Improving Communication

Between community pharmacy and general practice

A joint initiative from the General Practitioners Committee of the British Medical Association and the National Pharmacy Association

BMA

NPA National Pharmacy Association

Contents

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Introduction

What this workbook is for

Positive General Practice-Community Pharmacy relationships are an important underpinning to seamless patient care and to the future of both professions within the NHS.

The General Practitioners Committee of the British Medical Association and the National Pharmacy Association have produced this workbook to help GPs and community pharmacists manage their day-to-day interactions in such a way as to maximize efficiency and ensure a safe and effective service to patients.

The workbook describes various Community Pharmacy-GP interactions, and highlights some principles of good practice. The intention is that groups of pharmacists and GPs should work through this book together, identifying local challenges and solutions. It could be used at a meeting of local practices and pharmacies, or alternatively between local pharmaceutical committees and local medical committees. It has been designed so that participants can choose to complete the whole workbook, or select sections that are most relevant to their practices.

Context

Community pharmacists and general practitioners grew from a common root. However, in recent decades, many community pharmacist-GP relationships have been fairly narrowly based around the prescribing-dispensing interface, with personal contact limited.

General practice has undergone significant change in recent years, accelerated by the introduction of the new GMS contract. Among notable developments arising from the contract are a reward framework for clinical outcomes, and a new system for out-of-hours cover. Community pharmacy had a new contractual framework introduced in 2005, with the intention of moving pharmacists towards a more clinical service-oriented role.

GP-Community pharmacy interfaces are multiplying and now include, in many localities, Repeat Dispensing, Medicines Use Review and supplementary prescribing. Although recent developments in professional practice have yet to deliver a step change in respect of closer collaboration between the professions, many examples of good practice show a way forward. A recent discussion paper, which is part of the Royal Pharmaceutical Society's *Pharmacy 2020* project, highlighted some of the challenges for community pharmacy. It stated:

"As the range of activities and services delivered from community pharmacies widens, the potential overlap with the work of general practice is increasing, and there is a need for formal links to be made to ensure coherence of treatment approaches and full integration of pharmacy-delivered services with those other services based in general practice." [1]

How to use the workbook

This workbook describes various community pharmacy-GP interactions. The intention is that groups of pharmacists and GPs should work through this book together, identifying local challenges and solutions. This could be done at a practice/pharmacy level or between local pharmaceutical committees and local medical committees. You may want to work individually to identify challenges and come together to discuss solutions or you may want to have a facilitated session making use of protected learning time. The workbook can be used as a whole package or to target specific development areas that are most relevant.

This workbook is accompanied by a set of discussion notes that provide prompts for dialogue around each topic in the workbook. These notes are available in electronic format only so that they may be continually updated in the light of further developments in community pharmacy and general practice. They can be downloaded from www.npa.co.uk and www.bma.org.uk

Think about local challenges and use these challenges as a means for initiating discussion and debate in order to come up with solutions.

Once you have come up with solutions it is important that these are implemented and reviewed and adapted if necessary. Remember this is a dynamic process. The overall success will depend on all parties being willing to learn and change practice.

A self-assessment grid has been included after each section, to help you facilitate and record your discussions. An illustration of the kind of notes you may wish to record is presented below:

Local Challenges	Solutions
Prescription queries difficult to deal with over the telephone	Identified a named lead on each side Designated times to deal with queries
Communicating dose changes for patients on compliance aids	Establish single point of contact and standardized communication form
Repeat prescriptions request system cumbersome	Agreed to use request forms wherever possible Stop stapling prescriptions
Do not know who does what in the pharmacy or surgery	Spend time in each other's workplaces
Etc	Etc

Interface One
Establishing and developing relationships

Background

Typically, community pharmacists and GPs do not meet regularly to discuss in depth topics of mutual interest. This can be due to pressures of work, including the statutory requirement for pharmacists to be on the pharmacy premises, but can also be linked to a lack of awareness of each other's roles.

Establishing an effective working relationship between GPs and community pharmacists is the basis on which to build many of the interfaces later in this workbook.

In a recent survey,[2] conducted as part of a report on inter-professional working, GPs rated their working relationships with community pharmacists highly: 55 per cent of GPs reported "very good" relationships with pharmacists and another 40 per cent "quite good". Secondary care scored a similar figure to community pharmacy (overall "good") but a lower proportion in the "very good" category. The same report also highlights that more joined up working was required to develop services for long term conditions, especially regarding access to information.

With a shared interest in safe and effective prescribing, and in line with the ethos of greater team working within health care, community pharmacy and general practice should take every opportunity to develop effective working relationships.

It has recently been suggested that more needs to be done to encourage collaborative working between GPs and pharmacists.[3] Where professional boundaries, and funding boundaries, are blurred there is the potential for disagreement. Relationships of trust take time to build, and require an understanding of and valuing of respective skills and contributions to patient care. Fully understanding each other's roles and responsibilities is critical to developing these relationships.

Principles of good practice

Community pharmacist

- Be proactive in building a relationship: do not let the first time you talk to a GP be when you believe they have made a prescribing error.
- Update local practices on any new services that you are providing.
- Explain the community pharmacy contractual framework to local GPs, so that they understand what you are required to do.
- Ensure you develop a relationship with the practice manager, and provide them with information on your current role and possible new services.

General practitioner

- Proactively introduce yourself to local pharmacists. Could community pharmacists be invited to any of your practice meetings?
- Keep pharmacies updated with any changes in personnel, services provided or practice policies that affect prescribing.
- Explain the GMS contract and QOF systems to local pharmacists, so that they understand what you are required to do.

Establishing and developing relationships

Local Challenges	Solutions

Interface Two

Pharmacists seeking clarification about prescriptions

Background

Perhaps the most frequent interaction is that whereby the pharmacist requires clarification at the point of dispensing about an item on the prescription.

Both healthcare professionals involved in a prescription (the dispenser and the prescriber) share responsibility for the safety of the medication. It is therefore a requirement for the pharmacist to clinically assess a prescription and assure themselves of the appropriateness of the medication. Consequently, pharmacists often need to refer prescriptions back to the prescriber for clarification, discussion or alteration.

These interactions are by their nature reactive, and can occur when both the pharmacist and the GP are busy. Most often the pharmacist will require an answer promptly as the patient may well be waiting in the pharmacy.

In the case of prescription queries during surgery hours, obtaining prompt clarification from the practice with minimum disruption at both ends will be key to successful future interactions.

Principles of good practice

Community Pharmacist

- If you find you are having to make a lot of similar enquiries (for example product supply issues) you may want to consider whether you can agree a way forward to avoid repeated phone calls.
- Decide the urgency of the query before making the call to the surgery. Does the patient have stock at home? Could they call back?
- Be prepared to advise on possible solutions when calling to alert the GP to a problem.

General Practitioner

- Practice reception staff should relay urgent messages to GPs from pharmacists at the earliest opportunity (eg, at the end of the next consultation). This can help ensure that problems are resolved quickly so that patients do not have to wait in the pharmacy.
- If you find you are getting a lot of similar enquiries (for example product supply issues) you may want to consider whether you can agree a way forward to avoid repeated phone calls.

Seeking prescription clarifications

Local Challenges	Solutions

Interface Three
Reporting pharmacy interventions to the GP

Background

As part of the community pharmacy contractual framework, pharmacists are responsible for promoting public health, signposting patients to other services and advising on self care as part of the essential tier of services. Pharmacists can now offer Medicine Use Reviews (MURs) and PCTs are able to commission a range of enhanced services (eg, supervised administration, needle exchange, stop smoking, minor ailments and emergency hormonal contraception). In order that the GP has a comprehensive record of the health interventions that their patient has received, there will often be a need for pharmacists to inform GPs when these services have been provided.

Principles of good practice

Community pharmacist

Pharmacists should inform GPs of pharmacy interventions that they have made concerning patients on their list in a manner that is:

- Selective and relevant
- Concise, yet complete
- Clearly flags urgent and/or important information
- Conveys information via the appropriate medium – urgent and important information sent in written form may need to be followed up by a telephone call to confirm receipt
- Timely. Guidance (on supplementary prescribing) states that changes to the medical record should be made within 48 hours of the pharmacy intervention

General practitioner

GPs should respond to pharmacy interventions by:

- Acknowledging that the intervention has been received by the GP
- Informing the pharmacist whether changes to treatment have been made as a result of their advice
- If the pharmacist's advice has been rejected, an explanation for the clinical rationale should be provided

Reporting pharmacy interventions

Local Challenges	Solutions

Interface Four
Repeat dispensing

Background

Repeat dispensing has been developed for the convenience of patients receiving medication for chronic conditions. Once a repeat prescription has been issued, patients can have their medication dispensed for a defined period, without needing to contact the GP practice to ask for a new prescription. The pharmacist will check with the patient that the medication is still appropriate when it is dispensed.

Currently only about 1% of prescriptions are being dispensed in this way.[4] However, it has been estimated that 2.7 million hours of GP time could be saved by converting over 300 million prescriptions to a repeat dispensing system.[5]

Good communication between the patient, the prescriber and the pharmacist is essential for the smooth running of repeat dispensing. However there is no 'official' system enabling communication. How this develops locally may be key to the success of this essential pharmacy service.

Principles of good practice

Community pharmacist

- Identify a repeat dispensing co-ordinator in your pharmacy
- Formalise effective communication systems into standard operating procedures.

General practitioner

- Involve the whole team in the repeat dispensing service
- Nominate a member of staff to be responsible for the implementation of repeat dispensing

Repeat dispensing

Local Challenges	Solutions

Interface Five
Medicines Use Review (MUR)

Background

The contractual framework for pharmacy which came into force in April 2005 allowed for the provision of MURs by pharmacists. The pharmacist discusses with the patient their understanding of prescribed medication and compliance. The pharmacist provides advice to the patient and makes a written record of the interaction – a copy of which is sent to the GP. The pharmacist highlights any recommendations for action to the GP.

Recent research[4] suggests that some GPs feel there is a gap between their priorities and what is being delivered by MURs. The same report states that in the majority of cases, the pharmacist communicates with the GP about the MUR recommendations through the documentation rather than personal contact. There would appear to be some problems with the quality and format in which information is transferred between pharmacists and GPs[6] and also in the time taken to complete the paperwork.[7] To address some of these issues, a revised MUR form, and associated changes to the use of the form, have recently been announced – see www.psnc.org.uk.

Principles of good practice

- Both GPs and community pharmacists need to be clear about what the MUR is aiming to achieve. It is not a clinical review.
- Agree referral mechanisms, remembering that this is a two way process. What patients would GPs like to be prioritized for MURs? In what way should pharmacists feedback findings?

Community Pharmacists

- Find out from your local GPs which patients they wish to be prioritized for MURs.
- If you have not done so already, discuss MURs with doctors in your local practice to ensure that they understand what to expect from an MUR, and to discuss how they will use the reports.

General Practitioner

- Provide constructive feedback to community pharmacists on their MURs.
- If you do not like the way things are being reported, use this as a starting point for feedback.

Medicines Use Review

Local Challenges	Solutions

Interface Six

Exchanging information about locally available pharmacy and GP services, and service developments

Background

GPs and pharmacists both require knowledge of local services in order to refer or signpost patients. Consequently, it is important that pharmacy and general practice update each other of new or decommissioned services.

GPs, as referrers and sometimes commissioners, require information about community pharmacy services available locally. For example, more than 40% of pharmacies are providing three or more enhanced services.[4] Meanwhile, community pharmacy's new contractual framework requires it to take on a formal signposting role, so pharmacists may need to signpost to GP enhanced services, including GP with special interest (GPwSI) services.

There is a growing demand for pharmacies to provide certain health services privately, for example diagnostic testing for diabetes and tests of bone mineral density and blood cholesterol. Referral criteria for a GP appointment following a pharmacy based diagnostic test should be clear and have the support of both the pharmacist and the GP.

Principles of good practice

Community pharmacist

- Ensure that GPs are aware of new services, private and NHS, being provided from your pharmacy that may be accessed by patients on their register.

General practitioner

- Ensure that community pharmacists are aware of new services being provided from your practice that may impact on the pharmacy.

Exchanging information about available services

Local Challenges	Solutions

Interface Seven
Non-medical prescribing

Background

Pharmacists who have completed additional training are now able to work as supplementary or independent prescribers. While some pharmacists perform this role within a GP surgery, many will look to prescribe from their community pharmacy.

Communication regarding supplementary prescribing is more straightforward, as it is supported by a clinical management plan. Independent pharmacist prescribers, however, will need to consider how their decisions are communicated to the patient's GPs. Whilst the electronic care record should facilitate this process in the future, there is a current need to ensure that pharmacist prescribers and GPs have clear lines of communication.

Principles of good practice

- Pharmacist prescribing services should be developed as integrated services addressing an identified need either at a practice or locality level
- Clear channels of communication must be developed so that GPs and pharmacists are aware of their respective prescribing decisions

Community pharmacist

- It is essential that your prescribing service grows with the support of all key partners

General practitioners

- Be alert to the fact that a patient may be taking prescription only medicines that you have not prescribed. Be prepared to talk to the non medical prescriber (pharmacist, nurse, dentist, etc.) if you feel the patient would benefit

Non-medical prescribing

Local Challenges	Solutions

Interface Eight
Practice based commissioning

Background

Practice based commissioning provides new opportunities and challenges for all primary health care professionals. Service re-design should result in the transfer of some specialist care to primary care providers. GPs may choose to offer new services from their practices, which pharmacists, with their responsibility for signposting, should be made aware of.

Pharmacists also may look to offer new services, and it will be appropriate for the pharmacist and the GP to discuss how this will affect patient care. It may be possible for pharmacists to take on roles currently performed by GPs, providing the GPs with the additional time to take on work currently performed in a hospital.

With the development of practice based commissioning, there is also an opportunity for pharmacists and GPs to develop innovative joint services, playing to their respective strengths. With GPs and pharmacists able to train as a practitioner with a special interest, the opportunity has never been greater for the two professions to look at shared-care pathways and taking on work currently undertaken in hospitals. The requirement for all patients to receive specialist treatment within 18 weeks by the end of 2008 could prove to be a stimulus for this.

Principles of good practice

- Share priorities, plans and data.
- Approach PCT managers as a commissioning team offering solutions which follow patient care pathways to solve local needs

Community Pharmacists

- If you are approaching a practice based commissioner with a service development proposal, try to[1]:
  - Pre-book the appointment
  - Have clear objectives
  - Be prepared with supplementary information/ references
  - Keep it brief and focussed

General Practitioners

- Be open to suggestions from community pharmacy as to how they can offer solutions using PBC.
- Include pharmacy when using the “undertaking your practice’s PBC assessment” framework.

Practice based commissioning

Local Challenges	Solutions

Interface Nine

NHS Health Checks programme

Background

The NHS in England is currently introducing "NHS Health Checks", which is a vascular risk assessment and management service for people between the ages of 40 and 74. Many PCTs have already developed local vascular checks programmes, and this initiative will extend the service across the NHS.

After completion of a lifestyle questionnaire which includes smoking status, and measurements of body mass index, blood pressure and cholesterol level, etc., people who use the service will be given a figure for their vascular risk. They will then be given general advice on reducing risk, and if appropriate be offered a number of services (eg, smoking cessation, weight management) and/or referral to a prescriber for further investigations or a prescription of a statin or antihypertensive.

Guidance for PCTs states that vascular checks are suitable for delivery in a number of settings (case studies supporting this are available from the NHS Improvement website - www.improvement.nhs.uk/vascularchecks/). This section of the workbook highlights some of the communications issues that should be considered when introducing and conducting this service in community pharmacy.

Principles of good practice

When setting up a service

- Nominate a contact for NHS Health Checks in both the pharmacy and practice.
- PCTs are likely to set out the method for communicating NHS Health Checks results in their area. Pharmacies and the practices should discuss together their understanding of this.
- If the PCT has not established referral pathways, these should be set up between the pharmacy and general practice, and include triggers for urgent referral and procedures and timelines for non-urgent referral. LMCs and LPCs should ideally be involved in agreeing referral pathways for all practices and pharmacies within their area.

When providing the service

- Among those who will seek an NHS Health Check, it is anticipated that some will not be registered with a GP. Whilst providing the risk assessment to this population, pharmacies should also ensure that the person is aware of the benefits of registering with a GP.
- All providers will be required to meet minimum standards set by the PCT. Providers should not therefore infer that there are differences in the quality of the tests, and not undermine confidence in the service of another health care professional.

When communicating results

- Pharmacists who are advising someone to see their GP as a result of an NHS Health Check should explain to that person the relative urgency of that appointment. In most cases an appointment within a few weeks will be sufficient - patients in this category should be re-assured that they are not in immediate danger.

- Pharmacies should ensure that NHS Health Check results are communicated to the relevant GP surgery within 48 hours for inclusion within the notes, unless otherwise agreed within the PCT service specification.

When advising on further actions

- Wherever a risk assessment is completed (via a practice, a pharmacy or another setting), if the person is advised to undertake any service to reduce their risk, the full range of local service providers should be offered.

At the time of writing, the national guidance on NHS Health Check is still in the process of development, and this section will be reviewed when processes become more refined.

NHS Health Checks programme

Local Challenges	Solutions

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Local Challenges	Solutions

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National Pharmacy Association
Mallinson House, 38-42 St Peter's Street,
St Albans, Hertfordshire AL1 3NP

01727 85 86 87
email: npa@npa.co.uk
www.npa.co.uk