

# GP Practice Placement

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# The Medical Practice

- ▶ Around 11,700 patients
- ▶ 11 permanent GPs
- ▶ 2 Registrars and 1 FY2 doctor
- ▶ 6 nurses and 2 healthcare assistants



# Quality improvement processes

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered on a white background.

# Using both EPS2 and green prescriptions for the same person

- ▶ For the majority of patients from our local surgery we receive EPS2 prescriptions, except for CDs where green FP10s are created.
- ▶ Whilst we go to our local surgery to collect prescriptions twice a day (and to other surgeries daily), we receive and therefore process EPS2 prescriptions and prescriptions for CDs at different times.
- ▶ This means that our delivery driver can make multiple trips to the same patient.

# Action

- ▶ If a prescription contains CD and non-CD items, the Surgery generates green FP10s containing all items.
- ▶ This allows pharmacies to process all items for one patient at the same time.
- ▶ Our pharmacy could discuss this method with our local surgery. Patients would then receive all items at the same time. It would also decrease workload for the surgery's receptionists as this system would mean there would be fewer phone calls enquiring about prescriptions for CDs.

# Products unavailable at the pharmacy

- ▶ One issue identified is that if pharmacists contact GPs about being unable to obtain a product (e.g. manufacturers cannot supply), pharmacists often don't have an answer if the GP asks for an alternative product to prescribe.
- ▶ GPs then have to spend time looking for appropriate alternatives- time which could be spent with patients.

# Action

- ▶ Pharmacists should be prepared with appropriate product alternatives when contacting the prescriber.
- ▶ The development in the access to patient summary care records will enable pharmacists to see exact diagnoses and test results and therefore advise appropriately.
- ▶ Pharmacists need to be made more aware of this role. Within my organisation, this idea could be put forward using the monthly newsletter which would highlight this problem and enforce this role of pharmacists.
- ▶ Pharmacies could let their main surgery know if products are unavailable which are likely to affect patient access- this could be an email which can be circulated to all GPs at the surgery, for example.
- ▶ As much Information as possible given to GPs saves their time and ultimately decreases the likelihood that patients go without medication.

# Products becoming available again

- ▶ A further problem identified is if GPs prescribe an alternative product to one which is unavailable and the patient switches to this but the original product then comes back into stock.
- ▶ For example, if owings are created for the unavailable product, but are then completed and sent to the patient when the product becomes available, a patient could potentially take two lots of medication for one condition which could be very dangerous.
- ▶ Furthermore, the prescriber is often not aware if and when products are available again, and could continue to prescribe for many patients alternative products which are less appropriate to the one which can be obtained again e.g. more expensive, worse side effect profile.

# Action

- ▶ Products which become available could be circulated to GPs in the same way (or on the same document) that GPs are made aware of the unavailable products.
- ▶ If patients are prescribed an alternative product, this should be put on the patients' medication records, and the prescriber to be contacted if the original product becomes available again.

# Further quality improvement processes

- ▶ Good communication between surgeries and pharmacies
- ▶ Mutual respect
- ▶ Having more placements like this to improve professional relationships and knowledge