

The Role of a Hospital Pharmacist within a Headache Clinic.

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Issues in Chronic Headache

Headache disorders account for 4% of all primary care consultations and 35% of all neurology outpatient consultations.

Specialist clinics are scarce and tend to 'silt up' over time through accumulation of patients needing follow-up

BUT.. Starting medication... Medication needs adjusting in a timely fashion. Compliance rates low and so without follow-up the value of consultation is reduced

AND Stopping medication... Ensuring adherence to stopping criteria when situation improves reduces unnecessary treatment, reduces cost and reduces risk (eg pregnancy occurring while on teratogenic medication)

Pharmacists are involved in patient management in other conditions, and represent an untapped resource in headache.

They automatically 'get' the multiple issues round medication in long term conditions.

Aims for the pharmacist headache service

We developed a pharmacist-led clinical service in 2008- which integrated within the existing headache service.

Pharmacist development of patient information leaflets for all prophylactic medication recommended by the service.

Pharmacist prescribing of prophylactic medication when appropriate, from an agreed 'menu'

Pharmacist telephone consultations for FU pts- assess response/adjust treatment, help patients with compliance and facilitate withdrawal of analgesic overuse

How did we develop it?

- 2-3 months training- sitting in clinic, supervised discussion, seeing pts
- Development of medication sheets to ensure standardisation of information - - Enrol and complete a prescribing course- 1 year
- Check if demand for telephone FU through audit of patients
- Approval by trust clinical governance steering group
 - Governance structure:-once trained- ensure that telephone clinics are conducted alongside consultant once a week so cases can be discussed with them in real time if needed
- Audit - questionnaire and assessment of consultation skills
- Formal appraisal meeting every 6 months
- Submission to UK Clinical Pharmacy Association- Winner in Pain Management section

Auditing the service

Questionnaire study of satisfaction. Additional consultation skill questionnaire. Comments section.

81% said that the reason for the follow-up appointment had been fully addressed, 13% (six) that it had been partly addressed

93% said they would be happy to use the service again.

Given the choice 58% stated that they would prefer to be called by a pharmacist and 42% by a doctor.

43% of comments reported that they liked the telephone consultation as it saved time and/or money travelling.

Table 1: Percentage responses to the nine consultation skills questions

Rate the pharmacist at:	OS	E	VG	G	F/G	F	F/P
Making you feel at ease	13	49	31	4	2	0	0
Fully understanding your concerns	11	51	20	11	4	2	0
Showing care and compassion	16	49	20	11	2	2	0
Have a positive approach	11	50	30	5	2	2	0
Explaining things clearly	11	55	18	11	2	0	2
Helping you to take control	7	48	17	17	7	2	2
Making a plan of action with you	14	51	19	7	5	2	2
Increasing your confidence to make changes to your medication	10	46	20	10	7	0	7
Overall rating	11	48	25	11	2	0	2

Key: OS=outstanding, E=excellent, VG=very good, G=good, F/G=fair/good, F=fair, F/P=fair/poor

Conclusion

- There was a high level of satisfaction with the pharmacist-delivered service.
- In addition some of the other areas covered by this role are arguably particularly well suited to a pharmacist:
 - Medicine Information queries
 - Managing safety issues round specialist medicines for the headache service
 - Formulary applications for new medicines

How might a pharmacist care model be developed further?

One vision. Just one solution (1)

Use of pharmacists within primary care to take on the long term FU of groups patients with suitable conditions.

Would need:-

An agreed 'menu' of care

A clinical governance framework – For example- linked GP based pharmacists to a specialist pharmacist at the centre for support - who also has access to speciality consultants for advice

Group multidisciplinary meetings for governance, support and continuing education (2)

1) Reference – Freddy Mercury et al 1985

2) Vanguard Application for Peninsula Neurology service redesign 2015

Attention Doctors, Nurses, Pharmacists, AHPs.
Are you missing something?



References

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