

**Background** Uveitis is an autoimmune condition causing inflammation of the eye which can lead to sight loss. Treatment can escalate to immunosuppressive and biologic therapy requiring additional monitoring, follow up and patient education.

**Aim** Add expert pharmacy skills to the uveitis multidisciplinary team (MDT) with the addition of an expert pharmacist in ophthalmology (EPO). Providing pharmacist led improved patient education, compliance, monitoring and follow up for uveitis patients on immunosuppression. To enhance communication via a dedicated patient email helpline, for uveitis patients.

**MDT Team Members** Consultant specialist Mr Ed Hughes, speciality doctors, Gabriela Ortiz and Kirthi Varo, optometrist Colin Davidson and ophthalmology medical secretary Jackie Wright.

**Method**

- A reduction in the elective workload in the surgical team during COVID gave the opportunity to trial this new pharmacy role. An MDT was established to include an EPO. The EPO supports weekly MDT sessions through the following innovations :
- Analysis of the email helpline was carried out showing over 900 emails were received over an approximate 2 year period.

**Results**

**Evaluation of patient feedback**

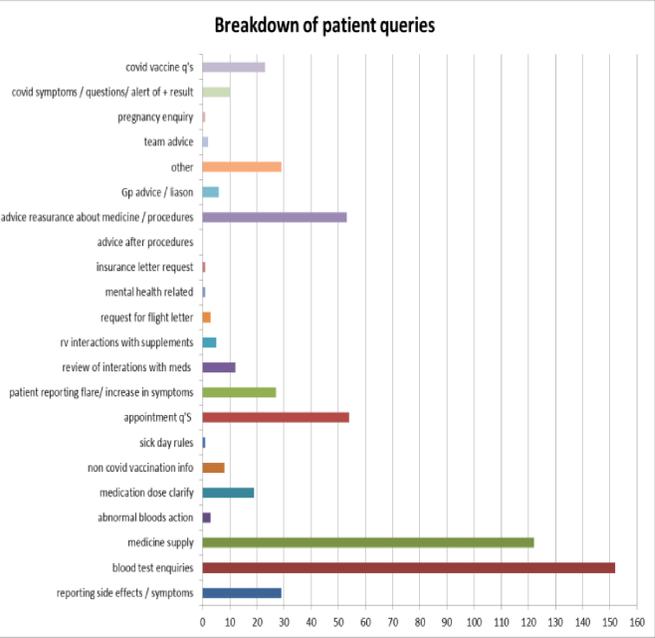
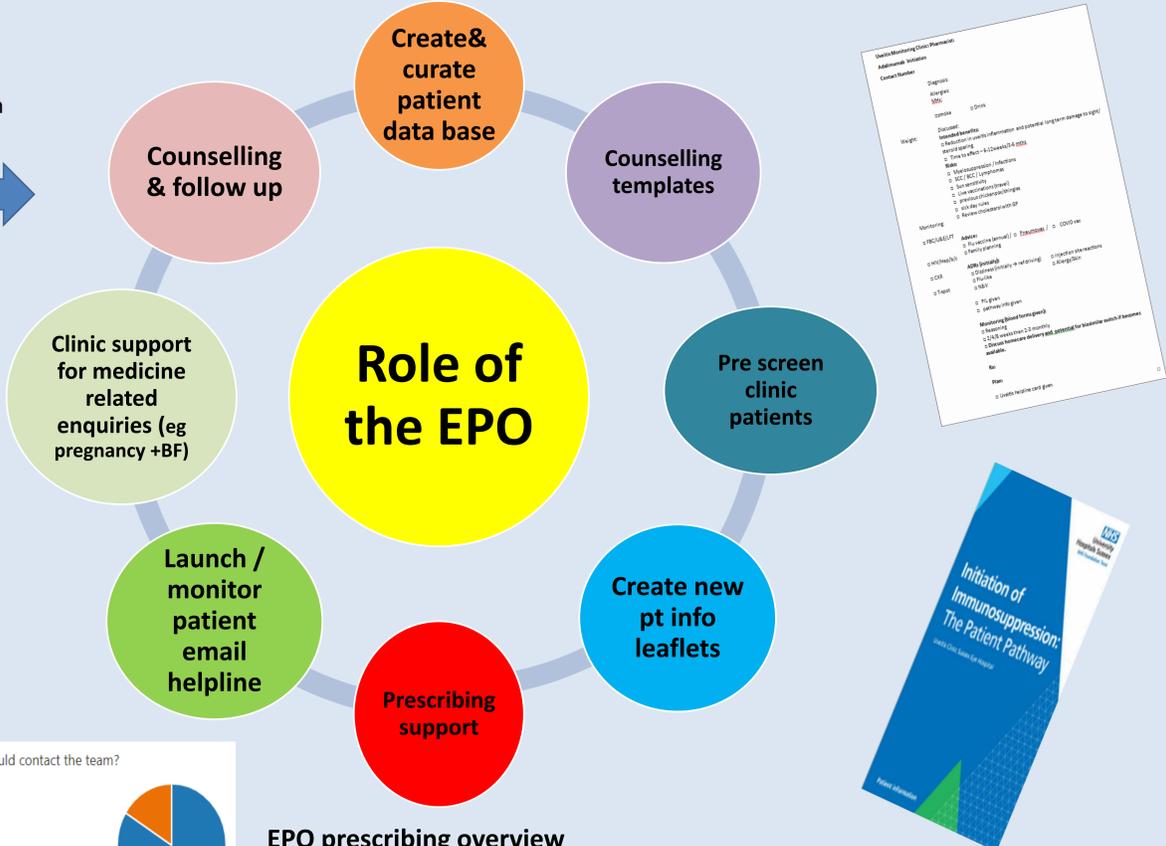
Breakdown of the email enquires showed the top 3 reasons to contact the help line were regarding

- blood tests
- medicine supply
- appointment enquiries.

A significant number were also regarding

- side effects
- worsening symptoms
- confirming instructions regarding medication.

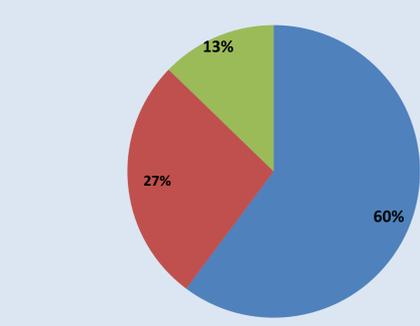
A spike in enquires regarding COVID vaccinations was noted. Feedback from a patient satisfaction survey overall was positive. Patients were asked to rate the service between 1(poor) and 5 (excellent), with 31 patients responding



**EPO prescribing overview**

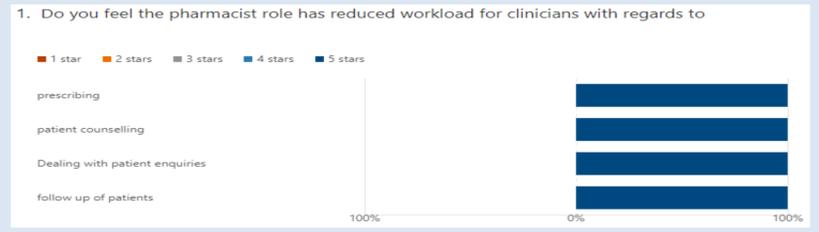
The EPO is responsible for ongoing prescribing and monitoring of repeat prescriptions for biologics and s/c methotrexate under the homecare delivery scheme. They also support other prescribing as necessary in the outpatient clinic.

**Breakdown of prescribing by EPO by prescription type**



\*Homecare and FP10 prescriptions over approx 18 mths  
Outpt prescriptions over 12 mths

**MDT feedback**



Also, 75% of the team feel that the pharmacist can impact patient flow in clinic. 100% of the team feels that the patient experience has been enhanced by the addition of a pharmacist to the MDT and find the pharmacist accessible for information on medicine related enquiries.

**Team comments:**

*"Great to have Ann-Marie as part of the team, it feels really joined up in terms of patient care."*

*"Really helpful providing us with aide memoires for blood monitoring and which patients to watch out for. Huge time saver in busy uveitis clinics".*

*"Ann Marie, has been an wonderful support for the treatment of our patients in the uveitis clinic, but also in all the other subspecialties, her input has been very important to be able to offer the best care to our patients"*

**Conclusion**

Integration of the expert pharmacist in ophthalmology (EPO) into the uveitis MDT has allowed the redirection of prescribing workload away from the clinicians. Clinic flow is enhanced by moving patient counselling to the EPO. Patients benefit by having access to thorough counselling and advice in clinic and via the dedicated helpline, which improves compliance and outcomes for their disease. Access to pharmaceutical specialist knowledge improves patient safety and governance around medicines.

**The Future**

Funding has been secured through the ophthalmology directorate to continue the service on a permanent basis for 9.5 hours per week. Lack of access to proper IT based databases is something I wish to review in the future. The main barrier to this is funding. I am however looking into internal IT solutions to make the recording and auditing of the patient interactions and data more robust. In the future I would like to see national guidance that recommends pharmacists as part of the uveitis MDT as a standard.

**Lessons learnt**

The main challenge was to obtain funding to maintain this service post COVID. Doing the trial was a useful way to demonstrate proof of concept. Showing that by redirecting some of the workload the clinician could then spend time doing other income generating work helped to make the case for continuation of the funding. Clinic space remains a challenge due to the limits imposed by the availability of rooms. Building good relationships with colleagues allows for collaboration and space sharing where necessary.

