



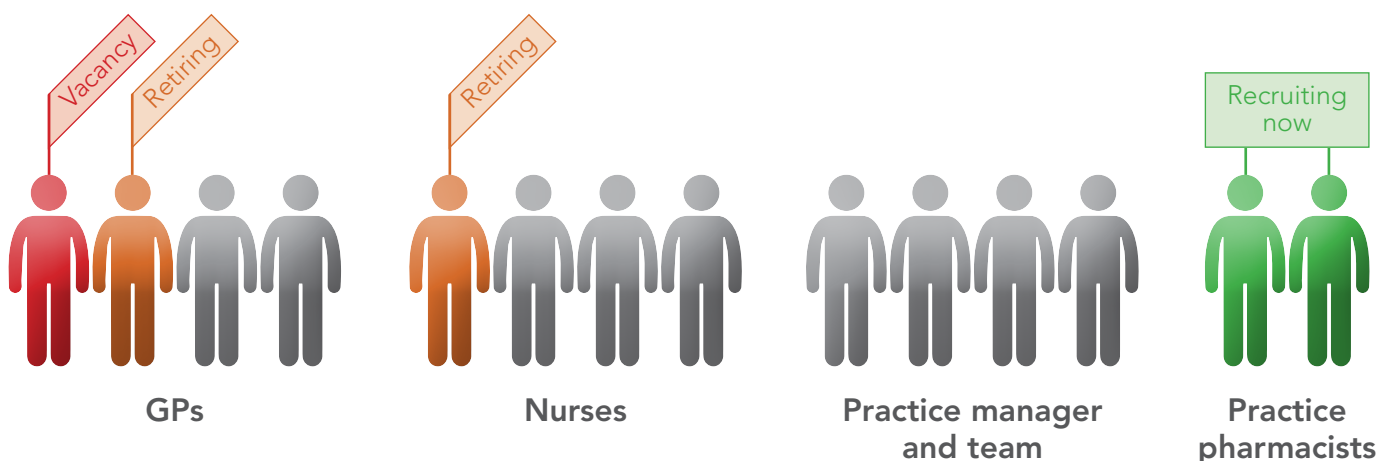
Pharmacists and general practice: A practical and timely part of solving the primary care workload and workforce crisis

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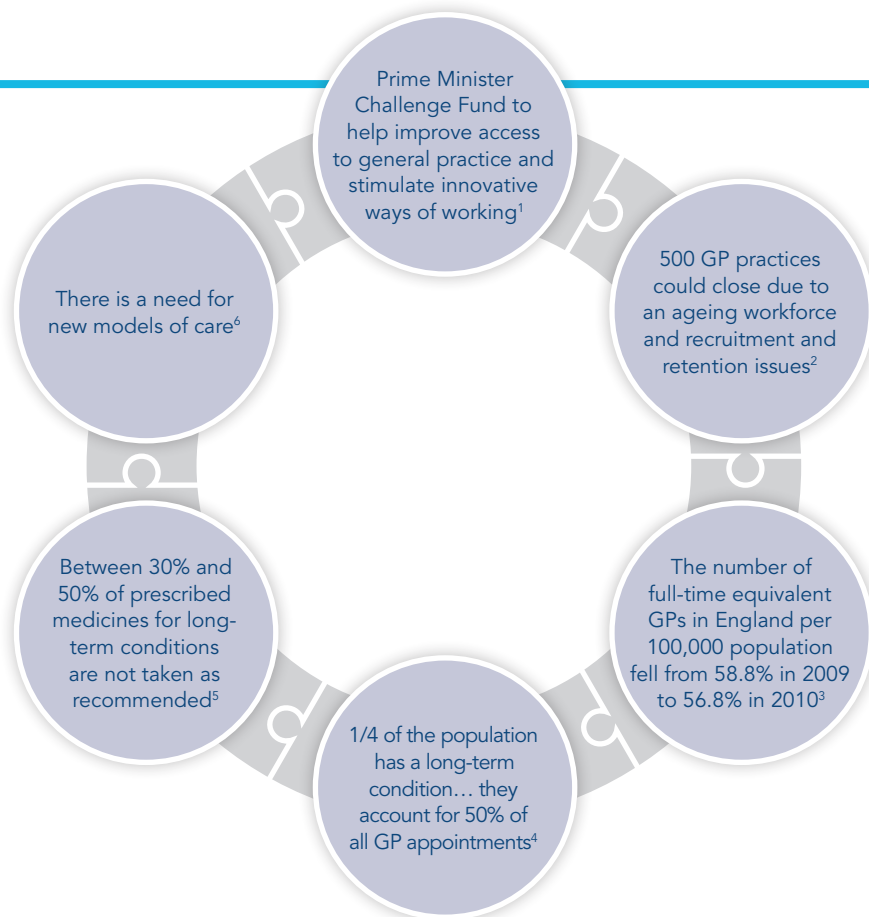
Summary

- Primary care is facing an immediate crisis of falling workforce and rising demand
- A significant number of suitably qualified pharmacists are available
- Pharmacists' under-used skills could play an important role in helping GP practices and primary care providers fill their gaps quickly, practically and cost-effectively
- Pharmacists working in GP practices have helped drive significant improvements in care provision and working patterns
- Patients report feeling satisfied and safe with pharmacists in GP practices
- The Royal Pharmaceutical Society and NHS Alliance held a discussion to explore how this opportunity can and should lead to immediate action, summarised in this document

On the 30th September 2014, The NHS Alliance and the Royal Pharmaceutical Society held a round table, inviting GPs, practice pharmacists and members of the public. This report contains excerpts from the discussion.



Context



The workforce crisis

/// The workforce crisis is real. There is a widespread inability to recruit GPs as practices face the challenge of rising demand for primary care from an ageing, increasingly co-morbid population. Many practices are simply not getting responses to their adverts for GPs or practice nurses ///

/// GPs spend significant time managing prescribing, reviewing medicines, reconciliation of letters and discharge forms, addressing patient compliance and managing long-term conditions. These are common roles for pharmacists ///

/// There are an increasing number of highly trained and skilled pharmacists emerging from university, yet not doing the jobs to match their skill levels; many independent prescribing pharmacists do not have work fully using their qualifications. One practice, unable to recruit a GP, advertised for a pharmacist in a trade magazine and received 150 applications ///



Barriers to change

Given this potential solution to a real problem, why has clinical pharmacy not become much more established within primary care? Why does employing a pharmacist in a GP practice remain an exception rather than the rule?

■■ Most GPs have no idea pharmacists can work in GP practices; it's just not on their planet. Yet when they hear about what we've done with our pharmacist, they say 'we want one of those' ■■

■■ The workload of GP principals and partners is a huge issue; the cost of employing a pharmacist would look worthwhile to GPs working all the hours ■■

■■ There is still a culture of expecting additional money to be provided to employ new professionals in parts of primary care ■■

■■ Pharmacists have a broad skill-set in analytics as well as prescribing knowledge to develop a new care model with a pharmacist as part of the practice team ■■

■■ Care around medicines is often sub-optimal, and employing pharmacists in primary care could be a big help ■■

■■ A business-minded GP saw the potential for me to do more GP-oriented work, helped develop the business case - and trusted me ■■

■■ The variety of services pharmacists deliver in general practice is considerable, and can become very generalised: Chronic disease management, diabetes, asthma, COPD, hypertension, depression, arthritis. Pharmacists have staffed walk-in centres, and can be used to good effect in triage for common ailments (pharmacists can do chest assessments, for example) ■■

■■ You need to find a GP principal or partner who 'gets' the potential role for and cost-effectiveness of a pharmacist. Most GPs don't understand the full range of what pharmacists can do ■■

■■ Until GP practices have a pharmacist, they don't really know what they can do ■■

■■ The introduction of a pharmacist in my practice was 'a lightbulb moment' ■■



Brand and culture

“ I entered medical school at the same time as colleagues going into pharmacy, but we weren't doing the same course. If you don't train together, you don't know what you don't know about their skills. In general practice, my first real exposure to pharmacists was when I was a member of a medicines management committee “

“ Pharmacists must start thinking in GP language, or you'll always be working in parallel rather than together. I went and did a course on physical assessment to get the language and it put me on the same page “

Business case and recruitment

Two key questions emerged about how to get the process of recruiting a pharmacist to a practice under way:

- How do you create a business case for the pharmacist within the practice?
- How do you complete a recruitment process – advertisement, short-listing, interviewing, job offer, contract and terms of service?

“ We applied to the CCG innovation fund and focussed on improving patient care and quality and safety “

“ The only sustainable business model is for GP practices to employ a pharmacist as part of a review of skill-mix and staffing “

“ It was a business case – we were overstretched and couldn't find a GP “

“ Job descriptions and competencies with business case templates would be very helpful for GPs considering this opportunity “



Patient perspectives: Spending valuable time to explain

Patient perspectives offered important insights into how pharmacists in general practice make a practical difference. Patients described a more approachable, patient-focused communications style, more time and greater knowledge of the medicines and devices.

““ The pharmacist was a Godsend. She had time to talk to me about the medicines that were available and to find one that suited me ““

““ A pharmacist is an expert in medicines and products; a patient is the expert in how they use it ““

““ I had seen the GP several times and my blood pressure was no better. The pharmacist was able to spend time with me to find the right medicine. Now everybody is happy with my blood pressure, including me ““

““ I make a decision on whether I need to see the GP, the practice pharmacist or the practice nurse when I make my appointment; the practice trusts me to do this ““

Scale model and economics

The cost of employing a pharmacist includes offering a salary between half and 2/3 of the cost of a full-time equivalent salaried GP. The development of federations and co-operation at scale raises the possibility of federations employing pharmacists and sharing the resource.

““ The economies of scale of employing pharmacists who can work across multiple practices was an initial attractor to us providers with chains or groups of practices. Yet the model has delivered so well that we are now seeking a pharmacist for each practice ““

““ My practice has a population of just 4,000 patients. I will have a pharmacist working two days a week for me ““

““ Our pharmacist helps our practice in many financial areas, for example; delivering on QOF, local and directed enhanced services and immunisations and vaccinations ““

““ We have taken the leap of faith to employ a pharmacist, find it economically viable and wouldn't go back ““

““ The best evidence yet for the cost-effectiveness of pharmacists in reducing prescribing errors in primary care is the PINCER study⁷ ““

Practical issues once a pharmacist is recruited

Once the leap of faith to recruit a pharmacist has been made, GP practice leaders and managers face another range of practical questions about the integration and general development of their new pharmacist:

- What basic training / orientation is required?
- What are the general management requirements?
- How is their professional development managed?
- How do you manage the pharmacist / patient interface? How do you explain them to patients? How do you start to integrate them into the team?

“ I felt slight trepidation before being introduced to the practice staff team. In reality, the fears were unfounded. The team were all extremely enthusiastic and little resistance had been met “

“ There is an issue of demarcation; practice leaders need to be very clear on what a pharmacist’s role will be. Receptionists must know what patients a pharmacist will or can see with their skill set “

“ Working with practice nurses has been a bonus and teamwork is very important so as not to be seen as a threat “

“ There is no structured education programme for pharmacists in general practice, similar to that in hospitals “

“ I started small: It’s a lot easier to get integrated into a team gradually “

“ We assess candidates pre-interview, who are briefed for their job by a director, and get to meet practice teams to understand the job scope “


“ Pharmacists have a three-month induction into general practice - learning EMIS, QOF, coding and how to do a referral. They meet their clinical leads weekly, and their practice manager and medical director regularly “

“ For a pharmacist working in a GP practice there is no formal career progression: It’s what you carve out for yourself... GP practice pharmacy is not currently a recognised career pathway - and now we need to build one, for others to follow “



Conclusions

- Pharmacists represent an important early element in solving the workforce crisis within general practice
- There are good examples of pharmacists adding value to GP practices, taking the lead in some areas of work and integrating within a multidisciplinary team to deliver high quality responsive clinical care
- The skills and value that pharmacists working in general practice could offer are often poorly understood and little-publicised. Skills in medicines and analytics are cornerstones for successfully managing the care of high-risk patients and this is a significant missed opportunity for the NHS. There is a clear requirement to raise awareness and share examples of best practice
- The value of pharmacists working in general practice needs to be defined and promoted and simple business case templates developed. The value proposition can include expanding the multidisciplinary team to improve patient safety, compliance with prescribed products, delivery of services and to release administrative time GPs currently spend on prescriptions
- There is a need to create a clear career pathway for pharmacists and general practice. This requires a clearer definition and a link between competencies to an acceptable salary structure within the career path
- There should be recognised training pathways for pharmacists and general practice and development and educational opportunities shared with GPs and practice nurses
- Patients gain benefits from the expertise of pharmacists and are capable of understanding when to see the pharmacist in the practice
- Pharmacists could play an increasing specialist role in primary care as reforms lead to more complex care being delivered in primary care
- Using pharmacists in primary care is an important part of the solution, however we need to look at using pharmacists to deliver better care for long-term conditions at scale, working over the health economy. Some initiatives will work best at scale; others at practice level: We need to recognise this variability



It is about time I thought about employing a pharmacist

NHS Alliance is the leading independent voice for providers of health and social care outside hospital. It is the only not-for-profit membership organisation to bring together frontline clinicians and organisations of all kinds in our communities – from general practice, community pharmacy to providers of housing and emergency services.

The Royal Pharmaceutical Society is the dedicated professional body for pharmacists in England, Scotland and Wales.



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References

1. NHS England. Prime minister's challenge fund. Available at www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/. Date accessed November 2014
2. RCGP report. Over 500 surgeries at risk of closure as GP workforce crisis deepens. 2014. Available at www.rcgp.org.uk/news/2014/october/over-500-surgeries-at-risk-of-closure-as-gp-workforce-crisis-deepens.aspx. Date accessed November 2014
3. BMJ careers. The GP workforce crisis: putting the right doctors in the right place at the right time. 2013. Available at www.bmj.com/careers/advise/view-article.html?id=20010282. Date accessed November 2014
4. NHS England. NHS England Call to Action. Available at www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf. Date accessed November 2014
5. Barber *et al.* (2004). Available at www.qualitysafety.bmj.com/content/13/3/172.full.html. Date accessed November 2014
6. The Kings Fund. 2012 Transforming the delivery of health and social care: the case for fundamental change'. Available at www.kingsfund.org.uk/publications/transforming-delivery-health-and-social-care. Date accessed November 2014
7. Rachael A. Elliott *et al.* Cost effectiveness of a pharmacist-led information technology intervention for reducing rates of clinically important errors in medicines management in general practices (PINCER). 2014;**32**(6):573-590