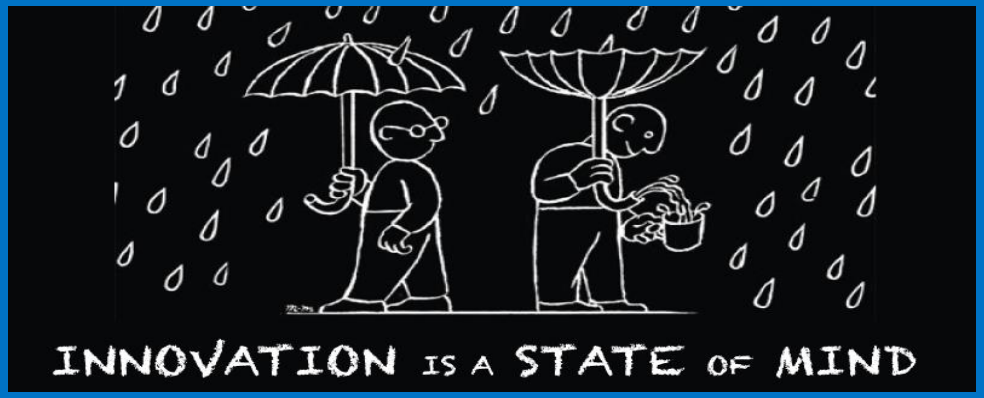
Whittington Health NHS

Pharmacy Technician's in the District Nursing Service

An insight into their role



Maja Begovic
Pharmacist

Innovative use of staff

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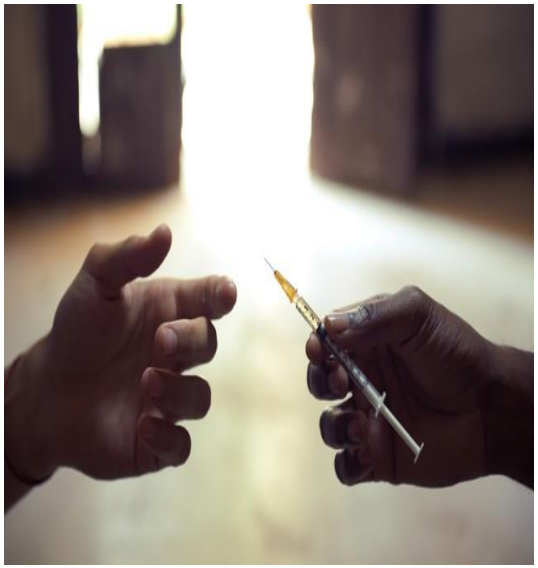
Exciting new development in the Pharmacy world

Normally we do not touch patients – **this is different!**



Background to PTs in DN service

Why introduce this?

- Shortage of nurses nationally
- High caseload with aging population
- In WH DN service about 70% of caseload is medicines administration/supervision of self-administration

Who would be best to take over some of this caseload?

- **Pharmacy Technicians (PTs)**
- HCAs
- Nurse Associates

Why PTs?

- Introducing better skill mix – nursing and pharmacy professionals (adding medication specialists into the mix)
- Take forward MDT working – breaking down barriers between different professions
- PTs concentrate on the medication side of patient care, seeing large number of patient and freeing nurses to deal with more time consuming nursing issues (e.g. wound care, assessments and care plans, etc.)

PTs role

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- Administering medication
- Medication risk assessment and promoting self management
- Assisting DN teams with medication queries
- Liaise with GP's to simplify medication/visits
- Medicines reconciliation and transcribing
- Patient observations (BSL, BP, HR, RR)
- Health promotion
- Preventing waste and overprescribing
- Competency assessing HCA's administering medication

Administering medication

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Administering medication:

- Oral, PEG, topical, inhaled/nebulised, eye/ear drops, SC injections (insulins, tinzaparin, flu vaccines, etc.), IM injections (Vitamin B12)

- Band 5s can also administer IV medication (via PICC line)

Patient observations
Basic life signs (BP, HR, RR, BSL)

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- Checking BSL before insulin administration
- Checking heart rate for drugs such as digoxin
- Ability to check observations in event of unwell patient, and providing suitable clinical handover to GP:
  - Blood pressure
  - Heart rate
  - Respiratory rate
  - Blood sugar levels (BSL)

Medication risk assessment and promoting self-management

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- Assessing patients suitability for self management and **providing necessary training and support**
- Discharge from caseload once patient suitable to self manage

Liaise with GP to ensure optimal therapy

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- Polypharmacy
  - Could some symptoms be side-effects? Encouraging reviews by GPs

- Medication rationalisation
  - e.g. ask GP to change medications to once daily to aid concordance/reduce visits needed
  - Reviewing form of medications to ease administration

Health promotion

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Common examples:

- Smoking cessation
  - Signposting to NRT, and Quit smoking services
- Self managing medication
  - Better understanding of condition and how to manage
  - Better understanding of medication and its uses
- Healthy eating
  - Help to improve blood glucose management in diabetes

Preventing waste and overprescribing

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- Liaise with GP's and local pharmacies to ensure only medication currently in use provided.
- Improving medication adherence address two of the four key areas of the QIPP agenda
  - improving quality of care
  - preventing increased health care utilisation from medicine related problems, including lack of efficacy.
- 2010 report from DoH:
  - estimates wasted medicines cost the NHS £150m
  - 5-8% of hospital admissions caused by medication (approx. 4% preventable)

Starting the role

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- Comprehensive internal training
  - Competency assessments
  - Training courses
  - DN liaison pharmacist
  - Professional development nurses
  - Supportive multi-disciplinary team

- Knowing when to refer
  - Understand remit of role
  - Understand when to refer