



The Role of The Specialist Perinatal Pharmacist – More Than One Way To Meet The CCQI Standard?



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Introduction: Perinatal CCQI standard 4.14 requires that “Patients and carers are able to discuss medications with a specialist pharmacist”. The BSW perinatal team has such expertise (0.1 WTE). This project aimed to audit the service against this standard when there was interruption to the full offer due to workforce constraints.

Methods: Prospective audit project for 3 months’, measuring the effects of the absence of dedicated specialist pharmacist for the community perinatal team. All requests for medication advice and guidance were screened by the team’s psychiatrists, and advice provided. A measure was made of the:

- total number of referrals received
- proportion that could have been delegated to the pharmacist
- medical time needed to provide advice
- amount of alternative specialist pharmacist advice sourced
- opportunity cost to medical time
- opportunity cost to generic/duty pharmacist service’s time

Results: In the 3-month study period, **7** referrals were received; all were screened by one or both of the team’s medical staff who then provided advice and guidance. (**n=7**)

All of the **7** referrals considered suitable for delegation to the pharmacist had there been one in post was defined. (**7/7**)

None of the **7** required that further advice to be sought by the doctors from AWP Pharmacy. (**0%**) and none required external advice from outwith the BSW perinatal team. (eg from duty pharmacist)

There was an opportunity-cost to medical time but this was absorbed and did not lead to undue delay; there was no opportunity cost to generic pharmacists’ time.

The number of days from referral to discharge was well within the acceptable timeframe (range: 2-7 days) and may reflect an improvement in the response-time for referrers, compared with the delegate-to-specialist-pharmacist model.

Conclusions: The CCQI Standard 4.14 has been quality-assured by the BSW team and stress-tested during staff absence. The Standard has continued to be met using existing resources and utilising existing “in-house” expertise. The audit has allowed the demonstration of resilience despite staff absence/temporary service re-design. Future absence/interruption to patient care (eg awaiting new post-holder’s appointment) can be managed while continuing to meet the CCQI Standard, and is compatible with staff well-being eg career breaks.