

Project aim Our project was to embed a specialist pharmacist into the Gastroenterology team to switch patients from biologics to biosimilars. As these are high cost drugs usually funded via the CCG, the post was part funded by the CCG with the cost savings from the switch split equally between the PAH & the CCG. In addition, we planned to initiate pharmacist-led immunosuppression clinics to free up consultant time as well as streamlining shared care communication between the Trust and GPs.



Project team
Clare Macpherson – Pharmacist
Dr Monica Bose – Lead Consultant
John Biddulph – Chief Pharmacist PAH
Anurita Rohilla – Chief Pharmacist WECCG
Angela Kenny – Commissioning Pharmacist WECCG

Timeline for delivery From: **Sept 2016** To: **present**

Measures All biologic patients contacted via letter and consented for switch. Patients followed up after switch to ensure disease control and side effects. Immunosuppressant counselling clinics established and pharmacist prescribing introduced. Pharmacist controlled shared care introduced.

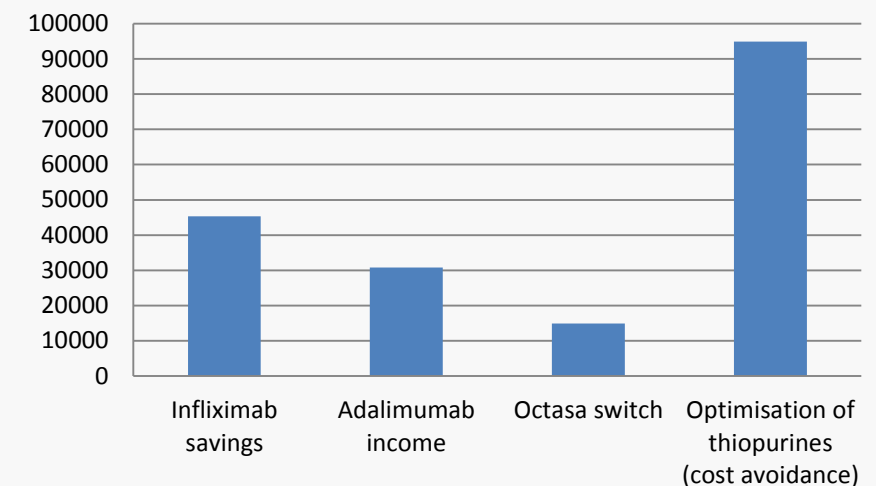
Tests for change
 All existing biologics patients switched to biosimilars and all new patients started on biosimilar. All patients have bloods monitored before new immunosuppressant prescriptions issued. Bloods followed up promptly if out of range. Shared care managed by the pharmacist, including GP queries. 222 thiopurine patients currently monitored.

Results
100% of biologics patients switched within 3 months

86 shared care patients successfully transferred to GP.

95% pharmacist time in patient facing role

Cost saving for various projects in Gastro Pharmacist role to date



Learning and next steps There has been very good collaboration between CCG & PAH, interdepartmental, primary & secondary care interface.

Audit of patient satisfaction with biosimilar switch
Audit of patient satisfaction with pharmacist counselling/prescribing /monitoring of immunosuppressants.
Management of roles crossing the interdepartmental boundary