Prescribing pharmacists in Ayrshire and Arran are as busy as ever

A pharmacist supplementary prescribing hypertension clinic, still running five years after its pilot, has paved the way for more pharmacist-led clinics. Ailsa Colquhoun spoke to Allan Wilson, the community pharmacist responsible.

In NHS Ayrshire and Arran, the seven prescribing pharmacists are busy people. Between them, they run eight varenicline smoking cessation clinics, respiratory, diabetic and sexual health clinics as well as two hypertension clinics, including the one originally piloted between 2005–07, and the winner of one of the 2006 Pharmaceutical Care Awards.

The figures for the smoking clinics speak for themselves: in 2009–10, the average quit rate at four weeks was over 50 per cent. Patients have also been audited for their satisfaction with the clinic, and without exception, they have expressed strong satisfaction with the services to such an extent that they have even tied the pharmacist and the clinic venue. Furthermore all patients audited said they were happy with the advice and support given by the pharmacist prescriber. Comments received include:

- “Better doing it with pharmacist as less formal”
- “Brilliant, very encouraging and after 41 years of smoking, I have done it. Long may it last”
- “I was more than happy with the service I received so I don’t know how you could improve”

But, for Allan Wilson, the community pharmacy adviser at NHS Ayrshire and Arran, the latest findings from the smoking cessation clinics come as little surprise. As the man behind the award-winning hypertension clinic piloted in 2005, he is all too aware of the clinical improvements and patient satisfaction that such clinics can bring. An audit of the hypertension clinical outcomes in 2007 revealed a 280 per cent improvement in the number of patients with controlled blood pressure as well as high patient satisfaction rates, indicated by the seemingly prescient additional comment for improvement such as: “Cannot think of anything as I think the service delivered is excellent.”

Fresh Air in Ayrshire

The pharmacy smoking cessation clinics started in Ayrshire as a result of the NHS Ayrshire smoking cessation service, Fresh Air-shire. At that time this included only nicotine replacement therapy with the result that “the number of patients being referred back to the GP was starting to have an impact on GP consultation time”, according to Mr Wilson.

However, the choice of pharmacy as a venue for the clinics is also attributed, at least partly, to the working partnership with the GP already built up by Mr Wilson during the course of the hypertension clinic. As a result, a protocol was drawn up, in which GPs and other healthcare professionals refer patients to a smoking cessation adviser to be assessed for motivation (in line with local prescribing guidelines). Those who had failed on NRT are then referred to the pharmacist prescriber within a community pharmacy setting for treatment with varenicline and formal motivational support throughout the 12-week course. After a successful evaluation it was agreed to expand the clinic to other parts of NHS Ayrshire and Arran employing the skills of other pharmacist prescribers in the area.

Pharmacy benefits

From the qualitative and quantitative evaluation of the smoking and hypertension clinics in NHS Ayrshire and Arran, there is no doubt that patients have benefited from improved access to and increased consultation time with a prescribing healthcare professional, and improved monitoring of their course of treatment and lifestyle changes. It is also Mr Wilson’s view that the clinics have, and continue to be a positive experience for the participating pharmacists as well. For a start, they highlight skill set gaps — something Mr Wilson has personally addressed through counselling and clinical assessment skills training available from National Education Scotland (NES). But, more importantly, he believes that they have promoted closer working relationships between the healthcare professionals based in GP practices, community pharmacists and, where appropriate, members of the wider NHS service, eg, the Fresh Air-shire specialist smoking cessation service.

He says: “With the hypertension clinic it was slow at first. GPs were wary of pharmacists intruding on their territory. But over time, relationships have improved and attitudes are changing. GPs see that prescribing pharmacists can share the workload, and by providing a good service, pharmacist prescribers can show that they are worthy of this confidence and trust.”

Positive feedback from patients has also helped, Mr Wilson believes, and now GPs and practice nurses willingly refer hypertensive patients to the clinic, and its books are full. It currently sees around 10 patients a week, many of whom were originally seen during the pilot and the early years of the clinic, who now receive follow-up at six- to nine-monthly intervals. This is in line with the GPs’ Quality and Outcomes Framework (QOF).

Mr Wilson sees pharmacist prescriber clinics as the way forward for pharmacy’s involvement in disease management and in achieving real contributions to patient welfare. However, for the dispensing pharmacist the time implications of the patient consultation will need to be addressed, if such clinics are to be more widely rolled out.

“As we will see from the ongoing experience with the chronic medication service [in Scotland], pharmacists have to be able to spend time with patients, which is difficult if they are tied to the dispensary. Clearly, there is a workload planning job to do,” he concluded.