EVALUATION OF PHARMACIST-LED CARDIOVASCULAR SERVICES WITHIN PRIMARY CARE PROVIDED BY CARDIOVASCULAR PHARMACISTS

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INTRODUCTION
Cardiovascular diseases (CVDs) cause an estimated 45% of all deaths in Europe, with high systolic blood pressure (SBP) being the largest medical risk factor.[1] The importance of CVD prevention remains indisputable and should cover delivery at different levels to firstly ensure a healthy lifestyle and secondly reduce CVD risk factors.[2] To improve patients treatment outcomes and support general practitioners (GPs) in promoting quality improvement, the NHS Bexley CCG enables a pharmacist-led clinic (PLC) as well as a hypertension virtual clinic (HVC) within the Primary Health Services in Bexley.

AIM & OBJECTIVES
To evaluate the cardiology services delivered by clinical pharmacists within the Primary Health Service Bexley in the period of June 2016 (when the services started) to July 2017.
• To outline the types and frequencies of interventions (excluding lifestyle advice) and their implementation-rate by GPs.
• To evaluate patients' clinical outcomes.
• To evaluate patient feedback on the new services.

METHODS
• Retrospective data collection from clinic letters and returned surveys was conducted at the clinical pharmacy office at St. Thomas’ NHS Foundation Trust.
• Data collection tools were designed on Microsoft Excel®.
• All patients using the cardiology services since its start and all surveys returned were included.
• Data collection period: 20.06.2017 – 07.07.2017

RESULTS

PLC - SBP outcomes

DISCUSSION & CONCLUSION
By October 2017, further investigations, including more 6-month follow-up data, showed a SBP decline of -18 (±18.0) mmHg for 34 patients of the HVC and there were 26 patients who had 1st visit SBP >160 mm/Hg compared with 3 patients after 6 months. For the PLC a SBP decline of -23 (±2.0) mmHg was achieved for 3 patients.

This study shows that the new pharmacist-led cardiology services have a positive impact on overall CVD risk reduction since its start in June 2016. Pharmacists’ interventions covered a variety of aspects including both lifestyle and pharmacological patient-centred advice, ensuring detailed documentation of individual CVD risk and if needed referral for appropriate tests or secondary care follow-up.

However, due to the small number of patients a statistical analysis of significance cannot be conducted. Further investigations covering a broader evaluation of a higher number of patients managed over a longer period of time, would enable a more precise statistical analysis. This would provide more conclusive evidence on whether or not the positive impacts are statistically significant.


KEY FINDINGS

PLC
• GPs implemented 87.5% of all pharmacists’ interventions.
• Dose titration was the most frequent at 29.16%.
• SBP decline of -8.5 (±17.54) mmHg was observed within 4 (±2.16) months and a non-HDL-C decline of -1.61 (±0.69) mmol/l (n = 3) within 5 (±3.06) months.
• The surveys show a high satisfaction rate (n = 9).

HVC
• 108 interventions were made (n = 65).
• GPs implemented 20% out of 40 pharmacists’ interventions. (follow-up data, n = 18)
• A SBP decline of -11.5 (±16.70) mmHg was observed.
• 5 patients (45.45%) met their individual BP target within 6 months.

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