Heart failure can have a considerable impact on quality of life. Here, a pharmacist independent prescriber describes her role in an inpatient service that helps improve the care of people with heart failure.

Introduction of a pharmacist prescriber to a heart failure service

By Joanne Bateman, DipClinPharm, MRPharmS

Heart failure (HF) is a complex condition, with a poor prognosis and a considerable impact on quality of life. The condition affects around 900,000 people in the UK, and almost the same number of people have damaged hearts but no symptoms. HF accounts for around one million inpatient bed days, 2% of all NHS inpatient bed days and 5% of all emergency admissions.

The annual cost of HF to the NHS is around 2% of the total NHS budget, with 70% attributable to hospital admission — readmissions are common. Of all patients diagnosed with HF, 30–40% die within a year and thereafter mortality is under 10% per year. Evidence suggests that the prognosis has improved in the past 10 years, with the six-month mortality rate reducing from 26% in 1995 to 14% in 2005.

Enhancing the service

At the Countess of Chester Hospital NHS Foundation Trust (COCH), the HF service for inpatients has been developed to support the improvement of patient outcomes via advancing quality (AQ) targets. The AQ programme aims to improve standards of healthcare provided in NHS hospitals across the north west of England and reduce variation by defining quality standards to measure good clinical practice. The programme provides incentives for hospitals to reduce HF mortality by ensuring that patients are prescribed angiotensin-converting enzyme (ACE) inhibitors and beta-blockers, and are counselled on discharge regarding HF and smoking cessation (if applicable). In the past, a full-time HF specialist nurse provided this counselling and collected AQ data.

As the lead specialist pharmacist in cardiology with experience working in a multidisciplinary cardiology team, I was keen to develop the HF pharmacist role and was supported in this by the business manager for cardiology, the pharmacy clinical services manager, cardiologists and the heart failure specialist nurse.

It was hoped that the HF service could be redesigned to extend its scope beyond AQ targets and become more proactive, including clinical assessment and prescribing, and that it would be led by the HF specialist nurse and a newly created role — the HF specialist pharmacist.

Defining the role

The service was redesigned to include eight hours of pharmacist time (two hours a day, four days a week) to work alongside a specialist nurse. We both qualified as independent prescribers and, in addition, I completed a clinical examination course. During this training I worked closely with the multidisciplinary team to build my confidence in the clinical setting.

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