Improving Processes Between General Practice and Community Pharmacies

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Aims

➢   Gain an insight into the internal structure and roles in within a GP surgery.

➢ Examine how services provided in community pharmacy may be integrated into patient care.

➢ Identify areas where processes and communication may be improved.

➢ Put forward possible and *realistic* interventions that may enhance patient care.

Placement Tasks

➢ Introduction to the administration staff

➢ Practice Nurses – Chronic Disease Patients

➢ Registrar - Shadowing

➢ GP - Shadowing

➢ Clinical Medication Review Pharmacist

➢ Attending CPD meetings – PLS Conference

Key overlapping processes
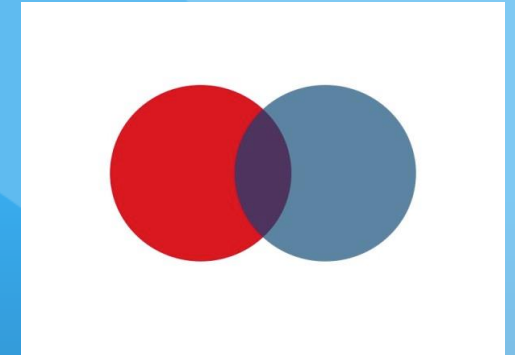
➢ Repeat requests

➢ Blister pack patients

➢ Initiating New Medications

➢ Electronic Prescription Service (EPS)

Repeat Requests

➤ EPS – Improved significantly within GP surgery.

➤ Step further → Direct Pharmacy uploads possible in the future.

➤ Electronic upload from pharmacies.

➤ Requests timeframe – AM/PM.

➤ Priority Patients – Staff consult pharmacist → different levels of requests (e.g. CDs)

➤ Duty Doctor - Reviewing priorities hourly..?

➤ Pharmacy provide delivery cut off times.

Blister Pack
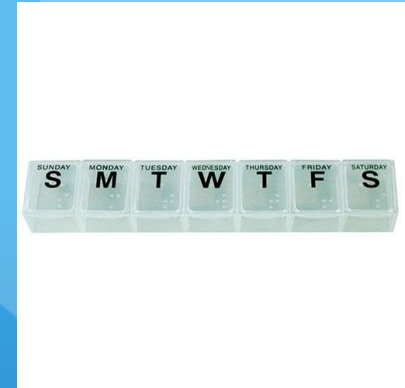
➢ Most labour intensive area of dispensing

➢ Requires organisation and communication.

➢ Highly vulnerable patients requiring special care.

➢ Weekly update from the pharmacy on the process.

➢ Highlight any late Rx issues or patients who are requiring particular attention and additional support.

➢ GP surgery may have suggestions on how these could have been avoided.

➢ Solutions for some patients → *Docessete* boxes.

New Medication Initiation

➢ New Medicines Service

➢ Potentially take huge workload off GP.

➢ Highlighted on Rx → This is a new medicine.

➢ Indicates to the patient trust and communication between GP and pharmacy.

➢ Ensuring pharmacy is first point of contact for any questions and reassures the patient they will be contacted.

EPS – Electronic Prescription Service

➢ Main point is clear communication from and between pharmacy and GP – less jargon (spine).

➢ Advantages and limitations (Acute Abx/CDs) from both points of view.

➢ Issues e.g. repeat slips on acute Rx/staggered Rx explained to a practice manager.

➢ Returning a prescription to a doctor – how this is processed and made clear.

➢ Best use of the online prescription tracker

➢ Pharmacy providing list of OOT medication reduces problem significantly (Eumovate oint).

Conclusion

➢ Improve communication – a small document each month from the pharmacy which the practice manager can review.

➢ Realistic approach to what can be achieved with the resources available and where most difference can be made.

➢ Sharing expertise and knowledge – not just the pharmacist but all members of staff.

Patient benefits from integrated care between the

Pharmacist and Doctor