Pharmacy Work-Stream: Evaluation of Pharmacist Prescriber Pilot in GP Out of Hours
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1.0 Introduction

GP Out of Hours (OOHs) aims to provide, for urgent conditions, a comprehensive, safe and efficient OOHs Service to the Northern Ireland (NI) population, as well as to the non-resident transient population, who are also entitled to General Medical Services (GMS) services until the patient’s own GP surgery is next open. Based on the Department of Health discussion document ‘The Direction of Travel for Urgent Care’ published in October 2006, urgent care is defined as follows: “Urgent care is the range of responses that health and care services provide to people who require – or perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.”

The Health & Social Care Board (HSCB) has been responsible for commissioning GP OOH services in NI since 2009. GP OOH providers are responsible for delivering GP OOH services for urgent primary care conditions that cannot wait until the GP surgery is next open. This is generally from 6pm to 8am on weekdays, all day Saturday, Sunday and on Public Holidays.

The OOHs providers in NI are as follows:

Table 1. OOH providers in NI

<table>
<thead>
<tr>
<th>Area</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>Western Urgent Care (Mutual)</td>
</tr>
<tr>
<td>Southern</td>
<td>Southern Health and Social Care Trust</td>
</tr>
<tr>
<td>Belfast</td>
<td>Belfast Health and Social Care Trust</td>
</tr>
<tr>
<td>South Eastern</td>
<td>South Eastern Health and Social Care Trust</td>
</tr>
<tr>
<td>Northern</td>
<td>Dalriada Urgent Care (Mutual)</td>
</tr>
</tbody>
</table>

A public consultation on the Strategic Framework for GP Out of Hours was completed in 2012. The framework proposed 3 key areas to be developed within OOH:

- Simplifying access
- Improving operational efficiency
- Improving alignment with the other healthcare services.
The HSCB established the OOHs Pharmacy Work-stream in 2013 as a subgroup of the Strategic Framework for OOHs to take forward pharmacy and medicines related issues. One of the main issues raised via this work-stream was the number of requests, received by urgent care medical services, to issue prescriptions to patients as emergency supplies for routine repeat medicines.

Legislation enables pharmacists to make emergency supplies of prescription only medicines (POMs) to patients without a prescription. However, pharmacists should not request prescriptions retrospectively from a patient’s GP practice to “cover” the supply; therefore a patient should pay the costs of any medicines received via emergency supply. Consequently some patients may contact or attend urgent care services to obtain a prescription for routine repeat medicines. It is thought that this may be contributing to the increasing number of requests for repeat prescriptions via urgent care services.

Generating prescriptions for repeat medicines creates unnecessary workload for call handlers and GPs and this has been reported as a major issue for urgent care services.

The OOH Pharmacy work-stream group used a variety of sources to determine the volume of requests for repeat medication from OOHs providers. The sources varied from 5.8% to 18% of the prescriptions generated by urgent care services in NI were for repeat medications.
2.0 Background

2.1 OOH Pharmacist Prescriber Sub-group

One of the OOH Pharmacy work-stream proposals was to explore and pilot a pharmacy role working in OOH in an attempt to improve the skill mix. It was felt that pharmacist independent prescribers who legally can write a prescription could complete calls from those patients requesting repeat items.

In 2013 the OOH Pharmacist Prescriber Sub-group was established to take the pilot forward in conjunction with the Southern OOHs provider i.e. Southern Health and Social Care Trust.

2.2 Pharmacist Independent Prescribers (PIPs)

Pharmacists gained the right to achieve supplementary prescribing status in 2003 and independent prescribing status in 2006. Legislation allows qualified pharmacist independent prescribers to prescribe any medicine, including controlled drugs, for any medical condition within their competence.

The definition of independent prescribing by the Pharmaceutical Society of NI is:
‘Prescribing by a practitioner (e.g. doctor, dentist, registered nurse, pharmacist or optometrist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.’

As of April 2015 a total of 244 (11%) of the 2,153 pharmacists on the Pharmaceutical Society of Northern Ireland (PSNI) register will have a prescribing annotation (229 as Independent and 15 Supplementary).
3.0 Pilot

The OOH Pharmacist Prescriber Sub-group agreed to a pilot PIPs working in the Southern OOH over a six month period from 1<sup>st</sup> March 2015 until 31<sup>st</sup> August 2015. The PIPs would be based in the Craigavon base for the duration of the pilot and would work sessions between 11am until 4pm on Saturdays/Sundays and Public Holidays, as these are generally considered as the periods when the majority of repeat requests are received. The Southern Health & Social Care Trust (SHSCT) as the provider for OOH services in the Southern area interviewed and recruited 8 PIPs on a sessional basis for the 6 month pilot (Job Description and Personnel Specification see Appendix 1 and 2).

The pilot aim was to:

- manage demand within the SOOHs by reducing workload of GPs e.g. requests for repeat medications, minor ailments, medication queries and treatment of minor acute conditions by utilising the skills of pharmacist prescribers.

3.1 Pharmacist Induction and Shadow Session

The 8 pharmacists recruited by the SHSCT were required to attend an induction (5hrs) and undertake a work shadow session (3hrs) prior to completing a live session. At induction pharmacists were supplied with unique log ons to the Adastra clinical system, introduced to the Northern Ireland Electronic Care Record (NIECR), trained on how to navigate the clinical system. The shadow session required the pharmacists to shadow a clinician in OOHs dealing with live cases prior to working a live session.

3.2 Pharmacists Workload

Call handlers within Craigavon OOH were directed to divert all calls were a patient was requesting a repeat medication to a pharmacy workstream set up within the Adastra clinical system. These calls were diverted from 30 minutes before a pharmacist’s session i.e. 10.30am onwards until the end of the shift. When a
pharmacist logged onto the clinical system they would complete the calls within this
workstream as the priority workload. Once the priority workload was complete or
during periods of no calls within the pharmacy workstream, pharmacists would
access the cases within the general triage and complete cases within their
competence. Pharmacists were always required to work within their competence and
to the agreed Treatment Plan (see Appendix 3). Pharmacists were encouraged to
scan the general triage and select cases they could close to help manage demand,
they did not have to access cases in time order by which they entered the base. If a
pharmacist entered a case and during the course of the consultation felt that the call
was outside of their competence the case could be retriaged to a doctor. The case
would enter the general triage at the same point that the case was originally logged.

3.3 Consultation Process

All pharmacist consultations were conducted on the telephone. All calls were
recorded (as per GP OOH protocol) and consultations documented on the Adastra
clinical system as per any standard consultation within GP OOH. The pharmacist
could close a call by:

- issuing an HS21 when appropriate
- giving advise only
- referring to community pharmacy for minor ailments or OTC item
- re triaging call to another clinician
- booking the patient into an appointment within OOH for a consultation with
  another clinician.

3.4 Handwriting HS21 Prescriptions

Currently the Adastra clinical system does not allow any non-medical prescriber i.e.
pharmacist or nurse to generate an electronic prescription. Therefore if a pharmacist
prescribes medication they would document the medicines prescribed as
handwritten on the clinical system and then handwrite the prescription in accordance
with BNF Prescription writing guidance (see below). The pharmacist then informs the
patient that the prescription is available to pick up from the OOH base. In certain
exception circumstances the prescription can be faxed directly to a nominated
community pharmacy such as an elderly patient who has no transport. All prescriptions for controlled drugs of any schedule had to be picked up directly from the OOH base and could not be faxed. The pharmacist used the generic HS21 prescription pad relating to Craigavon OOH (cipher 6101). The pharmacist had to clearly mark the prescription with ‘Pharmacist Prescriber’ and sign and date the prescription. In instances when the pharmacist is prescribing for a patient request for a repeat medication, they prescribed the minimum supply until the patient could access their regular supply from GP surgery.

3.5 Evaluation

Pharmacists were required to complete an agreed standard evaluation template (see Appendix 4) at the end of each session. Each evaluation was entered to an overall master database used to evaluate the pilot.
4.0 Results

4.1 Pharmacy Workstream

From the 28/2/15 until 31/8/15 pharmacists completed 61 sessions (5hrs per session, a total of 305 hrs) on Saturdays, Sundays and Public Holidays. Call handlers directed 753 cases to the pharmacy workstream deemed as primary workload i.e. requests for repeat medication (see 3.2 Pharmacist Workload). Pharmacists closed 651 (87%) of the 753 cases (see Chart 1). Of the remaining 102 cases in this workload, 40 cases (5%) had been inappropriately placed in the workstream by call handlers and 62 cases (8%) were appropriately placed in the workstream but deemed outside the pharmacist's competence and therefore had to re- triaged to another clinician.

Chart 1. Outcomes of cases in Pharmacy Workstream

Of the 651 cases closed in the pharmacy workstream, 540 cases (83%) resulted in a prescription being generated. In the 540 instances of a prescription being generated 781 items were prescribed, at an average of 1.4 items per prescription. Of the 651 total cases closed, 111 cases (17%) were closed with no prescription but advice only.
4.2 General Triage

Over the 61 sessions that pharmacist’s worked they entered 275 cases within the general triage. They closed 244 cases (89%) within the general triage and 31 cases (11%) had to be either re-triaged back to another clinician or had an appointment made to see another clinician as the cases were deemed to be outside of the pharmacist’s competence.

Of the 244 cases closed from the general triage, 186 cases (76%) closed resulted in a prescription being generated with 264 items being prescribed, at an average of 1.4 items per prescription. Of the 244 cases closed, 58 cases (24%) closed resulted in either advice only or referral to community pharmacy.
Chart 4. Outcome of cases closed in the general triage

![Chart 4](image)

4.3 Overall Workload

Over the 61 sessions pharmacists worked they closed a total of 895 cases. Of the 895 cases closed, 651 cases (73%) were completed from the pharmacy workstream and 244 cases (27%) were completed from the general triage.

Chart 5 Breakdown of completed cases

![Chart 5](image)

Of the 895 cases closed, 726 cases (81%) closed resulted in a prescription being generated (1,045 items prescribed, average of 1.4 items per prescription) and 169 cases (19%) closed by either advice only, referral to GP or referral to community pharmacy.
Chart 6. Outcomes of cases closed

4.4 Overall Impact in OOH

Over the 61 sessions pharmacists closed 895 cases between the pharmacy workstream and the general triage. The total number of calls that were received in SOOHs during the pharmacist’s sessions was calculated at 10,714 calls. The number of calls closed (895) by the pharmacist’s represents 8.4% of the total number of calls during the pilot. The pharmacists also triaged another 133 cases but had to re-triage these cases to another clinician as they were outside of their competence. These 133 cases combined with the 895 cases closed is a total of 1,028 cases. This represents a figure of 9.6% of the overall workload.

The total number of calls was calculated by taking the total number of calls that were received to SOOH from the earliest and latest times calls closed by the pharmacist entered the system during a session.

This total number of calls could therefore be affected by a number of factors making the number of calls either too low or too high. Although it was felt that over the course of the pilot these factors would even out. These factors included:

- Call handlers diverting cases to pharmacy workstream too early i.e. more than 30mins before a session
- Call handlers diverting cases to pharmacy workstream too late i.e. only diverting when pharmacist arrived for session
- Pharmacists inadvertently closing cases early or late in a session. Although pharmacists were unaware of how the total number of calls would be calculated so any skew in figures would be unintentional.

Chart 7. Percentage of Workload closed by Pharmacists

4.5 Progression of Pharmacists

Over the 61 sessions pharmacists closed a total of 895 cases between the pharmacy workstream and the general triage, this is an average of 14.6 cases per session. Graph 1 demonstrates that there was a clear increase in the average number cases closed per session from March to August.

Graph 1. Average number of cases closed per session per month
Pharmacist Prescriber Pilot GP Out of Hours

4.6 Variation in Workload by Session

Pharmacists completed a total of 61 sessions between March and August. Of the 61 sessions, 27 sessions were completed on a Saturday, 27 sessions on a Sunday and 7 sessions on a Public Holiday.

Chart 8 demonstrates the variation in workload depending on session type i.e. Saturday, Sunday or Public Holiday. As stated above pharmacists averaged 14.6 cases per session. There is little variation in the average number of cases closed by session type with Public Holidays having the heaviest workload.

Although there is significant variation with the type of cases closed and the session type. Saturdays and Public Holidays workload has a higher number of cases closed from the Pharmacy Workstream and less closed from general triage whereas Sundays have a converse relationship.

Chart 8. Variation in Workload with Session Type

4.7 Variation between Pharmacists
The 8 pharmacists recruited for the pilot completed a total of 61 sessions, averaging 6.3 sessions per pharmacist (range of 4 sessions to 13 sessions). Pharmacists closed on average 14.6 calls per session (range of 11.5 to 19.6 calls per session). On average pharmacists closed 8.4% of the workload received in SOOH during sessions (range of 7.0% and 11.9%).

Of the 8 pharmacists recruited, 5 prescribe exclusively in primary care and 3 prescribe exclusively in secondary care. The primary care pharmacists on average completed 8.8% of the workload (range 7.4 to 11.9) and the secondary care pharmacists on average completed 7.8% of the workload (range 7.0 to 8.3).

Chart 9. Variation between pharmacists in average cases closed per session and average % of workload completed

4.8 Change in Session Times

Initially the pharmacist’s session time was agreed at 11.00am until 4.00pm, after review of the calls entering the OOH the session time was changed to 10.00am until 3.00pm from July onwards. The change was implemented as it was thought that more calls for repeat medication requests would be captured and more cases could be entered into the pharmacy workstream. From March until June with the session time of 11.00am until 4.00pm an average of 12.4 calls per session were placed in the
4.9 Wait for call to be triaged

Of the 895 cases closed (within pharmacy workstream and general triage) by pharmacists the average time before triage was 55 minutes, this below the 60 minute requirement for the triage of a routine call within GP OOH. The range of time for a call to be triaged by a pharmacist was 1 minute 32 seconds to 5 hours and 37 minutes. The data is misleading as there was no way of averaging the time to triage for the calls in the pharmacy workstream and the general triage. Although of the 895 calls closed by the pharmacists 596 calls (67%) were triaged within 60 minutes and 299 calls (33%) were triaged out with 60 minutes. The average time for a call to be triaged by any clinician over the pilots duration on a Saturday/Sunday and Public Holiday in the Southern GP OOHs was 2 hours 35 minutes.

Chart 10. Calls triaged within 60 minutes

4.10 Time to close a call

The average time for a call to be closed after triage for the pharmacists was 13 minutes. The SOOH administration audited GP’s and triage nurses across shifts in
September and the average time to triage a call for GP’s was 9 minutes and 22 minutes for a triage nurse.

4.11 Cases closed returning within 24 hours

Of the 895 cases closed by the pharmacists a total of 24 patients (2.6%) called back within a 24 hour period with the same condition. In SOOH all day on Saturdays/Sundays and Public Holidays from March to August 2015, 30,223 cases were closed with 1,852 patients (6.1%) calling back within 24 hours.

4.12 Medicines Prescribed

Within the evaluation template (see Appendix 4) pharmacists were required to document ten medications they had prescribed within a session. The evaluation template is limited as it did not capture every item prescribed and did not distinguish medicines prescribed within the pharmacy workstream and general triage.

Of the 895 cases closed, 726 cases (81%) closed resulted in a prescription being generated with 1,045 items prescribed. The evaluation template captured 523 (50%) of the 1,045 items prescribed (see below for breakdown).

Chart 11. Breakdown of medications prescribed
5.0 Surveys of Service Users and Providers

5.1 Survey of Service Users

From early August patients were made aware of a patient survey that was available on the SHSCT website (see Appendix 5). Pharmacists at the end of calls verbally made patients aware of the survey and in instances of a prescription being generated a copy of the survey was attached to the prescription or faxed with a faxed prescription. Of the 131 patients who were dealt with by pharmacists during August, 12 patients (9% response rate) responded either online or by manually completing.

100% of respondents agreed they were:

- happy with the way the call was dealt with
- had confidence in the pharmacist
- overall were happy with service provided by the pharmacist
- would be happy to deal with a pharmacist in the future
- would recommend the service to family and friends

5.2 Survey of Service Providers

A survey around the impact of the pilot was has been sent to the following staff in SOOHs:

- GPs and Nurses (see Appendix 6)
- Co-ordinators (see Appendix 7)
- Call handlers (see Appendix 8)
- Pharmacist Prescribers involved (see Appendix 9)

5.21 GPs and Nurses

Of the GP/Nursing staff surveyed 100 % were aware of the pilot, 80% agreed that their workload decreased during the pilot, 20 % felt there was no difference in their workload. Of those that felt their workload had decreased, 100% stated that the nature of their workload has changed due to decreased time dealing with repeat
requests from patients. 100% of those surveyed wanted to see the service continued.

5.22 Co-ordinators

Of the co-ordinators surveyed 100% were aware of the pilot, 100% felt it was clear which calls were appropriate to transfer to the pharmacy workstream and 100% felt that the pharmacists had exhibited effective communication during sessions. 66% of respondents felt there should be more than one session per day and 33% felt that the session should be longer stating a time of 10.00am until 5.00pm.

5.23 Call Handlers

Of the call handlers surveyed 100% were aware of the pilot, 75% felt it was clear which calls were appropriate to transfer to the pharmacy workstream. 100% of respondents agreed that sessions should be longer or there should be more than one session per day. All respondents suggested a morning and evening shift would be more appropriate. 100% of respondents felt that the pharmacists effectively communicated with call handling staff during shifts.

5.24 Pharmacists

Of the 8 pharmacists, 7 responded (88%) to the survey. Of the respondents 100% would continue to work in the role if the pilot was commissioned as a service, one respondent did reply only if the employer continued to meet the costs of indemnity. 100% would recommend that working in OOH to other pharmacist prescribers and described the nature of the work in OOH as challenging. 100% of respondents agree the induction, training and shadow sessions adequately prepared them but 5 (71%) felt that training on the Odyssey tool would be beneficial. Respondents stated that the pilot could be improved in the following ways:

- Longer shifts or more than one shift per day
- Regular meetings with other pharmacists and OOHs staff for learning and case reviews
- Feedback on call handling
- Call handling training
- Weekday evening shifts
- Work shadow session with a GP
6.0 Costs of Pilot

Table 2 breaks down the cost of the pilot from March until July 2015.

Table 2. Cost of Pilot 1st March – 31st July 2015

<table>
<thead>
<tr>
<th>Activity</th>
<th>Period &amp; Summary</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction &amp; Work Shadow</td>
<td>Induction training: 6hrs per PIP 8 PIPs = 48hrs (£42 per hr) Work shadow session 8 PIPs x 3hr = 24 hrs (£42 per hr)</td>
<td>£3.03K</td>
</tr>
<tr>
<td>Sessions</td>
<td>61 x 5hr sessions 28/2/15-31/8/15 (£42 per hr)</td>
<td>£12.8K</td>
</tr>
<tr>
<td>Review Meetings</td>
<td>2 x 2hr shared learning sessions 8 PIPs = 32hrs (£42 per hr)</td>
<td>£1.34K</td>
</tr>
<tr>
<td>Insurance</td>
<td>PDA Indemnity Insurance 2 pharmacists did not currently have (£304 x 2)</td>
<td>£0.6K</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>£17.77K</td>
</tr>
</tbody>
</table>

Table 3 estimates the cost of continuing the pilot for a year (this is solely session costs and does not consider training etc).

Table 3. Session costs for one year

| Weekend Sessions          | 104 x 5hr sessions (£42 per hr)                                                  | £21.8K |
| Public Holidays           | 10 PH x 5hr sessions (£42 per hr)                                                 | £2.1K  |
| Total                     |                                                                                 | £23.9K |
7.0 Discussion of Key Results

The main aim of the pilot was to manage demand within the SOOHs by reducing workload of GPs e.g. requests for repeat medications, minor ailments and treatment of minor acute conditions. The aim of managing demand was clearly met with pharmacists closing 895 cases (this represented 8.4% of all calls that were received into SOOH during pharmacists sessions) over the course of the pilot. The surveys conducted showed that 80% of GPs/Nurses stated they felt that the nature of their workload had changed due to a decrease in the time they spent dealing with repeat medication requests.

The majority (73%) of the cases closed by the pharmacists originated from the pharmacy workstream i.e. patient repeat requests and the remaining cases (27%) completed from the general triage. This demonstrates that the pharmacists were competent in dealing with patient repeat requests and can also contribute with in dealing with calls relating to acute conditions from the general triage.

Pharmacists clearly demonstrated their progression in dealing with cases over the course of the pilot. In the first month of the pilot the pharmacists dealt with 7.7% of the overall workload at a rate of 13.7 calls closed per session and by August dealt with 9.5% of the workload at a rate of 16.1 calls closed per session. This progression can be attributed to increased confidence working in this innovative clinical role and experience in using the clinical system. This figure could be expected to rise in the future with:

- increased experience in the role
- training on Odyssey software
- reconfiguring of the Adastra system
- targeted training for the treatment of specific acute conditions

The Odyssey software is a decision making tool used by nurses within GP OOHs, training pharmacists to efficiently use this tool could increase the number of cases the pharmacists could close within the general triage, the survey of pharmacists also
showed that 71% of pharmacists felt this would improve their practice and allow them to deal with more cases from the general triage.

The Adastra clinical system does not currently allow for non medical prescribers (pharmacists or nurses) to computer generate prescriptions. Having to record medicines prescribed on the clinical system and then having to handwrite the prescriptions is not only needless duplication that increases the time required to close a case but also increases the likelihood of a prescribing error. Reconfiguring the clinical system to allow pharmacists to computer generate prescriptions would lead to pharmacists closing cases in a shorter period of time, therefore, meaning they could complete more cases during a session whilst also improving governance by decreasing the likelihood of prescribing errors that come with handwriting prescriptions.

There may be merit in exploring the potential of a 0.2-0.4 WTE pharmacist co-ordinator within the OOH team dedicated to progressing these issues along with other responsibilities such as organising targeted training, regular review meetings, call handling feedback and generally integrating the pharmacists into the wider OOH team.

Pharmacists demonstrated their ability to work safely and only within their competence. Of the 1,028 cases transferred to the pharmacy workstream or entered in the general triage the pharmacists deemed 93 cases (9%) to be outside their competence and re-triaged these cases to another clinician. Of the 895 cases closed by the pharmacists a total of 24 cases (2.6%) called the GP OOHs back within a 24 hour period with the same condition, this compares favourably to a rate of 6.1% of all cases calling back within 24 hours over the duration of the pilot independent of the clinician.

The OOH Pharmacist Prescriber Sub-group had agreed that during the pilot pharmacists would be utilised on Saturdays, Sundays and Public Holidays as these are the times when the demand for the service peaks. There was little variation in the number of calls completed between the days, although, the demand for repeat medications is greater on Saturdays and Public Holidays, there still is a demand on a
Sunday but to a lesser extent. Pharmacists were able to complete more cases from the general triage on Sundays to compensate for this. Initially pharmacist sessions were between 11.00am – 4.00pm but this was changed to 10.00am – 3.00pm in early July, but this made no difference to workload or cases completed. The surveys showed that 100% of the call handlers and co-ordinators felt that the sessions should either be longer or that there should be more than one session per day, this was also highlighted in the pharmacist survey. If the service was to increase to 2 sessions per day then 8.00am-1.00pm and 1.00pm-6.00pm would be optimal.

Of the 895 cases closed by pharmacists, 726 cases (81%) resulted in a medicine being prescribed. The remaining cases (19%) were closed with advice only or referral. Although there is no comparative figure for how many cases in OOH are closed with a prescription this seems to demonstrate that pharmacists are confident enough not to always prescribe for acute conditions. Overall pharmacists prescribed 1,045 items over the course of 6 months. The 5 most commonly prescribed medications were:

1. Antibacterials
2. Pain
3. Emergency Oral Contraception (EOC)
4. Inhalers
5. Cardiovascular

Although the data collection on medicines prescribed did not distinguish between those prescribed in the pharmacy workstream and the general triage it would be safe to say that the antibacterials and EOCs would have been prescribed from the general triage cases and inhalers and cardiovascular medications from patient repeat requests. Medicines prescribed for pain could equally be a request for a repeat or for treatment of acute pain from the general triage.
8.0 Summary

The pilot has clearly demonstrated that not only can pharmacists have a role in the management of demand within GP OOHs but can also positively contribute in a clinical role to delivering a safe and efficient service for patients with acute conditions.

The model used in the pilot in the Southern Trust GP Out of Hours should be continued in its current format or expanded to more than one session per day during on the days that demand for the service peaks. Moving forward the Trust should continue to develop and build on the pharmacists skills and confidence in dealing with common acute conditions entering the general triage to allow the pharmacists to deal with greater number of patients and work towards ensuring the pharmacists are fully integrated members of the OOH team.

The need to manage demand and improve skill mix is not a concept that is exclusive to the Southern Trust GP Out of Hours but is experienced by all the OOHs providers in NI. The model of service used in this pilot could easily be adopted by the other providers with an immediate effect on demand or improved to meet the providers specific needs.

This was the first time in NI or the UK were pharmacists prescribers have been utilised in an OOH setting to prescribe medications either for repeat requests or treatment of acute conditions. In the UK, pharmacists have only ever been used in an advisory role and have never been solely accountable for prescribing decisions. In this respect, pharmacists have clearly demonstrated their ability to adapt to successfully work in new innovative clinical roles to meet the demand of the population. The fact that all stakeholders surveyed positively welcomed this service only serves to reinforce the positive impact of the pharmacists contribution demonstrated in the results.

Most importantly the pilot undertaken aligns with the overarching strategic direction of Transforming Your Care by ensuring services are delivered in the right place at the right time by the right people.
9.0 Workplan

To further develop, support and embed the pharmacists role within OOHs it would be proposed the following would be considered to ascertain feasibility and cost and implemented where possible:

- Co-ordinator role responsible for developing and supporting pharmacists working in OOH
- Regional reconfiguration of the clinical system to all for pharmacist prescribers to electronically generate prescriptions as opposed to handwriting prescriptions
- Structured training on Odyssey software similar to that provided for the nurses in OOH
- Targeted training for acute conditions commonly presenting in OOH setting, similar to that provided for GP’s and Nurses
- Regular review meetings for pharmacists working in OOH setting, to review cases, receive feedback on calls, learning and discussion of relevant new policies and guidance
- If expanding the service to more sessions per day the number of pharmacists recruited will need to reflect this to ensure capacity to fill sessions
- Electronic system for pharmacists to book sessions similar to existing systems for GPs to reduce workload for administrators in OOH
- OOH providers will need to give consideration to covering or contributing to pharmacists additional indemnity costs for working in OOH.
10.0 Value for Money

The most effective and simplest way to demonstrate the pharmacists value for money is by the cost (£) per case closed.

Table 4. Pharmacist cases closed per hr and cost per case closed by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases closed per hr</th>
<th>Clinician rate per hr (£)</th>
<th>Cost per case closed (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>3.9</td>
<td>42.0</td>
<td>10.70</td>
</tr>
<tr>
<td>April</td>
<td>3.9</td>
<td>42.0</td>
<td>10.70</td>
</tr>
<tr>
<td>May</td>
<td>4.5</td>
<td>42.0</td>
<td>9.30</td>
</tr>
<tr>
<td>June</td>
<td>3.8</td>
<td>42.0</td>
<td>11.00</td>
</tr>
<tr>
<td>July</td>
<td>4.1</td>
<td>42.0</td>
<td>10.20</td>
</tr>
<tr>
<td>August</td>
<td>4.6</td>
<td>42.0</td>
<td>9.10</td>
</tr>
</tbody>
</table>

Over the duration of the pilot pharmacists increased the number of cases closed per hour from 3.9 in March to 4.6 by August.

Chart 12. Pharmacist cases closed per hr by month
The cost per case closed decreased from £10.70 in March to £9.10 by August.

Chart 13. Pharmacist cost (£) per case closed by month

The pilot was the first time in Northern Ireland or anywhere in the UK where pharmacists have been used in a clinical role in an OOH service so there is no benchmark to compare these figures to.

When evaluating the pilots value for money, it needs to be considered that the number of calls closed per hour by pharmacists may be artificially low due the following:

- first time working in this clinical role in a demanding high pressure service
- first time consulting on the Adastra clinical system
- having to hand write prescriptions whereas GPs can prescribe electronically

Pharmacists demonstrated their progression over the course of the pilot by increasing the number of cases closed per hour and decreasing the cost per case closed. Combining the rate of progression demonstrated by the pharmacists over the pilot and implementing the improvements discussed it would be realistic to expect pharmacists to be closing 6-7 cases per hour. This progression would decrease the cost per case closed to a more favourable figure of between £6.00 and £7.00.
The aim of the pilot was to manage the demand within the service, not to compare clinician versus clinician in terms of cost or value to the service. A marker often used to measure performance for the other clinicians in OOH is the number of cases triaged per hour. A call triaged is clearly different from a case closed and therefore a direct comparison cannot be drawn. Although the results were based around the cases closed by pharmacists (895 cases closed), pharmacists also triaged 133 calls to another clinician. Therefore pharmacists triaged a total of 1,028 cases and closed 895 cases (87%) at first contact. Therefore the cases triaged per hour by a pharmacist can be calculated by taking the 4.6 cases closed per hour figure and adding 13%, equalling a triage rate of 5.3 cases per hour.

This calculated triage rate per hour allows for a more direct comparison with other clinicians.

Table 5. Comparison of clinician outcomes and cost per outcome

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Cases triaged per hr</th>
<th>% of triaged cases closed at first contact</th>
<th>Cases closed per hr</th>
<th>Clinician rate per hr (£)</th>
<th>Cost per case triaged (£)</th>
<th>Cost per case closed (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>7</td>
<td>55**</td>
<td>3.8</td>
<td>72.0</td>
<td>10.20</td>
<td>18.90</td>
</tr>
<tr>
<td>Triage Nurse</td>
<td>2.7</td>
<td>55**</td>
<td>1.4</td>
<td>34.25</td>
<td>12.60</td>
<td>24.46</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>5.3</td>
<td>87</td>
<td>4.6</td>
<td>42</td>
<td>7.90</td>
<td>9.10</td>
</tr>
</tbody>
</table>

*Band 7 Nurse Practitioners were not included in this comparison as the majority of their workload revolves around consulting in face to face consultations at base visits as opposed to triaging.

**This rate of 55% was supplied by SOOH administration staff and relates to all calls to SOOH between the period of March 2015-August 2015. The 55% of triaged cases closed at first contact was independent of the clinician.
The number of cases triaged per hour by the pharmacists (see Chart 14) is just below that of the GP’s and favourable when compared to that of the triage nurses.

Although consideration must be given to the nature of the pharmacists workload. The majority of the pharmacists workload (73%) was patient medication requests which
Pharmacist Prescriber Pilot GP Out of Hours

undoubtedly is less therapeutically complex than the bulk of the cases found within the general triage, also the pharmacists did not have to take cases from the general triage in time order but were allowed to select cases they decided they could close, a luxury not extended to other clinicians.

Equally the figures for triage rates per hour for GP’s and triage nurses relate to experienced clinicians who are experienced working in OOHs and with the Adastra clinical system which the pharmacists were not.

Therefore, due to the differences described commissioners should not directly compare pharmacists with other clinicians but evaluate their productivity in their own right. A rate of triaging 5.3 cases per hour and closing 4.6 cases per hour (87%) is a very favourable return.
JOBS DESCRIPTION

JOB TITLE GP Out of Hours (OOH) Sessional (Self-employed) Pharmacist Independent Prescriber

DIRECTORATE Older People and Primary Care

INITIAL LOCATION Craigavon Out of Hours

REPORTS TO Medical Manager, GP Out of Hours

ACCOUNTABLE TO GP Out of Hours Clinical Lead Professionally accountable to Director of Pharmacy, SHSCT

JOB SUMMARY

To practice autonomously as a Pharmacist Independent Prescriber (PIP) in the GP out of hours service. The role will include the provision of comprehensive telephone and potentially face to face consultation services to patients and/or their carers/relatives.

The role will involve delivering safe and effective assessment, diagnosis, treatment, acute prescribing and continuation of repeat medication and/or referral of patients with primary care needs out of hours.

You may be required to undertake clinical assessment, treatment, discharge and/or onward referral of patients within agreed parameters of prescribing and your own competence in accordance with the requirements of SHSCT GP OOH service.

The Trust’s vision of the OOH services is governed by the following principles:

- To improve the quality of service
- To improve the accessibility of the service
- To expand the range of services available by linking with other health and social care professionals
- Standards to apply across Northern Ireland

SCOPE AND RANGE

The Pharmacist Independent Prescriber will
• Work autonomously within a multi-professional health care team
• As part of the out of hours service be expected to deal with calls from various clients whose cultural, social and emotional diversities require to be acknowledged and taken account of during the consultation and responded to accordingly
• Use a range of skills including effective communication skills and clinical skills in order to make clinical decisions and create records as part of the consultation process

MAIN DUTIES AND RESPONSIBILITIES

1. To practice without direct supervision as a pharmacist independent prescriber within the OOH service with support from a GP. This will involve
   - Prescribing of medication for minor ailments and acting as a gateway to the community pharmacy minor ailments service
   - Prescribing medications for patients who have run out of their regular repeat medications using the Electronic Care Record (ECR) in appropriate circumstances
   - Dealing with any medicines management related enquiries e.g. a patient who has forgotten to take his/ her drugs, overdose
   - Working in collaboration with OOH staff to ensure patients receive a supply of medication in a prompt manner
   - Prescribe generically were appropriate and using cost effective evidence based medicines
   - Prescribing in line with the Northern Ireland formulary and the NI Management of Infection Guidelines for Primary Care 2013

2. To provide patient contact via telephone triage and potentially via face to face consultations

3. To assess, diagnose, treat or refer patients following telephone triage and/or face to face consultation Depending on clinical need this will be
   - Give telephone advice
   - Invite patient to out of hours centre
   - Refer patient to GP

4. To recognise the limitations of competence as a PIP and work within the agreed parameters of prescribing and to the Pharmaceutical Society of Northern Ireland Code of Ethics and Professional Standards and Guidance for Pharmacist Prescribers

5. To work collaboratively with other members of the out of hours multi-disciplinary team to provide a comprehensive assessment of patients presenting to the out of hours service

6. To work collaboratively with other healthcare professionals e.g. district nursing, community pharmacists, Marie Curie nurses
7. To keep accurate contemporary electronic consultation records of all patient care episodes using the electronic patient record in GP out of hours and the decision support software computer systems. This will include any medication prescribed and dispensed and a working diagnosis and outcome/disposal for each call.

8. Identify and respond in a timely manner to callers needs and arrange appropriate response, based on level of urgency, availability, location and timeframes.

9. From the information received from the patient assess patient needs using analytical and clinical skills and reach a safe and effective decision regarding the most appropriate outcome for the patient.

10. Be responsible and accountable for own decisions made relating directly to patient care requirements, following telephone triage/face to face consultation.

11. Facilitate the consultation process utilising a high level of expertise and appropriate interpersonnel skills.

12. Facilitate and ensure patient understanding of advice prior to conclusion of consultation.

13. To use current evidence based approaches to patient care.

14. Manage appropriately barriers to effective communication.

15. Work in such a way as to take account of the requirements of child protection and safeguarding children and vulnerable adults policy and procedures.

16. Contribute to the development and implementation of policies, procedures and guidance relating to pharmacist independent prescribing in the out of hours service.

17. Participate in audit, research and evaluation of service.

18. Maintain professional competence through engaging in at least the minimum amount of continuing professional education required by the Pharmaceutical Society of Northern Ireland.

19. Undertake all mandatory training required for the role.

20. When not busy actively identify and complete other tasks that the pharmacist independent prescriber can deal with or assist with e.g. dispensing of medication.

KEY WORKING RELATIONSHIPS

The Medical Manager, GP out of hours clinical lead, advanced nurse practitioners/nurses and other out of hours service colleagues and staff.

Other primary and community health care professionals within the SHSCT area.
TERMS OF ENGAGEMENT

- You will be employed on a sessional (self-employed) basis to provide out of hours PIP services. Remuneration is £42 per hour.
- There will be no obligation on the part of the Southern Health and Social Care Trust to offer you any particular hours/sessions.
- You will receive remuneration for sessions actually worked. Payment will be made on a monthly basis by BACS method.
- Since you will be engaged on a self-employed, sessional basis you are responsible for payment of tax and national insurance contributions in respect of payment received.
- If you are a member of the HPSS superannuation scheme, your remuneration is superannuable. In addition to the remuneration the Trust will pay an uplift of 13.3% by way of contribution towards superannuation or other pension arrangements. You must make the appropriate arrangements in order to make the relevant contributions to the Superannuation scheme or other pension arrangements. The Trust is not responsible for such arrangements.
- Since you are engaged on a self-employed sessional basis you will not be entitled to paid holidays, sick pay or any other form of leave, paid or otherwise.
- You are required to maintain your own indemnity cover in respect of any services performed under this job description and must provide proof that such cover is in place to GP Out of Hours Administration.

GENERAL REQUIREMENTS
The post holder will be required to:

1. Ensure the Trust’s policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

2. Co-operate fully with the implementation of the Trust’s Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.

3. Adhere at all times to all Trust policies/codes of conduct, including for example:
   - Smoke Free policy
   - IT Security Policy and Code of Conduct
   - standards of attendance, appearance and behaviour

4. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.

5. Co-operate fully with regard to Trust policies and procedures relating to infection prevention and control.

6. All employees of the trust are legally responsible for all records held, created or used as part of their business within the Trust including patients/clients,
corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exception, under the Freedom of Information act 2000 the Environmental Information Regulations 2004 and the Data Protection Acts 1998. Employees are required to be conversant with the Trusts policy and procedures on records management and to seek advice if in doubt.

5. Take responsibility for his/her own ongoing learning and development, including full participation in KSF Development Reviews/appraisals, in order to maximise his/her potential and continue to meet the demands of the post.

6. Represent the Trust’s commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

7. Understand that this post may evolve over time, and that this Job Description will therefore be subject to review in the light of changing circumstances. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all Trust staff may be required to serve at any location within the Trust's area, as needs of the service demand.
SOUTHERN HEALTH & SOCIAL CARE TRUST

JOB TITLE  
GP Out of Hours Sessional (Self-employed)  
Pharmacist Independent Prescriber

DIRECTORATE  
Older People and Primary Care

Ref No: <to be inserted by HR>  
February 2014

Notes to applicants:

1. You must clearly demonstrate on your application form how you meet the required criteria – failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.

2. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA- these are criteria all applicants MUST be able to demonstrate either at shortlisting or at interview. Applicants should therefore make it clear on their application form whether or not they meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below;

The following are essential criteria which will initially be measured at Shortlisting Stage although may also be further explored during the interview stage;

QUALIFICATIONS / EXPERIENCE

- MPharm or equivalent and eligible to register with the Pharmaceutical Society of Northern Ireland (PSNI).
- Pharmacist Independent Prescribing qualification and registered as an Independent Prescriber with the Pharmaceutical Society of Northern Ireland
- Minimum of 5 years post-registration experience in pharmacy, which must include 2 years working as a Pharmacist Independent Prescriber
- Have basic computer literacy, including wordprocessing and spreadsheets

The following are essential criteria which will be measured during the interview stage.

KNOWLEDGE & SKILLS

- Ability to communicate effectively to meet the needs of the post
• Ability to establish and maintain effective working relationships with all relevant professionals
• Self management skill with regard to time management, self motivation and ability to meet deadlines
• Ability to work as part of a multidisciplinary team to provide patient care
• Ability to use analytical and problem solving skills
• Excellent influencing and negotiating skills
• High motivation and drive in order to actively develop the out of hours service

As part of the Recruitment & Selection process it may be necessary for the Trust to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

All staff are required to comply with the Trusts Smoke Free Policy
Appendix 3

Treatment Plan for Non-Medical Prescribing by (Name of IP pharmacist submitting treatment plan), Pharmacist Independent Prescriber (PIP) within the GP Out of Hours in the Southern Health and Social Care Trust

Prepared by: (Name of IP pharmacist submitting treatment plan)  
Signed: Date:

Approved by:  
Jayne Agnew Clinical Pharmacy Manager  SHSCT  
Dr Alan Evans GP Out of Hours Clinical Lead  
Dr Tracey Boyce, Director of Pharmacy, Craigavon Hospital  
Dr J. Simpson, Chairman Trust Drug and Therapeutics Committee

Prepared (date)  Frequency of review: 12 months  Next review (date)

1. Introduction

This treatment plan details the agreed principles and actions to be followed by a pharmacist independent prescriber (PIP) when prescribing for patients in the GP Out of Hours (OOHs) within the SHSCT. Pharmacists should ensure they operate within their competency limits.

2. Context

The legislation, policies and guidelines supporting the treatment plan are as follows:

a) Medicines Act 1968  
b) Medicines & Human Use Prescribing Miscellaneous Amendments Order 2006  
c) SHSCT Medicines Management Policy 2008  
d) SHSCT Medicines Management Code 2013  
e) SHSCT Independent/ Supplementary Prescribing Governance Framework  
f) SHSCT GP OOHs Policies and Protocols  
g) National and Regional Clinical Guidelines including NICE guidelines  
h) Manufacturers’ SPCs  
i) Current BNF  
j) GP OOHs Formulary  
k) Northern Ireland Management of Infection Guidelines in Primary Care  
m) PSNI Standards and Guidance Pharmacist Prescribers August 2013

Target patients

Patients and/ or their carers/ relatives contacting the GP Out of Hours Service in the SHSCT by telephone or face to face consultation.

4. Scope of practice

The PIP based in the GP Out of Hours Service of the SHSCT is authorised to prescribe the categories of medicines/drug treatments as detailed in appendix 1. The pharmacist can use the GP OOHs decision support software (Odessey) when prescribing a new medicine for a clinical condition other than a minor ailment (minor ailments will be treated using HSCB Minor Ailment algorithms) The PIP will use ECR a when prescribing for requests of repeat medications via telephone consultation.

5. Exclusion criteria
Pharmacist Prescriber Pilot GP Out of Hours

(a) The pharmacist IP is not authorised to prescribe medicines/ drug treatments not included in appendix 1.

6. Treatment goals

(a) Safe and effective assessment, diagnosis, treatment, acute prescribing and continuation of repeat medication and / or referral of patients with primary care needs out of hours.
(b) Safe effective prescribing as per local and national policies and guidelines

7. Referral back to GP

The PIP will re-triage patients back to the GP who require prescribing of a drug or treatment of a condition that is not within the scope of this treatment plan or outside their clinical competence.

8. Patient/carer education

The pharmacist will provide relevant verbal information to patients/carers on drug therapy.

9. Documentation

(a) The PIP will handwrite HS21s using the SOOH prescription pad issued by the BSO (Business Services Organisation) with the appropriate OOH cipher
(b) All prescriptions, recommendations, and adjustments to drug therapy by the PIP will be documented in the patients’ electronic record on Adastra (GP OOHs software).

10. Process for reporting ADRs

The pharmacist IP will follow the Trust Medicines Management Code with regard to handling of ADR. A record of an ADR will be documented in the patient’s electronic record on Adastra.

11. Review of treatment Plan

Treatment plan will be reviewed annually through PDCR process or sooner if any changes to prescribing practice occur

Appendix One

The PIP in the GP OOHs within the SHSCT is authorised to initiate, continue, adjust and amend the following medicines as per BNF/Manufacturers’ SPCs, Trust, Regional and National clinical guidelines.

<table>
<thead>
<tr>
<th>Therapeutic Area/Class/Activity</th>
<th>Scope of practice/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for prescription of regularly prescribed medicines</td>
<td>Patient must give consent for PIP to view electronic care record (ECR) or emergency care summary (ECS) Check ECR/ ECS to determine if patient is prescribed requested medicines Check Adastra for special notes If the requested medicine is a drug of abuse only prescribe the minimum quantity needed until the patient’s GP practice reopens</td>
</tr>
<tr>
<td>Minor ailments</td>
<td>Prescribe medicines for minor ailments as per the HSCB Community Pharmacy Minor Ailments Scheme for the following conditions - Athletes foot - Diarrhoea - Headlice</td>
</tr>
<tr>
<td>Pharmacist Prescriber Pilot GP Out of Hours</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>- Jock itch</td>
<td></td>
</tr>
<tr>
<td>- Threadworms</td>
<td></td>
</tr>
<tr>
<td>- Vaginal thrush</td>
<td></td>
</tr>
<tr>
<td>- Cold sores</td>
<td></td>
</tr>
<tr>
<td>- Ear wax</td>
<td></td>
</tr>
<tr>
<td>- Mouth ulcers</td>
<td></td>
</tr>
<tr>
<td>- Oral thrush</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uncomplicated urinary tract infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empirical antibiotic therapy according to the Northern Ireland Management of Infection Guidelines in Primary Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post coital contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levonogesterol, Ulipristal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paediatric patients with pyrexia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral paracetamol and/or ibuprofen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical call from a district nurse to amend the regular insulin dose for a patient due a low or high blood sugar.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIP can prescribe CDs (Schedule 2-5) for patients requesting a CD that is considered a repeat after confirming the item is a repeat using ECR and patient confirmation. They may also prescribe a CD (Schedule 2-5) when treating an acute condition within their competence. (as per ) The Misuse of Drugs (Amendment) Regulations (Northern Ireland) 2012.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute request for medicines to treat conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The PIP can prescribe medication to treat any acute condition when this is within his/her competence</td>
</tr>
</tbody>
</table>

*Additional therapeutic area/class/activity may only be added after approval of professional indemnity company*
## Assessment of Workload of Pharmacist Independent Prescriber (PIP) Pilot within SHSCT OOH Service 2015

<table>
<thead>
<tr>
<th>Pharmacist Name:</th>
<th>Date:</th>
<th>Session Time:</th>
</tr>
</thead>
</table>

### PHARMACIST WORKSTREAM

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of calls in medicines request workstream</td>
<td></td>
</tr>
<tr>
<td>No. of calls in medicines request workstream closed</td>
<td></td>
</tr>
<tr>
<td>No. of calls that resulted in prescription</td>
<td></td>
</tr>
<tr>
<td>No. of items prescribed</td>
<td></td>
</tr>
<tr>
<td>No. of calls that resulted in no prescription issued, advice only</td>
<td></td>
</tr>
<tr>
<td>No. of inappropriate calls in workstream redirected to triage</td>
<td></td>
</tr>
<tr>
<td>No. of appropriate calls in workstream redirected to triage</td>
<td></td>
</tr>
</tbody>
</table>

### PHARMACIST GENERAL TRIAGE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of calls in general triage handled</td>
<td></td>
</tr>
<tr>
<td>No. of calls handled in general triage closed</td>
<td></td>
</tr>
<tr>
<td>No. of calls handled in general triage that resulted in prescription</td>
<td></td>
</tr>
<tr>
<td>No. of items prescribed</td>
<td></td>
</tr>
<tr>
<td>No. of calls handled in general triage referred directly to community pharmacy for minor ailments with no prescription generated</td>
<td></td>
</tr>
<tr>
<td>No. of calls handled in general triage that resulted in no prescription issued, advice only</td>
<td></td>
</tr>
<tr>
<td>No. of calls in general triage handled and redirected back to triage</td>
<td></td>
</tr>
</tbody>
</table>

### MEDICATION PRESCRIBED

Please list ten medications that you prescribed during the session:
Appendix 5

GP OOHs Pharmacist Pilot Patient Survey 2015

We are continually looking at ways to improve our GP Out of Hours (OOH) services and accommodate the needs of our patients.

One of the ways in which we do this is to ensure that we are able to offer a range of different health care professionals within GP OOHs. By offering this range of professionals we are able to meet the different needs and demands of our patients.

This year we have piloted a pharmacist prescriber working within OOH at weekends and Bank Holidays. We would like to gather feedback from patients who have experience of using this pharmacy service.

If you are reading this and have used this service, please fill out our Feedback Questionnaire which can be found on the following link:

https://www.surveymonkey.com/r/HBHXPFM

Your responses are anonymous, and may be used within evaluation documents.

1. Today you used the GP Out of Hours service and a pharmacist dealt with your call:
   Were you happy with the way your call was dealt with?
   ☐ Yes
   ☐ No, if no please explain why
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ……………………

2. Did you have confidence and trust with the pharmacist dealing with you?
   ☐ Yes
3. When you spoke to the Pharmacist, what was the outcome?

☐ The Pharmacist was able to deal with the matter over the telephone
☐ An appointment was made for me to attend the GP OOHs
☐ Medicine was prescribed for me
☐ Advice on self care was given to me
☐ I was referred to a doctor or nurse for a telephone call

4. Overall were you happy with the service provided to you by the pharmacist in GP OOHs?

☐ Yes
☐ No, if no please explain why

5. Would you be happy with the pharmacist dealing with your call to GP OOHs in the future if appropriate?

☐ Yes
☐ No, if no please explain why

6. Would you recommend this service to your family and friends?

☐ Yes
☐ No, if no please explain why
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………
Thank you for taking the time to complete this short questionnaire your feedback is very much appreciated
Appendix 6

GP/NURSE SURVEY OF PHARMACIST PRESCRIBER OOH PILOT
(PLEASE CIRCLE RELEVANT PROFESSION)

1. Were you aware of the pharmacist prescriber pilot within SOOH?
   (a) Yes    (b) No

2. Did the pilot impact on your workload within SOOH?
   (a) Decreased workload    (b) increased workload    (c) no difference

3. Did the pilot impact on the nature of your workload within OOH?
   (a) Decreased time dealing with repeat requests    (b) no difference    (c) increased workload

4. Would you like this service to be continued?
   (a) Yes    (b) No

5. Are there any other ways you feel the pilot could be improved if it was continued in the future?
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................
Appendix 7

CO-ORDINATOR SURVEY OF PHARMACIST PRESCRIBER OOH PILOT

1. Were you aware of the pharmacist prescriber pilot within OOH?
   (a) Yes  (b) No

2. Was it clear which calls were appropriate to transfer to the pharmacist workstream?
   (a) Yes  (b) No

3. Was the pharmacists session time of 5 hours on a Saturday/Sunday and Public Holidays appropriate to help manage demand for their workload?
   (a) Appropriate session time (b) session should be shorter (c) session should be longer (d) there should be more than one session per day

4. What is the best time for the session to start and end?
   (a) 10am-3pm (b) 11am-4pm (c) Other (please state)________________________

5. In general how effectively did the pharmacists communicate with the co-ordinator in terms of when starting a shift, IT issues, inappropriate cases transferring from workstream to triage etc?
   (a) Effective communication  (b) Average communication (c) improvement needed (d) poor communication
CALL HANDLER SURVEY OF PHARMACIST PRESCRIBER OOH PILOT

1. Were you aware of the pharmacist prescriber pilot within OOH?
   (a) Yes    (b) No

2. Was it clear which calls were appropriate to transfer to the pharmacist workstream?
   (a) Yes    (b) No

3. Was the pharmacists session time of 5 hours on a Saturday/Sunday and Public Holidays appropriate to manage demand for their workload?
   (a) Appropriate session time (b) session should be shorter (c) session should be longer (d) there should be more than one session per day

4. What is the best time for the session to start and end?
   (a) 10am-3pm (b) 11am-4pm (c) Other (please state)__________________

5. Did the pharmacist effectively communicate with call handling staff around where prescriptions where to be faxed to or if a prescription was to be picked up from base?
   (a) Yes    (b) No
PHARMACIST PRESCRIBER SURVEY OF PHARMACIST PRESCRIBER OOH PILOT

1. Did the induction, training and shadow session adequately prepare you for the pilot?

   (a) Yes   (b) No   (c) Could be improved (please explain how)
   
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2. How would you best describe the nature of the work undertaken?

   (a) Very challenging   (b) challenging   (c) straightforward

3. Describe any ways the pilot could be improved if it was continued in the future

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4. Would you continue to work in SOOH if the pilot was commissioned as a service?

   (a) Yes   (b) No

5. Would you recommend working in OOH to other pharmacist prescribers?

   (a) Yes   (b) No