**Evaluating community pharmacists’ perspectives of collaborative working with GPs: a focus group study**

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**Introduction**

Inter-professional collaboration is defined as “when multiple health workers from different professional backgrounds work together with patients, families, carers (caregivers), and communities to deliver the highest quality of care”1. Recent NHS strategy promotes the collaborative working of GPs and Community Pharmacists, however historically, GP and Pharmacist collaborations have been sparse, and barriers to collaborative working have been widely reported in literature. A novel project was designed to facilitate collaborative working between GPs and Community Pharmacists, including an evaluation to explore this further. The project included: dedicated time to observe each other’s practices, leadership training and a quality improvement project.

**Aim**

To evaluate Community Pharmacists perspectives of collaborative working with GPs using a focus group (FG) informed by a conceptual model of collaboration.

**Methods**

Following the six-month project, the GP-Community Pharmacist project participants (N = 10) were invited via email to participate in a multidisciplinary FG, using a pre-designed guide, informed by Bradley et al. (2012) model of collaboration as the data collection tool. Seven themes were covered2: locality, service provision, trust, knowing each other, communication, professional roles and professional respect. The FG was designed to explore partner collaboration and shared understanding of collaborative working within the GP-Community Pharmacist project, thus it was decided to conduct this in a multidisciplinary fashion. Data were audio recorded and analysed using thematic analysis.

**Results**

Four GP-community pharmacist pairs participated in the FG. Themes related to barriers to collaborative working were identified: Communication, IT, Cost, Time, Insight to Professional Role, Trust and Mutual Dependency and Education. Pharmacists discussed problems that could inform future education on collaborative working; e.g. ‘one of the biggest barriers would be changing mind-sets.’ Pharmacists also discussed their trust in GPs as being inherent, ‘the trust is always there. Its inherent otherwise, we wouldn’t be where we are at the moment.’ Pharmacists reported ‘I didn’t know what it looked like from the GP side,’ and ‘I didn’t know that they had all these extra bits they had to do,’ highlighting lack of ‘Insight to Professional Role [of a GP]’ as a reason for joining the project. Positive feelings about how collaborations have strengthened throughout this project were reported by pharmacists, e.g. ‘I have a better appreciation of the challenges that the doctors face’ and ‘it did break a lot of barriers because we’ve started to communicate with the Practice Managers and the GPs a lot more.’

**Conclusion**

FG results highlight that this project, through facilitating collaborative practice has: improved both pharmacists’ knowledge and insight of the role of a GP, highlighted that pharmacists feel they have trusting relationships with GPs and also shown that through close collaboration, effective communication is improved. Pharmacists reported improved positivity towards future inter-professional working. This study also identified barriers to collaboration which require further exploration. This was a small-scale study, thus future studies evaluating GP and pharmacist collaborative working using larger sample sizes should be conducted. Study results should be utilised to inform future studies to develop data collection tools exploring the stages of collaborative working of HCPs.

**References**

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