Introducing a Pharmacist Independent Prescriber to the Acute Medical Unit

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Collaborating with both the Pharmacy Department and the Acute Medical Unit.

1 - Introduction
• The highest expenditure within the NHS is staff. Baqir et al (2010) suggest that the full potential of pharmacist prescribing is, on the whole, far from being realised.
• The second highest cost to the NHS is medication. This increases by approximately 13% per annum.
• Medicines optimisation has recently taken a front seat in the developments within the wider NHS in England.
• A recent focus of the NHS Commissioning Board is the widening inquiry into hospitals with apparently worrying mortality rates.

2 – Methodology
• The audit took place on the admissions ward in Diana Princess of Wales Hospital where there are 49 beds (20 on assessment, 25 on short-stay and 4 on high-dependency unit). Data was collected in March - without a prescribing pharmacist and April - with the addition of a prescribing pharmacist.
• The prescribing pharmacist was not in place of the usual ward-based pharmacist, but in addition to him/her, as prescribers are strongly discouraged to clinically check their own prescribing.

3 – Data analysis
The introduction of a Pharmacist Prescriber to AMU has had a positive impact on the following key themes contributing to high levels of mortality in Northern Lincolnshire and Goole hospitals NHS Foundation Trust:

• Delays in treatment - Medicines were reconciled and prescribed almost immediately which contributed to a reduced number of medicines being omitted.
• Hospital-acquired infections - Increased IV to oral switches after 48 hours.
• Inadequate VTE prophylaxis - Increased patient safety through prompt assessment of patients’ VTE risk and prescribing prophylactic treatment if required.

Poor team communications –
• Figure 4 shows that there was more support and advice provided to Healthcare Professionals in April. The prescribing pharmacist worked closely with other prescribers, discussing cases and sharing knowledge which contributed to Continuing Professional Development.
• The Pharmacist Prescriber took responsibility for recommendations made in situations where advanced clinical assessment was not necessary, which led to improved use of pharmacists’ skills – being the specialists in medicines.

4 – Conclusion
The data collected provides a useful indication of the contribution a Pharmacist Independent Prescriber has on improving medication safety as well as quality of patient care.

5 – References