

Mythbuster: Pharmacists working in GP practice teams

1. RPS is only focused on pharmacists working in GP surgeries and is ignoring community pharmacy

Our work to develop closer working relationships with GPs has two parts. Having pharmacists work as part of the practice team in a surgery is one route; the other is to address the way community pharmacies and GPs can work better together. The RPS continues to strongly promote the huge potential of community pharmacists to contribute to primary care.

RPS strongly believes that having a pharmacist within a GP practice will help community and hospital pharmacists resolve medicines issues for patients more easily.

When GPs work alongside pharmacists their perception of pharmacists as professional colleagues improves. This should also increase the opportunities for community pharmacists and GPs to collaborate and improve patient care.

From the perspective of the patient, the important thing is that they have greater access to a pharmacist – and have the choice of care setting that best suits them – whether that's in a surgery or in a pharmacy.

2. If GPs start employing pharmacists the sector will lose money & community pharmacies will close.

We know of no evidence that local community pharmacies have closed as a result of pharmacists being employed by GP practices. There are examples of where practice pharmacists have improved relationships in the multi-disciplinary team and driven integration of provision which has led to benefits for the professionals and patients involved.

Having a pharmacist based in the surgery enables closer relationships between the GPs and local community pharmacists. There is no reason why the pharmacist cannot be jointly employed as there is more than enough work for everyone. Even with pharmacists based in the surgery the capacity issue in primary care is so great that they may soon be overwhelmed.

3. If pharmacists are employed in GP surgeries, community pharmacy will only be involved with the supply of medicines

When pharmacists work in practice teams, trust is built and it really changes the perception of what pharmacists can do. It also opens up the conversation with community pharmacists to new opportunities for collaborative working.

Patient care has also been improved due to the interaction between the community and practice pharmacist. RPS believes community pharmacy can and does offer much more than a supply function. The role of the pharmacist in the community setting should be developed to encourage more care to be delivered and RPS is working with colleagues across pharmacy to achieve this.

4. Money will be taken out of the community pharmacy global sum to fund pharmacists working in GP surgeries

Some pharmacists are already working in practice teams with funding from existing general practice funding streams in the same way as employed GPs and practice nurses. The initial pilot of 300 practice based pharmacists announced by NHS England will receive £15m funding as part of the GP 10 point plan and will not be funded from the community pharmacy global sum.

5. Working for a GP would undermine a pharmacist's professional autonomy

Pharmacists in practice teams are employed in the same way as practice nurses and salaried GPs. They will have autonomous clinical responsibility for patients, access to their own membership body and their own indemnity arrangements.