

SUPPLEMENTARY PRESCRIBING BY PHARMACISTS



Foreword

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Supplementary prescribing by pharmacists is one of the latest clinical developments to provide real opportunities for more effective delivery of treatment and care. Based on a partnership, with the patient firmly at the centre, supplementary prescribing allows for a modern team approach to the monitoring and management of treatment.

It has long been recognised that pharmacists have the knowledge and skills to make a much greater contribution to the National Health Service. Once trained and accredited as supplementary prescribers, pharmacists can use their expertise to help patients get the right treatment for their needs in new, more patient-focused ways. Another important benefit provided by supplementary prescribing is that it gives busy doctors an opportunity to make more effective use of their time.

This briefing paper, prepared by the Royal Pharmaceutical Society of Great Britain, outlines how PCTs can take up the opportunities presented by pharmacist supplementary prescribing. I recommend it as a useful and informative resource.

A handwritten signature in blue ink, appearing to read 'David Colin-Thomé'.



**Royal
Pharmaceutical
Society**
of Great Britain

*The Royal Pharmaceutical Society of
Great Britain (RPSGB) is the regulatory
and professional body for pharmacists
in England, Scotland and Wales.*

Managing medicines

Medicines are the most common form of treatment used in modern healthcare. Every year in England, the National Health Service invests £8 billion in medicines. Over 85 per cent of all prescription items are dispensed free of charge to the patient.

At one end of the spectrum, medicines are used to provide relief from everyday, minor ailments; at the other, medicines provide life-saving interventions for acute illness. Increasingly, medicines also provide support for people with long-term – often life-long – medical conditions. For many patients with chronic illness, treatment is simple and routine. For some patients, conditions such as hypertension can often be managed with a single tablet taken once a day. But it is still important that the patient's condition is periodically monitored to ensure that the treatment remains effective. With other types of long-term treatment, such as anti-coagulant therapy, regular monitoring is needed to ensure that the dosage continues to be effective and is not causing adverse effects. With a progressive illness, treatment will need to be monitored and modified over time to allow the patient the best quality of life for as long as possible.

Pharmacists have long been considered a trusted source of advice about medicines and their use and in this capacity have advised on and prescribed medicines “over the counter” (OTC) for as long as the profession has been in existence. In recent years, the range of medicines formerly only available on prescription that can now be supplied “over the counter” from a pharmacy has broadened to include effective treatments for conditions such as eczema, thrush and dyspepsia as well as emergency hormonal contraception. The introduction of patient group directions (PGDs) to enhance access to prescription treatments through pharmacies now extends to the provision of products for emergency hormonal contraception and smoking cessation.

But, until recently, for most patients with more serious conditions, a visit to the doctor was always necessary as the law only recognised doctors (and dentists) as practitioners authorised to sign a prescription. With an estimated 75 per cent of all prescriptions written for repeat medication, this has meant that doctors spend a great deal of their time dealing with routine and repeat prescribing for chronic conditions.

A wider range of prescribers

It is now recognised that other health professionals are capable of working with patients with chronic and acute illness to assess their progress and provide appropriate treatment. The NHS now recognises that the service could benefit from prescribing by a wider range of skilled professionals. Legal and practical measures have been put in place to allow nurses to become supplementary and independent prescribers and, more recently, to allow pharmacists to become supplementary prescribers (a framework is being pursued to progress independent prescribing by pharmacists).

Pharmacists, with their highly developed expertise in all aspects of medicines and their use, have a considerable contribution to make as prescribers. The implementation of the NHS modernisation plans has resulted in pharmacists making a much more integrated contribution to healthcare through such developments as medicines management, medication review, the management of repeat medication and involvement in specialist clinics. Supplementary prescribing is a natural development of the range of patient-focused services that can be provided by pharmacists.

What is supplementary prescribing?

A supplementary prescribing agreement is a partnership between a medical practitioner (the independent prescriber) and a pharmacist or nurse (the supplementary prescriber). It can currently cover any clinical condition and include any of the medicines in the *British National Formulary* except controlled drugs and unlicensed medicines.

A key element of the supplementary prescribing agreement is patient choice. With the agreement of the patient, the supplementary prescriber and the independent prescriber work together to provide treatment and follow-up. The doctor makes the diagnosis and normally initiates treatment of the patient's condition with a prescribed treatment. From that point on, for a period of up to 12 months, monitoring and adjustment of the patient's treatment is undertaken by a nominated supplementary prescriber. Working to an agreed management plan, the supplementary prescriber takes responsibility for the patient's care, referring back to the doctor when necessary.

Benefits of supplementary prescribing

This partnership benefits all involved:

- *the patient* benefits from better access to care and more detailed advice on his or her treatment
- *the doctor* benefits from having more time to concentrate on new patients and on those who need the care that only a doctor can provide
- *the pharmacist* supplementary prescriber benefits from making better use of his or her professional skills and being able to make a valuable contribution to the work of the healthcare team
- *the primary care organisation* or hospital trust benefits from being able to make the best use of the resources available to it.

Training for pharmacist supplementary prescribers

All pharmacist supplementary prescribers must undergo 25 days' training at a university – either face-to-face or by open learning. Workforce Development Confederations in England and their counterparts in Wales and Scotland are commissioning training and will be looking to NHS employers to put pharmacists forward for training.

By the end of 2003, there are expected to be at least 12 universities across Great Britain providing supplementary prescribing training, which must be accredited by the Royal Pharmaceutical Society of Great Britain. Further course providers are due to come onstream during the coming months.

Before undergoing training, the pharmacist is expected to have or to acquire sufficient knowledge of the relevant clinical conditions and their treatment. As part of the training programme, the pharmacist spends 12 days in practice, supervised by a doctor, where practical skills are learned. Under the supervision of the training university, the pharmacist must be assessed and confirmed as competent by the doctor. If successful, pharmacists can be registered as supplementary prescribers by the Royal Pharmaceutical Society of Great Britain.

The clinical management plan

The clinical management plan is at the heart of the supplementary prescribing partnership. It is a simple and straightforward document that records the agreement of the patient, doctor and pharmacist to the arrangement. It also sets out details of:

- the patient, his or her diagnosis and essential details such as allergies and other medication being taken
- the initial treatment for the condition
- the role of the pharmacist in monitoring the patient, adjusting doses and modifying treatment within agreed parameters
- circumstances that would require the pharmacist to refer the patient back to the doctor.

The treatment setting

Supplementary prescribing can make a real contribution in most healthcare environments. In a hospital, pharmacists can review and continue treatment in both inpatient and outpatient settings. Pharmacists will be able to review and, if necessary, modify patients' treatment. For example, in Forth Valley Hospitals, following a successful pilot scheme, pharmacists now prescribe chemotherapy according to an agreed protocol¹. Pharmacists in a number of hospitals now work with patients to manage the monitoring of long-term medication such as in anti-coagulant clinics². A community pharmacy in Durham has been involved in the management of diabetes, working with the local trust³.

In primary care, patients on long-term medication will be able to see their pharmacist and have their treatment reviewed and continued or modified. For example, patients with hypertension could have their treatment modified by a pharmacist until their blood pressure falls within an agreed range.

Extending pharmacists' roles

Supplementary prescribing is a new role for pharmacists although some will have been treating patients under patient group directions (PGDs) or other local arrangements.

In addition, the NHS has tested several new service development schemes that involved a form of prescribing by pharmacists. Many of these initiatives involved the referral of patients with self-limiting conditions to pharmacists who were able to prescribe on the NHS from an agreed formulary.

In the *Care at the chemist* scheme in Bootle⁴, patients requesting a GP appointment for a self-limiting minor ailment were offered a consultation at one of eight pharmacies. Patients who accepted the referral were given advice and treatment from an agreed formulary by the pharmacist. 576 patients were referred, of whom 89 per cent were successfully managed by the pharmacist. This represented over a third of the minor ailments workload of the GP practice. The costs of the pharmacy scheme were not substantial and the overall prescribing costs of the practice did not increase.

Pharmacists' involvement in supplementary prescribing in a monitoring role has also been shown to bring benefits. In a pharmacist-run hypertension clinic in Midlothian⁵, 20 per cent of the patients seen by the pharmacist were identified as also needing a statin and 75 per cent should have been taking aspirin for the primary or secondary prevention of coronary heart disease.

In a controlled study of a shared care scheme in South Durham⁶, GPs were able to refer patients with type 2 diabetes back to a pharmacist-led outpatient clinic if complications developed or if they lost glycaemic control. The pharmacist reviewed their treatment, made appropriate changes to their medicines according to laboratory results and offered patients advice and information. None of the patients in the shared care scheme was readmitted to hospital with diabetic complications in contrast to 25 per cent of the patients in the control group who needed to be readmitted.

What do patients think of pharmacists?

A growing body of research evidence shows that, for some conditions, patients are just as happy to consult a pharmacist as their GP.

In a study of repeat prescribing by pharmacists in Dundee⁷, 81 per cent of patients who experienced pharmacist-managed repeat prescribing preferred it to the traditional system of requesting a prescription from their GP. They felt it was more convenient, saved time and were reassured by the increased clinical input provided by the community pharmacist. Patient satisfaction has also been demonstrated in the *DirectCare at the chemist* scheme in Scotland⁸.

Patients are not the only ones who are happy with pharmacists' involvement in prescribing. A study in five Birmingham hospitals⁹ found that doctors and nurses agreed that it would be useful if appropriately trained pharmacists could write prescriptions.

Getting started

The Department of Health has published guidance on establishing pharmacist prescribing in England ¹⁰.

In order to establish a pharmacist supplementary prescribing scheme, the following elements are required:

- recognition by the employing or contracting organisation (NHS hospital trust or primary care organisation) that the partnership will make a contribution to the local health service
- an agreement between a pharmacist and one or more independent prescribers to work in a supplementary prescribing partnership
- nomination of the pharmacist to the Workforce Development Confederation (or equivalent body) for training
- a clinical governance framework for supplementary prescribing is in place
- administrative arrangements are in place such as budgetary provision and providing appropriate prescription pads and other materials.

A regulated professional role

The Royal Pharmaceutical Society of Great Britain (RPSGB) has created a framework for supplementary prescribing by pharmacists, which it views as a positive development for the pharmacy profession.

The RPSGB accredits university training programmes for pharmacist supplementary prescribers and registers pharmacists as supplementary prescribers. Through the RPSGB's continuing professional development framework, pharmacist supplementary prescribers will have to demonstrate that their prescribing practice is supported by CPD. The RPSGB has developed guidance on clinical governance for supplementary prescribing¹¹.

The future: independent prescribing by pharmacists

In 2004, the Government plans to explore a framework to take forward independent prescribing by pharmacists.

Pharmacists already undertake a number of roles that involve the skills and judgement required in independent prescribing. Pharmacists respond to patients' symptoms and advise on the choice of medicines to treat minor ailments. In recent years, many formerly prescription-only medicines have been deregulated so that they can be supplied without a prescription from a pharmacy. Pharmacists are also making an increased contribution to health promotion and disease prevention, for example, by providing emergency hormonal contraception to prevent unwanted pregnancy and nicotine replacement therapy as an aid to smoking cessation.

The extension of supplementary prescribing to full independent prescribing will allow pharmacists to be able to make an even greater contribution to the care of patients with both chronic and acute illness. In hospitals, independent prescribing will enable pharmacists to take responsibility for pre-admission assessment of patients' medication, manage discharge medication and respond to medicines-related emergency admissions. In community practice, independent pharmacist prescribers will be able to respond more fully to patients' medicines management needs as well as dealing with certain acute conditions that currently take up GPs' time. Pharmacists will also be in a position to prescribe when needed to support their health promotion role.

Independent prescribing by pharmacists will make a significant contribution to the achievement of NHS targets and the improvement of patient care by providing:

- more rapid access to professional treatment with medicines
- timely intervention on problems arising from medication
- better use of the professional skills of pharmacists
- time for other health professionals to concentrate on patients who really need their skills.

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This briefing has been produced by the Royal Pharmaceutical Society of Great Britain (RPSGB), the regulatory and professional body for pharmacists.

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