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Moving to independent prescribing

Participants heard from two supplementary prescribers and their independent prescriber colleagues in a session entitled "Moving from supplementary to independent prescribing: sharing experiences and views". **Dawn Connelly** reports

There are three critical success factors for pharmacist prescribers, said Beth Taylor, regional principal pharmacist at London, Eastern and South East specialist pharmacy services, who chaired the session.

"First, prescribing for pharmacists in practice seems to be predicated on a good relationship between the supplementary prescriber and independent prescriber prior to setting up the service, and a long-standing existing relationship of trust between health care professionals in the multidisciplinary team," she told participants. The second key to success is adding the supplementary prescriber role to an already established pharmacist-led service, she believes. The third is having the support of the local employing organisation. Important, but less so, is getting the support of a designated medical practitioner, she added.

Mrs Taylor highlighted that the average delay between qualifying and prescribing for supplementary prescribers is just over one year. "We hope this will reduce in time when some of the teething problems are resolved," she explained.

"Although independent prescribing — on the evidence of the nursing profession — is likely to be easier to implement than supplementary prescribing, there are still lots of service challenges that remain," said Mrs Taylor.

Working within general practice

Sandra Prater, a clinical pharmacist, and Peter Bailey, a GP with a special interest in service development, at Monkfield Medical Practice in Cambourne, Cambridgeshire, described how the pharmacist supplementary prescriber role at the practice has developed.

Dr Bailey believes that ensuring that Ms Prater had an equal voice within the multidisciplinary team from day one was essential to the success of the role. Making a commitment to long-term funding for education and development was also necessary. "We had to be able to admit, as doctors, that we did not know the answer, and that is not something that medics are traditionally trained to do," he added. The practice also recognised when a service was not cost-effective, and stopped it.

Sandra Prater plans to train as an independent prescriber

His advice to participants was: "If you are looking for one key lever for primary care to accept pharmacy, I think it is the capacity of a pharmacist to deliver results in the quality and outcome framework QoF programme."

This is something that Ms Prater has taken on. She is lead for the QoF clinical areas. "I have particular responsibility for the cardiovascular disease areas and I make sure that we reach the set targets and get as many of those reward points as we can," she explained. She has also set up, and now oversees, a review and recall system for patients with hypertension, heart disease, diabetes or stroke. "Those two areas — my work in QoF and the review and recall service — have been important in securing my role in the practice," she said.

Ms Prater has access to a computerised prescribing system and currently prescribes around 50 items per month. However, she stressed that, although the patients are happy with the service and she has a high level of professional satisfaction, she believes there is more she can do. "Supplementary prescribing is not always easy to implement . . . it can be frustrating needing to have a clinical management plan in place for prescribing of pharmacy and general sale list items," she admitted. She added that making supplementary prescribing work can mean complex clinical management plans, which need constant updating.

Ms Prater intends to train as an independent prescriber as soon as possible. "The requirements for independent prescribing are not that different from how I operate now," she explained. They both require an initial patient assessment, an interpretation of that assessment, a decision on safe and appropriate therapy, ongoing monitoring and a strong emphasis on clinical governance.

Prescribing independently would allow her to manage extra patients, conduct more medicines use reviews, deal with urgent prescribing problems and save doctors' appointments.

Palliative care service

Jo Noble-Gresty, a palliative care specialist pharmacist at St Charles Hospital, Kensington and Chelsea Primary Care Trust, and Anne Naysmith, a consultant in palliative medicine at Pembridge Palliative Care Centre, believe that palliative care is an ideal area in which pharmacists can take on a prescribing role. "Palliative care is light on diagnosis and heavy on titration, which is ideal for supplementary prescribing. It lends itself to clinical management plans," said Dr Naysmith.

Jo Noble-Gresty: palliative care is an ideal area for supplementary prescribing

The palliative care centre has 14 inpatient beds and a daycare unit providing care for 44 patients. It provides services to 170 homecare patients over four PCTs and currently has seven nursing home patients in two homes.

Ms Noble-Gresty explained that she has 12 years of experience in palliative care, has undertaken an MSc in pain management and qualified as a supplementary prescriber in July 2005. "To me, supplementary prescribing is a natural extension of my prescribing advisory role," she said. She wrote her first prescription in December 2005 (six months after qualifying) and has seen 23 patients since then.

Her clinical management plan is a generic one for the control of symptoms related to terminal illness. It allows her to prescribe any medicines listed in the British National Formulary, including Controlled Drugs.

She believes that the most important benefit her supplementary prescriber role has brought is continuity of care for patients. Independent prescribing is something that she is interested in pursuing eventually but since independent prescribers are not yet allowed to prescribe CDs, she is of more use to the team as a supplementary prescriber.

When asked where pharmacist independent prescribers might fill a role that nurse prescribers cannot, Dr Naysmith said that, in her experience, pharmacists are more willing to take responsibility for their decisions, whereas nursing culture is based more on following policies. She suspects, therefore, that pharmacist independent prescribers will cover wider areas in their prescribing practice in a way with which many nurses might struggle.