



The Role of a Pharmacist in the Multidisciplinary Team and The Use of Pharmacist Non-Medical Prescribing in Multiple Sclerosis (MS)

Wong, E, Singh-Curry, Dr V, Chelsea and Westminster NHS Foundation Trust, London

Introduction

Multiple sclerosis (MS) is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. It affects approximately 100,000 people in the UK.¹ Disease modifying treatments (DMTs) reduce the frequency of relapses and the accumulation of lesions in the brain detectable by MRI scanning, and some studies suggest that they can slow disability progression and improve long term outcomes. Many national drivers for change has resulted in local MS services becoming increasingly overwhelmed by the workload associated with DMT provision.²

In response to the demand and working with the new establishment of a lead MS consultant, the current MS service underwent a redesign. Consultant, pharmacist and nurse led MS clinics are now held on the same day in order to facilitate true multidisciplinary team (MDT) working. Virtual clinics are also run by the pharmacist on a separate day. Clearly defined roles and responsibilities were defined across the MS MDT. The pharmacist's face to face clinic/virtual consultations were allocated for counselling of patients of different DMTs, treatment initiation and follow up prescription management/blood monitoring. The pharmacist was a qualified non-medical prescriber (NMP).

Aims/Objectives

A review to explore the impact of a pharmacist NMP within the neurology MS MDT during a six month period between 1st Dec 2017 – 31st May 2018. Specifically to determine the:

- Number of patients seen by pharmacist NMP
- Number of patients on different DMTs
- Number of prescriptions written by pharmacist NMP
- Reasons for attendance to clinic/virtual appointments

Method

A retrospective service evaluation which did not require ethics approval was undertaken. A report of clinic/virtual appointments was generated by the information team and an in-house log of clinic/virtual appointments was retrieved over the defined six month period. Both reports were analysed to determine the number of patients on DMTs, number of patients seen by the pharmacist NMP and reasons for attendance to appointments were documented.

Results

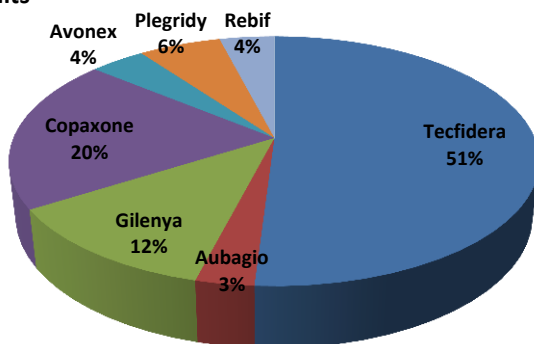


Fig 1. Percentage of patients on different MS treatments

Table 1. Reasons for attendance to clinic/virtual consultations led by pharmacist NMP

Reason for attendance	Number	% of reason for attendance
Prescription renewal/blood monitoring	121	75%
Pre-initiation of treatment: Counselling	22	14%
Treatment initiation	15	9%
Other	3	2%

Discussion

The role of a pharmacist in the MS MDT has been extremely valuable as seen in the results of the number of patients (67 patients) seen during the review period. The pathway for each DMT stipulates that each patient will have contact (clinic/virtual consultations) with a member of the MS MDT every 3 months with the exception of Aubagio where the patient will have contact with a member of the MS MDT every 2 months. During the 6 month review period, we would expect each patient to of had approximately 2 consultations – our results show that each patient had approximately 2.4 consultations. This structured pathway for MS patients allows for tighter DMT monitoring controls, improved adherence to treatment whilst providing patients with enhanced patient care and experience.

A total of 143 prescriptions were written by the pharmacist NMP either for initiation of DMT or prescription renewals for continuation of therapy. The generation of prescriptions and blood monitoring forms releases workload pressure from the consultant, the only other member of the MS MDT who is a prescriber. Workload is therefore spread across the MDT.

There were 22 patients who attended face to face clinic appointments for counselling of different DMTs. There are dedicated clinic slots for new MS diagnosed patients that the pharmacist will use to counsel on treatment options. Pharmacists, as medicines experts are able to counsel patients about different treatment options, monitoring before/when on treatment and potential side effects.

Conclusion

With the increasing number of DMTs becoming available and the increasing number of MS diagnosis's, the demand for treatment continues to pose a demand on NHS MS services. A pharmacist is a great resource to utilise where they can play an important and vital role within the MS MDT having the capability in caring for patients with long term conditions ensuring compliance, adherence and to monitor for safety and efficacy of treatment. Opportunities for pharmacist NMP to counsel patients pre-treatment and to utilise the prescribing qualification is very well established at the CWHFT.

References

1. National Institute for Health and Care Excellence (2014), *Multiple sclerosis in adults: management* (NICE Guideline 186). Available at: <https://www.nice.org.uk/guidance/cg186/resources/multiple-sclerosis-in-adults-management-pdf-35109816059077> [Accessed 04.06.18].
2. Mynors, G, Roberts, M, Bowers, A, Multiple Sclerosis Trust (Nov 2016), *Improving the efficiency of disease modifying drug provision*. Available at: <https://www.mstrust.org.uk/health-professionals/health-professional-resources/evidence-and-evaluation/improving-efficiency-dmd> [Accessed 04.06.18].