Breaking Down the Barriers: 
how pharmacists and GPs can work together to improve patient care

Dear colleague,

The Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS) jointly published a statement in July 2011 detailing how GPs and community pharmacists can work together to improve the care provided to patients in the community. RPS Scotland approached RCGP Scotland with a view to producing a Scottish version of the statement which takes into account the differences between the UK health systems.

Striving for improved liaison between pharmacists and general practitioners for the benefit of patients in Scotland, please see the attached Joint Statement from the Royal Pharmaceutical Society (Scotland) and RCGP Scotland. To demonstrate our commitment in translating this statement into a reality, we also have produced an accompanying Action Plan that maps activities that are designed to achieve the recommendations made in the statement.

Initially, the focus of activity will centre around:

- self-care;
- public health measures;
- improving pharmaceutical care within care homes;
- and issues around poly-pharmacy.

But our ambition for the future goes further and will consider embedding methods of cohesive working in the professions’ education and training.

Please note the Action Plan is not intended to be solely for our organisations, indeed, we actively encourage all pharmacists and GPs to begin making links that will facilitate partnership-working for the benefit of patients.

The “Breaking Down the Barriers” Joint Statement and Action Plan are attached for your reference and use.
RCGP Scotland and RPS Scotland Joint Statement

Breaking down the barriers – how pharmacists and GPs can work together to improve patient care

This joint statement sets out the background, summarises the evidence and makes recommendations for the benefits to patients of improved liaison between pharmacists and general practitioners in Scotland.

1. Pharmacists and GPs both play a key role in the long-term management of patients with chronic disease. Pharmacists can see the patient as often as a member of the general practice team. Many members of the public and patients see the pharmacist as a first port of call for advice, not just for their medicines but also for their underlying health problems. Pharmacists also have contact with patients’ carers and family members as well as hard to reach groups who only rarely engage with their GP, so together the combined coverage of patients is far-reaching and should be co-ordinated to provide the optimum continuity of care.

2. Many GPs work closely with their local pharmacists (community and primary care pharmacist). This collaborative partnership should become the norm across Scotland to maximise benefit for patients.

3. Both bodies recognise that GPs and pharmacists can learn with and from each other - from undergraduate level, continuing throughout their professional careers. RPS and RCGP Scotland are committed to nurturing the links between professions from the outset.

Communications between our professions

4. Better ways of communicating between GPs and pharmacists should be explored. For example, the following may be considered:

   a. Meetings between the Area Pharmaceutical Committee and the Local Medical Committee.
   b. RCGP Faculties and RPS Local Practice Forums to meet to discuss health needs and how joint working can improve the provision of healthcare and encourage better self-care.
   c. Shared learning events for the primary health care team, including pharmacists, building on the work carried out by NES.
   d. Shared critical event analyses.
   e. Periodic joint practice level meetings where this is feasible.
5. Professional bodies for general practice and pharmacy should meet regularly and provide leadership on joint working for members.

**Shared standards and ways of working**

6. Pharmacies and GP practices should work to common quality standards for screening and diagnostic testing.

7. Evidence based formularies for prescribing and supply for common conditions should be jointly utilised.

8. Patient feedback should be used constructively to assure the adequacy of privacy and facilities in pharmacy consultation areas.

9. It should be recognised that continuity of care is particularly important when GP or pharmacy locums are involved.

10. There should be clear understanding of the scope of the national PGD for urgent out of hours care and local agreements between GPs and pharmacists on the access to medicines at short notice in normal working hours.

**Education and training**

11. Ongoing CPD/ training using joint e-learning modules, case reviews and significant event meetings should be encouraged.

12. Through education and training ensure that basic level life support training is available in general practice and community pharmacy settings.

**Building blocks for change**

13. Some key building blocks need to be agreed to underpin the evolving working relationships. This should be with the aim of offering patients a high quality, safer, more consistent and efficient service. These should include:

   a. Increased sharing of patient information facilitated by improving inter-professional IT links with clear safeguards for consent and confidentiality.
   b. GP practices and community pharmacies should work together to ensure consistency of service for the public.
   c. Joint education and training at undergraduate and postgraduate levels to build greater trust and understanding of the professions’ respective and complimentary roles, skills and expertise. Both bodies will work together to explore continued opportunities for joint learning.
   d. Acknowledging the importance for joint working to improve care, safety and better use of medicines.

**Working together can improve patient care and safety**

14. Community pharmacists working with general practices and specialist palliative care teams can ensure reliable and prompt medicine supply, safer use of opioid
medication and supportive advice for patients, lay carers and other members of the healthcare team.

15. By working together more closely, general practices and pharmacists will be better able to deliver healthcare to vulnerable groups such as those in care homes or frail older patients who are taking a large range of medicines, including psychoactive medicines, and specifically anti-psychotic medicine.

16. By working more closely together, general practices and pharmacists will be able to identify gaps in current service provision and deliver better healthcare to the working population.

17. Pharmacist prescribers, working closely with GPs and nurses within their clinical competency, can contribute to improving patient care and can also help improve the quality and clinical outcomes for patients with a range of long-term conditions. Models of practice will be developed further.

18. Pharmacists with the appropriate expertise, working with drug misusers, can help to increase retention within treatment programmes, and those with prescribing and drug misuse qualifications can contribute to community detoxification by adjusting doses. A move to a greater contribution of pharmacists to joint care planning and sign posting would further support this group of patients.

19. GPs and their practice teams, together with pharmacists, can support lifestyle change and encourage self-care as a way to prevent long-term chronic illnesses. Joint initiatives in population monitoring and screening will be explored.

Managing long-term conditions

20. Patients can already benefit from being able to receive timely and accessible help from pharmacists in understanding and using medicines. This should be promoted and the introduction of the Chronic Medication Service (CMS) in Scotland should help this to happen.

21. Making CMS work will require improvements in the sharing of information between the pharmacist and general practice. We welcome the recent Scottish Government eHealth strategy for 2011-2017 that aims to create an Electronic Medicines Record (EMR) and welcome the commitment to making that available to community pharmacists by 2014.

22. There should be an integrated patient care record available for both primary and secondary care to allow up to date patient information to be accessible by the appropriate healthcare provider. This should include medicines prescribed by GPs and dispensed by pharmacists. A mechanism should also be identified to record clinically significant over-the-counter sales, Minor Ailments Service (eMAS) consultations and other public health interventions.

23. We anticipate that with the rollout of the Chronic Medication Service and use of serial dispensing there will be increased efficiency and possible reduced
practice workload, community pharmacists will be able to plan their work load and patient consultations more efficiently.

24. RPS Scotland and RCGP Scotland will work together to develop joint processes, guidance and standards for reviewing patients’ medication which will have greater clarity about roles and responsibilities and good communication pathways.

25. Building on the guidance for general practice, community pharmacists and staff should recognise the front-line role they have in identifying carers and ensuring that carers are signposted to appropriate support and that GP practices are informed so they may involve newly identified carers in patient care and provide ongoing support.

26. RPS and RCGP Scotland will seek mutually complimentary working methods so that more pharmacist prescribers can use their skills to the benefit of patients.

27. General practice and pharmacists should work together at local level to identify gaps in service provision and agree how best to meet the needs identified e.g. chronic pain and skin conditions. We recognise that to achieve this effectively, extra resource may be required.

Care home residents and the supported care setting

28. There is widespread agreement on the challenge facing Scotland in providing sufficient high-quality care for an ageing population. The RPS in Scotland and RCGP Scotland are committed to improving the way they work together in this area, specifically in reducing the major challenges we face in this area such as poly-pharmacy, reducing falls and hip fracture as well as supporting people with dementia. This work will be integrated with the appropriate health and social care pathways.

29. RPS Scotland has set up an expert working group to look at how pharmaceutical care in care homes and supported care settings could be improved. RCGP Scotland is part of the wider group of stakeholders participating in this work. Working together to reduce the use of anti-psychotic medication in dementia and improving pain management for people with dementia are possible target areas for joint working.

End-of-life care

30. RPS and RCGP will work together to ensure that the outcomes of Living and Dying Well are implemented. Building on the community pharmacy palliative care network, the Gold Standards Framework Scotland and Anticipatory Care initiatives to ensure that all opportunities for better care are recognised and optimised.

31. Including the contact details of the person’s regular community pharmacist in care plans and palliative care registers and asking for patient/carer consent to the sharing of relevant information is a building block for better communication and care.
Care for Drug-misusers

32. Drug misusers should continue to have convenient access to substitution treatments where appropriate and be encouraged to make greater use of these frequent interactions for other health interventions and to maximise harm reduction.

33. Integrated care should be the norm and pharmacists should have opportunities to contribute more to care planning and review of treatment objectives, building on the knowledge of the drug misuser acquired through daily contact. Links between Community Addiction teams, pharmacists and GPs should be strengthened and robust referral processes implemented locally.

Public Health

34. GP practices will endeavour to raise awareness of community pharmacy services and refer where appropriate for example, smoking cessation services, emergency hormonal contraception and alcohol-awareness interventions. Community Pharmacies should communicate with GP practices to ensure that fully accurate information on these services is available.

35. There should be better publicity to raise the general publics’ awareness of these public health services and how to access them.

36. GPs and pharmacists should work together to identify older people who might be at risk of falling and prevent hip fracture.

37. Joint campaigns and initiatives that will optimise the opportunity to engage as many people as possible in choosing healthier lifestyles will be identified.

Supporting self-care and re-enablement

38. In order to encourage more use of community pharmacies for advice of self-care and minor ailments, there should be more effective promotional campaigns targeting the public which serve to clarify appropriate services for patients, thereby providing a more targeted and resource-effective level of care.

39. Explore ways in which patients can gain easy access to information on their medication, including explanations as to why they have been prescribed.

40. RPS Scotland and RCGP Scotland will work together to identify self-limiting common conditions that could be treated by community pharmacists via Patient Group Directions.

41. The eMinor Ailment Service (eMAS) has proven to be a useful national service that is convenient to the public, reduces practice workload and makes better use of pharmacists’ expertise. It should continue, preferably as a universally available service with a limited formulary.

42. There should be a clear understanding and agreements around single episodes of care. To improve the patient journey and provide person centred care whilst avoiding double consultations and inconvenience when people access their
GPs or nurses as a first port of call, they should prescribe or advise for minor ailments accordingly. Referring the person to their community pharmacists for the medicine is not within the ethos of eMAS and should be avoided.

Moving forward

43. Action is now needed from individual clinicians, local professional groups, NHS organisations, national bodies and patients to shape how local care develops. Gaps in service provision should be identified. Joint working should support the Scottish Government policy and the NHS Scotland quality strategy.
BREAKING DOWN THE BARRIERS Action Plan

2012

To demonstrate our commitment in translating the above joint statement into practical measures, we also have produced this Action Plan that maps suggested activities designed to achieve the recommendations made in the statement. We encourage all pharmacists and GPs to begin using this document for facilitating local partnership-working. Both organisations are willing to support local initiatives wherever needed, please feel free to contact Paul Alexander on palexander@rcgp-scotland.org.uk.

All activities outlined here are patient-centred. We have identified five initial core areas on which to focus:

- To enhance communication between our professions
- To promote public health measures that pharmacists can undertake to improve patient care
- To improve patient care and safety
- To create joint learning opportunities
- To share the views of our members with the Scottish Government

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<th>Objective</th>
<th>Actions</th>
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<td>Enhance communication between our professions</td>
<td>RCGP and RPS will continue to meet regularly and provide leadership on joint working for members. Both organisations will communicate with its members to encourage them to use the Joint Statement to work creatively, independently and locally on improving GP and pharmacist cooperation.</td>
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<td>To promote a singular message in relation to self-care through the following:</td>
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<td>1. Encouraging patients who wish to have a greater role in their own care.</td>
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<td>2. Pharmacists and GPs should agree on appropriate self-care information to support patients in looking after themselves in a healthy way.</td>
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<td>3. Pharmacists and GPs should agree on how to triage common problems.</td>
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<td>4. To jointly agree information and advice for enhancing self-care in patients with long-term conditions</td>
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<td>Raise awareness of the scope and terms of the Urgent Supply PGD arrangements for out of hours. This will be achieved through letters to members, placed articles in relevant publications and through partnership work with NHS 24.</td>
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| **To improve public health measures** | We will work with the Scottish Government to synchronise Public Health messages across the professions.  
GPs and Pharmacists will seek to implement sections 34 – 37 of the joint statement (please see page 6).  
RCGP Scotland will use its experience to assist RPS in developing patient involvement. For example:  
- Developing a template 'pharmacy practice leaflet' which members can download, adapt and use to promote patient services.  
- To consider patient participation groups/forums |  
| **Improve patient care and safety** | We will work together to implement relevant sections of the RPS ‘Improving Pharmaceutical Care in Care Homes’ report and the RCGP/BGS ‘Frailty, Older People and Care Homes: Can We Do Better?’  
We are committed to improving the health and wellbeing of the frail older population and strive to address issues around polypharmacy, reducing falls and hip fracture as well as supporting people with dementia. |  
| **Create joint learning opportunities** | We will work closely with NES and the professions to:  
1. Improve GP understanding of community pharmacy and improving community pharmacy understanding of General Practice  
2. Facilitate GPs and pharmacists working together to improve care for patients with long-term conditions and care home residents, increase effective medicines reviews and deal efficiently with poly-pharmacy  
3. Develop CHP-level workshops to share experiences between GPs and pharmacists, possibly sharing case studies of critical events  
4. Agree policies around self-care (see objective 1)  
5. Agree joint strategies on public health measures |  
| **Share our members’ views with Government** | RPS Scotland and RCGP Scotland will seek to develop services at national level that improve patient care. For example, producing a joint statement on the need for community pharmacists to gain access to the Emergency Care Summary, and then sharing this statement with the Scottish Government and other relevant stakeholders. |  

RCGP and RPS will review the action plan in November 2012 and welcome feedback on any local initiatives undertaken as a result of the Joint Statement.