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The Road to Pharmacist Prescribing - how did we get there?

David Pruce

Director of Practice & Quality Improvement
Royal Pharmaceutical Society of Great Britain





The evolution of prescribing - a long journey

- 1970's Ward pharmacy
 - Pharmacists left the pharmacy
- *“One knew there was a future for hospital pharmacists, one knew there was a future for industrial pharmacists, but one was not sure that one knew the future for the general practice pharmacist”.*
Minister for Health, Dr Gerard Vaughan
- 1986 Nuffield Report
 - Extended roles for community pharmacy



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The evolution of prescribing - a long journey

- 1986 – Cumberledge Report first proposes nurse prescribing
- 1989 – Crown Report advocates nurse prescribing from a limited list
- 1992 – Nurse prescribing becomes legal for a limited number of nurses



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The evolution of prescribing - a long journey

- 1995 – Pharmacy in a New Age



- Long term strategy for pharmacy
- Considered underlying issues and drivers for change
- Involved the whole profession in the wider debate



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The evolution of prescribing - a long journey

The Pharmacist's Contribution

1. The management of prescribed medicines
2. The management of long-term conditions
3. The management of common ailments
4. The promotion and support of healthy lifestyles
5. Advice and support for other health professionals



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The evolution of prescribing - a long journey

Pharmacy in a New Age - Strategic aims

1. The management of prescribed medicines
 - *Aim:* For pharmacists to be the professionals of choice to provide effective advice and support to all patients taking prescribed medicines including those with unusual or complicated medicine regimens.
For pharmacists themselves to be able to prescribe in a broad range of circumstances.



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The evolution of prescribing - a long journey

- 2000 – Government strategy for pharmacy
- “Patients’ needs will be better met by some pharmacists being able to prescribe medicines for them directly.”





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The evolution of prescribing - a long journey

- 2003 – Pharmacist prescribing task group reports (RPSGB)
- 2003 – Supplementary Prescribing by pharmacists becomes legal



Supplementary Prescribing

- Independent prescriber (usually a doctor) diagnoses
- Clinical management plan agreed between independent prescriber, supplementary prescriber and patient
- Supplementary prescriber can prescribe anything within the plan
 - Plan can be as wide as a NICE guideline



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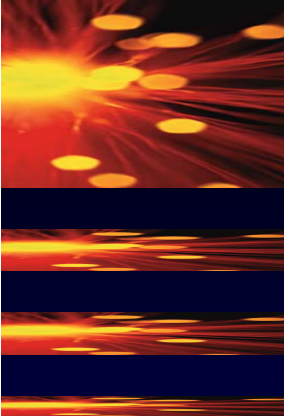
The evolution of prescribing - a long journey

- 2003 – Pharmacist prescribing task group reports (RPSGB)
- 2003 – Supplementary Prescribing by pharmacists becomes legal
- May 2006 – Independent Prescribing by pharmacists becomes legal



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Independent prescribing



“.....a practitioner (eg doctor, nurse, pharmacist) responsible for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.”



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Independent prescribing

- Pharmacist is able to prescribe any medicine for any condition

(within his/her competence)



Stages towards prescribing

- Hospital
 - Set prescribing policy
 - Part of clinical team advising on therapy
- Community
 - Pharmacy only medicines
- Both hospital & community
 - Patient Group Directions
 - Supplementary prescribing
 - Independent prescribing



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Community Pharmacy

- New community pharmacy contract
 - Change of emphasis from dispensing to clinical roles
 - Medication use review
 - Confidential areas
 - Public health role
e.g. stop smoking
- Shift of medicines from prescription only to pharmacy only





Critical Success Factors

- Political and economic climate
 - Recognition of potential of pharmacy
 - Shift of care away from solely doctors
- Willingness of profession to change
 - Pharmacy in a New Age
 - Clinical pharmacy in hospitals
 - Extended roles in community pharmacy
- Government support
 - Nurse prescribing



Later success factors

- Ensuring patient safety
 - Regulation
 - Code of Ethics
 - Training
 - Registration
 - Clinical Governance and monitoring
 - Independent prescribing
 - Independently responsible BUT acting as part of the team



Later success factors

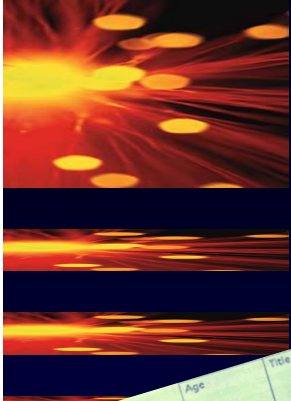
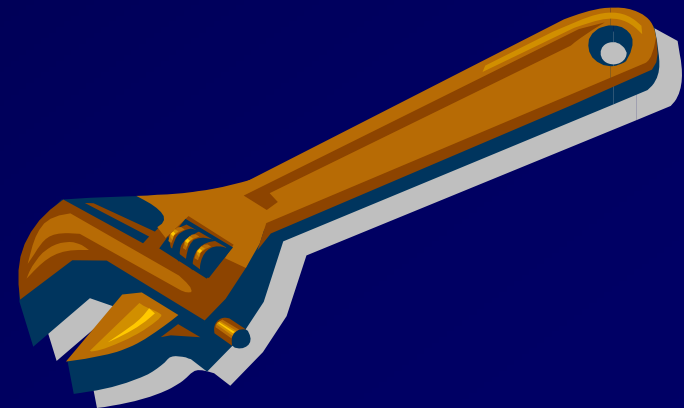
- Patient Benefits
- Hospital
 - Admission and discharge
 - Specialist prescribing
e.g. parenteral nutrition
- Community
 - Minor ailments
 - Medication review
- Hospital and/or community
 - Specialist prescribing
e.g. anticoagulants,
epilepsy, dermatology,
diabetes, etc





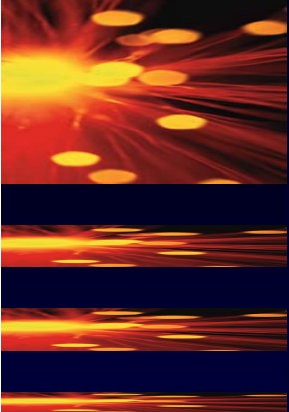
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Prescribing is not a goal
- it is just a tool used by
clinicians

An NHS FP10SS0406 prescription form, tilted at an angle. The form is green and white. It contains fields for 'Pharmacy Stamp', 'Age', 'D.o.B', 'Title, Forename, Surname & Address', 'NHS Number', 'Number of days' treatment', 'Endorsements', 'Signature of Prescriber', 'Date', and 'For dispenser No. of Preschs. on form'. The NHS logo and the number 51778520559 are visible at the bottom left.



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Our goal was for pharmacists to
develop their own unique
clinical role

Prescribing is now a tool that
pharmacists can use