MANAGEMENT CONUNDRUM

What Makes You Think A Pharmacist Is Suitable To Work In A GP Practice?

"OK", said Dr Carey Whitecoat, Head of Medicines Optimisation at Riverdale Primary Care Organisation (PCO) as others in the room shuffled their feet in the wake of a rather heated debate. "Let's look at this professionally and dispassionately. You may know what your staff can do but look at it from the GP point of view."

This had all started because Dr Harry Healer, a GP and real 'mover/shaker' in the area, had been thinking about employing a pharmacist to run some therapy clinics in his practice. "Look", he had said to Carey, "I'm supportive of this in principle but what do I tell my partners and, as importantly, how can patients be reassured that the pharmacist will have been trained and have the rights skills? Saying you are a prescriber but a 'non-medical' one hardly fills anyone with confidence and the qualification doesn't mean a lot to those who aren't in the know."

Carey had reflected on this and called her colleagues together to discuss it. In the room were Peter Pill (a community pharmacist) and Mohammed Mixture (a hospital specialist pharmacist), both of whom were Independent Prescribers. Also present were Janet Donit, Chief Pharmacist at Metropolis NHS Trust and Simon Silver, who represents Community Pharmacists in the area.

The 'heated' bit had been about whether it would be best for pharmacists who work in GP practices to have a community pharmacy or hospital pharmacy background. Simon had intervened to say, "This isn't really getting us anywhere. What is important is addressing Dr Healer's point and getting across which pharmacists will be well suited to the role, irrespective of their background."

"Yes," chipped in Mohammed. "I'm up for it but would like to know where it will take me. What will my support network be? I don't want to end up in a practice and disappear from the profession generally."

"That's right", interjected Peter. "I've got here through my own personal interest and endeavours – but what's the career path for me and those who follow? It all seems very fragmented and unconnected to me."

"Right," said Carey, putting on her best assertive voice. "I hear what you are saying and don't disagree but there is a great opportunity here and the best people to seize it are those of us in this room now. So what do we want the future to look like and what are we going to do about it?"

Wow! A real 'bag of worms' has been opened up here e.g. confidence about the pharmacist role, networks, career development. What do you think needs to be done?

Commentaries

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GP practices where pharmacists are part of the team have found that their patients describe a more approachable, patient-focused communication style, including more time and greater knowledge of the medicines and devices.

As primary care faces a crisis with less GPs and demand for services rising, pharmacists in practices offer an opportunity to increase the capacity for high quality care for patients. Seamless care can be achieved by liaising better with hospitals, community pharmacies and care homes - leading to a reduction in medication errors. The pharmacists also work with community pharmacists to review the medicines of patients, particularly those who have more complex needs. When patients move in and out of hospital their medicines often change and these pharmacists will ensure that GPs are kept abreast of changes made when patients return home.

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It is essential for pharmacists in practices to have an independent prescribing qualification.

The practice pharmacist role will fundamentally improve the safety of medicines, ensuring excellent communication and collaboration between pharmacist colleagues working in both community pharmacies and hospitals. The whole primary healthcare team can benefit from the expert knowledge of the pharmacist and so reduce medicines waste, improve the management of medicines and rationalise costs at a time when there are higher demands upon NHS funds.

NHS England is currently supporting 73 pilot sites covering 698 GP practices and employing 403 clinical pharmacists. This will mean that over 7 million patients will have access to a clinical pharmacist. The budget for this is £31 million.

To be eligible for these roles, it is essential to have an independent prescribing qualification as well as extensive experience working with patients and the multidisciplinary teams in general practice. The pilot site posts have funding guaranteed for 3 years and, over this time, a more defined training program and career progression may start to emerge. Some Clinical Commissioning Groups (CCGs) are employing a senior pharmacist to supervise and support the practice based pharmacists within the practices. Training and support similar to that seen in hospitals will be essential to gain the most benefit from these roles.

Practices outside of this pilot will need their GP leaders to be clear and specific about the requirements of the role. This needs to be communicated to patients, receptionists, practice nurses and other GPs. An induction into the use of clinical systems (e.g. EMIS, Visions) and an understanding of Quality and Outcomes Framework (QoF) coding should be included within the basic induction training. Support networks with other practices should be established and outcomes from the pilot sites will be eagerly awaited.

Further background material available:

- City and Hackney Clinical Commissioning Group. Clinical Pharmacists: Job description and personal specification.
- Royal College of General Practitioners (RCGP) and Royal Pharmaceutical Society (RPS) Policy Statement on GP Practice Based Pharmacists, February 2015.
- Pharmacists and general practice: A practical and timely part of solving the primary care workload and workforce crisis. NHS Alliance/Royal Pharmaceutical Society, October 2014.
- NHS England: Clinical Pharmacist in General Practice Pilot. Available at: https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/ .

"The practice pharmacist role will fundamentally improve the safety of medicines, ensuring excellent communication and collaboration between pharmacist colleagues working in both community pharmacies and hospitals."

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A Prescribing Pharmacist will have formed relationships across the primary /secondary care interface

It is understandable that, with the expansion of the relatively new position of GP Practice Pharmacist, there will be some confusion and uncertainty around the role and responsibilities; but the important thing here, as always, is communication. To begin this, Dr Healer should have the pharmacist attend a meeting of his surgery's clinical staff and, if possible, should have another pharmacist and GP attend from a surgery where this role is established. There's nothing like shared experience to give reassurance during a time of change!

After that, the surgery patients should be introduced to this new pharmacist role, maybe with an article in the patient newsletter, on the surgery website and posters in the waiting room. Part of this communication should explain that the pharmacist will have a minimum of seven years combined training and experience and emphasise that the role has been created because the pharmacist is a specialist in medicines.

Unfortunately, the terms 'Non-Medical Prescriber' or 'Independent Prescriber' are as unhelpful as the term 'Repeat Dispensing'; all are confusing to patients and prescribers because they are not clearly differentiated from other, similar terms. Instead, the surgery may find it more effective to use the description 'Prescribing Pharmacist', which helps to clarify the role and the medical speciality. As for area of responsibility, this will change over time as the pharmacist develops confidence and new skills. It will also vary from one surgery to another.

We all recognise the inexplicable wall that often exists between GP surgeries and community pharmacies or between GP surgeries and the acute Trusts, but a key strength of a Prescribing Pharmacist is that they will usually have ready-formed relationships with their colleagues in primary and secondary care. Many areas have used this relationship to improve medicines optimisation and drug reconciliation for patients discharged from hospital, or to support CCG Medicines Management formulary changes that are actioned in the surgery and then supported through advanced services of MUR or NMS in the community pharmacy .

Mohammed and Peter are right to identify the risks of professional isolation and lack of a clear development path, but these are changing times with developing roles. There's currently a plethora of organisations vying with each other to be the support organisation for Prescribing Pharmacists and other surgery-based pharmacists, but it will be quite some time before everyone's questions are answered.

Declaration of interests

- **Ami Scott** reports personal fees from Pharmacy Management for the commentary; personal fees and non-financial support from Pharmacy Management outside the submitted work.
- **Chris Howland-Harris** reports personal fees from Pharmacy Management for the commentary; personal fees from NHS Bristol and Ashgrove Pharmacy outside the submitted work.

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