

PHARMACIST PRESCRIBING

Pharmacist prescribing works in practice

Prescribing by pharmacists in different care settings and improving out-of-hours services were discussed at a session on 15 September. Clare Bellingham reports

With supplementary prescribing about to become a reality, this session looked at different situations where pharmacists already, or could, prescribe.

How out-of-hours services have been improved in Blackpool Primary Care Trust was described by Magnus Hird, its head of prescribing. Fylde Coast Medical Services (FCMS) was set up in 1994 and provides both an out-of-hours service and an in-hours telephone answering service. "Internal audits identified that 40 per cent of the out-of-hours case load dealt with minor ailments," explained Mr Hird. So a bid was approved for a new out of hours service to deal with these calls which is operated through a local pharmaceutical service (LPS) contract. It began in May this year.

Most patients access the service by telephone. Telephone calls are answered by a trained operator (who is not a health care professional) who allocates the call to one of four categories. These are an emergency ambulance call (blue calls), a general practitioner to call back within an hour (red calls), a general practitioner to call back within two hours (amber calls) and a fourth less serious category (green calls).

Patients in the green category are now referred into the LPS service. Previously they would have been telephoned by a GP within six hours. Instead, they could be called by a pharmacist or nurse. The aim is to reduce the GP workload.

"The pharmacist can decide if they want to issue a medicine and can request a prescription from a GP," said Mr Hird. "This demonstrates that pharmacists can act as independent prescribers; we are almost there."

Data from June shows that pharmacists are now taking about 20 per cent of the calls received by FCMS, explained Mr Hird. "Pharmacists complete 88 per cent of the calls they are allocated; 12 per cent are referred back to a GP." A reduction in GP hours has occurred, of 14 hours per week.

Asked if patient group directions (PGDs) could be used rather than LPS or prescribing rights, Mr Hird said that it would be possible but not ideal. A large number of PGDs would be needed for each situation. In addition, supplementary prescribing would not be useful for acute situations so independent prescribing rights would be the best approach.

Meanwhile at Hope Hospital in Salford, Kirstine Farrer, a dietitian, and Lindsay

Harper, a pharmacist, have introduced new ways of providing patients' total parenteral nutrition requirements.

Both attended training courses before expanding their roles. In addition, consultants who were the traditional prescribers assessed interventions under the new ways of working using a specially developed scoring system.

An evaluation of 22 patients' notes has been completed. "None of our 181 interventions has had a detrimental effect on patient care," said Ms Harper. A "very significant positive impact" was observed in 7 per cent of interventions, a "significant positive impact" in 53 per cent and a "positive impact", seen as part of routine care, was seen in 40 per cent.

Ms Harper said people should think radically when designing services and challenge traditional ways of working. "Good communication is needed, and people need to take responsibility for their actions. If we found something that was beyond our capability we asked the consultant for help. This built a good relationship with the traditional prescribers and has meant that our roles are expanding further." She added: "This proves that appropriately trained dietitians and pharmacists can prescribe parenteral nutrition without the need for routine medical intervention."

COMMUNITY PHARMACY

Maurice Hickey, a community pharmacist in Forres, Morayshire, is one of the first pharmacists to be undertaking supplementary prescribing training. "To me it seems like a natural extension of my job, to be able to start to manage patients' medicines properly," he said. "If we are truly to manage their medicines then we must have the ability to change their medicines."

Mr Hickey explained that in the short-term there had been a considerable expansion in his workload. "The course is not easy, but then you would not want it to be otherwise it would be worthless," he said.

Mr Hickey plans to use his skills to manage patients with asthma and chronic obstructive pulmonary disease. Other pharmacists on his course will be prescribing for endocrine, gastrointestinal or cardiovascular conditions. "Once we have learnt the basic skills then we could extend our pre-

scribing to other therapeutic areas," he suggested. "Eventually I would like to run a pharmacist-led pain relief clinic." He added: "I see this as a step down the road that will lead to independent prescribing."

Some controversy was raised over the area of practice that pharmacists wanting to become prescribers work in. One participant suggested that there was a feeling that community pharmacists are too busy to take on the role. Mr Hickey disputed this, saying that changes in practice such as use of accredited technicians would help to free pharmacists' time.

Mr Hickey is undertaking his training at the Robert Gordon University in Aberdeen. Of the 40 pharmacists in the first cohort, 27 are community pharmacists. This contrasted with the situation at King's College London where only three of the first of 25 students are community pharmacists.

However, Gul Root, principal pharmacist, Department of Health, said that on other courses in England there were more community pharmacists. "Ministers are keen that there are community pharmacists on the first cohort of courses," she stressed.

Remuneration for supplementary prescribing was also an issue. Bill Scott, chief pharmaceutical officer for Scotland, commented: "I would not see pharmacists being paid separately for prescribing but would see it as part of practice. We need to change

the way pharmacists are paid." This was backed by Frank Owens, chairman of the Scottish Pharmaceutical General Council, who sits on the other side of the negotiating table for a new pharmacy contract. He stressed that all pharmacies in Scotland should provide the same services.

Linda Collins, pharmaceutical adviser at Cherwell Vale PCT, said: "If there is a clear service need, such as for out-of-hours services, then it

is relatively easy to find money. It is important to have supplementary prescribing in community pharmacy but the difficulty is turning it into a service need."

Several delegates raised concerns over the need for professional indemnity insurance for pharmacists taking on prescribing roles. Both Ms Harper and all pharmacists involved in the FCMS service had needed additional insurance.

Collette McCreedy of the National Pharmaceutical Association said: "At the moment our policy is to ask members to write to let us know they are involved in supplementary prescribing so we can keep an eye on how practice is developing."



Lindsay Harper: think radically about services



Maurice Hickey: a step down the road