CLARION CALL

A section for passionate calls for action to further develop the contribution that pharmacy can make to healthcare

Peer Support For Hospital Chief Pharmacists – The East Of England Experience

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Introduction

In the wake of a critical incident involving the pharmacy service in one of the Trusts in East of England, there was discussion at a regional meeting about what had happened and what lessons could be drawn from it. There was recognition that the role of Chief Pharmacist was often a largely lonely and potentially isolated one, with limited opportunities for peer networking and the potential risk of not recognising service weaknesses. The value of regular, regional meetings was acknowledged in the discussion but it was felt that there was a need for something more, something that would provide a degree of practical support and service appraisal. Out of this discussion was born the proposal for a peer review process that would primarily focus on reviewing medicines management processes to support each other and hopefully reduce the risk of other Trusts experiencing similar difficulties.

Process

Four Chief Pharmacists (the authors of this paper) volunteered their sites to pilot and develop a system. It was agreed that all four hospitals should be visited in turn by the four members of the group. The structure of the visits was an initial topic for resolution. As an informal process without an official remit, it was decided that it should be conducted purely within the pharmacy – essentially a table-top exercise involving the Chief Pharmacist of the Trust being visited and senior members of the team. The aim was to gain an overview of the pharmacy service, its systems and structures, and how it linked in and contributed to the wider management of medicines within the Trust. This was supplemented by visits and discussions with other members of the pharmacy team without the Chief Pharmacist being present in order to triangulate initial impressions and to gather more in-depth information on the medicines management/optimisation and clinical pharmacy processes. The core framework of the review was initially based around the themes raised at the risk summit at one of the Trusts. However, that was not felt to be sufficiently broad in its scope due to its specific focus. As a consequence, both the Royal Pharmaceutical Society's Standards for Hospital Pharmacy and the Medicines Optimisation self-assessment tool developed by Richard Seal in his role as Chief Pharmacist at the Trust Development Authority (TDA) were looked at as possible frameworks. To date, the TDA document has been found to be the most useful framework on which to build the visits due to its broad range of measures across the management of medicines across the Trust and its applicability as a comparative tool, even though this was not what it was originally designed for. This framework is already familiar to all the non-Foundation Trusts in East of England, and the Foundation Trust Chief Pharmacists who have completed it as part of this project have all found it to be a useful exercise. Although the tool is intended to be completed jointly with the Medical Director and Director of Nursing for the Trust, this is not something that has been insisted on as part of this project. However, the self-assessed scores were peer reviewed during the visits and adjusted as a result of the discussions which took place.

The project was originally badged as a peer review process but, after the first couple of visits, it became apparent that this was not an accurate description as all four participants were finding that they were benefitting from the discussions that took place. It became apparent that a better title for the project was peer support. Initiatives were shared and have now been adopted by other Trusts, such as quick user guides to the medicines policy.

Outcome

Though informal, the visits rapidly settled into a pattern of initial discussions using the TDA tool as a basis and the viewing of key documentation, much of which was shared by email after the visit. This was

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followed by visits to clinical areas with pharmacy team members from various specialities and then round-table discussions with some of the senior specialists in the department, such as the antibiotic and medication safety leads. A wrap-up session with the host Chief Pharmacist allowed visitors the opportunity to share back the key positives that they had found during the day plus, invariably, a few points that they felt would benefit from review and possibly remedial action, such as policies or protocols that needed revision or communication systems that needed updating. A brief written report was then produced and shared, which some Chief Pharmacists were able to use in subsequent discussions with Trust senior management.

All four participants found that they gained from every visit, and not just when they were the host. All found that they were taking away ideas that they could look at implementing in their own Trust, and all appreciated the focussed opportunity the sessions provided for discussing issues, problems and solutions with peers.

Some examples of the shared learning are:

- Colchester has developed a cartoon character called MITCH, who is well recognised across the Trust and is used in mailings and posters regarding medicine use and safety. The Norfolk and Norwich hospital has adapted this idea to create the medication OWL (organisation-wide learning) to promote their medication safety messages.
- Colchester has made use of the medicines optimisation strategies from the other Trusts to develop their own strategy.
- Basildon has developed quick reference guides about key elements of their medicines policy, which have been adapted and adopted at both Norwich and Colchester.
- Luton and Dunstable hospital have adapted the Care Quality Commission (CQC) compliant medicines management ward audit forms from Norwich for their use.

Updates on the progress of this pilot project were provided at the East of England secondary care Chief Pharmacists' regional meetings, and the feedback from the four participants was universally positive. There was a keenness from the other Trusts in the regional group to join the process so, once the initial round of four visits was completed, the four pilot Chief Pharmacists became conveners of four further groups of four Trusts including, this time, mental health Trusts as well as acute Trusts. This phase is still continuing and the feedback from all concerned is as positive as before.

Conclusions

The role of Chief Pharmacist is potentially an isolated and lonely one. Regional network meetings provide some opportunity to share and learn from and with peers, but this is generally of an opportunistic nature. This peer support project has provided all the participants with a dedicated and structured opportunity for shared learning, which has been universally acknowledged by all involved as a valuable and positive experience. The authors of this paper have no hesitation in recommending to Chief Pharmacist groups elsewhere in the country that they adopt something similar.

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Declaration of interests

- The authors have nothing to disclose.