

‘Improving Processes Between General Practice and Community Pharmacies’

Sarah O’Connor

Placement Structure

- Reception
- Administration
- Patient Consultations with GP & GP Trainee's
- Minor Operations
- Practice Nurses & District Nurses
- GP Trainee's visit to Paydens

Improvement of Processes

- Potential barriers
- Steps we've taken to overcome these barriers
- Further steps we need to take

Reception

- How long does a prescription take?
- Repeat Dispensing
- See how the other half live!

Administration

- Email communication with Prescription Admin
 - Non-urgent queries
 - Stock availability
 - Computer / EPS problems
- Time delay to reach GP
 - Patients to receive copy of MUR recommendations

GPs

- Work pressure
 - Prioritise telephone calls
- Administrative delays
 - Give patients copies of MUR
- Rapid Referral Forms
- Respecting each others role

GP Trainee Visit

- “What happens once we give a patient a prescription?”
- Additional services provided by pharmacy
 - MURs, NMS, Minor Ailments, NOMADs, Needle Exchange, INR Clinic, EHC & Chlamydia Screening
- Resources available
 - Palliative Care Pharmacist
 - Stockleys, Martindale, PCF, NEWT Guidelines

Further Improvements

- Minor Ailments Scheme Information
 - OTC Licensing
- Streamline process of acute prescriptions
- Continued communication

Benefits to Pharmacy & Surgery

- “It’s frustrating for us when...”
- A greater understanding of each others systems, workload and pressures.

Benefits to the Pre-Reg

- Confidence in clinical ability
- Consultation Skills
- Expanding primary care role of pharmacists
- Dressings

Pharmacist Role in GP Surgery?

- Medication
 - Medicines Use Reviews
 - Adherence – 50% of medications are not taken as prescribed
- Prescribing
 - Education & Training – 5 to 8% unplanned hospital admissions due to issues related to medicines.
 - Reducing waste
- Reduce workload