MAKING THE CONNECTIONS:
Using healthcare professionals to deliver organisational improvements

Pharmacist independent prescribing in primary care and out-of-hours care


The Care Closer to Home agenda will result in an increased number of patients accessing healthcare locally and in a variety of settings. Healthcare staff providing these services may need to be more flexible about where they provide their care, or those practitioners already working in primary care may need to increase their skill sets to support the changing workload.

Out-of-hours services are commissioned to provide unscheduled care to patients outside of core surgery hours, allowing patients access to medical care and advice at all times.

Magnus uses his prescribing qualification to manage patients with long-term conditions in a GP setting. He also works for the local out-of-hours provider alongside nurses and GPs triaging patients, diagnosing minor ailments and prescribing appropriate therapies.

Magnus sees around 50 patients per week over four clinical sessions in general practice, for the routine management of long-term conditions. He also sees some urgent, unscheduled patients when needed. As a practice pharmacist, Magnus is ideally placed to deal with all medicines management issues, including the compliance and medication review that supports achievement of the Quality and Outcomes Framework (QOF) while maximising prescribing efficiency. The practice has a two-year history of achieving 100% QOF points, with the percentage of patients above the threshold for clinical indicators higher than average.

Magnus triages around 30 patients per 6-hour shift at the out-of-hours centre, together with dispensing all the medicines prescribed out of hours. He mainly deals with upper respiratory tract infections, allergies, rashes, gastrointestinal problems and resolves medication-related queries from both patients and the out-of-hours team.

A GP at the Bloomfield Practice said:

“The appointment of our pharmacist practitioner has been, in my opinion, one of the most important progressive moves we have made as a practice in recent years. The breadth of skills in medicines management, both from a clinical and Practice Based Commissioning perspective, have been invaluable, not to mention the huge impact in new drug/clinical research appraisal, neither of which were strong points of myself or my partners. Add to this a strong, rational and continually improving evidence-based clinical input, and you have an invaluable and cost-effective member of the primary healthcare team. Seriously makes me wonder how we managed without one.”
Nurse independent prescribing in secondary care accident and emergency


Accident and emergency (A&E) departments across the country see huge numbers of patients on a daily basis with conditions ranging from minor illness and injury to major and life-threatening disease or trauma. The ability to manage this workload to maximum efficiency requires the judicious use of professional time and skills, and the development of staff to extend their scope of practice.

Emergency nurse practitioners (ENPs) in King’s Lynn form part of the A&E multidisciplinary team for around 50% of the 24-hour, 365-days-a-year service provided. The trust hopes that further training and development could lead to an ENP presence at all times. Attendances at the department in 2006/07 reached over 50,000, of which over 4,000 (8.4%) patient episodes of care were handled entirely by an ENP.

As a qualified nurse independent prescriber, Chris can deal with conditions such as pain relief, allergy and minor infections without the need to liaise with a doctor – saving time for doctor, nurse and patient. This, in turn, increases departmental capacity and efficiency, and reduces waiting times. Patients benefit too, by spending less time waiting for a prescription for the medicines that can alleviate their discomfort and distress.

---

**Chris Rumble**
Emergency Nurse Practitioner
Queen Elizabeth Hospital,
King’s Lynn

chris.rumble@nhs.net
Pharmacist independent prescribing in primary and secondary care


Around 12% of the English population, with some variance amongst regions and ethnicity, have hypertension, making it one of the largest treatable medical problems seen within primary care. Poor hypertensive control leads to stroke, diabetic complications and heart attacks. The growing workload due to demographic changes and lower treatment thresholds means that the use of clinicians other than GPs for its management will be essential.

Helen was initially recruited into the multidisciplinary heart failure team at King’s College Hospital, London, because of published research demonstrating that a pharmacist can help reduce heart failure events and mortality. Pharmacist prescribers were then included in the cardiac rehabilitation programme to optimise secondary prevention strategies after an acute cardiac event. Their broad knowledge of medicines also enables them to support patients with complex therapeutic regimes. Using pharmacist prescribers has helped improve patients’ knowledge and compliance, which should lead to improved outcomes.

Helen’s current role is mainly within primary care where she runs and supports pharmacist-led hypertension clinics in GP surgeries, particularly aimed at patients whose GPs and nurses have not been able to reduce their blood pressure to recommended levels. To date, pharmacist involvement has resulted in 60% of the patients who previously failed to meet blood pressure targets now reaching recommended levels. Helen hopes that the current three clinics per week will increase to 10, managing around 100 patients per week. GPs could then maintain funding based on the improvement in their Quality and Outcomes Framework achievement.
Nurse independent prescribing in secondary care


Specialist nurses working in secondary care have a wealth and depth of experience in their respective fields, making them invaluable members of the multidisciplinary team. Nurse prescribing is a natural and logical progression which enables continuity of care and recognises the skills and experience of specialist nurses.

Eileen Brennan
Nurse Consultant Paediatric Nephrology
Great Ormond Street Hospital, London
brenne@gosh.nhs.uk

Eileen’s work is in the specialist area of paediatric hypertension, which is often associated with renal disease. She runs a half-day outpatient clinic for up to five patients per clinic where she can carry out a detailed assessment of each child. This provides the family with a detailed plan for the investigations and treatment of the child along with the desired outcomes. As a nurse independent prescriber, she initiates and titrates their medicines in response to regular blood pressure recordings. She is able to respond promptly if patients have problems with side effects or efficacy, thereby improving their quality of life, disease control and health outcomes. She manages the specialist care of around 16 children at any one time.

Eileen believes that her clinical independence together with a family-centred approach can control most patients’ blood pressure within six weeks of their first appointment; previously, this could entail several outpatient appointments – taking a much longer time to achieve the optimal treatment for hypertension.

Eileen also leads ward rounds in the hospital where she is able to put her prescribing skills to good use.

Apart from the benefits to patients and their families, specialist non-medical prescribing helps support safe prescribing practice. Great Ormond Street Hospital addressed concerns and barriers around non-medical prescribing by developing rigorous processes for training selection, a managed introduction of non-medical prescribers, professional supervision and regular continuing professional development.
Nurse independent prescribing in the community and outpatients


Epilepsy is the most common chronic disabling condition of the nervous system, affecting around one in 30 people at some time in their lives. Around 1,000 people die per year as a result of epilepsy, of which 500 deaths are sudden or unexplained. NICE guidance (CG020) maintains that epilepsy specialist nurses should be an integral part of the network of care of individuals with epilepsy. Their key roles are to support both epilepsy specialists and generalists, ensure access to community and multi-agency services, and provide information, training and support to patients, families and carers.

The National Sentinel Clinical Audit of Epilepsy-Related Death (2002) cited 20% of adults and 45% of children with epilepsy as having inadequate medicines management. The report recommended that all patients should be reviewed annually as a minimum, together with access to a specialist nurse.

Tracey is able to use her prescribing qualification to prescribe anti-epileptic drugs to both adults and children in outpatients or a domiciliary setting. Tracey believes that the service she can now provide for her patients is beneficial to all concerned. It provides prompt access to specialist advice, rapid access to clinics for patients having difficulties, and allows the neurologist to spend more time on new referrals.

Patients with unstable epilepsy such as prolonged or frequent seizures need immediate attention to their medication to minimise possible harm to the patient, as well as the disruption to their daily lives and the possible consequences of a poorly controlled medical condition. Being able to tailor medicines regimes to an individual patient’s condition minimises the risk of side effects and increases efficacy, making it much more likely that the patient can continue to work and look after their children. Reviews of patients’ medicines and subsequent follow-up prescribing can improve patient compliance and quality of life; for example, by addressing formulation, frequency of dosing and side effects.

Tracey Truscott
Epilepsy Specialist Nurse
Eastern and Coastal Kent Primary Care Trust
tracey.truscott@ekentmht.nhs.uk
01227 594648
Pharmacist prescribing in HIV Services


There are around 80,000 people living with HIV in the UK, with an annual growth in diagnoses of between 7,000 and 8,000. It is also estimated that around 30% of people with HIV are unaware that they carry the virus. Advances in the treatment of HIV mean that patients are able to live normal lives and have a normal life expectancy which, with the associated conditions of older age, will lead to increasing numbers of patients with complex prescribing needs.

Claire Richardson
Lead Specialist Clinical Pharmacist
HIV and Sexual Health
Brighton and Sussex
University Hospitals NHS Trust
claire.richardson@bsuh.nhs.uk
01273 696955 bleep 8113

Claire is one of four whole-time equivalent pharmacist posts recruited to work with the HIV and Sexual Health Service Department at Brighton and Sussex University Hospitals NHS Trust. They have a caseload of around 1,600 patients, of whom 1,100 are currently on antiretroviral treatment.

As an independent prescriber, Claire is able to hold a clinic where she can initiate antiretroviral therapy according to individualised patient care plans and, at the same time, advise patients on a wide variety of medicines-related issues.

Patients whose condition is failing to respond to their current therapy are able to have their current medicines changed to more effective agents by Claire, in line with test results. This is carried out during one-hour appointments where Claire is able to discuss the new treatment with the patient, while also addressing issues around medicines compliance and side effects.

Ensuring that patients are able to discuss their therapy and be proactive in their own care is an essential component of HIV care, where patients must be compliant with at least 95% of doses to ensure that the drug has maximum efficacy. Poor adherence and increased drug resistance ultimately leads to patients requiring newer and highly expensive anti-HIV agents.
**Pharmacist independent prescribing in primary care**


With a number of national initiatives being developed, added to those that are already part of routine care, there will be a significant impact on the way healthcare is delivered in the primary care setting. These include *Our Health, Our Care, Our Say* and the Care Closer to Home agenda, increasing the number of clinical domains in the new General Medical Services Quality and Outcomes Framework (QoF), and the commitment to increase primary care access for patients at evenings and weekends. Non-medical prescribing is an excellent way to maximise the skills of existing staff to support the delivery of the NHS agenda.

Rachel has been prescribing for about two years, working in a busy GP surgery. She runs either a morning or afternoon clinic every day dealing with around 50 to 60 patients a week. They suffer from a range of long-term conditions including diabetes, hypertension, chronic obstructive pulmonary disease, asthma and chronic kidney disease. Other duties include authorising some repeat medicines, answering medicines-related telephone queries, and supporting the QoF and medicines management initiatives recommended by the primary care trust (PCT).

Rachel’s role in the practice has enabled her to provide services to patients that are flexible and accessible. Her appointments are 20 minutes long and pre-bookable, providing more time than patients would normally have with a GP appointment. The reduction in GP workload means that they can target their time towards the patients with more complex medical needs. This is borne out by the excellent QoF results for the practice in 2006/07 where they achieved maximum points for all clinical areas.

The GPs in Bristol were quick to see the benefits of having a pharmacist in their team – which was initially funded by the PCT for four hours a week. Following her initial qualification as a supplementary prescriber, Rachel was asked to work full time for the practice with four days funded by the practice itself.

**GP, Dr Carole Buckley, said:**

> Pharmacists are highly trained and skilled professionals with a lot to offer patients as part of the primary health care team. We have found our Independent Prescribing Clinical Pharmacist, Rachel Hall, a huge asset to the practice. She is popular with patients and staff and increases both access and choice to patients for management of their chronic diseases. She also improves the medicines management systems at the surgery, taking repeat prescribing decisions away from the busy doctors, freeing them for more clinical work with patients. Making Rachel a full-time member of the team has been a very positive move for this practice.

Rachel Hall
Primary Care Pharmacist
The Old School Surgery,
Bristol

rachel.hall@gp-l81075.nhs.uk
0117 965 3102
Dermatology is one of many clinical areas that are ideally placed to use the expertise of specialist nurses with a prescribing qualification. The long-term, and often visual, nature of dermatology conditions means that many patients benefit from person-centred care that caters for both their physical and psychological needs. Increasing demands on services, for example from higher rates of skin cancer and allergic conditions – highlighted in the NHS Plan (2000) – have placed increased demands on prompt access to dermatology services across England.

The Dermatological team at Nottingham University Hospitals Trust employs seven nurse prescribers. Thanks to these nurse prescribers, the trust is able to meet the increased patient demand for dermatology services.

Sandra’s work recognises that patients with dermatological conditions have complex needs that require flexibility in their treatment strategies, with the ability to spend the right amount of time with each patient at a consultation. Sandra feels that ensuring patients are compliant with therapies that meet their needs is the most effective way of resolving their skin conditions and improving their quality of life.

Sandra is able to see around 40–50 children in clinics per week, and sees both new cases and follow-ups, allowing her to manage complete episodes of care. She is also leading a drive to support and train staff for specialist clinics in primary care settings where the majority of dermatology care can be successfully managed. Sandra’s work has led to the local primary care and acute trusts working in partnership to form a telemedicine service which uses the skills of nurses and GPs with a special interest to reduce waiting times.

Dr John English, Consultant Dermatologist, said:

“It is great to see the specialist nurses independently prescribing. Over the past few years in Nottingham, we have had several nurses undertake the Nurse Prescriber Course who are now putting theory into practice. It means that the doctors in our department are no longer required to personally prescribe every single item for patient care, which allows us all to work much more efficiently. The nurses are now able to manage patients independently and use our skills appropriately, accessing medical support based on their clinical and theoretical knowledge. For the more complex patients, team work has been vital to ensure that we also support supplementary prescribing for those patients requiring complex packages of care.”
Pharmacist supplementary prescribing in secondary care


Hospital pharmacists are ideally placed to be prescribers in a wide variety of clinical specialties. They have both a broad knowledge of medicines and a depth of specialist knowledge gained through experience and postgraduate qualification. Medical records can be easily accessed, and they are able to closely monitor progress with therapy, with the support of other clinicians including consultants. Specialist pharmacist roles allow outpatient appointments and clinics to be managed by non-medical staff, with ready access to medical staff if necessary, which enhances the clinical skills of specialist pharmacists, improves team working and increases access for patients.

Anna uses her supplementary prescribing qualification in three main ways:

- **Running medicine review clinics to ensure optimisation and rationalisation of therapy.** Pharmacists are ideally placed to promote patients’ compliance with therapy, after a discussion about concordance for medicines prescribed for them and checking the understanding of their condition. In addition, the patient benefits from an appointment with a pharmacist who is able to assess, deal with and support other medication needs, providing a holistic and individualised approach to patient care.

- **Initiation of medication for interstitial lung disease where Anna is able to prescribe therapy (for example, prednisolone and azathioprine), as well as ordering and monitoring regular blood tests and X-rays.** The ability of a non-medical prescriber to manage these patients helps increase the capacity of the clinic, and provides continuity of care for the patient.

- **Severe asthma patients whose condition requires newer or complex therapy such as immunosuppressants or omalizumab.** Anna is able to assess suitability for therapy and prescribe according to hospital protocols.

Anna’s post was created within the Respiratory Directorate from funding identified for increased pharmacy support, particularly to the Specialist Cystic Fibrosis Unit. Future plans include conversion to independent prescriber status to enable her to efficiently manage patients referred by external agencies, like GPs and community matrons.
Pharmacist supplementary prescribing in care homes


The National Service Framework for Older People (2001) describes how older people are most at risk of long-term conditions, non-elective hospitalisation, falls, and adverse events associated with medicines.

There are around half a million older people living in care homes, and they receive up to four times as many prescription items as those living in their own homes. Service users in care homes are considered to be well provided for in terms of social and physical needs but it is important not to overlook the need for person-centred healthcare.

Louise, and her nurse prescriber colleague Wendy Brennan, have pioneered an approach to providing enhanced and person-centred care to 160 care home residents in central Lancashire.

Several GPs, a pharmacist and a nurse have worked together to produce Clinical Management Plans for all 160 patients. Clinical Management Plans provide a framework in which to carry out medicine reviews, and the authority to make changes to medicines where necessary. The collaboration of three different healthcare professionals producing the Clinical Management Plans gives added value, with each person sharing and supporting the knowledge and expertise of the other.

The only challenge faced was acceptance by care home staff, although once relationships had been built up, this ceased to be a challenge.

A published evaluation showed that the project might have contributed to a 32% reduction in falls, 60% reduction in fractures and 7% reduction in hospital admissions resulting in a better quality of life for service users, and significant savings in direct and indirect health and social care costs. The call-out rate for the patients' GPs also fell by more than 85%, leaving GPs more time to spend with patients at the surgery. Indirectly, these savings more than compensate for the costs of providing the service and should be of interest to Practice Based Commissioning groups.

The service will become even more efficient and effective when the pharmacists involved are qualified as pharmacist independent prescribers.

Louise continues to work to improve the lives of older people, but now also works to spread this service across the primary care trust, hoping to share good practice with all the care homes and also to support vulnerable older people in their own homes.
Nurse independent prescribing in a walk-in centre and out-of-hours care


There are currently just over 90 walk-in centres across the country, open for at least 15 hours a day, 365 days a year. Walk-in centres are nurse-led and generally deal with minor injuries (for example sprains, cuts) and minor ailments (for example allergies, pain, rashes).

Out-of-hours services are commissioned to provide urgent care outside of core surgery hours. Under the new General Medical Services contract, GPs are not required to provide 24-hour care for patients, so alternative providers operate a variety of services to allow patients to get medical advice and care at all times.

Out-of-hours services are commissioned to provide unscheduled care to patients outside of core surgery hours, allowing patients access to medical care and advice at all times.

Matt is a senior nurse and independent prescriber working in both a walk-in centre and out-of-hours service. The centre has around 100,000 contacts per year, and employs seven nurse prescribers and more staff who wish to train to prescribe. Matt considers that, as an independent prescriber, he completes full episodes of care for up to 50 patients per week. These patients would have previously had to wait for a prescription signed by a doctor.

The success and expansion of the prescribing team is due to the support of the medical director, lead nurse and the GPs who make up the out-of-hours team of clinicians. The primary care trust’s non-medical prescribing lead also supports the students by co-ordinating places on the course, placements and continuing professional development to ensure that all non-medical prescribers are able to keep up to date with therapeutic developments.

Traditionally, walk in centres used a range of Patient Group Directions to supply medicines, which could be time-consuming in terms of management and stock control. Having nurse independent prescribers means more patients have their episode of care completed by a nurse, and nurses can treat patients from outside of the area who need prompt access to repeat medication. This flexibility is even more advantageous in the out-of-hours setting, where patient needs are often more wide-ranging.
Nurse independent prescribing in sexual health services


Sexual health services are a key priority for the NHS, with sexually transmitted infections and HIV cases continuing to rise. The existing commitment in the The NHS in England: The Operating Framework 2008/09 to deliver 48-hour access to genito-urinary medicine (GUM) clinics means that services may need to increase capacity. Using existing staff with enhanced qualifications and skills may help to achieve this.

All medicines provided by nurses in the Camden Primary Care Trust GUM and HIV clinics were previously supplied via a Patient Group Direction (PGD). This meant that a PGD had to be written for each individual medication, with each PGD signed by specific nurses, as well as requiring a regular review of the documentation.

Using a PGD gave little flexibility for treatment options, so specialist GUM and HIV nurses began training to become independent prescribers. Independent prescribing has given them the autonomy to prescribe any medicine for any medical condition that they are competent to treat.

In practice, the GUM nurses are restricted to the local GUM clinic medicines guide (as are the medical staff), and the HIV nurses are guided by their medical mentors, prescribing mainly HIV antiretrovirals.

Using nurse independent prescribers allows patients to receive prescriptions for urgent or follow-on therapy without the need to see a doctor, thereby freeing up medical time. HIV medicines are supplied via a prescription, thus reducing the nursing workload associated with stock holding and PGD documentation. GUM nurses continue to prescribe and supply medicines directly to patients, such as during out-of-hours periods or if the patient would prefer not to use a community pharmacy.