Developing the role of general practice pharmacists in Southwark: Summary of the patient and GP engagement events

July 2016
NHS Southwark Clinical Commissioning Group

The best possible health outcomes for Southwark people
Developing pharmacists in general practice – patient engagement workshop

NHS Southwark CCG held a patient workshop on 20 July 2016

The patient workshops were advertised via the CCG engagement mailing list and at the South Southwark locality PPG.

The patient workshop was attended by 24 participants; of whom 16 were local patients, six were CCG members of staff (including four pharmacists) and two staff from the GP federations in Southwark (one from Quay Health Solutions and one from Improving Health Limited). In addition two British Sign Language (BSL) interpreters were in attendance.

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Of the patients who attended:

**Ethnicity**
- 47% are White British
- 20% are Black British – African
- 20% are Black British
- 7% are Asian British

**Gender**
- 60% are female
- 40% are male

**Sexuality**
- 13% are gay

**Age**
- 21% are aged 30-44
- 29% are aged 45-59
- 43% are aged 65-74

**Disability**
- 36% are deaf or hearing impairment
- 43% have a long term condition
- 7% have a physical disability
What we did

1. The CCG developed three personas of Southwark residents describing scenarios when they would need pharmacy input: on leaving hospital after having a stroke, as part of an annual review after having a heart attack two years previously and a younger woman requiring a repeat prescription for asthma. The personas were developed by CCG pharmacists using their experience of working in and with GP practices as well as issues regarding pharmacy raised at locality patient participation groups.

2. After a brief overview of what pharmacists in general practice can do, participants were then asked to put themselves in the shoes of the persona and think about how a pharmacist could help this person, why a person might be reluctant to see a pharmacist in general practice and what we could put in place to encourage people to see a pharmacist in general practice. There were two south groups and one north group.
Findings: how a pharmacist in general practice might help this person

- Pharmacists are well placed to check any changes in medicines when a patient comes out of hospital including changes in medicines, doses etc.
- Pharmacists can explain to the patient these changes in detail and plain language especially when patients might be confused after a hospital stay.
- Pharmacists will have more time to ask detailed questions about lifestyle (such as frequently passing water which may be a side effect of a medicine) and provide advice which could impact on a better quality of life.
- They will have time to support patients with answering questions when moving to new medicines or with showing inhaler techniques.
- They can help with repeat prescription requests.
- They can resolve issues more quickly as they have access to patient files.
- They can liaise with various agencies such as hospital teams, community pharmacist.

Other areas that participants thought the pharmacist might be able to help with (based on pre-printed cards):
- Supporting repeat prescribing
- Support patients when they come off certain medicines (de-prescribing)
- Supporting patients taking lots of different medicines
- Long term condition management
- Managing high risk drugs e.g. monitoring when particular drugs require regular blood tests
- Medicines reviews
- Holistic Health Assessments
- Medicines reconciliation e.g. checking, after a change of care setting such as coming out of hospital, that the patient is getting the right medicine and right doses and records are updated to reflect changes.
Findings: why a person might be reluctant to see a pharmacist in general practice

• They might not be aware that a pharmacist is in place at their surgery
• They are used to seeing a GP and are expecting to see a GP and do not want to change
• They do not know or understand the role or skills of pharmacists or understand their professional status
• They do not understand the process or why they are being booked into seeing a pharmacist
Findings: how we might encourage someone to see a pharmacist

- Need promotional material at practice level
  - leaflets
  - notice board
  - web site
- Ensure the needs of the deaf community are taken into account and use BSL interpreters
- Promote at practice patient participation groups (PPGs) as well as at locality PPGs
- Seeing the pharmacist for the first time with the GP
- Being introduced by the GP
- Use patients who have seen a pharmacist before to promote their good experiences to other patients
- GP receptionists need to be trained / given a script so they understand and can explain to patients why they are being booked into seeing a pharmacist rather than a GP / nurse
Findings: how can we continue to engage patients as we develop the service?

- Need to use a variety of methods to talk to patients and involve them as there is a wide variety of understanding about the potential role of pharmacists in general practice
- Involve patients in developing any written promotional material to ensure it is clear to understand and free from jargon and involve those who do not have English as their first language
- Liaise with voluntary and community sector organisations especially those working with carers so they can cascade information out
- Hold information events
- Encourage feedback from patients when they use the service and use this in promotional material
Findings: other comments and questions

- There is a lot of confusion between the role of community pharmacists and the proposed pharmacists in general practice and this needs to be taken account of in planning any future promotional material.
- The role of the pharmacist should be promoted as a complimentary role to the GP rather than been seen as a possible competitive one.
- Need to ensure that patient choice is still in place as there will be patients who want to continue to see GP rather than a pharmacists.
- Need to think about the needs of carers.
- Pharmacists need to link into the Safe and Independent Living (SAIL) project so that they can refer people they see who may have non-medical needs.
- Need to look at on-line instant interpreting for those reviewing BSL interpreters.
- If a pharmacist in general practice notices that there is another medical issue can they arrange for the GP to see the patient then or will the patient need to make another appointment?
Final thoughts from the patient workshop

Of the 14 participants who filled in evaluation forms:
- 71% rated the session overall as good and 14% rated it as excellent
- 86% found setting the context useful and informative
- 71% found the overview of general practice pharmacy good and 21% found it excellent
- 75% rated the group work as good and 17% rated it as excellent
- Suggestions for areas that should also have been covered, included:
  - training requirements for pharmacists in general practice
  - access to interpreters for people requiring pharmacy appointments, including online for BSL

"I would like information about next steps"
"Very helpful"
"Too much on the agenda"
Developing pharmacists in general practice: Southwark GP staff engagement workshop

**What we did**

- The two GP federations in conjunction with the CCG ran two workshops for GP staff in September 2015 and in June 2016

- **Attendees**
  - September 2015 event: 15 representatives from the Quay Health Solutions (QHS - north federation) practices and eight from Improving Health Limited (IHL - south federation) practices
  - June 2016 event: nine representatives from the Quay Health Solutions (north federation) practices and five from Improving Health (south federation) practices
  - Both events:
    - Leads from QHS and IHL federations
    - CCG representatives – Medicines Optimisation, Transformation and Engagement teams

- GPs discussed the proposals within their respective federations
Themes

September workshop included:

• Introducing the opportunity to locally pilot practice-based pharmacists
• Rationale for testing the role
• Examples of GP pharmacist roles
• Potential outcome measures to be used for the project

June workshop included:

• Identification and prioritisation of the practice-based pharmacist roles that GP practices would find helpful. This included the grade of pharmacist required to perform the expected roles
• The overall benefits for practices
• Various potential funding streams for the project
• Various ways of measuring the success of the project
Findings

WHAT ROLES?

- Managing drug recalls
- Medicines reconciliation
- Medication requests/queries
- Practice education & training
- Prescribing Incentive Scheme
- Long Term Condition Management (clinics)
- Polypharmacy reviews
- Care home support
- De-prescribing

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Findings

**September 2015**

- Potential outcomes to measure in the testing phase were identified and prioritised
- Practices wanted to explore use of the pharmacist clinical skills
- Initial areas to utilise the pharmacist included:
  - Reducing GP workload
  - Improving patient access
  - In long term condition management
  - Interface working across the various care settings
  - Streamlining the repeat prescription process

**June 2016**

- Both federations had similar ideas in terms of the roles they wanted the pharmacists to perform. There were differences noted in whether the roles would performed across all federation practices or a selected number of practices
- Supporting long term condition management and developing a population management based approach were key themes
- Both patient facing and backroom management roles were considered important
- Ensuring sustainability and affordability of the role was identified as important
- Linkage with acute trusts was considered as a possibility
Next Steps

• The CCG and the GP federations are waiting for a further announcement from NHS England about a further funding round testing pharmacy pilots in general practice.

• Meanwhile, the federations are continuing to support practices to test pharmacist in general practice in Southwark as well as sharing learning.

Continuing engagement:

The model will be informed by further engagement between GP federations and their practices to ensure that the proposed model is locally fit for purpose and affordable; recognising that some funding contribution will be required from practices to support workforce development.

GP federations will continue to keep patients updated on progress through PPGs, and once funding is secured, will engage with patients to support the development of further patient engagement and communication, including any brochures, leaflets etc.