ROYAL PHARMACEUTICAL SOCIETY Scotland

BMA Scotland

Joint RPS and BMA Scottish GP Committee statement on the Pharmacotherapy Service

The 2018 General Medical Services contract in Scotland introduced a substantial programme of service redesign and transformation of primary care. One of the fundamental elements of service redesign is the introduction of a comprehensive **pharmacotherapy service** that embeds greater numbers of pharmacists, pharmacy technicians, and pharmacy support workers in GP practices to provide pharmacy and prescribing support for patients. We jointly agree that full delivery of the pharmacotherapy service is essential to improving primary care for patients, GPs, and pharmacists.

The refreshed Memorandum of Understanding in July 2021 re-emphasised the need to prioritise delivery of all parts of the core level 1 service to deliver a more manageable GP workload, delivered principally by pharmacy technicians, pharmacy support workers, managerial and administrative staff. In tandem, it acknowledged that the interdependencies of level 1 with levels 2 and 3, delivered principally by pharmacists, required a focus on the pharmacotherapy service as a whole.

There has been progress towards the implementation of the pharmacotherapy service. We know that as of November 2020, all but seven GP practices in Scotland were receiving some level of pharmacy support, with a total of 876 whole time equivalent pharmacy staff involved (63% pharmacists, 35% pharmacy technicians and 2% pharmacy support workers). Of the pharmacists, 75% are either qualified or in training to be an independent prescriber. This has been a significant achievement of pharmacy teams in NHS Boards who have recruited and trained many new staff in a short space of time. Together, these general practice pharmacy teams are working towards delivering patients a comprehensive service with core and additional elements.

Much progress has been made, with significant investment in general practice pharmacy teams, however significant challenges remain, and further investment is required in workforce, skill mix and infrastructure to realise the full benefits of the service. These challenges are undermining the professional role of some pharmacists and have prevented workload reduction for GPs which would help to free up time to perform their role as expert medical generalists. These issues need to be addressed urgently to ensure that roles are, and remain attractive, to recruit and retain pharmacists, to provide positive patient care, free up GPs to spend more time as EMGs, and build a sustainable pharmacotherapy service.

We recommend improvements in three areas:

1. Better use of skill mix
2. Improved IT enablers to reduce administrative burden
3. Effective team working

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Better use of skill mix

Best use of skill mix will ensure a high-quality service, good working relationships, a professionally fulfilling role for all involved, career progression, and improved recruitment and retention.

One important issue with the pharmacotherapy service is that the core (level 1) service, which was prioritised specifically in the SG/BMA joint letter from December 2020 and the refreshed MOU, requires an appropriate skill mix that has not been established in many areas. This has meant that some pharmacists are undertaking work that would often be more appropriately provided by pharmacy technicians or pharmacy support workers, resulting in an underuse of pharmacists' clinical skills.

The 2018 GP contract suggested that skill mix was required for the pharmacotherapy service – but we believe that more careful consideration would be of benefit. Going forward, as a priority we recommend the skill mix required to deliver all aspects of the pharmacotherapy service is reviewed and that the roles of all pharmacy team members are clearly defined. Once clear definitions are in place, effective workforce planning is crucial to understand the gaps. We recommend that the Scottish Government prioritises workforce planning for the pharmacotherapy service and links Primary Care Improvement Plan requirements based on appropriate skill mix with national workforce planning. We need to ensure that actions are taken to improve the workforce supply to meet the gaps identified through workforce planning so that the pharmacotherapy service can be optimised. In addition, efficient and effective prescribing management processes and systems in practices are needed to realise the full benefits of skill mix and maximise the efficiency of pharmacy input.

We recommend that use of pharmacists' clinical skills are maximised. Pharmacists should be focused predominantly on patient-facing clinical roles: using pharmaceutical expertise and independent prescribing skills to deliver clinical medication review, support safer use of high-risk medicines, and improve complex pharmaceutical care. To properly support clinical pharmacists in this complex role it is vital that the appropriate number of pharmacy technicians and pharmacy support workers are available. At present, shortages of these roles in many areas necessitates pharmacists having to provide services that could be provided by pharmacy technicians or pharmacy support workers: addressing this gap would markedly improve efficiency and release pharmacists' clinical capacity.

The development of roles for pharmacy technicians to lead on the technical aspects of medicines management, supported by pharmacy support workers undertaking non-clinical tasks, will ensure that level 1 and 2 aspects of the pharmacotherapy service are completed, while releasing time for pharmacists to work at a more advanced level. Our view is that a more planned and appropriate staffing approach to the pharmacotherapy service will accelerate implementation of all three levels of the pharmacotherapy service which will still enable prioritisation of level 1 services and deliver high quality care for patients and ensure safe use of medicines.

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Improved IT enablers to reduce administrative burden

We need better IT systems to support the pharmacotherapy service to improve efficiency, reduce administrative burden and deliver safer systems. Better IT should be combined with improved processes for managing prescribing.

We know that electronic prescribing systems should reduce the burden of repetitive tasks for both pharmacists and GPs. We understand that the new NHS Scotland National Digital Prescribing and Dispensing Programme led by the ePharmacy Programme Board and supported by NES and NSS is making progress on the introduction of electronic prescribing. This is very encouraging. However, the timescale is too slow. Significant change in NHS IT happened at speed during the Covid-19 pandemic. We recommend that this level of urgency and priority is given to the National Digital Prescribing and Dispensing Programme.

Medicines reconciliation creates a significant time burden on health and care professionals in all care settings. We would welcome the opportunity to explore whether a single shared patient medication record could improve medicines reconciliation.

A further IT development that should be prioritised is making improvements to the serial prescribing system. Serial prescribing is a good idea: where it works, the ability to move stable repeat medication onto an annual prescription avoids significant time spent on processing repeat prescriptions. However, the current system is not fit for purpose and therefore these benefits are not maximised. We recommend these issues should be fully explored, learning shared from practices where it is working, and solutions to improve the functionality and efficiency of the system developed.

Effective team working

The core team delivering the pharmacotherapy service includes pharmacists, pharmacy technicians and pharmacy support workers. There are good examples of practices and pharmacy teams working closely together, and these relationships need to deepen and mature. To be effective, they need to be fully embedded within the GP practice team, working closely with practice clinical and administrative staff, whether that is in person or virtually. They also need to liaise closely with the multidisciplinary team working across health and social care, and with the pharmacy teams in community pharmacy and hospital.

To ensure pharmacy teams are embedded as part of a GP practice team, we would like to explore with Scottish Government whether each practice should be allocated named pharmacy team members. They would continue to be employed by the local NHS board, but would work more closely with individual practice(s) to enable improved working relationships with that practice team. Employment by the NHS Board is advantageous for governance arrangements, education, peer support and service sustainability, but feeling part of the practice team – for example as achieved with district nurses – is useful for all involved. While we see many potential benefits to this proposal, we must be clear that this could not detract from the comprehensive delivery of this

service to patients and would need to be established in a way such that individual staff absences do not compromise service provision. To ensure service continuity for level 1 services in particular, this may, where it is agreed with GP subcommittees, LMCs and NHS Board Pharmacy teams, include using hub models with small teams within the hub's overall team being allocated to each practice.

We also recommend that the potential for community pharmacists to take on some aspects of the pharmacotherapy service is explored. This may include some aspects of prescription management being undertaken in community pharmacy through extension of the Medicines Care and Review service. As a minimum, stronger links between pharmacists in GP practices and community pharmacy practice should be achieved to deliver seamless care for patients. Longer term, closer alignment of the community pharmacy and GMS contracts may be useful.

In conclusion

We have outlined recommendations in this letter that will help to address emerging issues and increase the pace of implementation. We believe that our recommendations are achievable and that together they would improve the wellbeing of both pharmacy and GP teams through realistic workload, best use of skills and professional satisfaction. This will deliver a sustainable pharmacotherapy service for the future with resulting improvement in clinical efficiency and patient safety.

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