Embedding clinical pharmacists in GP practices

Betsi Cadwaladr University Health Board

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Summary of the Projects

Align with the principles of prudent healthcare

Only do what only you can do

- *To extend the role of pharmacists within primary healthcare*
- *Pharmacy leading the management of medicines in practice*
- To release GP capacity relating to medicines management

Co-production

- To increase the opportunity for level 3 medication reviews with health professionals

Do no harm

- To reduce polypharmacy
- To reduce medication related harm and waste

Why was it chosen?

Identified within the clusters as significant areas with potential to improve care for

- Congestive Heart Failure (CHF) patients
- To reduce hypnotic medicines related harm

Offers improved access to a specialist prescriber outside of the acute setting

What would Success look like?

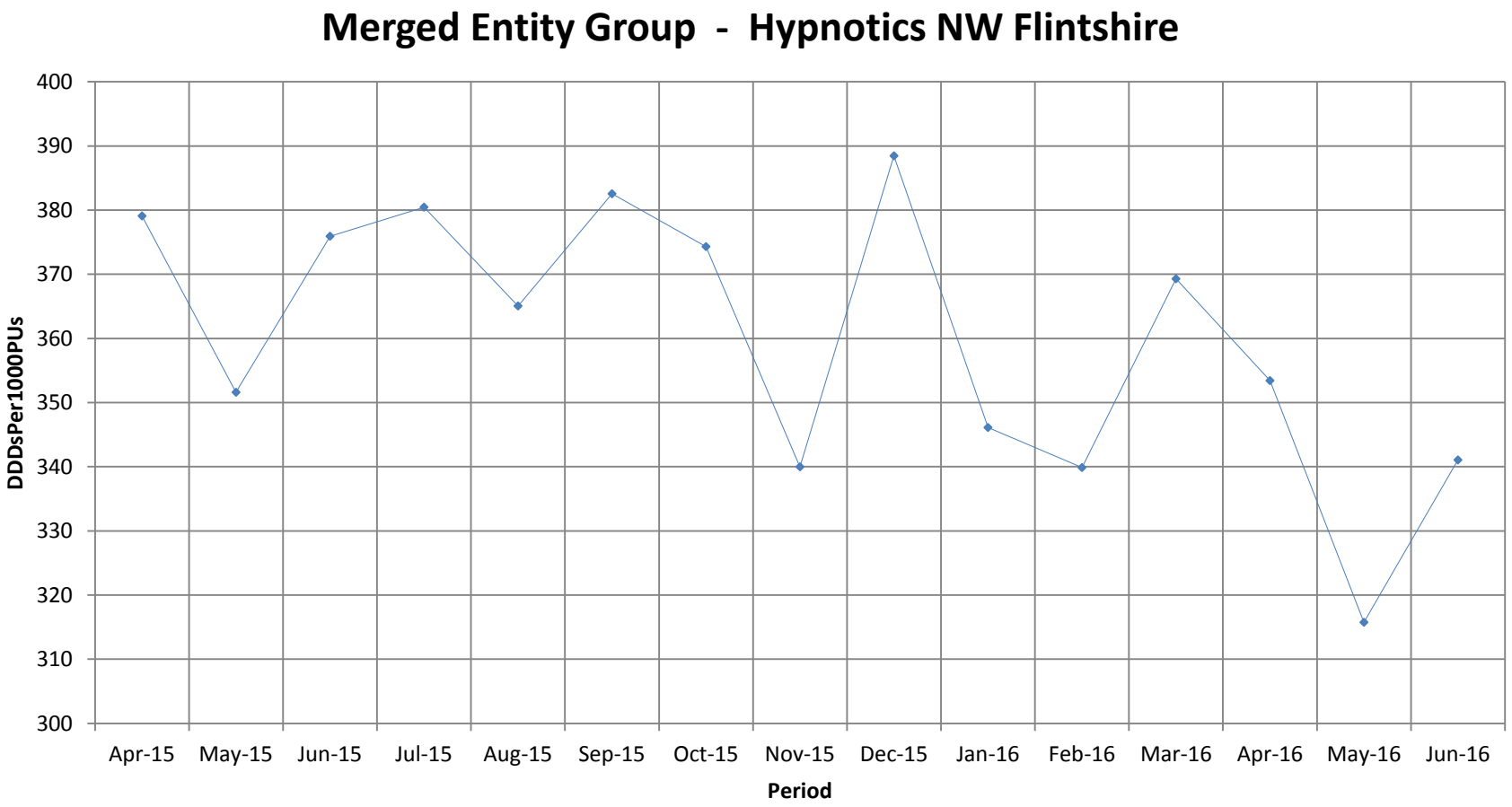
- The pharmacist in MDT is the 1st point of contact for medicines related queries
- Pharmacists undertake regular targeted level 3 medication reviews
- Patient centred outcomes for medications and expert patients (Heart failure + Hypnotics)
- Reduced medicines related harms and admissions to hospital (optimised HF treatment and falls)
- Reducing polypharmacy
- Improved interface communications
- More appropriate use of General Practitioner appointments

What are your Process Measures?

Process

- Number of Level 3 (face to face) Medication Reviews by a Pharmacist (Clinic or home visit)
- Number of Level 2 Medication Reviews (telephone review with patient or carer)
- Number of Level 2 Medication Reviews (review of medical notes)
- Number of Level 1 Medication Checks e.g. Screen tidy-up, review MUR document, updating medication from OPD letter or new patient medication check

What will be your Outcome Measures? Hypnotic East Area



What will be your Outcome Measures?
Hypnotic East Area

Initial clinic

- 10 of 31 or 32.26% now on no hypnotic
- 15 of 31 or 48.39% now on 50% or more dose reduction
- 6 of 31 or 19.35% unchanged

Second practice

- 22 patients in total.
- 9 of the 22 are patients seen were referred to me by their GP with a newly presenting sleeping disorder and I was able to provide support that meant they were never started on a hypnotic.
- 13 patients seen were already on long-term hypnotics. 8 of 13 are now stopped and 5 of 13 are still on a hypnotic. 4 had no change in dose while 1 has a had a reduction.

Clinics currently running in 6 other practices

CHF East Area

Month	Condition	Number of patients seen	Number of changes made	Other actions
August	Heart failure	17	7	Yellow card (Betmiga) and 6 other medication related changes
	Medication reviews	4	3	
	Hypertension	12	2	One query to consultant regarding treatment recommendation.
	Queries/acute requests	35		1 query forwarded to GP re: management
July	Heart failure	14	7	2 compliance issues identified
June	Heart failure	13	8	1 incorrect dose on inhaler and 1 duplication of inhaler
May	Heart failure	11	6	1 ADR to B-blocker and 2 ADRs to ARB changes, 9 pneumonia vacs letters sent.
April	Heart failure	20	1	1 duplication and 1 PPI stopped, 1 pneumonia vaccination recommended

Will you have any Balancing measures?

- On the spot concerns
- Complaints
- Patient feedback evaluation
- MI queries
- Pathology labs workload
- GP workload to train and mentor the pharmacists

What did you Learn ?

- Recruitment process slow
- Early concerns regarding pharmacy staff insurance and liability
- New role, unique skill set – relating to Independent Prescriber skills, clinical knowledge and behavioural and influencing skills
- Clinical / competency boundaries
- Wider team understanding of what pharmacy can do
- Clinical knowledge as valuble as IP to MDT
- Teams take time to develop
- Issues regarding sustainability – historic role vs newer service delivery

Ministerial Priorities

- **Achieving service sustainability**
- Introduces pharmacists in to the skill mix to support specialist service delivery - IP clinics
- **Improving access**
- Allows early access to patients to a health care professional with hearth failure / hypnotic expertise.
- **Moving services out of hospitals into community settings**
- Prevents admissions to hospital from medicines related harm
- Developing patient expertise in managing their condition and medicines

Next Steps

1. Continue to appraise the current projects, currently they appear successful, review outcomes in time for March 2017
2. To rollout effectively and sustainably we need a integrated pharmacist career development pathway
3. Develop a formal mentoring programme with support from peers and the MDT in which they will work
4. Need to establish governance framework to support these pharmacists as either NHS or independent employees
5. Continuing funding is needed to support the development of further pharmacists to continue and expand these roles
6. Identify funding from the wider health community to fund development opportunities and innovative posts

Discussion – 21st Sept 2016

- Services chosen at request of the cluster involved; spreading from initial practice to 6 other practices in cluster
- Importance of holistic patient view in delivering service
- Capturing data on reducing harm and benefits of service
- Need for joined up IT systems for in and out-of-hours; significant OOH demand for medications
- Takes time to build skills and trust – to embed new services and changes
- Similar findings to Healthy Prestatyn
- How do they link into other specialists services? Potential to bring HF specialist into PC team
- Avoidance of prescribing if not appropriate – this should be the focus, rather than just undertake MURs after prescriptions given: preventative action
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