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Models of Care for Pharmacy within Primary Care Clusters

December 2015



FOREWORD

There are many challenges facing our primary care workforce and the wider NHS as a whole. This document has been developed by the NHS Wales Prudent Prescribing Implementation Group and The Royal Pharmaceutical Society in Wales to provide information and a steer on the various roles pharmacists can play to support medicines management and patient care both in GP practices and within primary care cluster developments.

Although many of the service models outlined are already in place in parts of Wales, whichever model is preferred will require input to ensure integration and collaboration with the various members of the multidisciplinary primary care team.

The roles of practice based and cluster pharmacists are developing rapidly. We hope this document will be a useful reference source and will stimulate discussion and action at a local level amongst cluster leads, clinicians, medicines management teams, community pharmacy teams and primary care clusters.

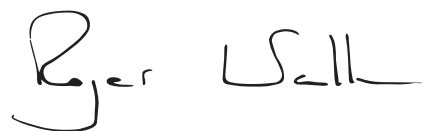
Yours sincerely



Chris Martin
Chair, Prudent Prescribing Implementation Group



Suzanne Scott-Thomas
Chair, Welsh Pharmacy Board



Professor Roger Walker
Chief Pharmaceutical Officer for Wales

RECOMMENDATIONS

The NHS Wales Prudent Prescribing Implementation Group (PPIG) and The Royal Pharmaceutical Society (RPS) believe that patients in Wales will benefit from the full integration of a pharmacist's clinical expertise within primary care settings.

PPIG and the RPS believe health and wellbeing will be improved by:

- **Innovation:** Further developing innovative ways of local working that embraces and utilises the skills and clinical expertise of pharmacists.
- **Workforce Planning:** Ensuring workforce plans fully incorporate the skills and experience of all health and social care professionals, providing a comprehensive multidisciplinary care team in people's own localities.
- **Integration:** Fully utilising the skills of pharmacists within the multidisciplinary team in treating common ailments and minor injuries as part of national arrangements for unscheduled and emergency care.
- **Patient Empowerment:** Facilitating patients to share their health record with appropriate professionals when accessing services in a primary care cluster.
- **Access to Pharmaceutical Expertise:** Enhancing local care through routine access to a network of pharmacy expertise in each primary care cluster.

DELIVERING NHS WALES PRIORITIES

Context

With an increasing and ageing population, there are progressive demands on NHS services. It is vital that the skills of all health care professionals are fully utilised for the benefit of patients in Wales, ensuring that appropriate services are available at a local level and can be accessed at a time that is convenient for the service user.

Primary care services account for more than 90% of people's contact with the NHS in Wales¹. With the current shortage of GP² and nurse³ practitioners, pharmacists are ideally placed to work alongside their fellow professionals as part of a multidisciplinary team, ensuring the NHS is making the most effective use of all skills and resources⁴ and ensuring everyone works at the height of their clinical competence⁵ as stated in the principles of the prudent healthcare agenda. It is recognised in the document 'Your care, Your Medicines', the ambition for the pharmacy profession in Wales, that Pharmacy can do more. The document calls for further focus on pharmacy's role in primary care.

64 primary care clusters have been established in Wales, tasked with ensuring that the health and social care needs of their local population are met. In order for the potential of the clusters to be maximised, we strongly believe that a multidisciplinary leadership team must be established within each cluster, ensuring better communication and sharing of information and resources between healthcare professionals in the network locality. Primary care clusters and Local Health Boards will set specific goals and actions for improving access to and the quality of primary care to deliver improved local health and wellbeing and reduced health inequalities¹.

Keeping patients safe in their localities

Medicines are an essential resource for health, with 76 million prescription items being dispensed in Wales within primary care alone during 2013-2014¹. RPS and PPIG recognise and are concerned that up to 50% of medicines are not taken as intended by the prescriber⁶, and hence many patients are experiencing sub-optimal care in relation to their medicines.

Between 5% and 8% of all unplanned hospital admissions are due to issues related to medicines (this figure rises to 17% in the over 65s)⁷. There are concerns about potential communication issues at the point of discharge from hospital back to primary care, which can result in inadvertent prescribing errors. These errors can lead to patient harm, wasted administrative and clinical time and potential re-admission to hospital. The discharge medicines review (DMR) service has been implemented in Wales to help tackle these issues. It has encouraged pharmacists to work closely across primary and secondary care to support the patients' transition of care as they move from one care setting to another. The evaluation of the DMR service highlighted that of the 252 DMRs reviewed, 82 unintended discrepancies were found. It was estimated by the expert panel that 32 patients would have been admitted to a hospital Emergency Department as a result of the discrepancies if it were not for the DMR service⁸.

With an increased demand on general practice, GPs are reporting a worrying impact on the delivery of care to patients. The BMA's General Practitioners Committee campaign, *Your GP Cares*⁹, highlights the issue of a lack of GPs available to meet the current workload. Utilising the skills of the pharmacy workforce has the potential to address these concerns.

We agree with the statement that 'No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic'¹. We recognise that the evolving shape of primary care in Wales through cluster developments offers new opportunities to improve health and wellbeing through routinely utilising the full skill mix available across healthcare professions at a local level.

¹ Welsh Government. 2014. *Our plan for a primary care service for Wales up to March 2018*. Available at: <http://www.wales.nhs.uk/sitesplus/documents/986/Our%20Plan%20for%20Primary%20Care%20in%20Wales%20up%20to%20March%202018.pdf> (Last Accessed: December 17)

² Lind, S. 2014. Practices offered £400k emergency fund to ease GP shortage. *Pulse*. Available at: <http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/practices-offered-400k-emergency-fund-to-ease-gp-shortage/20006729.article> (Last Accessed: December 17)

³ Ford, S. and Mooney, H. 2013. New GP inspector warns of nurse shortage in primary care. *Nursing Times*. Available at: <http://www.nursingtimes.net/nursing-practice/specialisms/practice-nursing/new-gp-inspector-warns-of-nurse-shortage-in-primary-care/5065823.article>

⁴ <http://www.prudenthealthcare.org.uk/>

⁵ Welsh Government. 2015. *A Planned Primary Care Workforce for Wales*. Available at: <http://gov.wales/topics/health/nhswales/plans/care/?lang=en> (Last Accessed: December 17)

THE PHARMACY OPPORTUNITY

Utilising the Pharmacist's expertise

As experts in medicines, pharmacists want to ensure that the NHS in Wales fully utilises their skills, as a part of a patient's multidisciplinary care team. Pharmacists can support patients with the clinical management of their chronic medical conditions through intensive medicines management and coaching, freeing up time for the GP for patients with more complex health needs. Pharmacists can also be a resource in managing patients taking medicines requiring frequent monitoring, patients with polypharmacy or those with special medicine needs, for example patients with poor kidney function. The role of the pharmacist as a clinician has been strengthened by the development of prescribing rights, providing opportunities for independent prescribing.

Better utilisation of different healthcare professionals' skills will ensure patients can access the most appropriate advice for their health needs. It is evident that 'too many people are in the wrong place in the care system'¹⁰. By ensuring the right skill mix and the appropriate service provision for patients locally, pressures on hospitals and accident and emergency departments can be eased, allowing resources to be further focused on prevention in primary care. Primary care clusters have a unique opportunity to shape and support this work to ensure that the local population has access to the right service at the right time. Pharmacists have a vital role to play in this agenda.

Current roles within the pharmacy team include:

- **Practice Based Pharmacist:** Works as part of the GP practice team in line with the practices' priorities. They can release clinical capacity and give improved direction and guidance on prudent evidence based medicine. Usually employed by the Practice but may be Health Board employed or a community pharmacist contracted to work for the surgery.
- **Primary Care Pharmacist / Prescribing Advisor:** Employed by the Health Board, working in practices to the Health Board's priorities. May provide support to practices and primary care clusters through prescribing data and analysis and facilitation of service development relating to medicines management across all professions.
- **Cluster Pharmacist:** Employed by the Health Board on behalf of the cluster working with a group of practices to achieve primary care cluster priorities. May also provide cluster support in relation to prescribing trends and analysis depending on cluster priorities.
- **Community Pharmacist:** Provides essential services within a community as part of service provision with the Community Pharmacy Contractual Framework e.g. clinically checking and reviewing the appropriateness of prescribed medicines, dispensing medicines, repeat dispensing, signposting, self-care, advice on medicines, Medicines Use Reviews (MURs), and Discharge Medicines Reviews (DMRs). May provide additional enhanced services commissioned by the Health Board or practice such as triage and treat, common ailments and smoking cessation services. Providing access for patients to a highly trained health care professional without appointment often in extended hours.
- **Intermediate Care Pharmacist:** Works with the community multidisciplinary team to support discharge from hospital and reduced hospital admissions through supporting patients in their own home environments and helping them to optimise the benefits of their medicines. They will work closely with social services supporting older people and vulnerable patients.

⁶ NICE. 2009. *Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence*. Available at: <http://www.nice.org.uk/guidance/CG76> (Last Accessed: December 17)

⁷ Duerden, M. and Avery, T. and Payne, R. 2013. Polypharmacy and medicines optimisation - Making it safe and sound. *The King's Fund*. Available at: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/polypharmacy-and-medicines-optimisation-kingsfund-nov13.pdf (Last Accessed: December 17)

⁸ Evaluation of the Discharge Medicines Review Service (March 2014). http://www.cp.wales.org.uk/Contractors-Area/Pharmacy-Contact---Services/DMR/DMR-Evaluation_Final-Report_13082014.aspx

⁹ <http://bma.org.uk/working-for-change/your-gp-cares>

¹⁰ Welsh Government. 2010. *Setting the Direction: Primary & Community Services Strategic Delivery Programme*. Available at: <http://gov.wales/docs/dhss/publications/100727settingthedirectionen.pdf> (Last Accessed: December 17)

■ **Clinical Specialist Pharmacist (Advanced Practitioners):**

This may be a pharmacist that provides a specialist service, usually as a non-medical prescriber, in a specific area of expertise. They will have in depth clinical knowledge over a range of areas. They may be very specialised e.g. renal services and provide a comprehensive service across a large geographical area.

■ **Pharmacy Technician:** Undertakes the technical aspects of medicines management e.g. check inhaler technique, synchronise medications, reviews repeat prescribing and dispensing processes. These roles are developing rapidly and in some areas technicians are taking on prescribing data analysis roles but would not undertake clinical reviews.

■ **Non-Medical Prescriber (NMP):** A health professional who has an additional NMP qualification to allow them to prescribe independently within their competencies.

As primary care clusters develop and mature the leadership component that pharmacists can provide will become a prerequisite to the success of the clusters. Pharmacist involvement at a cluster-wide level will comprise of expert pharmaceutical practice, transformational leadership, education and training of health care professionals, patients and the public and research and development. These features are being embodied in a consultant grade pharmacist role.

Making it work in practice

The pharmacy team across community, hospital and GP practices must have input into primary care clusters, ensuring their skills are fully utilised to improve the health of people in Wales and to help tackle some of the biggest health issues within their locality and within the NHS as a whole.

Models of care for pharmacist within a multidisciplinary Primary care team

Optimising Medicines by building close working relationships and effective sharing of information between pharmacists and GP practices. Utilising pharmacist expertise in clinical medication reviews, when patients transfer between care settings and monitoring high risk medicines in cluster communities to improve the safety and effectiveness of medicines.

Utilising the community pharmacy network to deliver current services and to support the development and commissioning of new enhanced and advanced services for common ailments, health promotion, health protection and chronic conditions management.

Pharmacists undertaking health promotion and screening for early detection of some conditions, referring to GPs and other healthcare professionals as necessary. Using the skills of pharmacists to reduce demand for GP appointments and releasing GP practice time for more complex conditions.

Pharmacists as training and education providers. Delivering medicines information and training to cluster healthcare professionals and other staff. Providing patient education to empower patients to self-care and self-manage their conditions.

Pharmacists providing strategic leadership on medicines management and local medicines formulary decisions across clusters. Using pharmacist expertise to support quality care in GP practices as monitored through the GMS contract, responding to patient safety alerts and contributing to safe, appropriate and cost effective systems of working.

These models of working are not mutually exclusive and pharmacists may often be working within several different models at any one time. A more comprehensive outline of these roles and their benefit to patients and practice can be seen in appendix I.

APPLICATION OF MODELS TO PRACTICE

Utilising the pharmacy team to address key NHS priorities

We strongly believe that patient care can be improved dramatically through greater synergy between GPs and pharmacists. In a joint statement about the benefits of working together, the RCGP and RPS have highlighted 'Whilst many GPs do work closely with their local pharmacist, a culture change is recommended between GPs, pharmacists and the public to allow the collaborative partnership between general practice and community pharmacy to deliver its potential¹¹'.

The pharmacy team employed within our community, hospital and GP practices must have input into primary care clusters, ensuring their skills are fully utilised to improve the health of people in Wales and to help tackle some of the biggest health issues within their locality and within the NHS as a whole. Examples of how pharmacy input contributes to key NHS priorities are highlighted in table 1.

Table 1 – Utilising the pharmacy team to deliver benefits for patients and the NHS

Key NHS Priorities	Pharmacist Input	Key Benefits
Chronic conditions management e.g. Diabetes, cancer, cardiovascular, and respiratory care	<p>Preventative approaches including public health campaigns to highlight the early signs and symptoms of different chronic conditions</p> <p>Running specialist chronic conditions clinics and updating the shared care record</p> <p>Managing shared care by reviewing medication and liaising with the GP practice to make changes as necessary</p>	<p>Building capacity within the NHS, facilitating quicker access to a health professional</p> <p>Increased patient convenience</p> <p>Medication review and adjustment as appropriate</p> <p>Reduces need for hospital appointments</p> <p>Reducing the risk of medicines related emergency admissions to hospital</p> <p>Releasing GP time to focus on clinical diagnosis and more complex health conditions</p>
Polypharmacy including patients over the age of 85 and taking more than 6 medicines	<p>Reviewing the patient's current medication</p> <p>Consulting with a patient's medical practitioner to adjust and if necessary stop medicines that are no longer required</p> <p>Improving understanding and knowledge of medicines through medicines coaching and co-production with patient and carer</p> <p>Discussion with the patient and the GP about potential benefits of being engaged in a repeat dispensing service</p> <p>Educating patients to make lifestyle changes that will have a positive effect on their health outcomes</p>	<p>Releasing GP time for diagnosing more complex health issues</p> <p>Optimising the use of medicines</p> <p>Minimising adverse effects of medicines</p> <p>Reducing medicines related hospital admissions</p> <p>Reducing medicines waste and improving efficiencies in medicines use</p> <p>Empowering patients through co-production</p>

¹¹ RCGP & RPS. 2015. *RCGP and RPS Policy Statement on GP Practice Based Pharmacists*. Available at: <http://www.rpharms.com/promoting-pharmacy-pdfs/rcgp-joint-statement-for-pharmacists-in-gp-surgeries-version-2.pdf> (Last Accessed: December 17)

Utilising the pharmacy team to address key NHS priorities

Key NHS Priorities	Pharmacist input	Key Benefits
Antimicrobial Stewardship (AMS)	<ul style="list-style-type: none"> Developing and implementing AMS actions e.g. prescribing guidelines for all sectors of care Providing specialist advice to support the administration of I.V. antibiotics in the community Providing specialist antimicrobial advice to primary care clinicians Supporting and delivering the AMS messages to patients and the public to reduce antimicrobial use Supporting self-care and providing common ailments service to avoid inappropriate GP appointments for antimicrobials 	<ul style="list-style-type: none"> Reducing inappropriate use of antimicrobials Supporting GPs on effective prescribing decisions Consistent messages to patients from Pharmacists and GPs about the use of antimicrobials Important contribution to efforts to minimise the problems of antimicrobial resistance in hospital and the community Reducing medicines waste and contributing to cost efficiencies

Summary and recommendations

The development of multidisciplinary cluster teams and further collaboration between pharmacists and GP practices will fundamentally improve the safety and integration of health and social care pathways. Increased communication and collaboration between pharmacist colleagues working in community, primary and secondary care will help to positively impact on the many medicines related problems that can occur, particularly at the point of transfer between care settings. The full integration of the pharmacy team in primary care clusters will help to ensure every patient contact counts. Increasing access to pharmacists will offer significant benefits to patients, providing expert advice and medicines management appropriate to their needs.

PPIG and the RPS believe health and wellbeing will be improved by:

- **Innovation:** Further developing innovative ways of local working that embraces and utilises the skills and clinical expertise of pharmacists.
- **Workforce Planning:** Ensuring workforce plans fully incorporate the skills and experience of all health and social care professionals, providing a comprehensive multidisciplinary care team in people's own localities.
- **Integration:** Fully utilising the skills of pharmacists within the multidisciplinary team in treating common ailments and minor injuries as part of national arrangements for unscheduled and emergency care.
- **Patient Empowerment:** Facilitating patients to share their health record with appropriate professionals when accessing services in a primary care cluster.
- **Access to Pharmaceutical Expertise:** Enhancing local care through routine access to a network of pharmacy expertise in each primary care cluster.

Appendix I: Models of care for pharmacists within a multidisciplinary primary care team*

	Services	Patient Benefits	Practice Benefits	Examples	Strategy
Medicines Optimisation for Individual Patients	Providing expertise in clinical medicines reviews, addressing public health and patients' social care needs through appropriate signposting	<ul style="list-style-type: none"> • Improve patient adherence through co-production • Improvement in quality of life through better chronic conditions management • Reduce risk of side-effects and possible interactions • Reduce unwanted medicines and appropriate review (polypharmacy) 	<ul style="list-style-type: none"> • Clinical medication review undertaken – releases GP time and works towards GMS contract targets (QuOF) • Through co-production patient's optimise the use of their medication • Reduces pressure on repeats through synchronised ordering, less items, improved use of medicines • Synchronise medication review with annual chronic condition review 	<p>Patient A on 10 medicines attends pharmacist led medication review</p> <p>Medication review using tools such as the AWMSG: Prescribing in Frail Adults</p> <p>Resulting in 3 items discontinued, and synchronisation of medicines</p> <p>Liaises with Community Pharmacy to provide easy open containers and reminder sheet for medication</p>	Polypharmacy - Prudent Health
	Providing clinical expertise for patients on discharge from hospital or between care settings. Liaise with appropriate professionals to complete reconciliation and advice on the use of new medicines	<ul style="list-style-type: none"> • Reduce errors in medicines in both discharge and admission process • Improve understanding of changes to their medication 	<ul style="list-style-type: none"> • Improved communication following up clinic letters, blood results, liaising with all health professionals • Release GP time 	<p>Patient B asked to increase ACE inhibitor in outpatient clinic - to come in to see pharmacist to increase medication and BP monitoring instead of GP</p>	Reduce hospital admissions Access
	Monitoring (pathology) patients taking high-risk medicines including those under Shared Care Protocols to ensure the clinical and safety criteria are met prior to issuing of a prescription	<ul style="list-style-type: none"> • Patient safety improved through robust monitoring and ensuring appropriate follow up with specialist service • Reduce risks of side-effects/ADRs 	<p>Release GP time:</p> <ul style="list-style-type: none"> • Queries and concerns are resolved by pharmacist (unless they need to refer on) • Fulfil the monitoring criteria for shared care protocols and near patient testing • Improved patient safety 	<p>INR results are reviewed and patient records updated without GP having to review. Only queries will be raised</p> <p>NMP supports this role</p>	Reduce hospital appointments Access

*Please note these roles are not mutually exclusive

Medicines Optimisation for Individual Patients	Services	Patient Benefits	Practice Benefits	Examples	Strategy
		<ul style="list-style-type: none"> Respond to any questions/concerns from the patient about their medication (This could be a link to a clinical pharmacist working in hospital) 			
	<p>Undertaking home visits for house bound patients for medication review</p>	<ul style="list-style-type: none"> Housebound patients receive same level of clinical pharmaceutical care as other patients Medication is clinically appropriate and effective (Polypharmacy) Link for community teams dealing with complex patients and needing advice and support on medication 	<ul style="list-style-type: none"> Release GP time Flag up patients for early intervention Towards GMS contract targets (QuOF) for medication review 	<p>Polypharmacy patient with identified compliance issues, living alone, social issues, memory issues. 11 medicines pre visit, many not taken. Link with GP and carers, medicines reviewed, 5 stopped as no longer needed or therapeutic duplication, new arrangements for patient to be supervised administration once daily. Removal of unwanted medicines from the home</p>	<p>Access Care in the Community</p>
	<p>Focusing on 'at risk' patients (e.g. frequent appointments/hospital admissions) and work with local practices to review their medication</p>	<ul style="list-style-type: none"> Reduced hospital admissions through better management of condition Only taking medicines that are effective and appropriate (co-production) 	<ul style="list-style-type: none"> Release GP time Reduce demand through improved management of condition 	<p>A pharmacist using specialist software to identify high risk patients across a group of practices to undertake medicines review and signpost and liaise with other services and professionals. South Ceredigion cluster is developing this role</p>	<p>Reducing admission rates Access</p>

	Services	Patient Benefits	Practice Benefits	Examples	Strategy
Medicines Optimisation for Individual Patients	Work with patient (and their carer) to ensure full understanding of the rationale for the medicine, its benefits and possible side-effects to ensure the patient gets the best out of their medication	<ul style="list-style-type: none"> • Co-production leading to improved understanding and knowledge of medicines • Who to contact if concerns • Awareness of possible side-effects and ADRs 	<ul style="list-style-type: none"> • Release GP time • Improved patient care through increased counselling and follow up with patient/carer 	Patients on inhaled medications with inappropriate ordering frequency identified. Invited to review, device technique assessed and if needed device switched new technique explained. These are then followed up by the same pharmacist in the community pharmacy when next dispensed	Prudent Healthcare Polypharmacy Primary care skill mix
	Working with practice team to ensure patient safety alerts and changes in medication indications are reflected in practices	<ul style="list-style-type: none"> • Awareness of new safety alerts • Reduced hospital admissions through safe use of medicine 	<ul style="list-style-type: none"> • Improved patient safety and reduced risk of ADRs 	Amlodipine/simvastatin dose restriction, citalopram dose restriction with age, – systematic searches on GP systems to ensure patient safety	Reduce admission rates
	Useful resource for the core primary care teams (e.g. practice or wider healthcare team)	<ul style="list-style-type: none"> • Contact for hospital pharmacist for queries with inpatient • Support for wider healthcare teams in safe medicine use 		Advice for district nursing team in relation to end of life care and medication that can be safely used together in a syringe driver	
Service Developments – (Potential to develop through the Community Pharmacy network)	Common ailment advice	<ul style="list-style-type: none"> • Timely access to expert advice without appointment 	<ul style="list-style-type: none"> • Release GP time • Possible multidisciplinary approach with joint working with nursing colleagues 	Triage and Treat Service (Hywel Dda UHB)	Access Free up GP time
	Smoking Cessation Services	<ul style="list-style-type: none"> • Increase access to services • Service to suit patient- i.e. community pharmacy, Stop Smoking Wales counsellor • All levels from 1-3 available 	<ul style="list-style-type: none"> • Reduction of GP / nurse appointment for smoking cessation • Allows patient to be signposted to service of their choice which may increase quit rates • Less prescriptions requested and improved monitoring of progress 	North Wales scheme and quit rate data - requires further evaluation but early data indicates good rates of success There may be benefits to both community pharmacy run services for individuals and practice based models with group sessions	Improve access
	Emergency Hormonal Contraception Service	<ul style="list-style-type: none"> • Increased access to EHC in a timely manner • Signposting to other services (e.g. for coil) as appropriate • Advice on STDs and other options 	<ul style="list-style-type: none"> • Release GPs time / nurse • Reduce risk of unwanted pregnancy for patients 	Signposting from GP practices to community pharmacy but also from the Out Of Hours service	Improved access Reduce unwanted pregnancy rates

Service Developments – (Potential to develop through the Community Pharmacy network)	Services	Patient Benefits	Practice Benefits	Examples	Strategy
	Influenza Immunisation	<ul style="list-style-type: none"> Increased access for patients No appointment required 	<ul style="list-style-type: none"> Improved influenza immunisation rates Catch 'hard to reach' patients Reduce time spent on follow up for GP practices 	Influenza vaccination service available from a wide range of community pharmacies Patient feedback very positive	Reduce hospital admissions Reduce GP appointments
	Developing and running pharmacist-led clinics, such as medication review (polypharmacy) and chronic conditions management in particular in areas that have less input from specialist nursing teams e.g. Pain management	<ul style="list-style-type: none"> Medication review by pharmacist (expert in medicines) Reduce risk of side-effects and possible interactions Reduce unwanted medicines and appropriate review (polypharmacy) Stabilisation of chronic conditions (independent prescribing) 	<ul style="list-style-type: none"> Patients have medication review as part of their clinical review Release GP time Contribute towards GMS contract requirements for chronic condition management Potential to reduce admission rates 	Hypertension clinics – medication optimisation and treating patients to target Patient on ACE inhibitor developing side-effect (cough) seen by independent prescribing pharmacist to alter treatment	Polypharmacy Prudent Healthcare
	Care Home support Liaising with Care Homes on discharge and transfer	<ul style="list-style-type: none"> Patients have a clinical medication review Education for Care Home staff leading to improved understanding so medicines better managed Responding to queries from care home staff relating to medicines 	<ul style="list-style-type: none"> Clinical medication review for patients in care homes Access to discharge information and previous medical history Reduction in the number of queries and call out to care homes Release GP time Opportunity for MDT ward round on regular basis 	The Discharge Medication Review with a focus on Care Home Patients (both from hospital and from other home settings)	Trusted to Care Free up GP time
	Contribute towards safe and effective systems of working	<ul style="list-style-type: none"> Improved governance of repeat GP prescribing systems Setting up recall systems to ensure patients have appropriate monitoring 	<ul style="list-style-type: none"> Safe clinical systems Reduced risk of admission through appropriate monitoring of patients 	Update of prescribing policies Safe system within the practice to ensure patients on DMARDS have the appropriate blood monitoring	Quality improvement

	Services	Patient Benefits	Practice Benefits	Examples	Strategy
Screening & Signposting	Evidence based screening for early detection of some conditions Community Pharmacy is well placed to target patients who do not attend GP practices	<ul style="list-style-type: none"> Screening for patients for conditions such as diabetes, high blood pressure Education-empower patient to make lifestyle changes 	<ul style="list-style-type: none"> Flag up 'at risk patients' through early detection reducing long term complications 	BCU HB Targeted medication reviews 15-16, 12 patient groups targeted for level 3 medicines review. Groups are patients who are identified as being at high risk of medication related harm or hospital admission	Polypharmacy Prudent Healthcare
	Signposting to appropriate services and/or healthcare professionals	<ul style="list-style-type: none"> Less waiting time as signposted to appropriate service at start 	<ul style="list-style-type: none"> Reduce demand for appointments 	An Essential service provided by community pharmacy	Health Promotion
	Health Promotion e.g. Obesity, Alcohol	<ul style="list-style-type: none"> Provides expert advice on self care and self management of lifestyle choices Signposting to appropriate services e.g. AA 	<ul style="list-style-type: none"> Release GP & practice staff time Consistent messages and approach to health promotion 	An Essential service provided by community pharmacy	An Essential service provided by community pharmacy
Training and Education	Providing medicines information and training to practice healthcare professionals and other staff	<ul style="list-style-type: none"> Care is provided by up to date and well educated healthcare professionals and carers 	<ul style="list-style-type: none"> All staff members benefit from training and education around medicines (CPD) Medicines information available in a timely manner on request, concerns and issues resolved by pharmacist releasing GP time 	Many pharmacy teams offer accredited courses for GP Prescription Clerks Training & support for Social Services and Domiciliary Care Workers e.g. ABMU (NPT Locality)	Trusted to Care
	Patient education to empower patients to self care, self-management of their condition through better understanding and improved compliance	<ul style="list-style-type: none"> Improved management of their condition Improved quality of life 	<ul style="list-style-type: none"> Reduce demand on practice 	Your Medicines Your Health Scheme - All Wales	Prudent Healthcare

Management Support (Medicines Management)	Services	Patient Benefits	Practice Benefits	Examples	Strategy
	Support practice in providing quality care as monitored through the GMS contract	<ul style="list-style-type: none"> Improved quality care 	<ul style="list-style-type: none"> Release practice team's time 	Pharmacy team offer this across NHS Wales	Free up GP time
	<p>Ensuring an effective repeat prescribing system is in place</p> <p>Managing medicines queries from patients and healthcare professionals relating to repeats</p>	<ul style="list-style-type: none"> Timely access to their medicines that are prescribed Reduce waste as no longer receiving items that are discontinued Regular medication review to reduce side-effects and ensure that medicines remain clinically appropriate (Polypharmacy) 	<ul style="list-style-type: none"> Good governance around repeat prescribing process Reduce waste through tightly managed process Reduce requirement for ad hoc prescriptions as patient's medication reviewed, up to date and synchronised Queries around patient's repeat prescriptions are dealt with by the pharmacist releasing GP, reception staff and nursing time Reduce risk of errors 	<p>Prescribing staff training and improvement workshops within the prescribing LES</p> <p>Reduced numbers of lost prescription, reprints and inappropriate prescription requests</p>	Prudent Healthcare
	Implementing drug alerts and withdrawals e.g MHRA alerts	<ul style="list-style-type: none"> Safe use of medicine 	<ul style="list-style-type: none"> Reduce need for GP to action Undertaken by a clinical member of the team so able to ensure all relevant actions completed in a timely manner with suggestions of alternatives as appropriate 	Pharmacy Teams across NHS Wales support practices to implement. Forums such as GP Prescribing Leads	Prudent Healthcare

Management Support (Medicines Management)	Services	Patient Benefits	Practice Benefits	Examples	Strategy
	Review medication and ensure they are clinically appropriate, in line with local formulary, efficacious and cost effective, implementing change as appropriate	<ul style="list-style-type: none"> Regular review of medication to ensure clinically appropriate (Polypharmacy) Ensure patient wishes to continue- understanding the risk: benefit of discontinuing/ starting a medicine (co-production) Enables NHS to maintain and develop services through best use of resources 	<ul style="list-style-type: none"> Practice prescribes clinically and cost effectively making best use of resources while ensuring high quality pharmaceutical care of their patients 	Pharmacy Teams across NHS Wales support practices to implement. Forums such as GP Prescribing Leads AWMSG Prescribing Indicators	Prudent Healthcare
	Provide pharmaceutical expertise to the primary care clusters to ensure understanding and compliance with national and local prescribing guidelines	<ul style="list-style-type: none"> Clinically appropriate medicines are prescribed reducing risk of side-effects and waste through non compliance 	<ul style="list-style-type: none"> Identify key prescribing areas for review to improve clinical and cost effective prescribing within cluster Working collaboratively and learning from other practices Consistent advice based on national and local guidance 	Pharmacists provide this support in a number of ways: Community Pharmacy- Medicines Use Review Pharmacy Teams working in practices audit and identify patients where non compliance may be a concern	Prudent Healthcare
	Interpretation of local prescribing data (e.g. CASPA and AWMSG Prescribing Indicators)	<ul style="list-style-type: none"> Prescribed medicines are in line with best practice 	<ul style="list-style-type: none"> Identify areas of prescribing that may require further review to improve patient care Provides focus for practices to enable prioritisation of work (in relation to medicines management) 	This is common practice within existing primary care teams	Prudent Healthcare
	Audit to demonstrate compliance with national and local guidance	<ul style="list-style-type: none"> Prescribed medicines are in line with best practice 	<ul style="list-style-type: none"> Demonstrate best practice Achieve GMS contract targets 	This is common practice within existing primary care teams	Prudent Healthcare

Service Models for Highly Specialist Services

Examples of Services	Patient Benefits	Practice Benefits	Examples	Policy
Provide expertise at a high clinical level of specific condition	<ul style="list-style-type: none"> • Reduce need to attend hospital • Reduce GP clinics • Improved control of condition • Sign post to appropriate services • Act as key contact for patients and encourage/support self management 	<ul style="list-style-type: none"> • Release GP time • Reduce queries relating to condition and medicines • Access to highly specialised input into patient care 	Specialist transplant and/or renal pharmacist providing support for renal transplant patients across a wide area from a tertiary centre	Reduce hospital admissions Length of stay
Anti-coagulation (INR) service	<ul style="list-style-type: none"> • Point of Care Testing for INR and dose change with patient present • Immediate update on current INR promoting self care and improving understanding • Co-production in line with NICE AF Guidance 	<ul style="list-style-type: none"> • Releases GP time. POC gold standard for INR testing, monitoring and review • Reduce queries relating to condition and medicines • Access to highly specialised input into patient care 	ABMU run a service model utilising NMP pharmacists and nurses working together to provide local clinics for patients	Care closer to home
Heart Failure Service Falls/Frailty COPD End of Life	<p>ONE Stop care in community</p> <ul style="list-style-type: none"> • Medication review and adjusting as appropriate (if a NMP can be done immediately) • Reduces need for hospital appointment 	<ul style="list-style-type: none"> • Reduce queries relating to condition and medicines • Access to highly specialised input into patient care 		Care closer to home



ROYAL CYMDEITHAS
PHARMACEUTICAL FFERYLLOL
SOCIETY FRENHINOL
Wales Cymru



For more information please contact:

Royal Pharmaceutical Society

2 Ash Tree Court
Cardiff Gate Business Park
Pontprennau
Cardiff
CF23 8RW

Tel: 029 2073 0310 (Mon-Fri 9am – 5pm)

Email: Wales@rpharms.com

Web: www.rpharms.com

Follow us on Twitter: [@RPS_Wales](https://twitter.com/RPS_Wales)