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A Clinical Pharmacists role in Primary Care General Practice

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# A Clinical Pharmacists role in Primary Care General Practice

## Abstract:

Clinical pharmacist leaders are valued by the NHS because they are well educated, demonstrating excellent analytical and evidence-based thinking skills and professional competency. This reliability often stems from seeing the pharmacy team accepting responsibility, understanding the health care environment, demonstrating their effectiveness within primary care by reducing medication errors, improving compliance, and reducing practice spend on medicines thereby having a positive influence on patient care.

Working within a General Practice (GP) setting has been a rewarding career move for most pharmacists including the author. The role encompasses various work streams such as undertaking structured medication reviews, improving medicines optimisation and safety, supporting care homes, and running clinics. This role is constantly evolving as GPs realise the value pharmacists add to the skill mix and the responsibilities they can manage to reduce practice workload.

With the introduction of the MSc Advanced Clinical Practice (MSc ACP) qualification to other health care professionals (HCPs), it was an opportunity to further enhance the pharmacists' career, knowledge, and expertise, and merge the medicines management experience with clinical and examination skills required for patient diagnosis and treatment. This paper is a personal account of how the authors role as a practice-based pharmacist in General Practice has progressed to encompass a more clinical role as a result of completing the MSc ACP qualification.

## Introduction:

At present primary care is facing a workforce crisis and pharmacists are ideally placed to fill these gaps efficiently and effectively (Avery 2017). During the past few years, the pharmacy profession has expanded significantly in terms of professional services delivery and has now been recognised as an important profession in the multidisciplinary provision of health care. In July 2015, NHS England launched a clinical pharmacist in General Practice pilot, and clinical pharmacists began working in GP practices in early 2016.

Feedback from practices involved in the NHS England's pilot reveals clinical pharmacists are helping practices to reduce waiting times for appointments, increasing access to healthcare, improving screenings and diagnosis of chronic and common ailments, reducing A&E admissions and attendances, and reducing medicines wastage and overuse.

## Current Trends for Advanced Clinical Practice Based Pharmacists:

As primary care practices face mounting clinical workload (Hobbs et al., 2016), interventions to reduce patient harm and costs while trying to avoid creating unnecessary workload on GPs is a key area clinical pharmacists are trying to bridge. The increased recognition of a clinical pharmacist's contribution in GP practice is ensuring sustainability and validating their inclusion within every GP practice (Truong et al., 2017)

The NHS Alliance and the Royal Pharmaceutical Society (RPS) has put together a list of functions a pharmacist can perform in a GP practice (Robinson, 2015; Royal Pharmaceutical Society (RPS), 2014).

Pharmacist role within a GP practice involves:

- Clinical services work with GP's and patients to address medicine adherence, review patients on complex medicine regimens, triaging, and managing common ailments, responding to acute medicine requests, and managing and prescribing for long-term conditions (often in conjunction with the practice nurse).
- Prescription management - dealing with medication for patients recently discharged from hospital; supporting the practice to deliver on the Quality, Innovation, Productivity and Prevention (QIPP) and Quality Outcomes Framework (QOF) agenda and enhanced services; delivering repeat prescription reviews, being the point of contact for all medicine-related queries and overseeing the practice's repeat prescription policy.
- Clinical audits to help implement change in prescribing, ensure adherence to formulary prescribing and educate practice staff and clinicians.
- Assisting the practice with medicines optimisation and reconciliation through reviewing discharge letters and blood results.

Having worked in over 8 GP practices with varying patient list sizes ranging from 3000 to 15000 patients, with variable management styles from practice managers and GPs, the author can safely say that every practice operates differently, and you have to adapt your leadership style to establish your place within a practice.

#### Contribution of the Advanced Clinical Practitioner (ACP) Role:

Having commenced the MSc Advanced Clinical Practitioner course in 2016 and successfully completed the various modules, the course gave the author confidence to become a more complete independent clinical practitioner. The self-assurance gained from the course content, tutors and training has improved the authors clinical care for patients and thus becoming an integral part of the surgery team delivering on all aspects of patient care and GP practice workload.

The knowledge and skills gained has afforded the author the ability to safely assess, diagnose and treat or refer patients presenting with undifferentiated problems within a GP practice. Having already completed the independent prescribing qualification in 2008, signing up for the 3 year post graduate degree in 2016 was a significant leap in terms of getting back to formal tertiary education at the University. The art of juggling full-time work, being a father to a young family, as well as coordinating attendance at lectures, ensuring course work was completed within the allocated time and having restful time outs on occasions has been a huge feat. Fortunately, the cohort of postgraduates in the authors class have had very understanding lecturers who were extremely helpful during stressful times.

As the journey through the course has progressed, it has improved the authors professional skills including risk management, resilience, and leadership towards an advanced practice

role. Having completed the final year (2019) the author is continually learning and developing the necessary skills in managing patients presenting with complex problems, considering all the factors which contribute to the individual's problem.

During the dissertation module year (2018/19), the requirement of completing an Advanced Work Based Project (AWBP) allowed the author to also examine the wider context of healthcare and work towards improving health outcomes in collaboration with others, not merely for individuals but also for groups and populations. The incorporation of the AWBP has further cemented the authors role within GP practice and allowed engagement with stakeholders whom he would not normally interact with. This has afforded the author a richer experience during the course and has highlighted the importance of population health.

By being more visible and taking on a greater clinical responsibility, this has benefitted patients and the practice. Practice staff are now more inclined to approach the author with patient medication issues thereby reducing the demand on the already stretched GPs.

#### Team working:

Maintaining a commitment to continuing professional development (Health Education England, 2015) is a quality of leadership which the author has strived to maintain. As a leader in pharmacy, maintaining up to date knowledge of evidenced based medicine, chronic disease management, latest guidelines, and regular health related updates, ensures a high-quality service is being delivered by the author. This has been achieved through completion of a supplementary and independent prescribing course, attending regular continuing professional development (CPD) events, and more recently completing the MSc ACP course. This impacts not only the patients but other HCP's that frequently require the authors input for clinical and prescribing issues.

To achieve the various goals that the author prioritises within the GP surgeries, developing effective relationships with GPs, nurses, health care assistants, receptionists and peers in other departments is a critical component of leadership (RCN, 2007). Work streams that include patient clinics, cost effective prescribing, patient quality focus and auditing requirements require contribution from all members of the GP practices. To achieve this shared goal, it is vital to develop effective networks between colleagues that allow engagement within the team to complete the work plans.

Within the GP practice, the author recognises, respects, and values the contribution other members have to the team (Belbin, 2010). At practice meetings the author discusses areas of care that will be of focus, provides feedback on audits and cost-effective savings made, and highlights areas of prescribing the practice could improve. This affords the opportunity to bring groups together to encourage contribution, listen to feedback and employ strategies to manage the authors work schedule.

During the collaborative work with GP's, the author found that to be an effective leader the relationship with GP peers moved from being an Implementer to a combination of an idea's person and a leader (Belbin, 2010). Being respectful with a clear focus on the pharmacist's unique role, contribution to the team and a commitment to patient care is important. The author regularly finds that most GPs recognise the need for assistance with drug information and therapeutic care (Zilz, 2004), and many seek the authors contribution and input. Pharmacists are increasingly being considered as strong contributors within the healthcare

system particularly in primary care. This is evidenced by the fact that NHS England has more than doubled the funding being made available for its clinical pharmacists in the general practice pilot, from £15m to £31m (NHS England, 2015).

#### New Roles:

The MSc ACP course has been a challenging and rewarding 4 years of study. It has not only enhanced the authors role within primary care but has also expanded the authors role further in which he consults in clinical negligence cases where pharmacists are involved, works on policy changes for future pharmacists and contributes to changing working practices for pharmacy as a whole by working within a policy team.

#### Conclusion:

Pharmacists working in General Practice are adding value by delivering high quality patient focused care. The new skills and dynamism that pharmacists deliver to primary care are bringing the profession more into focus as an early source to help resolve the workforce crisis currently facing General Practice. Pharmacists are taking the lead on medicines management and are integrating with the multidisciplinary teams to improve patient safety, compliance with medicines, delivery of services and to reduce the time GPs currently spend on repeat prescriptions. Pharmacy leaders are increasingly playing a vital role in performance improvement and are often seen as part of the senior leadership structure. The author's role is evolving and requires leadership development to ensure organisational awareness of a culture of safe medication use is promoted and that evidence-based medication regimens are used for all patients. Compassion lies at the heart of all leadership for the NHS. Engaging with GP practices, inspiring a shared focus while being aware of how one's own behaviours and values impact on team performance will help the author lead with compassion on services and people.

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