



CLINICAL PHARMACISTS IN GENERAL PRACTICE



**A brief guide to getting started
for practice teams**



Who should read this?

This guide is for general practice teams and clinical pharmacists taking part in the NHS England clinical pharmacists in general practice programme. It provides an introduction to the clinical pharmacist role and practical advice on how to make the changes necessary to integrate a clinical pharmacist successfully in a practice team.

It includes information about how and what to prepare, what to expect, what needs doing once the pharmacist is in post, what to look out for, and how both parties can get the most from the role. All these insights have been gleaned from the experience of pharmacists and practices in the first phase of the programme.

You can find more information about the topics covered here on the Clinical Pharmacists in General Practice Team Development Support pages of www.networks.nhs.uk

What is a clinical pharmacist?

Clinical pharmacists bring a range of new skills to general practice. As specialists in medicines they can support GPs and other members of the practice team. Typically the clinical pharmacist will be able to see patients and often but not always they will be able to prescribe medicines too.

The role is one of several new clinical roles designed to reduce workload, alleviate workforce shortages and add value to the life of the practice and the lives of patients.

What they can do

There is no definitive job description for clinical pharmacists, although a broad description is available from NHS England and job descriptions have been developed by many of the practices taking part in the first phase of the programme.

So while the role varies according to the experience and qualifications of individual pharmacists and the needs of the practices that employ them, they typically include some or all of the activities shown opposite.

**Repeat
prescriptions**

**Prescription
queries**

**Medication
queries**

**Medication
reviews**

**Specialist clinics
including**
diabetes, respiratory
conditions,
hypertension (stroke)
and asthma

**Signposting
to other
specialists or
services**

**Medicines
optimisation
audits**

**Long-term
conditions
and minor
ailments**

**Telephone
consultations**

**Nursing home
visits**

**Hospital
discharge
reviews**

**Screening and
patient education**

Education of patients and the practice team is key



Joy Smith

Mohammed Jivraj has had a significant positive impact since taking up the post of clinical pharmacist at the Spa Medical Practice in South Worcestershire just over a year ago.

Business manager Joy Smith says realising the full potential of the role has required education of patients and the practice team.

“We have worked to build staff confidence in going to Mohammed for advice rather than asking a doctor. We’ve pushed that along by providing him with a clinical room in the nursing area so, for example, a nurse doing a respiratory review can use him as a sounding board.

“We had a comprehensive induction plan which saw Mohammed attending doctors’ meetings, nurse meetings and the admin team meeting so everyone understood his role and he understands how the practice works.

“We’ve also asked all staff to use the term clinical pharmacist when talking to patients. People hearing the word ‘pharmacist’ tend to think of someone behind the counter just dispensing pills. They don’t realise that many pharmacists can review conditions and prescribe medications.”

“We had a comprehensive induction plan which saw Mohammed attending doctors’ meetings, nurse meetings and the admin team meeting”

The difference they can make

Practices with a clinical pharmacist have enjoyed the following benefits. They may not all happen – and don't expect them to happen all at once – but the improvements can be dramatic.

- **Save clinical time** – free GPs to focus their skills where they are most needed
- **Reduce workload** – provide more clinical capacity, support improvements to the way the practice works
- **Improve access** – enable the practice to see more patients
- **Save practice money** – reduce unnecessary spending on medicines
- **Save the local NHS money** – reduce referrals and unplanned admissions
- **Increase practice income** – eg ensure the practice meets QOF requirements
- **Bring new clinical skills to the team** – expert knowledge of medicines
- **Increase patient safety and reduce risk** – monitor prescribing and compliance
- **Educate team** – to make the most of practice and community resources
- **Educate patients** – safe and correct use of medicines, self-care and keeping well
- **Improve health outcomes** – prevent patients being admitted to hospital
- **Patient experience** – patients can see a clinician sooner and for longer

Adaptability is the key for pharmacist at Wiltshire surgery

Shadia Jenner has seen the scope of her role at Barcroft Medical Centre in Wiltshire widen rapidly in the two years since she joined as clinical pharmacist. After starting with prescription requests she went on to put protocols and systems in place to help the reception team to decide what can come to her and what should go to a GP.

She is now training a prescription clerk who devotes two hours a day to prescriptions. She makes changes to medication set out in hospital discharge letters and carries out 12 telephone and three face to face consultations each day. Following a safety audit, she runs safety searches on the practice IT system and contacts patients on certain medications for blood tests at regular intervals.

“To be successful in this role you have to be willing to adapt to the needs of the practice because each practice needs something different”

The practical stuff

Whether or not a pharmacist is successfully integrated with the practice team and is happy in their role often depends on getting some basic things right. Even if your pharmacist is not a full time member of the team – some work across several locations – familiarity with your environment, a basic understanding of who does what and how things work in the practice and availability of the tools they need to do their job are all essential.

Think about all of the following.

- A clear role description
- Clear reporting lines and clinical supervision
- Arrangements for feedback and performance reviews
- Understanding of training and development commitments
- The basics – a room, a chair and a desk
- IT and other equipment
- Access to all the IT systems they will need – and training on their use
- An induction process:
 - Meeting the whole practice team
 - An introduction to primary care
 - All the relevant HR and clinical policies

Making a real difference to practice workload

Four Midlands practices have seen significant savings in GP time. The practices, all part of the IntraHealth primary care group, have also reported high levels of patient satisfaction and improvements to safety. Local medical director for IntraHealth, Dr Kamran Ahmed, is in no doubt about the value the pharmacists have brought to the practices

“The clinical pharmacists have been a revelation. It has completely changed the way I view my working week and has freed up more of my time so I can focus on complex patients, practice management and more importantly family time.

“I was struggling under the increasing burden of work in general practice and taking work home with me on evening and weekends. Thankfully that does not happen anymore,” he says.

Dr Ahmed’s enthusiasm is underlined by the figures. A cost benefit analysis showed that over a three-month period there was a net saving across the four practices of £46,800 made by using pharmacists to do work that would otherwise have fallen to GPs.

In the same period, over 100 hours GP time of direct patient contact was saved by clinical pharmacists seeing patients for medication reviews, minor illness appointments as well as for the management of long-term conditions.

The pharmacists were also able to save GPs almost 800 hours in administrative tasks such as repeat prescription authorisation, processing discharge letters and dealing with queries from reception staff and local community pharmacists.

Getting started – basic preparation

Shadowing GPs, nurses, healthcare assistants	<ul style="list-style-type: none"> - Learn style and culture - Get to know colleagues and patients
Reception team	<ul style="list-style-type: none"> - Sit with them to observe processes - Get to know the practice and the community - Get to know each other - Find out how appointments are booked and managed and how triage works - Reception get to know what clinical pharmacist can and can't do - Identify where to offer help, eg pick up telephone enquiries - Learn how to work in a general practice team
Introduction to CCG link pharmacist	<ul style="list-style-type: none"> - Ideally arrange a meeting
Introduce to community team	<ul style="list-style-type: none"> - Go out with matron and district nurses on visits
Attend multi-disciplinary team meetings	<ul style="list-style-type: none"> - Contribute to meetings and network with other professionals
Learn practice systems and IT	<ul style="list-style-type: none"> - Clinical systems (System 1, EMIS, etc), appointments system – log-in procedures, training, coding – will require an introduction and may require some formal training
Supervision	<ul style="list-style-type: none"> - Agree process, debriefs with clinical lead
Integration with practice team	<ul style="list-style-type: none"> - Go to weekly clinicians' meetings and other team meetings
Induction to the building including health and safety procedures	<ul style="list-style-type: none"> - Access to all the relevant policies and procedures
Agree structure to the week	<ul style="list-style-type: none"> - Look at clinics, walk-ins, other commitments (for example if the clinical pharmacist also works in another practice)
Check insurance situation	<ul style="list-style-type: none"> - Will change as clinical competence develops
Plan to promote clinical pharmacist to patients	<ul style="list-style-type: none"> - Leaflets, screens in reception, meet the patient participation group (PPG), newsletter, website
Make contact with community pharmacists	<ul style="list-style-type: none"> - Develop relationships to improve communication
Agree what clinical pharmacist can do without referring to a GP	<ul style="list-style-type: none"> - This should be discussed by GP partners and the pharmacist
Become familiar with practice protocols and crib sheets eg for diabetes, hypertension, thyroid	<ul style="list-style-type: none"> - Work with nurse team, explain how the practice likes things done, encourage questions

Variety makes all the difference



John Higgins

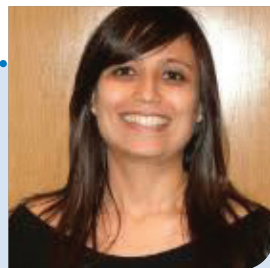
John Higgins began work as senior clinical pharmacist at the Norwich Practices Health Centre in Norwich in March 2016. Higgins, who became an independent prescriber around five years ago, has had a varied career in community pharmacy and as head of pharmacy for Norfolk prisons. He feels his latest role will be for the long-term.

“It’s a very interesting and varied role that gives you plenty of contact with patients and means you can make a difference to the care of people with long term conditions in particular”

Just remember

- Each clinical pharmacist arrives with very different background and experience
- Some may require additional training, for example in physical examination skills, communication and “softer” skills such as dealing with difficult people
- Before they can do face to face consultations, clinics, minor ailment services they need to achieve an appropriate level of understanding and experience of some core tasks
- Expectations need to be aligned: the practice team and the pharmacist both need to agree what the new role will achieve for the practice and how it might change existing ways of working
- The role of the pharmacist and any changes to procedures and processes that result will need communicating to all staff so that everyone understands what the pharmacist can and can’t do
- Patients also need to understand the role of the pharmacist and why they might see a pharmacist rather than a GP or nurse
- Change can meet with resistance but you can ease the process with clear and consistent communications. Persevere – you may need to tell people more than once

Getting back in touch with patients



Yaksheeta Dave

While working as a CCG pharmacist brought its own rewards, Yaksheeta Dave realised she missed the direct contact with patients she previously had as a community and hospital pharmacist. That has changed since her move to Hillview Surgery, Greenford.

“After several years as a CCG pharmacist I realised that although I was overseeing 26 GP practices for the CCG, I had almost no direct patient contact. I took the step of giving up my job at the CCG and undertook the independent prescribing course – and it’s certainly a decision that I haven’t regretted.”

Senior practice nurse and clinical manager Kate Steeghs says: “From a nursing point of view and as clinical manager it is great to work together with Yaksheeta to improve patient care. It’s a bonus for the nursing team to have someone to discuss medication with and quite often we each have a learning experience together.

“Yaksheeta feeds back from her study days and she often informs us about changes in guidelines. We’ve done a lot of work together on implementing changes to the management of patient care in line with national guidance. She will also slot patients in to see one of our healthcare assistants for things like blood pressure checks or to have their weight taken.”

Explaining the role to staff

- Make sure the clinical pharmacist is at meetings, speaks at meetings, introduces themselves and explains how they work and the potential benefits
- Make a case for the role – time, money, patient safety – not once but regularly
- Listen to others and how it feels
- Upskill the reception team to know how to use the role and to promote it appropriately to patients
- Keep talking to the team about the role, the person and the vision
- Get patient feedback and share it

Explaining the role to patients

- Ensure that everyone in the practice talks to patients about the new role
- Use leaflets, screen, website, social media, laminates to reinforce the message
- Spread the word – use allies
- Engage with the PPG
- Communicate and repeat the messages



Megan Blythe

The importance of realistic expectations

Megan Blythe, senior clinical pharmacist with Sunderland GP Alliance and one of those working in a practice as part of the pilot, says that the federation's overarching role could provide a model for others to follow

"We were shaping the practices' view on what pharmacists could do while helping the pharmacists understand that the long-term goal is employment by the practice.

"For example, the team came back with idealistic ideas around running clinics. Practices do not want to pay pharmacists to do blood pressure checks that health care assistants could be doing.

"They needed some understanding of the financial aspects and the return on investment for the practices as they start to fund more and more of the cost."

"We were shaping the practices' view on what pharmacists could do while helping the pharmacists understand that the long-term goal is employment by the practice"

What to expect

The practice

- Change can be slow
- The clinical pharmacist may be unfamiliar with general practice
- He or she may need time to fulfil their training commitments
- They may be splitting their time with other practices with a different style and culture
- Some members of staff may be cynical or just not “get it”
- Even if it’s part-time, this new role requires care, practical support and promotion

The clinical pharmacist

- If you are working in more than one practice you may experience different ways of doing things and will need to adapt
- General practice is very different to community or hospital based pharmacy
- Don’t take it for granted that the practice fully understands your role – be ready to explain
- The practice may be unaware that some of your time will be taken up with training
- The expectations of the practice may not be realistic – you must be prepared to discuss what can and can’t be done
- General practice is at full capacity in some areas so you may need to ask for the support you need – don’t be afraid to ask

What can go wrong

(and how to avoid it)

Firefighting

Practices with a high volume of work may see the pharmacist's role purely in terms of solving immediate problems – clearing a backlog of discharge letters, answering prescription queries and so on.

This creates a risk that other potential contributions of the role to the practice are overlooked or that the development of the role and job satisfaction are limited.

The clinical pharmacist and the practice need to agree a sensible balance of the potentially competing demands on the role, bearing in mind that the clinical pharmacist should be working towards a patient facing role.

Wherever possible this needs to be explicitly agreed with the understanding on both sides that working arrangements may need to be reviewed from time to time.

Expectations

Misaligned expectations can have a variety of unwelcome consequences, including a negative impact on the job satisfaction of the clinical pharmacist or feelings of disappointment on the part of the practice.

The pharmacist must be able to say when what they are required to do could compromise patient safety – if, for example, they are expected to deal with a higher volume of discharge letters than can safely be processed in the time available.

Sharing a pharmacist

The risk of problems may increase where a pharmacist is working across two or more practices. These may be caused by different ways of working and by unrealistic expectations or demands. Practices sharing a pharmacist need to work together.

Isolation

The clinical pharmacist may feel quite isolated. Ensure they are linked in to their peers in other practices and are as involved as possible in the practice team. Make allowance for the unfamiliarity of the working environment.

While most clinical pharmacists will make a positive contribution immediately they will need time to acclimatise and reach their full potential - like any new member of staff.



Right programme at the right time

Adapting its skill-mix was very much on the radar of the Abbottswood Medical Centre in Pershore, Worcestershire 18 months ago. The practice saw it as a route to improve access and relieve pressure on GPs. Against that background, says practice manager Helen Perry, NHS England's clinical pharmacists in general practice initiative "seemed to be the right programme at the right time". Perry says the pharmacist they recruited through the programme is a confident and personable professional whose work has improved patient care and reduced the burden on GPs. Perry and the six GP partners and one salaried GP value the input the pharmacist is making.

"She is making a difference and we can see the potential for expanding the role: she is a very committed professional who is suggesting things she could be doing. She comes to GPs with ideas and her work is having an impact. Previously we only had the clinical commissioning group providing a pharmacist to come in and do a specific piece of work.

**"Appointment pressure
has fallen and patients are
being seen appropriately
and more quickly"**

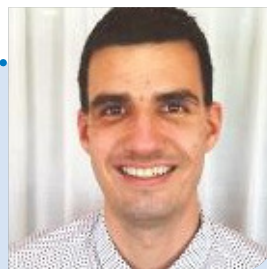
Top tips for the clinical pharmacist

- Be resilient (easy to say, but ask for training if you find it hard)
- Be curious
- Read patients' notes before you see or speak to them
- Gather local knowledge
- Go to practice meetings and participate
- Go for some easy wins and let people know about them
- Make friends (for instance, with reception)
- Build relationships with community pharmacists
- Think about how you will know if it's working
- Think about how you will measure the change
- Gather feedback from patients and from GPs and other members of the practice team
- Record activity and time

Good places to start making a difference

- Look at reducing prescription queries that previously required GP time
- Focus on hospital discharges prior to GP intervention
- Focus on polypharmacy patient and reception queries prior to GP intervention
- Sort out repeat prescriptions and train the practice team
- Visit care homes – either with or in place of a GP or nurse
- Work with frail and elderly

It's not just about prescriptions



Ziad Suleiman

As he marks his first anniversary as full-time clinical pharmacist at the Churchdown Surgery in Gloucestershire, Ziad Suleiman is confident that the role has a big future.

He says: "In some parts of the country it is taking some time [for patients to book appointments] but word is spreading. It is essential for GPs. The pharmacist can have an impact on almost every aspect of the practice. It's not just about prescription queries – it's seeing patients, running clinics and training colleagues.

"Last June we had 62 asthma patients using 12 or more salbutamol inhalers a year – which puts them in the high-risk category. I did some work with the nurses and that figure had fallen to 23 by March"





About PCC

PCC is commissioned by NHS England to deliver organisational development and has facilitators working with the site leads to support all participating practices.

PCC is providing sustainable support using a coaching approach to work with the site leads and key members of practice teams. The aim is to make the practice team more confident and better able to manage change. This is both to integrate the role of the clinical pharmacist now and to develop the skills to help manage workforce and other changes in future.

You can find out more about PCC at www.pcc-cic.org.uk/about or by sending an email to enquiries@pcc-cic.org.uk.

Further information including case studies, guidance and resources developed by practices and clinical pharmacists already taking part in the programme can be found in the Clinical Pharmacists in General Practice Team Development Support pages of www.networks.nhs.uk

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