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Pharmacist prescribing - from vision to reality

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Disclosures and conflicts of interest

- **Relevant financial relationships:** None
- **Off label investigational uses:** None

Learning objectives

- Describe the UK model of pharmacist prescribing
- Outline the UK model of pharmacist prescribing journey; from concept to reality
- Understanding the difference between thinking like a pharmacist and a pharmacist prescriber
- Recognise the impacts that prescribing pharmacists have on patients and healthcare professionals as part of the multidisciplinary team

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Background

**Non-Medical
Prescribing**



What are Non-Medical Prescribers?

- “... are healthcare professionals, who are not doctors or dentists, but who after attaining an **advanced qualification in prescribing**, are **legally** permitted to prescribe **medicines, dressings and appliances.**”
- “Non Medical Prescribers (NMPs) in the United Kingdom (UK) currently include pharmacists, nurses and certain allied health professionals. All of whom **are registrants of their relevant professional regulatory body.**”

Supplementary Prescribing

*“A **voluntary prescribing partnership** between an independent prescriber (doctor or dentist) and a supplementary prescriber (nurse, pharmacist or AHP) to implement an **agreed specific Clinical Management Plan** with the **patients agreement**”*

Department of Health 2006

- Used particularly for patients with complex conditions
- Covers all drugs, all conditions
- Useful if working in new area and need to enhance competence

Independent Prescribing

*“Prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist) **responsible and accountable** for the **assessment of patients** with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including **prescribing and monitoring of that prescribing**”*

(Department of Health 2006)

Department of Health UK view on Non Medical Prescribers

'Non-Medical Prescribing' is promoted by Department of Health and NHS as a means of

1. Improving **patient care without compromising safety**
2. Increasing access to **the right medicines at the right time**
3. Making **better use of workforce**
4. Introducing a **more flexible team** working across the health service



Non-Medical Prescribing in the UK to date

Nurse Prescribers

- Over 50,000

Pharmacist prescribers

- Over 7,500 (Independent prescribers)

Other healthcare professional prescribers

- Podiatrists, Paramedics and Physiotherapists.
- Optometrists and Radiographers



History of Non-Medical Prescribing in UK

How have we got here?



History of Non Medical Prescribing in the UK

Cumberlege Report 1986

- Recommended that community nurses should be able to prescribe some medicines, appliances and dressings
- Suggested that **patient care/safety could be improved** and **resources used more effective**

Crown Report 1989

- Recommended that suitably qualified nurses working in the community should be able – in **clearly defined circumstances** – to prescribe from a limited list of items and to adjust timing, dosages of medicines within a set protocol
- Outlined possible role for **other non medical prescribers**

History of Non Medical Prescribing in the UK

Medicinal Product: Prescribing for Nurses Act 1992

- Primary legislation → nurses in community to prescribe by identifying them as appropriate practitioners
- Pharmaceutical Services Regulation (1994) to allow pharmacists in the community to dispense medicines prescribed by nurses

Department of Health 1999

- Review of prescribing, supply and administration of medication
- **System did not reflect the needs of modern clinical practice**
- **Other groups of health professionals → authority to prescribe in specific clinical areas → improve patient care and patient safety**

History of Non Medical Prescribing in the UK

Department of Health 2001, 2003 and MCA 2002

- Extension of supplementary prescribing in nurses with limited formulary (POM/P/GSL for 4 treatment areas – minor ailments, minor injuries, health promotion and palliative care)
- Extended **supplementary prescribing responsibilities to other healthcare professionals including pharmacists (2003/2004)**



History of Non Medical Prescribing in the UK

Department of Health 2005 and Medicines and Healthcare products Regulation Agency (MHRA) 2005

- Independent prescribing of controlled drugs by nurses allowed (DH 2005)
- Supplementary prescribing by radiographers, physios, podiatrists and optometrists (DH 2005)
- **Independent prescribing for any licensed products within BNF by nurses and pharmacists (DH 2006)**



History of Non Medical Prescribing in the UK

- Nurses and Pharmacists to have **equivalent prescribing rights as doctors (including CDs)** (DH 2012)
- NHS commissioned **2000 funded independent prescribing training placement for pharmacists** working across primary care (2016)
- NHS commissioned recruitment a further **5000 pharmacist prescribers into primary care by 2025 (Structured Medication Reviews)**



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**The current state of
play in the NHS
&
Drivers for Pharmacist
Prescribers in UK**




INDEPENDENT

NEWS POLITICS VOICES FINAL SAY SPORT CULTURE VIDEO INDY/LIFE HAPPY LIS

NHS Crisis

HEALTH



Patients 'in pain and distress' as NHS six-month waits hit new record

'This is an NHS in a year-round crisis thanks to years of cutbacks and understa

NHS emergency care in crisis all year round

The NHS has struggled with winter for years but now doctors say the service is struggling with the other seasons too.

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DH taskforce demands urgent action to tackle GP workforce crisis

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Health

NHS 'no chance of training enough staff'

Pharmacist workforce

- Over >**56,000 registered pharmacists in UK** (General Pharmaceutical Council (GPhC) 2018)



- Skill, trained and regulated **clinicians**
- Expert/specialist knowledge in on **how medicines work best**
- Opportunities to become **independent prescribers**
- Postgraduate support and continual professional development/training **varies**
- Generally **underutilised** workforce across the NHS

Medicines are an important part of NHS care and help many people get well



We spend £18.2 billion a year on medicine (£1 in every £7 that the NHS spends) and they are a major part of UK economy

However, quality, safety and increasing cost continue to be an issue...

- Around **5-8% of hospital admissions** are medicines related, many preventable.
- Up to **50% of patients** do not take their medicines as intended
- Use of **multiple medicines is increasing** – over 1 million people now take 8 or more medicines a day, many of whom are older people – **‘Problematic Polypharmacy’**

Prevalence and Economic Burden of Medication Errors in the NHS in England – Elliot et al 2018



- Estimated **237 million medication errors a year** in the NHS in England
- Estimated 712 deaths → **avoidable Adverse Drug Reactions (ADRs)**
- ADRs contributory factor between **1,700-22,303 deaths a year**
- Cost implication: **£1.6 billion a year** (avoidable ADRs = **£98.5 million per year**)

Growing body of evidence supporting pharmacist integration

Impact of medication review, within a shared decision-making framework, on deprescribing in people living in care homes

Wasim Baqir^{1, 2}, Julian Hughes¹, Tania Jones³, Steven Barrett¹, Nisha Desai¹, Richard Copeland¹, David Campbell¹, Annie Laverty¹


Pharmacist prescribing in critical care: an evaluation of the introduction of pharmacist prescribing in a single large UK teaching hospital

Verity J Cross¹, James T Parker², Marie-Christine Y L Law Min², Richard S Bourne²

Effectiveness of Community Pharmacist Prescribing and Care on Cardiovascular Risk Reduction: Randomized Controlled Rx EACH Trial

Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC¹, Yazid N. Al Hamarneh, BSc(Pharm), PhD¹, Charlotte A. Jones, MD, PhD, FRCP(c)², Brenda R Hemmelgarn, MD, PhD, FRCP(c)³

Effects of non-dispensing pharmacists integrated in general practice on medication-related hospitalisations

V.M. Sloeserwij¹  | A.C.M. Hazen¹ | D.L.M. Zwart¹ | A.J. Leendertse¹ | J.M. Poldervaart¹ | A.A. de Bont² | J.J. de Gier³ | M.L. Bouvy⁴ | N.J. de Wit¹

Growing body of evidence supporting pharmacist prescribers

RESEARCH ARTICLE

Open Access

Assessing the contribution of prescribing in primary care by nurses and professionals allied to medicine: a systematic review of literature

Sadiq Bhanbhro, Vari M Drennan*, Robert Grant and Ruth Harris

Survey of patients' experiences and perceptions of care provided by nurse and pharmacist independent prescribers in primary care

Michela Tinelli MSc MSc PharmD MRPharmS PhD,* Alison Blenkinsopp OBE PhD BPharm MRPharmS,† Sue Latter BSc (Hons) RN PGDipHV PhD,‡ Alesha Smith BSc MSc PhD‡ and Stephen R Chapman BSc (Hons) CertHEcon FRSM MRPharmS PhD§

Pharmacist prescribing within a UK NHS hospital trust: Nature and extent of prescribing, And prevalence of errors

Evaluation of nurse and pharmacist independent prescribing

Department of Health Policy Research Programme Project 016 0108

Sue Latter

Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care (Review)

Weeks G, George J, Maclure K, Stewart D

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Pharmacists play vital role in improving patient health shows biggest review of evidence to date

Evidence has supported three key areas:

1. Access and efficiency
2. Patient safety
3. Person centred care

What does this all mean for the profession? Take home messages

1. Pharmacists **CAN** be **independent and autonomous practitioners giving holistic care.** Pharmacist prescribers **led clinics on the ↑**

2. Evidence is showing pharmacists are:
- Enabling **quicker/better access to medication**
 - **↓ workload**
 - **↑ care and safety**
 - **↑ Value and Return On Investment (ROI)**

3. Greater **collaborative integrated working** between pharmacists and multidisciplinary teams

