Fresh Air-shire proves prescribing is way forward in disease management

A pharmacist supplementary prescribing hypertension clinic, still running five years after its pilot, has paved the way for more pharmacist-led clinics. Ailsa Colquhoun reports

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

The figures for the stop-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 aspects such as time waited to see the pharmacist and the clinic venue. Furthermore, all the patients questioned said they were happy with the advice and support given by the pharmacist prescriber. Comments received included: “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!” and “I was more than happy with the service I received so I don’t know how you could improve.”

For Allan Wilson, the community pharmacy advisor 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 sequelae of patients with controlled blood pressure revealed a 280 per cent improvement in the hypertension clinical outcomes in 2007 that such clinics can bring. An audit of the clinical improvements and patient satisfaction clinic piloted in 2005, he is all too aware of the man behind the award-winning hypertension clinics come as little surprise. As the Arran, the latest findings from the smoking cessation service.

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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 nine to 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.

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.

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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 are, 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. But more importantly, he believes that they have promoted closer working relationships between healthcare professionals based in GP Practices, community pharmacists and, where appropriate, members of the wider NHS service, for example, 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.”

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