

## Pharmacists Working in GP Practices - Position statement

The Royal Pharmaceutical Society (RPS) in Scotland fully supports pharmacists working in GP practices and recognises the need for flexibility to accommodate different local situations, including specific remote and rural issues. New models of care need to include all sectors of the profession to build capacity and to align with the ethos of “*Prescription for Excellence*”<sup>1</sup> which encourages cross sectoral working and collaboration within pharmacy and with other health and social care professionals.

The emerging shortage of GPs<sup>2</sup> has also encouraged dialogue around different models of care utilising the skills of the whole extended primary care team to improve patient care. The RPS has called for policy makers to be innovative and facilitate new ways of working to harness the clinical skills of pharmacists, integrating pharmacists more fully into the NHS and to enable closer working arrangements with health and social care colleagues across a variety of settings to provide person-centred pharmaceutical care.

### Background

Pharmacists have been working in GP practices across Scotland for many years now since the original “Pharmacist Facilitator” posts were commissioned in the early 1990s. The role has evolved since then with the advent of pharmacist supplementary prescribers and more recently, independent prescribers. This has led to more patient facing roles utilising pharmacists’ clinical skills as health professionals with a unique expertise in all aspects of medicines and pharmaceutical care. There is now a greater acknowledgement of the potential improvements in patient care which can be achieved using the complementary skills of a pharmacist as an integral part of the primary care team. There is however much more that could be achieved to improve patient care if GPs and pharmacists collaborate more strategically.

Successive Scottish Governments have recognised the need to make more use of pharmacists’ clinical skills to support the challenging demographics facing the NHS with increasing numbers of people living with one or more long term conditions. “*The Right Medicine*” in 2002<sup>3</sup> fundamentally changed the community pharmacy contract in Scotland and put in place the building blocks for increasing clinical roles to provide person-centred pharmaceutical care, aligning with subsequent Scottish Government strategies such as the “*Quality Strategy*”<sup>4</sup> which obliges all health professionals to provide safe, effective and person-centred care in whichever sector of the NHS they may be practising. Building on this, the “*Wilson and Barber Review*”<sup>5</sup> was commissioned by the Scottish Government to examine all the challenges and barriers to optimising pharmaceutical care and reported in 2013 on the further need

for change. Their recommendations included closer working with GP colleagues and the subsequent publication of “*Prescription for Excellence, A Vision and Action Plan*” from Scottish Government reiterates this.

### **RPS in Scotland’s views and recommendations**

- All GP practices, including dispensing practices, should have access to the expertise of a pharmacist who should be patient facing in their role first and foremost, and included in both the decisions and governance of practice prescribing to improve patient care. This could be sessional or full time and achieved with both generalist and specialist input using primary care, community or secondary care pharmacists working in/with the practice, according to local needs.
- With access to patient health records the community pharmacist, linked to a GP surgery, could provide a similar role to the practice pharmacist. A community pharmacist's local knowledge of their patients combined with the Patient Medication Record and/or the Chronic Medication Service record can contribute hugely to both health and social care of their population. Consideration should be given to scope out innovative models of care, building on some of the current Prescription for Excellence pilot projects.
- Pharmacists working in GP practices should be working in full partnership with their GP colleagues with an agreed case load of patients. The pharmacist’s role should be autonomous and focused on the gaps in patient care where the specific skill of the pharmacist will support improvements in the provision of pharmaceutical care.
- In Scotland, NHS healthcare models are agreed nationally and delivered locally so other than in exceptional cases, pharmacists have been employed directly by the NHS to support GP practices. This encourages prescribing decisions in accordance with local health board policy, facilitates governance and provides professional support across the primary care pharmacy team.

Where working models are created with pharmacists not being directly employed by the NHS but working under different contractual arrangements there should be a structured transparent approach to prescribing support projects in GP practices so that all roles and responsibilities are defined with pharmacists providing expert objective advice.

- Close collaboration between community and practice pharmacists is essential to improve patient care. Where primary care pharmacists are working within GP practice RPS in Scotland believes they should enable better working practices between community pharmacies and GPs. Taking this forward may require a formal alignment of practice-based pharmacists with local community pharmacies around the delivery of care to patients.
- GP workload could be reduced from outside the GP surgery and patient care improved by more use of community pharmacists through expansion and

revision of the Minor Ailment Service (eMAS), public health initiatives and improved referral systems between health and social care professionals. Research has shown that many cases arriving at A & E could be resolved in the community,<sup>6</sup> thereby both improving access to healthcare and delivering cost savings to the NHS. Community pharmacies should be the first port of call for common clinical conditions to relieve pressure on both GP practices and A & E departments. Extending the pharmacist's role and developing new skills in the assessment and treatment of minor illness with pharmacist prescribers e.g. the Pharmore+ pilots<sup>7</sup>, have contributed to improved access to patient care both in and out of hours.

- Consideration needs to be given to aligning future GP and community pharmacy contracts to capitalise on the complementary skill sets of both professions, to avoid duplication of effort and to streamline patient journeys. Adequate resourcing is required to free up pharmacist time for pharmaceutical care, as are changes to remote supervision and contractual arrangements to allow more participation in joint learning, practice team meetings and for the provision of professional input and advice.

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<sup>1</sup> *Prescription for Excellence*, The Scottish Government, September 2013, <http://www.gov.scot/resource/0043/00434053.pdf>

<sup>2</sup> 'Why the NHS needs 10,000 more GPs' *BMA Press Release Archive*, December 2000, <http://web.bma.org.uk/pressrel.nsf/d1ad13390a27906d802569540054985c/5cc8b111caa4a6df802569b900598dee?OpenDocument>

<sup>3</sup> *The Right Medicine*, The Scottish Government, 2002, <http://www.gov.scot/resource/doc/158742/0043086.pdf>

<sup>4</sup> *NHS Scotland Quality Strategy - putting people at the heart of our NHS*, The Scottish Government, May 2010, <http://www.gov.scot/Resource/Doc/311667/0098354.pdf>

<sup>5</sup> Dr Hamish Wilson and Professor Nick Barber, *Review of NHS Pharmaceutical Care of Patients in the Community in Scotland*, August 2013, <http://www.gov.scot/Resource/0043/00430209.pdf>

<sup>6</sup> Dr Margaret C Watson from the University of Aberdeen in collaboration with colleagues from NHS Grampian and the University of East Anglia, *The Minor Ailment Study (MINA)*, Pharmacy Research UK, January 2014, <http://www.pharmacyresearchuk.org/waterway/wp-content/uploads/2014/01/MINA-Study-Final-Report.pdf>

<sup>7</sup> "A Study of Pharmore+: Pharmacy Walk-In Service Pilots", <http://www.gov.scot/Publications/2013/06/7788/0>.