



# PHARMACISTS AS PRESCRIBERS

## THE UK EXPERIENCE

**Pharmacist prescribing:  
ensuring quality**  
**11th June 2007**

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**Royal Pharmaceutical Society**  
**of Great Britain**

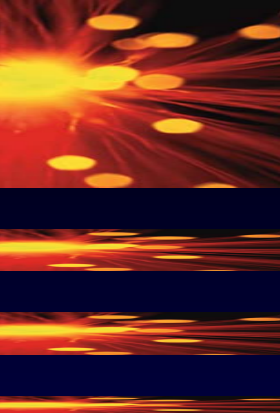
# Ensuring quality

- 
- Regulation
  - Monitoring
  - Communication
  - Clinical Governance

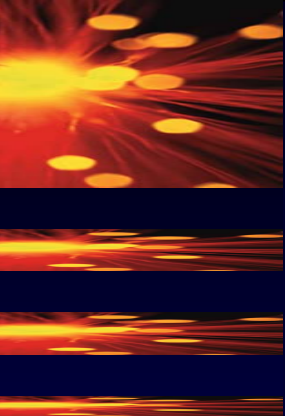
# Regulation

- Professional Code of Ethics
  - Make the care of patients your first concern
  - Exercise your professional judgement in the interest of patients and the public
  - Show respect for others
  - Encourage patients to participate in decisions about care
  - Develop your professional knowledge and competence
  - Be honest and trustworthy
  - Take responsibility for your working practices
- Professional Standards and Guidance

# Ethical issues

- 
- Prescribing within expertise and competence
  - Not prescribing for self, or anyone with whom they have a close personal relationship
  - Appropriate assessment of patient's condition
  - Only prescribe appropriately to meet genuine clinical need
  - Keep comprehensive records
  - Communicate effectively with other healthcare professionals involved in patient's care
  - Refer when necessary
  - Ensure separation of prescribing and dispensing whenever possible - second competent person

# Regulation

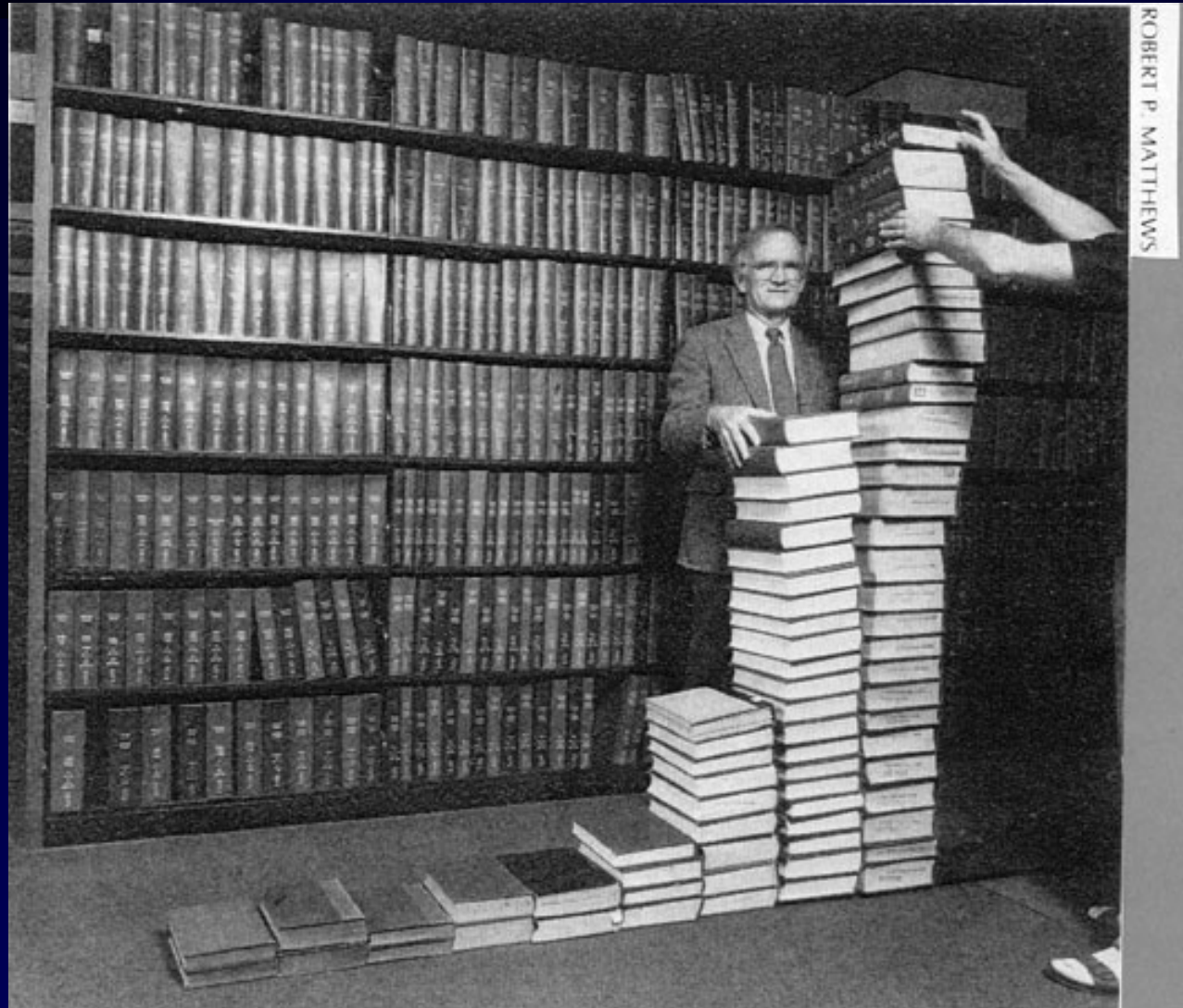
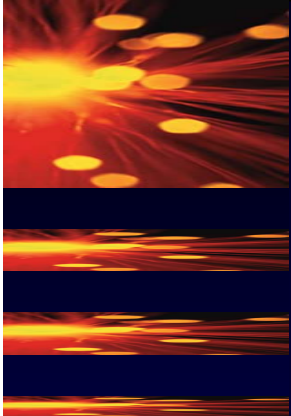
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- Standards for education and registration
  - Continuing Professional development
    - relevant to practice
  - Revalidation
    - in the future



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# Evidence Based Practice

## I read journals because.....



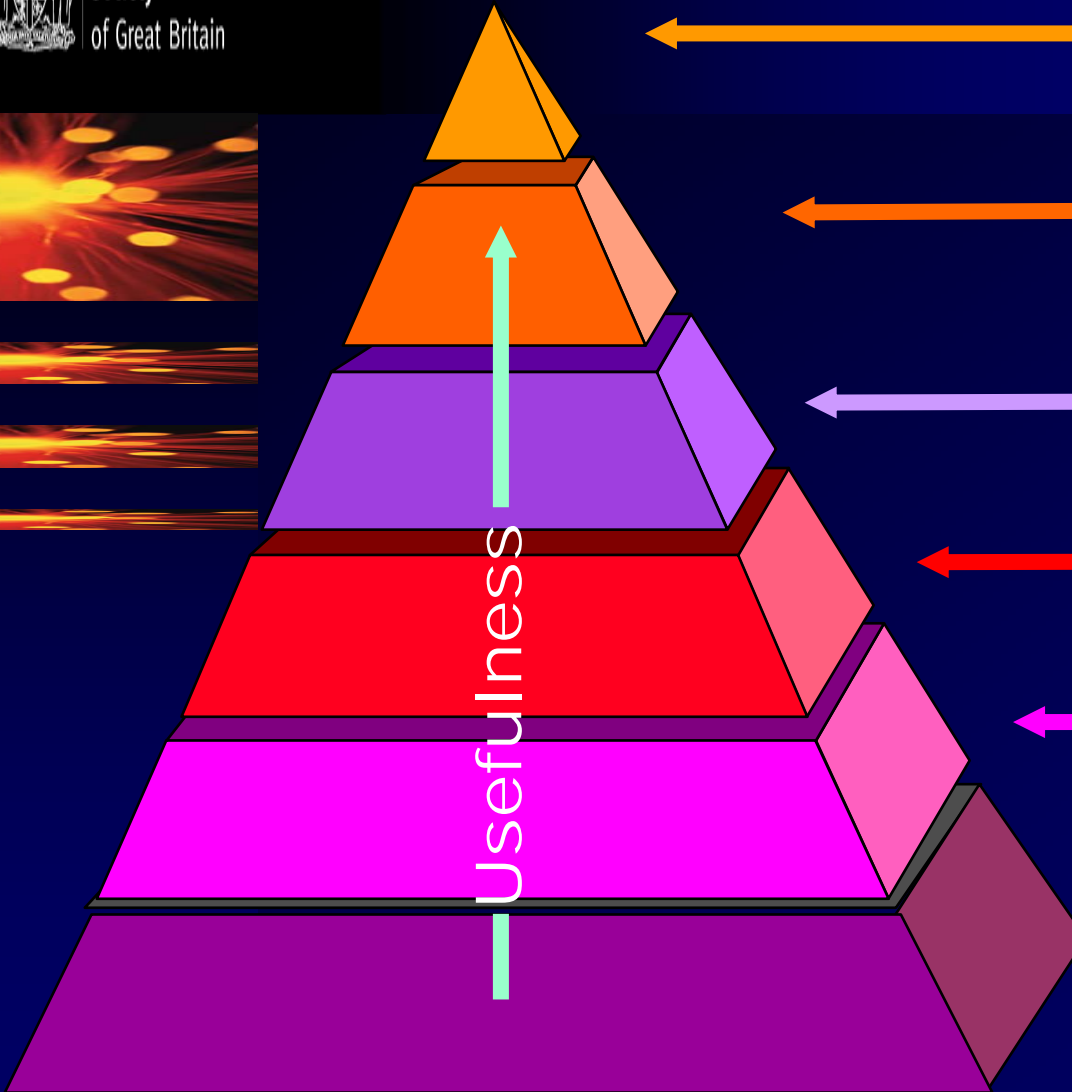
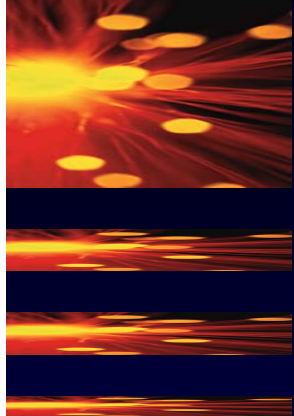
ROBERT P. MATTHEWS

# More reading?

- Potential journals 10,000
- Potential new articles per week 40,000
- Even if 97% are not relevant 1,200
- Time to read each article 15min
  
- 10h a day, 6 days a week = 240 articles.
  
- So at the end of the first week the pharmacist is about 4 weeks behind in his/her reading.
- At the end of the first month, he/she is 4 months behind in his/her reading.
- And at the end of the first year he/she is almost 5 years behind in his / her reading.



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Cochrane Library  
NICE, (NSFs)

Clinical Evidence  
InfoPOEMs, Prodigy  
NPC ref sheets

EBM, DTB, MeReC,  
Bandolier

“Ivy League” journals

Textbooks

Medline,  
Google scholar



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# Monitoring

- ePACT data

# Items and cost by prescriber type, Jan - March 2007



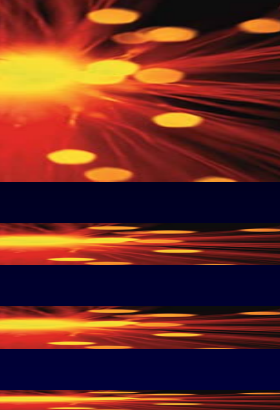
	<b>Items</b>	<b>Actual Cost</b>
<b>GPs</b>	188,389,811	£1,819,095,894
<b>Nurses</b>	2,201,546	£23,137,038
<b>Pharmacists</b>	12,076	£101,662
<b>Total</b>	<b>190,603,443</b>	<b>£1,842,334,594</b>

# Top 10 drugs (items & cost) prescribed by pharmacists Jan - March 2007

BNF name	Number of items
Ramipril	768
Bendroflumethiazide	722
Simvastatin	593
Amlodipine	436
Aspirin (antiplatelet)	420
Warfarin Sod	403
Atenolol	298
Lisinopril	292
Felodipine	280
Salbutamol	227
<b>Top 10 total</b>	<b>4,439</b>

BNF name	Actual cost
Atorvastatin	£3,830.65
Ramipril	£2,591.84
Symbicort	£2,570.40
Simvastatin	£2,439.72
Fluticasone (inh)	£2,345.87
Felodipine	£2,314.98
Nicotine	£2,162.80
Seretide	£1,956.44
Nicorette	£1,862.49
Budesonide (Inh)	£1,822.69
<b>Top 10 total</b>	<b>£21,552.01</b>

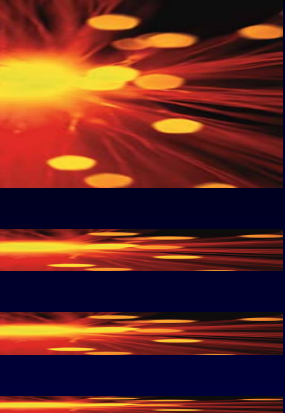
# Monitoring

- 
- Clinical audit
    - comparison to others
  - Teamwork
    - working with peers
  - National Research
    - Pharmacy Practice Research Trust

# Communication

- Good communication is essential and IT will be the key
- All prescribers must be aware of the patient's conditions, the treatment plan and what others are doing
- Patient confidentiality and consent
- Wider communication to the public

# Clinical Governance

- 
- Doing the right thing
  - in the right way
  - to the right person
  - at the right time
  - with the right partners
  - **and being able to demonstrate that.**

# Clinical Governance

- Clear lines of responsibility/accountability for overall quality of clinical care
- Development of quality improvement programmes
  - i.e. clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, workforce planning and development, access to appropriate CPD opportunities
- Management of risk
  - reporting adverse incidents
- Procedures to identify and remedy poor performance

# Clinical Governance

## Clinical Governance Framework for Pharmacist Prescribers and organisations commissioning or participating in pharmacist prescribing (GB wide)

1. The quality and safety of health care provided to patients is a priority for all health care professionals. Pharmacists have a variety of opportunities to provide a broad range of services to patients and improve access and usage to medicines. Prescribing is a developing and expanding role for pharmacists and it is important that it is conducted in a safe and effective manner
2. The Health Departments across the UK have set out the steps NHS organisations have to put in place to ensure the implementation of clinical governance<sup>1 2 3</sup> These include:
  - Clear lines of responsibility and accountability for overall quality of clinical care
  - Development of quality improvement programmes i.e. clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care, workforce planning and development, access to appropriate CPD programmes
  - Management of risk
  - Procedures to identify and remedy poor performance
3. Ensuring patient safety is an integral part of all healthcare providers' clinical governance programmes.<sup>4</sup> When healthcare organisations put pharmacists forward to undertake prescribing training (or if pharmacists already qualified as pharmacist prescribers join the organisation) they should ensure

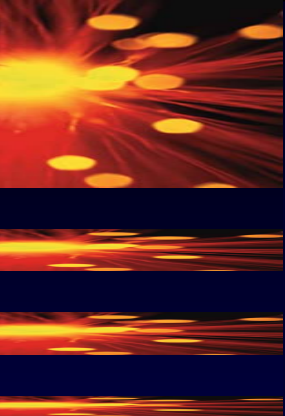
<sup>1</sup> Clinical Governance: Quality in the new NHS. HSC 1999/065

<sup>2</sup> Clinical Governance Guidance WHO(99)54

<sup>3</sup> Clinical Governance MEL(98)75

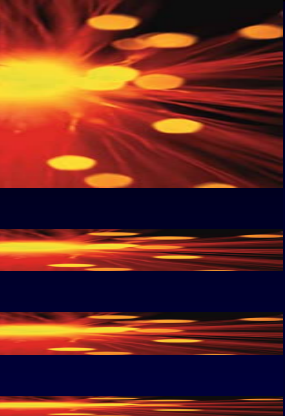
<sup>4</sup> Building a safer NHS for patients: implementing an organisation with a memory. DoH 2001.

# Clinical Governance Framework

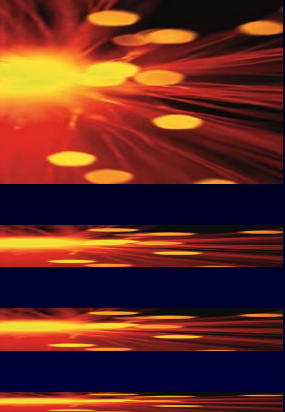
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- Recommendations for: -
    - NHS Organisations
    - Employers
    - Individual prescribers
  - Indicators of good practice
  - Examples of good practice

<http://www.rpsgb.org/pdfs/clincgovframeworkpharm.pdf>

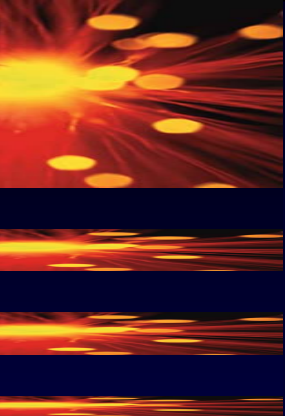
# Organisational Recommendations

- 
- Part of local CG action plans
  - Included in clinical audit programmes
  - Monitoring of prescribing by NMPs
  - Disseminate relevant guidelines / information
  - Patient's experience
  - CPD as part of workforce development plans
  - Patient safety and Controls assurance programmes

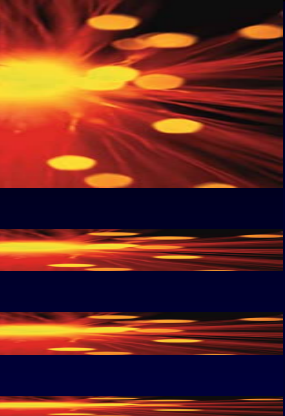
# Employer Recommendations

- 
- Support of prescriber
  - Personal Development Plans (identifying gaps / needs)
  - Time to access relevant CPD
  - Support of peer review
  - Systems to identify poor performance

# Individual Prescriber Recommendations

- 
- Communication (patients and professionals)
  - Safe, appropriate, clinical & cost effective
  - Monitoring response to therapy
  - Clearly written prescriptions
  - Participate in relevant CPD (learning from incidents)
  - Identify gaps in learning
  - Competent physical examinations
  - Clear lines of accountability
  - Participation in clinical audit
  - Reporting of adverse events and incidents

# Working with others

- 
- Agree and formalise accountability and responsibilities
  - Sharing of and access to patient information
  - Participation in MD team meetings / case discussions
  - Involvement in local MD audits
  - Work within local formulary
  
  - Fragmentation of care
  - Communication

# Ensuring high quality prescribing



Non-medical prescribing has been  
hard fought for

.....but prescribing is not the end!

**High quality prescribing is  
the ultimate aim**