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CONFERENCE ABSTRACT

A Service Evaluation of the impact of a Pharmacist Prescriber managing patients with diabetes in primary care

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Background:The increasing prevalence of long term conditions, such as diabetes, is a major challenge to the sustainability of healthcare resources globally. Active service re-design within primary care is required to gain greater efficiency of the limited resources, without compromising the quality of care. In New Zealand the role of the Pharmacist Prescriber in primary care is a 'novel' approach designed to be part of the solution to the current healthcare challenges.

Aims and Objectives:This project - an international collaboration between Keele University, UK and Te Awakairangi Health Network, NZ - evaluates the impact and feasibility of one of New Zealand's first Pharmacist Prescribers integrated into the primary healthcare team optimising medicines and managing patients with Type 2 Diabetes. The objectives were to report on and interpret the interventions made by the Pharmacist Prescriber and gain feedback on this innovative service from the perspective of other members of the healthcare team.

Methods:Using a mixed methods methodology a Screening Tool (template) was designed and applied to every consultation enabling quantitative descriptive analysis of the number and type of the Pharmacist Prescriber's interventions. An on-line questionnaire was developed and distributed to 29 general practitioners and nurses within three medical practices providing qualitative and quantitative data for analysis on the integration process and value of the prescribing pharmacist-led service within primary care.

Results:Over the six-month period 88 patients attended 69 clinics with 231 consultations. The Screening Tool analysed 215 prescribing decisions and 182 medicines related issues demonstrating that a prescribing pharmacist can optimise medicines and improve patient safety at the point of contact.

Fifteen participants completed the questionnaire with strong confidence expressed in the Pharmacist Prescriber's knowledge of medicines and ability to manage complex patients with poorly controlled diabetes. The integration process was reported as occurring without significant challenges, there were multiple benefits to patients e.g. greater understanding and adherence to medicine regimen, engagement in decision making; and to other members of

the healthcare team e.g. modelling collaboration, increased knowledge of medicine management.

Overall, benefits of the service were reported to have outweighed any implementation challenges. The greatest threat to future service development was identified as sustainable funding streams.

Discussion and Conclusion:Integration of a Pharmacist Prescriber into the primary healthcare team with a focus on medicines optimisation is feasible and positively impacts the general practice environment. Recommendations to key stakeholders would be to continue the service and include other long term conditions.

Lessons learned:Without financial assistance the resource of a small number of experienced clinical pharmacists in New Zealand who have up-skilled to the advanced scope as Pharmacist Prescribers may remain a 'novel' approach to medicine optimisation.

Limitations:Due to the study design and short duration the focus could not be extended to include a review of the impact on clinical markers (e.g. HbA1c, blood pressure).

Future research:Research opportunities exist to explore this innovation with a control and intervention arm over an extended time period reviewing the impact on clinical markers and understanding the patient's perspective.

Keywords: pharmacist prescriber; primary care; diabetes