

# Pharmacy sports injuries clinic kicks off

Last week, Bobby Mehta, a community pharmacist and independent prescriber, saw his first patient at a sports injuries and acute pain clinic he has set up at Alliance Pharmacy in Burnham, Buckinghamshire. Dawn Connelly finds out how the clinic was developed and what it involves

**B**obby Mehta has got together with a local physiotherapist to provide a sports injuries and acute pain clinic from an Alliance Pharmacy branch in Burnham, Buckinghamshire, where he is senior pharmacist and manager. He uses his independent prescriber qualification to write private prescriptions for analgesics and anti-inflammatory medicines. Last week, he saw his first patient.

Pain management and analgesics was Mr Mehta's focus area throughout his training as both a supplementary and independent prescriber. His interest in sports injuries comes from his own love of sport and experience of such injuries. It also stems from having a private physiotherapist operating from an office above the pharmacy. Mr Mehta and the physiotherapist recognised a need for patients to access analgesics quickly and conveniently and the idea for the clinic was conceived.

Before contemplating putting his plans into action, Mr Mehta visited his local GP practice to discuss the concept. "I am on good terms with my local practice and the GPs were very supportive of the idea," he says.

He believes that the key to gaining GP backing is to show what you can do. "I think a lot of people go into it thinking they almost have the right to [provide new services] and I think that is the wrong approach. You should let others see the benefits that you can bring first," he suggests.

Mr Mehta has developed a flowchart for use in the clinic, which covers possible scenarios and indicates when to refer patients to their GP and when it is appropriate to prescribe. "For example, I would refer a patient if they had a long history of the same sort of injury, indicating that they may have weakened joints or tendons, rather than an acute injury." He also plans to refer patients with other major health problems, at least initially. "It is early days yet and at the moment the clinic is aimed at otherwise healthy individuals who are suffering an acute injury," he explains.

The physiotherapist assesses the patient, takes a medical and brief drug history, and produces a sheet summarising his findings. If appropriate, he refers the patient to Mr Mehta, who delves deeper into the patient's drug history and assesses the best course of action in terms of pain relief. Not all patients require prescription-only medicines, says Mr Mehta.

"Even though I can prescribe, the clinic is not something I do just to find something to prescribe for. If a patient's symptoms can be helped by something they can buy over the counter, then that is what I advise. Equally, if no medication is required at all, I have no hesitation in recommending that," he explains.



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Mr Mehta believes that the consultation also provides an opportunity to conduct a medicines use review. "If patients are taking other medicines, before I even consider prescribing it is valuable to assess their compliance. They might be on medicines already but if they are not taking those, there is going to be little benefit gained from prescribing something else."

Patients are currently seen on an ad hoc basis. The physiotherapist sees about 50 to 60 patients a week and Mr Mehta predicts a weekly referral rate of at least 10 to 15 patients once the clinic gets going. Although he admits that he may have to consider a small nominal charge for appointments, at the moment the clinic is free and patients are at liberty to take private prescriptions to any pharmacy to be dispensed. Some might ask, then, what is in it for Mr Mehta?

"I live in this area so there is an incentive for me to put something back into the community. If I am providing something novel that is giving local people a really useful service, than why not," he argues. "I think that, nowadays, a lot of people just want to do things for money. I don't know where the clinic is going to lead but my primary motivation is to do something that there is a need for within the community," he adds.

He hopes that the clinic will result in patients being treated quickly and reduce pressure on GP appointments. "A lot of patients go to the GP as their first port of call when they could be coming here," he says.

However, he points out that it is essential to emphasise pharmacists are keen to help,

not to take over and step on GPs' toes. "I think it is important that GPs understand that. And I think the way you build on your relationship with your local GP surgery is to get that point across. My interest is the same as theirs — the patient."

A record of every consultation is kept on the pharmacy's patient medication record system. If any course of action is recommended, including purchase of over-the-counter medicines, Mr Mehta completes a referral form and sends it to the patient's GP.

The sorts of injuries that Mr Mehta expects to see include strains, sprains, knocks and twists. His first patient had a sprained ankle, sustained while playing football. "The injury was recent and there was a lot of swelling. I advised him to rest it, apply ice, compression and elevate the leg. He was already taking paracetamol so I recommended that he purchase ibuprofen tablets over the counter."

Mr Mehta has a second pharmacist to cover for him when he is with patients. However, he is adamant that those who do not have this luxury can still hold clinics. "It depends on how you structure the consultation. It does not necessarily have to take up a lot of your time. If you look at the average GP consultation, they have limits of five or 10 minutes," he says. He explains that consultation skills are taught during both the supplementary and independent prescriber courses. "You are given guidance on the sort of information you need to get from a consultation and how to drive it forward within a limited time frame," he explains.

Mr Mehta believes that his sports injuries clinic is a good example of how pharmacists should be looking to develop their services. "For years we have been crying out for change and for more responsibility. The time has now come and there are plenty of opportunities out there." He argues that everything is in place for pharmacists to provide these services and it is time to start demonstrating that they can do so. "And not only to provide them but to provide them in an effective way and to make a meaningful contribution to health care." Once pharmacists can demonstrate the benefits, everything else will fall into place, he adds.

Mr Mehta plans to pilot the clinic for three to six months. He will then assess uptake and decide on the next steps. "If the clinic takes off and I can prove that I am providing benefits for patients and saving GP appointments then I can look at putting a business case together and approaching the primary care trust to discuss whether it would consider commissioning the service," Mr Mehta says.