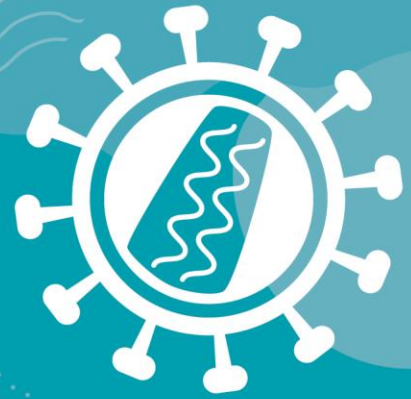


# Addressing the Workforce Challenge: Role of the Advanced Pharmacist Practitioner (APP)

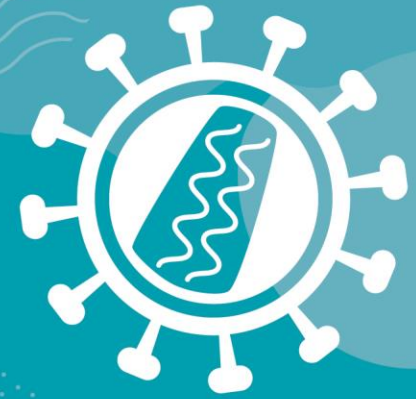
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# Addressing the workforce challenge: Role of the Advanced Pharmacist Practitioner (APP)

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## Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared.

# Background / methods

- ▶ As HIV services evolve, the pharmacist role has remained traditional
- ▶ Pharmacist-led clinics operate in many centres: these are usually medication-focused and supplement routine clinician appointments
- ▶ To preserve continuity of our services, a pharmacist was appointed to a vacant advanced nurse practitioner role
- ▶ The APP provided HIV follow-up care including consultation, history taking, requesting pathology/imaging and prescribing

## Methods:

- ▶ Prospective data collection of consultations (12mth period)
- ▶ HCP survey to capture opinion of APP role
- ▶ National survey for HIV pharmacists to determine appetite for role

# Results

## Pharmacist survey (n=27)

- 78% expressed interest in working in an APP role



28%  
female



Median age : 53  
years (26-91)



Mean number of  
co-morbidities :  
2 (0-14)



Mean number of  
co-medications :  
3 (0-24)

- ▶ 500 consultations conducted (435 individual PLWH); 93% F2F
- ▶ 90% virologically suppressed (VL <50). Of those with VL >200, 15/25 demonstrated a one log<sub>10</sub> VL drop at subsequent appt
- ▶ Senior advice sought for 5% of consultations

Intervention / Investigation	n (PLWH)
Imaging requested	116 (93)
Referral to other services	99 (90)
Initiate or switch ARVs	83 (82)
Medicines optimisation (e.g. initiate/titrate non-ARVs)	58 (56)
Vaccine prescribed	55 (45)

## Survey results



30/55 HCPs responded to the survey:

- 80% previously aware pharmacists could prescribe; 17% aware they could request imaging/pathology
- 100% felt confident in the APP's ability to prescribe & undertake consultations
- 97% strongly agreed that APPs should be included in future business planning

# Conclusion

- ▶ Pharmacists can be clinicians!
- ▶ APP delivered holistic care for PLWH, encompassing medically complex and those with viraemia
- ▶ APPs are well positioned to deliver medicines optimisation and medical management for an ageing HIV cohort
- ▶ This unique skillset should be harnessed, particularly in view of NHS workforce shortages
- ▶ Recruitment of pharmacists into practitioner posts would consolidate MDTs and retain medicines expertise within services