in their respective careers. With the everchanging landscape of healthcare, pharmacy technicians are becoming more important than ever, and I look forward to helping APTUK continue paving the way for pharmacy technicians to become the leaders and well-recognised professionals that they already are in the pharmaceutical world.'*



**Diane Torry** has been a pharmacy technician for 35 years, starting at North Devon District Hospital, moving to Cardiff and then to Cornwall to work at the Royal Cornwall Hospital in Truro. She worked as an Accuracy Checking Technician, a Medicines Management Technician, and then a Registered Pharmacy Technician, originally registered with the Royal Pharmaceutical Society and then the GPhC when it was made our regulatory body. In 2012 Diane moved to be the first pharmacy technician in the Cornwall Partnership NHS Foundation Trust, and the first pharmacy technician specifically for mental health in Cornwall. Since then, the team has grown and merged with the Trust responsible for community services in Cornwall, and Diane now works in a team of 18, with 5 other pharmacy technicians.

When asked about APTUK Diane said *'I had heard about APTUK while a student and although I didn't join straight away, I was aware of their work in the*

*representation and development of the pharmacy technician role. I've been a member for quite a few years now, but recently I have wanted to be more active within the Association but have never felt confident enough to apply for a post on the committee or set up or help run a branch. I am 'just' a ward-based pharmacy technician working on 3 wards for a small pharmacy team in a psychiatric unit in Cornwall. What have I got to offer? But when I saw the Member Observer post advertised, I thought 'actually that's exactly what they are looking for – a pharmacy technician who is 'just' doing their job, knows that decisions made within the executive team at APTUK can and will affect them and can be a voice for some of them'.* Diane was delighted to be offered the post and can't wait to get started.

It is important to us that we focus on the things that matter to our members. We ran the membership survey in 2019, and as highlighted in the annual report, many of the areas of focus this year have stemmed from that feedback. However, we recognise that feedback should be ongoing, so to ensure an open channel of communication, we are also hoping to set up a focus group for member feedback, initially including the other applicants for the post. Whilst the format of this group hasn't yet been confirmed, we will be sure to let you know progress as it happens.

For now, please join us in welcoming Mira and Diane to the team.



**VICKY HOPE**  
APTUK Operational Lead  
operations@aptuk.org

# Antimicrobial Pharmacy Technician Role

Rachael Rodger, Antimicrobial Pharmacist in NHS Greater Glasgow and Clyde interviews the pharmacy technicians in the antimicrobial team. Their work was developed into poster format, which can be found on page 20. The poster was shared at the virtual national NHS Scotland event earlier this year.

**It's been great chatting through the interview questions with Jonathan and Sharon and we'd love to hear from any teams already promoting pharmacy technicians in a stewardship role, and also those interested in our work, this would help us consider other possibilities moving forward.**



**Name:** Jonathan Coulter  
**Current Role:** Rotational Pharmacy Technician (NHS Band 4), NHS GG&C  
**Highest qualification related to your role:** SVQ Level 3 NC Pharmacy services

## Steps you took to get to where you are now

Undertook a pre-registration position for 2 years to qualify with the GPhC, qualified into a 2 year fixed term antimicrobial technician role within Greater Glasgow & Clyde, Scotland where I had the opportunity to help develop a new antimicrobial pharmacy technician service which has now led to a permanent band 4 position.

## What is the most challenging part of your current role?

Covid-19 has had a big impact on the service we are providing as we are constantly short staffed and the hospital environment is constantly changing to meet increased demands and cope with the additional infection control demands of the pandemic. Our hospital staff are all under additional pressure making it difficult to promote engagement with new services which may impact on their workload.

## If you had the chance to do it all over again, what would you change?

I'm still very early in my career to be able to reflect back on any length of time. I'm happy with the route my career has taken so far and I'm excited by the many opportunities a career as a pharmacy technician offers.

## What do you enjoy most about your role?

I enjoy the diversity in my role as I am currently in a rotational post which enables me to gain experience of different pharmacy technician roles. Some of these are traditional roles but I am also rotating into the newly developed Antimicrobial Pharmacy Technician Role. I really enjoy the antimicrobial role as it involves working in a range of ward specialities and engaging with a variety of healthcare professionals.

## What's the best piece of advice you have ever received?

I used to work in community pharmacy and it was always a dream of mine to work in a hospital setting as a pharmacy technician. I initially got a job in Leverdale Hospital as a Pharmacy Support Worker where I was encouraged to take the necessary steps to move closer to my dream role. I then applied for a pre-registration position which has now led to me becoming a fully qualified hospital pharmacy technician.

## What would you be doing if you weren't a pharmacy technician?

Looking back I always had a passion to be a school teacher. I have been delighted that the antimicrobial pharmacy technician role has enabled me to support staff education around the importance of antimicrobial stewardship. I have also been involved in highlighting and educating junior medical staff on the management of common antibiotic interactions. I hope moving forward in my pharmacy career I will get the opportunity to have some sort of teaching role.

## What do you think is the biggest issue currently facing pharmacy technicians?

Trying to keep up with the changes that are happening with the development of the pharmacy technician role.

## What has been the highlight of your career, so far?

Developing the antimicrobial pharmacy technician role and using quality improvement to measure the cost saving benefits and impact of this role on antimicrobial stewardship and patient care and safety. It has given me a real sense of pride in my work and I'm delighted our work has been accepted for poster presentation at a number of conferences including the annual NHS Scotland event.

## What is at the top of your to-do list?

To obtain my Dispensing Checking Technician qualification to further enhance my career and provide more opportunities

## Where do you usually go/do when you have time off?

Spending time with my family who reside in USA which Covid-19 has impacted on. Spending time with my own family here in Scotland.

## How do you keep calm?

Taking challenges one step at a time and breaking it down into manageable chunks helps keep me calm.

## Who do you go to for advice or to bounce ideas off?

I would usually speak to one of our pharmacists or my fellow pharmacy technicians.

## What simple thing at work sparks joy?

Receiving a Gold Star Award and getting our work published and recognised as a positive way forward to expand the pharmacy technician role. This really made me feel appreciated and happy about my work.

## What's next?

Getting over Covid-19 and getting back on track with the rotational role within our hospital and improving antimicrobial stewardship and awareness. I'm looking forward to having a more patient facing role and promoting more patient centred care and having the opportunity to speak more with patients about their antibiotics and the importance of antimicrobial stewardship.



**Name:** Sharon Thompson

**Current Role:** Pharmacy Technician Rotational (NHS Band 4) and Primary Care Prescribing Support Technician (NHS Band 5) NHS GG&C

**Highest qualification related to your role:** NC Pharmaceutical Services & SVQ

### Steps you took to get to where you are now:

I initially studied full time for my NC Pharmaceutical at Stow College. I was then successful in getting a student pharmacy technician post at the Royal Alexandra Hospital, Paisley. I have now been a qualified pharmacy technician for 14 years. Recently, I have had the opportunity to work in some new roles including helping to develop the hospital antimicrobial pharmacy technician service and working part time in primary care as a band 5 prescribing support pharmacy technician.

### What is the most challenging part of your current role?

Covid-19 has impacted greatly on our service and being able to carry out our role has been very challenging due to staff shortages and the extra strain the pandemic has caused in our healthcare services. All staff are under pressure so this increased the challenge of introducing the new antimicrobial pharmacy technician service. I enjoy doing the dual role working in primary and secondary care but it can also be challenging doing two different roles at the same time.

### What surprised you the most moving from a traditional pharmacy technician role?

I was really surprised by how much I enjoyed working with the ward multidisciplinary team in my antimicrobial technician role. Initially I was slightly anxious as my previous more traditional pharmacy technician roles didn't involve as much face to face communication with other health care professionals. I particularly enjoy engaging with the junior doctors who are often so keen and interested to learn about any antimicrobial stewardship issues we highlight on the wards. This is the first time I have had such regular communication with the doctors and it feels like we are really working well as a team together.

### If you had the chance to do it all over again, what would you change?

Having been a pharmacy technician for 14 years now I wish I had started it sooner and reacted more quickly to new opportunities that presented. I'm happy I'm now working in a couple of exciting and developing roles and keen to see where they will take me in the next stage of my pharmacy technician career.

### What do you enjoy most about your role?

I like the variety in the different roles I do as a rotational hospital pharmacy technician and a part time primary care prescribing support technician. I enjoy working as part of the multidisciplinary team with other health care professionals. I'm looking forward to working more directly with our patients again once Covid-19 restrictions allow. Working in antimicrobial stewardship has been quite a steep learning curve for me but I've really enjoyed the challenge and look forward to the role developing further.

### What would you be doing if you weren't a pharmacy technician?

I always wanted to be an ambulance technician but the shift pattern prevented me taking this forward as I had a young family. I'm delighted my antimicrobial pharmacy technician role is now allowing me to engage directly as part of the ward healthcare team to improve patient care and safety in terms of antimicrobial stewardship and prescribing support.

### What do you think is the biggest issue currently facing pharmacy technicians?

The biggest issues I feel is trying to keep up with the changes in the pharmacy technician role especially how much it has changed since I have first qualified as a pharmacy technician.

### Has anyone influenced your career decisions if so, why?

There have been a number of pharmacy technicians and pharmacists over the years that have influenced my career. Most recently I have been influenced by our antimicrobial pharmacist and the primary care pharmacy team where I work part time as a band 5 pharmacy technician. Their influence has made me feel more positive about what I can achieve as a pharmacy technician and made me more optimistic about my prospects moving forward.

### What has been the highlight of your career, so far?

There has been a number of highlights through my career but obtaining the band 5 pharmacy technician and helping set up the antimicrobial pharmacy technician service have been my most recent highlights. I've been delighted to have our work on antimicrobial stewardship presented at conferences. I'm also really proud of how we have managed to get through the worst of this pandemic working well together as the pharmacy team. I helped our pharmacy team setting up the expansion of our critical facilities during the pandemic and felt really proud to be part of the team.

### What is at the top of your to-do list?

Working towards and gaining my Dispensing Checking Technician qualification.

### Where do you usually go/do when you have time off?

Spend time with my family and friends, nice walks with my dog, enjoy the gym and voluntary work at the Epilepsy centre.

### How do you keep calm?

Exercise and good communication and fun with family and friends.

### What simple thing at work sparks joy?

Being recognised in a positive light for the work I am carrying out and appreciated for my efforts. I enjoy taking part in our antibiotic awareness events which are often fun and charity events in the workplace, unfortunately due to the pandemic these events have also been limited. Every year we have a Christmas pharmacy team quiz event. I hope in the coming months we can get back to doing more of these fun events.

### What's next?

Moving forward after Covid-19 and taking the antimicrobial pharmacy technician service forward with a greater focus on promoting patient centred care. I'm really looking forward to being able to engage more with our patients on the wards.

**Working with Jonathan and Sharon has been great and enabled our team to achieve so much more this year in terms of antimicrobial stewardship.**

**Going forward our pharmacy technicians will also be getting involved in supporting hospital patients to have 'antibiotic conversations' with staff.**



**DR RACHAEL RODGER**  
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# Developing a Ward Team Approach to Antimicrobial Stewardship: Can Addition of a Pharmacy Technician to the Multidisciplinary Team Improve Antimicrobial Stewardship and Patient Care and safety?



Rachael Rodger (Antimicrobial Pharmacist), Jonathan Coulter (Pharmacy Technician) & Sharon Thompson (Pharmacy Technician)  
Pharmacy Department, Royal Alexandra Hospital, Paisley

## Introduction

Antimicrobial stewardship (AS) is essential in reducing the risk of antimicrobial resistance<sup>1</sup>. Documenting antibiotic stop/review dates and allergy status on the inpatient medicine chart can help improve AS and patient care and safety by ensuring patients receive the correct antibiotic for the appropriate duration<sup>2</sup>.

In NHS Greater Glasgow and Clyde (NHSGGC) allergy is documented in 92% of medicine charts and antibiotic stop/review in less than 50% of oral and 10% of intravenous (IV) antibiotics. Antibiotic interactions with cation products such as oral iron and enteral feeds can result in antibiotic treatment failure<sup>3</sup>. In NHSGGC previous audit work has shown that less than 50% of these interactions are managed at discharge. Prospective feedback of AS issues including, poor medicine chart documentation, antibiotic drug interactions and antibiotic missed doses can improve AS<sup>4</sup>. Furthermore, adopting a multidisciplinary approach to AS is beneficial to patient care and safety<sup>5</sup>.

Antimicrobial pharmacy technician posts (AMPTs) were recently introduced to NHSGGC to help promote AS. This study set out to develop the AMPT role within the multidisciplinary team and measure the impact of this role on AS and patient care and safety at the Royal Alexandra Hospital (RAH).

## Aim

To determine if introduction of an AMPT to the multidisciplinary ward team can improve AS and patient care and safety at the RAH.

## Objectives

- ❖ Develop an AMPT ward service providing prospective audit and feedback of AS issues
- ❖ Determine if introduction of the above service to a range of medical, surgical and COE wards can improve medicine chart antimicrobial documentation, IV antibiotic review, antibiotic interaction management and adherence to the local "protected" antimicrobial policy.

## Method

Working with the ward teams the AMPT ward service was developed, piloted, standardised and agreed. The AMPT visited medical, surgical and COE wards twice weekly and screened all available medicine charts for the following:

- ❖ Allergy status and stop/review dates of oral and IV antibiotics
- ❖ Missed and delayed antibiotic doses
- ❖ Antibiotic cation interactions
- ❖ Completion of 'protected' antimicrobial order forms

AS issues were shared in real time with the ward team via a ward visit report. Missed or delayed antibiotic doses were highlighted as a priority by the AMPT. If an antibiotic cation interaction was identified the AMPT also provided an information leaflet to raise awareness and improve management of this interaction<sup>3</sup>.

Medicine chart documentation data was displayed on run charts to measure if improvement in allergy recording and oral and IV antibiotic stop/review dates was achieved.

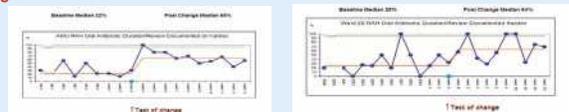
To measure improvement in the management of antibiotic cation interactions the proportion of interactions managed at discharge and the proportion of total antibiotic doses compromised by this interaction were measured before and after introduction of the AMPT service.

To measure improvement in compliance with the local 'protected' antimicrobial policy, pharmacy ward order requests for 'protected' antimicrobials and completion of 'protected' antimicrobial forms were monitored.

## Results

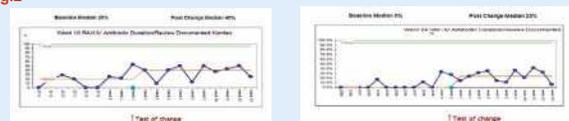
Following introduction of the AMPT service, medicine chart documentation of allergy status and oral antibiotic stop/review improved from baseline in **all** wards. In medical and surgical receiving wards (Fig.1), median recording increased from 22% and 25% at baseline, to 65% and 64% respectively, post change.

Fig.1



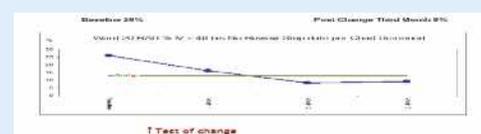
Median recording of IV antibiotic stop/review dates (Fig.2) in general medical doubled from 20% at baseline to 40% post change. The greatest improvement was achieved in general surgery from a 0% median at baseline to 25% after service introduction.

Fig.2



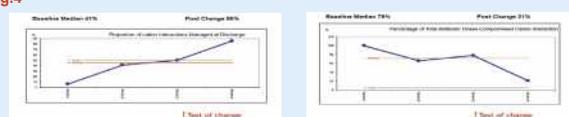
The incidence of IV antibiotic prescribed beyond 48 hours with no stop/review date improved in **all** wards. In the surgical receiving ward (Fig.3) the incidence of IV antibiotics prescribed beyond 48 hours with no stop/review date decreased from 26% at baseline to 9% after service introduction.

Fig.3



Awareness and management of antibiotic cation interactions (Fig.4) at discharge increased from a baseline of 41% to 86% and total antibiotic doses compromised by this interaction reduced from a baseline of 78% to 21% following AMPT service introduction.

Fig.4



Completion of 'protected' antimicrobial forms improved from a baseline of 53% to 85% three months after introduction of the technician service (Fig 5).

Fig.5



**Conclusion** Introduction of an AMPT ward service to the RAH improved antimicrobial medicine chart documentation, review of IV antibiotics, management of antibiotic cation interactions and compliance with the local 'protected' antimicrobial policy.

**These results demonstrate that introduction of an AMPT to the multidisciplinary ward team can improve AS and patient care and safety.**

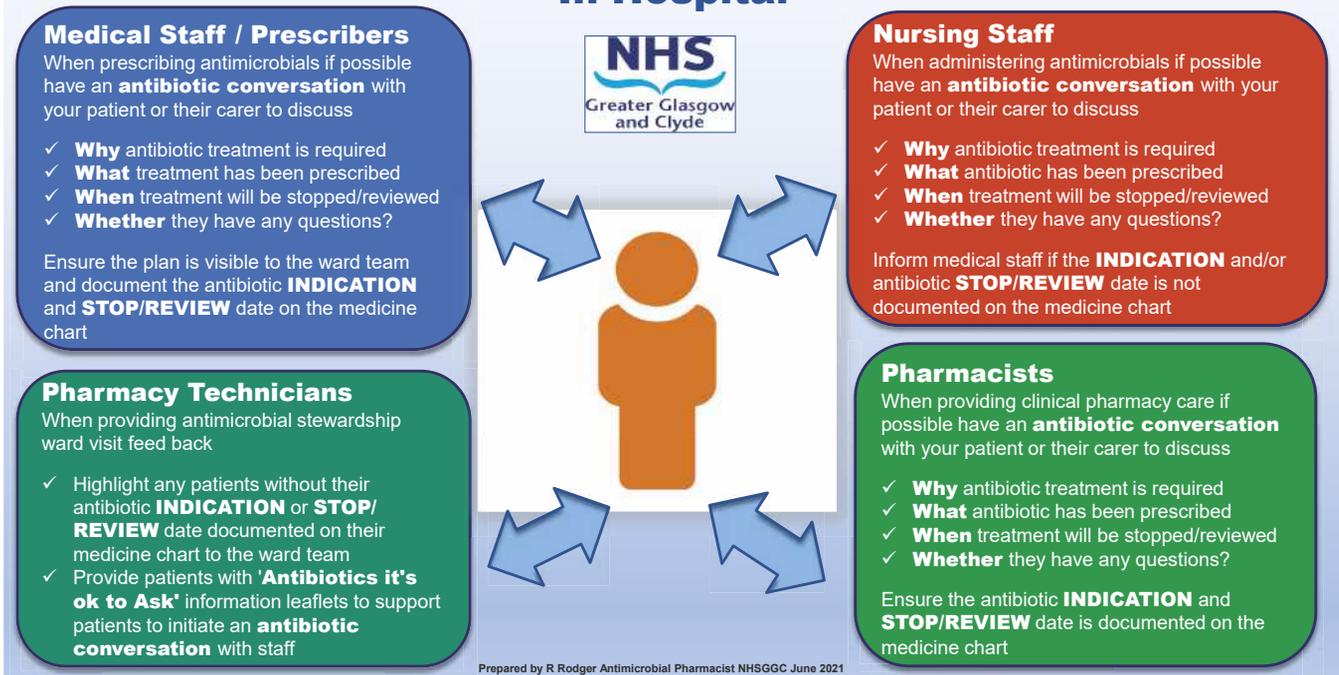
**Acknowledgements** Thank you to the Scottish Quality & Safety Fellowship for support and guidance. Thank you also to RAH nursing, medical and pharmacy staff and my antimicrobial team colleagues for help and support.

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## Keeping Patients at the Centre of Antimicrobial Treatment In Hospital



## Pre-Registration Trainee Pharmacy Technicians (PTPTs) Embrace The 'New Normal' on Health Education England (HEE) Multi-Sector Training Pilot

In February 2020, 40 PTPTs started a new national integrated training pilot just three weeks before the COVID-19 outbreak was declared a pandemic.

The pilot supported PTPTs in gaining a minimum of 12 weeks' experience in at least three different healthcare settings over two years. Partnerships in the pilot consisted of healthcare settings within secondary care, community mental health, community pharmacy, general practice, clinical commissioning groups (CCG) and care homes. PTPTs in the pilot are studying the new BTEC Level 3 Diploma in the Principles and Practice for Pharmacy Technicians qualification<sup>1</sup> with Bradford College alongside gaining practical experience in the workplaces. The pilot is run by HEE and funded by the Pharmacy Integration Fund.

The benefits of the PTPT Integrated Training Pilot include:

- Contribution to the development of a flexible pharmacy technician workforce, better prepared to deliver enhanced multi-sector healthcare system services for patients and the public
- Equipping PTPTs with a broader skillset, allowing them to better support service delivery to patients and the public across all healthcare systems
- Improved understanding of the transfer of care issues and how to support patients as they transition between care settings
- Enhanced relationships between partners supporting the development of primary care networks and integrated care systems
- Increased awareness of barriers and difficulties with

communication and transfer of care and how to resolve them. The PTPTs involved in the pilot started their training journey at an extraordinary time for the healthcare sector. The COVID-19 pandemic saw the pilot PTPTs exposed to the biggest challenge the NHS had experienced in its history and maintaining training and professional development whilst responding to the pandemic presented additional challenges. Pilot PTPTs, their employers and educational supervisors rose to this challenge with resilience and adaptability.

Dalgeet Puaar, Pharmacy Technician Professional Lead and Programme Manager at Health Education England, says: 'I am so pleased that we have been able to continue with this integrated training pilot. Our immediate priority when the pandemic started was for the wellbeing of our PTPTs. All credit to employers, PTPTs and Bradford College for embracing new ways of working and training while keeping themselves and patients safe.'

Working throughout the uncertainties of 2020 and into 2021 the PTPTs adapted and continued to follow their learning plans and working in different sectors as much as feasibly possible. Taking on new challenges that even their employers and educational supervisors did not foresee, such as supporting vaccination clinics, remote working and virtual patient consultations.

The pilot was not just about increasing the number of pharmacy technicians in the NHS – important though this is. It

is also about equipping them with the skills and knowledge to be ready and able to practise across a wide range of settings in all pharmacy sectors, from care homes, clinics and GP surgeries to community pharmacies and hospitals, in line with the ambitions of the NHS Long Term Plan<sup>2</sup>. It was a challenge for the partnerships to work together to enable this to take place, particularly whilst also supporting the NHS response to the COVID-19 pandemic. However, the ability to form partnerships and collaborate will provide flexible PTPTs, able to support patients as they transition between care settings. Some PTPTs have already secured positions to commence once qualified and registered with the General Pharmaceutical Council (GPhC).

**Lead employers from partnerships within the pilot:**

**Midlands and East of England:**

Bedford Hospital NHS Trust  
 The Luton & Dunstable University Hospital  
 University Hospitals of Leicester  
 United Lincolnshire Hospitals NHS Trust  
 Wye Valley NHS Trust

**South Region:**

Torbay & South Devon NHS Foundation Trust  
 Dorset Healthcare Foundation Trust

**London and Kent, Surrey & Sussex:**

Lewisham and Greenwich NHS Trust  
 University Hospitals Sussex NHS Trust  
 East Sussex Healthcare NHS Trust  
 Islington GP Federation  
 North Middlesex University Hospital NHS Trust  
 Greenlight Pharmacy

**North Region:**

Affinity Care  
 York Teaching Hospital NHS Foundation Trust  
 Tameside and Glossop Integrated Care Foundation Trust  
 Wirral University Teaching Hospital  
 Normanby Medical Centre

The pilot is being evaluated and learning will be shared, to help better understand the multi sector model of training PTPTs. Learning from the pilot is already being realised in supporting strategies for success in further cohorts. Early indications suggest that the pilot trainees have enjoyed the variety of experiences from working and training in different sectors.

Following on from the success of the pilot, HEE have invested £4 million in integrated PTPT training last year and there will

be a further £12 million in 2021/2022 (£4 million for year 2 of 20/21 cohort and £8 million of new funding). This funding forms part of a national pharmacy technician workforce strategy which looks to secure more pharmacy technicians to meet the workforce demands across all sectors.

**Quotes from Trainees and Supervisors:**

*I am really enjoying the variety within my integrated course, and it has really opened up a lot of opportunities for me to experience a wide variety of pharmacy roles. I have been fortunate enough to meet and speak to so many individuals and learn about their job roles; it has highlighted to me how many opportunities there are available to pharmacy technicians, as well as how different aspects of the healthcare system in Devon come together.*

*I have felt fully supported throughout all of my rotations and am really pleased to be enrolled on the pilot course. - India Bolt, PTPT*

*The pandemic has brought many challenges, but with every challenge brings opportunity. I have been limited to minimal site visits, I would have preferred to do face to face check-ins with practice supervisors and PTPTs. However now we all use MS Teams we can communicate more frequently - Tracy Hedley, Former Educational Supervisor with East Sussex Healthcare NHS Trust*

*My experience in primary care network (PCN) has massively helped me with understanding the communication needs from a community pharmacy. Furthermore, I have gained valuable knowledge necessary for better counselling of patients resulting in a more streamlined ability to handle patient queries. - Billy Rawlings, PTPT*

*This is a great opportunity to support the profession, by being able to support training in multiple sectors. Sharing the financial burden was also a bonus - Tracy Hedley, Former Educational Supervisor with East Sussex Healthcare NHS Trust*

*I have been lucky enough to experience many areas of pharmacy - hospital, community, and CCG. It has been extremely interesting and enjoyable to work within these three sectors and understand the similarity and contrasts between sectors - allowing me to understand how they link together. I feel as though the opportunity to train and work as a cross-sector pre-registration trainee pharmacy technician has brought me many experiences and will provide me with a well-rounded approach to pharmacy throughout my career. - Imogen Harris, PTPT*

1. Available at: <https://qualifications.pearson.com/en/qualifications/btec-specialist-and-professional-qualifications/health-optical-and-pharmacy/btec-specialist-principles-and-practice-for-pharmacy-technicians-13.html> [Accessed on 29th July 2021]  
 2. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed on 29th July 2021]

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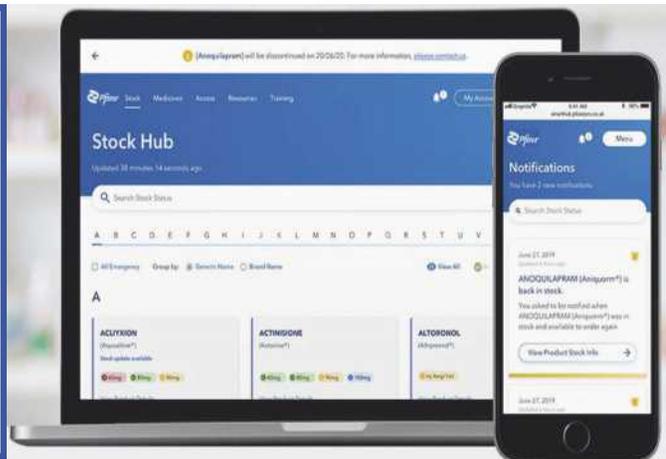
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# Patient-Centred Pharmacy Services Redesign

## Introduction

In 2019 NHS Ayrshire & Arran received funding from the Scottish Government's Value Improvement Fund for a project named 'Patient-centred approach to clinical pharmacy service redesign'. The project was to support a programme of transformational change of the hospital clinical pharmacy service focussing on the co-design of a new service with our patients, to ensure our service is patient-centred and meets the needs of the population, with the principles of realistic medicine and value based healthcare at its core. The funding secured was used to recruit a pharmacy technician specialist for clinical services.

The project was set out with clear timescales and deliverables however the project could have been completely derailed due to the impact of COVID-19. There was a significant delay in recruitment to the pharmacy technician post, the project had to be adapted to fit in with new ways of working and parts of the original plan for the patient co-design aspects of the project were no longer achievable.

I joined the project a year into the initially proposed 18 month timeline which was overwhelming, daunting and could easily have made me run for the hills. I was on a steep learning curve, juggling catching up on existing work streams, learning new skills and techniques, planning and developing strategies to complete the project and all within a very short timescale.

The project had three goals with actions and deliverables attached to each goal.

## Goal 1

**The first goal was to include patient participation in the co-design of the new clinical service.**

The plan had been to shadow patients through their hospital journey and carry out interviews during their stay and after their discharge from the hospital. From this, the aim had been to recruit representatives onto a co-design group with multi-disciplinary staff to capture insights into the patient's perception of our service and areas where improvements could be made. Unfortunately due to the impact of COVID-19 the co-design event with patients had to be cancelled with more emphasis placed on gaining information through patient shadowing and interviewing. For this goal, I was responsible for conducting patient interviews.

I viewed this as an opportunity for me to develop new skills in interviewing patients and through this I also recognised that it was important for me to share this learning by encouraging other staff members to take part in the interviewing process. Patients were asked a small number of open ended questions to capture their experiences from their admission to discharge home, what stood out to them about the experience and also what could have been done differently. The patient's answers were recorded in their own language and colloquialisms to ensure the answers recorded were a true reflection of the patients' thoughts and feelings. The collated answers were then analysed to draw out common themes.

The themes from patient interviews were heavily influenced by COVID-19. Patients conveyed a greater appreciation of the NHS given its response to the pandemic, but also shared feelings of isolation due to separation from family or loved ones as a result of visiting restrictions. Alongside this, patients shared anecdotes of instances where their care, treatment or recuperation was disturbed due to the unfamiliar hospital environment. Interviews also highlighted varying degrees of patients understanding of the

plan for their care and involvement in decisions regarding their care or treatment.

The standout theme regarding the pharmacy service related to processes for medication supply on discharge from hospital. Patients described their disdain at being told they could go home yet having to wait several hours for their medicines before they could be discharged. Although this feedback is not directly related to the clinical pharmacy service it was felt that this was significantly important to patients, therefore a further work stream has been generated with the aim of reviewing and streamlining our processes and creating more patient-centred options for the supply of medicines at point of discharge.

On reflection, this goal has not only helped to capture vital patient feedback regarding our service but has also helped myself and the wider team to gain a different perspective into the patient journey and to better understand the overall patient experience. Staff were also given the opportunity to be involved in thematic analysis of the results and to feedback findings to the wider team which provided further opportunities for personal development and added pace to the project.

## Goal 2

**Goal 2 of the project was to embed the principles of realistic medicine into our practice ensuring patients were involved in decisions regarding their treatment, and that medicines prescribed reflect patient preference and add value.**

I saw this as an opportunity to enrol the help of the clinical pharmacy technicians and on taking up my post I initiated regular meetings with the clinical pharmacy technician workforce across our acute and mental health sites. This gave the clinical pharmacy technicians the opportunity to form strong connections with each other, to share ideas and developments and also provided an open forum for discussion. We looked at our core pharmaceutical care plan structure and discussed how we can embed realistic medicines principles into our everyday practice and conversations with patients, to ensure that the service we provide reflects the patient's wants and needs. This work is still currently ongoing.

Another deliverable from this goal was to evaluate the use of a recently developed automated referral tool to communicate ongoing pharmaceutical care issues or follow-up required by secondary care to primary care. The tool enables the pharmacist to add a note on the electronic prescribing system that is transmitted electronically to the GP practice on discharge for the attention of the practice pharmacy team. The tool was trialled by pharmacists in admission units and Emergency Departments and pharmacy staff using the tool were asked to complete a survey questionnaire to capture whether it was viewed as a useful development to the service.

For this goal, I was responsible for collating and analysing feedback from primary care and presenting to various groups within the organisation. Overall the feedback received was positive and the requirement to feedback the findings gave me an opportunity to further develop skills in presenting and influencing. In particular I gave examples of referrals that had produced positive outcomes for both patient care and staff experience within primary care. I used this to encourage staff within secondary care to use the tool.

Presenting was something that did not come naturally to me but was an integral part of my new role. I was required to feedback on not just this goal, but also the progress of the project

in general and communicating the results effectively was key to the success of the entire project.

To build confidence in presenting, I continually put myself forward to present to different groups. I knew I had the experience and knowledge behind me but was worried about not sounding articulate or using the correct language. Every time I presented I asked for feedback to allow me to adapt my presenting style. Surprisingly the feedback I received was much more positive than I expected and I found that when I was myself rather than trying to come across in a particular way, I was more relaxed and relatable and my experience shone through. On reflection, pushing myself out of my comfort zone, allowed me to identify and build on strengths that I never knew I had. I recently presented the project to the Pharmacy Management National Forum and was proud of how well I presented and the feedback I received from the audience. I now use this experience to try and push others to try out new skills and actively encourage people to step out of their comfort zone.

### Goal 3

**The third and final goal was to develop a triage system which would identify patients who were most in need of pharmacy input and which team member could best meet their need.**

The outcomes from this goal have ultimately had a huge impact and have resulted in the redesign of our clinical pharmacy service. We now categorise patients according to risks associated with the medicines they have been prescribed and this risk categorisation has allowed us to allocate work to pharmacists and pharmacy technicians within our clinical teams. This has not only created capacity within our workforce but also created space to support staff developments in advanced practice for all roles within the clinical pharmacy team.

Within Ayrshire & Arran we already had a prioritisation tool that utilises data from our electronic prescribing system to risk stratify patients into high, medium and low risk. The Pharmacy Early Warning (PhEW) tool generates the risk score using an algorithm that takes account of a number of factors including age, number of unverified medicines and also if the patient is prescribed high risk medicines

Within clinical services we utilised the PhEW report to distribute the workload between the pharmacist and pharmacy technician. We tested the concept of the clinical pharmacy technician supporting the medicines reconciliation process and carrying out initial pharmaceutical care planning for all risk categories of patients. In addition to these tasks, the review of the green or low risk patients became pharmacy technician-led. The pharmacist would then only see patients who were flagged by the pharmacy technician as needing further input. The pharmacy technician would also be responsible for ongoing review of the green patients during their stay, again only referring to the pharmacist if further input was required. This allowed the pharmacist to focus on the pharmaceutical care of patients categorised as high or medium risk, creating time to attend ward rounds to participate in shared decision making and utilise their prescribing qualification more actively.

This represents a huge culture change for both the pharmacists and pharmacy technicians. To support this transfer of tasks, pharmacists initially followed behind the pharmacy technician to review the patients they had seen and provide feedback. This review and feedback process built a relationship of trust between the pharmacist and pharmacy technician, and provided a forum for case based discussion and education. Ultimately this process built confidence in the pharmacy technician's ability to take on this role and allowed pharmacists to "let go" of this patient group.

Facilitating the delivery of this new clinical service has

reinforced my belief of the importance of appreciating the strengths of each member of the clinical team when working towards the same purpose and goal. I am confident that the changes we are making are enabling us to build a resilient, diverse and focused clinical pharmacy service using the right member of the team to carry out the right task and ensuring patients' needs are at the forefront of what we do.

### Advanced practice

I am passionate about promoting the role of the pharmacy technicians and I see this project as an opportunity to utilise the expertise of pharmacy technicians and confirm the need for them within the clinical team. Expanding the pharmacy technician's role within the clinical team has allowed us to implement new roles and responsibilities and is allowing us to work towards more advanced practice within the role.

We currently have pharmacy technicians building skills in clinical verification of medicines. A successful trial of pharmacy technicians verifying inhalers for one stop dispensing has recently been undertaken with plans to increase the numbers of medicines that pharmacy technicians can verify in response to the positive feedback from this trial.

With our pharmacy technicians being involved in more patient facing roles they are taking on more responsibility with patient education on high risk medicines or complex medicines regimens.

Our hope for the future is that pharmacy technicians can be given transcribing rights to the electronic system to action minor interventions. These would have been amendments that would have routinely been annotated onto paper prescription charts but with the introduction of the electronic system pharmacy technicians were no longer able to carry out. This would further reduce the need for pharmacist input to low risk patients as the pharmacy technician would be able to action minor interventions themselves.

### Reflection

I have been a pharmacy technician for over 20 years, the majority of those spent working in clinical roles. I feel fortunate to have been involved in many redesign projects and tests of change over the years. When this opportunity arose to focus my attention on transformational change of the clinical pharmacy service, I was more than a little apprehensive yet excited to take this challenge on.

For me, being involved in this project has not only been a huge opportunity for self-development. It has given me the opportunity to develop leadership skills, giving me the chance to encourage others to self-develop. I have also been able to promote the role of the pharmacy technician within the clinical team both regionally and nationally. When I took up this position I had a clear goal in mind that I wanted to be an advocate for pharmacy technicians within the clinical team and this project has given me the power to act.

The success of this project relies on the collective efforts of all pharmacy staff and their willingness to try to push the boundaries of their role, working together to push things forward and not being afraid to try new things and I feel privileged to be part of it.



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# 'An Interview With...Meet the Member'



**Name:**  
Muhitur Rahan

**Current Role:** UK Medicines  
Stockpile Manager,  
Department of Health and  
Social Care  
muhitur.raham1@dhsc.gov.uk

**Highest qualification related  
to your role:**  
MHRA approved 'Responsible  
Person' training course

## Steps you took to get to where you are now:

I have to start with a massive thank you to Tess Fenn who gave me my opportunity to go through Pre-registration Trainee Pharmacy Technician (PTPT) training at Guy's and St Thomas' NHS Foundation Trust (GSTT). I knew very early where I wanted to focus my career path I was sure it was pharmacy operations and specifically procurement and distribution. In 2012, the principal PT for procurement at Guy's and St Thomas' asked me to apply for senior PT for procurement. It was a great opportunity so soon after qualification and registration and I wanted to grab it with both hands and feet. There were no formal courses available related to pharmacy procurement specifically and all my training and learning was initially by the procurement team. The education and training department supported me as much as possible but it was not an area that had much focus at the time. In 2013, Aamer Safdar, the head of education and training motivated me to progress and create opportunities for myself.

With Aamer's support I started to develop myself and he found a free of charge procurement course for me, it wasn't pharmacy related but still very valuable and it opened my eyes and the training provider instilled in me a notion that there was no limit to what I could possibly achieve in this field. In 2014 I was offered my managers position while she was on maternity leave. I absolutely loved this role and I have to say this is the role that defined my career.

The role exposed me to the responsibility of medicines safety and procurement, medicines optimisation and a whole new world which was the commercial world of pharmacy. I collaborated with industry colleagues for the first time and my work evolved in a massively positive way. I was bending unwritten NHS rules by working so closely with industry but I had the support of my seniors and was given the opportunities to develop new initiatives to improve pharmacy procurement for NHS as a whole. My first project that I feel made a great contribution to pharmacy and procurement specifically was a national shortages newsletter. GSTT already had an internal shortages update and I developed it further with the support of; UKMi based at Guy's hospital, my manager, our chief pharmacist and support from various industry colleagues. The newsletter developed into something very comprehensive and Danny thought it was worth sharing with all pharmacy procurement leads within NHS secondary care settings. The newsletter was received with great appreciation and the recognition how it became a valued tool kept me motivated to continue to improve it. I collaborated with industry colleagues and clinical pharmacists and added more details to each medicine shortage, the work to some trusts became extremely

useful and I had an influx of requests from colleagues in the wider NHS, Department of Health and Social Care (DHSC) and devolved administrations.

My 2nd project was a commercial project to support GSTT with medicines procurement and specifically to address an increasing problem with contracted medicines that were not available from one of the wholesaler companies, Mawdsleys-Brooks. I worked with the Head of Hospitals for Mawdsley's and created a bespoke to-follows service that would manage and offer like for like replacement stock for unavailable generic medicines at the point of order. The service worked extremely well and made a positive impact on our ability to maximise the efficiency on procured medicines. The project is one of the highlights in my career as it was a service I co-designed and implemented into NHS pharmacy practice in collaboration with Mawdsleys and my work was used as a case study by Mawdsleys and scaled up and implemented into various trusts across the NHS.

In 2017 I was appointed chief pharmacy technician for procurement and operations. The role was an amazing opportunity and I worked with dispensary and stores leads to create and implement positive and innovative solutions to day to day working practices to ensure the service efficiency was maximised.

May 2018, DHSC were looking for a pharmacist to support the medicines supply team. I was encouraged to apply. I was hesitant as it was clearly advertised for a pharmacist. I met with the principal pharmacist to discuss my suitability for the role, and she wanted me to join the team. I remember that day so clearly, I felt I had broken a ceiling for pharmacy technicians. My role at the DHSC was managing medicines shortages in the UK. It was a natural fit for me but there was still a massive learning curve and with the support of the team I quickly got the hang of things and making a contribution and lived up to a name I had been given by a colleague at the Specialist Pharmacy Service (SPS) 'Mr Shortages'. The role was a 6-month secondment. Three months into my role a colleague from AAH pharmaceuticals contacted me and asked if I would be interested in a role – commercial manager, hospital generics. It was a new role at a national level working with industry and NHS hospitals. I felt honoured to be asked to apply as it was a recognition of my skills I had built to date. So, after 3 interviews and a whole lot of thought I accepted the job.

The AAH role was an amazing role, it was so different to anything else I had done in my career and I really enjoyed it. I was building a tool for the business that would enable NHS hospitals to continue to buy generic medicines when their contracted products were not available. It was a very original concept for a wholesaler to try and do but one that I relished, a role doing the 2 things I loved the most – working with manufacturers and solving problems for the NHS. I had a lot of moments of success in the role and I had made good progress in building the tool I was recruited to do. However, I had to leave the role in February 2020 due to personal reasons and needed a role based at home in London.

My previous manager at DHSC, Sarah offered me a short-term role to re-join the team. Shortly after I started the pandemic took a grip of our country and my career took a very unusual turn and the SPS colleague that gave me the 'Mr Shortages' name telling me that I will be receiving a call from NHS England to go to the Nightingale Hospital in London to head up the pharmacy procurement and operations function. I got the call

on a Thursday and I was at the Nightingale the following day, I met up with the chief pharmacist and we talked through how we were going to do this and after 9 x 18-hour days we had built and stocked a brand-new hospital pharmacy. A month into the project I received news my father had contracted Coronavirus and passed away, it hit me really hard and I struggled to accept it but I chose to go back to work after 2 days as that is what my father would have wanted, to help others from the same fate. It was an amazing experience as it showed the country and the world one thing – we can all pull together when it mattered the most and pharmacy technicians had a crucial part to play. The circumstances were not ideal but I was again honoured to be thought of and asked to lead on such an important project. The Nightingale was hosted by Barts Health NHS Trust and once the Nightingale was stood down, I had some time left on my contract and decided to support Barts with their procurement and distribution processes as a consultant.

After my time with Barts was complete in July 2020, I went back to the DHSC for a 3rd time, again working for the medicines supply team but this time as a permanent member of the team.

In June of this year, I was given my current role as the UK medicines stockpile manager. A fascinating role and one I am thoroughly enjoying, managing the UK government's medicines stockpiles. The role is very operational and I am learning new skills and gaining new experience in medicines regulations. I will now also be chairing the new APTUK Procurement and Distribution branch. This is something I am extremely excited about and keen to start. I have felt for a long time that pharmacy technicians in this niche area of pharmacy needed a dedicated place they, as procurement professionals, can call their own and have confidence to share thoughts and ideas on procurement and distribution practices. PTs that work in procurement and distribution often feel overlooked as all training and CPD content tends to be focused around medicines safety and clinical practice and the operational work PTs do is not given as much spotlight and value and I wanted to start this branch to highlight the complexities of our roles and how we can improve. To support with this I have arranged for guest speakers from all areas of the medicines supply chain to speak to the branch members and for the first session we had the head of the British Generic Medicines Association (BGMA) do a session on 'NHS procurement from an industry perspective'. The next 2 branch meetings (dates yet to be set) I have lined up Mawdsleys head of secondary care to present a session on wholesale operations and DHSC colleagues to run a session on medicines supply resilience. Exciting times for PTs in this space, but I encourage you all to join the sessions as we all play a part in medicines supply irrespective of our specialist area.

### **What is the most challenging part of your current role?**

The learning of the role which has a lot of different aspects and it's all new to me, the role is a vital role in medicines supply and continuity but I am relishing the challenge.

### **What surprised you the most moving from a traditional pharmacy technician role?**

How skills of a pharmacy technician can be transferred to so many other roles within the sector and also how crucial our roles have become.

### **What do you think is the biggest issue currently facing pharmacy technicians?**

Limitations on what the sector thinks we can do as a profession. There are various roles I feel that are advertised for pharmacists that pharmacy technicians can do as well as a pharmacist and in some cases maybe a lot better.

### **If you had the chance to do it all over again, what would you change?**

Honestly, nothing! I have loved my journey and I have goals that I intend to reach and I have no doubt I will reach them.

### **What do you enjoy most about your role?**

I love working at a national level and the dynamic nature of my role; no days are the same.

### **What's the best piece of advice you have ever received?**

Never allow a role to intimidate you, own the responsibility and the rest will fall into place.

### **What would you be doing if you weren't a pharmacy technician?**

A chef, I have a love of food and did take part in MasterChef some years ago.

### **Has anyone influenced your career decisions if so, why?**

Aamer Safdar, head of education and training, his introduction into my career motivated me to progress and create opportunities for myself. Aamer was and is still an integral part of my life and a mentor that I consult on opportunities that arise and ideas that I have. I have had a lot of support from the network I have built, but all my career choices have been my own, and I would not be where I am if it wasn't for that support from my network.

### **What do you do that supports equality, diversity and inclusion?**

I can't point to specific actions, coming from an ethnic background myself everything I do I try and support diversity and inclusion.

### **What has been the highlight of your career, so far?**

The Nightingale projects.

### **What is at the top of your to-do list?**

To make the APTUK Procurement and Distribution Branch a staple for PT in this area and create a formal operational career training programme for procurement/operational PTs that includes placements in industry, NHS and other public bodies. Work in progress.

### **When people look at you, what do you think they see?**

A procurement/operations obsessed pharmacy technician!

### **What can you not get right, no matter how many times you try?**

Presentation skills, another work in progress.

### **Where do you usually go/do when you have time off?**

I travel, I am on 38 countries to date and fully intend to get past 100.

### **Who do you go to for advice or to bounce ideas off?**

A close group of colleagues, a couple chief pharmacists and industry colleagues.

### **What simple thing at work sparks joy?**

Recognition of the work I do.

### **What's next?**

Fully see the country out of this pandemic and help ensure there is no need for a medicines stockpile.



# PHARMACY TECHNICIAN JOURNAL

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