Service development and evaluation of a pharmacist-led respiratory diagnostic hub in a PCN

P Long, YA Khalil, YCS Chen, L May

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Introduction

Delays in setting up a local respiratory diagnostic hub (RDH) within Chiswick Primary Care Network (PCN) due to Covid meant that patients had to be referred outside the geographical area, resulting in increased waiting times, inconvenience for patients and delays in diagnosis and treatment.

Quicker access to an RDH was needed for the PCN, consisting of 8 practices, serving approximately 48,000 patients[1]. Due to this need, the pharmacist-led RDH was set up.

As a new service, it was important to evaluate and to look for ways to improve the local RDH, therefore a service evaluation was carried out.

Aims & objectives

To evaluate the effectiveness of the pharmacist-led RDH service in Chiswick, the patient and clinical staff perceptions.

Patient

- To evaluate patients' perceptions of the service
- To survey the patients' experiences of the service
- To measure their satisfaction with the service

Clinical staff

- To evaluate clinicians' awareness and perceptions of the service
- To measure their satisfaction with the service

Methods

- A local RDH was set up and funding obtained to update current ARTP clinicians to deliver the service
- Equipment was checked, guidelines reviewed, and SOPs written
- The service was piloted in July 2023, led by a clinical pharmacist and supported by another for referrals, screening and booking
- Two survey tools were designed to evaluate the service: patient and clinician perceptions
- Ethics was obtained via Kingston University Ethics Committee
- The surveys were distributed digitally and as paper copies to patients, and via email to clinicians over a month (February 2024)

Results

- A total of 25 patients responded; age >70 (n=8), 50-69 (n=8), 30-49 (n=9), <30 (n=0)
- 16 clinicians responded to the survey, 15 were aware of the local RDH, one was not. Of the 15, ten have referred into the service: nine GPs and one practice nurse.

- Patient -

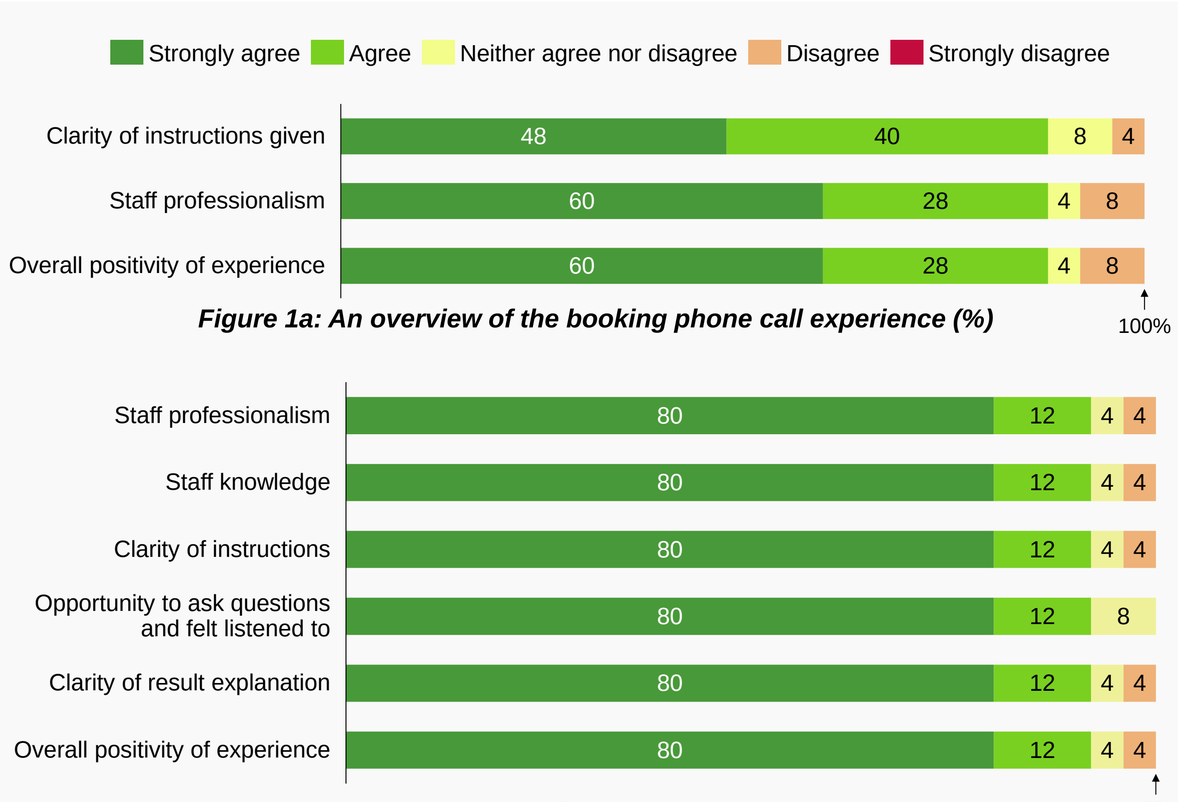

Figure 1a: An overview of the booking phone call experience (%)

Figure 1b: An overview of the on-the-day experience (%)

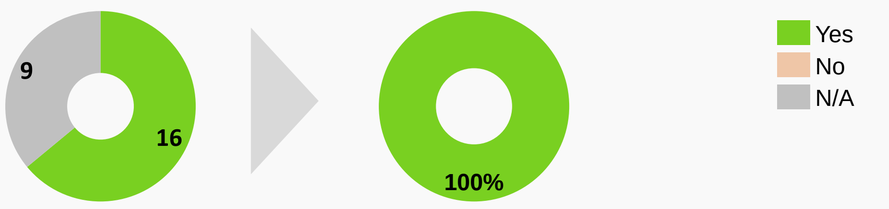

Figure 2a: The number of individuals prescribed medication during test appt

Figure 2b: The percentage of individuals who received medication who were happy

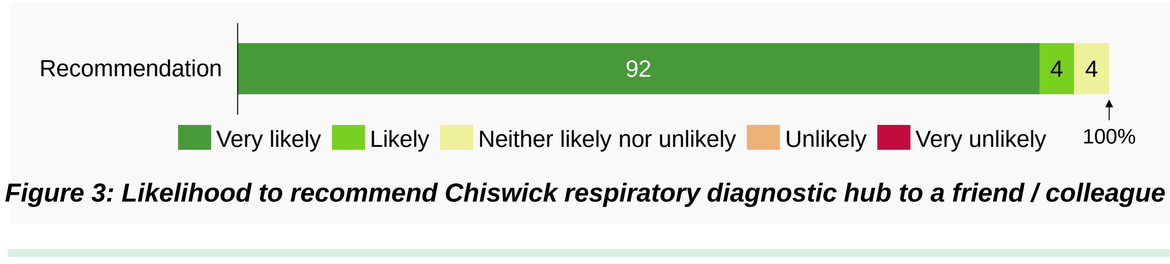

Figure 3: Likelihood to recommend Chiswick respiratory diagnostic hub to a friend / colleague (%)

- Clinical staff -

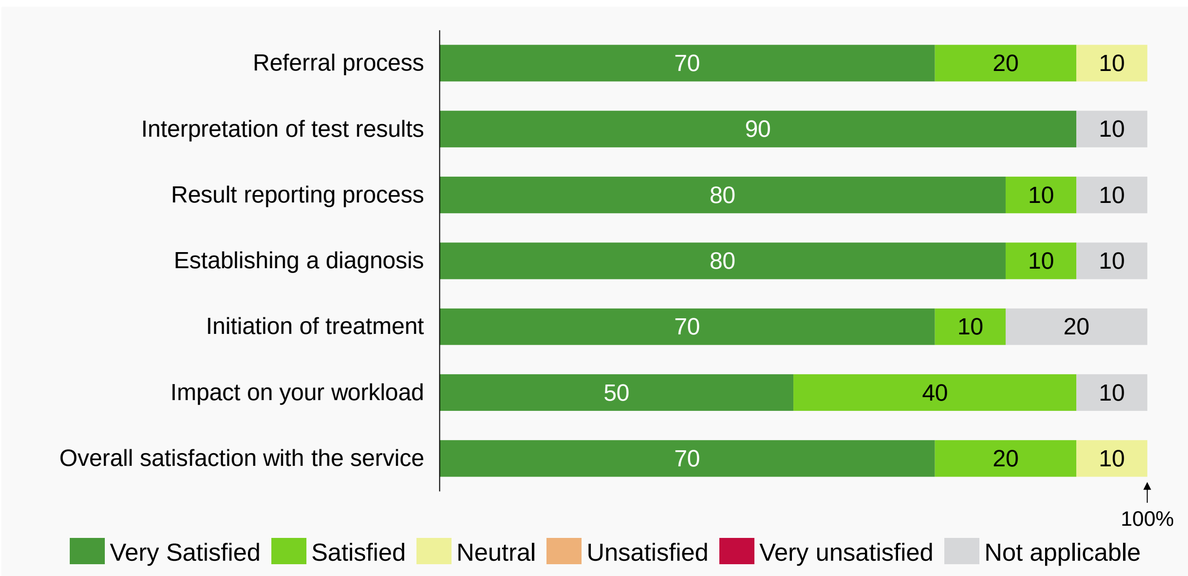

Figure 4: An overview of the service satisfaction (%)

Open-ended responses

"The person who carried out the test was lovely, so professional and knowledgeable and completely put me at ease"

"Patients very happy with service and excellent feedback received. Prompt service for patients, feedback to GP quick and informative"

"It's the best NHS experience that I had. I much appreciate it"

"The few patients I have booked in have been dealt with quickly and I have had tasks sent to me if any other issues come up during the consultation"

"I think the service was excellent and everything was explained to me very clearly"

"Would be good if not all esp young patients did not need cxr"

"My breathing has improved so much since I started using the inhaler, for years I was struggling"

"The team are extremely helpful in interpreting results and feeding back re: best practice next steps. I always send my tricky patients their way for their expert input"

Patient
Clinician

Discussion

- Although the service was carried out by pharmacists, the patient survey used the term 'the person' to avoid unconscious bias
- One patient suggested clearer pre-appointment instructions which has led to review of the SOPs
- Clinicians' comments/suggestions for improvement include to expand capacity, to train additional staff, and questioned the need of CXR as a pre-requisite, however, it is standard Integrated Care Board (ICB) protocol

Limitations

- IT system shut down/malfunction, requiring IT support, resulting in paused in the service and collection of survey data
- This was intended to be an MDT service, but two trained ARTP nurses left the PCN as the service began

Next steps

This project led to further improvement of the service:

- Another pharmacist being trained and preparing for ARTP portfolio and assessment
- Encouraging other MDT staff to support the service
- Clarifying ICB's specifications and local referral process to clinicians
- 7-day from 'referral to test' for symptomatic probable asthma, reducing waiting time
- Collecting data for diagnoses and referrals made in 12 months, for future presentation

Reference
1.https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practicehttps

Conclusion

The majority of patients and clinicians were satisfied with the pharmacist-led RDH. Feedback from surveys has resulted in further staff being trained, with audits carried out by a respiratory consultant, and the learning being shared with other PCNs.

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Author contact
poh.long@nhs.net

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Providers of NHS Services

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