

**PHARMACIST PRESCRIBING APPLICATION FORM**

*Please complete all sections and return to the relevant Board Contact detailed below.*

**PHARMACIST DETAILS**

**NAME** Mary Smith

**PSNI REGISTRATION NUMBER** 1234

**Independent Prescriber** Yes  **Date on PSNI Register** 31.08.08

**Supplementary Prescriber** Yes  **Date on PSNI Register** 31.08.08

*If you are expecting to register during 2009 tick here*

**GP PRACTICE DETAILS**

**NAME** Dr Bloggs

**ADDRESS** 22 Main Street, Belfast BT1 7BR

**PRACTICE NUMBER** 543

**BOARD** *(current Board details)*

**EHSSB**

**EMPLOYMENT STATUS OF PHARMACIST** *please tick as appropriate*

**SELF EMPLOYED PHARMACIST EMPLOYED/ENGAGED BY GP PRACTICE**

**Yes**

**PHARMACY CONTRACTOR EMPLOYEE PHARMACIST  
EMPLOYED/ENGAGED BY GP PRACTICE**

**CONTRACTOR PHARMACIST EMPLOYED/ENGAGED BY GP PRACTICE**

**CLINICAL AREA**

*State the clinical area that your clinic will involve e.g. Hypertension*

Hypertension and cholesterol management

**DURATION OF CLINIC**

*For a maximum of 40 half day clinics (or equivalent) during the period 1 April 2009 – 31 March 2010.*

*Anticipated start date* 1<sup>st</sup> April 2009 (aim to start clinics 1<sup>st</sup> May 2009)

*Anticipated end date* March 2010

**AIM OF CLINIC**

*Describe the overall aim of the clinic*

The overall aim of the clinic is to improve the management of patients who have high blood pressure and raised cholesterol and ensure evidence based, safe and cost-effective prescribing for this group of patients with resultant improvements in the health and well-being of these patients.

**OBJECTIVES**

*Outline the objectives of the clinic*

1. To undertake a cardiac risk assessment of the practice's selected patient population.
2. To make assessments of these patients e.g. blood pressure reading, cholesterol measurement, and any other tests required.

3. To provide lifestyle advice to this group of patients which will be tailored to each individual and may include healthy eating, smoking cessation, exercise.advice
4. To assess the medication that these patients are being prescribed and ensure that this is line with current best practice and evidence, making changes to existing therapy where required.
5. To make additional interventions as required e.g. prescribe additional medication to reduce risk
6. To undertake any routine monitoring that is required for these patients e.g. LFTs, U&Es.
7. To assess and improve patients' understanding of their medical condition and medication, with the aim of improving compliance where necessary.
8. To review patients as appropriate to ensure good ongoing care.
9. To liaise with other staff in the practice to maximize patient care and outcomes.

## **RELEVANCE**

*Outline how the clinic is aligned to the current regional or local strategic imperatives of the health service and how it will involve an appropriate level of prescribing*

Coronary heart disease is one of the biggest causes of mortality and morbidity in Northern Ireland and we have one of the highest levels in Europe. CHD is a target area for health improvement in Northern Ireland and also appears as a priority area under QoF in the national GMS contract. Recognised guidelines in this area have been produced by a number of bodies across the UK including NICE, SIGN and the British Hypertension Society and it is important to ensure that these guidelines are implemented in general practice to ensure the best outcomes for patients. Recent DHSSPS guidance has also been produced as part of the Pharmaceutical Clinical Effectiveness programme, specifically in the area of ACE inhibitors and statins and this clinic would provide an opportunity to ensure that patients of the practice are treated in line with these guidelines. This

project would involve a significant prescribing component. The main drugs that will be prescribed are diuretics, ACE inhibitors, aspirin and statins, with other cardiovascular drugs also being prescribed where appropriate.

## **METHODOLOGY**

*Attach a brief plan outlining:*

### ***The assessment of need undertaken to select the patient group involved in the clinic***

Discussion with practice staff would suggest that a clinic in this area would be very appropriate for the practice since it does not currently run a cardiovascular clinic and patients with CHD are managed by either the GP or nurse at specific appointments. The practice has a lot of elderly patients and a large register of patients with cardiovascular disease and the lead GP is of the view that a pharmacist led clinic would be very valuable in terms of managing these patients.

### ***How the clinic will support the GP practice in care of patients in the chosen clinical area***

The clinic will support the practice since it will be the first time that such a facility has been made available to the patients. It will provide an opportunity to invite patients to an appointment in a prioritized way and allow a full assessment to be made of patients and their management. The clinic will be supported by phlebotomy services and any necessary tests and monitoring appropriate for this setting will be carried out at the time of the clinic. The clinic will also be used to regularly review patients, especially those who are unstable and will be available to patients who are worried about an aspect of their care.

### ***How patients will be selected for the clinic***

Patients will initially be selected for the clinic using the following criteria:

Diagnosis of hypertension or high cholesterol with no other co-morbidities

Systolic blood pressure > 150mm HG and / or total cholesterol >5

Monotherapy for each condition

Depending on the numbers of patients this involves, who attends the clinic and outcomes, these criteria will be reviewed and expanded upon as appropriate

***How many patients will be involved***

Initially approx 40 patients will be targeted but this will be reviewed as outlined above

***How you will plan, and run the clinic***

The first few weeks of funding will be used to work closely with the lead GP and practice nurse to agree the criteria for patient selection and key functions of the clinic, building on what is outlined above, in advance of the clinic starting. The practice's patient list will be searched for patients who meet the outlined criteria and after agreement with the GP, a selected list of patients will be written to and invited to attend the clinic. During these first few weeks, guidelines and SOPs for the work to be undertaken will be developed and agreed in the practice. A structure for each patient review will be developed as will a formulary of medication that will be prescribed. I will work closely with the practice receptionist and nurse in terms of the practicalities of running the clinic.

***What records will be kept relating to your prescribing and patient outcomes***

I will have access to a computer with the full patient record contained on this so records will be updated either during or immediately after the consultation. I will have my own sign on details so an audit trail is available of my work. A full record of the patient's consultation, including advice given, patient problems, compliance issues and prescriptions (if any) will be made in the patient's notes. I will also record details of any assessments or tests undertaken (eg BP)

***How care of the patients involved will be managed at the end of the clinic***

It is hoped that the value of such a clinic will become clear during this pilot and ideally, the clinic will continue to be run by a pharmacist. However, if this is not possible, I would be keen that a clinic continues, even if it is GP and nurse led and the GP and/or nurse will therefore resume the routine care of patients at the end of the clinic. In terms of management of the patients, a meeting will be arranged with the lead GP and practice nurse in January 2010 to review my patients and discuss their future management. At this stage, any change in management of the patients at the end of the clinic would need to be discussed with, and explained to, the patient to reassure them that their care will not be compromised. In some cases a letter would probably be sufficient.

**CLINICAL GOVERNANCE**

*I confirm that I will comply with, the Clinical Governance Guidance for the General Practice in which I am working, the Board Guidance for Non-Medical Prescribing in GP practices and the RPSGB's Clinical Governance Guidance for Pharmacist Prescribing. Please tick as appropriate:*

**YES**  **yes**                      **NO**

**COMPETENCE**

*I confirm that I have completed the required level of CPD and consider that I am competent to prescribe in the therapeutic area of the proposed clinic.*

*Please tick as appropriate:*

**YES**  **yes**                      **NO**

**Pharmacist signature**

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<b>GP Signature</b>

**PLEASE SEND THIS APPLICATION FORM TO THE APPROPRIATE BOARD CONTACT DETAILED BELOW**

<b>HSS BOARD</b>	<b>BOARD CONTACT</b>
Eastern Health and Social Services Board 12-22 Linenhall Street Belfast BT2 8BS	Dr Brenda Bradley
Northern Health and Social Services Board County Hall 182 Galgorm Road Ballymena BT42 1QB	Mrs Glynis McMurtry
Southern Health and Social Services Board Tower Hill Armagh BT61 9DR	Ms Teresa McAllister
Western Health and Social Services Board 15 Gransha Park Londonderry BT47 6FN	Ms Joanne McDermott