

# A spotlight on supplementary prescribing as an FCD

**Susan Gallagher**

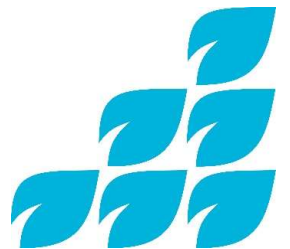
First Contact Dietitian

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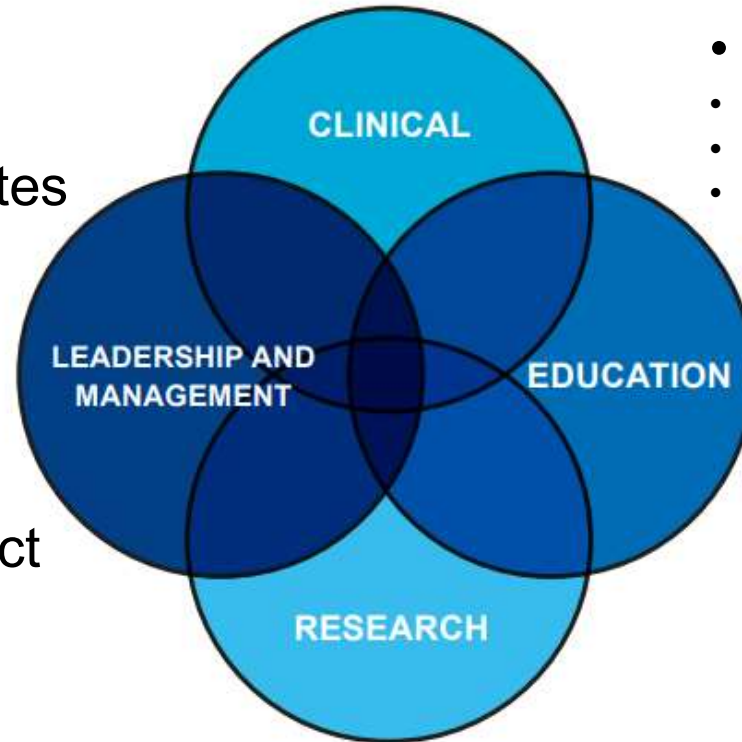


## Leadership

- Dietetic pathways
- Diabetes pathways
- Service gaps
- Technology in diabetes

## Clinical

- Diabetes
- Weight Management
- Frailty
- Gastro type presentations
- Other



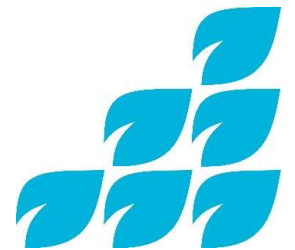
## Research

- NHSE Education project
- Prescribing
- Remission program

## Education

- Updates to Practice Teams
- MDT training
- Student training

“FCPs work at master’s level in their clinical pillar of practice but have not yet reached an advanced level in all four pillars of practice to be verified as an AP”



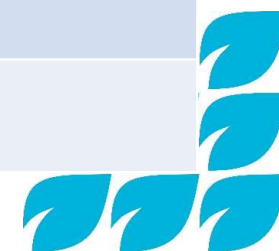
# What do I see?

## Typical week

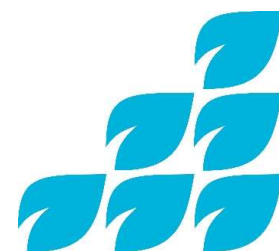
One clinic = PCN cross organisation clinic specific to Diabetes

Approx 2-3 per week as Home or Care Home visits

	30 appointments	Proportion
Type 2 Diabetes	16	53%
Weight management	8	27 %
Type 1 Diabetes	1	3%
Frailty/Nut sup	1	3 %
Gastro type	2	7 %
Other	2	7%



Are you a supplementary prescriber?

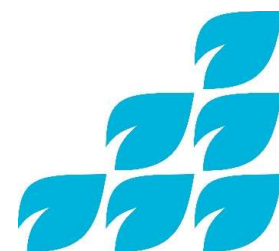


# What is supplementary prescribing?

This is a voluntary partnership between an independent prescriber and a supplementary prescriber.

You can only use supplementary prescribing after:

- Assessment and diagnosis by an independent prescriber – this must be a doctor or dentist
- The independent and supplementary prescribers develop and share a written Clinical Management Plan together



# Agreed clinical management plan (CMP):

➤ A specific patient

With the patient's consent & specific details of the illness, medicine and limitations

➤ Signed by Independent prescriber

AND

➤ Supplementary Prescriber

Name of Patient: 		Patient medication sensitivities/allergies: Intolerant to ramipril			
Patient Identification DOB:		NHS No:			
Independent Prescriber(s):		Supplementary Prescriber(s) Susan Gallagher			
Condition(s) to be treated Diabetes – Type 2		Aim of treatment - Improve management of T2DM (HbA1c 82 18/12/23) - Reduce hypo risk Impaired awareness of hypos			
Medicines that may be prescribed by SP:					
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP		
Metformin SGLT-2 inhibitors DPP-4 inhibitors Incretin mimetics Sulfonylurea Insulin	Hyperglycaemia is the indication of all preparations listed. The choice of preparation utilised will be based on clinical assessment and patient tolerance and acceptability.	As per BNF	Lack of engagement Patient choice/request Achievement of target		
Guidelines or protocols supporting NICE guideline on diabetes management – NG28 (2022 update) <del>DIRECT</del> study Protocol – Diabetes Remission Clinical Trial					
Frequency of review and monitoring by:					
Supplementary prescriber 3monthly as appropriate; increase or decrease frequency depending on need identified		Supplementary prescriber and Independent prescriber Annual			
Process for reporting ADRs: Yellow card reporting guidelines (Medicines & Healthcare products regulatory agency, September 2014) Letter from SP to IP to notify					
Shared record to be used by IP and SP: Electronic patient record - EMIS					
Agreed by prescriber(s)	Independent	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

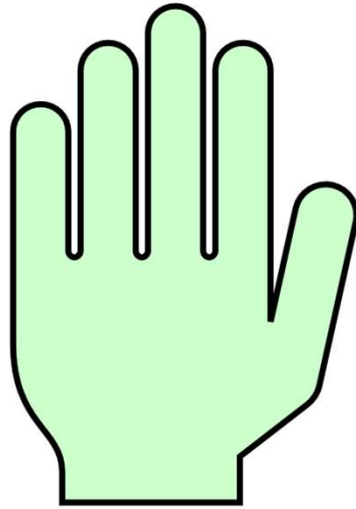
Does CMP provide benefits?

Challenges in Practice?

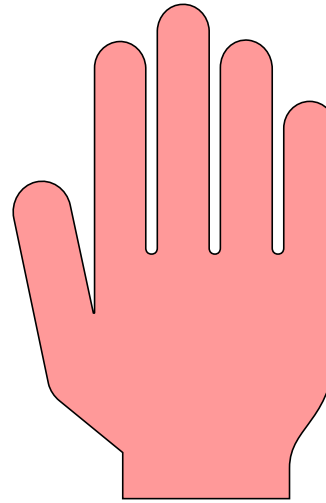
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# Are **you using your** supplementary prescriber in your current role?

Positives?

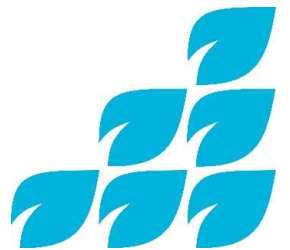


Clinical areas?



Outcomes?

Barriers?





## Clinical

- Diabetes
- Weight Management
- Frailty
- Gastro type
- Other

## Diabetes

- Diabetes expertise
- Intensification of treatment
- MDT working

CLINICAL

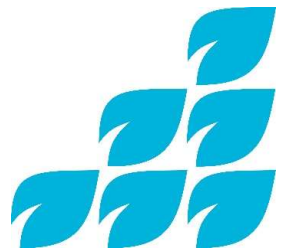
## Prescribing

- Benefit to practice
- Deprescribing
- Meds Optimisation

## Technology

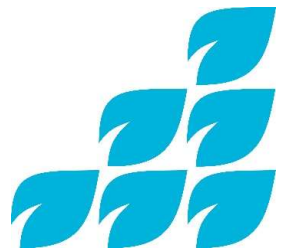
- Digital solutions
- Continuous glucose monitoring
- Remote monitoring

“FCP Dietitians work within Primary Care to assess, diagnose, formulate, & implement management plans for conditions relating to nutrition & dietetics”



# A case study – John

Why should we prescribe?



# Prescribing as a dietitian

## 58-year-old male

### PMHx

- Type 2 diabetes
- COPD
- Hypertension
- Diabetic maculopathy
- Peripheral neuropathy

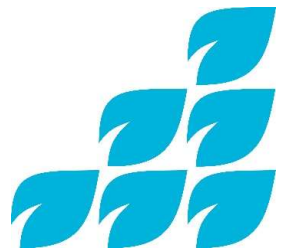
### Anthropometry

- Weight: 94.3kg
- BMI: 33.6kg/m<sup>2</sup>

### Diabetes medications

- Xultophy – 38 dose steps
- Metformin MR 1g twice daily
- Gliclazide 80mg twice daily

Dapagliflozin 10mg daily – trialled in 2018 stopped due to perceived lack of benefit



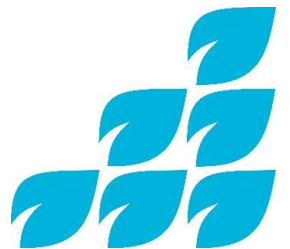
# John's case

## Patient aims

- To best manage diabetes
- To lose weight

Feb 2022		July 2022
71	HbA1c	66
> 90	eGFR	67
326.5 mg/L	Microalbuminuria	451.0 mg/L
102kg	Weight	94.3 kg

“FCP roles are designed to support GPs as part of an integrated care team & to optimise the patient care pathway by seeing the **right person in the right place at the right time**”



# Prescribing as a dietitian

- ❑ Explore understanding
- ❑ History of management
  - ✓ Dietary
  - ✓ Pharmacological
- ❑ Understanding patient aims

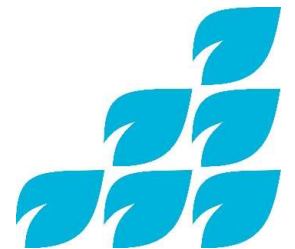
## Plan

- ✓ Glucose monitoring
- ✓ Dietary optimisation
- 
- ✓ Swap Xultophy to GLP1 & Basal
  - Victoza (up to 1.8mg)
  - Degludec (down to 30 units)
- 
- ✓ Empagliflozin 10mg once daily
- ✓ Reduce gliclazide 50%
- 
- ✓ Stopped gliclazide
- ✓ Titration of empagliflozin 25mg

# John's journey

July 2022		April 2023
66	HbA1c	55
67	eGFR	73
451.0 mg/L	Microalbuminuria	35.6 mg/L
94.3 kg	Weight	89 kg

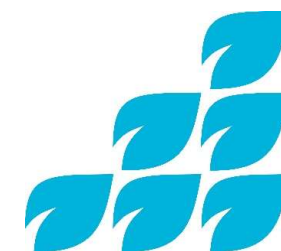
- ✓ Greater emphasis on dietary management
- ✓ Greater engagement & confidence in self-management
- ✓ Less medications linked with weight gain & hypo risk
- ✓ Reduced risk of nephropathy



# John's journey....what next?

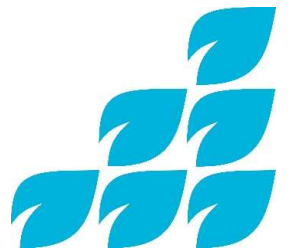
July 2022		Sept 2024
66	HbA1c	46
67	eGFR	78
451.0 mg/L	Microalbuminuria	5.73 mg/L
94.3 kg	Weight	91.8 kg

- ✓ Insulin daily from 38 units to 16 units – Review?
- ✓ **Trulicity (Dulaglutide)** 1.5mg – Review?
- ✓ Empagliflozin 25mg daily – tolerated & continues
- ✓ Metformin – continues



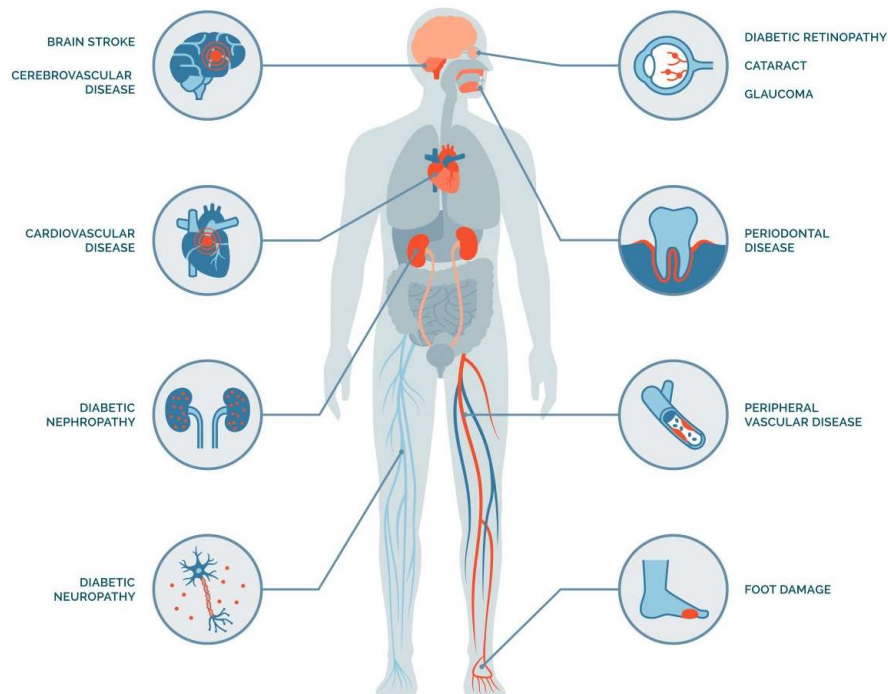
# Why we should prescribe

- ▀ “Right person in the right place at the right time”
  - ▀ Depth of assessment
  - ▀ Patient priorities
- ▀ Demonstrate our capabilities
  - ▀ Safe & appropriate prescribing
  - ▀ Consider broader than glycaemic control

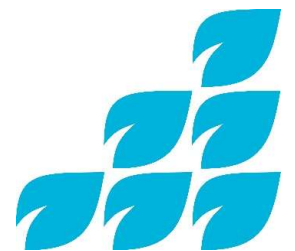




# Beyond glycaemia

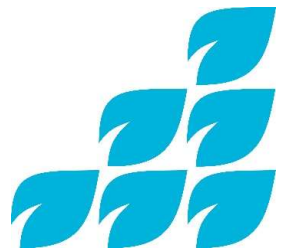


- Weight management ✓
- Glycaemic control ✓
- Hypertension
- Hypercholesterolaemia
- Neuropathy
- Gastroparesis
- Nephropathy
- Erectile dysfunction

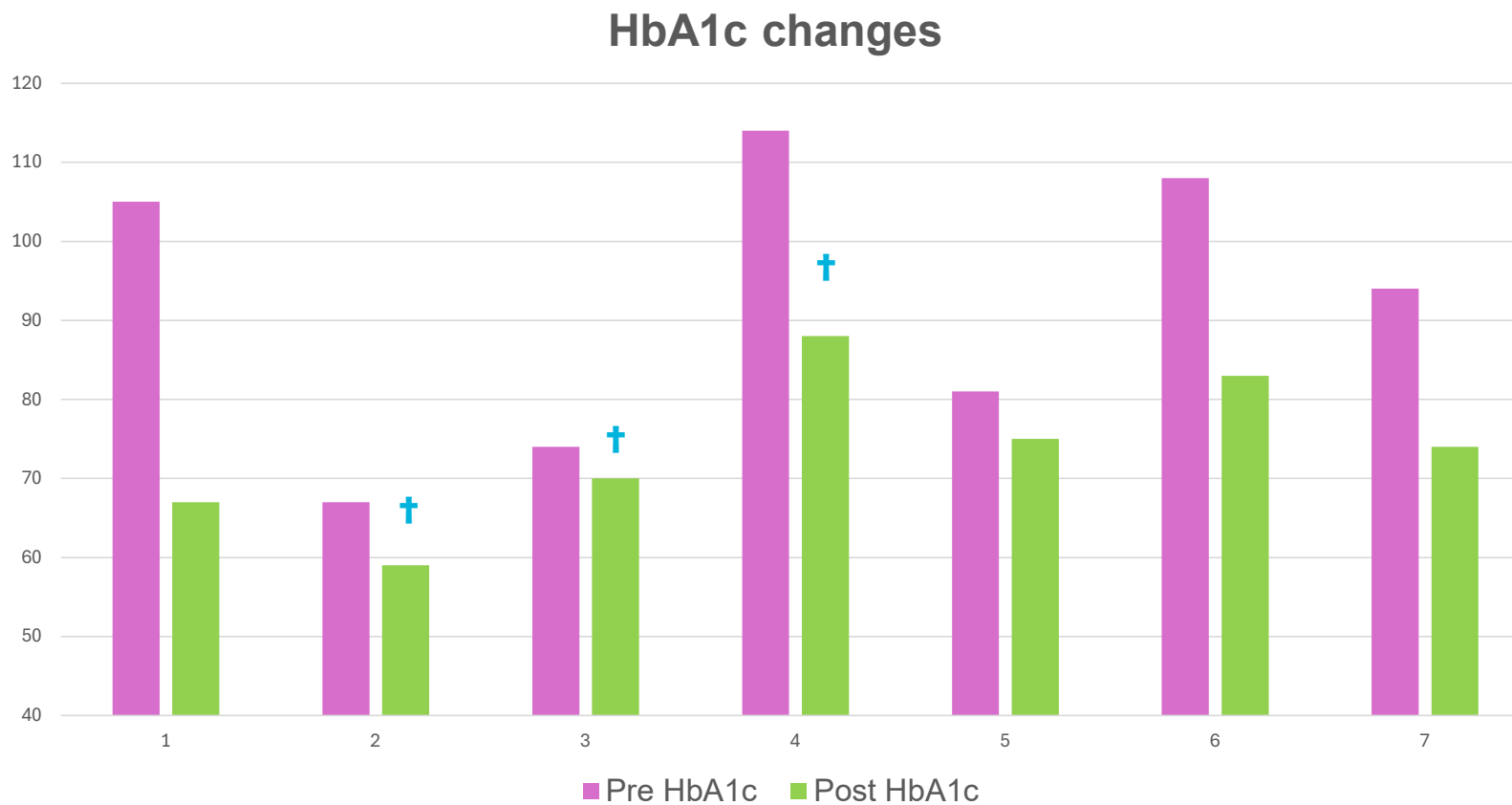


# Outcomes

Why should we prescribe?

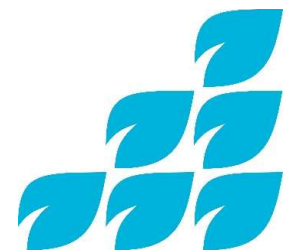


# Small sample of patients



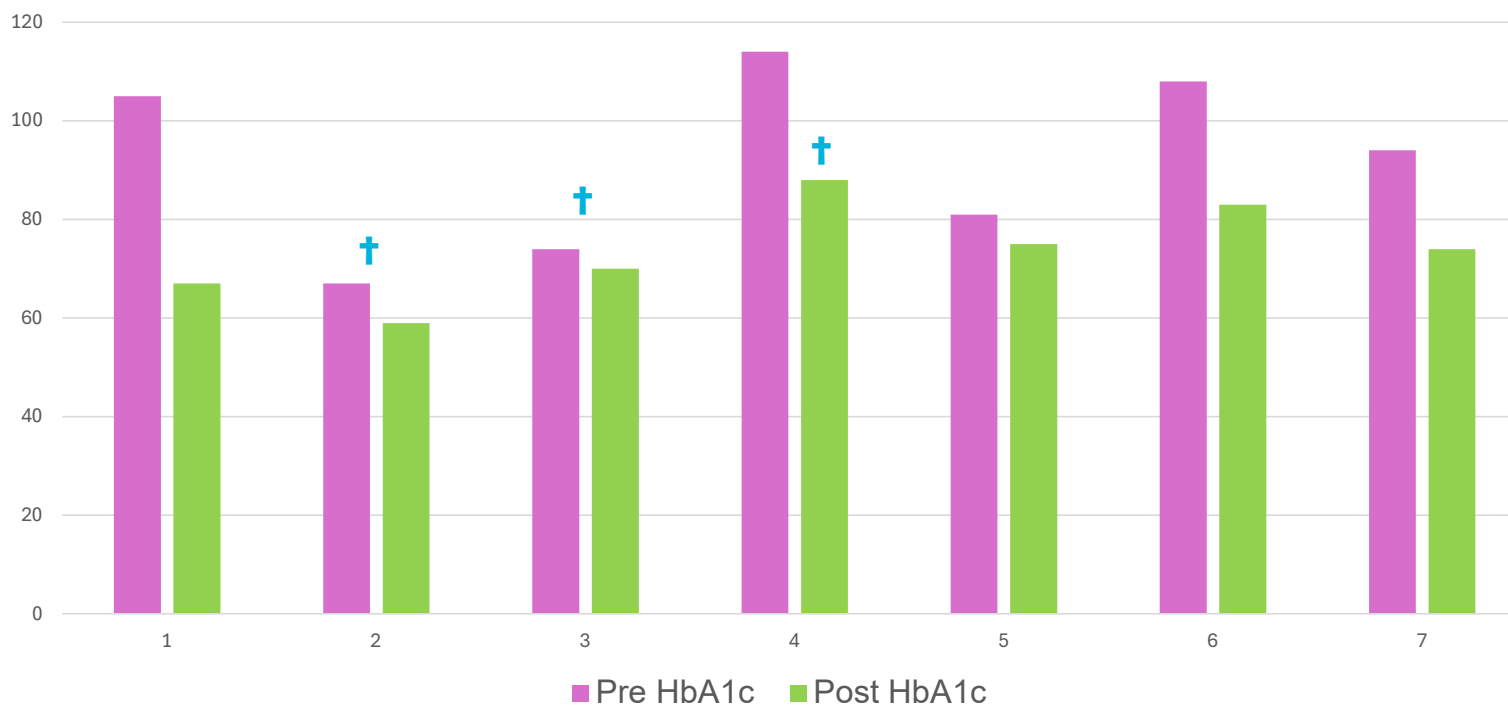
T2DM: 5 patients  
T1DM: 3 patients †

Insulin: 6  
Non-insulin: 2



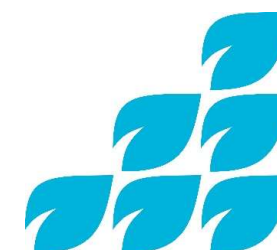
# Small sample of patients

## HbA1c changes



T2DM: 5 patients  
T1DM: 3 patients †

Insulin: 6  
Non-insulin: 2



# Prescribing as a FCD – Feedback from PCN

1. Have you seen any benefit of your PCN dietitian prescribing in Practice?

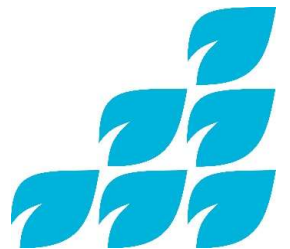
100% = Yes

2. Have you experienced any issues with your PCN dietitian prescribing?

100% = No

3. Would you recommend a supplementary prescribing dietitian role to colleagues?

100% = Yes



# Feedback from PCN

Vital to our team. Releases a lot of work for our busy GP's.

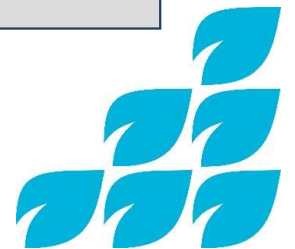
Valued member of the team

An amazing support to us as clinicians and our diabetic patients. Her knowledge is fantastic, and she demonstrates clear rationale for her prescribing and follows patients up also.

Our dietitian is amazing and is such a wonderful asset to the Practice. The fact that she can also prescribe enhances her role immensely.

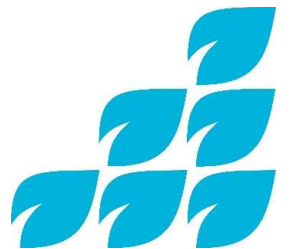
It has been very useful to have the expertise of a dietitian with specialist diabetes knowledge being able to prescribe. It is a little clunky regarding the CMP but I understand why it has to be done this way.

Great benefit to patients care management



# Prescribing as an FCD in Primary Care

- ▀ Getting the process right
- ▀ What are the challenges you are facing?
- ▀ Any solutions you can share?
- ▀ Evidence – sharing good practice



# Next steps

🍃 Publishing more – let's get what we are achieving out there

🍃 #PrescribingNow

## We need independent prescribing rights now!

That's why the BDA has joined with other AHPs such as the Royal College of Speech & Language Therapists, British & Irish Orthoptic Society, the Royal College of Occupational Therapists, and the Society of Radiographers to launch our #PrescribingNow campaign. This campaign aims to pressure the UK Government into taking the necessary steps to allow our members across all four nations of the UK independent prescribing rights, to deliver the efficient and necessary care that patients deserve.

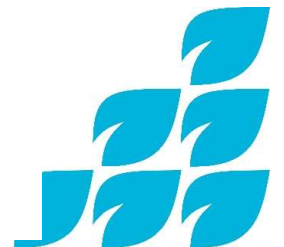


**BDA** British Dietetic Association  
@BDA\_Dietitians · Follow

The BDA and other Allied Health Professions launched our #PrescribingNow campaign this week.

We want independent prescribing rights for dietitians and are calling on the UK Government to make concrete steps in delivering this.

Stay tuned for more. It's time for #PrescribingNow







## About us

We are the BDA Prescribers Specialist Sub-Group for those currently prescribing or interested in prescribing or developing prescribing roles.

We are a sub-group of the [Advanced Practice Specialist Group](#) - but members of the [First Contact Dietitians Specialist Group](#) can also join our sub-group for free.

These are exciting, developing roles for dietitians, which enable us to work more autonomously and prescribe medications for people under our care.

Join the group for access to full resources, CPD material and education opportunities.

The committee is formed of dietitians who have worked in, currently work or have a specialist interest in dietetic prescribing. The committee is currently represented by dietitians from across England, Scotland and Wales, but we would welcome dietitians from other areas of the UK to join the committee. We are an inclusive & diverse committee and welcome ideas to support this aim.

### In this section

**Prescribers Specialist Sub-Group** >

What do prescribing dietitians do?

Prescribers Specialist Sub-Group committee

Thank you

