Pharmacists working in general practice: the experience of a rural Cornish practice with pharmacist support for GPs and other clinicians

Mark Stone, Practice Pharmacist Partner, Tamar Valley Health
PHARMACISTS WORKING IN GENERAL PRACTICE: The experience of a rural Cornish practice
My First Year
A New Pharmacist Role

The Beginning

• March 2015
  – Royal Pharmaceutical Society (RPS) and Royal College General Practitioners (RCGP)
  – Agreement on proposals for a practice based pharmacist to help ease work force pressures

• July 2015
  – NHS England announced £15 million scheme to fund employment of pharmacists in GPs, and to evaluate the pilot.
A New Pharmacist Role

What's the need for new role?

Demand

- Consultation rates; 3.9 1995 (Q Research NHS IC 2009);
  7.6 - 8.3 2012 (Clinical Practice Research Datalink – NIHR 2014)
The Population Pressure – Age & LTCs

Source: ONS 2010 and 2013-based population projections
A New Pharmacist Role

What's the need for new role?

Demand

- Consultation rates; 3.9 1995 (Q Research NHS IC 2009); 7.6 - 8.3 2012 (Clinical Practice Research Datalink – NIHR 2014)
- “New deal”, FYFV & MCPs
- > 65 years to increase from 9 million to 13.5 by 2032 (Future Population Trends The Kings Fund 2010)
- > 3 million patients with 3 long term conditions by 2018
- Spend on medicines £8.9bn, 1.1bn items
A New Pharmacist Role

What's the need for new role?

Work force issues

- 43% of GPs >50 years
- 54% over 50s plan to quit in next five years (National GP Worklife Survey 2013)
- GPs per head 61.5 in 2009 (per 100,000) to 59.6 in 2013 (CFWI 2014)
- Surplus of 19,000 pharmacists in UK by 2040 (CFWI 2014)
What's the need for new role?

Medicines Use

- In 2010 5.8% >10 or more medicines (The King’s Fund 2013)
- 4.9% prescribing errors and monitoring errors (PRACtI Ce study, 2012)
- 6.5-7.1% hospital admissions relate to medicines (R L Howard et al 2003, Winterstein et al, 2002)
- Waste medicines £500million (York Health Economics 2010)
Clinical Skills

- Pharmacist prescribing is currently safe & clinically appropriate (Latter S et al, Evaluation of nurse & pharmacist independent prescribing)
- Acceptability of the role to patients is high (Stewart D et al, Exploring and evaluating pharmacist prescribing)
- ‘pharmacist’ service is valued by patients as an alternative to doctor prescribing in primary care (Gerard K et al, Valuing the extended role of prescribing pharmacist in general practice)
- Pharmacists are effective in reducing a range of medication errors in general practice (Avery A et al, PINCER study)
Practice Pharmacist Work

What work will they do?
What work will they do?

Aim: To reduce the medicines related activities workload on the practice GPs, and increase safety and quality of practice prescribing.
What can GPs Stop Doing?

- 27% of GP consultations were identified as potentially avoidable
Avoidable GP Appointments

- 6% directed to others in practice
- 3.8% self-care
- 1.2% requests from hospitals to prescribe
- 1.1% no cause for concern feedback
- 0.5% req from primary care clinicians
What can GPs Stop Doing?

- 27% of GP consultations were identified as potentially avoidable
- Medicines reconciliation
- Clinical medication review/chronic disease management/QoF
- Prescription management
- Prescribing safety/LES/DES
- Acute common conditions
The Practice Pharmacist Work

- Prescription management
  - Re-authorising, issuing (non-repeat meds), follow up
- Medicines reconciliation
  - Prescription safety/concordance, discharge, admission
- Medication review (clinical)
- Long term disease management
  - Poly pharmacy/multiple conditions
- Acute illness & patient medicine queries
- Practice performance
  - QoF, prescribing LES, safety alerts, formulary, waste
  - Supporting practice team with medicine queries

<table>
<thead>
<tr>
<th>Time Saved Per 8 Session GP (per day)</th>
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<tbody>
<tr>
<td>0.5 – 0.75 hrs</td>
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<tr>
<td>0.25 – 0.5 hrs</td>
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<td>0.5 – 0.75 hrs</td>
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<td>0.1 – 0.25 hrs</td>
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Practice Pharmacist Work Flow

On day

PRACTICE TEAM
- Medicine re-authorisation reccon./discharge/queries

PATIENTS
- Medicine requests
- Medicine queries (tel cons)
- Acute common illness

EXTERNAL
- Third party prescribing recc./recon./queries
- Prescribing alerts

Planned

PATIENTS
- Clinical Med reviews
- Follow up

BUSINESS
- Dispensary management
- Purchasing
- Prescribing safety/budget

PROJECTS
- LES/QoF
- Flu

Pharmacist In Practice

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Mondays

On day

PRACTICE TEAM

Medicine re-authorisation
recc./discharge/queries

PATIENTS

Medicine requests

Medicine queries (tel cons)

Acute common illness

EXTERNAL

Third party prescribing
recc./reccon./queries

Prescribing alerts

Pharmacist
In
Practice

Follow up tel cons

PATIENTS

BUSINESS

PROJECTS

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Pharmacist in Practice

On day

Practice team
- Medicine re-authorisation recon./discharge/queries

Patients
- Medicine requests
- Medicine queries (tel cons)
- Acute common illness

External
- Third party prescribing recc./reccon./queries
- Prescribing alerts

Planned

Patients
- Clinical Med reviews
- Follow up

Business
- Dispensary management
- Purchasing
- Prescribing safety/budget

Projects
- LES/QoF
- Flu

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The Business Case

Cost

- Cost £38,300 - £48,000 per annum
- All in (NHS pen, Empl NI) £185 - £230p/d
- 0.1 – 0.125 FTE per 1,000 patients

Funding

- CCG co-funding (mixed agendas)
- Federation, spread costs
- Future national funding?
The Job Specification

Essential

• 3 years post qualification experience
• Excellent clinical knowledge, can manage risk
• Can work flexibly within a practice team
• Independent prescriber

Desirable

• Experience of primary care
• Post graduate qualification, Faculty member of RPS
• Leadership skills
Our Experience

Key Areas

1. Pharmacist prescribing speciality will be as ‘general practitioner’
2. Focus on patient pathways (med r/v)
3. Raise awareness of clinician skills
4. Ensure team relationships and trust built
5. Close mentoring
6. Increase triage skills, and recognising serious illness
7. Understand how you will work with community pharmacy
Thank you!

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