



module 250

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for this module

GOAL

To support and encourage community pharmacists who want to strengthen their working relationship with local GP practices.

OBJECTIVES:

After completing this module you should be able to:

- Appreciate how you can play a greater role as an extended member of the practice team
- Approach practices with ideas that have been well received by other GPs/practices
- Produce an action plan to develop your relationship with local GPs.



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Working with GPs

Contributing author: Jo Tsoneva, pharmacy development manager, NHS Sheffield CCG

Introduction

The NHS England General Practice Forward View¹, published in April, gives a clear mandate for pharmacy professionals to work more closely with GP colleagues and to use their clinical knowledge and expertise to greater effect for the benefit of patients. The document describes a landscape where community pharmacy plays a greater role integrated within primary care.

There are many ways in which community pharmacists and pharmacy technicians can support GPs and play a greater role as extended members of the practice team. NHS England is actively supporting the development of the role of clinical practice pharmacists with its 'clinical pharmacists in general practice' pilot roll-out (summarised in Table 1), which allocates a pharmacist per 30,000 of the population.² Following an initial £31m investment, a further £112m has been committed to extend this initiative to enable every practice in England to access



Table 1: NHS England's Clinical Pharmacists in General Practice pilot

- National scheme for England; commenced spring 2016
- £31m funding allocated to nearly 700 GP practices (of around 8,000 in England)
- 400 clinical pharmacists involved – community, hospital and general practice backgrounds
- 36-month placements co-funded between NHS England, Health Education England, Royal College of General Practitioners, British Medical Association's GP Committee, Royal Pharmaceutical Society and the employing general practices:
40% from general practice for the first 12 months
60% from general practice for the second 12 months
80% from general practice for the third 12 months
- Role of pharmacist to work as part of the general practice team, resolving day-to-day medicines issues, consulting and treating patients directly
- Includes management of patients with long-term conditions, advising those on multiple medications and delivering a range of health checks
- Post-pilot in 2019, if proven to be of benefit to patients and practices, it is anticipated that practices or groups of practices will fully fund and continue the employment of pharmacists

a pharmacist. Further details about the scheme and the start date for its extension are awaited.^{3,4}

NHS England's 'Pharmacy call to action'⁵ acknowledged community pharmacy as a "key, frontline health service that can and does provide healthcare and advice as an effective alternative to many over-subscribed primary care services in their communities, particularly those of local GP practices". The 2015 NICE guidelines on medicines optimisation (NG5)⁶ add further impetus to pharmacists and technicians in supporting patient care.

Pharmacists taking up these calls to action may also be able to mitigate to some degree the problems that exist in general practice, such as the shortage of doctors, work overload and long hours.

Current 'real life' examples of joint working

This CPD module draws on the learning and feedback from current joint working initiatives taking place in England. Community

pharmacists, pharmacy technicians and GPs are already collaborating in various programmes, including one in Sheffield that is now being delivered in over 80 general practices. The past 18 months has seen a range of successful partnerships where community pharmacists have been 'backfilled' to enable them to work in their matched surgery for at least one clinical session per week.

The majority of pharmacists have jumped in at the deep end and participated with no existing knowledge or experience of working in general practice. It has taken time for pharmacists to learn how their general practice works, get to know the team and explore how they can utilise their medicines expertise to free up GP time. Encouraging feedback early on in the programme (Table 3, page iv) demonstrates the positive engagement from both GPs and community pharmacists and some of their aspirations for joint working.

Initially, both GPs and pharmacists needed guidance to maximise this opportunity. A menu of activities was proposed, mostly supporting patients behind the scenes such as reconciling repeat prescriptions and dealing with hospital discharges. As confidence on both sides has grown and a level of trust developed, this has evolved into a much more dynamic patient-facing range of interventions (see Table 2 opposite), such as supporting morning triage by dealing

with the medication queries that come through and domiciliary visits carrying out medication reviews.

Completing this CPD module will help you to respond to this evolving landscape and engage in a future direction of travel for the profession.

The learning journey

This module will take you through a learning journey around how you work with GPs. It will prompt you to examine, reflect and analyse how you relate to GPs. A coaching style is deliberately adopted to facilitate this process. The 'right' answers are those that you determine yourself in your action plan at the end. This can be uncomfortable but the challenge is to draw on your own wisdom and the resources already at your disposal.

Current relationships with GPs

How would you describe your current working relationship with local GPs? You may be co-located with a surgery and already collaborating daily. You may serve a wide community and relate to a number of general practice teams.

- Do you have well-established individual relationships with specific GPs?
- Are there tensions and a 'history' that creates barriers to effective joint working?

Whatever your current situation, there is no perfect way of working with general practices.

Reflection exercise 1 Map your contact with your local general practices using the table below

| General practices (List by volume of items dispensed, highest to lowest) | Other pharmacies sharing care of same patients (List) | Volume of queries/requests for help from the practice | Volume of info sent to surgery (e.g. important changes, stock levels, alerts) | Volume of patient referrals for NMS/MUR | Level of trust/collaboration (1 = minimal 5 = significantly high) |
|--|---|---|---|---|---|
| Practice 1 – X miles from pharmacy | | | | | |
| Practice 2 | | | | | |
| Practice 3 | | | | | |
| Practice 4 | | | | | |

Unless specified use a scale to indicate volumes: 1 = minimal; 5 = frequent

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Reflection exercise 2
Establish your baseline – note down your answers to the questions below

| | |
|---|---|
| Question | |
| Who do you relate to? | How many surgeries? Specific clinicians – GPs, nurses? Other practice staff? |
| Knowledge of surgery | Practice ethos Prescribing practices/nuances Specialist interests Staff structure Clinical system used Patient representation group |
| How do you communicate? | Via pharmacy staff – which staff have the most contact and over what? Telephone Going into the surgery Email How often? |
| What actions do you take and who are they for? | Seeking clarity for a pharmacy task Problem solving for a patient Problem solving for a GP/clinician |
| Relationship assessment | How would you describe your relationship with the surgeries/individuals? How do you think they would describe their relationship with you/your pharmacy? |

The ideal is something that works for both parties in their unique settings. Complete Reflection exercise 1 to map out your current situation. Reflection exercises 1 and 2 and the questions that follow are aimed at investigating this further. Giving these questions some thought is already a significant first step in moving towards a closer working relationship with GPs.

Beyond the practicalities you have identified in these reflection activities, perhaps the most crucial considerations are what you know about your GPs, their surgeries and what kind of relationship you have with them. Developing an effective and fruitful working relationship with GPs is one that requires time and investment. This process can be nebulous with no set formula being dictated.

The feedback from various joint working projects nationwide suggests that when the focus is on relationship building and developing trust between the clinicians, the range of professional activities and interventions for patients develop themselves. What is important is the quality of the relationship. You are aiming to create an environment where both

professions learn more about each other – the roles, responsibilities, pressures and approaches for each participant.

Understanding the ‘softer’ side of each other’s clinical practice, including ethos and values, is very important. Practicalities can be ironed out far more easily when there is this understanding and the impetus and will on both sides to make something work.

Look at your answers to Reflection activity 2 and your assessment of the level of trust and collaboration that currently exists between yourselves and the general practices you relate to. Is the degree to which this exists matched by the number of interactions and volume of patients you see or is there a mismatch? Try to identify the reasons for these patterns.

Reflect on your joint working

While it might seem introspective, reflecting on the current state of the working relationships with your GPs is useful if you are to change or improve the *status quo*. Thinking about interactions you have had with GPs in the past few months, can you identify two scenarios that went well and two that went badly?

At the more positive end of the spectrum, you may have an example of supporting a particular patient and liaising personally with his/her GP in order to get better care in place. Alternatively, your success may be as simple as providing your specialist knowledge to answer a pressing GP medication query.

Conversely, you may be frustrated that the patient’s GP didn’t appear to act on suggestions you made following a MUR, for example, or simply that you were so busy that by the time you were able to ring the GP back, you were unable to provide timely help.

Work through the four examples of interactions with your GPs that you thought of previously and then consider the following questions:

- Exactly what happened and what caused it to happen in that way?
- How did you behave, think and feel as it was happening?
- What were the consequences of what happened?
- How has this affected your relationship with the GP(s)?
- What were the main learning points from this experience?

Examine your reflections - SWOT analysis

Using the ‘SWOT’ formula may seem laborious but it can produce useful information – the hardest questions often produce the needed direction of travel and solutions – so it is worth persevering.

Table 2: Examples of pharmacist activities carried out in general practice

- TTO – reconcile discharge medication
- Repeat medication – reconcile
- Repeat medication – re-authorise
- Repeat medication – recommend for repeat dispensing
- Perform a structured medication review and make recommendations to the prescriber
- Perform a medication assessment to identify suitable assistive technology (e.g. MDS)
- Perform a review of inhaled therapy (asthma/COPD review)
- Identify patients requiring monitoring and refer to phlebotomy/appropriate healthcare assistant
- Resolve *ad hoc* medication queries from patients, GPs and practice staff
- Refer patient to regular community pharmacist



You can complete this module online at pharmacymagazine.co.uk and record your learning outcomes and the impact on your practice in your personal learning log



Table 3: Comments from GPs and pharmacists in Sheffield primary care pharmacy programme

GP feedback ...

“Positive – nice to have a personal relationship.”

“Fantastic resource, supports primary care, frees up the GP to do what only a GP can do.”

“[Helpful] for community pharmacists to understand the way practices work in relation to medication processes, hospital communication and prescribing in order to work closer together to make the patient journey smoother.”

“It will be good to have better communication with a local community pharmacist. I hope that the pharmacist will be able to help reduce our workload of reviewing TTOs (‘to take out’ medication) for recently discharged patients. I am unsure how successful it will be in getting the pharmacist to see patients at the surgery for medication reviews. I am concerned that the patients will not fully understand the role of the community pharmacist within the practice.”

Pharmacist feedback ...

“The surgery and I had a good working relationship before but it is even better since working with them. I did wonder what they would expect from me and would I be able to deliver. The feedback so far is that they value my input and work to date.”

“I am hoping to be able to provide a better service for my customers and to improve their experience of healthcare by making it more ‘joined up’ and being able to resolve issues more easily.”

“[Helped me] to understand more about how the surgery works and establish a better relationship with the surgery, offer more clinical help to patients (the majority of whom are our customers), to gain more clinical knowledge and apply it, [and also] to improve/change my career.”

“[My experience is] mostly good and the GPs mainly give me problems to sort out. The reception staff are very helpful, which is just as well as there has been next to no induction programme so the staff have explained how to use the system. There is one GP who seems to resist the solutions and ideas I come up with and likes to keep things ticking over the same as always – I’m working on that!”

Consider the strengths you demonstrated and do not underestimate your value, both personally and professionally. Ensure that you can name at least three strengths. You will inevitably identify things you could have done differently or better – possibly knowledge or skills you were lacking.

Sometimes that awareness is enough in order to act differently another time. You may need to increase your knowledge or learn new skills; equally you may be able to draw on those of colleagues and team members who complement what you offer.

What were the opportunities that presented themselves in these four scenarios?

- Did you grab them or were you reluctant to embrace them?
- What do you have to hand to enable you to change and develop your working relationship with GPs?

Working through this module alone suggests an openness and desire to make these relationships meaningful. That can be the greatest resource available to you.

- What personal attributes and practical factors will support you?

What the NHS England General Practice Forward View says...

The success of general practice in the future will rely on the expansion of the wider non-medical workforce – including investment in nurses, pharmacists, practice managers, administrative staff and the introduction of new roles such as physician associates and medical assistants. Our ambition is to use some of the extra investment going into general practice to support the employment of a minimum of 5,000 extra staff. To achieve this at a national level, NHS England and Health Education England, over the next five years, will:

- Extend the clinical pharmacist programme with a new £112 million offer to enable every practice to access a clinical pharmacist across a minimum population on average of 30,000, leading to an extra 1,500 pharmacists in general practice. Appetite for the original pilot scheme was high. We will need to learn more from the evaluation but early indications suggest clinical pharmacists may have a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long-term conditions management. We will roll this out further across the country over the next five years, so that every practice can benefit. We will also open up the clinical pharmacist training programme to practices that have directly funded a clinical pharmacist.
- Introduce a Pharmacy Integration Fund, worth £20m in 2016/17 and rising by a further £20m each year, to help further transform how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. Subject to a separate consultation, our proposals include better support for GP practices, care homes and urgent care for use of the fund.

Reflection exercise 3: SWOT analysis

a. What topics arise, for example:

- Communication skills
- Relationships
- Experience that you bring
- Knowledge of patients
- Medicines expertise/specialist skills
- Staff team/colleagues
- Employer support/demands
- Shared goals
- Workload
- GP requests pushing legal/safety boundaries

b. Is there anything particular that you notice?

c. Do specific themes occur?

d. What resources do you have available to you?

- Are these still available to you?
- What were the biggest challenges?
- What derailed you and did this relate to you, the GPs or the pharmacy setting you work in?
- Can you identify solutions or ways of removing these barriers?
- Who might help you in solving these problems?

You may also find it helpful to consider the questions in Reflection exercise 3.

If you are really stuck with a certain area of this analysis, it can be helpful to repeat the question “Why?” a number of times in a row. For example: “The GP never returns my call when I have a query” – Why? – “I don’t know why” – Why don’t you know? – “I’ve never asked anyone at the practice” – Why haven’t you? – “Because I don’t know who to ask”... and so on.

Next steps: make an action plan

Try taking a step back, look at the bigger picture and ask how you would like things to be in one year’s time. Draw a diagram to visualise this. What would be different? How would it feel? What would be happening for your patients?

Many GPs are not yet aware of the full potential that pharmacists and technicians may bring them and their patients. In addition to their medicines expertise, community pharmacists are uniquely positioned in that they have knowledge of many of the same patients as their GP colleagues. This gives a useful starting point in considering how to build a closer working relationship with local GP surgeries.

 **Table 4: Writing your action plan**

| Development need and outcome sought | Action | Resources needed | Timescale |
|---|---|---|------------------------|
| E.g. Establish best lines of communication with local surgery in order to be more effective in co-working | Identify and contact the practice manager to discuss and suggest attending a practice meeting | Time to make contact (and cover to attend practice meeting) | Within next two months |
| [Write bullet points here...] | | | |

Consider what you know about your patients and, with their consent, how you might share that knowledge with their GPs.

For example, are there patients who consistently do not collect their repeat medications and the GP is continuing to prescribe and even add new medications, unaware the patient is not taking them all? Is there a patient who is struggling with his/her medicines-taking regimen due to life circumstances their GP is unaware of? A suggestion to the GP about a change to the regimen could be a simple intervention. What might give you the route into that GP practice?

Look back at your SWOT analysis. What actually interests you the most? The topic that first comes to mind suggests something you are engaged with and is likely to generate the most energy and enthusiasm.

Once you have identified what you are most interested in and have a vision for what things will be like a year from now, what can you commit to doing that will get you to that place?

 **Reflection exercise 4**
Focusing your ideas for proposed actions

- From the examples of pharmacist activities (Table 3), which would you feel most comfortable doing?
- If you were to work more closely with one of the surgeries you listed earlier, what one thing could you do that your patients would benefit the most from?
- What do you want to develop? (e.g. a new personal or clinical skill; building greater knowledge about your local surgery)
- What do you know about your local community and patient cohort – are there specific groups you might focus on (e.g. older people; an immigrant community)?
- Are there specific health needs or issues in your pharmacy/GP location? (e.g. high incidence of heart disease)

Reflection exercise 4 may help you to narrow your initial focus so that you can get started.

A first step might be sense checking your perceptions of the local situation with those of colleagues at the general practice. You will have different perspectives of the same circumstances that may or may not complement each other. Inevitably, both parties will have varying priorities and pressures that also determine their focus. It will be useful to work towards a shared understanding of these similarities and differences as you develop your relationship.

You should have enough information now to put together a set of actions. You have already identified the areas you wish to focus on but what outcomes are you looking for? Use Table 4 as a basis to plan your actions. Setting a realistic time frame is useful in maintaining momentum. Actions you decide on can be broken down further to make them more achievable and less daunting. Think about the various steps you could take to make it happen. Where possible, discuss the plan with a colleague, mentor or line manager.

In conclusion, the proactive partners in developing closer joint working with GPs must be community pharmacists themselves. Opportunities for closer working are in

abundance, leading to greater professional satisfaction and an enhanced role in improving patient care as part of the wider primary care team. An action plan should help you progress towards these goals.

- *The author wishes to thank Dr Peter Magirr, pharmacy adviser, NHS Sheffield CCG, for his contribution to this module*

 **Further reading**

- Jankovic, S. All you need to know about GP practice pharmacists. *Pharmaceutical Journal* 2016, Vol 296, No 7889: pharmaceutical-journal.com/careers/career-feature/all-you-need-to-know-about-gp-practice-pharmacists/20201042.article
- Lewisham CCG Medicine Optimisation Educational Training Project (MOET), Walk In My Shoes: nhs.uk/media/2681044/case_study_lewishamccg_medoptimised_final.pdf
- newarkandsherwood.nhs.uk/file_download/1643/gppt.pdf (Integration of community pharmacist independent prescribers in general practice and community pharmacy settings) newarkandsherwood.nhs.uk/file_download/1643/gppt.pdf
- NHS England Quick Guide: Extending the role of community pharmacy in urgent care (November 2015): england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf

 **Resources**

- CPPE – GP pharmacist training pathway: cppe.ac.uk/career/gp-pharmacist-training-pathway
- Primary Care Pharmacists Association – A guide for GPs considering employing a practice pharmacist: pcpa.org.uk/assets/documents/gp_guide.pdf
- Royal Pharmaceutical Society, 2015 – Medicines optimisation: helping patients to make the most of medicines. Good practice guidance for healthcare professionals in England: rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf

 **References**

1. NHS England – General Practice Forward View: england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf
2. Clinical Pharmacists in General Practice pilot scheme: england.nhs.uk/commissioning/primary-care-comm-gp-workforce/cp-gp-pilot
3. Royal Pharmaceutical Society update – 24 April 2016: rpharms.com/what-s-happening/news_show.asp?id=3982
4. British Medical Association – 1 June 2016: bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/workforce-10-point-plan/clinical-pharmacy-pilot
5. Pharmacy Call to Action: england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta
6. NICE guidelines (NG5), 2015 – Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes: nice.org.uk/guidance/ng5



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Picture on first page of module signifies a pharmacist working in a GP practice

WORKING WITH GPs

assessment questions

- Which statement is **CORRECT** regarding the NHS England pilot of pharmacists working in general practice?
 - Roughly 1 per cent of GP practices are involved
 - Community pharmacists are not eligible to apply for a pilot practice pharmacist post
 - The pilot will be end in 2017
 - Practices must pay a rising proportion of the pharmacist's salary
- Find the **TRUE** statement about the community pharmacy/GP joint working project currently running in Sheffield:
 - The pharmacists see patients referred by the GPs when they are in their pharmacy but not while in the surgery
 - The community pharmacists work for one clinical session per month in a local general practice
 - Every pharmacy in Sheffield that wished to participate has been funded for sessions in a GP practice
 - Pharmacists visit patients in care homes to carry out medication reviews with the patient's GP
- Which statement about pharmacists working in general practices is **FALSE**?
 - A Disclosure and Barring Service check is needed
 - There is no need to complete a course on GP clinical records systems
 - Completion of a consultation skills course is not needed
 - No previous experience in a GP practice is necessary
- Which qualification is essential for working in general practice?
 - Clinical diploma
 - Postgraduate certificate in GP practice pharmacy
 - Prescribing qualification
 - An undergraduate pharmacy degree
- Which of these activities has **NOT** been carried out by community pharmacists in the Sheffield scheme?
 - Reconciling repeat prescriptions
 - Prescribing for practice patients
 - Arranging for patient to see their regular pharmacist for a MUR
 - Conducting a review of asthma/COPD therapy
- Which of the following is most important for enabling closer working with GPs?
 - Developing a relationship
 - Doing more for the GP
 - Time to leave the pharmacy
 - A helpful pharmacy team
- According to the General Practice Forward View, every practice should have access to a clinical pharmacist for how many patients?
 - 10,000
 - 20,000
 - 30,000
 - 40,000
- In the Clinical Pharmacists in General Practice pilot, the practice pays what per cent in the third 12 months?
 - 20 per cent
 - 40 per cent
 - 60 per cent
 - 80 per cent

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Activity completed. (Describe what you did to increase your learning. Be specific)
(ACT)

Date: _____ Time taken to complete activity: _____

What did I learn that was new in terms of developing my skills, knowledge and behaviours? Have my learning objectives been met?*

How have I put this into practice? (Give an example of how you applied your learning). Why did it benefit my practice? (How did your learning affect outcomes?)

Do I need to learn anything else in this area? (List your learning action points. How do you intend to meet these action points?)

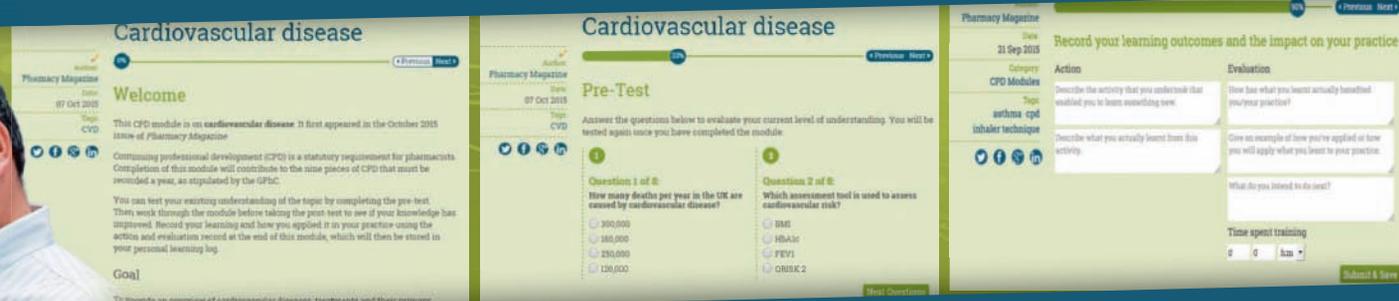
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* If as a result of completing your evaluation you have identified another new learning objective, start a new cycle. This will enable you to start at Reflect and then go on to Plan, Act and Evaluate. This form can be photocopied to avoid having to cut this page out of the module. You can also complete the module at www.pharmacymagazine.co.uk and record on your personal learning log

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