Royal College of Anaesthetists: Guidance for the Provision of Anaesthetic Services for the Perioperative Care of Elective and Urgent Care Patients - Public Consultation Form

Please complete the table below with any comments you have on the draft Guidance on the Provision of Anaesthetic Services (GPAS) for the Perioperative Care of Elective and Urgent Care Patients chapter. Please send all completed forms to GPAS@rcoa.ac.uk

Organisation:		The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain. The RPS leads and supports the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.
Page number **Or 'general' for comments on the whole document**	**Line number** **Or 'general' for comments on the whole document**	**What the comment is**
General		Throughout, 'ICU' should be broader – ie ICU/HDU, or 'critical care'
General		Could also consider pathways for patients with Learning Difficulties, Dementia. As these are listed later on in the document.
General		Please consider consistently using the term 'medicines' and not drugs throughout this section and the whole document.
10	General	There should a written guidance on how to obtain an accurate medication history – including available sources, confirming with patients how they take their medication (monitored dosage systems can give issues when asking patients to omit medication preop and consideration should be given to this for example)
5	90-92	This section does not include pharmacists and pharmacy technicians. 'Allied health professionals' will only include HCPs who are registered with the Health & Care Professions Council. E.g. not including registrants of the General Pharmaceutical Council

5	118	It would be helpful to have a definition for 'national-level issues'
List of policies 1.14		Is there a reason why diabetes management is specifically covered, whereas, major haemorrhage or anaphylaxis is not.
7	161	Clarification of which area of clinical activity would be reduced would helpful here, i.e. in the whole peri-op service? In theatres only?
7	169 (and 75)	What is 'hospital' meant to encompass – In the introductory scope section states that any settings where anaesthesia is performed would be included. Would this include e.g. extended GP day surgery.
8	222	Clinical governance- It would be useful if the guidance could specify links to services that are directly impacted by or have an impact on the peri-op pathway (eg Critical care, pharmacy, etc)
9	237	As per point 90-92 non-allied health professionals (eg pharmacists and pharmacy technicians) should be recognised here. Medicines reconciliation, allergy status, specific management of concomitant conditions (e.g. Parkinson's, diabetes, complex pain management, transplant meds, anticonvulsants, additives to bone cement, implants, unlicensed or special medicines etc, will need planning in advance
9	248	Thank you for recognising pharmacists here
9	251	Other staff members should be recognised here as in line with activities suggested in line 237
9	267	Pre-operative assessment includes review of medication – pharmacy staff can perform this role and there are some pharmacists who have completed additional training to support full pre-op assessment of patients. As per Line 92 – pharmacy staff are not AHPs and should be differentiated. At minimum there should be an identified lead pharmacist to support with medication management. Please see evidence to support this here:https://www.nice.org.uk/sharedlearning/impact-of-pharmacist-involvement-in-enhanced-recovery-pathways-in-improving-patient-care-in-those-undergoing-lower-gastrointestinal-surgery
9	273	' . . of the nurse . .' should this be 'healthcare professional or allied health professional' since an appropriately trained pharmacist, for example, can perform some parts of the pre-operative assessment
10	281	In line with current terminology possible change to: Older and/or frail…..

Risk assessment section		Suggest adding 'history of allergic reactions' in this section. See section on institutional recommendations in this report: NAP6-REPORT-2018 FINAL VERSION.pdf (nationalauditprojects.org.uk) –
10	348	Include 'optimisation' and 'modification' of medication – not just continuation / cessation. Preoperative assessment is a good place to review patient's medication and check concordance, provide counselling, amend medication to improve control of disease states etc. There are many papers available that documents the positive impact pharmacists can make pre-op
13	404	Could this be strengthened to say some thing like 'specific consideration must be given….'
13	407	NB: pharmacy technicians also work in preop assessment clinics – can obtain medication histories and provide simple medication advice Include medicines optimisation for pharmacists (not just reconciliation). Also include counselling – not all patients take medication as prescribed or understand their medication – having pharmacy staff involved in preop assessment allows for dedicated opportunity to counsel patients Could we add here re: reduction prescribing errors and omitted medicines Pharmacists can also complete VTE risk assessment Potential references 'Pre-admission Clinics: extending the delivery of pharmaceutical care'. The Pharmaceutical Journal 17 Apr 2004 VOl 272 p478 URI: 11096611 BMJ Quality Improvement Programme 'Improving pre-operative medicines reconciliation' Conclusion was for prescribing pharmacists in pre-op setting http://dx.doi.org/10.1136/bmjquality.u205475.w2230
14	450	Consent. Should there be specific advice, reference for consent in children?
16	548	There is a list of essential equipment, should there be a list of essential meds? Eg resuscitation meds, adrenaline for anaphylaxis, reversal agents..?
18	624/648	There needs to be specific mention of storage of patients own medicines

19	655	The clinical pharmacy service must have an appropriate amount of realistic and funded time to be able to carry out this function. Some of this function can be carried out by 'non-clinical' pharmacy staff, such as certain grades of pharmacy technicians and assistants (for expiry checks, top up functions, portering of meds, etc)
19	663	Needs reference to safe and secure handling of medicines. This reference is in the document (Ref 141), this is a reference to our old guidance 2005, our updated 2018 guidance can be found here: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines
19	665	Suggest expanding 'colour coded' to 'colour coded in accordance with the anaesthesia recommended scheme (ref)' (This may be obvious to the anaesthetic community but is not always obvious to medicines manufacturers who we would like to encourage to use the accepted scheme)
22	795	Is there a need to say anything about adequate delivery of O2 (learning from Covid)
22	801	Needs ref to safe and secure handling of meds 2018. https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines
24	873	Can you consider having something about having appropriate supplies at discharge (eg information, dressings, medications) and the patient / carer understanding what they are all for / how to use
26	964	Can we consider adding the need for expertise on medicines that are safe in breastfeeding, or medicines that affect milk production needs being available,
27	General	Is it worth mentioning obese patients undergoing bariatric surgery requiring specialist medication management pathways, that many be different to usual medication management guidance here e.g. holding diabetic meds earlier due to reduced calorie diet?
28	1045	'Level 2 or Level 3 Intensive care' should be either 'Level 2 HDU or Level 3 ICU', or 'Level 2 or Level 3 critical care'
29	1067	There is now specific guidance to support pathway of normal ward care, enhanced peri-operative care and (level 1/1+ patients) critical care (level 2 and level 3 patient). The Level 1/1+ perioperative care unit needs incorporating https://www.ficm.ac.uk/sites/default/files/enhanced_perioperative_care_guidance_v1.0.pdf
29	1118	Include pharmacists in this section as part of medicines optimisation role

29	1092	As noted in 1067
30	1127	Good to highlight specific risk with insulin management in perioperative period. Recommend add detail to sentence on insulin as never event – this applies to overdose occurring due to abbreviations or use of incorrect device; not any error made with insulin.
30	1128	Could include the NICE key therapeutic topic KTT20 around safer insulin prescribing
31	1168	As per point 90-92