

# CEPN GP PRACTICE PLACEMENT

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# The Surgery

- The surgery has 15,000 patients, eight GPs, and four practice nurses.
- The surgery also has a Physiotherapist and a Counsellor a few days per week.
- During my placement I shadowed GPs during surgery and home visits, sat in with Nurses during diabetic and asthma clinics, I shadowed Health Care Assistants during Health Checks, ECGs and Spirometry tests as well as learning about the administrative processes.

# Quality Improvement Processes

# Improving Relationships

- From my placement, I believe the relationship between the Practice and Pharmacy has really improved.
- We now have a better understanding and appreciation of what each other does and can do to provide the best patient care.
- I now ask to speak to a GP directly about a query, which has helped to improve time spent chasing prescriptions.

# Prescribing advice

- While sitting in with GPs in surgery, this area I felt that I helped with a lot.
- The surgery had seen a soar in young children with lactose intolerances, but were finding it difficult to source and prescribe inexpensive formulas.
- By using the drug tariff and BNF, I found how Prescribers need to write certain brands in order for them to be processed properly in the pharmacy. For example Aptamil Powder Formula needs to be written as 'Milupa'
- Another concern for GPs was the cost of medications and how to avoid prescribing an expensive item when there was an inexpensive alternative which met the patients' needs. I told the GPs to refer to the BMJ and the BNF and to also ring the pharmacy where we can then check with the suppliers about the cost of particular items.

# Counselling Advice

- While sitting in on the Nurse's clinics, I also gave advice to patients regarding;
- 'Missed' contraceptive pill advice
- Improving inhaler technique
- If an antibiotic should be taken with/after food
- Avoid NSAIDs in diabetes
- The optimal time to take certain medications, e.g Levothyroxine is best taken in the morning.

# MDS Patients

- A number of our patients who we dispense blister packs for are also patients of this surgery
- A patient who is on a lot of medications had been getting 28 day blister packs, which was making accuracy checking very difficult. I asked the prescriber if we could change it to weekly blisters to reduce the risk of errors.
- Another patient had been recently discharged from hospital and her medication had been changed. Unfortunately the prescriptions sent from the surgery had numerous errors. I faxed the patients discharge letter to the surgery and I also went through their weekly prescription with the Prescriber to make sure her medication that had been discontinued was now archived.

# Drug misuse patients

- We dispense a weekly prescription for a drug misuse patient who is also a patient at this surgery.
- The patient used to request that we dispense her medication a day or two early if she was going away for the weekend, which we were not in agreement with.
- By discussing with the patients GP, I explained to him that by using the ETP, we could release the prescription back to the system, enabling another pharmacy to dispense the prescription on the correct day. Ensuring that the patient did not have a day in two of hand of medication and that protocol was being followed.

# Future of Pharmacists in Primary Care

- In April 2016, the NHS announced a £112 million investment in pharmacists in general practice as part of an initiative to improve primary care for patients.
- This will lead to an extra 1,500 Pharmacists in primary care, where surgery based Pharmacists may be given a role of streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management.
- With the success of Medicines Use Reviews in pharmacy, I truly think that the inclusion of Pharmacists in GP practices can help to reduce polypharmacy, and improve medicines management.