

THE CEPN PHARMACY PROJECT

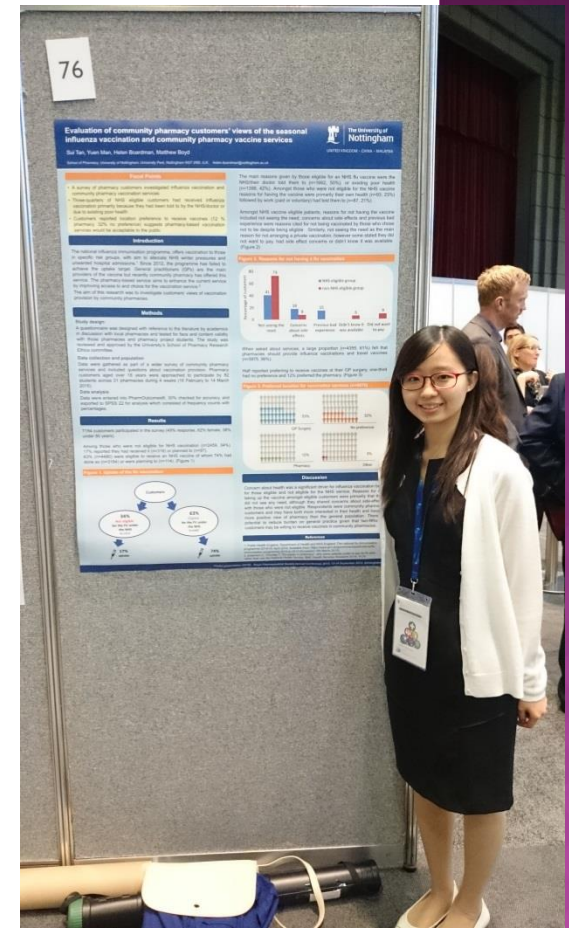
Shirley Yuen
Pre-registration pharmacist

INTRODUCTION

- **CEPN pharmacy project**
 - Corresponding to the clinical pharmacists in general practice pilot
- **Pre-registration pharmacists undergo placement in general practice**
 - Increase the understanding of how general practice operate
 - Strengthen the link between GPs and pharmacists
 - Potentially support the practices to work with patient and wider primary care workforce

INTRODUCTION ABOUT MYSELF

- University of Nottingham
 - Evaluation of community pharmacy customer's views of the seasonal influenza vaccination and community pharmacy vaccine services
- Pre-reg pharmacist
- Health check service
- Smoking cessation service
- New medicine service (NMS)
 - Under pharmacist supervision
- Summary care record training
- First aid trained
 - Ex- St John's Ambulance qualified first aider



THE SURGERY

- Cares for around 7,000 patients
- GP partner contract
 - 4 partners
 - 2 part time doctors
 - 1 locum
 - 1 to 2 GP ST1/2
 - 2 PN
 - 2 practice manager
- PMS → GMS contract

TIMETABLE IN SURGERY

DATE	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
AM	Induction Reception	GP clinic	DNs	Nursing home	Nursing home	Project	Audit presentation	INR clinic
PM	Management	Family Planning	GP clinic	Project	GP clinic Baby checks	Diabetes clinic	BLS	Overview session

PRACTICE PHARMACIST ROLE IN GP SURGERY

1. Preparing practice formulary
 - CCG formulary
2. NICE guidance interpretation and implementation within the practice
3. Clinical switching programmes
4. Patient medication review
5. Repeat prescription review
6. Clinical audits and associated recommendations
7. Clinics for long-term conditions
 - INR clinic, COPD clinic, Diabetes clinic, family planning clinic, health check

NICE GUIDANCE INTERPRETATION AND IMPLEMENTATION WITHIN THE PRACTICE

- Nursing home resident
- Age: 103
- Gender: female
- Allergy status : NKDA
- PH: COPD
- PC: from low-severity to moderate-severity CAP
 - Amoxiciline (Failed, stopped)
 - Clarithromycin (failed)
- Next step?

NICE GUIDANCE INTERPRETATION AND IMPLEMENTATION WITHIN THE PRACTICE

- Next step?
 1. Amoxicillin + Clarithromycin
 2. Doxycycline alone
 3. Co-amoxiclav
- Co-amoxiclav was chosen

PATIENT MEDICATION REVIEW

- Young female
- PMH: Cerazette, Hydroxychloroquine
- PC: weight loss
 - ↓WBC, ↓ESR
- Why?
 - S/E of Hydroxychloroquine
 - No information on BNF
 - SPC: ‘Risk of bone marrow depression is low, but a decrease in white blood cells, and thrombocytopenia have been reported. It should be discontinued if abnormalities develop’

CLINICAL AUDITS AND ASSOCIATED RECOMMENDATIONS

EPS system training

- Health and social care information centre (hscic)
http://systems.hscic.gov.uk/eps/gppractice/help/index_html
- Medmanager (repeated dispensing)
- Review message
- Pharmacist talk about the EPS system

Pharmacy news letter (every three months)

- POM to P switch
- New services in pharmacy (MURs and NMS)
- Support for self-care (OTC)
- NICE newsletters and alerts

Healthcare professionals communication

- NHS email
- Dear prescriber notes from pharmacy
- District nurse have information sharing issue due to using different system with surgery

Prescription authorization for blister pack

- Review the need of the blister pack
- 7 days Rx for patient with unstable condition
- 28 days Rx for patient with stable condition
- Hospital will not use patient blister pack but will use patient own medication

Re-audit after 6 months

- Evaluation of the suggestions

CONCLUSION

- ◉ Precious experience
- ◉ Increase the understanding of how general practice operate
- ◉ Strengthen the link between pharmacy and local surgery
- ◉ Identify some issues from an external perspective
- ◉ Provided some suggestions and potentially improve the quality of the surgery

