



# Association of Pharmacy Technicians United Kingdom

## **Association of Pharmacy Technicians United Kingdom (APTUK) response to the Royal Pharmaceutical Society (RPS) 'Polypharmacy Getting our medicines right' consultation.**

The Association of Pharmacy Technicians UK (APTUK) is the professional leadership body for pharmacy technicians throughout in the United Kingdom. We are the only body that represents pharmacy technicians and all sectors of pharmacy in the UK. The APTUK, through strong, influential representative leadership, supports patient centred professionalism by encouraging in our membership, the attitudes and behaviours associated with outstanding healthcare professionals. We work on behalf of pharmacy technicians, championing and safeguarding the pharmacy technician profession, enhancing the education and scope of practice. To achieve our objectives and goals APTUK works closely and collaboratively with the other pharmacy organisations to help deliver professional excellence and identify the views of a range of pharmacy stakeholders in number of forums.

Pharmacy Technicians are healthcare professionals who are registered with the General Pharmaceutical Council (GPhC) for their license to practise. They are skilled professionals and essential members of the healthcare and pharmacy team, who broadly review, prepare, dispense, check, supply and issue a wide range and variety of medicines to patients. They also take an active role in providing patients with guidance on taking medicines and leading the dispensary team and operational services. As registered professionals, they are responsible and accountable for their own accurate and safe practice.

APTUK acknowledges that the roles of Pharmacy Technicians and that of other health care professionals need to evolve to meet the increased demands being placed on NHS services as outlined in the Five Year Forward View (FYFV), Medicines Value Programme, Community Pharmacy Forward View, Prudent Health and A Healthier Wales: Our Plan for Health and Social Care and Achieving excellence in pharmaceutical care: a strategy for Scotland.

Medicines have had an enormously positive impact on the lives of millions of people; however sometimes taking too many medicines can cause problems for the people using them that are called problematic polypharmacy.

This can happen when medicines prescribed aren't right for the person anymore, when the harm of using the medicine outweighs the benefit, when using multiple medicines causes harm or cause practical difficulties for the person using them.

There is a need to tackle problematic polypharmacy because it is a growing problem and in November 2017 the RPS set up a steering group for the development of the new RPS guidance on polypharmacy. APTUK's President was a member of the steering group.

The guidance outlines the size of the challenge of problematic polypharmacy, highlights the good work being done to address it and makes clear recommendations to organisations and individuals involved with medicines as part of the care of the people they serve.

Working with a multi-disciplinary steering group the draft was available for open consultation for 8 weeks.

APTUK sought the views of the Board of Directors and the Professional Committee in collating the professional leadership body's response to the consultation as below. The consultation closed on the 28<sup>th</sup> August 2018.



# Association of Pharmacy Technicians United Kingdom

The consultation questions asked:

1. Is the scope and purpose clear?  
Yes
2. Does the background provide a clear understanding of the issues with polypharmacy?  
Yes
3. The guidance is developed under 3 key areas. Does this work and is it clear?  
Yes
4. Any financial or organisational barriers to the guidance and its recommendations?  
No
5. Are there any recommendations where a case study would be useful?  
Yes  
It would be useful to include a Pharmacy Technician case study to show the impact of the pharmacy team working together, as pharmacy technicians often pick up interventions that are required and refer complex and clinical issues onto a pharmacist, particularly in primary care settings and in hospital ward teams. Also Pharmacy Technicians are working in community services undertaking domiciliary visits on their own without a pharmacist and again often identify polypharmacy issues that are referred and discussed with the pharmacist.
6. Do you have any case studies to show possible impact?  
Yes - as in question 5.  
APTUK could provide a case study to demonstrate the impact of pharmacy technicians in the team
7. Do the tools in appendix 2 help?  
Yes
8. Do the tools in appendix 5 support the person when having medicines reviewed?  
Yes
9. Any supporting references or resources to support the implementation of the guidelines?  
Yes  
In section 5- 6.6- tools to support consultations skills- the APTUK Foundation Pharmacy Framework supports Pharmacy Technicians in identifying their consultations need improving.  
<https://www.aptuk.org/foundation-pharmacy-framework>
10. Any other comments?  
This response is on behalf of the Association of Pharmacy Technicians UK, representing pharmacy technician members of APTUK.

What is good about the guidance:

The guidance recommends person centred interventions, and this is apparent throughout. It also highlights the importance of the health care professionals using appropriate consultation skills to ensure they and the person get the best from the reviews. The recommendations are based on a whole team approach to ensure as many people as possible benefit from the recommendations.



# Association of Pharmacy Technicians United Kingdom

The term “pharmacy professionals” is used mostly throughout the document which recognises both pharmacy technicians and pharmacists have an important part to play in following the recommendations. The guidance recognises good practice that has already been achieved to address polypharmacy issues and pulls this all together appropriately.

Improvements that could be made:

In section one, on page 5, there is a list of healthcare professionals that have a collective responsibility to address the many areas of polypharmacy. Pharmacy technicians are missing from this list. Pharmacy technicians also have responsibility to identify people with polypharmacy issues and to address them within the scope of their competence.

On page 8, it would be beneficial to add a section on Pharmacy Technicians as they work with and complement pharmacists in all of the settings listed (3.4/3.5/3.6). They often triage the prescriptions and medicines reconciliations initially and highlight to pharmacist where interventions are needed.

The guidance states that the recommendations are aspirational, therefore in order to ensure it is future proof, in section 3.4 would it be more appropriate to use the term pharmacy professional rather than pharmacist to ensure pharmacy technicians are recognised in supporting pharmacists to undertake these recommendations so as many people as possible benefit? Or could another point be added to say that pharmacists can delegate these recommendations to pharmacy technicians as appropriate?

In hospitals, there are currently pharmacy technicians undertaking all of the recommendations listed in section 3.5, therefore would it be more appropriate to use the term “pharmacy professionals” rather than the title “pharmacists”? This would ensure that the hospital pharmacy teams continue to use skill mix so that as many people as possible can benefit considering the limited pharmacy resource available.

The medicines optimisation in care homes pilot supports roles for pharmacist and pharmacy technicians. The training for both of these roles includes all of the recommendations in section 3.6 therefore would it be more appropriate to use the term “pharmacy professionals” rather than the title “pharmacists” to ensure pharmacy technicians are also recognised in these important roles?

Or alternatively to the suggestions above, would it be beneficial to add a section on Pharmacy Technicians as they work with and complement pharmacists in all of the settings listed (3.4/3.5/3.6). They often triage the prescriptions and medicines reconciliations initially and highlight to pharmacist where interventions are needed.

In the conclusion on page 34, in the first bullet point, it says “it is hoped that individual pharmacists will consider and act upon their responsibility to people who are taking multiple medicines”. For the same reasons as stated above, would it be more appropriate to use the term “pharmacy professionals” rather than the title “pharmacists”? Or pharmacists and pharmacy technicians?

Please do not hesitate to contact APTUK.

Joanne Nevinson

Director of Professional Development

APTUK

[professionaldevelopment@aptuk.org](mailto:professionaldevelopment@aptuk.org)

Tess Fenn

APTUK President

[president@aptuk.org](mailto:president@aptuk.org)