
Prescribing Patient Facing Clinical Pharmacists

Update for Practices Spring 2018

Staffing

It's almost two years since our first cohort of clinical pharmacists started piloting the role of Clinical Pharmacists in General Practice. The role has now become predominantly patient facing in most practices. We have four clinical pharmacists who have completed their independent prescribing qualifications.

This has been an intense training period for all those involved and the clinical pharmacists would like to extend their thanks to all practices, educational supervisors and mentors whom they've worked with during this process.

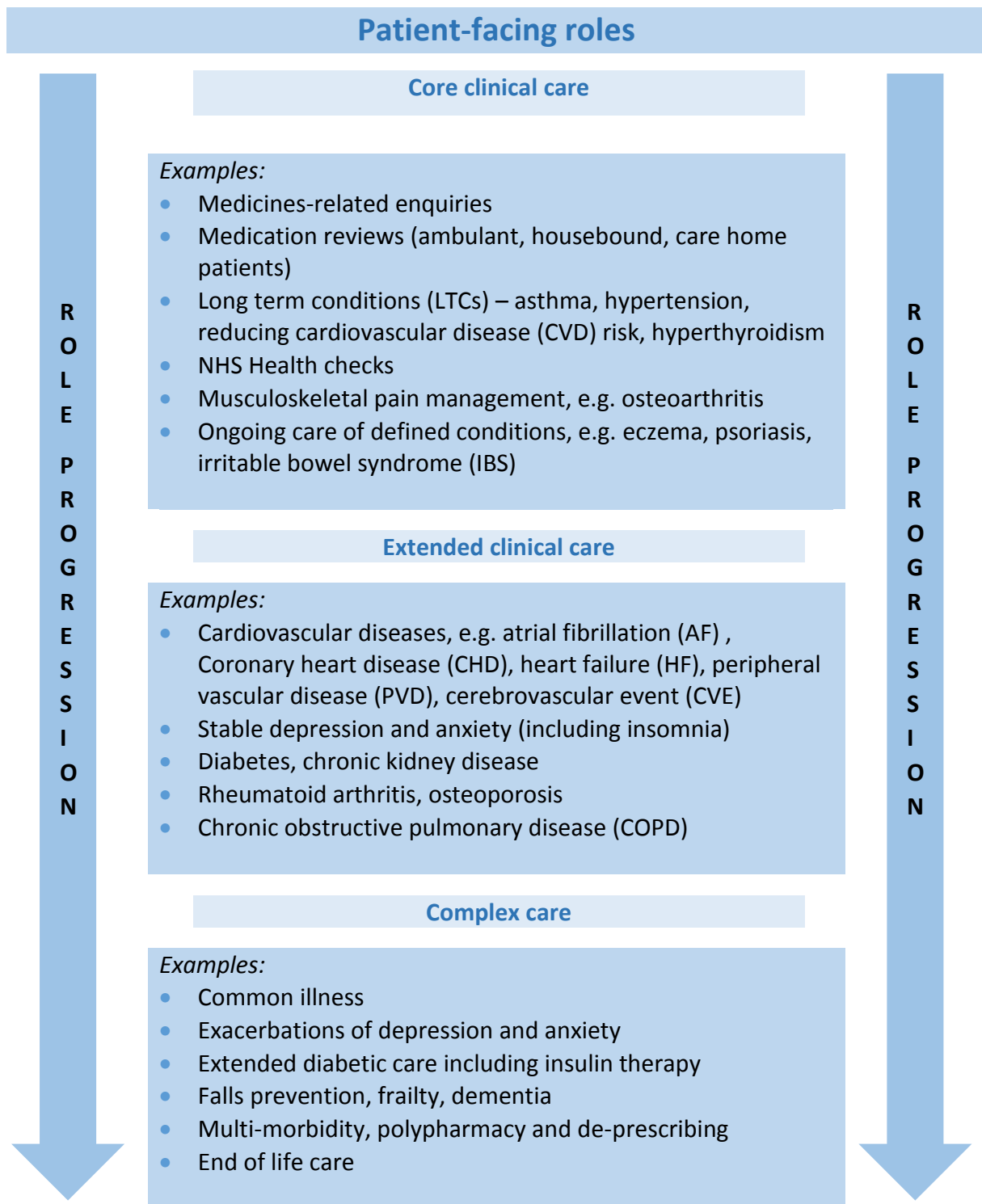
Two pharmacists have now started phase 2 of the Clinical Pharmacists in General Practice training: one of them is already an independent prescriber.

Evaluation - planning for national and local needs

In October we were all given the opportunity to feedback to NHSE on this pilot scheme through an independent evaluation by Nottingham University. The results of this evaluation will help NHSE in understanding how the pilot has progressed and feed into phases 2 and 3. These results will be shared once they become available.

Up until now the KPI data requested by NHSE only reflected the Pharmacists' medication review activity. Since the role has evolved to include much more, we are currently undertaking studies to evaluate our performance more clearly. We hope to develop this into evaluating against outcomes. NHSE are also amending their KPIs to evaluate the activity more clearly.

What evaluation data will be most helpful to your practice? Take a look below at what pharmacists are currently doing in practices across the country, and let us know what information will most help you to plan practice or locality-wide services.



Key conditions supported

Protocols are in place so our pharmacists can provide the following chronic disease management:

- Hypertension clinics – they will be able to see patients from diagnosis onwards; uptitrate medication in patients who already have a diagnosis of essential hypertension but are not adequately controlled.

- Primary prevention lipid clinics – for those patients with a Qrisk score >10 who need lifestyle advice and may want to consider starting a statin.
- Vitamin D deficiency clinic – for those diagnosed with Vitamin D deficiency who need to start on Vitamin D replacement/maintenance therapy.

Additionally we are now launching new protocols for COPD and Asthma

- COPD- for those patients newly diagnosed or who have inadequate response to treatment.(not including spirometry)
- Asthma- medication review for those diagnosed with Asthma.

If you're not aware of these protocols please contact your clinical pharmacist.

Where next?

Future role of the pharmacists

Areas in which we aim to develop in the next 6 months include the following:

- Type 2 Diabetes – we are preparing protocols for the four prescribing pharmacists to deliver diabetes clinics, with a focus on medicines management that currently has to be done by GPs and Nurse Practitioners.
- Osteoporosis - initiation of bisphosphonates, calcium and vitamin D supplementation, monitoring of need for a drug holiday.
- Medicines optimisation post MI and for heart failure– dose titration of beta blockers and ACE inhibitors post hospital discharge.
- NOACs – initiation and conversion from warfarin.
- Chronic Kidney Disease (CKD) – incorporating BP control, annual GFR check, CV risk, bone protection and review for nephrotoxic drugs.
- Domiciliary visits to carry out medication review for housebound patients
- Rheumatoid Arthritis – monitoring of DMARDs.

If there are other areas where you feel the pharmacist role could be developed, please contact us to discuss.

Receiving future updates

These newsletters will go out regularly to Practice Managers to circulate to their practices, but will also be available on the Salus Medical Services website <http://www.salusmedical.co.uk>

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Please send comments or feedback on any of the above to: r.nilsen@nhs.net