

Patient Satisfaction Survey of a Clinical Pharmacist/Independent Prescriber in a Specialist Heart Failure Clinic

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Abstract

Title

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Introduction

Developments in the role of the pharmacist are outlined.

Pharmacist-led services

The role of the pharmacist on providing inpatient services and prescribing for a heart failure clinic is described.

Method

Patient satisfaction surveys were sent to 60 consecutive patients who attended heart failure clinic between January and March 2016.

Results

A response rate of 80% was achieved. The responses given were favourable to the service provided.

Discussion

Using a satisfaction survey facilitates insight into how the consultation provided was received by the patients and is an invaluable source of information for improvement of service provision.

Conclusion

Most patients rated all aspects of the clinical consultations as at least 'good' with 65% of patients rating the care they received during the consultation as 'excellent'. Patients who took part in this survey were very receptive to a pharmacist non-medical prescriber.

Keywords: pharmacist, pharmacist-led, survey, questionnaire, patient feedback.

Introduction

The role of the pharmacist has changed dramatically over the last ten years with many pharmacists now relishing opportunities for a more clinical patient-facing role. These roles have developed across all pharmacy sectors with community pharmacists providing services way beyond the traditional dispensing responsibilities and hospital pharmacists specialising in chronic disease management and working in specialist prescribing positions. There has also been a recent development of clinical pharmacists in GP Practices.¹ Many of these roles have been around for a number of years but recent publications such as the Carter report in 2015² have strengthened the need for continued

development of such clinically-focused roles.

Pharmacists are a hugely underutilised resource within the NHS,³ yet their vast pharmaceutical and therapeutic knowledge ideally places them to deal with patients with complex illnesses where medical therapy is the cornerstone of treatment. Many patients have multiple co-existing diagnoses requiring lifelong drug therapy. The number of co-morbidities increases with advancing age as do the complicated pharmacokinetic and pharmacodynamic pathways; it is here where pharmacists have the 'edge' over other healthcare professionals because of their extensive pharmaceutical knowledge enabling them to manage long-term conditions and optimise medical therapy appropriately.

The number of pharmacists providing specialist clinical roles is increasing as are the numbers of pharmacists with extended qualifications. The General Pharmaceutical Council report that in November 2015 there were 2,567 independent prescribers, 425 supplementary prescribers and 952 who were both independent and supplementary prescribers on the register.⁴ However, there is little published information regarding the perception of patients and their experiences of pharmacist non-medical prescribers in advanced roles.

Heart Failure is a long-term condition affecting approximately 1-2% of the UK population and accounting for or contributing to 5% of all emergency admissions to hospital. Optimal medical therapy with Angiotensin Converting Enzyme Inhibitors (ACEI), Beta-Blockers (BB) and Mineralocorticoid Receptor Antagonists (MRA) has shown improvements in mortality, morbidity and hospital admissions, endorsed by national⁵ and international⁶ guidelines and the National Heart Failure Audit (NHFA).⁷ It is this medical treatment and the optimisation of such through careful monitoring of physiological parameters (including blood pressure, heart rate and renal function) by heart failure specialists that improve patient outcomes and symptom burden. Fine manipulation of these treatments and regular review of the complex medication regimens for this multi-morbid population is necessary.

Pharmacist Inpatient Service Model

There has been a prescribing pharmacist providing heart failure clinics to patients at Sunderland Royal Hospital for the last eight years. This role was initially established as an outpatient clinic to 'up-titrate' prognostic, evidence-based heart failure medication to maximum tolerated dose to ensure patients received the optimal medical therapy to treat their condition and to improve symptom burden by manipulating diuretics as necessary. These clinics have evolved over time influenced by the NHFA and development of an Inpatient Heart Failure Service in 2013; the pharmacist role is now a full-time heart failure post funded by the heart failure service. The role has adapted with the service and now provides two outpatient clinics with an independent caseload of patients, but the majority of time is spent reviewing heart failure patients who have been admitted to hospital either with a decompensated episode of heart failure, where heart failure impacts on their current admission or where changes to their heart failure treatment became necessary during their stay and will require intervention on discharge to re-initiate to prevent re-admission to hospital.

The focus of heart failure clinics provided by the pharmacists has also changed over time. Titration of heart failure medication following diagnosis is still a core role alongside patient education of their diagnosis and how to manage this long-term condition, disease surveillance and monitoring of physical parameters. However, clinic time is also provided to assess a patients' stability within two weeks of discharge from hospital to establish patients' heart failure status and prevent re-admission to hospital. This is in line with national guidelines and provides a safety net for this difficult to manage patient cohort by providing vital communication across the interface to primary care via a clinical management plan composed by the specialist pharmacist. Patients are reviewed at least six monthly in heart failure clinic once titrated to maximum tolerated heart failure

medication and remain clinically stable. During this review appointment they have a full clinical assessment including a minimum of clinical history and examination, a full range of blood monitoring, ECG and reinforcement of education; this allows for appropriate medication changes and changes to clinic management plans, referral to tertiary services for surgical intervention, specialist device therapy or palliative care and advanced care planning where appropriate.

Pharmacist-led Clinics

Similar to all other Consultant-led Outpatient Clinics, each clinic appointment is twenty minutes long; patients are advised in the appointment letter that the appointment they have received is a pharmacist-led heart failure clinic. On attendance patients have blood pressure, heart rate and weight taken by a Health Care Assistant responsible for the clinic patients that day and, where appropriate, an ECG is recorded. This information is then available within the patient's clinical notes for review before the patient enters the clinic room.

A completely independent review of a patient's vital signs, most recent blood results, ECG, last echocardiogram and recent hospital notes takes place before the patient enters the clinical consultation room; completing this prior to inviting the patient into the consultation room ensures that the remainder of the consultation can be spent focussing on the patient. For patients who are attending the clinic for the first time, ascertaining the person's level of understanding for the clinic appointment but also their understanding of a heart failure diagnosis is essential to tailor the remainder of the consultation to the individual and to their level of understanding.

Ascertaining a patient's symptom burden is imperative to establish an understanding of how their heart failure diagnosis is impacting on their lifestyle and current ability to perform daily activities and what is normal for them, thus informing the ongoing clinical decision process. Completing advanced communication skills training and having peer-assessed clinics has allowed the adaptation of communication styles and helped develop active listening skills and conversations often involving sketches and analogies to help patients understand complex diagnoses. Difficult conversations around palliative and end-of-life care have utilised the advanced communication skills extensively; clinical management plans are advised upon and developed independently in conjunction with patients and families to ensure the best quality care at all stages of the disease.

Clinical examinations skills are a relatively new area of development for pharmacists. The training is extensive and competency is assessed by a clinical medical mentor. This ensures that the clinical examination process is able to be performed accurately and the interpretation of findings is utilised appropriately to inform clinical decision making. Examining heart failure patients is an integral part of a clinical consultation but also one that can make the patient feel uneasy; being competent in the approach and explaining the process can help alleviate any anxieties.

Once all the baseline information has been obtained it is used to formulate a clinical management plan for ongoing care and treatment. Asking patients their opinion regarding clinical

decisions allows them to be part of the decision process and facilitates engagement in treatment decisions. Ensuring patients understand the need for drug therapy and the risks associated with not having the recommended treatment alongside actively listening to concerns and finding solutions as a partnership is beneficial to the process allowing patients to feel empowered, hopefully leading to improved compliance and patient experience.

Inpatient Heart Failure Service

The current service model provides care to a population of approximately 330,000 and receives approximately 1,000 referrals per year of which a third have been admitted with acute decompensated heart failure, a third have heart failure that impacts there in patient stay and in the remaining third heart failure is ruled out at a diagnosis. The current team consists of one Whole Time Equivalent (WTE) specialist pharmacist, one WTE specialist nurse, and 3 sessions of consultant time (two cardiologist sessions and one session from a geriatrician with a specialist interest in heart failure). The specialist pharmacist role within the service accounts for fifty percent of the service provision.

Aims

To evaluate patient feedback towards their visit to see a

specialist pharmacists in a heart failure clinic by using a patient satisfaction survey.

Methods

Patient satisfaction surveys were sent to 60 consecutive patients who attended heart failure clinic between January and March 2016; patients receiving the questionnaire may have had just one attendance to clinic or several over months or years. The questionnaire sent was the same previously used by the Trust to evaluate clinical services provided by medical staff for service review purposes and was approved by the clinical governance team. The wording was changed from doctor to healthcare professional throughout the questionnaire and a covering letter was sent to patients explaining that the questionnaire was anonymous, the results would be used to improve service where possible and was sent following a recent attendance to the pharmacist-led heart failure clinic. Patients were provided with a stamped addressed envelope to return the questionnaire and responses were collected by the Clinical Governance Department and collated into a report.

Results

A good response rate was achieved; from the 60 questionnaires sent to patients 48 (80%) responses were received. The responses to the first nine questions examine

Question	Excellent	Very Good	Good	Fair	Poor	Very Poor	NA	Not Recorded
How well did the healthcare professional.....								
1) ask about your symptoms and how you were feeling?	29 (60%)	14 (29%)	5 (11%)					
2) listen to what you had to say?	30 (63%)	17 (35%)	1 (2%)					
3) put you at ease during physical examination?	32 (67%)	14 (29%)	4 (2%)					
4) involve you in decisions about your care?	22 (46%)	20 (42%)	5 (10%)					1(2%)
5) explain your problems and need for treatment?	21 (44%)	21 (44%)	3 (6%)	1 (2%)	1 (2%)			1 (2%)
6) spend an appropriate amount of time with you?	27 (56%)	15 (31%)	6 (13%)					
7) show patience with your questions and worries	29 (60%)	14 (29%)	5 (11%)					
8) show caring and concern for you	30 (63%)	14 (29%)	4 (8%)					
9) How do you rate the care you received?	31 (65%)	15 (31%)	2 (4%)					

Table 1: Responses received to the initial nine questions.

how the patient felt the consultation was conducted are collated in Table 1.

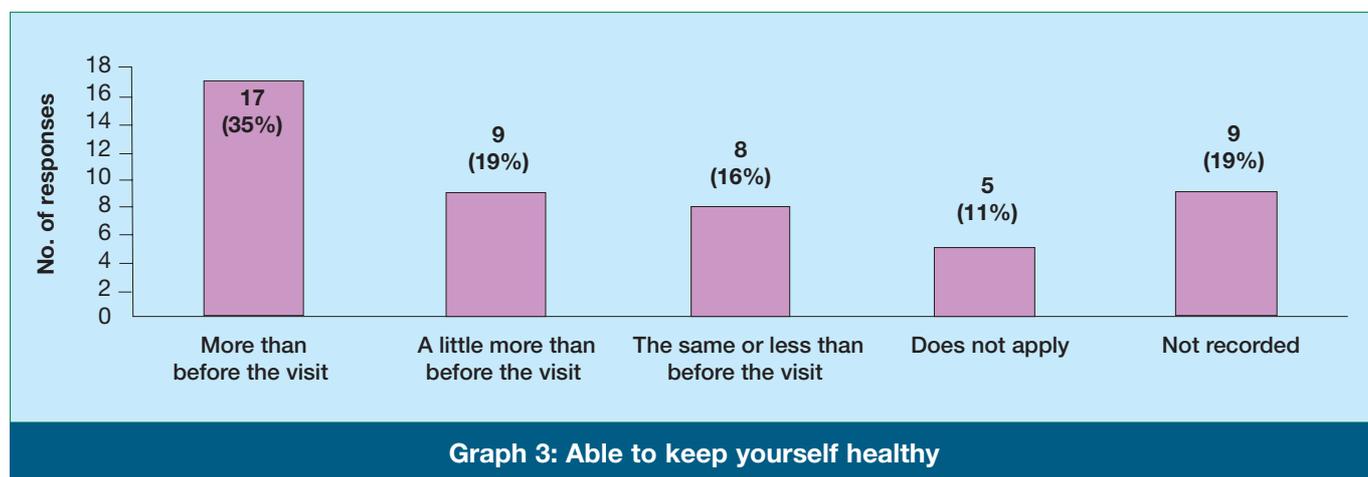
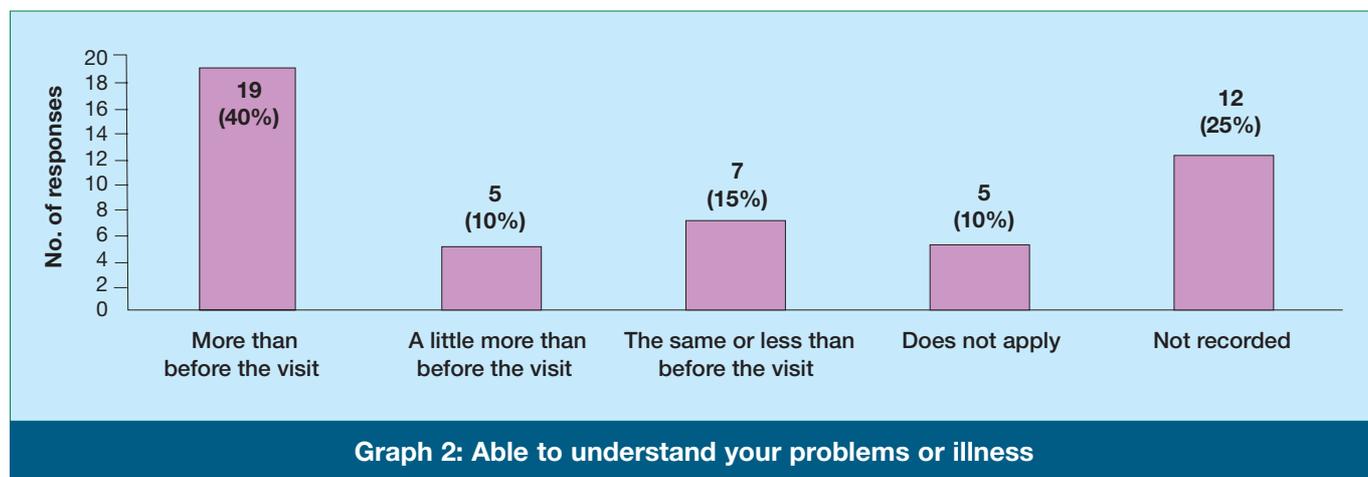
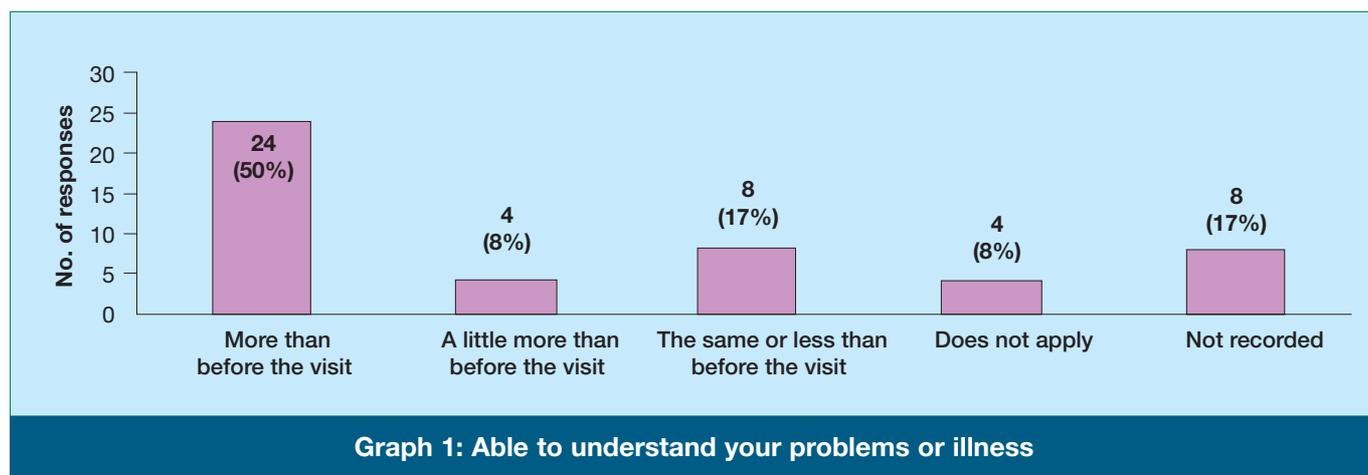
The tenth question focused on what understanding the patient gained from the clinic consultation. It had three components exploring the outcomes post clinic consultation. Patients were asked if they a) had a better understanding of their illness, b) were able to cope better with their illness and c) if they were able to keep themselves healthy following their appointment. Results for each are shown in Graphs 1, 2 and 3.

Discussion

It is important to ensure patients have a positive experience in

a clinic setting as this is essential to enable patients to engage in a prescribing partnership, educate them regarding their healthcare needs and promote self-care. Developing good rapport enhances the patients experience and the use of understandable language avoiding medical jargon helps to put patients at ease. Using a satisfaction survey facilitates insight into how the consultation provided was received by the patients and is an invaluable source of information for improvement of service provision.

Questions 1 to 9 in the patient questionnaire provide extremely positive results in relation to the clinical consultation process; 85% of the responses were either classified as very good or excellent and 94% of patients in all nine questions rated their



care as good and above. Such positive feedback goes some way to implying that pharmacists providing such clinical roles is well accepted by patients and, with extensive training, is provided to a high standard.

Question 10 consisted of a three part enquiry asking if the patient felt they had a better understanding of their illness, were able to cope better with their illness, were able to keep themselves healthier following the consultation. More than 65% of patients felt this was the case for each of the three elements of the question. Generally, following consultation, the data suggests that patients had a better understanding of their diagnosed condition, how to cope with their illness and how to stay healthy. Being aware of symptom deterioration and having self management strategies in place potentially may reduce unplanned admission to hospital; improve compliance and quality of life.

Conclusion

Overall, patients appear happy with the care provided to them during consultations provided by a pharmacist non-medical prescriber. Most patients rated all aspects of the clinical consultations as at least 'good' with 65% of patients rating the care they received during the consultation as 'excellent'.

Patients who took part in this survey were very receptive to a pharmacist non-medical prescriber. Patients felt they were listened to, were asked about their issues and had their condition explained in a caring and compassionate way. Following the consultation they had a better understanding of their condition and were more able to cope and keep themselves healthy.

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Declaration of interests

The author has nothing to disclose.

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