

NHS Community Pharmacy Contractual Framework Enhanced Service – Supplementary Prescribing by Pharmacists

1. Service description

- 1.1 The service is based on a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient specific clinical management plan (CMP) with the patient's agreement. The supplementary prescriber will need to be able to access patients' medical records.
- 1.2 The supplementary prescriber will support the patient in managing their condition, including ordering of diagnostic tests, monitoring test results and response to treatment and adjusting treatment accordingly. The supplementary prescriber will also refer to other primary care professionals where appropriate.

2. Aims and intended service outcomes

- 2.1 Maximising patient and NHS benefit in relation to quicker and more efficient access to medicines.
- 2.2 Improving choice, convenience and access to treatment.
- 2.3 Improve quality of service to patients without compromising patient safety.
- 2.4 Make better use of the skills of pharmacists.
- 2.5 Contribute to the introduction of more flexible team working across the NHS.
- 2.6 Provide support and advice, including referral to the GP and other health care professionals when appropriate.
- 2.7 Increase the involvement of the patient in treatment decisions.
- 2.8 Improve primary care capacity by reducing medical practice workload.

3. Service outline

- 3.1 Prior to commissioning this service the following issues must be considered:
 - patient safety;
 - how to maximise patient and NHS benefits;
 - local NHS need;
 - ability of the supplementary prescriber to prescribe in their post immediately following training;
 - access to a budget and prescription pads;
 - access to patient records;
 - access to a designated medical practitioner during training, recognised by the commissioning organisation as (i) having the experience in the relevant field of practice, (ii) training and experience in supervision, support and assessment of trainees, and (iii) who has agreed to provide the student with opportunities to develop competencies in prescribing, and to supervise, support and assess the student during their clinical placement;
 - access to CPD opportunities and ideally a mentor (not necessarily the independent prescriber);
- 3.2 The pharmacist has at least two years post-registration experience and has successfully completed an accredited supplementary prescribing training course and is registered with the RPSGB as a supplementary prescriber.
- 3.3 A Doctor/Dentist has been identified and agreed to take on the role of independent prescriber.
- 3.4 Eligibility criteria and referral protocols are agreed locally with the PCO and doctor and should be in line with DH guidance (Supplementary prescribing by nurses, pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England, A guide for implementation).

- 3.5 The location used for the provision of the service provides privacy and safety and appropriate facilities for examination of patients, for example hand washing facilities. The facilities should comply with good infection control practice.
- 3.6 Protocols and audit for quality assurance of any equipment used are in place.
- 3.7 For each new patient identified for the service an individual clinical management plan is agreed between the independent prescriber, supplementary prescriber and patient. The CMP should include:
 - the name of the patient;
 - the illness or conditions which may be treated by the supplementary prescriber;
 - the date on which the plan takes effect and when it is to be reviewed by the independent prescriber;
 - a reference to the class or description of medicines or types of appliances which may be prescribed or administered, following any local formularies which are in place;
 - any restrictions or limitations on the strength or doses of medicines;
 - length of treatment if applicable;
 - relevant warning about the patients sensitivities to medicines;
 - arrangements for notification of important adverse drug reactions; and
 - the circumstances in which the supplementary prescriber should refer to or seek the advice of the independent prescriber.
- 3.8 The CMP should be kept as simple as possible and where national guidelines already exist (e.g. BTS Guidelines for Asthma) these could be referred to within the CMP.
- 3.9 Supplementary prescribers should have the ability to request a range of tests from the local pathology laboratory, as described in the CMP.
- 3.10 Pharmacist supplementary prescribers should make contemporaneous records of all their interventions in the common patient record. If however this is not possible a separate record should be made which should be transferred to the common patient record as soon as possible. Only in exceptional circumstances, (e.g. a weekend or public holiday), should this period exceed 48 hours from the writing of the prescription.
- 3.11 For each patient the pharmacist should where appropriate:
 - carry out a medication review;
 - perform or request any testing that may be required;
 - monitor the patient for response to treatment;
 - assess the results of any testing carried out;
 - adjust medicines dosages accordingly (within CMP),
 - discuss the treatment options with the patient;
 - prescribe,
 - update the patient record, and
 - communicate with the independent prescriber appropriately.
- 3.12 Patients would normally be seen within the community pharmacy or GP surgery; however domiciliary visits may be appropriate in some circumstances.
- 3.13 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.14 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.

4. Suggested Quality Indicators

- 4.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.2 The pharmacy can demonstrate that pharmacist supplementary prescribers involved in the provision of the service have undertaken CPD relevant to this service.

- 4.3 The pharmacy can show that prescribing by the supplementary prescriber is in accordance with CMPs.
- 4.4 The pharmacy can demonstrate robust quality assurance for any processes or equipment used.
- 4.5 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – *not part of the service specification*

Supplementary prescribing by nurses, pharmacists, chiropodists/podiatrists, physiotherapists and radiographers within the NHS in England, A guide for implementation, DH May 2005

(http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4110032&chk=c4V6nR)

Amended POM order – SI 2003 No. 699 The NHS (Amendments relating to prescribing by nurses and pharmacists etc.) (England) Regulations 2003

(<http://www.opsi.gov.uk/si/si2003/20030699.htm>)

CPPE training which may support this service:

Medicines management workshop series

Prescribing support open learning series