Wider integration of pharmacists

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There is a deepening recruitment and retention crisis in general practice where 500 GP practices could close due to an ageing workforce and recruitment and training issues. The solution is not just to increase the number of training posts, as the government has promised. There are already difficulties in filling the posts that are available, more newly qualified GPs seem to be finding employment outside of the UK and the widely publicised reduction in GP trainee pay is hardly likely to help.

The number of people with long-time conditions is increasing. A quarter of the population has a long-term condition and they account for 50 per cent of all GP appointments. The number of prescription items issued is also increasing. In 2013 the NHS in England dispensed over one billion items for the first time. Many GPs would also say that the complexity of prescribing is also increasing as their time for updating is coming under greater pressure. With home delivery solutions changing, more GPs may be encouraged to take responsibility for the supply and management of medicines used for more complex disorders, traditionally classed as ‘high cost’ and the remit of hospitals.

The NHS Alliance believes that one part of the solution is in skill mix and the wider introduction of pharmacists into the general practice team. At the Action Summit in December 2014 the NHS Alliance launched their guide, which was produced with the support of the Royal Pharmaceutical Society – Pharmacists and General Practice: A Practical and Timely Part of Solving the Primary Care Workload and Workforce Crisis. The NHS Alliance would support this initiative as a way of developing general practice and expanding the capability of primary care in the future.

Greater challenges may lie, however, in the fast-track development of prescribing pharmacists and the integration of pharmacists into the general practice team.

Prescribing Management

Practice pharmacists will be responsible for the operation of the prescription service in the practice, starting with the development and implementation of standard operating procedures and prescribing policies. Not only would the pharmacist be able to pick up non-adherence and potential waste, but they can handle medicines reconciliation from both discharge letters and outpatient letters and then medication review consultations.

The pharmacist may become the point of contact for pharmaceutical company representatives, responsible for the practice formulary and the introduction of new medicines. There is a need to drive consistency of prescribing, but also updating to ensure that the most appropriate medicines are being used by the practice.

Every day, every GP gets requests for urgent medicines or prescription problems that the pharmacist would be able to manage, saving GPs’ time.

Acute and chronic conditions

Some pharmacists are already seeing patients with acute or chronic conditions as part of a triage process in practice. Patients essentially have the choice of seeing the GP, the pharmacist or the nurse. Patients with specific symptoms or complaints may be directed to the pharmacist as the first-line clinician.

The biggest opportunity is in building the practice team to better manage patients with long-term conditions. I can see a time where practice nurses and pharmacists co-manage the majority of patients with long-term conditions, initiating and monitoring the majority of medicines used within treatment. They will use their combined knowledge of medicines and patient behaviour to improve the selection of medicines and activating patients to better adherence and through this, better outcomes.

Practice pharmacists will play a greater part in developing local therapeutic guidelines and the implementation of NICE clinical guidelines.

Specialist services

There are pharmacists who already provide advanced or specialist services within general practice, supporting and delivering directed enhanced services and locally enhanced services. However, some specialities from secondary care will be developed by pharmacists in general practice including substance misuse and chronic pain management for example.

The way forward

The Royal Pharmaceutical Society will lead on aspects of the development program ensuring that pharmacists can be fast tracked to independent prescriber status and other clinical and non-clinical training is available. Pharmacists may be able to work within general practice as part of their university course or preregistration experience creating a clear career path.

The NHS Alliance will undoubtedly drive the development of an integrated support function for the developing practice team, where multidisciplinary training and development will be the norm.

References


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