

RCGP and RPS Policy Statement on GP Practice Based Pharmacists

Summary

The RCGP and RPS have been working together for the past 4 years to increase collaboration between GPs and pharmacists and to break down the perceived barriers to joint working between general practice and pharmacy(1). Key areas have been identified whereby working together pharmacists and GPs can improve the quality of patient care.

The RPS and RCGP wish to focus on the pressing need to increase capacity in the provision of high quality care through GP surgeries. The two organisations believe that pharmacists, with the appropriate skills and experience, based in GP practices will be able to contribute to the clinical work related to medicines, relieve service pressure and increase capacity to deliver improved patient care.

As well as patients and their GPs we believe that community pharmacists, other primary care health professionals and care providers, such as hospitals and care homes, can all benefit from the expert knowledge of a practice based pharmacist. This will help to avoid medicines waste, and make sure maximum value is derived from the investment in medicines. There is considerable evidence that supports the benefits of this role.

We wish to support the inclusion of a practice based pharmacist within the primary healthcare team. The purpose is to improve patient care within general practice. The RPS and the RCGP will work together to promote the uptake of practice based pharmacists.

Context

Practice based pharmacists will become part of the primary healthcare team working with GPs and practice nurses. This proposal is not about having a pharmacy premises within a surgery, but making full use of the pharmacist's clinical skills and knowledge about medicines to benefit patients and to alleviate current workforce pressures in general practice. As such, it takes forward the recent workforce action plan(2) for general practice jointly agreed by NHS England, Health Education England, the RCGP and the BMA, which committed to identifying and investing in new roles that will support general practice and improve patient care, including clinical pharmacists.

The RPS and RCGP are keen to ensure GPs and pharmacists who work in community pharmacies are enabled to improve care of patients and we continue to support this aim. The two organisations believe that the role of a pharmacist based in general practice will improve patient care. We strongly believe these two complementary roles are mutually beneficial to patients and to both professions.

What will pharmacists in GP practices do?

The RCGP and the RPS believe that the primary role of the practice based pharmacist will be to deal with the many medicine related problems and issues that arise in every GP practice on a day to day basis. This includes liaison with hospitals, community pharmacies and care homes to ensure seamless care and reduce potential medication errors. Practice based pharmacists will also work closely with community pharmacy services to review the medicines of patients, particularly those who have complex conditions, such as kidney or liver problems or who take medicines with a higher element of risk associated with them. They will also help to take care of frail elderly patients or those receiving polypharmacy.

The practice based pharmacist working with other clinicians can ensure that the most effective treatments are used and that treatments are adjusted according to the individual needs of a patient at any point during their time of taking medicines, or in response to new symptoms. When people move in and out of hospital their medicines often change and the practice based pharmacist will ensure that GPs are kept abreast of changes made when they return home.

The practice pharmacist role will fundamentally improve the safety of medicines, ensuring excellent communication and collaboration between pharmacist colleagues working in both community pharmacies and hospitals.

The whole primary healthcare team can benefit from the expert knowledge of the pharmacist and so reduce medicines waste, improve the management of medicines and rationalise costs at a time when there are greater demands than ever upon NHS funds. We would like to see this happen as soon as possible to improve the quality of patient care in general practice and we are committed to working together to promote and increase the uptake of practice based pharmacists.

What is the evidence for benefit to patients of basing a pharmacist in a GP practice?

- A study in 2013(3) found that pharmacists play a critical role in reducing medicine errors in general practice. Results demonstrated that six months after a pharmacist intervention the patients experienced substantially reduced frequency of clinically important prescription errors and medicine monitoring errors. The interventions made were acceptable to practices and pharmacists and were seen as cost effective by decision makers.
- Patients who move between care providers benefit from a professional with the time to navigate the information they receive about their treatment. As experts in medicines and their use, pharmacists play a crucial role in supporting patients to take those medicines as part of a shared decision making process, as well as ensuring patients get the right medicines for them and their condition.
- Patients with long term conditions, such as asthma or diabetes, or patients with complex medicine needs can benefit from a full medicines review undertaken by a pharmacist(4). Practice based pharmacists can ensure that Medicine Use Reviews undertaken by community pharmacists are utilised by other primary care colleagues as part of medicines pathways.
- Pharmacists can work closely with GPs and practice teams to resolve day to day medicine issues. They can take the time to provide advice on medicines to care homes, as well as undertaking medicines reviews for residents and also visiting patients in their own homes when needed(5)

The purpose of our joint programme

The Royal College of General Practitioners and the Royal Pharmaceutical Society have joined together to promote the use of pharmacists in GP surgeries.

Appendix

- (1) Breaking down the barriers – how community pharmacists and GPs can work together to improve patient care. RCGP and RPS joint statement 2011 (updated 2014)
- (2) Building the Workforce – the New Deal for General Practice. Joint action plan by NHSE, HEE, RCGP and the BMA. January 2015.
- (3) PINCER 2013 <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PINCER-economics-report.pdf>
- (4) PRACTICE 2012 - http://www.gmc-uk.org/Investigating_the_prevalence_and_causes_of_prescribing_errors_in_general_practice___The_PRACTICE_study_Report_May_2012_48605085.pdf
- (5) SHINE 2013 <http://www.health.org.uk/areas-of-work/programmes/shine-twelve/related-projects/northumbria-healthcare-nhs-foundation-trust/learning/>