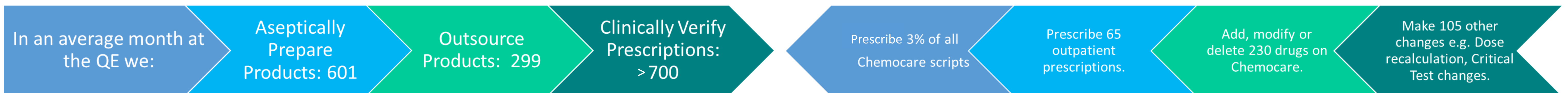
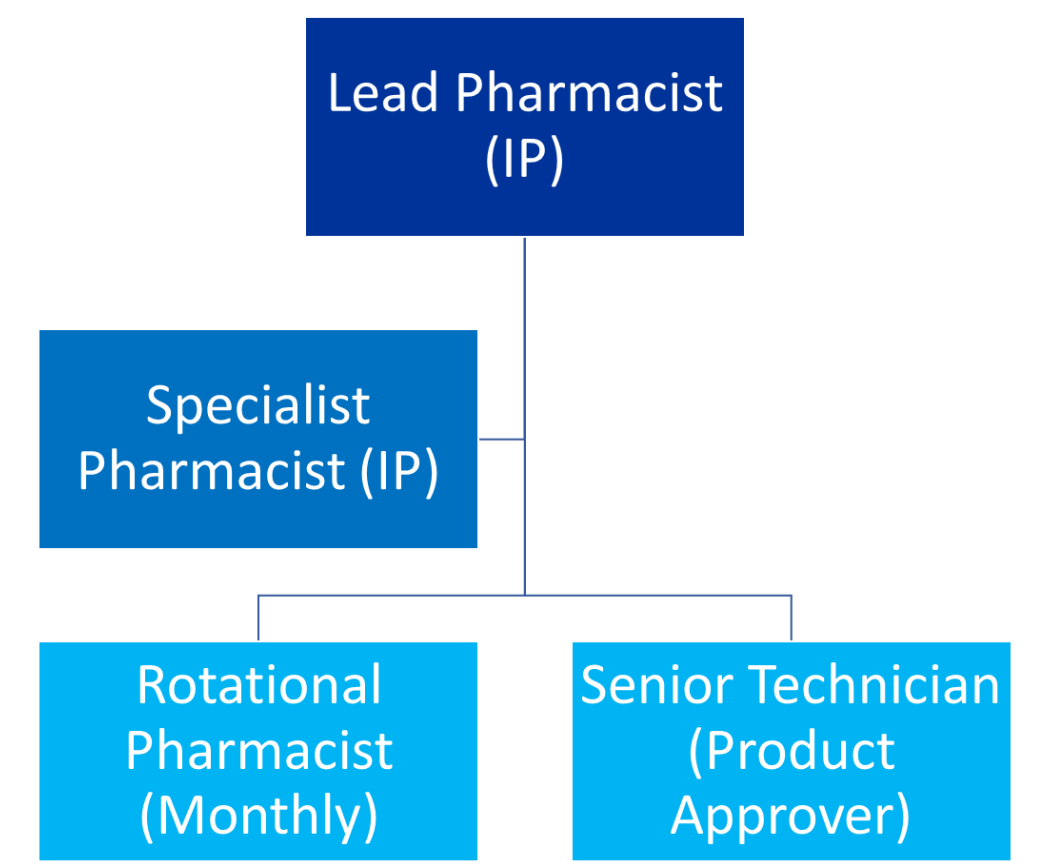


THE ROLE OF THE PRESCRIBING ASEPTIC SERVICES PHARMACIST

Taylor Sutton; Gateshead Health NHS Foundation Trust.

Introduction (The Set Up):

- The roles of the Oncology Specialist and Aseptic Specialist Pharmacist are separated to various degrees in trusts across the nation.
- We are a busy section 10 manufacturing unit which provides all SACT for a nurse-led Chemotherapy Day Unit (CDU).
- KPIs have shown a steady incline in patient and treatment numbers since the pandemic.
- Pharmacists supervise production and clinically verify all Haematology and Oncology prescriptions required by the CDU and outpatient clinics.
- Pharmacist team consists of two full-time Independent Prescribers and one rotational Foundation Pharmacist.
- The size of our work force and ever increasing workload necessitates a hybrid style of working across clinical and technical services.



Methods:

- Prescription verification consists of a **simultaneous Clinical and Aseptic verification**.
- Non-Medical Prescribers (NMPs) have been introduced into Trust Governance regarding SACT medicines.
- Limits: First cycles and to ensure prescribing is verified by another member of the pharmacist team.
- Staff completed Independent Prescribing Diplomas, specializing in relevant areas.
- Prescribing data for 6 month period (1 March 2023—1 September 2023) for David Sproates and Taylor Sutton extracted from Chemo Care (SACT EPS) and 'Outpatient Clinic' information from WellSky (Trust EPS).
- Qualitative Survey requesting feedback on the service sent to variety of users including: Consultants, Chemotherapy Nurses, Specialist Nurses, Acute Oncology Team, Prescribing Systems managers, Pharmacists.
- Unable to gather prescribing data for inpatients or paper prescriptions.

Key Responsibilities of the Role:

- Non-Medical prescribing offered to day case patients on a nurse-led CDU.
- Prescribing Support offered to the MDT alongside technical knowledge of drug administration and preparation.
- Assist colleagues in safe and best prescribing practice using electronic systems.
- Provide support to the inpatient team:
 - Prescribing supportive medications for patients treated on the CDU whilst an inpatient.
 - Prescribing and suspending specialist medications in line with clinical condition and plan.
- Knowledge and specialist advice—including education sessions for the pharmacy and medical teams.
- Assisting in prescription and supply of medications as part of plan from consultant based at another site.
- Verification and authorization of stable patients managed remotely in clinics. E.g. TKIs in Lung Cancer.
- Improve safety of prescribing practice by working with medicines systems and MDT.

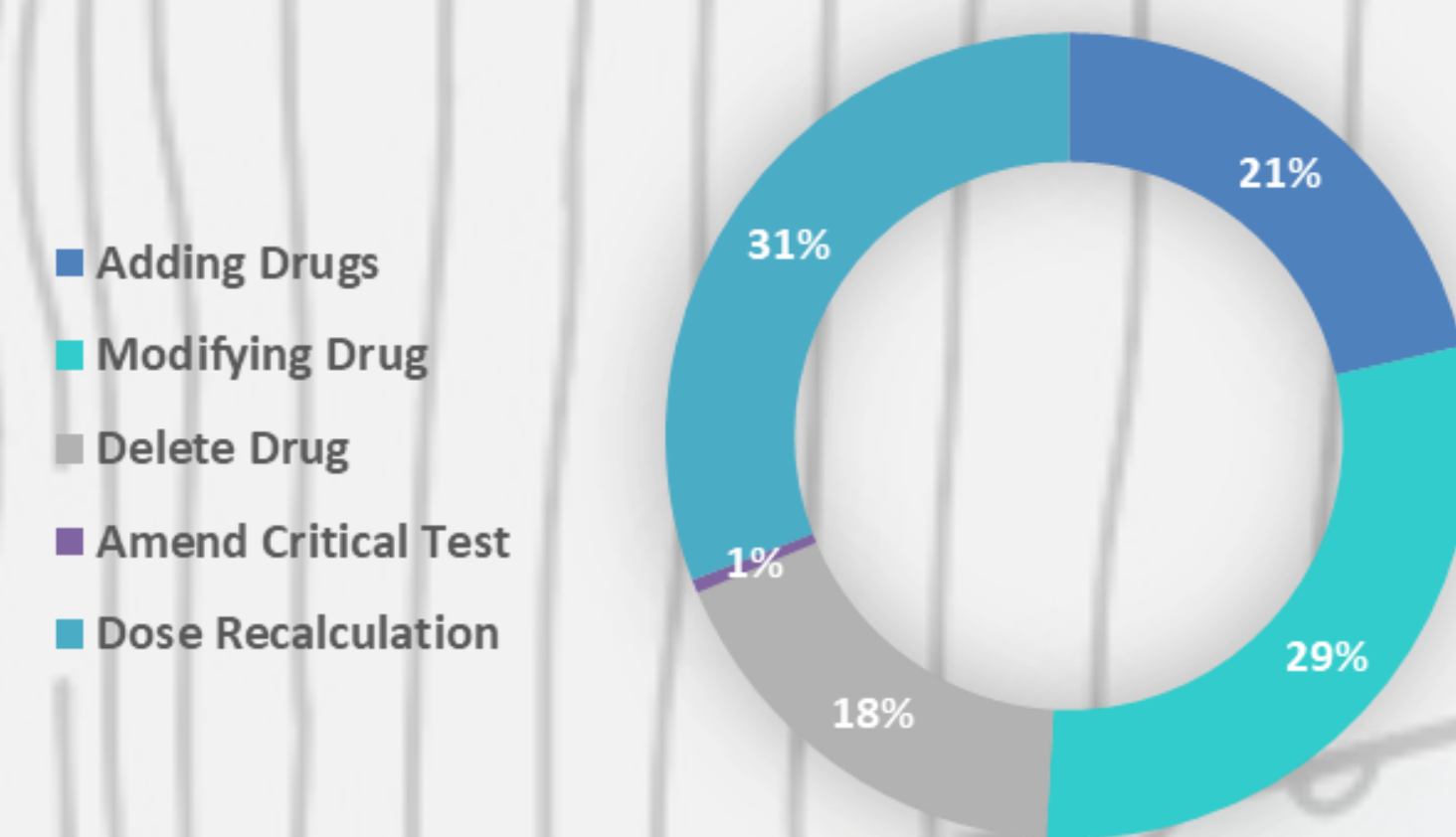
Results: The Positives:

- We created a service which is considered valuable by those who use it: patients, nurses, consultants and more. (Provided as qualitative feedback):
 - 100% of Responders Rated the service 5/5.
 - 65% of Responders felt they accessed the service **at least weekly**, with 28% reporting using pharmacist prescribing services **daily**.
- Pharmacist prescribers performed 2012 prescription interventions on Chemo Care in a 6 month period. This includes: Adding Drugs, Modifying doses, Recalculating doses, Fluid Volume amendments, Deleting drugs/cycles/days of treatment, altering critical test values.
- Pharmacist prescribers provided an average of 3 (2.98) outpatient prescriptions per day. CDU treats approx. 34 patients a day with SACT.
- Each Outpatient Prescription prescribed by a pharmacist reduces the requirement for nurses to access already overstretched medical staff. Nurses may wait on the phone for 30minutes before accessing GP services for example.
- Patients spend less time on the CDU waiting for assessment, freeing up chair space and time.
- Simultaneous Technical and Clinical verification more time efficient.
- The joint role allows us to identify stock issues early, understand impact of new drugs and regimens on capacity, reduce wastage, know which items are aseptically prepared or outsourced.
- A responsive technical service which can prioritize prescriptions to balance CDU appointment times and aseptic services needs.

Results: The 'Not So Positives':

- Recognition that some patients, cases and scenarios are beyond pharmacist scope and we should continue to refer where required.
 - 64% of Responders felt that a pharmacist was appropriate for their needs, but 36% remained neutral on whether another type of HCP was more appropriate.
- Prescription requests often come as urgent or semi-urgent and require immediate pharmacist time and attention. A prescription request may take 10-30 minutes to resolve and we therefore spend between 30 and 90minutes per day of pharmacist time. This may detract from other crucial but 'quieter' areas of the service (normally from the Technical side).
- Could we be perceived as gatekeeping our specialist knowledge or deskilling our clinicians?
- Like a good illusion—the more we look, the more we see. Finding a balance between the technical and clinical skills can be difficult.
- Process can be disruptive with time-sensitive requests.

Interventions on Chemocare by Type



“ I don't think our CDU could cope without our 2 wonderful prescribing pharmacists ! An essential service to complement our nurse led chemo unit.”

“ Having pharmacist prescribers at the Gateshead location massively helps when patients require treatment amendments during chemotherapy cycles. It also ensures patient treatment is not delayed as well as freeing up consultant time for other tasks.”

“ They are very valuable for us who work across multiple sites . In my opinion they could run our MPN and EPO clinics.”



“ This service improves patients care and support. without access to pharmacy prescribers we would have to contact an on-call member of the surgical team who have little or no chemotherapy/oncology experience.”



Conclusions:

- The role bridges the gap between clinical and technical services and provides a responsive service to the CDU and its service users.
- Clear conditions should be set into governance to ensure safe practice and set pathways for referral established when pharmacist prescribing is inappropriate.
- Benefits are vast, but care must be taken to maintain provision of technical services in the presence of urgent and often time-consuming requests for prescribing support.
- Scope to increase and improve service provided, demand exists, but we must remember the basics as we expand.
- The Technical Services Pharmacist has a valued place in the MDT.
- The joint role allows for a unique point of view that oversees SACT administration from prescription to delivery.