Improving Processes Between General Practice and Community Pharmacies

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Aims

- Gain an insight into the internal structure and roles within a GP surgery.
- Examine how services provided in community pharmacy may be integrated into patient care.
- Identify areas where processes and communication may be improved.
- Put forward possible and realistic interventions that may enhance patient care.
Placement Tasks

- Introduction to the administration staff
- Practice Nurses - Chronic Disease Patients
- Registrar - Shadowing
- GP - Shadowing
- Clinical Medication Review Pharmacist
- Attending CPD meetings - PLS Conference
Key overlapping processes

- Repeat requests
- Blister pack patients
- Initiating New Medications
- Electronic Prescription Service (EPS)
Repeat Requests

- EPS - Improved significantly within GP surgery.
- Step further → Direct Pharmacy uploads possible in the future.
- Electronic upload from pharmacies.
- Requests timeframe - AM/PM.
- Priority Patients - Staff consult pharmacist → different levels of requests (e.g. CDs)
- Duty Doctor - Reviewing priorities hourly..?
- Pharmacy provide delivery cut off times.
Blister Pack

- Most labour intensive area of dispensing
- Requires organisation and communication.
- Highly vulnerable patients requiring special care.
- Weekly update from the pharmacy on the process.
- Highlight any late Rx issues or patients who are requiring particular attention and additional support.
- GP surgery may have suggestions on how these could have been avoided.
- Solutions for some patients → Docessete boxes.
New Medication Initiation

- New Medicines Service
- Potentially take huge workload off GP.
- Highlighted on Rx → This is a new medicine.
- Indicates to the patient trust and communication between GP and pharmacy.
- Ensuring pharmacy is first point of contact for any questions and reassures the patient they will be contacted.
EPS - Electronic Prescription Service

- Main point is clear communication from and between pharmacy and GP - less jargon (spine).

- Advantages and limitations (Acute Abx/CDs) from both points of view.

- Issues e.g. repeat slips on acute Rx/staggered Rx explained to a practice manager.

- Returning a prescription to a doctor - how this is processed and made clear.

- Best use of the online prescription tracker

- Pharmacy providing list of OOT medication reduces problem significantly (Eumovate oint).
Conclusion

- Improve communication - a small document each month from the pharmacy which the practice manager can review.

- Realistic approach to what can be achieved with the resources available and where most difference can be made.

- Sharing expertise and knowledge - not just the pharmacist but all members of staff.
Patient benefits from integrated care between the

Pharmacist and Doctor