

# Prescribing: new opportunities for all

*As the pharmacists on the first supplementary prescribing course near the end of their training, Clare Bellingham finds out how participants plan to use their new qualification*

SUPPLEMENTARY prescribing provides opportunities that any pharmacist who works with patients can grasp. It is not confined to one particular health setting or one or two therapeutic areas. Enormous variety exists in the models that the pharmacists who are currently on supplementary prescribing courses plan to pursue. As more and more pharmacists become supplementary prescribers, and confidence in this new role increases, the number of models looks set to grow.

The models of supplementary prescribing can be roughly divided between the following four health settings: community pharmacy, hospital, general practice surgeries and the primary/secondary care interface. One exception to this is the prison service, where several pharmacists expect to be prescribing next year.

"Supplementary prescribing offers great potential for our profession," says Nuttan Tanna, lead for primary care and community pharmacy, London region supplementary prescribing support team. In particular, she stresses the opportunity for supplementary prescribing to be used in the more advanced medication services that will be introduced as part of the new community pharmacy contract next year. "Every pharmacist should explore the new opportunities."

## DIFFERENT SETTINGS

Within a doctor's surgery has perhaps been thought of as the most popular place for pharmacists to prescribe. This has the specific advantage of allowing access to patients' records, which, until the IT catches up, is more difficult for community pharmacists. As expected, many pharmacists are opting for clinic work within GP practices. Therapeutic areas in which pharmacists are planning to prescribe at clinics in surgeries include cardiovascular disease, diabetes, gastrointestinal disease and osteoporosis.

One pharmacist who provides a prime example of this is Fiona Reid. She is based at Newbyres Medical Group Surgery in Gorebridge, Midlothian. For a number of years, Mrs Reid has run a hypertension clinic at the surgery and has recently added another clinic for patients with heart failure. Within the clinics she undertakes all the medicines management required but has always required the GPs to sign prescriptions for her; becoming a supplementary prescriber will change this.

In Croydon Primary Care Trust, four pharmacists working in GP practices expect to become supplementary prescribers. Three are employed by the PCT. All will prescribe in chronic disease management clinics focusing on the PCT priority areas of cardiovascular disease, diabetes, respiratory disease, mental health, musculoskeletal conditions and gastrointestinal disorders.



*Pharmacists on the current supplementary prescribing courses will qualify early in 2004*

Which of these areas is selected will depend on the individual GP practice's needs.

Hospital pharmacy is another setting where supplementary prescribing is expected to be taken up quickly. This is largely in recognition of the fact that hospital pharmacists benefit from easier access to patients' medical records and closer working with other health professionals than community pharmacists tend to enjoy.

At Southampton University Hospitals NHS Trust, four pharmacists are training to become supplementary prescribers. Two are specifically interested in parenteral nutrition, one in parenteral nutrition and therapeutic drug monitoring, and one in HIV treatment. Another hospital pharmacist in Croydon will also become a supplementary prescriber in HIV treatment.

Meanwhile, Gillian Jardine is set to become a supplementary prescriber in an anticoagulation clinic at Ayr Hospital. She has been running anticoagulant clinics for some time and has been setting doses for patients under a local agreement. Becoming a supplementary prescriber will mean that this arrangement can be formalised legally.

At Falkirk and District Royal Infirmary, Joanne Low will become a supplementary prescriber in an oncology clinic. She will conduct reviews when patients come to the hospital for chemotherapy for breast cancer, lung cancer and lymphoma. Other therapeutic areas in which hospital pharmacists plan to become supplementary prescribers include renal disease, rheumatology and transplant medicine, and in intensive care.

In some ways, community pharmacists have faced a greater battle to become supplementary prescribers. Not having access to patients' medical records has not helped. Some pharmacists have also had to consider whether or not their premises are suitable to carry out the patient consultations in supplementary prescribing. However, many community pharmacists have overcome these obstacles and the number looks set to

grow, particularly in Scotland where Scottish Executive funding to train 100 community pharmacists to become supplementary prescribers was announced in October.

One pharmacist already in training is John McAnaw, a community pharmacist in Fife. He will use supplementary prescribing as part of the coronary heart disease pharmaceutical care service he runs. Patients are assessed in the pharmacy and he develops a care plan which is transferred to the GP. Mr McAnaw accesses patients' medical notes at the GP surgery. Supplementary prescribing will be added so that he can manage the patients' medicines.

Maurice Hickey will be prescribing at his community pharmacy in Forres, Morayshire, for patients with asthma and chronic obstructive pulmonary disease. He also plans to set up a pharmacist-led pain management clinic.

Emily Kennedy, a pharmacist for Boots the Chemists in Dumfries, and the independent prescriber with whom she is working will develop clinical management plans for patients with a number of different conditions to see where supplementary prescribing will be most successful. These will include asthma, contraception, hormone replacement therapy, thyroid conditions, diabetes and recurrent urinary tract infection.

Helping patients to stop taking antidepressants is another area in which at least one community pharmacist plans to use supplementary prescribing.

Some primary care trusts have developed an integrated approach to the implementation of supplementary prescribing. For example, in Harrow PCT, the initial phase of supplementary prescribing will involve pharmacists working within care of the elderly wards in hospital. An infrastructure is being developed so that community pharmacists and practice-based pharmacists can add supplementary prescribing to the structured medication reviews that they currently carry out for older people. This area — care of older people — means that a wide variety of drugs could be included in clinical management plans and prescribed by supplementary prescribers.

## Further information

The London region supplementary prescribing support project team has published some support materials on the Druginfozone website ([www.druginfozone.nhs.uk](http://www.druginfozone.nhs.uk)). These include an article providing details of models of supplementary prescribing in the London region, an assessment tool for pharmacists who are considering becoming supplementary prescribers and a guide for PCTs, developed by Beth Taylor, steering group member for the project team.