



Role of the Pharmacist Prescriber in Paediatric Endocrinology

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Agenda

Background and qualifying as a prescriber

Outline of the role of a paediatric endocrine pharmacist prescriber

How has being a prescriber enhanced my role

Barriers and difficulties in practice

A typical day

Take away messages

Questions

Pharmacy Background



Qualified as a pharmacist in 2015



Completed clinical diploma in 2017 working in a DGH



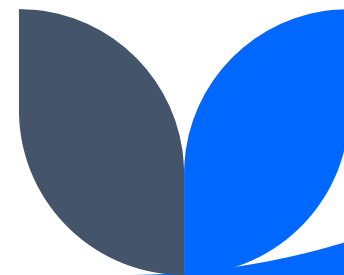
Lead pharmacist for paediatrics at DGH



Offered place on independent prescribing course at Cardiff University

Qualifying as a Prescriber

- Unable to undertake training in paediatrics
- Scope of practice – respiratory infections in adults presenting to ED
- Two ED consultants as DSMP's
- Qualified as a prescriber in June 2019
- Unable to use my qualification



Paediatric Endocrinology Role

Opportunity for a unique role

- First role of its kind in the UK
- Fully embedded into the MDT
- Tertiary Centre with outreach clinics across Wales
- Able to demonstrate the role of a pharmacist in the MDT
- Provide significant cost savings to NHS

Essential skills needed

- Independent prescriber qualification
- Experience in paediatrics
- Excellent communication skills

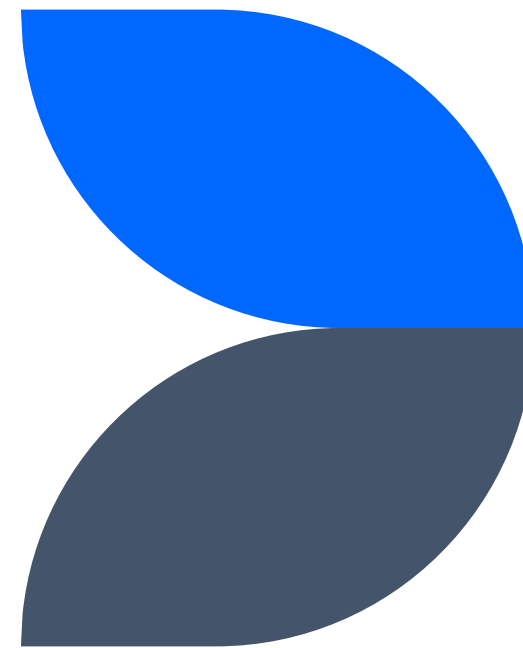


Demonstrated many times during my non-medical prescribing course



What is Paediatric Endocrinology?

And what can a pharmacist add
to the service?



Provides specialist care to children and young people with hormonal disorders, including growth and bone problems, which cannot be diagnosed or managed by general paediatricians.

NHS England

Why did they want a pharmacist?



Develop a national prescribing service for paediatric growth hormone



Supply via homecare to provide significant financial savings



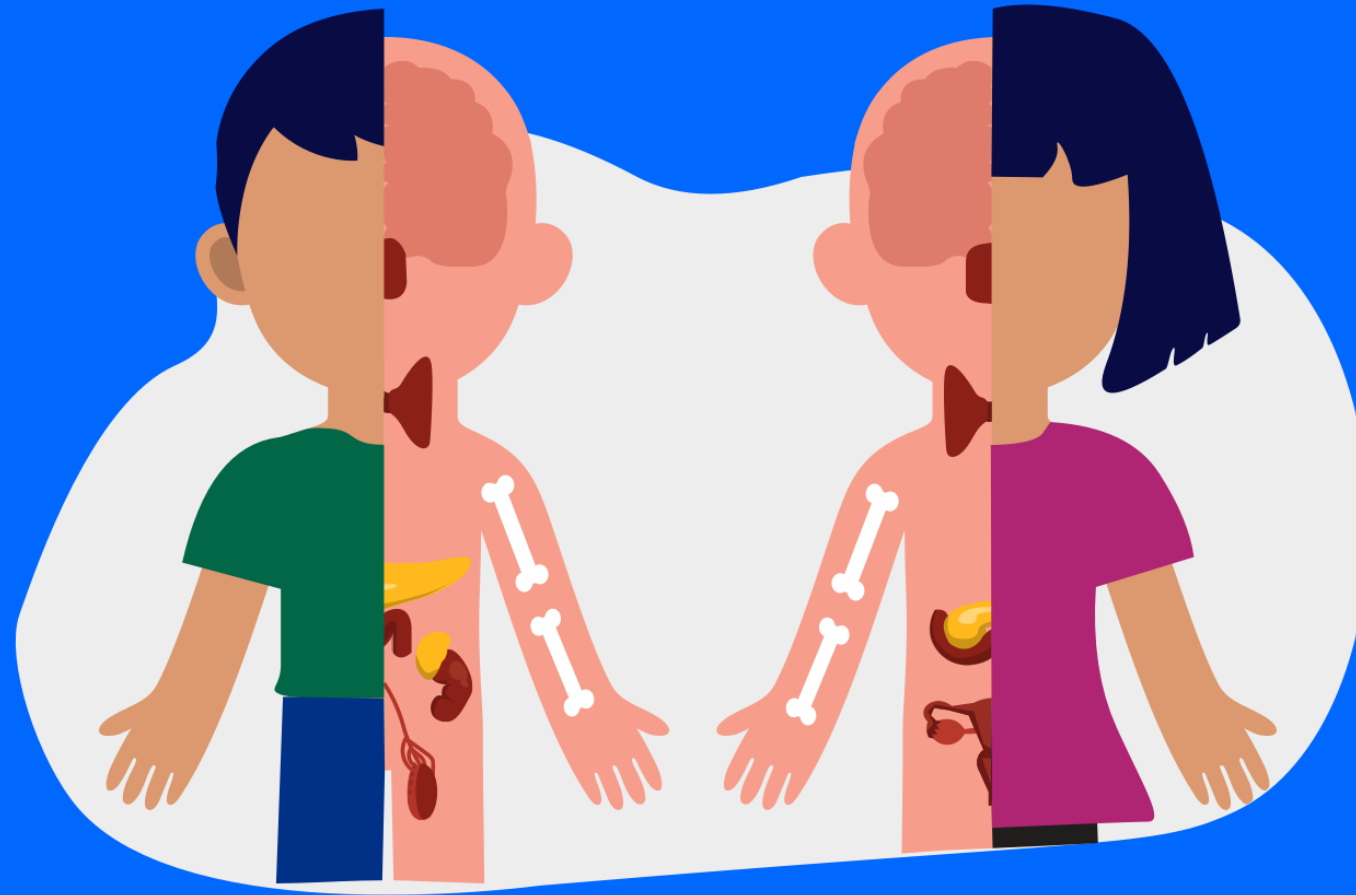
Potential for £200k per annum to be saved



A lead prescriber to oversee the 160 patients and manage their prescriptions



More to endocrinology than just growth...



Medicines in Endocrinology

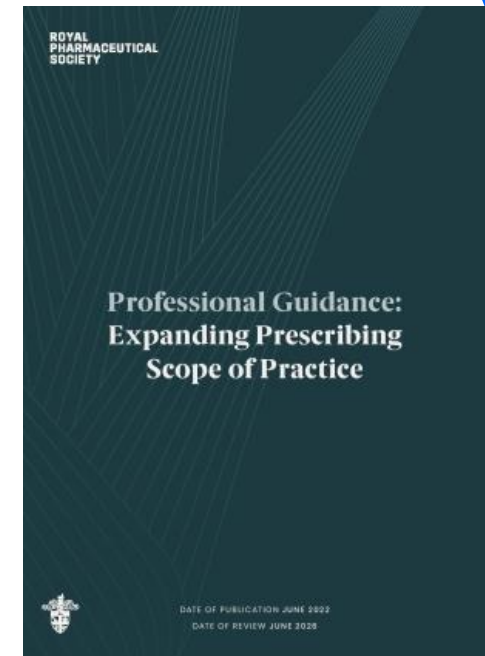
Hydrocortisone	Desmopressin	Growth Hormone	Levothyroxine	Oestradiol
Testosterone	Triptorelin	Burosumab	Zoledronic acid	Diazoxide
Progesterone	Insulin	Metformin	Carbimazole	Alfacalcidol

And more....



Expanding my scope

- Observed consultations
- Attended MDT's
- Asked questions to the Nurses and Consultants
- No prescribing for at least 3 months
- Understand the conditions
- Know the medicines
- One drug at a time



Current Role – Expanded!

- ✓ Growth hormone **prescribing** service up and running
- ✓ Routine **prescriptions** for unlicensed medicines
- ✓ **Prescribe** medication for day case tests and treatment
- ✓ Provide pharmaceutical advice in clinic
- ✓ **Optimise** a patient's formulation or dose
- ✓ Manage stock shortages
- ✓ **Problem solving for patients and their families**

PRESCRIBING



How has prescribing enhanced my role?



Able to address issues without chasing a doctor



Provide options to patients unable to access medicines



Support my nursing colleagues to make their services more efficient



Proactive prescribing – prevent delays to treatment



Address medicines shortages in a timely manner

Examples

Medicines Supply

Shortage of testosterone injections in the community

Norditropin (growth hormone) brand shortage – change to Omnitrope brand

Hydrocortisone liquid (unlicensed) short expiry, poor flavour from local pharmacy - supply from hospital.

Proactive Prescribing

Planned admissions – prepare TTH so no delay on discharge

Prescribe and dispense hydrocortisone injection for patients attending clinic

Post-date or use installment prescriptions for repeat medicines

Nursing Services

Prescribe and dispense medicines for day case admissions

Prescribe and check medicines for use in clinic

Less queries on prescriptions



Barriers and difficulties

Only NMP

No nurse prescribers

Deskill medical prescribers

Overreliance on a single prescriber

Greater expectation to prescribe more medicines

Lack of autonomy

Medical hierarchy

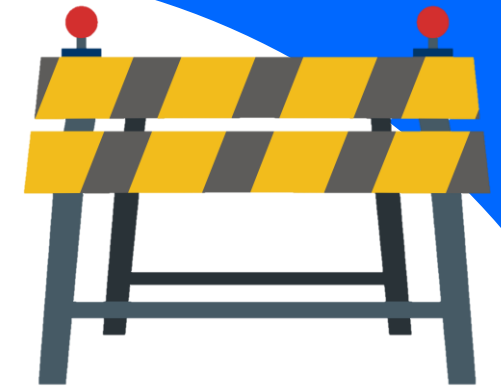
Unable to make decisions independently – dosing etc

No clinic availability

Evolving role

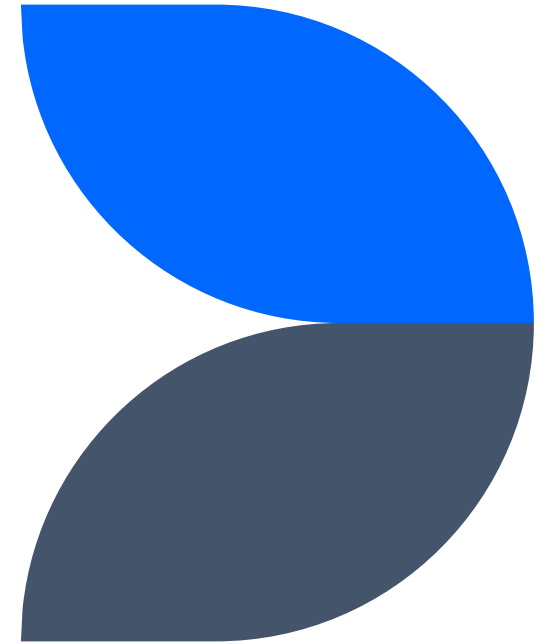
Limited evidence base for pharmacist-led services in paediatrics

Can be too helpful!



Typical Day

As a paediatric endocrine
pharmacist prescriber



Morning



Prepare for clinic

Review consultant lists
Identify patients on medicines needing input



Attend clinic

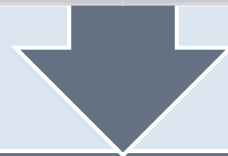
Review a patient struggling with their new GH device
Optimise dose of hydrocortisone and teach child to swallow tablets
Prescribe triptorelin for patient with precocious puberty

Late Morning

Review growth hormone patients

Issue new prescriptions for any dose changes
in clinic

Repeat prescriptions



Prepare for day case admissions this week

2 patients needing zoledronic
acid IV and calcium TTH

1 Synacthen test

1 Insulin Tolerance Test –
requires priming

Early afternoon - Attend ward round

Neonate diagnosed with hyperinsulinism

- prescribe diazoxide prepare TTH with hypoglycaemia management

PCCU patient on high-dose steroids, with iatrogenic adrenal insufficiency

- develop tapering regime with consultant

Newly diagnosed T2DM

- start metformin, teach them to swallow tablets.

Congenital hypothyroidism new presentation

- prescribe and supply levothyroxine ready for patient arrival.



Afternoon



Patient queries

Issues with growth hormone supply – contact homecare company

Patient unable to source testosterone gel – prescribe alternative and send prescription to local pharmacy

Patient on growth hormone going on holiday – needs supply and training on MiniQuick device

Needs supply of hydrocortisone oral liquid, will run out early due to double dosing



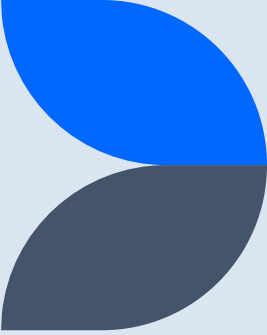
Consultant Queries

To start non-formulary medicine and non-NICE approved indication. Requires IPFR

Compliance check on a patient – review records identify poor compliance

New chemotherapy used on patient – review potential endocrinopathies that could result





Late afternoon

Attend MDT meeting	Agree to trial new treatment for patient - Efmody
	Asked to source unlicensed medicine – Triac
Present at MMG	SBAR for update to formulary medicines
	IPFR for non-NICE indication for growth hormone
Guideline development	Once weekly growth hormone injection
	Adrenal insufficiency guidelines
	Intravenous bisphosphonate guidelines

Take Away Messages



Your original scope of practice may not be your scope for long



Take your time before expanding your scope



Do not agree to prescribe just to feel useful or use your qualification



Be proactive when you can to help limit delays to you, your team and to patients



Work closely with your team, even if they can't prescribe share the burden



Don't be afraid to be the first do something





Thank you

Any questions