ALL-PARTY PHARMACY GROUP

Chair: Dr Howard Stoate MP
Vice Chairs: Dr Jenny Tonge MP & Rt Hon Lord Newton of Braintree OBE
Treasurer: David Heath CBE MP
Secretary: Mark Todd MP

Pharmacist Prescribing

A report to Health Ministers

Background

The principle that health professionals other than doctors should have prescribing responsibilities is already established. In particular, nurse prescribing is already permitted and has proved successful. The Review of Prescribing, Administration and Supply of Medicines, chaired by Dr June Crown and published in 1998, recommended to Ministers that prescribing responsibilities be granted to other health professionals including pharmacists. The Review distinguished between 'independent' and 'supplementary' prescribing, the latter involving professionals such as pharmacists taking responsibility for the continuing care of patients clinically assessed by an independent prescriber.

The government's pharmacy programme, *Pharmacy in the Future*, published in September 2000, stated:

"Subject to the development of supplementary prescribing we will step this up to full independent prescribing. This will open up new opportunities for suitably qualified pharmacists to add a prescribing role to their existing responsibilities, in order to provide a better, and more efficient, service for patients." *[paragraphs 4.22 and 4.23]*

The Health & Social Care Bill, currently before Parliament, seeks to give legislative effect to the intention to extend prescribing rights to, *inter alia*, pharmacists.

We consider this a timely moment to examine the issues raised by the prospect of pharmacist prescribing. These include but are not limited to the form that prescribing might take, the provision of adequate education and training, timing considerations, legal responsibility, and the extent of involvement in diagnosis and assessment.

Our deliberations

The Group met on 6th March 2001. We received presentations from Dr John Chisholm, Chairman of the General Practitioners Committee of the BMA, Mr Andy McKeon, Head of the Medicine, Pharmacy and Industry Division at the Department of

Health, and Mr John Hall and Mr Noel Dixon, community pharmacists from Tyne & Wear. We take this opportunity to express our sincere gratitude to each of these individuals. Their input has proved invaluable in identifying and understanding the issues surrounding pharmacist prescribing. We are also grateful to our invited audience, whose contribution was similarly useful. In particular, we thank Dr June Crown for her participation. What follows in this report reflects the discussion that took place at our meeting.

Definitions and scope

We concur with the view expressed by Andy McKeon and others that pharmacist prescribing encompasses all pharmacists engaged in professional practice, whether in primary or secondary care. John Chisholm placed emphasis on his support for pharmacist prescribing from within GP practices. We see surgeries and health centres as but one location in which such prescribing could take place. Others could include hospitals, the patient's home, and community pharmacies.

We considered what was meant by prescribing in this context. In particular, we examined whether it would be right to grant independent prescribing responsibilities to pharmacists from the outset, or whether supplementary prescribing would be more appropriate, at least initially. We can envisage circumstances in which pharmacists might be able to take on an independent prescribing role without first having to prove their worth as supplementary prescribers. This might be particularly appropriate in relation to minor illnesses. On the whole, however, supplementary prescribing status would provide the opportunity to ensure pharmacists are suitably trained and equipped, and to maximise efficient team-working with GPs, before moving on to independent status.

As to the range of medicines that might be available via pharmacist prescribing, we would expect there to be further discussion between the government and the medical and pharmacy professions on this matter. However, we anticipate that patients with chronic conditions, such as diabetes or coronary heart disease, and on long-term medication, would be among those for whom supplementary pharmacist prescribing could quickly establish its worth. Noel Dixon and John Hall described for us their experience of running an anticoagulation clinic for more than 300 patients. Their patients appreciate the service enormously and would it seems have no qualms about extending it to include not only the current medicines management function but a prescribing function as well.

Messrs. Dixon and Hall also provided confirmation of our view on a wider point. The development of repeat dispensing and medicines management will equip pharmacists well for prescribing. The skills and disciplines involved will enable prescribing to be part of an evolutionary process of professional development, rather than a sudden step change.

The benefits of pharmacist prescribing

There was a clear consensus at our meeting that pharmacist prescribing would bring significant benefits. It would provide for better health outcomes, especially for patients with chronic conditions. It would make full use of the skills of modern pharmacists. It would improve efficiency within NHS primary care by assisting GPs in utilising their time most effectively. It would enhance job satisfaction for pharmacists. And it would ensure that the NHS obtains better value for money from its expenditure on medicines.

Team working

There was general agreement at our meeting that the success and extent of pharmacist prescribing will in large part be determined by the ability of pharmacists and GPs to work effectively as a team. There needs to be a strong degree of trust between individual GPs and pharmacists and patients. This trust will stem from: a clear understanding that pharmacists possess the necessary skills and training; agreement as to how pharmacists can make best use of patient records; achieving clarity as to whether pharmacists would be part of a GP-led primary care team or have a more informal role; and ensuring confidentiality between pharmacist, patient and GP.

Skills and audit

The government has made it clear that only pharmacists with the right skills and training will be able to prescribe, and we agree that this should be a pre-requisite. We would appreciate assurances that subject to this, all pharmacists will have the opportunity to be prescribers. We also seek Ministers' views as to how pharmacists may receive government support or encouragement to equip themselves with the right skills.

There is a need for clarity as to the nature of the training required. If pharmacists are to adopt supplementary prescriber status, they may not need training in clinical assessment and diagnosis. However, such training would clearly be necessary if they are to assume independent prescriber status.

It is equally important that pharmacist prescribing is audited. There are, however, issues to be resolved. How might that audit be conducted, by whom and how frequently? What would happen if the audit highlighted problems? Would it be conducted according to nationally or locally set standards?

Facilities

When we reported to you last year on medicines management in community pharmacies, we took the view that quiet consultation areas would need to be made available in pharmacies offering such a service. We see the same need in relation to

prescribing. Patients will need to have the opportunity to discuss matters privately with the pharmacist, and this cannot generally be done at the open counter. For many community pharmacy owners, providing a quiet area could involve significant re-design of premises, and it would be helpful to know whether and how the government might be prepared to underwrite the costs involved.

Practicalities

There are various practical issues to be resolved. How would prescriptions authorised by a pharmacist be authorised and by whom? How would pharmacists be remunerated? What changes would need to be made to prescription forms, and how would distinctions be drawn between prescriptions issued by supplementary prescribers and independent prescribers?

Timing

The precedent offered by nurse prescribing is not encouraging. It took more than a decade to achieve implementation in that case. Pharmacist prescribing has already been on the government's and the profession's agenda for several years. We acknowledge the pace of events in recent months, especially since the publication of *Pharmacy in the Future*, and we are encouraged by it. We wish to see that pace maintained. This view was strongly expressed at our meeting, not just by the pharmacists present, but by other health professionals and by experts including Dr June Crown.

Conclusions and next steps

We welcome the progress made to date on pharmacist prescribing, in particular the commitment expressed by the government in *Pharmacy in the Future* and the provisions contained in the Health & Social Care Bill. The Bill will remove legal obstacles and provide a statutory framework in which pharmacist prescribing can take place.

We believe pharmacist prescribing will deliver benefits for patients, the NHS, the pharmacy and medical professions, and the taxpayer. We therefore wish to see further progress made swiftly.

The issues highlighted in this report are among those that need to be resolved, and in order to maintain momentum work needs to continue – and in some cases begin – to tackle those issues.

We therefore see the next step in this process as being the development of a joint approach involving the two professions of pharmacy and medicine, and the government. The focus of that joint approach must be resolution of the issues we have highlighted, and others that may be identified, in order that introduction of prescribing by pharmacists takes place as soon as possible.

March 2001

Dr Howard Stoate MP
Chair, All-Party Pharmacy Group
House of Commons
London SW1A 0AA