NHS Board Chief Executives

Dear Colleague

Facilitating Pharmacist Independent Prescribers to prescribe using GP Clinical Systems

Situation

1. The purpose of this letter is to update NHS Boards, GP practices and community pharmacy contractors on an interim solution to support GP practice-based Pharmacist Independent Prescribers (PIPs) to prescribe electronically using GP clinical systems.

Background

2. A National Task and Finish group, led by Ewan Morrison, Director of Pharmacy at National Services Scotland was commissioned by the Chief Pharmaceutical Officer to identify and test an interim solution to allow GP practice based PIPs to prescribe electronically using GP clinical systems. The aim being to support both current and future resourcing pressures being faced by GP practices and NHS Boards. The group undertook the exercise acknowledging that a longer term solution was to be provided by the current GP IT system re-provisioning project.

Assessment

3. A potential solution was identified which involved PIPs generating prescriptions printed on GP10 stationery with accompanying electronic prescribing messages. This was tested within five NHS Boards in locally selected GP practices over a six week period.

4. The process utilised during the pilot is detailed in Annex A. Using EMIS or Vision, PIPs taking part in the pilot produced GP10 forms which were stamped on the bottom right hand corner and annotated with the prescribing PIP’s GPhC number and signature. An agreed READ-code was added and a summary of the patient consultation was annotated in the electronic consultation notes to ensure the interaction was recorded.

5. This process ensured PIPs prescribing activity could be delivered in an electronic manner. The printed GP10 prescription form appeared as though it had been generated by a local practice GP with the barcoded message also containing GP details. However the PIP/GPhC annotation ensured the PIP was easily identifiable. In addition, if there was a requirement to assess activity by an individual PIP then that could be reviewed at practice level using the embedded READ code and annotation in the consultation notes. This process allowed the prescription to be generated electronically and the PIP signature with stamp provided ensured all legal requirements were addressed.
Guidance materials were developed detailing the proposed solution and a step-by-step guide to the process which was distributed to all participating PIPs, via their local primary care pharmacy leads.

6. Across the five NHS Boards, 1836 patient interactions took place with 22 PIPs prescribing from 24 GP practices using both EMIS and Vision clinical systems. Opinion from stakeholders was canvassed locally, including GPs, community pharmacists and GP practice staff. This feedback was positive and supportive of the proposed solution. Participants reported, in the main, a more efficient process and the benefits of having electronic availability of information for all users of the clinical systems. The new process was also well received by practice administrative staff involved in the pilot.

7. A small number of technical challenges were reported which were addressed locally and have been documented, along with identified solutions in a Frequently Asked Questions (FAQ) document. Some feedback suggested that the new process could involve more steps than current practice and the group acknowledged that a flexible local approach could be adopted to make the solution more efficient as practice develops in this area. It is recommended, however, that where Boards adapt the process locally that they ensure legal requirements are satisfied and governance is maintained through existing local Board processes.

Recommendations

8. The evaluation of the solution to allow PIPs to prescribe electronically using GP clinical systems undertaken by the National Task and Finish group provides a positive assessment of the new process and how it fits in with the working practices within GP practices and NHS Boards. As a result, it has been agreed to share the interim solution with NHS Boards for local implementation as appropriate until such time as the national solution becomes available through the GP IT re-provisioning.

9. In order to support this, a communication pack has been shared with NHS Boards via their Directors of Pharmacy which includes instructions for the setup of PIPs on the GP clinical system. Annex A to this letter provides a summary of the steps to set up and prescribe as a PIP on the GP clinical systems.

Actions

10. NHS Boards are asked to:

- note the contents of this letter and copy it to General Practitioners, community pharmacy contractors and local medical and pharmaceutical committees; and
- consider and plan for local implementation.

Yours sincerely

Dr Rose Marie Parr
Chief Pharmaceutical Officer

Dr Gregor Smith
Deputy Chief Medical Officer
Annex A: The process for set-up and prescribing as a PIP

Initial setup – prior to consultation

Start

Set up prescriber in clinical system

Ensure relevant systems e.g. printers set up for each location the PIP will be prescribing from

End

During consultation

Start

Create / start a patient consultation

Add and/or issue medication ensuring Authoriser is set to correct GP

The Read Code 8B2J MUST be added for each consultation if decision is made to prescribe

Enter consultation note

Print script

Imprint the PIP stamp on the bottom right hand side of the GP10 prescription. This contains the wording "PIP" along with the GPhC number

In black pen write GPhC number into the designated space

PIP signs GP10 prescription

End