

QIA Presentations

1	Dr Luke Kane and Hasiba Stanakzai
2	Selena Yan
3	Dr Dimple Shah and Dimple Varsani
4	Dr Sarah Thurgood
5	Shreena Patel
6	Dr Diana Davenport and Nada Imame
7	Dr Kara Sheehan and Dr Pratiksha Nirmal
8	Dr Charles Wharton and Vivek Patel
9	George Black
10	Mery Ayele

Participant Feedback

Participant Feedback

What was the best part of the placement programme and why?

“Participating at a CCG meeting which the GP had with the CCG pharmacist.... gave me a broader perspective of the work between local commissioning body and primary care.”

Pre-reg pharmacist

“Being able to observe the different members of the GP practice and knowing everyone's role.”

Pre-reg pharmacist

“Understanding the workings of the GP practice”

Pharmacist tutor

Participant Feedback

What was the best part of the placement programme and why?

“Spending time with the local pharmacy and getting a detailed insight into the workings of a community pharmacy, the services they provide and how we can work to improve relations.”

GP Trainee

“Pharmacist trainee gained understanding of prescribing dilemmas in primary care, especially with complex patients”

GP Trainer

Participant Feedback

“This is clearly a fantastic project....My colleague had her previous registrar take part more than a year ago and found it greatly beneficial, helping GPs to understand the processes of community pharmacists and the training process trainee pharmacists go through.”

GP Trainer, HEE NCEL

The Quality Improvement Audit (QIA)

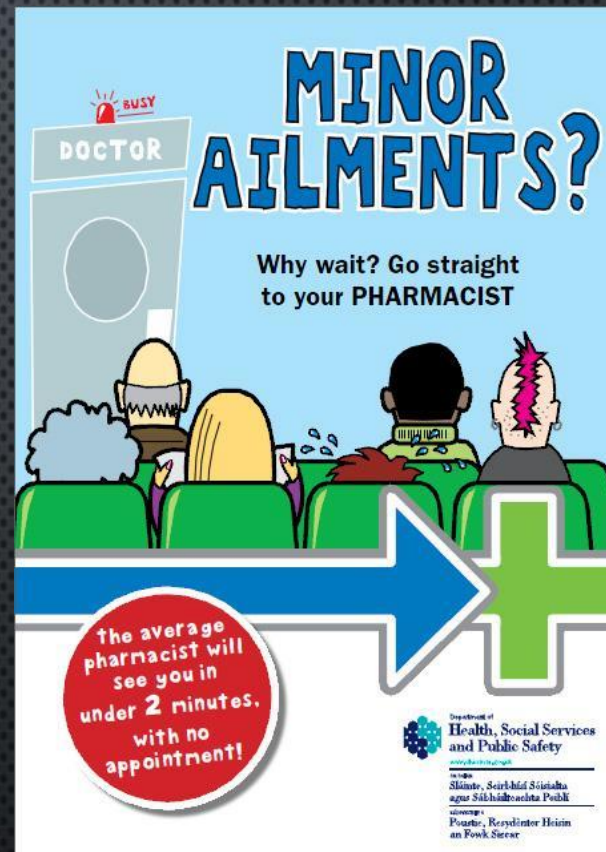
Objective:

*“To develop **inter-professional learning** between CP and GP trainees and instil a culture of inter-professional learning and a **multidisciplinary approach** to practice that **reduces profession based silo working**”*

IMPROVING ACCESS TO THE MINOR AILMENT SCHEME

GP TRAINEE: LUKE KANE

PHARMACY TRAINEE: HASIBA STANAKZAI



THE QIP: IMPROVING ACCESS TO THE MINOR AILMENT SCHEME

- OUR GP SURGERY IS UNDER STRESS
- THE PHARMACY NEXT DOOR WANTS TO SEE MORE PATIENTS ON THE MINOR AILMENT SCHEME
- SIMPLE!
- INCREASE THE NUMBER OF PATIENTS DIVERTED TO THE PHARMACY
- GPs SEE LESS PATIENTS WITH SIMPLE ILLNESSES
- PHARMACY GETS MORE REVENUE
- PATIENTS GET SEEN QUICKER

THE MINOR AILMENT SCHEME

- LEWISHAM CCG
- PROTOCOL BASED SCHEME COVERING COMMON MINOR AILMENTS
- PHARMACY GETS PAID £4.99 PER PATIENT
- STRICT EXCLUSION CRITERIA
- SPECIFIC MEDICATION AVAILABLE UNDER SCHEME
- SPECIFIC COUNSELLING POINTS GIVEN
- THREE OUTCOMES: REFERRED BACK TO GP, GIVEN ADVICE, MEDICATION ISSUED

THE INTERVENTION

- **GP TRAINEE INTERVENTION**
- POSTER DESIGNED & PUT UP BEHIND RECEPTION
- TRAINING AND DISCUSSION WITH ADMIN TEAM
- **PHARMACY TRAINEE INTERVENTION**
- DISCUSSION AND REMINDERS OF SCHEME WHENEVER INTERACTING WITH GP ADMIN TEAM
- INFORMING PEOPLE IN PHARMACY OF SCHEME

Pharmacy Minor Ailments Service

Gastrointestinal System

- Constipation
- Dyspepsia – “heartburn”
- Diarrhoea
- Haemorrhoids, piles

Pain

- Headache

Respiratory System

- Hayfever
- Sore throat
- Coughs & Colds

Musculoskeletal

- Soft tissue injury, bruising, sprains

Skin

- Athlete’s foot
- Cold sores
- Contact Dermatitis
- Headlice
- Bites & stings
- Mouth ulcers
- Nappy rash
- Vaginal thrush
- Minor burns and scalds

ENT

- Conjunctivitis
- Earwax, blocked ear

Paediatrics

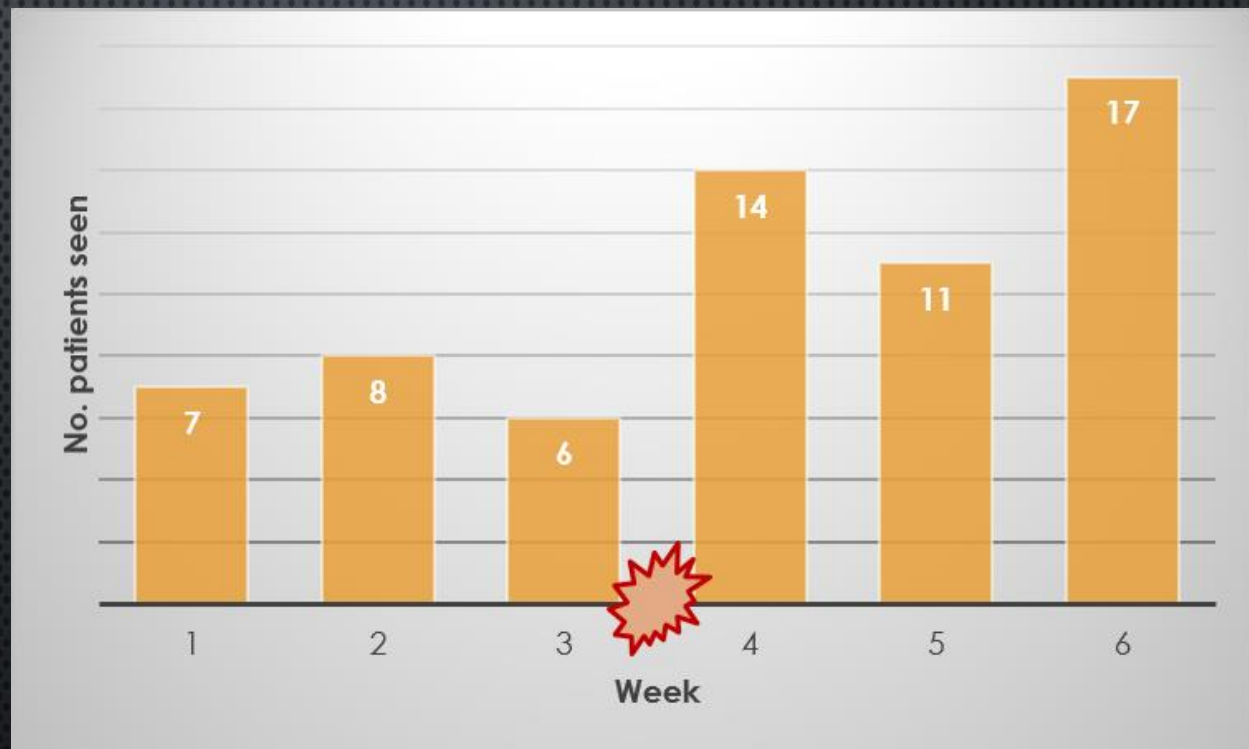
- Teething
- Fever
- Threadworm
- Chickenpox

Pharmacy

Excludes pregnant women
June 2017

RESULTS

- AVERAGE NUMBER OF PATIENTS:
- PRE-INTERVENTION **7**
- AFTER-INTERVENTION **14**



DISCUSSION

- IF THIS CAN BE MAINTAINED ACROSS THE YEAR WITH REGULAR UPDATES AND FEEDBACK,

- CLOSE WORKING BETWEEN THE PHARMACY AND GP TEAM,

- SIMPLE, EASY INTERVENTION:

- 7 EXTRA PATIENTS SEEN BY PHARMACY PER WEEK

- 364 EXTRA PATIENTS PER YEAR

- 10 MINUTES X 364 PATIENTS =

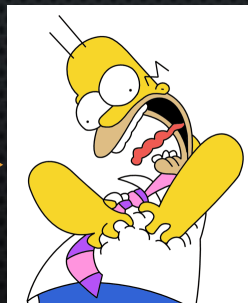
- **61 HOURS OF PATIENT CONTACT TIME
DIVERTED TO THOSE MORE IN NEED**

- 7 EXTRA PATIENTS SEEN BY PHARMACY
PER WEEK

- 364 EXTRA PATIENTS PER YEAR

- £4.99 X 364 PATIENTS =

- **AN EXTRA £1816 PER YEAR**



THANK YOU & QUESTIONS

Quality Improvement Audit project (QIA)

PRESCRIPTION OPTIMISATION OF ORAL
CONTRACEPTIVE AND ANTI-HYPERTENSIVES

SELENA YAN

DR LI CHUN LOW

Introduction

Medicines Optimisation, the Carter Report and the Five Year Forward View

- Make medicines optimisation part of routine practice
- Take every opportunity to identify areas to improve efficiency within the NHS
- “Helping patients get the right care, at the right time, in the right place. Making more appropriate use of primary care, ... and **community pharmacies**, as well as the 379 urgent care centres throughout the country.”

Issues identified at Practice

- Large amount of patients attending GP appointments for simple reviews for **Oral Contraceptive** repeat prescriptions
- Pharmacy repeat orders for these medications regularly rejected as patients are due for a review (e.g. blood pressure check)
- Creates unnecessary administrative work and wastes time; an inefficient system

Proposed Plan

Utilise monitoring services already provided by local pharmacies

- Blood Pressure
- Weight and Height
- Identification of side effects and danger signs for referral

Expand these services to include stable patients on Oral Contraceptives (at 3 months after starting and annually)

- Shift regular monitoring work to pharmacies and refer back to GP if issues arise
- Significantly reduces administrative work
- Tighten the relationship between the surgery and the pharmacy
- Improves efficiency and patient satisfaction

BLOOD PRESSURE CHECKS

Date:

Name:

DOB:

Surgery:

	Right arm	Left arm
Reading 1 – BP		
– pulse		
Reading 2 – BP		
– pulse		
Reading 3 – BP		
– pulse		


Advise:

Pharmacist:

Implementation

Note to pharmacist

Template

FPR95	<p>Prescribed Medication</p> <p>DISPENSING TOKEN</p> <p>InVita D3 25,000units/1ml oral solution (Consilient Health Ltd) 9 ampoule 2 ampoules (50,000 units) weekly for 4 weeks, then one per month Addl Info.: Pharmacy Info: have sent a letter to patient explaining that her vitamin D level is very low on her recent blood test, many thanks, Dr yaxley</p> <p>* *</p>	
DISPENSING TOKEN - Not to be used as a prescription, even if signed by an authorised prescriber.	Date 18/07/2017	

So...

HOW DOES IT IMPROVE OUR PERFORMANCE?

Patient's point of view

- Free
- Non-appointment based
- **Closer to home**, convenient, especially for those who at work/ reduced mobility
- Reduce white coat effect
- **INCREASE ADHERENCE**

Pharmacy's point of view

- Low cost
- Established service
- Simple training
- Reduced rejected item due to 'BP check'
- Reduced workload of chase up
- Increase potential customer
- Increase opportunity of MUR/ NMS

Surgery's point of view

- Effectively use for the appointment slot

- Frees up GP times
 - Patients with more complicated case
 - Emergency slot
 - Double slot

- QOF target

Conclusion

- Win-win situation
 - ↓ workload of both surgery and pharmacy
 - Maximise patient's convenience
- Further expand the clinical role of the service
 - Assessment on risk, ADRs and DDI
- Free up GP's time into more complicated cases

SHARING THE LOAD

DIMPLE SHAH AND DIMPLE VARSANI

**LONDON AND THE SOUTH EAST TRAINEE GP AND
TRAINEE PHARMACIST PAIRING PROJECT, 2017**

AIMS

Share resources

Improve communication

Efficient

Cost-effective

Potentially reduce consultations for medication reviews at the GP surgery

In line with the GP 5 Year Forward View

MEDICATION REVIEWS

GP

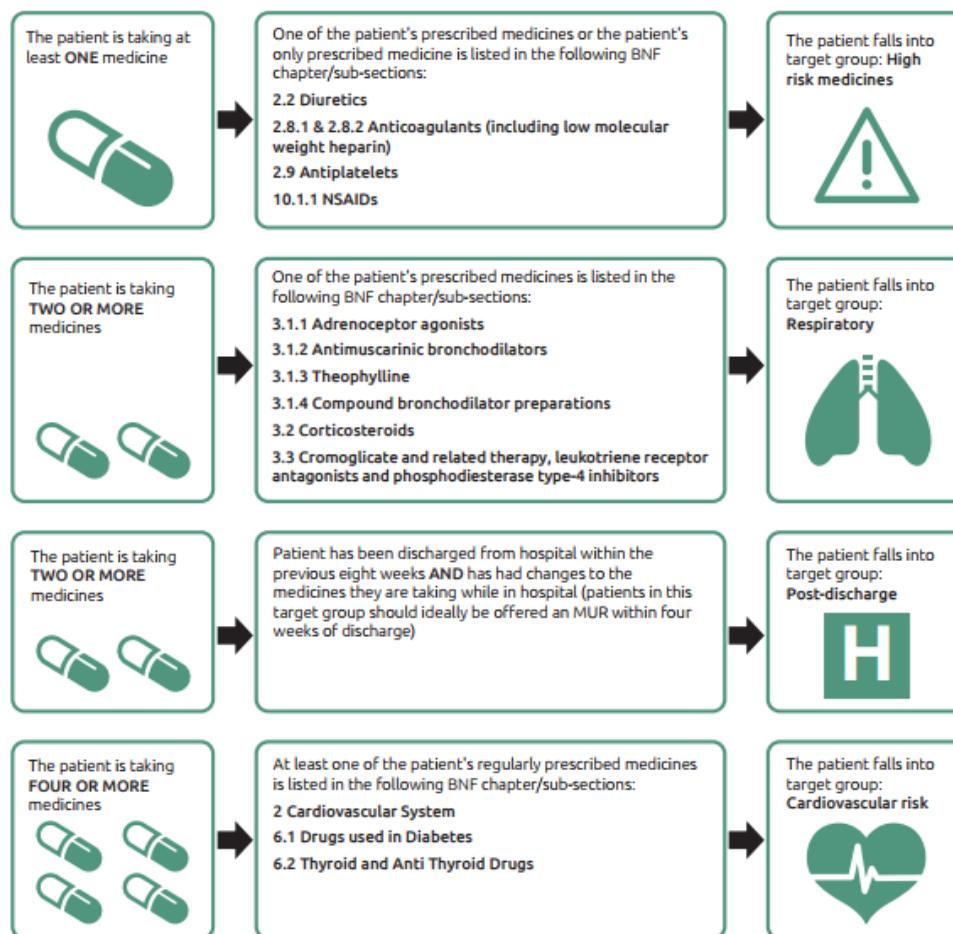
- Every 6 months approximately

PHARMACY

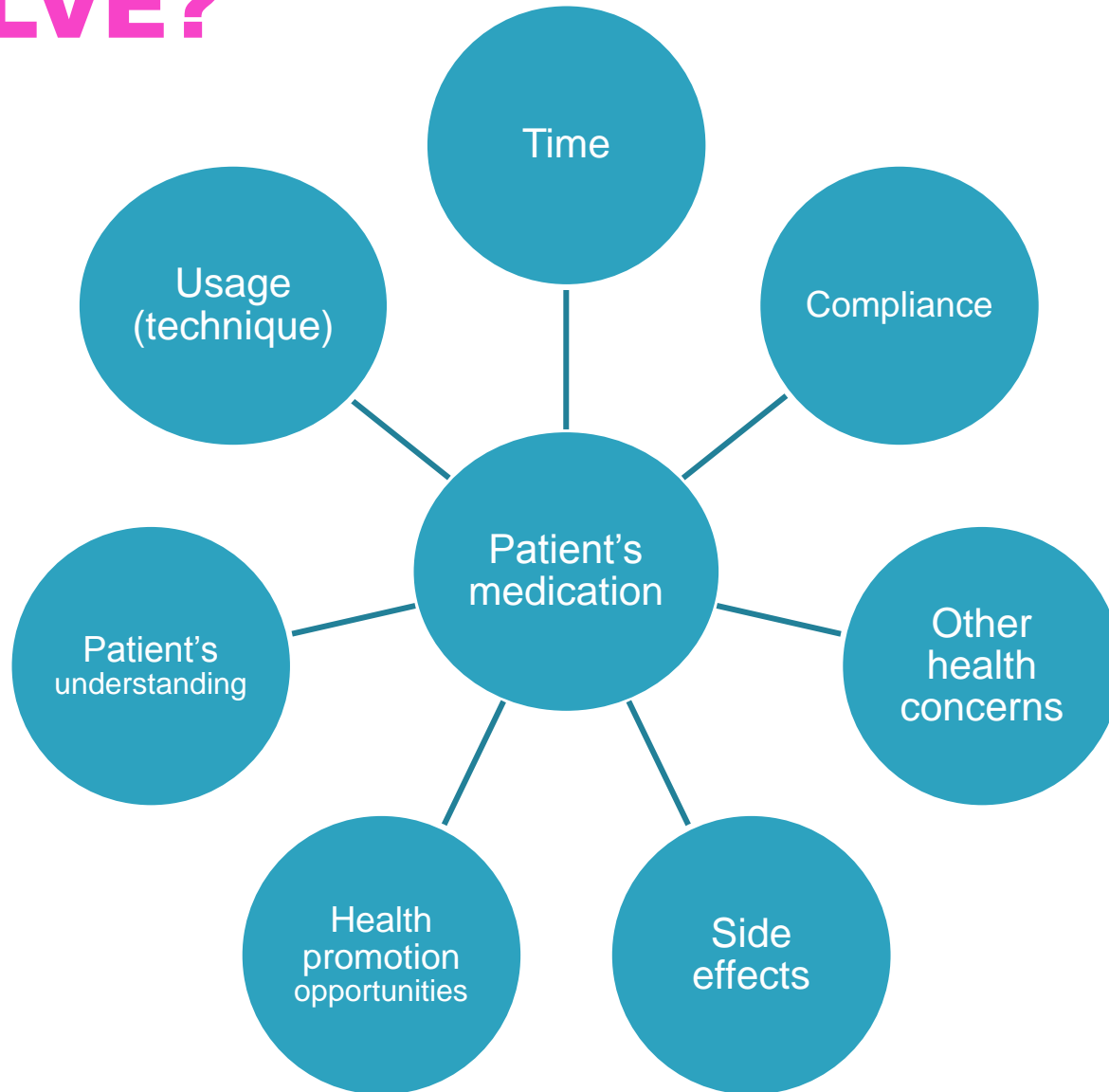
- Every year
- £28 per MUR consultation
- Capped at 400 per year
- 70% targeted
 - Targeted:
 - Recently discharged
 - High risk medications
 - Cardiovascular disease
 - Other long term conditions e.g. respiratory disease

National target groups for MURs

Community pharmacy contractors must carry out at least 70% of their Medicine Use Reviews (MURs) within any given financial year on patients in one or more of the target groups outlined below



WHAT DOES AN MUR INVOLVE?



WHAT DOES A MEDICATION REVIEW INVOLVE?

A medication review has been defined as 'A structured critical examination of a patient's medicines with the objective of **reaching an agreement with the patient** about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste'.¹

WHAT DOES A MEDICATION REVIEW INVOLVE?

Clinical need:

Does the patient know why they are taking it?
Do they still need it?
Is it working?

Appropriateness:

Any high risk medications?
Any drug interactions?
Right quantities?

Patient factors:

Any concerns/problems?
Non-adherence?
Compliance aid needed?

Monitoring:

Do they need any monitoring?

***Does this seem
similar to you?***

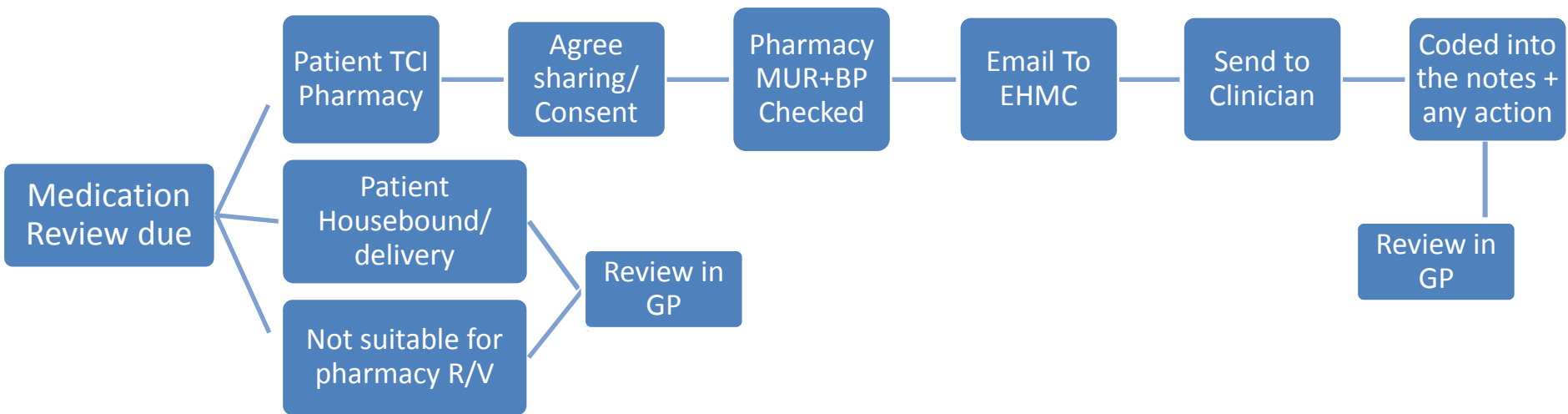
WHAT WE HAVE PILOTED

- **List of all patients at our surgery who have nominated the pharmacy**
- **Exclusions:** patients who are extremely complicated and known to both parties, patients not on any regular medications
- **Pilot of 10 patients**
- **MUR completed at Jade pharmacy, along with BP check if relevant**
- **Email via nhs.net encrypted email to practice email address**

WHAT WE HAVE PILOTED

- **Triaged like all other letters to the relevant clinician**
- **Uploaded to medical notes**
- **If clinician satisfied that this is sufficient for a medication review then can adjust the me review date**
- **Patient offered option of requesting med r/v with a GP**
- **Clinician's responsibility to check if they need any monitoring or additional tests**

SUGGESTED FLOW OF EVENTS



EXAMPLE

All identifiable details have been deleted

Consent Obtained	<input checked="" type="checkbox"/> Written	Review Type	<input checked="" type="checkbox"/> Annual Targeted	Targeted Group	<input type="checkbox"/> Respiratory
Review Identified By	<input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other		<input type="checkbox"/> Annual Non-targeted <input type="checkbox"/> Intervention Targeted <input type="checkbox"/> Intervention Non-targeted		<input type="checkbox"/> High Risk - Unclassified <input type="checkbox"/> High Risk - NSAID <input type="checkbox"/> High Risk - Anticoagulant <input type="checkbox"/> High Risk - Antiplatelet <input type="checkbox"/> High Risk - Diuretic <input type="checkbox"/> Post-Discharge <input checked="" type="checkbox"/> Cardiovascular <input type="checkbox"/> Non-Targeted
Location of review (if not in pharmacy)		Healthy Living Advice Provided at MUR	<input checked="" type="checkbox"/> Diet & Nutrition	<input type="checkbox"/> Sexual Health	
PCO permission granted for off-site MUR	<input type="checkbox"/> Yes		<input type="checkbox"/> Smoking	<input type="checkbox"/> Weight Management	
Names of other people present			<input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Alcohol	<input type="checkbox"/> Other <input type="checkbox"/> Not applicable	
Total number of medicines being used by patient		Prescribed	3		
		OTC & Complementary therapy	0		

Current Medication (including OTC & complementary therapies)	Matters identified during the MUR	Action taken / to be taken by pharmacist	Post-MUR the pharmacist believes there will be an improvement in the patient's adherence as a result of the following: (more than one may apply)	Other Notes	No matters identified during the MUR	Drug Type
Omeprazole gr 40mg caps One To Be Taken Each Day	<input type="checkbox"/> Patient not using a medicine as prescribed (non-adherence) <input type="checkbox"/> Problem with pharmaceutical form of a medicine or use of a device <input type="checkbox"/> Patient reports need for more information about a medicine or condition <input type="checkbox"/> Patient reports side-effects or other concern about a medicine <input type="checkbox"/> Other matters and /or notes on above	<input type="checkbox"/> Information / advice provided <input type="checkbox"/> Yellow card-report submitted to MHRA <input type="checkbox"/> Patient referred to GP or other healthcare professional <input type="checkbox"/> Other action and /or notes on above	Better understanding / reinforcement of: <input checked="" type="checkbox"/> why they are using the medicine / what it is for <input checked="" type="checkbox"/> when/how to take the medicines <input checked="" type="checkbox"/> side-effects and how to manage them <input checked="" type="checkbox"/> the condition being treated		<input checked="" type="checkbox"/>	Non-targeted
Metformin 500mg tabs One To Be Taken Each Day With Breakfast And Then Increase Dose As Directed	<input type="checkbox"/> Patient not using a medicine as prescribed (non-adherence) <input type="checkbox"/> Problem with pharmaceutical form of a medicine or use of a device <input type="checkbox"/> Patient reports need for more information about a medicine or condition <input type="checkbox"/> Patient reports side-effects or other concern about a medicine <input type="checkbox"/> Other matters and /or notes on above	<input type="checkbox"/> Information / advice provided <input type="checkbox"/> Yellow card-report submitted to MHRA <input type="checkbox"/> Patient referred to GP or other healthcare professional <input type="checkbox"/> Other action and /or notes on above	Better understanding / reinforcement of: <input checked="" type="checkbox"/> why they are using the medicine / what it is for <input checked="" type="checkbox"/> when/how to take the medicines <input checked="" type="checkbox"/> side-effects and how to manage them <input checked="" type="checkbox"/> the condition being treated		<input checked="" type="checkbox"/>	Targeted

Current Medication (including OTC & complementary therapies)	Matters identified during the MUR	Action taken / to be taken by pharmacist	Post-MUR the pharmacist believes there will be an improvement in the patient's adherence as a result of the following: (more than one may apply)	Other Notes	No matters identified during the MUR	Drug Type
Atorvastatin 20mg tabs One To Be Taken Each Day	<input type="checkbox"/> Patient not using a medicine as prescribed (non-adherence) <input type="checkbox"/> Problem with pharmaceutical form of a medicine or use of a device <input type="checkbox"/> Patient reports need for more information about a medicine or condition <input type="checkbox"/> Patient reports side-effects or other concern about a medicine <input type="checkbox"/> Other matters and /or notes on above	<input type="checkbox"/> Information / advice provided <input type="checkbox"/> Yellow card-report submitted to MHRA <input type="checkbox"/> Patient referred to GP or other healthcare professional <input type="checkbox"/> Other action and /or notes on above	Better understanding / reinforcement of: <input checked="" type="checkbox"/> why they are using the medicine / what it is for <input checked="" type="checkbox"/> when/how to take the medicines <input checked="" type="checkbox"/> side-effects and how to manage them <input checked="" type="checkbox"/> the condition being treated		<input checked="" type="checkbox"/>	Targeted

EXAMPLE CONT.

- **Data uploaded to EMIS**
- **Code into PMR** – patient advised re exercise, patient advised re diet
- **Clinical assessment-** further need for blood tests e.g. lipids/HbA1c
- **Medication review date to adjust-** If bloods in date, and no issues identified

Therefore: saves 1 appointment with the GP, and contributes towards the MUR target for the pharmacy (£28 per MUR)

NEXT STEPS ...

- **Take this to the practice meeting with a view to sharing with the rest of the GPs and the pharmacy**
- **Can we improve it? What else could we do?**
- **Extend the study to the rest of the patients on the Jade pharmacy list (approx 110)**
- **Extend to other local pharmacies**

REFERENCES

Health and Social Care Board. *Medication Review Guidance*. 2016 [accessed via <http://www.medicinesgovernance.hscni.net/download/primarycare/Guidelines/HSCB-Primary-Care-Medication-Review-Guidance-May-2016.pdf> July 2017]

<http://psnc.org.uk/services-commissioning/advanced-services/murs/national-target-groups-for-murs/> [accessed July 2017]

**HEE LaSE Trainee
Pharmacist and GP Project
– Asthma Management in
Community Pharmacies**

Sarah Thurgood and Barinder Kaur

Background

- HEE LaSE collaborative working project between GP registrars and community pre-registration pharmacists
- Joint quality improvement project
- Increase dialogue and understanding between Community Pharmacy and General Practice Surgeries
- Better understand how the practice functions, and how pharmacists can aid many of these functions

Choice of Project

- Discussed at practice meeting and applied SMART principles to ideas
 - *Specific*- An area which needs improvement needs to be identified
 - *Measurable*- By May 31st the new procedure will be implemented and the data required for the completion of the project will be collected.
 - *Achievable* – We need to make sure that we will be able to accomplish the goals for this project
 - *Relevant* – The outcome of this identified need should be able to be continued in the future.
 - *Time-bound*- – In order to achieve this goal, there will be timeframes for when each task needs to be completed.

Choice of Project

- Keen to explore clinical monitoring area
- Ruled out monitoring requiring phlebotomy due to practical constraints at the surgery and time constraints of the project
- Identified national area of need and confirmed need within practice
- Identified area for which pharmacist will receive additional benefit
- Identified area with potential benefit to local secondary care services
- Identified area of benefit to patients – both with potential for improved clinical care and access to services.

Method - Template

- Review template designed in line with British Thoracic Society guidelines and Royal College of Physicians '3 questions' approach:
 - Have you had difficulty sleeping because of your asthma symptoms (including cough)?
 - Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?
 - Has your asthma interfered with your usual activities (e.g. housework, work/school etc)?
- Entered onto template in same format as QoF on Vision

Method - Template

- Lifestyle interventions: trigger identification and avoidance, exercise advice
- Medication review: prescribed and OTC which can exacerbate asthma
- Smoking cessation: offered in-pharmacy counselling or referral to stop smoking service
- Inhaler technique: reviewed and demonstrated
- Blood pressure check
- Advice for further action e.g. attend for GP review if using SABA >3x/week
- Patient preference for review

Method

- Vision used to produce list of patient with outstanding asthma annual reviews
- Joint users of Practice and Pharmacy contacted first, then extended to remainder of list
- Contacted by telephone and offered review by community pharmacist either in the practice or at the pharmacy
- Encouraged to attend in person but offered telephone review if declined
- Appointment given and patients asked to bring inhalers

Results

- 41 joint users identified – 5 successfully contacted
- Total of 120 patients telephoned.
- 21 patients successfully contacted
- 20 agreed to review, 1 declined
- 14 reviews by telephone, 6 in person
- 6 offered smoking cessation services, 1 accepted

Results

- No patients had a written asthma plan
- Patients identified as having poor asthma control as per RCP 3 questions advised to see own GP within 2 weeks
- One patient identified as not using medication as prescribed, therefore using excess SABA, advised to use steroid inhalers as instructed
- One patient advised to use spacer device due to poor inhaler technique
- All patients preferred option of pharmacy-based assessment

Discussion and limitations

- Small sample size
- Difficulty contacting patients – time scale of project
- May need multiple attempts / calling at different times of day / written contact if unsuccessful
- Co-ordination of lists – data sharing

Potential advantages: GPs

- Ease primary care workload
 - The majority of GPs describe their workload as excessive (84%)
 - Between 2008/09 and 2013/14, the number of GP consultations in England rose by 19%
 - Number of headcount GPs in the UK only rose by 4.1%
 - One in eight GP practice nurse positions are vacant

(BMI/Health and Social Care Information Centre)

- Meet QoF targets for asthma reviews
- Free up nursing and GP time for other patient needs – 11.5hrs
- Closer relationship with local pharmacies
- Access to Pharmacy Integration Funds

Potential advantages for pharmacy

- Encourage loyalty from patients
- Encourage patient perception of pharmacists' role in clinical management, encouraging presentation for minor ailments etc
- Included in the New Medicines Service (NMS) and as part of a Medicines Use Review (MUR)
- Improved relationship with local GP practices including awareness of prescribing practices and increasing accessibility for queries etc.

Potential advantages for secondary care

- Relieve secondary care pressures of A&E attendances and admissions
- Asthma attacks hospitalise someone every 8 minutes
- 185 people are admitted to hospital because of asthma attacks every day in the UK
- Patient education is key in managing asthma symptoms, by spending time during a review to educate the patient on the use of their inhaler and making sure they are adherent in the use of their medication, we could prevent admissions into hospital

Potential advantages for patients

- Improved asthma management
 - 39% of patients using more than 12 SABA annually with no annual review – higher mortality risk
(PSNC/NRAD)
- Improved access
 - Choice of times
 - Choice of site
 - Walk-in service
 - Parking issues!
- Avoids duplication of reviews
- Addresses medication wastage – improving NHS budgets for other areas of care
- Improved access to GP / PN for other issues

Moving forward...

- Identified learning need for the practice regarding written asthma plans – we will address this at a forthcoming practice meeting
- Roll out of project to other local pharmacies – contact them directly to discuss project
- Roll out to other DGC practices – include in CCG bulletin or present at PLT
- To infinity and beyond...



References

- <https://www.lasepharmacy.hee.nhs.uk/primary-care/trainees-in-general-practice/>
- BMA Survey of GPs in England Oct-Nov 2016
- Health and Social Care Information Centre (2015) General and Personal Medical Services , England - 2004- 2014, As at 30 September
- *PSNC Main site. (2017). Essential facts, stats and quotes relating to asthma*
- NRAD: Why asthma still kills: National Review of Asthma Deaths May 2014
- British Thoracic Society Guidelines for Management of Asthma in Adults
- Pearson MG, CE B, editors. Measuring clinical outcome in asthma: a patient-focused approach London: Royal College of Physicians; 1999
- www.england.nhs.uk National NHS campaign urges people to stay well this winter





Quality Improvement Audit

By Shreena and Heloise

What is the problem?


A decorative graphic of a feather, rendered in a light beige or tan color, is positioned on the left side of the slide. The feather is oriented vertically, with its base at the bottom and its tip pointing upwards. It has a central rachis with numerous barbs extending outwards, creating a fan-like appearance. The feather is semi-transparent, allowing the text and other elements behind it to be visible.

-
- There are many things that could be improved between community pharmacies and GP surgeries, however the major issue which requires immediate attention involves the communication barrier between the two when a medicine is unavailable from suppliers or is discontinued



What we did our Quality Improvement Audit on

- As our placements were over a one month period, we decided to collate data by finding out how many patients had a problem with their medicine prescribed by their doctor, due to manufacturing issues or discontinuation.
- During the data collection period, we analysed each prescription brought in by patients in addition to the electronic scripts, and set aside those that included items which had a manufacturing issue or were discontinued.

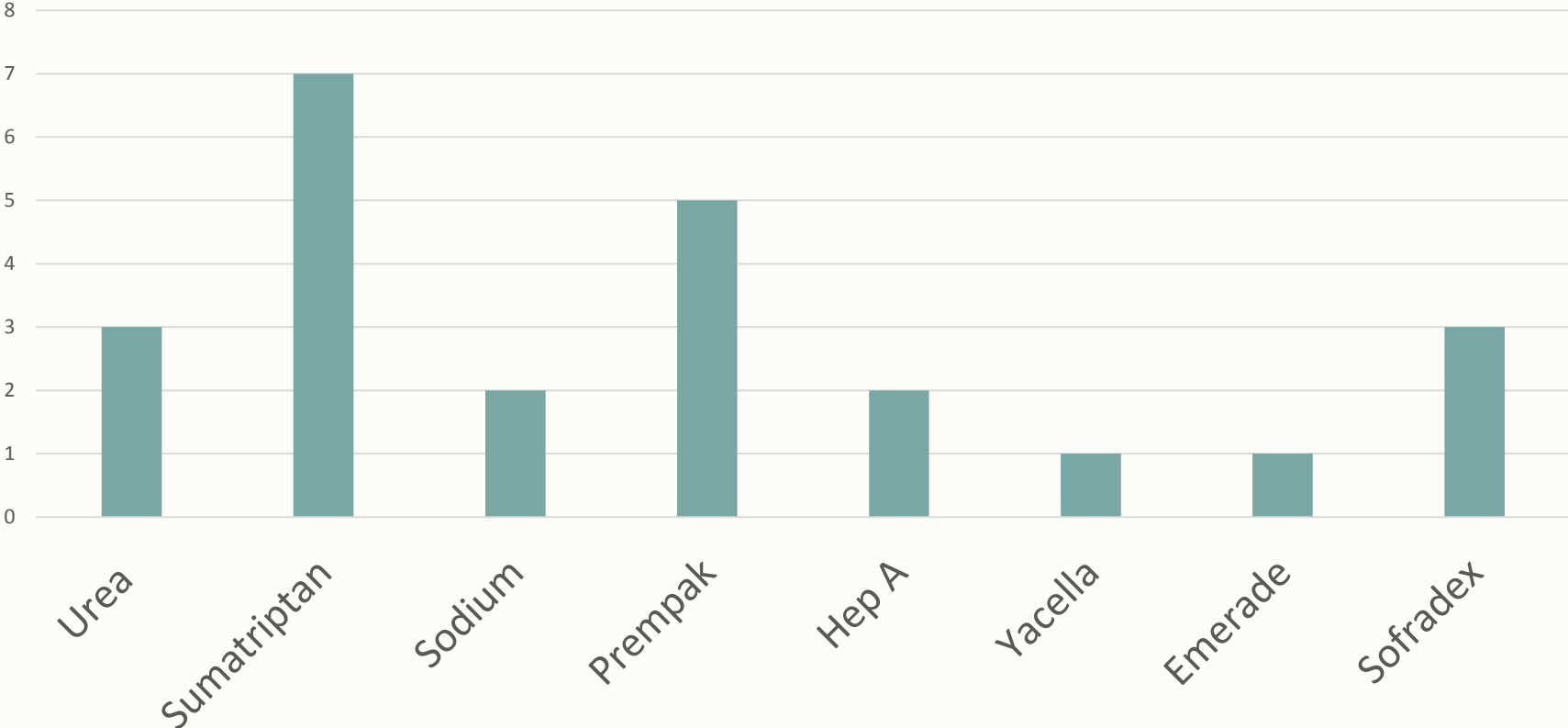


Medicines with manufacturing problems at the time:

- Urea 10% cream
- Sumatriptan 100mg
- Sodium Cromoglicate eye drops
- Prempak-C
- Hepatitis A vaccine
- Yacella tablets
- Emerade injection
- Sofradex eye drops

Results

Number of patients that have experienced manufacturing problems with their medicine





Evaluation

- A total of 24 patients experienced manufacturing problems with their medication during the one month period allocated for this audit
- Majority of the patients involved were dissatisfied with the GP appointment system with a few stating it would take a week or more to receive another appointment to see their doctor



Putting things into perspective

One pharmacy = 24 manufacturing problems in one month

Over a one year period

= Approximately, 288 manufacturing problems

Within a local area (approx. 10 pharmacies)

= 2880 problems with prescribed medication solely due to manufacturing issues.



Finding a solution:

We implemented various communication methods in order to make the GP's aware of the manufacturing problems with certain medicines:

- sending a weekly letter to the GP surgery
- sending an email every time there is a manufacturing problem
- call the GP directly to tell them about the issue

The most effective method we found was:

To send the GP practice an e-mail once a week through their NHS email (so that all the doctors in the practice receive the email), using the template, informing the doctors on which medicines have problems

Sample of the template



Medication Issue

Name of medicine(s):

Issue(s):

Solution(s)/Alternative medicine(s) to supply:



Conclusion

Although there are many problems that both GP practices and community pharmacies face on a daily basis, we believe that the issue that we chose can easily be prevented.

We believe that this would help ease the burden on GP's by not constantly having to change the medication prescribed and it would increase patient satisfaction.

We also believe it would help pharmacists to ensure a smooth process between the patient handing in a prescription and receiving their medication.

Health Education England
GP registrar/pharmacy trainee project 2017

Minor ailment scheme

Dr Diana Davenport and Nada Imame

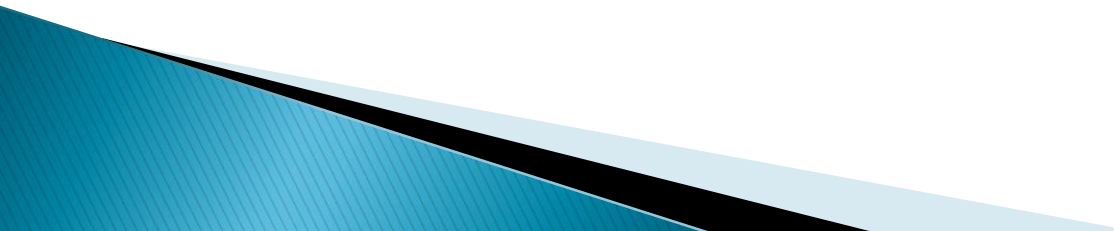
Background

- ▶ Medical Centre and pharmacy
 - ?mutually beneficial topic
- ▶ The minor ailment scheme
 - Seemingly limited uptake of the scheme from patients
 - Increasing this would reduce doctor workload
 - Financially beneficial for the pharmacies

Stakeholders

- ▶ GPs– strained service, 5 year forward view, future of General practice, thinking more laterally about utilising allied health care professionals– beneficial to workload.
- ▶ Reception staff– ideally placed to help inform the patients about the service
 - Issue the passports
 - Answer queries via reception and telephones.

Stakeholders

- ▶ Pharmacies– Financial incentives to provide minor ailment services.
 - ▶ Patients– save time waiting for a GP appointment. Free if getting free prescriptions.
 - ▶ Practice pharmacist– looking at expanding her role in practice to include minor ailments.
- 

Aims

- ▶ To increase the uptake and awareness of the minor ailment scheme
- ▶ A secondary aim was to identify what other services local pharmacies provide for easy reference at the surgery.

Methods

- ▶ GPs: a questionnaire was circulated:
 - Are you aware of the minor ailment scheme? Yes/No
 - What conditions can be dealt with using the minor ailment scheme?
 - How can patients access the scheme?
 - Are you aware of any limitations to the scheme?
 - Do you feel patients are well informed about the scheme?
 - How do you think we could improve uptake at the surgery?

Methods

- ▶ Reception staff were interviewed with the following questions in mind:
 - Where are the minor ailment passports kept
 - Who can give them out
 - When can you give them out
 - Do you know which pharmacy's offer the scheme?
 - What problems do you encounter with patients?
 - How can we improve uptake of the scheme?
 - Do you feel sufficiently trained.

Methods

- ▶ local pharmacies were approached with the following questionnaire:
 - Do you offer the minor ailment scheme?
 - Are you a Brent or Camden pharmacy?
 - If yes– what are the benefits for your pharmacy?
 - If yes– how is the service provided? How do you inform patients about it?
 - If yes– is the scheme well taken up by patients at your practice? What seems to be the limitations from a patient's perspective?
 - If yes– are there any problems with the scheme– i.e. borough issues? Practicality issues? Burden on staff?
 - If no– what are your concerns about implementing the scheme?
 - If no– what would need to change in order for you to implement the scheme?
 - What other services do you provide?

Results

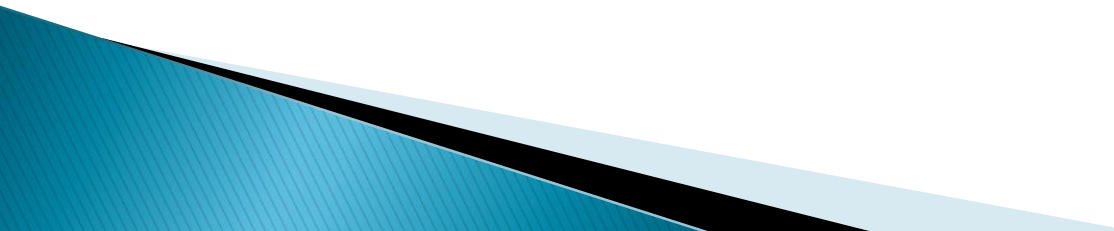
- ▶ From the GPs who took part
 - 100% were aware of the scheme.
 - There was no definitive understanding about the breadth that is covered by the minor ailment scheme or where to find this information
 - The GPs were split in their understanding how patients get access to the scheme ?from us or ? From the pharmacies
 - It was unanimously felt that patients were not well informed about the scheme

Results

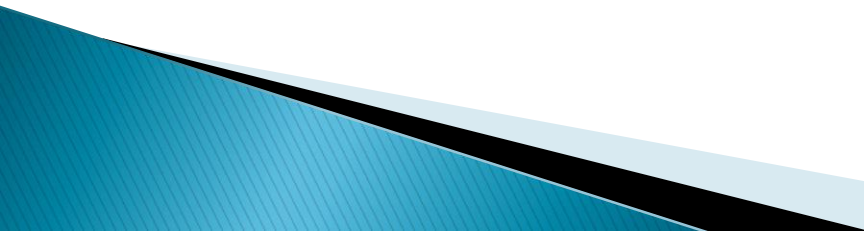
- ▶ From the Pharmacy's questioned:
 - they will only get reimbursed if the borough they are in commission the service i.e. Camden pharmacies will do and Brent don't.
 - Benefits they identified:
 - supply medication without the need for a prescription
 - saves time for GP surgeries
 - money for pharmacy (reimbursed price of medication+consultation/dispensing fee)
 - patients can be seen at any time; no appointment needed
 - Limitation/problems they identified:
 - can only provide specific medications on the list and has to be within medication licensing i.e cannot give chloramphenicol eye drops to under 2 years old – must see GP
 - all generic and some patients want brand i.e paracetamol vs calpol
 - Not all local pharmacies can offer the service, therefore patients may not be able to use regular pharmacy if want to use the service
 - patient's not aware of what can be provided by pharmacy

Results

Thoughts from reception:

- ▶ All were aware of service and where minor ailment passports kept
 - ▶ Most only handed out to patients when patient requested them (either already had a passport but need a new one or directed by GP)
 - ▶ Not given training about the scheme so unsure of what it actually was and unsure of what sort of illness it covers
 - ▶ There were fears about directing patients to pharmacies as a doctor may actually have preferred to see them i.e. May not have been a minor ailment and more serious
 - ▶ Reception don't have information about which pharmacies offer the service
- 

Summary of findings

- 1) GPs not fully informed what can be offered and how we can offer this service to patients
 - 2) Reception staff felt inadequately trained to suggest the minor ailment scheme to patients
 - 3) No knowledge of what pharmacies do or do not offer the minor ailment service.
 - 4) General lack of advertisement of the minor ailment service, in the practice and in pharmacies.
- 

Changes we introduced

- 1) Posters on electronic patient information screen in doctors waiting room.
- 2) Posters in GP rooms– sent to GPs
- 3) Poster put on the practice website
- 4) For the information of our doctors and receptions we produced a list of the local pharmacies and the other services they offer. This has been printed and is at reception for quick reference.
- 5) Have been able to update all staff on how patients access the service, of what is covered, and reassure them of the protocols the pharmacists follow to ensure patient safety and direct to doctors if necessary.

Ongoing changes:

- 1) Plans to improve reception training..
- 2) Minor ailment scheme and the baby clinic

At the pharmacy

- 1) increase in advertisement of the scheme with poster/leaflets.
- 2) counter staff training to educate them about what is covered within the scheme.

Practice website

Find out more about the Minor Ailments Scheme

The Minor Ailments scheme works by giving patients the option to visit their pharmacist to receive advice and treatment for certain minor illnesses, instead of having to make an appointment to see their GP on a range of minor health.

This is particularly useful if treatment is required late evenings, or at weekends when the GP practice is closed.

Any medicines dispensed will be free of charge to patients who do not normally pay prescription charges.

Patients who normally pay for prescriptions will be charged the retail price of the medication or the prescription charge – whichever is the cheaper.

[Click here to view patient leaflet.](#)

Patients wishing to make use of the minor ailments scheme simply need to sign up for the scheme with their GP Practice. The GP practice will issue the patient with a Minor Ailments Patient Passport. Please come into reception to collect your "passport" to the service.

Find out more on NHS Choices [Pharmacy Minor Ailments scheme](#)



Do you usually make an appointment to see your GP when you have any of the following illnesses?

- Athletes Foot
- Cold
- Constipation
- Cough
- Cystitis
- Diarrhoea
- Earache
- Fever
- Hay Fever/Allergic Rhinitis/Allergies
- Head lice
- Indigestion
- Insect Bites/Stings
- Minor Burns/Cuts
- Mouth Ulcers
- Sore Throat
- Sprains/Strains
- Teething
- Threadworm
- Vaginal Thrush
- Verruca
- Viral URTI
- Warts

If the answer is yes, then there is now a quicker and easier way for you to receive advice and treatment for these conditions, without having to see your GP. Instead you can see your pharmacist for a consultation.

Pharmacists in Camden can now give advice and treatment for any of the conditions from the above list. All you have to do is ask your GP receptionist at the GP Practice you are registered with to put you on the Minor Ailments scheme and give you a Patient Passport. You can use this passport each time you want to receive advice and treatment for your minor ailment.

This scheme is FREE and it means you do not have to wait for an appointment. If you do not normally have to pay for your prescriptions then any medicine the pharmacist gives you will be free. If you normally have to pay prescription charges many of the medicines maybe cheaper to buy from the pharmacist, who will advise you.

For more details on the scheme look out for Minor Ailments Patient Information Leaflets at your GP Practice and local pharmacy.

Camden 

Pharmacy list

Pharmacy	Services
	<ul style="list-style-type: none"> - Minor Ailments Scheme - Travel clinic - Smoking cessation service - Emergency contraception - Needle and syringe exchange - Health checks - Supervised consumption of medicines - Delivery service (free)
	<ul style="list-style-type: none"> - Emergency contraception - Smoking cessation service - Flu vaccination service
	<ul style="list-style-type: none"> - Emergency contraception - Supervised consumption of medicines - Flu vaccination service
	<ul style="list-style-type: none"> - Minor Ailments Scheme - Emergency contraception - Weight management - Smoking cessation service - Flu vaccination service
	<ul style="list-style-type: none"> - Minor Ailments Scheme - Emergency contraception - Flu vaccination service
	<ul style="list-style-type: none"> - Minor Ailments Scheme - Travel clinic - Emergency contraception - Smoking cessation - Needle and syringe exchange - Supervised consumption of medicines
	<ul style="list-style-type: none"> - Minor Ailments Scheme - Travel clinic - Passport photos - Emergency contraception - Health checks - Obesity management programme

The Pharmacy

Ask the general election candidates if they will back your local pharmacies

With consistent support from Government, pharmacies can do more to:

- ✓ Take pressure off GPs and hospitals
- ✓ Make access to NHS care more convenient
- ✓ Help people with long term conditions
- ✓ Tackle medicines waste and save the NHS money

www.supportyourlocalpharmacy.org

Do you usually make an appointment to see your GP when you have any of the following illnesses?

<ul style="list-style-type: none"> ■ Athlete's Foot ■ Cold ■ Constipation ■ Cough ■ Cystitis ■ Diarrhoea ■ Earache ■ Fever ■ Hay Fever/Allergic Rhinitis/Allergies ■ Head lice ■ Indigestion 	<ul style="list-style-type: none"> ■ Insect Bites/Stings ■ Minor Burns/Cuts ■ Mouth Ulcers ■ Sore Throat ■ Sprains/Strains ■ Teething ■ Threadworm ■ Vaginal Thrush ■ Verruca ■ Viral URTI ■ Warts
---	---

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This scheme is FREE and it means you do not have to wait for an appointment. If you do not currently have to pay for your prescriptions then any medicine the pharmacist gives you will be free. If you normally have to pay prescriptions, charges cover all the medicines, maybe charged to you from the pharmacist, who will advise you.

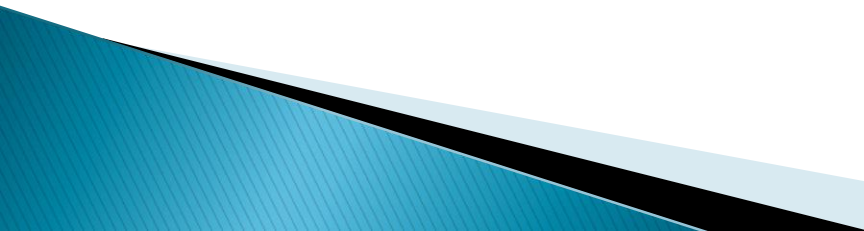
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NHS
Camden
Clinical Commissioning Group

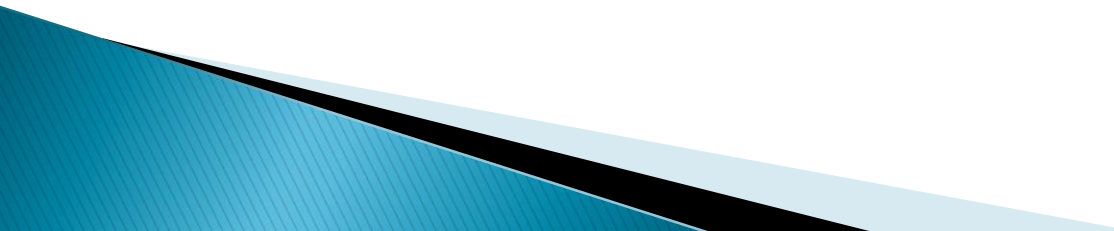


Limitations to this project

- ▶ One ongoing limitation to patient uptake is that the Medical Centre falls on the boundary between three boroughs
 - The majority of local pharmacies are in Brent.
 - Brent CCG does not commission the service.

 - ▶ Time was a limitation
 - trying to fit some of our suggested service improvements whilst having the backing of other staff needed to fit in with ongoing initiatives at the practice, not everything could be completed prior to this presentation.
- 

Conclusion

- ▶ We have managed to implement interventions which should easily improve patient, doctor, reception and pharmacy awareness
 - ▶ There are still some ideas to implement fully
 - ▶ Following this we will be re-questioning the relevant parties to get formal feedback
 - ▶ Also will be liaising with reception teams to see if could quantitatively audit the dispensing of the minor ailment forms to formally assess success.
 - ▶ Initial feedback from staff has been very positive
- 

Conclusion

- ▶ Further development of this project?
 - how could the in practice pharmacist consult patients and offer some minor ailment work to further alleviate pressures on the GPs?

General practice & pharmacy Communication questionnaire



Vivek Patel
Charles Wharton



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www.glasbergen.com



**“I’m prescribing a squiggly line, two slanted loops,
and something that looks like a P or J.”**

© Mike Baldwin / Comered



If pharmacists spoke like doctors wrote.

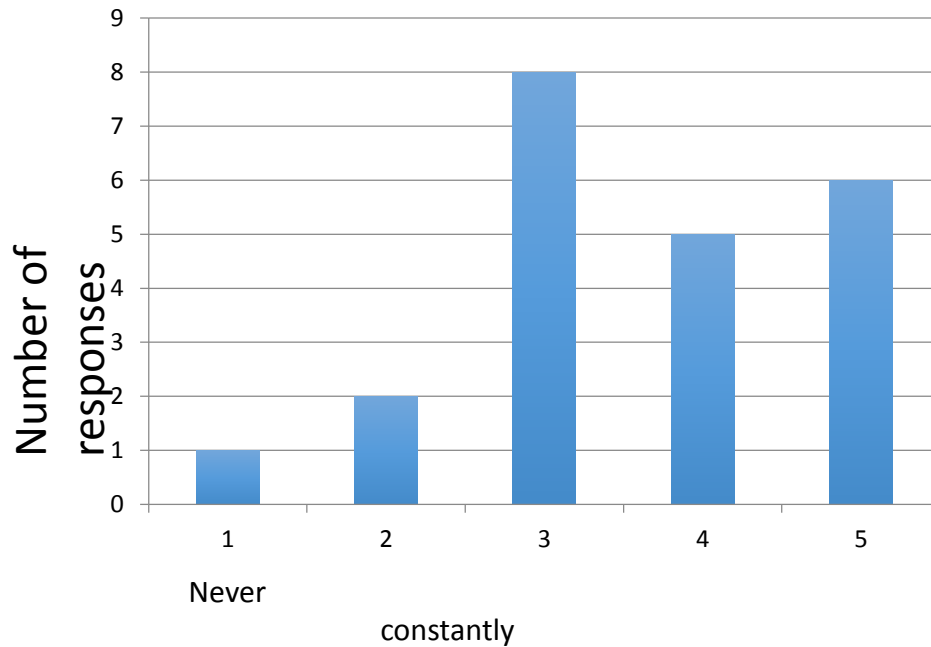
So if we can't communicate in writing how well do we manage by other means?



"House calls?...Dr. Latrobe doesn't even make phonecalls!"

What do patients think?

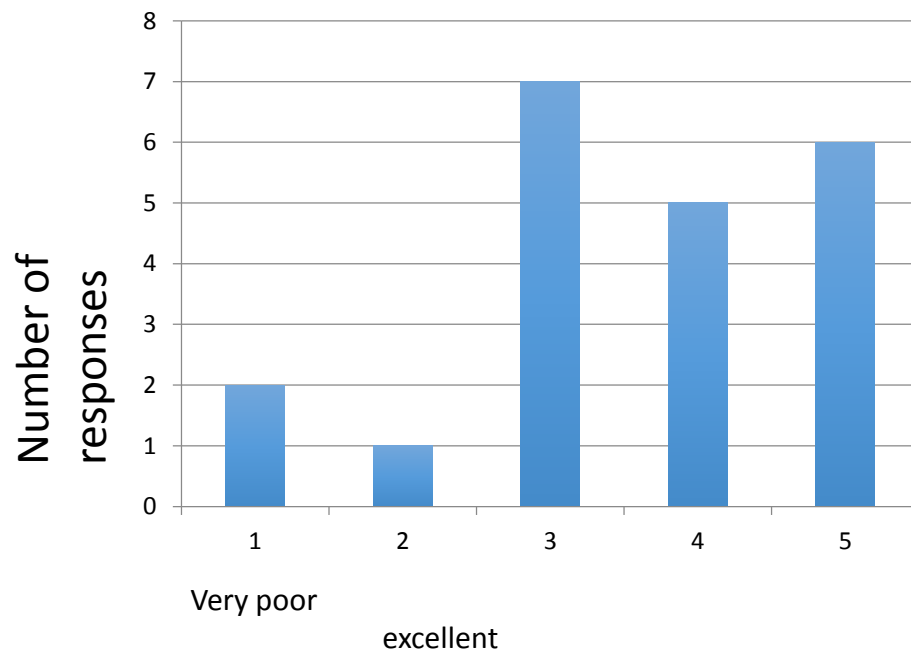
1. Do you think GP surgeries and pharmacies communicate with each other often?



23 patients

What do patients think?

2. How well do you think they achieve this?



23 patients

Q3: Have you had any experiences of this, either positive or negative?

- positive 7

“very happy, always warm welcome talking deep through the problem, overall very satisfied.”

- negative 3

“Getting my emergency inhalers within one day as I had run out.”

- mixed 1

“Doctors not specifying drugs on one prescription – mixing up tablets/capsules then having to pay double.”

- neither 11

“Negative – never had prescription ready.”

Q4: What could be done to make it better?

- ?helpful 2

"communicate more, follow up on prescriptions"
"More digital integration? Not sure what is available now."

- worthless 6

"Communicate better"
"it's already good"

- Blank 14

So the patients didn't have the answers.....

- Staff audit:
 - Doctors difficult to get hold of
 - Pharmacies send too many repeats
 - Generally good, a few scripts sent back over minor errors, messing patients around

So the patients didn't have the answers.....

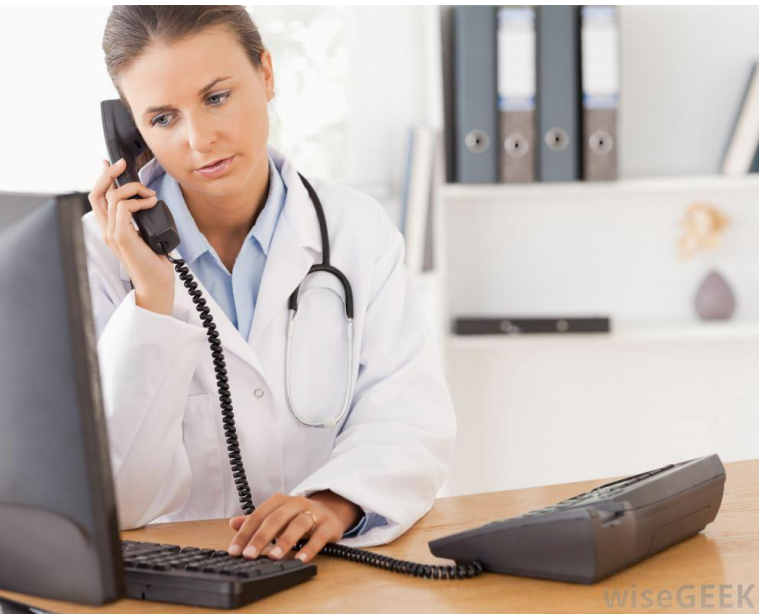
- Staff audit:
 - Continue this educational exchange
 - Understand each others' limitations
 - GPs to call back quicker
 - Surgery to inform pharmacy if repeat Rx rejected
 - Regular meetings

Our answer:



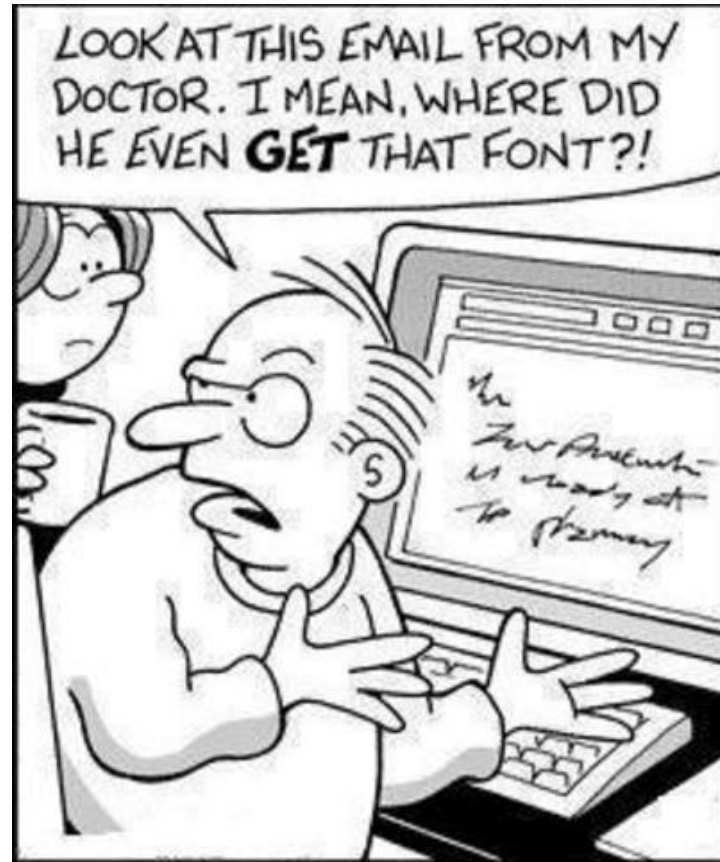
A single integrated IT system visible to patients, surgeries and pharmacies, allowing ordering, prescribing and dispensing, trackable at each step, with a messaging facility.

But in the mean time.....



.....there is always the phone

Questions





Public Health
England

NHS
England



QUALITY
IMPROVEMENT
AUDIT 2017

Healthcare Professional Pressures



GP Surgery	Pharmacy
Limited NHS funding; <i>NHS net expenditure has increased from ~£75.billion in 2005/06 to ~£117billion in 2015/16. Planned expenditure for 2016/17 is ~£120bn and ~£123bn for 2017/18.</i> ¹	Department of Health cut to funding; <i>£113 million reduction in funding in 2016/17.</i> ³
Increased demand of patients in primary care; <i>The NHS deals with over 1 million patients every 36 hours.</i> ²	High number of pharmacists
Expectation from public continuously increasing.	Expectation from public continuously increasing.
Increase in patient life expectancy.	Increase in patient life expectancy.

1) <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>

2) Department of Health, Chief Executive's report to the NHS: December 2005

3) <https://psnc.org.uk/our-news/government-imposes-community-pharmacy-funding-reduction/>

Monitored Dosage System (MDS)



- Administration aid in polypharmacy, elderly and others.
- Use Repeat Dispensing System
- Prescription request made by pharmacy staff 1 week before medication is due.
- Changes can be made to dosette box;
 - Create whole new 4-week dosette box.
- Record kept in pharmacy of when each patient's MDS was made, and when they are due.
- Record made of when patient collected



Data Collection



MDS Patient Satisfaction Survey

I confirm that I have received a dosette box from _____ Pharmacy, _____ Health Centre, within the last 6 month period, and this is the surgery that I regularly request my medicine from.

Please read each question carefully, and tick the columns, True or False, accordingly.

<input type="checkbox"/> TRUE	1.	I am happy with the service I receive with regards to my dosette box.
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	2.	My dosette box is always ready on time. (if yes, please skip question 3)
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	3.	I have run out of my medication before my new dosette box was ready.
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	4.	I have been given an emergency supply of my dosette box in the last 6 months (if unsure, please leave blank).
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	5.	I have had a hospital admission in the last 6 months. (if no, please skip question 6).
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	6.	Changes to my medication were made on hospital admission.
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	7.	I have had to bring my dosette box in for changes to be made in the pharmacy.
<input type="checkbox"/> FALSE		
<input type="checkbox"/> TRUE	8.	I have been given less than a 4-week supply at once, in the last 6 months.
<input type="checkbox"/> FALSE		

Please note, the form is anonymous and for use by the pharmacy only.

Thank you.

Issues identified



- No communication between GP and pharmacy when prescription request is rejected.
- Changes made to a dosette box are not always communicated to the pharmacy – be it from the GP or hospital.
- Stock issues in the pharmacy are not always disclosed with the GP.



Prescription request is rejected



- When a prescription is requested through the surgery – takes between 24-48 hours to be reviewed and prescribed
- Request handed in to surgery a week before prescription is due – Monday, Wednesday and Friday (reduce GP workload).
- May be rejected;
 - Overdue medication review
 - Change in medication (may be post-discharge)
 - Recently prescribed
- Communication at this stage can be improved.
- Solution; Shared computer system showing rejected requests, or bulletin from surgery staff outlining this and reasons why.



Surgery Address: [redacted] Health Centre

13/07/2017

Dear Dr

Please supply the following repeat prescription for:

*Requested
urgent
13/7/17*

-
- | | | |
|-------|----|---|
| [Y] | 7 | Indapamide MR 1.5mg tabs (30)
One To Be Taken Each Morning (white small round) |
| [Y] | 7 | Candesartan 2mg tabs (7)
One To Be Taken Each Day (MORNING, WHITE small ROUND) |
| [Y] | 7 | Bisoprolol 2.5mg tabs (28)
take ONE tablet in the MORNING (small, white, scored) |
| [Y] | 14 | Apixaban 2.5mg tabs (60)
take ONE tablet in the MORNING and take ONE tablet at TEATIME (yellow, |



0209093000

Prescribed Medication

DISPENSING TOKEN

Repeat Dispensing (1 of 5)

Atorvastatin 80mg tablets
7 tablet
NOCTE (as per hospital)

Clopidogrel 75mg tablets
7 tablet
One To Be Taken Each Day

Lansoprazole 30mg gastro-resistant
capsules
7 capsule
One To Be Taken Each Morning

Levetiracetam 500mg tablets
14 tablet
One To Be Taken Twice A Day



DISPENSING TOKEN - Not to be used as
prescription, even if signed by an
authorised prescriber.

Date
14/07/2017

Lack of communication post-discharge

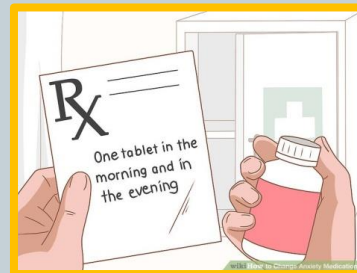


- Changes made to medication in secondary care are not communicated efficiently in the community setting.
- MDS patients have medication changes regularly – vital that this information is given to the GP and pharmacy to produce safe and correct dosette boxes.
- One dispensing error reported from pharmacy in the last 6 months, which could have been prevented with an accurate discharge summary being presented at this stage.
- **Solution;** Joint network that can be accessed by primary and secondary healthcare setting, making it routine practice for a discharge letter to be shared.

Changes made by the GP



- Changes made to the dosette box by a GP must be followed by informing the pharmacy.
- Occasionally, this hasn't happened, and pharmacy staff must follow this up
- Can be attributed to GP workload – may be worthwhile for pharmacy staff to access SCR more regularly.
- **Solution**; Shared IT system outlining change to medication, or increasing pharmacy access to SCR.

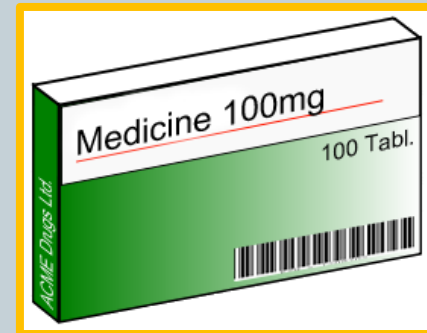


Stock issues with Pharmacy suppliers



- Stock control can have a big impact on MDS.
- When a medicine is deemed out-of-stock, must be resolved by either switching to similar medicine (usually of same class) or finding stock from elsewhere.
- GP staff mentioned that they are rarely aware of stock issues – therefore can delay treatment.
- **Solution;** communication is critical to prevent issues here – may be rectified by sending a weekly ‘out-of-stock medication’ list, compiled by pharmacy staff, to the GP surgery.

Can incorporate protocol into the SOPs of the pharmacy, where an appropriate alternative medicine is recommended to the prescriber whenever possible.



Solutions



- Shared IT system – although both parties have the SCR available, a shared *emis* structure might allow for much clearer, easier-to-follow pathway of patient care. This will help:
 - To follow changes to a patient’s medication (and dosette box).
 - To follow a prescription request (whether it has been rejected or not).
 - To inform GP’s of unavailable medication (can send ‘out-of-stock’ bulletin previously mentioned).
 - To improve communication – rather than by ‘*Dear Dr. Note*’.
- Increase pharmacy access to SCR to confirm medication changes



**THANKS
FOR
LISTENING**



Synchronising electronic repeat dispensing for patients on monitored dosage system

Mery Ayele

Electronic Repeat Dispensing

- Prescriber issues batch of EPS prescriptions in one go for suitable patients with repeat medication, for up to 12 months.
- Pharmacy responsible for carrying out checks with patient before dispensing each issue.
- Patient reviewed regularly by pharmacy and has flexibility throughout the regime.

Prescribing an eRD batch

When a prescriber issues an electronic prescription for repeat dispensing this will contain the following information:

- ▶ total **quantity** per issue
- ▶ the intended **duration** of each issue of the prescription
- ▶ how many **times** the repeatable prescription can be issued before the patient/medication should be reviewed.

our pharmacy

- ▶ 160 of our patients are on monitored dosage system (MDS); this counts for around 4,000 medicines
- ▶ The eRD prescription received for MDS patients are mostly 7 days script.

Issues

- ▶ eRD for monitored dosage system was not synchronised
- ▶ Patients on more than one medication were issued separate eRD for each medication. The number of batches were inconsistent.
 - I. The batches run out at different times.
 - II. Request for patients' eRD were sent at different time. Which is time consuming given the number of items that are dispensed just for MDS patients.
- ▶ Miscommunication where there is change on patient's medications.

Electronic Repeat Dispensing chain

GP decides to issue prescription which can be repeated X times



EPS R2 repeat dispensing used to prescribe



Spine sends Rx to patient's nominated pharmacy, or is pulled from spine by pharmacy



X repeat Rx for the medication added to the spine



Pharmacy dispenses repeat Rx



Patient collects repeat Rx from pharmacy



Solution

- ▶ Explained the issue to people who are in charge of authorising electronic repeat dispensing , which included GPs, practice pharmacist and reception team.
- ▶ Where patient is prescribed a new prescription the batches issued should match with the batches remaining of the other medication
- ▶ Where medication is stopped pharmacy should be informed directly to prevent the use already issued eRD batch .
- ▶ Synchronise eRD prescription for patients with different number of batches to dispense.

Medication changes

Options:

- ▶ cancel ALL outstanding items on the Spine and replace with a new batch
- ▶ cancel individual item(s)
- ▶ 'bridge the gap' with a one-off script – if other medications are running out next week generate a one-off script until ready to start a new eRD batch for all items.

Good practice to communicate with pharmacy about changes.

Preparing repeats for eRD

- ▶ Check the issue duration / interval is correct for each repeat template.
- ▶ Synchronise all items to be issued in the same eRD batch.
- ▶ Ensure the number of authorised issues and/or review dates match up.
- ▶ Consider issuing items in separate batches – eg CD 4 or 5, or PRN items (irregular issue duration).

Benefits for the Pharmacy

- ▶ Effective time management.
- ▶ Reduction in managed repeat workload.
- ▶ Increased efficiency.
- ▶ Better organised when preparing patients' MDS
- ▶ Less chance for error as there is better communication when patient's medicine has been changed.

Benefits for the GP practice

- ▶ Reduction in workload in re-signing requested repeat prescriptions.
- ▶ Reduction in the amount of requests/queries coming into the practice.
- ▶ Cancellation at any point during the regime at item or at prescription level.
- ▶ New medication can be added to the regime.
- ▶ Reduction in medicines waste.