Prescribing Pharmacists – Glasgow Addiction Services experience

- Duncan Hill
- Pharmacist
- Glasgow Addiction Services
- Independent Prescriber
Overview of presentation

• Background on Glasgow Addiction Services (GAS)
• NMP at GAS – including the pilot
• My clinic
• Benefits
• Challenges
What/Who are Glasgow Addiction Services?

• a partnership of NHS Greater Glasgow and Clyde and Glasgow City Council, Social Work Services
• Treatment is delivered via Community Addiction Teams (CATs) – services in local areas
• developed in 2003 to improve drug and alcohol service delivery to the community by reducing organisational restrictions
• ensure that individuals with the greatest need have the greatest access to the most co-ordinated services possible
Studying / training

• Independent Pharmacy Prescriber course only one level available now
• Qualified Pharmacist for at least 2 years
• 7 day university course
• 12 days prescribing in practice
NMP aims

The expected effects on patients/patient care based on the Scottish Executive’s National Objectives:

- Improve the quality of service to patients without compromising patient safety,
- Improve access to services,
- Make better use of the skills of health professionals & for NMP
- To contribute to the introduction of more flexible team working across the NHS
Non Medical Prescribing in GAS – brief history

- Pilot 2006 – 2007
- Conclusions from the report of the pilot
  1. Service users thought that the quality of their care had improved
  2. Service users have reduced waiting times for access to medicines
  3. Increasing patient choice in accessing medicines
  4. NMP were better able to utilise their skills, knowledge and expertise
  5. NMP service appears to be based on the needs of the service user at each visit rather than second-guessing what their needs might be at their next visit, this allows for a more tailored service
- Evaluation report – available if requested
Arising issues

• Need for dedicated clinic time for the prescriber – not just added on to workload
• Commitment from the NM prescriber
• Patients noticed very little difference in quality of care
Non Medical Prescribing in GAS Pharmacists—Current and future

- Current situation: 1 pharmacist prescriber with clinical session, 2 more qualified and waiting for pads

- Future situation: proposal going to Senior management for pharmacist prescribing in GAS to be increased
My clinic

- Prescribe in Homeless Addiction Team
- 1 Session weekly 9.30 – 1pm
- Currently at Glasgow Drug Crisis Centre
- No appointments – drop in clinic – chaotic nature of patients
- Use of addictions medical notes
- Referral to care workers
Evolution

- Constantly adapting to needs of patients and service.
- Clinic has moved location 4 times in 3 years.
- Staff level also changed to ensure best service is maintained—now Medical Prescriber, Pharmacist Non medical Prescriber and a Nursing Assistant.
Successes

• Improved service to patients
• Input from a different Healthcare professional involved in treatment
• Personal job satisfaction
Future

- Increased use of pharmacist non-medical prescribers through the CAT
- Increased local service provision
- Continue to prescribe within the HAT
- Have role in course evolution to include different aspects of care
Benefits

- Enhance services
- Enhances role
- Improved access for patients to services
  - potentially through different sites e.g. in the local community pharmacies
  (already happening in some areas)
Challenges - never problems

• Controlled drug prescribing – needs to be made independent for pharmacists and nurses
• Clear separation of the roles of prescriber and supervising pharmacist
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• Thank you