CEPN Pharmacy Project

Laura Allsobrook

Issues identified

Issue	Improvements
Sending notes to pts – how do they get passed on	Make sure all notes/ info leaflets / advice sheets are passed onto pts
Unnecessarily duplicating requests ∴ extra work	Avoid sending duplicates from the pharmacy within a couple of days
Reordering meds early	Check when last dispensed, state any reason why requesting early
Extra work when meds aren't synced up	Meds management
Receiving EPSs and FP10s on separate days	Note to Dispenser on EPS that another Rx is being processed
"What is NMS?"	Explanation – possibly local pharmacies aren't sending referrals

Role of the pharmacist

- Medicines review
  - Indication (when was it diagnosed, is it still relevant)
  - Dosage appropriate
  - What monitoring is in place, when did it last happen
  - Safeguarding – is everything done as it should be
  - Any side effects
  - Monitor benefit/harm balance – may change over time
  - Is each medicine necessary (ie end of life)
- Medicines reconciliation from discharge letter
  - GPs don't have the time
  - Pharmacist can take more time
  - Deciding whether changes are suitable to continue
  - What has been left off of the discharge summary that needs to be re-authorised
  - Explaining to patient discharge letters & changes
- Discussing bloods / test results with patient
  - Receptionists get many calls about this & cannot interpret test results, only if Dr has written a summary
- Monitoring of drug usage – analgesia/anti-epileptics

Attitudes towards pharmacist role

- More scope for pharmacy these days
- "Takes some pressure off of us" – GP
- Skills mix is important
- Experts in medicines so we should use that
- Complex medicines management role
- Look at side effects/ interactions in more detail that GPs look at only superficially
- Pharmacist has more time to look over 1 patient's notes than GP has, can look solely at their meds
- Brilliant!

GP 5 year forward view

Helping patients get the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent care centres throughout the country. This will partly be achieved by evening and weekend access to GPs or nurses working from community bases equipped to provide a much greater range of tests and treatments; ambulance services empowered to make more decisions, treating patients and making referrals in a more flexible way; and far greater use of pharmacists.

Primary care of the future will build on the traditional strengths of 'expert generalists', proactively targeting services at registered patients with complex ongoing needs such as the frail elderly or those with chronic conditions, and working much more intensively with these patients. Future models will expand the leadership of primary care to include nurses, therapists and other community based professionals. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, new skills and roles, and offering greater convenience for patients.

NHS. (2014). *GP 5 Year Forward View*. Accessed 12th May, 2016, from https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

My experience

- CONSULTATION
  - Ask Qs but pause after answer
  - “I hear what you’re saying is…”
  - ICE! – Idea, Concerns, Expectations
  - Describe how it feels – pain scale
  - Options – some want options, some don’t
  - Take time & attention on the patient
- Relationships
  - Patients
  - Other staff ie receptionists
  - District nurses
  - Local pharmacy