



Developing research skills through undertaking a small scale project which will review the patient centred approach to pharmacy practice with a focus on using health coaching methods as part of a PhD by prior publication/portfolio - Kingston University, London

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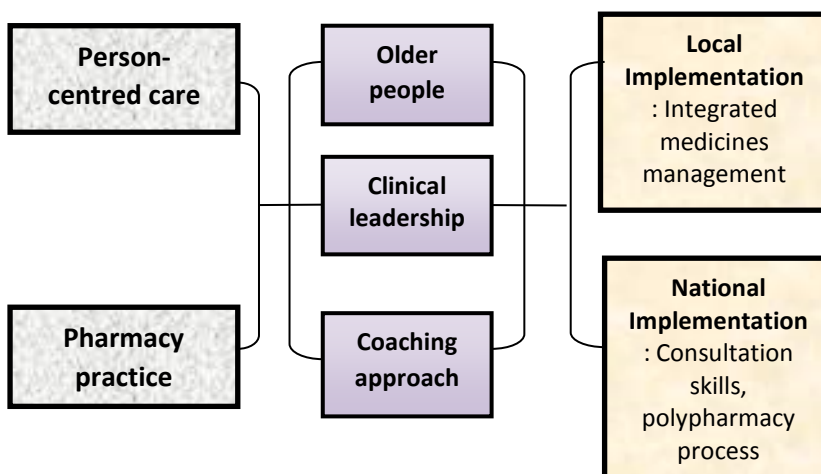
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## Background

The overarching aim of the author's published work was to develop person-centred care as part of pharmacy practice. Research between 1997 and 2007 was initially undertaken after learning about the clinical contribution of pharmacists working with older people, as illustrated in Figure 1.

The author observed that practices from other health disciplines could improve the person-centredness of pharmacy-related health-care. Consultation with colleagues, within and outside the pharmacy profession, during that time and later fostered a shared understanding of the context of the pharmacy practice in relation to care of older people. National guidance, such as the National Service Framework for Older People (Department of Health, 2001) created the bridge between current and potential future practice. Leadership in prescribing pharmacy practice between 2001 and 2011, and in consultant practice from 2007 onwards, improved the author's skills in spreading good practice widely and these skills contributed to greater impact of the work that followed. Ongoing dialogue with pharmacy and health-care leaders from 2005 onwards led to more collaboration to improve person-centred pharmacy practice in the area of medicines adherence, hospital based pharmacy services for people at risk of preventable medicines-related re-admission, polypharmacy and deprescribing. This work was informed by knowledge of the current context, including published literature, experience from practice and creative thinking to move pharmacy practice forward towards person-centred care.

Figure 1 Outline of thesis



In preparing this thesis, a literature review was undertaken to identify published national policy in England and the UK, professional guidance and national or learned reports as the primary evidence source. This evidence provides background to understanding the pharmacy context at the time and how this influenced the author's work in development of person-centred care within pharmacy practice. A mixed methods approach, described in chapter 2, was used for development of this work. The various methods chosen reflected the author's interest in developing practice through dialogue and collaboration with pharmacy, policy and clinical leaders. These methods, together with methods supporting innovation through iterative change, were used to influence strategic direction and operational change in practice. The publication strategy was developed to maximise exposure of both evolving concepts and practice to the relevant audience. The strategy focussed on mainly on publication in widely-read pharmacy journals, some of which were peer-reviewed, on other health professional-focussed journals as well as on publishing work available through open-access health-related websites.

## **Aim**

The aim of this thesis is to describe how the author's work from 1997 to 2017 has interpreted, and later influenced, national policy and professional guidance in developing person-centred care in pharmacy practice.

## **Objectives:**

To describe the contribution of the author's work to:

1. Pharmacy practice in the area of older people.
2. Development of author's leadership role towards implementation of person-centred in pharmacy practice.
3. Advancement of person-centred care in pharmacy practice on a local level, including reducing preventable medicines-related re-admission.
4. Establishment of a "coaching" approach to pharmacy consultations and medicines adherence.
5. Development medication review in relation to optimising polypharmacy and deprescribing.

## **Methods**

The choice of methods used in the author's publications, undertaken as part of this thesis, took account of the strategic and operational aspects of the change required to implement person-centred care in pharmacy practice. The work undertaken was relevant to the pharmacy services practiced at the time, for example, a review of the way pharmacy was practiced for older people was

written at a time when national directives began to highlight older people as having increased medicines-related risks. Consideration of this aspect of care for older people helped to develop person-centred care in pharmacy practice appropriate to the context of practice in which the work was being undertaken. The work was developmental and practice-based, a mixed methods and mainly qualitative approach most closely addressed the issues in question. The approach involved action research, including dialogic and collaborative methods, as well as document analysis. Small scale and pilot quantitative studies were included where appropriate to the action research themes. The publication strategy, using peer reviewed and popular publications, was part of the method used to demonstrate the development of, and describe the author's impact on, person-centred care in pharmacy practice.

## **Results**

### **Working with older people, development of clinical leadership**

Clinical expertise, as a specialist working with older people, developed during the author's practice working with older people. The author's development was supported by a clinical mentor, Dr Michael Denham, who led nationally in the speciality. The clinical environment in which the author worked eschewed a multidisciplinary, person-centred approach to patient care and increased the author's understanding of the patient perspective. Contribution of the author's clinical pharmacy expertise into the multidisciplinary team environment provided an essential foundation to the author's experience. This work helped the author to conceptualise how a person-centred approach to care could translate into pharmacy practice which, at the time, was being taught and practiced with an emphasis on the clinical aspects of patient care. Development of the author's research skills was supported both by working with Dr Michael Denham, who was widely published, and through links with local schools of pharmacy. The development of the author's leadership skills, through pharmacist prescribing and the consultant pharmacist role, enabled the local person-centred approach to pharmacy practice for older people to be disseminated in the wider pharmacy arena.

### **Reducing preventable medicines-related hospital admissions, development of a coaching approach to consultations.**

The author's made a contribution to developing and implementing person-centred care in pharmacy practice at local and national level. This includes the establishment and implementation of the Integrated Medicines Management Service which incorporates person-centred consultations as part of the process of delivering high quality care to patients. The national impact of the author's work is demonstrated through having been invited and contributing to national publications on the subjects of polypharmacy and deprescribing. The author has promoted the use of person-centred pharmacy

practice in older people through delivery of presentations at national events. Subjects have included the specialist needs of older people, IMMS, a coaching approach to pharmacy consultations, medicines adherence, review, polypharmacy and deprescribing. These have been delivered to a variety of audiences at national and international events including the Older People Pharmacy network annual learning event, UKCPA conferences, British Geriatric Society conference, the annual Clinical Pharmacy Congress and World Organization of Family Doctors (WONCA) Europe. The author led the IMMS team to win a Health Service Journal national award for this service in 2015. Using leadership skills to drive the person-centred consultation agenda forward using a coaching approach, the author's has contributed to national continuing professional development. This is demonstrated through the author's work with the Centre for Pharmacy Postgraduate Education helping to embed new approaches to consultations, such as the Four Es and the patient centred polypharmacy process, into everyday practice. The author, as joint guest editor of the publication of the European Journal of Hospital pharmacy themed issue, identified and commissioning a broad spectrum of contributions to this issue. These publications will inform and may influence Europe-wide practice through dissemination of knowledge in this area of practice.

### **Discussion/Conclusion (Impact)**

The impact of the author's work has been demonstrated locally and nationally. In the author's organisation, London North West Healthcare NHS Trust, IMMS was originally provided on one hospital site and is now being merged with similar provision on another site and established de novo on a third hospital site. The new, merged service is being rolled out across the three hospital sites.

The IMMS work suggests that there is a potential saving of over £3 for every £1 spent on employing a pharmacist to undertake IMMS work, or a return on investment (ROI) of >2. This finding is in line but with a lower ROI with data reported from other IMMS sites where savings calculated including opportunity costs suggested a return of between £5 and £8 per every £1 spent on service provision. The author's work has been nationally recognised through the Health Services Journal award in 2015 in the category of "Value and Improvement in Clinical Support Services".

The merged service, known as the Pharmacy Integrated Care Service (PICS) includes all the key features of IMMS and the service has been rolled out to all three sites in the organisation. PICS provides person-centred consultations to patients, by pharmacists trained in a coaching approach to consultations, in hospital and after discharge to support provision of medicines-related care across the organisation.

The author's work described in this thesis has demonstrated national impact through the author's involvement in NICE guideline development. The importance of person-centred review is enshrined in the recent NICE multimorbidity guidance (2016). The author contributed to this guideline, as a member of the NICE guideline development group (2014-2016), participating in approximately 15 meetings over 18 months to develop the guidelines with national expert colleagues and patients. The guideline was published in September 2016. The author also collaborated with two other guideline group members to raise the profile of the guidance by publishing a summary of the guideline, with recommendations for practice and examples in a journal for prescribers.

The author has had a national impact on the pharmacy profession through the professional and wider media, influencing consultation methods in pharmacy practice towards more person-centred consultations. The author has promoted person-centred care to the public through radio interviews and has contributed to various Royal Pharmaceutical Society professional reports including delivering a keynote presentation on the patient-centred polypharmacy process. Consultation models, such as the Four Es and the patient-centred polypharmacy process, which have been solely or collaboratively created by the author, have been included in national educational documents for the Centre for Pharmacy Postgraduate Education. The author's Four Es model is now incorporated into UK undergraduate and postgraduate pharmacy teaching by the author at Kings College London and University College London and person-centred pharmacy consultations are being taught abroad.

### **Personal development**

This work has developed the author's knowledge of the wide variety of methods that can be used as part of action research and deepened my knowledge in specific areas of research methodology. The opportunity to review the author's career in relation to literature and practice in hospital pharmacy over 20 years has been enlightening and enjoyable. The author is developing this work to contribute to national drives to promote person-centred care through links with the Royal Pharmaceutical Society, NHS England and the coalition for collaborative care. In addition, the author continues to publish work supporting person centred care. Since the start of this research, the author has published three articles and has had a further two accepted for publication which contribute to the person-centred care debate. The author has currently submitted an evaluation of the use of a coaching approach in hospital pharmacy practice to a peer reviewed journal.