

Barnet Community Education Provider Network

Pharmacy Development 2017-18



Overview

This report summarises some of Barnet CEPN's work to support pharmacy development in 2017/18. Three projects are briefly summarised:

1. Collaborative meetings between general practices and community pharmacies
2. Evening education sessions for pharmacists and others
3. Recruiting pharmacists to work in general practices

Collaborative meetings

Background

Following discussion surrounding the GP Forward View agenda and the first wave pilot funding for practice based pharmacists, an initiative was established by one MCLG based group of practices to coordinate a regular GP / community pharmacy forum. It was led by two GPs, prescribing leads with an interest in medicines optimisation/ management.

Objectives

The objectives were set following feedback at the first meeting / forum for discussion:

- 1) to improve communication between practices and local community pharmacies
- 2) to improve understanding of each others prescribing agendas and how to help meet them collaboratively.
- 3) to discuss and compare different practices across the area and establish best practice and work towards some common standards of practice
- 4) to work together to improve efficiency, reduce duplication and improve patient care

Activities

Quarterly meetings were run since 2015 with attendance of between 16-25 participants at each meeting. Participants included GP practice members, representatives from 10-20 community pharmacists, CCG pharmacists and practice pharmacists. It was regularly supported by the CCG Pharmacy Leads. Invitations were issued to members of the CCG Electronic prescribing team, IT team, Respiratory Lead Pharmacist for teaching and informal Q&As. Since being established, attendance expanded to include pharmacists further afield and attendance by two further GP practices with an interest in joining or establishing a further group.

Impacts

Feedback was received during meetings, evaluation forms were used to establish format of meeting and gain feedback from pharmacists of their needs and objectives. Individual feedback was gained from pharmacy colleagues.

An impact was improving warfarin prescribing safety by communicating need for regular INRs from patients. There was increased collaboration with flu vaccination of at risk population- collaboration to reach housebound population, improve data for flu notifications and help with vaccine supply shortages.

Another impact was standardising glucose monitor and replacement test strip supplies in line with CCG recommendations. Ensured pharmacies aware to encourage the use of these machines, how to obtain replacements and direct glucose meter problems.

We also had inhaler training from the CCG pharmacist. Various trainee collaboration projects via HENCEL, medical students and Barnet STS GP trainees allowing shadowing in each others work environment enabling better understanding of complementary roles

The programme improved communication through circulation of agendas, feedback and minutes enabling a database of all local pharmacy contacts and generic accessible email addresses for GP practices. Introduction of nhs.net email to all community pharmacies and generic email address to GP practices. Support to overcome application and information governance difficulties. Standardised request / medication query system- encouraging use of email for all non urgent queries.

Another impact was optimising repeat prescribing pathways. Electronic options of script communication between GP practices and pharmacies- allowing direct electronic script request and two way script queries. Involved the discussion around GP software and discussion around data sharing agreements and limitations of the SCR data. Collaboration with EPS (electronic prescribing system team) GP IT and EMIS Web CCG teams.

Other impacts included improvement in EPS use and electronic repeat dispensing from 10% across Barnet Practices to 25% of all prescriptions. The forum for discussion enabled sharing of ways to initiate this- eg targeting single item prescriptions in a younger, stable population.

“It was a great forum to build relationships between GPs and community pharmacists. From the meetings I attended it was clear that often the GPs and pharmacists did not understand about the systems and processes of each of their practices and this forum was a great way of each party explaining how things worked for them. The community pharmacists also used this forum to clarify various aspects about the work medicines management did and it gave us the opportunity to explain how things worked at our end.” (Community pharmacist)

“In my experience these meetings are invaluable for developing strong collaborative working relationships and implementing change more effectively. Though the initiative is, relatively speaking, in its early stages, the importance and future potential is already apparent. Possibilities of having GP and pharmacy systems which can communicate more effectively or even allowing pharmacists restricted Emis access are just some of the more innovative ideas we were able to discuss, vitally with CCG input. Akin to MDT meetings, it is a useful forum to help understand differing viewpoints from various stakeholders; crucial for creating respect for and better understanding of each others roles, barriers and potential. This was most apparent for me, when implementing switches to Repeat Dispensing for dosette patients. The discussions during the meeting helped to iron out niggles and inspire a single vision which made implementation much easier. The networking opportunity also helped me develop working relationships with the wider community team, making day-to-day work more effective. e.g. resolving prescription queries. During my consultations, I regularly received great feedback from patients who are surprised that Practices and pharmacies can actually talk to each other, illustrating the positive impact on the patient experience alongside improved quality of care.” (Practice based pharmacist)

Summary of achievements

Objective	Extent achieved	Comments
To improve communication between practices and local community pharmacies	Fully achieved	MCLG attendance in West groups is good. West MCLGs are regularly well attended by pharmacist. Collaborative working reinforced by CEPN pharmacist facilitator who facilitates the MCLG and attends the groups.
To improve understanding of each other’s prescribing agendas and how to help meet them collaboratively	Fully achieved	Good relationships built between pharmacies and practices- review of mutual patients- medication review. Close liaison with pharmacist with complex patients medication supervision. Regular telephone contact with pharmacies.
To discuss and compare different practices across the area and establish best practice and work towards some common standards of practice	Fully achieved	Standard communication for INR established best practice of an INR every 6 months recorded in GP notes- INR requested from patient via script requests and pharmacists. Improved safety of warfarin prescribing.

Things that worked well

- Collaborative working – resulted in better relationships – informal and formal.
- Engagement from a wide range of pharmacist and practices enabling a constructive forum for feedback between CCG, Practices, Community Pharmacists and Practice Pharmacists leading to contact and collaboration between all involved in the patient journey of prescribing to issue of medication.
- Interest developed with other local GP practices from adjacent areas with discussion around replicating meetings or extending area discussed.
- Small changes and a regular forum for colleague engagement enables a forum for significant improvement in patient safety and the establishment of common pathways of practice within a local area.

Challenges and how they were overcome

- Lack of funding.
- Administration, minutes, email circulation lists and GP Pharmacist time- out of hours voluntary commitment as this enabled pharmacist engagement.

Recommendations

- Funding for further collaborative working – specific project support eg housebound patient medication review by community pharmacist with collaboration with GP prescribing lead.
- Funding of improved IT systems- eg Impact of introduction of the Summary Care Record/ EMIS Web access at community pharmacies.
- Extend geographical area involved in meetings- more local practices to enable them to replicate work.
- Review aims and objectives of future work and review direction of meetings.

Legacy

To consider replication of this model of working across CCG with locality based engagement of GPs and pharmacists. Consider linking in GP/ Pharmacist trainee work reinforcing the ethos of collaborative working.

Further details

For further information about this programme contact:

Joanna Yong
Joanna.yong@nhs.net

Evening learning sessions

Background

Prescribing is the most common patient-level intervention and it is the second highest area of spending in the NHS, after staffing costs (ref). Repeat prescriptions represent approximately 60-75% of all prescriptions written by GPs and approximately 80% of primary care prescribing costs. The sheer volume of repeat prescribing in general practice is a vast amount of work and a source of potential risk to patient safety. Therefore, improving repeat prescribing systems is to everyone's benefit; it can save time for patients and clinicians, whilst improving follow up and safety.

Currently in Barnet, there is no standardised Repeat Prescribing process across practices and this is not unusual as every practice operates slightly differently and will have its own systems. However, from discussions from colleagues and feedback from MCLGs the RP process is one that causes the most headaches (and time consuming) for GP, pharmacists and patients alike. It will be unusual to find a practice that feels it is managing this process effectively. Most practices are constantly trying to make small changes to address various issues and to make the process more efficient and safe.

We feel the evening meetings would be an ideal way to start identifying and addressing common issues in repeat prescribing encountered by practices across Barnet enabling sharing of best practice in a truly multi-professional collaborative forum. Smarter use of the EMIS prescribing system would also help with the repeat prescribing process and we hope to incorporate EMIS user tips into the meeting. Our target audience would be pharmacists (community, practice and CCG pharmacists), GP, GP registrars, nurse prescribers, prescription lead/clerk and LPC representatives. Additionally, the plan is to use these meetings to raise awareness of what a QI project is and to increase confidence in undertaking Quality Improvements involving a multidisciplinary team. Going forward we hope that these meetings will possibly form the basis of a Pan Barnet Quality Improvement project on the repeat prescribing process. However, this is beyond the aims of these meetings.

Barnet has recently employed six clinical pharmacists to work across Barnet practices as part of the NHS England pilot. Repeat prescribing and reviewing processes is almost the first activity they will be getting involved in. This would be an ideal forum allowing them to identify common issues encountered and looking at possible Barnet wide solutions. Furthermore, it will give them an opportunity to network and integrate into the Barnet multi-disciplinary team.

Objectives

Barnet CEPN is running a series of evening learning sessions of relevance to pharmacists and others. The objectives are:

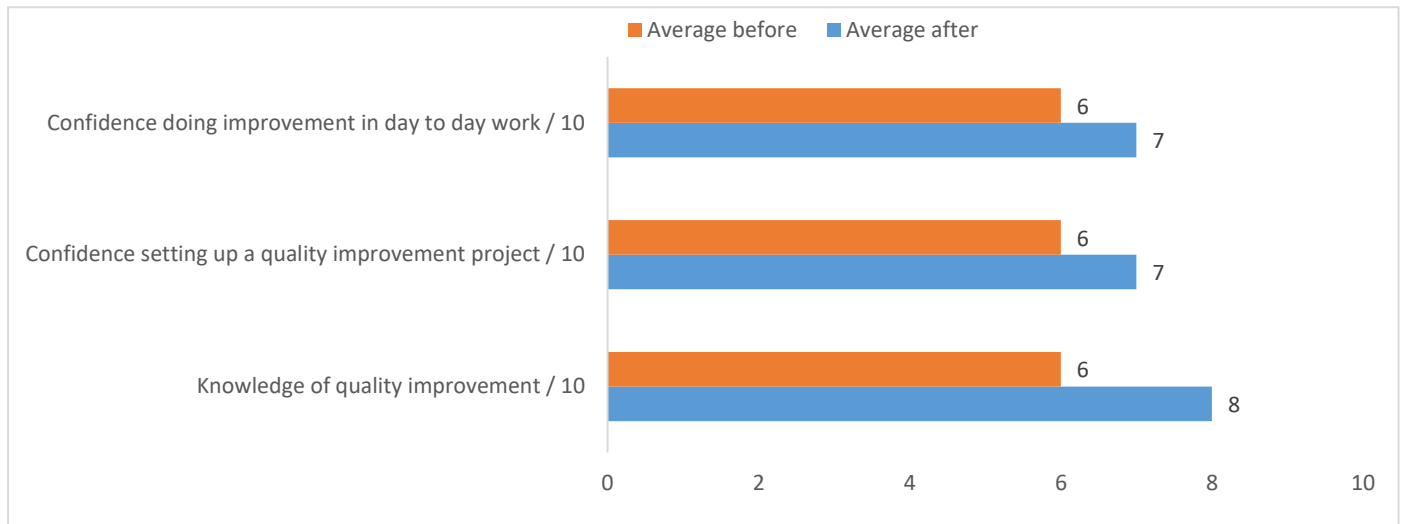
- Increase understanding of quality improvement
- map the prescription and repeat prescribing journey and identify some of the pressure points in this process
- develop better working relationships with the wider primary care team to make improvements in the repeat prescribing process

Activities

Two evening sessions have been run to date with further sessions planned. There were 20-25 people at each session, with a good mix of GPs, nurse practitioners, practice managers, community pharmacists, practice pharmacists, CCG medicine management pharmacist, prescription clerks and pharmacy technicians.

Impacts

There was a trend towards improved knowledge and confidence after the sessions.



Reflections

Repeat prescribing seems to be an issue for healthcare professionals who are involved in the repeat prescribing process. Stakeholders all had similar challenges. There was a need improved communication between all stakeholders, patient education, training for those involved in managing the bulk of repeat prescriptions (prescription clerks/admin staff). More work is needed to develop repeat prescribing processes to be safe, efficient and less time consuming. EMIS training is needed especially with regards to repeat DISPENSING scripts.

Some people attending wanted answers to their problems rather than education. There is an indication for another workshop where best practice is shared.

A quality improvement session was well received but people were not always motivated to undertake quality improvement in their practices or pharmacies.

Further details

For further information about this programme contact:



Femeeda Padhani
Barnet CEPN Pharmacy Lead
Barnet.cepnpharmacy@nhs.net

Practice-based pharmacists

Background

Barnet CEPN were successful in their joint bid with the Barnet Federated GPs (BFG) for phase 2 of NHS England's Clinical Pharmacists in General Practice Programme. This is a 3-year scheme with the aim of supporting and training clinical pharmacists working in general practice, and fulfilling the Five Year Forward View commitment of delivering a pharmacist per 30,000 of the population. Clinical pharmacists will work in General Practices as part of a multi-disciplinary team and be involved in medicines management/optimisation as well as develop patient facing roles such as long-term disease clinics, polypharmacy reviews and minor illness. A secondary aim for the Barnet CEPN was to work collaboratively with different stakeholders to ensure the above is a success and improve engagement between different organisations

Objectives

1. Recruit and allocate clinical pharmacists to work across GP surgeries in Barnet
2. Support clinical pharmacists through their training alongside their educational provider CPPE
3. Expand the general practice team by embedding pharmacists into the primary care team which will allow reallocation of GP workload and increase their capacity to see and help more patients
4. Work collaboratively with different stakeholders to ensure the above is a success and improve engagement between different organisations

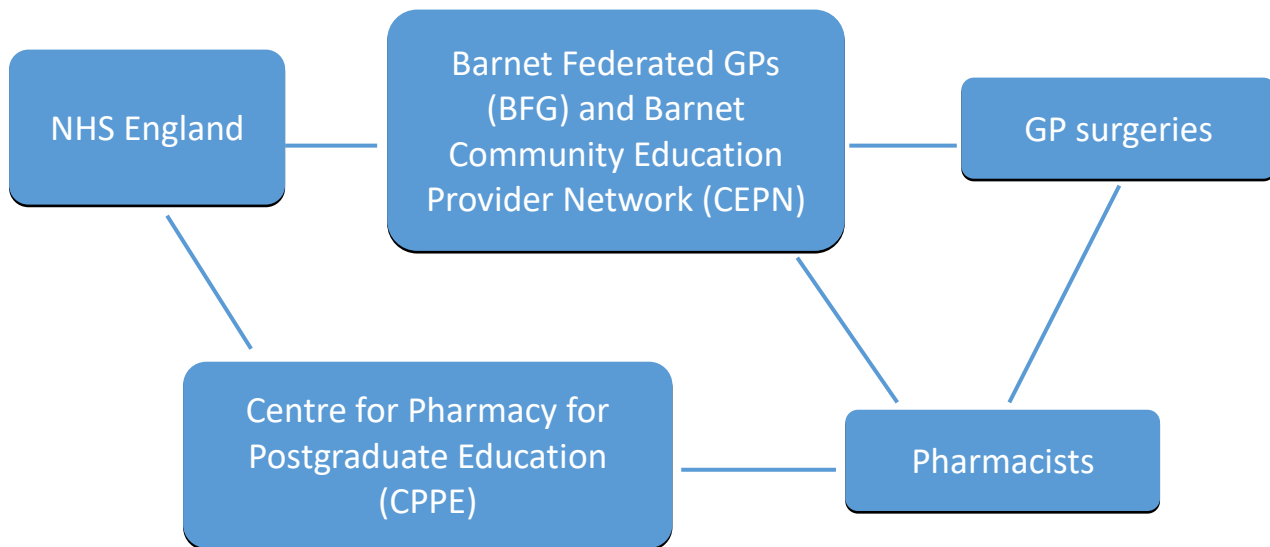
Activities

One of the reasons the bid for the programme was successful was because it was a multi-collaborative effort with a view of sharing experience, knowledge and resources. A Pharmacy focused steering group was subsequently created to help implement this programme in Barnet. The group consists of pharmacy representation from Barnet Clinical Commissioning Group (CCG), Central London Community Healthcare NHS Trust (CLCH), Middlesex Group of Local Pharmaceutical Committees (LPC), Public Health England (PHE), as well as GPs and a senior pharmacist who works for the CEPN. Barnet were allocated 5.5 full-time equivalent pharmacists by NHS England with a ratio of 1:5 senior clinical pharmacists and clinical pharmacists.

Recruitment started in September 2017 with the help of CLCH and involved a process of advertising, shortlisting and then interviewing over the next few months. The 4-person interview panel consisted of a GP and senior pharmacists from CCG, LPC and CLCH. We had over 50 applications with just under half being shortlisted and 19 being interviewed. In November 2017, a total of 6 pharmacists (5.0 full-time equivalent) were successfully recruited. These pharmacists were then allocated across 15 different GP surgeries which was a complex task and one with a few challenges. The allocation criteria was based on the following:

1. Number of sessions each practice requested as a minimum they would accept when the EOI was sent
2. Where the pharmacist lives
3. Number of sessions each pharmacist will be working
4. MCLGs (Multi-Collaborative Learning Groups) and geography of practices
5. Continuity for Pharmacists and GP surgeries - with 15 practices involved and a limited allocation of pharmacists, we felt it would be important to ensure they are not spread too thinly, therefore each pharmacist will be working across 1-4 practices

The pharmacists will be employed directly by Barnet Federated GPs for a period of 3 years. Each GP surgery will therefore have a direct contractual agreement with BFG for the provision of pharmacists. The image below gives an overview of how each party is linked.



Barnet CEPN and the BFG were allocated 5.5 full-time equivalent pharmacists based on the number of practices who expressed an interest in the programme when the bid was initially made. Recruitment of the pharmacists was a cross-organisational collaborative effort involving pharmacy representation from Barnet Clinical Commissioning Group (CCG), Central London Community Healthcare NHS Trust (CLCH) and Middlesex Group of Local Pharmaceutical Committees (LPC), as well as local GPs.

We have successfully recruited 6 pharmacists who will work across 15 different GP surgeries across Barnet. They are due to start in February 2017 and be employed by Barnet Federated GPs for 3 years. Their training will be provided by the educational provider, Centre for Pharmacy Postgraduate Education (CPPE) as well as additional support from the Barnet CEPN.

Impacts

A steering group has been set up as a result, with the aim of collaborative working on all pharmacy projects in Barnet. There is representation from all the organisations mentioned above and we have been meeting regularly with the primary focus currently being this programme.

The overall impact of this programme will be assessed over the 3 years. Clinical and non-clinical work each pharmacist undertakes in their allocated GP surgeries will be recorded as part of the key performance indicators for NHS England. These KPIs and the reporting template are yet to be confirmed by the national team. A pre-and-post questionnaire will also be sent out to GP surgeries to assess impact of having a clinical pharmacist e.g. proportion of time spent on medication reviews/repeat scripts before and after therefore assessing GP time saved. Post-questionnaires will also include GP time saved by pharmacist doing patient facing roles e.g. minor illness/long-term diseases, polypharmacy reviews.

Lessons

- Regular communication between the different stakeholders is essential – email, telephone, meetings etc. to ensure things are achieved in a timely manner
- Contractual agreements, liability and finances of the programme should be clarified from the beginning between all parties involved before commencing recruitment.
- Difficult to please every GP surgery when allocating pharmacists – perhaps a more detailed practice needs assessment should have been undertaken as practices were allocated pharmacists predominantly on minimum number of sessions requested and geography
- Learn from other areas who have a similar model of employment to avoid duplication of work

Next steps

- To support pharmacists as they settle into their allocated GP surgeries and integrate with primary care teams
- Provide educational support alongside CPPE through local learning sets
- Create a network of practice based pharmacists in Barnet who share learning, ideas and better ways of working. This will also help improve collaborative working between GP surgeries and efficiencies with practices
- Improve links between practice based pharmacists and community pharmacists
- Pharmacy working group to continue meeting regularly to help achieve the above and work on other projects

Further details



For further information about this programme contact:

Dr Nikesh Patel
Barnet CEPN iGP
Nikesh.patel@nhs.net