Guild of Healthcare Pharmacists

Shining a light on our members working to improve inclusive health care

Spotlight on Paul Forsyth – Lead Pharmacist Clinical Cardiology and Heart Failure Specialist Pharmacist for NHS Greater Glasgow and Clyde.

Paul is the lead pharmacist for Clinical Cardiology within his organisation. He has delivered pharmacist-led heart failure clinics since 2005. Since 2013, Paul and his team have established pharmacist-led clinics for patients with new left ventricular systolic dysfunction (LVSD) post myocardial infarction (MI), with around 12 pharmacist-led clinics delivered every week. Around 25,000 patient reviews (from approx. 5,000 patients) have been completed since the service started, delivered by over twenty five pharmacists

Glasgow and Clyde have massive rates of socio-economic deprivation and large issues with health inequalities. There is a widening gap in health between the richest and poorest in Glasgow & Clyde. Men in the least deprived areas can expect to live 13-14 years longer than those in the most deprived areas of the city. The gap for women is 8-9 years. Glasgow has high rates of poverty, with up to 41% of families experiencing deprivation. Glasgow City Council has the highest levels of socio-economic deprivation. It also has the highest premature death rate for cardiovascular disease (CVD) out of every council area in the United Kingdom. Inverclyde and West Dunbartonshire, also within the Glasgow & Clyde boundaries, also appear in the worst 10 council areas for premature CVD mortality.

The population of Glasgow is diverse, with 12% of the population being from an ethnic minority background. Previous projects Paul has worked on include the SAAC (South Asian Anticipatory Care) by which over 800 patients from a South Asian background were screened for CVD and diabetes risk by using four multilingual community pharmacists.

The GHP contacted Paul to discuss his work earlier this month, and to find out more about how he has developed inclusive practice across his team in Scotland.

1) **How do you work across organisations to promote inclusive practice?**

The NHS organisational structure in Scotland makes collaborative work easier to plan and develop due to being a larger organisation covering primary and secondary care, inpatient and outpatient services and key integration with community and social care teams. Working in such a diverse and deprived area requires lots of collaboration with community teams and social care services. For example, on a recent home visit it was clear that a patient was unable to store their insulin correctly due to lack of a fridge and the team were able to access housing and social care services to help resolve this issue. A pharmacy technician-led medication adherence project across the area helps understand and support the medication taking habits of patients, and how their healthcare is not always the priority when they are dealing with socio-economic pressures; medication adherence often becomes an afterthought and health outcomes often suffer as a result.

2) **Tell us what you find most rewarding, and what you enjoy about your role?**

I find two things most rewarding, the value of the service and the values of those who work on the service. The value of the service is the day-in-day-out optimisation of medications and interventions made to improve health outcomes within our population. We help titrate medications in heart failure and post MI, and empower patients make shared decisions about their care. The values of those I work with, who implement inclusive practice with great care and dignity, is one of the most rewarding aspects of my role.

3) **What advice would you give to others hoping to improve inclusive practice within their organisation?**

My advice to others would be to be use leadership skills and collaborative networks to establish professional links to help better serve underrepresented groups of patients and/or those with poorer outcomes. Start to also investigate who doesn't use your existing services as well as who does. Such processes can help you identify any groups of patients who may benefit the most from pharmacy and healthcare interventions (e.g. the Inverse Care Law). Inclusive practice should be talked about, taught about and continually developed to provide consistent systematic care to all patients in the NHS. We need to develop a new generation of leaders in pharmacy to take this forward to improve equitable population-level care and health outcomes. In order to help foster these skills in staff members, job planning and strategic staff development strategies will become crucial.

Most importantly it is crucial that pharmacists stand up for what is right, and improve services where inclusivity is lacking and health inequalities persist. Care, values, and leadership are fundamental components of professionalism and are our regulatory requirements.

You can find some of Paul's work here:

- Paul Forsyth - Google Scholar
- Paul FORSYTH | Medical Professional | MPharm, MSc (Primary Care) | NHS Greater Glasgow and Clyde, Glasgow | GRI | Department of Pharmacy (researchgate.net)

You can also follow him on Twitter @PharmacistHF