

PHARMACIST PRESCRIBING PILOT IN PRIMARY CARE

GUIDANCE NOTES FOR BOARDS, TRUSTS, PHARMACIST PRESCRIBERS, GP PRACTICES AND COMMUNITY PHARMACY CONTRACTORS

PURPOSE

This paper provides Health Boards, Trusts, pharmacist prescribers, general practitioners (GPs), and community pharmacy contractors with information on arrangements for a two year pilot to support a joint working initiative between GPs and qualified pharmacist prescribers to establish pharmacist prescribing clinics. In particular it advises that:

- Funding is available for the establishment of supplementary or independent prescribing clinics by qualified pharmacist prescribers in primary care settings from April 2009.
- The weekly payment rate for a pharmacist prescriber will be £150 for a half day clinic, or equivalent. A one off grant of up to £500 for set up costs will also be available.
- DHSSPS will fund the project and the Central Services Agency (CSA), or its successor in title will have responsibility for making payments to independent contractors i.e. community pharmacists or GP practices.
- The Board will have a contract with the community pharmacy contractor or General Practice which has employed or engaged the prescribing pharmacist and will have responsibility for the management, support and governance of pharmacist prescribing clinics within their area. (The Board refers to the relevant Health and Social Services Board until the Regional Health and Social Care Board is operational from April 2009)

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ACTIONS

Boards and Trusts should:

- Note and facilitate the arrangements outlined in this paper.
- Direct pharmacists to the Funding Application information available at www.nicpld.org

GP practices and Prescribing Pharmacists should develop joint proposals for pharmacist clinics ensuring that they comply with:

- The Clinical Governance Guidance For Pharmacist Prescribers available at www.nicpld.org
- The Clinical Governance Framework of the GP practice. (practice specific)
- The HSS Board's Guidance for Non Medical Prescribing within GP practice available at www.nicpld.org
- The application process and forms available at www.nicpld.org

If the funding will be paid to a community pharmacy contractor who is not the prescribing pharmacist, the contractor should also be involved in the development of proposals.

BACKGROUND

The development of a pilot for pharmacist prescribing in primary care is one of the key objectives of a three year regional project for pharmacist prescribing in Northern Ireland which started in April 2008.

Pharmacist prescribers offer many potential benefits to both patients and the HSC. These include giving patients improved access to medicines, expertise and services as well as making better use of pharmacists and GPs' skills.

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Pharmacists are involved in two types of prescribing, supplementary and independent.

Supplementary prescribing

Supplementary prescribing is a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient's agreement. When suitably qualified, the Pharmaceutical Society of Northern Ireland's (PSNI) register is annotated to identify pharmacists as supplementary prescribers and they are able to prescribe any medicine (including controlled drugs) within the framework of a patient-specific CMP, agreed with a doctor.

Independent Prescribing

Independent prescribing is prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed conditions and for decisions about clinical management required, including prescribing.

Pharmacist independent prescribers when qualified and the PSNI register is appropriately annotated are able to prescribe any licensed medicine for any medical condition within their competence, with the exception of controlled drugs.

It is expected that pharmacist prescribers involved in the pilot will work within their sphere of competence. Pharmacists must agree a contract with the GP practice in which they are working which outlines the parameters of their practice and prescribing. A sample contract will be provided at the point of approval of funding.

AIM OF THE PILOT

This pilot aims:

- To encourage partnership working between GPs and pharmacists and make better use of the skills of pharmacists.

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- To improve patient care, give patients increased choice in accessing medicines and make it easier for them to get the medicines they need without compromising safety.
- To inform the future development of pharmacist prescribers in primary and community care settings.

OBJECTIVES

The objectives of the pilot are:

- To provide resources to support the development of pharmacist prescribing (supplementary and independent) within primary care in Northern Ireland.
- To support the development of prescribing competence for pharmacist prescribers in primary care post qualification.
- To keep appropriate records to support the evaluation programme that will assess the impact of pharmacist prescribing.
- To inform the future role of pharmacist prescribers in primary care and the community.

SCHEME OUTLINE

Pharmacists who are qualified and registered with the PSNI as supplementary or independent prescribers are invited to apply for funding to allow them to undertake specific clinics within primary care. During the first year of the pilot it is anticipated that clinics will be situated within GP practices although other settings such as community pharmacies may be considered if they meet the required standards.

The scope and running of the clinics is left to the GP practice and pharmacist but must meet the clinical governance standards of the individual GP Practice and the Royal Pharmaceutical Society of Great Britain and comply with the HSS

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Board's '*Guidance for Non Medical Prescribing within GP practices*'. (Available at www.nicpld.org)

PROFESSIONAL INDEMNITY

Pharmacists will be required to provide the Board with evidence that they have adequate professional indemnity insurance for the prescribing clinics and GP practices are recommended to advise their insurance companies.

ACCESS NI

If necessary pharmacists should comply with the Access NI requirements for healthcare professionals working in the GP practice. Pharmacists are advised to discuss this with the practice they plan to work with at the earliest opportunity to allow sufficient time for the recommended checks to be completed if needed.

Further information about Access NI is available at www.accessni.gov.uk

FUNDING

The funding is available to provide protected time in order to allow a pharmacist prescriber to undertake the clinic and to cover any additional set up costs that the pharmacist or GP practice may encounter in providing the clinics.

It can be used to provide for pharmacy locum cover for an estimated one half day session per week (or equivalent), the set up costs of the clinic, for example to cover time in developing CMPs, and any additional workload encountered.

The grant available for each clinic is as follows:

- £500 for any initial set up costs which, where appropriate, may be apportioned between the Community Pharmacy and GP practice and

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- £150 per week, for up to 40 weeks during the period 1 April 2009 – 31 March 2010, for providing one half-day clinic per week (or equivalent).

It should be noted that resources for this initiative are limited and proposals must not exceed the funding allocated.

EVALUATION AND REPORTING

Evaluation of the pilot will be necessary to inform future policies involving pharmacist prescribers and a formal evaluation programme is planned. Contractors that receive funding will be required to maintain appropriate records for this purpose. Patient confidentiality will be respected in the collection and use of any information. Further information relating to evaluation will be provided prior to 1 April 2009.

DURATION

Funding will be available from 1 April 2009 and initially funding will enable pharmacists to hold up to 40 clinics during the period to 31 March 2010. Information about the continuation of clinics for a second year will follow.

Pharmacist prescribers from the 2009 training cohort may be included in funding applications in November 2009 to hold clinics during the period 1 April 2010 – 31 March 2011.

SUSTAINING PATIENT CARE

Pharmacists and GPs should have an agreed strategy for how patients who have been managed within pharmacist led clinics during this pilot will be cared for when the clinics cease.