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Preface

Breaking down the barriers: pharmacists and GPs working together to improve patient care

An idea whose time has come ...

This successful conference was one of the intended outcomes of the closer working relationship not only between our national organisations, the Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS), but also at a local level between individual GPs and pharmacists working in many different settings. Since the conference was held in April 2016, things have moved on apace, with, for example, the publication of the General Practice Forward View, which promises that 1500 extra clinical pharmacists will be working in general practices by 2020.

This conference was attended by more than 100 GPs and pharmacists, in almost equal numbers – another sign of increasing cooperation and collaboration between our two disciplines. A wide range of topics was covered in both keynote sessions and small-group working sessions. Key

points from different sessions were identified during the course of the conference and these are summarised in the following pages.

The report itself is intended to be a practical guide for the delivery of improved care and increased safety of our patients. We hope that this report will stimulate debate and encourage others to think about how they can work differently to improve patient care.

This is but a snapshot in time and there are many other examples of good collaborative practice. The patient can only benefit from all health professionals working at the top of their game and working together. There is no doubt in our minds that we are on the brink of a revolution in terms not only of GPs and pharmacists working more closely together but also of improved care of our patients – the best is yet to come!

Professor Nigel Mathers Honorary Secretary RCGP

Ms Sandra Gidley Chair English Pharmacy Board RPS

Introduction

The RCGP and RPS issued joint statements about working together in 2011 and again in 2014.¹ These statements aimed to break down the perceived barriers to joint working between the two professions to improve patient care and for the benefit of the two professions. The two organisations believed that pharmacists – with the appropriate skills and experience – could contribute to the clinical work related to medicines, relieve service pressure and increase capacity to deliver improved patient care within primary care when working more closely with GPs. As a consequence, a closer working partnership began to emerge.

In early 2015, the RPS and RCGP were focusing on the pressing need to increase capacity in the provision of high-quality care through GP surgeries and promoted the role of practice-based pharmacists. Pharmacists would become part of the primary healthcare team working with GPs and practice nurses, utilising to the full their clinical skills and knowledge about medicines to benefit patients and to alleviate workforce pressures in general practice.

A workforce action plan² for general practice was jointly agreed by NHS England, Health Education England, the RCGP and the BMA in January 2015. It committed to identifying and investing in new roles that would support general practice, including clinical pharmacists. A £15 million initiative was launched by NHS England (July 2015). This initiative would fund a pilot programme, over three years, involving the recruitment and employment of clinical pharmacists in GP surgeries.

Pharmacists will not be substitutes for GPs, but will work closely with us as part of the practice team to resolve day-to-day medicine issues, particularly for patients with long-term conditions who are taking a number of different medications.³

There was an overwhelming response from GP surgeries and by November the funding for the pilot scheme had

1 RCGP and RPS. A Joint Statement: Breaking down the barriers – How community pharmacists and GPs can work together to improve patient care. London: RCGP and RPS, 2015 (updated from 2014).

been doubled to £31 million. Within a short space of time, the number of clinical pharmacists working in general practices across England was set to increase dramatically, to more than 400 clinical pharmacists in nearly 700 GP practices. There have been similar schemes in the devolved nations of the UK.

Multimorbidity is perceived as an inevitable consequence of an ageing population, with increasing 'polypharmacy' necessary to prevent complications arising from long-term conditions. There is also an increasing recognition that more complex treatment regimes are moving away from rather than towards truly evidence-based, patient-centred care. This is certainly a useful debate for the two professions to explore in detail.

Somehow appropriate polypharmacy can almost feel like an oxymoron because of our inherent concern about prescribing multiple medicines. We talk about optimising medicines while managing polypharmacy and encouraging de-prescribing; this is the language around multiple medicines. What about optimising polypharmacy?⁵

From rhetoric to reality – aims and objectives

- To mark the joint partnership of pharmacists in GP surgeries one year on with a programme to attract a balanced mix of GPs and pharmacists from a wide range of backgrounds.
- To showcase the first stream of pharmacists now working under this joint remit by focusing on polypharmacy and multimorbidity as key areas where significant improvements in patient care can be made.
- To demonstrate some constructive ways pharmacists working in GP practices have helped to improve health outcomes.
- To share resources for good practice and highlight current and anticipated polypharmacy guidelines in this rapidly expanding field.

² NHS England. Building the Workforce: the new deal for general practice. Leeds: NHS England, 2015.

M Baker, quoted in 'New £15m scheme to give patients pharmacist support in GP surgeries', NHS England, 2015: https://www.england.nhs.uk/2015/07/pharm-supp-gp-surgeries/

J Treadwell. Coping with complexity: working beyond the guidelines for patients with multimorbidities. *Journal of Comorbidity* 2015; [S.I.] **5(1)**: 11–14.

N Barnett, personal communication, July 2016.

Recommendations from GPs and pharmacists

- 1. Focus on more equitable involvement of patients in making decisions about medicines
 - Engage patients better in discussion about risk and uncertainty.
 - There is a need for further guidance around shared decision making with patients.
 - Seek greater patient participation. Although patient groups were represented, the lack of patients as delegates and speakers at the conference was noted.
- 2. Recognise that medicine reviews are fundamental
 - A medicine review is about de-prescribing as much as it is about prescribing.
 - A medicine review is not so much a one-off event, as an ongoing process over time.
- 3. Increase inter-professional discussions about managing polypharmacy
 - Joint discussions about managing polypharmacy and de-prescribing – especially in the elderly and frail – evoke real interest and engage professionals.

- Joint meetings between professions were popular with the delegates.
- Joint training at the beginning of the careers of GPs and pharmacists should be promoted.
- 4. Help the relationship between doctor, pharmacist and patient evolve further
 - There was strong support and a range of ideas at the conference for further development of the practice pharmacist role.
- 5. Increase the involvement of pharmacists and doctors in all NHS settings in the conversation about polypharmacy and multimorbidity
 - Realise the potential of community pharmacists.
 - Improve collaboration with pharmacists throughout the NHS, for example in secondary care.
- 6. Nurture the RCGP-RPS partnership
 - The RCGP-RPS partnership resulted in a well-received and highly appreciated jointly organised conference.
 - There was a call for more joint learning, potentially at regional level, with a greater focus on practical aspects to be covered in more depth.

Conference summary: The Challenge of Polypharmacy – From Rhetoric to Reality

Welcome and scene setting

Ms Sandra Gidley, Chair of the English Pharmacy Board, RPS

Sandra welcomed everyone to the conference at the new RPS headquarters.

She was delighted to see a full audience of GPs and pharmacists at the conference, which was oversubscribed.



Keynote session

Polypharmacy: GP's perspective

Dr Martin Duerden, GP and Clinical Senior Lecturer at Bangor University, North Wales, co-author of Polypharmacy and Medicines Optimisation: making it safe and sound, The King's Fund, 2013

Key messages

- Polypharmacy and multimorbidity are growing, and general practice must adapt to the challenges. Change is needed.
- Patients find polypharmacy a burden this needs to be recognised and practice adapted to reflect individual views and choices.
- Pharmacists have much to offer to support primary care and patients with polypharmacy – their role needs to be developed and supported.
- Polypharmacy and multimorbidity are increasingly issues within our patient populations. Today, most over-65s are living with two or more long-term conditions.
- There is more multimorbidity in deprived areas and inequity in health care provision, which effectively widens the health gap between the affluent and less affluent.
- Drugs interact and many drugs recommended for one condition are contraindicated in another chronic condition. Appropriate and problematic polypharmacy were defined.
- Patients also have their view and it is recognised that shared decision making is an essential part of evidence-based medicine.
- Some principal roles for pharmacists in practices were suggested, in particular medicine reviews and reviewing systems for repeat prescriptions. Pharmacists also have skills in identifying high-risk drugs, reconciling medication lists post discharge and providing support in care homes.

Views from the audience

- There was enthusiasm about pharmacist involvement in practices. Attendees highlighted that when pharmacists are involved with patients there is more effective shared decision making.
- Appropriate training is vital for pharmacists taking on these roles in practices.

Keynote session

Polypharmacy: pharmacist's perspective

Professor Nina L Barnett, Consultant Pharmacist, Care of Older People NHS Specialist Pharmacy Service, visiting professor at King's College London

Key messages

- Patient-centred polypharmacy reviews are optimised when they combine the clinician's evidence-based perspective and the patient's health-related goals.
- The clinician and patient need to work together to identify and prioritise medicines for review and agree actions.
- Patient-centred polypharmacy reviews are an ongoing process, not a single event.
- The words we use matter. De-prescribing can have negative connotations and, in particular, can be seen as a money-saving exercise.
- The concept of patient-centred polypharmacy reviews as an effective way forward was highlighted, with an emphasis on establishing the patient's views first, then agreeing which medicines to start or stop.
- Communication with all relevant parties is a key part of the process.
- The decisions taken may need to be revisited and reviewed on more than one occasion.

Views from the audience

- Pharmacists were keen to share their experiences, generally and more specifically, including with regard to practical issues, such as how useful the information provided on medicine labels can be.
- There was an evolving discussion, especially among GPs, about the courage needed to stop medicines. Often there are fears about de-prescribing, including the fear of litigation. Further reflection revealed that we are afraid of cataclysmic events, and, that this may disproportionately affect our decisions.
- It was felt that more could be done to support all clinicians with de-prescribing.
- It was noted that there is little evidence-based research on the subject of de-prescribing.

Parallel workshop sessions

The workshop sessions comprised four workshops, each lasting 45 minutes and attended by mixed audiences of 20–25 GPs and pharmacists.

1. Appropriate medicine prescribing in care homes

Dr Wasim Baqir, pharmacist, Northumbria Healthcare NHS Foundation Trust; and Dr Vivek Patel, GP ST3, visiting lecturer at the Department of Primary Care, University of Leeds

- This workshop focused on managing medicines more effectively for residents in care homes.
- The CHUM study,¹ the STOPP/START study² and the NICE guidance on medicines management in care homes³ underpinned a good part of the key learning.
- Evidence-based advice highlighted reviewing the excessive medicines that some elderly patients take, performing comprehensive medication reviews and involving patients as far as possible in their own care.

Dr Baqir has been involved in the Shine Project⁴ and shared practical advice on conducting a medication review. He suggested asking three questions:

- Is the medication currently performing a function?
- Is the medication still appropriate when taking comorbidities into consideration?
- Is the medication safe?

Dr Patel introduced case studies to engage delegates. One case involved the ethics of continuing or not continuing treatment with a novel oral anticoagulant. There were different opinions from pharmacists and GPs. It was also noted that there can be difficulties with involving the family in such a discussion. Delegates were also concerned about the sometimes conflicting opinions received from secondary care and argued that better communication between primary and secondary care is needed in such cases.

- 1 CHUM, care homes' use of medicine. Barber ND, Alldred DP, Raynor DK, et al. Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. Quality and Safety in Health Care 2009; 18(5): 341–6
- 2 START, screening tool to alert to right treatment; STOPP, screening tool of older people's prescriptions. O'Mahony D, O'Sullivan D, Byrne S, *et al.* STOPP/START criteria for potentially inappropriate prescribing in older people. *Age and Ageing* 2015; **44**: 213–218
- 3 National Institute for Health and Care Excellence. Managing medicines in care homes. London: NICE, 2015.
- 4 Northumbria Healthcare NHS Foundation Trust. Shine 2012 Final Report: a clinico-ethical framework for multidisciplinary review of medication in nursing homes. London: The Health Foundation, www.health.org.uk/programmes/shine-2012/projects/multidisciplinary-review-medication-nursing-homes-clinico-ethical

2. Learning from the clinical pharmacists in general practice pilot scheme

Dr Lawrence Brad, RCGP representative, GP partner at Westbourne Medical Centre, Bournemouth; and Ravi Sharma, pharmacist, Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light, Practice Pharmacist Partner at Honeypot Medical Centre

Mr Sharma conveyed how his teams tackled the issues involved in polypharmacy in practices.

What can a clinical practice pharmacist do to help with polypharmacy?

Repeat Prescriptions

Prescription Queries
Checking for over/under use
Liaising with other HCPs
Triage

Discharge and Medicines reconciliation

Checking accuracy of discharge summaries Queries and gaining information Better communication

Face to face clinics

Long term conditions
Clinical Medication Reviews
Home visit
Other services e.g.
spirometry, child imms,
diabetic foot checks

Clinical Management

Clinical Audit work
Targeting high risk people
Reviewing medical notes
Telephone consultations

Effective Medicines Management

Regular/effective reviews Stopping medicines Share decision making Involving relatives and carers

New ways of working:

Engaging with community pharmacy network MDT "One Stop Shop" clinics Inter-professional learning for all

Dr Brad discussed the change in dynamics when the doctor–patient relationship evolves into a doctor–patient–pharmacist relationship, describing it as like a love triangle for the patient.

- One of the key issues was perceived to be how clinicians measure and assess frailty to categorise patients with multimorbidity and polypharmacy in ways that are accepted as good clinical practice by patients and clinicians.
- There is a wealth of prescribing data available across the UK. The challenge is to make use of these data to get the most out of pharmacists in practices.
- A practical, structured approach to medicine reviews was discussed in detail with the attendees.

There is potential to involve hospital and community pharmacies in the project as NHS investment in practice pharmacists increases. Delegates felt that the communication between community pharmacies and GPs could be improved.

3. Preventing overdiagnosis and overuse of medication

Dr Julian Treadwell, GP and Vice Chair of the RCGP Overdiagnosis Group; and Wendy Tyler-Batt, Intermediate Care and Practice Pharmacist, Aneurin Bevan University Health Board (Monmouthshire and Torfaen)

Mrs Tyler-Batt used two case studies to explore how medicine reviews and prescribing decisions can tailor treatments to patients on an individual basis, thereby reducing potentially harmful prescribing and retaining therapies most likely to be of benefit.

Delegates were keen to engage, and specific clinical aspects were discussed, including:

- acute kidney injury
- withholding medications
- the relative anti-muscarinic burdens of commonly used drugs.

Dr Treadwell led a discussion about using guidelines appropriately.

Use guidelines not tramlines!

There was practical advice with illustrations of decision-making aids that can be used to help the professional and the patient with shared decision making, such as those advocated by NICE, Cochrane and the Mayo Clinic in the USA. Perhaps, it was suggested, the ideal decision-making tool has yet to be invented.

An honest discussion with the patient about numbers needed to treat/numbers needed to harm might result in patients making different decisions about their treatment.

4. Community pharmacy and polypharmacy

Dr Mike Holmes, GP and Clinical Lead, RCGP; and Malcolm Harrison, Senior Manager, Projects and Contract Development, Boots UK

Dr Holmes employs nine full-time practice pharmacists at his Haxby Group Practice. He has also been involved in a project collaborating with community pharmacists who performed domiciliary medicine reviews with patients who were over 75 and housebound. He emphasised that collaboration is key; pharmacist medication reviews in isolation are not helpful. He used delegated budget savings for the project.

Mr Harrison showcased a successful 'four or more medicines support service' in the community setting, using STOPP/START² criteria to make recommendations for prescribing changes to GPs.

Both Dr Holmes and Mr Harrison focused on the benefits of collaborative working with the common aim of providing patient-centred care with appropriate ordering and appropriate prescribing of medicines.

The group included community pharmacists and GPs, and the discussion centred on their many communication difficulties and how closer working could be encouraged. Points were made about improved routes to communication, by phone, NHS mail and email. Cooperation over minor ailment management, new medicines review and shared records were mentioned.

Some barriers to collaborative working were identified:

- unaligned contracts
- the funding of community pharmacy, which has the potential to create a perverse incentive against the desire to reduce the volume of prescriptions
- lack of indemnity, which prevents pharmacists working more in people's homes.

¹ RESPECT trial team, Richmond S, Morton V, et al. Effectiveness of shared pharmaceutical care for older patients: RESPECT trial findings. *British Journal of General Practice*. 2010; **60(570)**: e10-e19.

² START, screening tool to alert to right treatment; STOPP, screening tool of older people's prescriptions. O'Mahony D, O'Sullivan D, Byrne S, *et al.* STOPP/START criteria for potentially inappropriate prescribing in older people. *Age and Ageing* 2015; **44**: 213–218.

Keynote session

Polypharmacy: a patient's perspective – seeing it through the patient's eyes

Jeremy Taylor, CEO of National Voices

Key messages

- Patients and their loved ones want to be cared for expertly, safely and compassionately.
- Patients want services joined up around them and their loved ones.
- Patients need choices, control and independence. They need to be involved, and they need to be enabled to get on with their lives.
- Mr Taylor wanted to know whether there were patients at the conference. He was disappointed that there were not.
- Informed debate about risk with patients is in its infancy, and uncertainty is difficult to discuss with patients.
- The language and the words we use matter 'morbidity', 'co-morbidity' and, in particular, the word 'discharge' – can all have negative connotations to patients.
- Knowing when to take what, and adhering to the various regimes, can become the dominant task in self-management (potentially at the expense of focusing on other areas, for example diet, exercise or social activity).
- All clinicians should avoid uncoordinated prescriptions that unnecessarily add to the patient's burden.
- In a more general way, clinicians have a duty to work in partnership with each other as health professionals.

Views from the audience

- There was further discussion about the difference between person-centred decision making and joint decision making with the patient.
- Some delegates were concerned about the information patients receive from websites and the internet. Mr Taylor observed that internet information is not going to go away; it can be seen as advantageous, as it can make patients more expert than professionals. This could be celebrated!
- Clinicians were urged to use such information contributed by patients as a starting point and then to negotiate with patients.

Panel session

The challenge of polypharmacy – rhetoric to reality

Chair: Dr Rupert Payne, GP and Consultant Senior Lecturer in Primary Health Care at the Centre for Academic Primary Care, University of Bristol, co-author of Polypharmacy and Medicines Optimisation: making it safe and sound, The King's Fund, 2013.

Panel members

- Jill Loader, Assistant Head of Primary Care Commissioning (Pharmacy), Primary Care Commissioning Central Team, NHS England
- Ruth Isden, Age UK
- Elizabeth Butterfield, Chair of the Primary Care Pharmacy Association
- Dr Lawrence Brad, RCGP representative, GP partner at Westbourne Medical Centre

Reflections from Dr Payne on the conference so far

- The concept of needing support and empowerment to stop medication, and that, legally, this was probably no more risky for the prescriber than initiating or continuing a prescription, was discussed. It was noted that there was, however, a lack of evidence to support de-prescribing activity.
- GPs and pharmacists think differently and there was still a feeling of 'us' and 'them' coming across in some of the discussions. GPs and pharmacists do have different training, skills and knowledge. How can we work together in practice to communicate and collaborate better?
- The clinician—patient relationship is still more one of inequity than one of equity. Risk, uncertain outcomes and the concept of overtreatment are difficult things to discuss with patients; however, we need to learn how to do this better so that our shared decisions can become more truly patient centred, rather than clinician centred.

Panel members comments

- Ms Isden, representing Age UK, was interested in discussing what motivates older people towards the end of their lives; she suggested that primary motivations include absence of symptoms such as pain or nausea, and getting to do the things they want to do. There are often non-medical alternatives that can achieve these goals.
- For the pharmacists present, the challenge was one of changing professional culture. This can be effected through changes in the training of prescribers and through more joint meetings between pharmacists and doctors.
- Pharmacy, including community pharmacy, could be better integrated into care pathways for patients, especially for those who need more holistic reviews.
- Many of the tasks GPs are currently responsible for could be undertaken by pharmacists.

Further discussion

- Members of the Pharmaceutical Press felt they could help patients have different conversations with healthcare professionals and could provide resources for this.
- Delegates wondered if the current system of Medicines
 Use Reviews was constructive.
- Again, the issue of the difficulties of pharmacy contracts was raised, with a call from conference participants for new ways of working.
- There was an animated discussion about improving communication between GPs and pharmacists.

- It was recognised that when a GP surgery is served by many pharmacies it cannot have special relationships with all of them. Electronic communication, however, could be improved.
- Involvement in a pharmacy repeat prescribing scheme can help communication, and so might having more senior pharmacists working with community pharmacies.
- As more pharmacists work in practice surgeries, they will become natural points of contact between GP surgeries and community pharmacies.
- Delegates were keen to explore barriers to communication with patients. Practical issues, such as illiteracy and language barriers, were discussed. Could we have bilingual labels on medicines?
- Voluntary organisations could be better integrated into the NHS.

Panel members were asked whether GPs and pharmacists felt optimistic about the future given the increasing complexities of multimorbidity and polypharmacy. All members gave a definite 'yes' to this question!

'Increasing levels of prescriptions can't go on!'

'It's a burning platform!'

'The penny has dropped!'

Things will change, with GPs and pharmacists meeting the challenge *together*.

Summary

Professor Nigel Mathers, Honorary Secretary of the RCGP Council and co-chair of the conference thanked all the speakers and delegates for contributing to a successful day and reflected on how far the RCGP–RPS partnership had progressed over the previous year.

Dr Susanna Jacks, RCGP Pharmacy Representative and GP, and the RCGP's lead organiser of the conference, said: 'I responded to the joint RCGP and RSP statement on joint working in 2011, knowing that some of my most valued colleagues through my career have been pharmacists. It was a great pleasure to see so many GPs at the RPS today getting to know pharmacists better, and to see the animated exchange of ideas.'

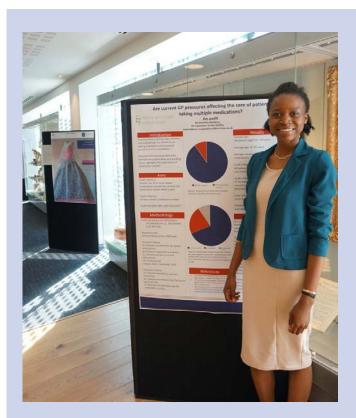
Dr Mahendra Patel PhD FRPharmS FHEA, Fellow of NICE, Principal Enterprise Fellow in Pharmacy Practice at the University of Huddersfield, and the RPS's lead organiser of the conference, said: 'The future for pharmacists is very promising, and the day's conference clearly highlights

the vast potential of pharmacists – with GPs recognising the value and strength of working together as one unit. It was the early 1990s when nurses first became part of the practice team, and at the time they were not accepted by all. Yet today one cannot imagine a GP practice operating without a nurse practitioner. They are now central to everyday general practice. Equally, in 20 years time (although more likely sooner) I see pharmacists being recognised as the very backbone of every GP practice in the country, just as nurses are today.'

Posters and networking

The conference provided an opportunity for pharmacists and GPs – including students – to take part in the conference by displaying posters in the refreshment areas.

Delegates particularly appreciated the opportunity to network. Feedback from the day included 'Liked the posters' and 'Excellent joint working and networking opportunities'.



Wuraola Obadahun, medical student.



Conference Leads; Dr Susanna Jacks, GP Partner, Vauxhall Surgery, Chepstow; Dr Mahendra Patel, Board Member RPS, Pharmacist Senior Academic, University of Huddersfield.

Posters presentations

Pharmacists in General Practice

Ravi Sharma

The Medication Review of Polypharmacy Patients

Lynn Valerie Wong Sun Thiong, Dr Ruth Cammish, Dr Lucie Duncan

Medical Students: Helping to Review Polypharmacy in the Community

Jamie Clare, Rosie Gordon, Millicent Steel, Kerry Blanhett, Oliver Bevan

Are Current GP Pressures Affecting the Care of Patients Taking Multiple Medications? An Audit

Wuraola Obadahun

eMAC: Review of Medicines in Acute Care

Emily Ward, Emily Guthrie, Khan Phal, Sehan Hussein, Simvan Singh Hota, Barry Jubraj, Alan Poots, Vanessa Marrin

Feedback and evaluation

Sixty-six delegates completed an evaluation form.

Delegates were asked to rate the overall organisation of the conference on a 10-point Likert-style scale. Responses were favourable, with the median response being a score of 9 out of 10 and responses ranging from 6 to 10 (interquartile range 8–10)

Feedback was very positive, with about two-thirds of delegates rating the conference content 'excellent' and the remainder rating it 'good'.

Fulfilment of learning objectives was rated very positively, with all delegates agreeing that their objectives had been wholly or partly met.

The median and modal response was that the conference had had a 'good amount' of impact on delegates' practice, with significant numbers also reporting a 'great deal' or a 'reasonable amount' of impact.

Finally, delegates were asked how likely it was (using a 10-point Likert-style scale) that they would recommend and share with colleagues their learning from this conference. Responses were very positive, with almost all delegates giving a score of 7 or more out of 10.

Other comments and suggestions received from delegates included:

'I am very excited about the collaboration between pharmacists and GPs in caring for patients and would like to see more such meetings and learning programmes with doctors and pharmacists in attendance.'

'Less rhetoric and emotive opinions-based discussion and more practical discussion about current projects and practice.'

'Great conference, good to see integration and forward-thinking process/discussions.'

'Get patients involved as delegates and speakers.'

'Work with LPFs and RCGP local leads to encourage joint sessions locally, maybe create a framework for a meeting so it is easy to set up.'

'Increased content including implementation of projects.'

'This has changed my present practice as a GP and my vision for the future enormously.'

'This was a brilliant conference. I'm definitely going to look at ways to present back to my team and locality. To me it's an essential update to the essence of care that every GP should attend. I would encourage all GPs to attend.'

Acknowledgements

Authors:

Dr Susanna Jacks, MRCGP and RCGP pharmacy representative, GP partner at Vauxhall Surgery, Chepstow

Dr Mahendra G Patel PhD FRPharmS FHEA Fellow of NICE University of Huddersfield, Board Member Royal Pharmaceutical Society

Front cover: *Jubilee* by Susie Freeman on display in the exhibition Pharmacopoeia at the RCGP headquarters. Adapted from a poster produced by Mark Fryer at Distinct Graphics.

Photographs: Dr Frances Jacks, GP, The Abingdon Medical Practice, South Kensington.

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