Operating a specialist heart failure service in community pharmacies

Last week, NHS Quality Improvement Scotland launched its clinical standards for heart disease. Pharmacist input is included in the heart failure standard. Nicola Cree talks to pharmacists in Glasgow and Clyde who have been providing a service for heart failure patients for the past five years.

A round 707,000 people in the UK suffer from heart failure, according to statistics from the British Heart Foundation.

Since 2005, community pharmacists in the NHS Greater Glasgow and Clyde area have been running a service to help patients with the condition. The community pharmacists, led by a team of specialist heart failure pharmacists, offer a long-term medicines service that monitors the symptoms of heart failure and provides patient advice on managing the condition.

Heart failure is an area where pharmacists can make a difference says Paul Forsyth, heart failure pharmacist, long term conditions lead, Pharmacy & Prescribing Support Unit, NHS Greater Glasgow and Clyde. He explained that research has shown that pharmacists can have an impact on reducing hospital admissions of heart failure patients and that the positive impact of pharmacists has been shown in the community, and in outpatient and inpatient settings.

Currently the service operates in over 250 of the 300 community pharmacies in the Greater Glasgow and Clyde area, with just under 2,000 patients enrolled. Pharmacists sign a service level agreement to participate in the service, which is funded by NHS Greater Glasgow and Clyde, with community pharmacists been paid after submitting the paperwork for a patient. This paperwork is peer reviewed by the specialist heart failure pharmacists.

The pharmacists use a number of standardised forms to monitor the heart failure symptoms of patients, including breathlessness and fluid retention, as well as medicines adherence. Pharmacists also provide lifestyle advice, on salt intake and fluid retention for example, as well as advice on the indication for each medicine and how to take it. The paperwork takes five to 10 minutes and, although pharmacists are not required to undertake physical examinations as part of the service, some do provide blood pressure tests and pulse screening, Mr Forsyth says.

To be accredited to offer the service pharmacists must complete around 150 minutes of training with the specialist heart failure pharmacists once a year. Training includes how to offer lifestyle advice and how best to conduct a consultation.

Patients are selected for the service by the specialist heart failure pharmacists and heart failure nurses from GP practices, hospitals and heart failure clinics. The patients are asked if they would like extended support from their community pharmacist and, if they opt into the service, their nominated pharmacy is contacted and the patient’s details passed on. Pharmacists are expected to review the patients referred to them every 56 days. After the consultation, if appropriate, pharmacists can refer patients on to other services, including GPs, specialist heart failure nurses, alcohol services and smoking cessation services (including their own) as well as heart failure clinics. The patients are counselled on the flexibility of tuning for diuretics, he says. Pharmacists may also look at different ways to overcome barriers to adherence, such as arranging for prescriptions to be delivered, organising a compliance aid or rationalising polypharmacy.

The service has had a positive impact for the patients involved. Research carried out by the University of Strathclyde found that 66 per cent of patients using the service (n=65) knew more about heart failure and 72 per cent thought they knew more about their medication. In addition, 48 per cent were more likely to inform their GP or nurse if their symptoms worsened.

However, despite the positive feedback received from patients, community pharmacists have struggled to be able to find the time in their working lives to implement the service. Whereas 85 per cent of all patients referred to the service are seen at least once, only 42 per cent of patients have ongoing follow-ups. In order for the service to work effectively, Mr
Forsyth believes that organisational issues within community pharmacies need to be addressed. Pharmacists still have a historical dispensing role and most community pharmacies in Scotland do not have an accuracy checking technician, he explains. “We need more pharmacists” to free time to offer the service, because “if we can help a patient, we must help a patient”, he says. Those patients who are not seen are at a long-term risk of admission to hospital, he adds. “Heart failure patients are frail, vulnerable patients clinically,” he says.

To help community pharmacists see the patients referred to them, they are provided with support from the specialist pharmacists. Pharmacists who have not seen a patient are reminded to by post on three separate occasions and, if requested, the specialist pharmacists can send a letter to the patient on behalf of the community pharmacy, encouraging them to attend. The pharmacy is also visited by the specialist pharmacists at least twice.

Those pharmacists that do get the chance to see patients are “good at it”, he says. However, it needs to be an ongoing service, otherwise patients forget the information they have been given.

Mr Forsyth says that as a profession it is important to remember that pharmacists have something to offer. The profession does not promote itself well, he says, but the evidence shows that pharmacists can impact on patient outcomes.

Kathryn Thompson, superintendent pharmacist manager, Townhead Pharmacy, Glasgow currently has 14 patients registered with the service at her pharmacy. She and her fellow pharmacist Geraldine McVey see patients both in the pharmacy and at home as part of the service: “We both really enjoy having one to one contact with the patients . . . and feel that we get to know the patients better and that they get a greater understanding of their medicines from us,” she says.

“Over the months a trust develops with the patient and you find that they ask you about all aspects of their medicine and not just those associated with their heart failure.” Mrs Thompson says that the biggest barrier to her being able to offer the service is time. “If we did not have two pharmacists then we would struggle to do this,” she says. Two pharmacists, however, cost a lot of money so extra remuneration may help in those places where they do not have the extra pharmacist, she adds. Consultations that take place in the pharmacy can also be disrupted by telephone calls, or lead to a build up of work in the dispensary.

One important intervention that the service has enabled her to make is the identification of a man who, although he reported no symptom changes, had suffered a deterioration in illness. “During the visit he asked if I could supply him with a urine collection bottle as he was finding it a real struggle to go upstairs to the toilet during the day. This was an indication that he was not as well as he thought he was.” Mrs Thompson referred him to his heart failure team and his medication was adjusted.

Mrs Thompson believes that patients find the service useful because it is easily accessible to them. “To most of the patients you are a familiar face and therefore they do not feel awkward or suffer from ‘white coat syndrome’ and they are generally more at ease with you, especially if you visit them at home.”

All her patients say they have found the service useful and are keen to stay on it, she says.

“Geraldine and I both work really hard at this service and if we can help patients to understand their medicines better and reinforce the importance of taking them then it makes it really worthwhile and rewarding.”

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