Debate & Analysis

Clinical pharmacists in general practice:

value for patients and the practice of a new role

In their article on the management of patients with hypertension, West and Isom highlighted the value of a community pharmacist in supporting these patients.[1] There is no doubt that community pharmacy can be part of a solution to the current and future demands facing the NHS: from supporting patients to help them get the most from their medicines, fielding some of the many self-limiting minor ailment consultations, to driving the prevention agenda through the Healthy Living Pharmacy concept. The authors note that, 'pharmacists could be performing more complex tasks than currently by contributing to clinical care and health improvement'. A new and evolving role of the clinical medical practice pharmacist, where the pharmacist with an independent prescriber qualification is part of the general practice team, highlights the potential of the pharmacist's capability. We describe this role of the clinical practice pharmacist below, which has been piloted in the Tamar Valley medical practices in Cornwall.

THE NEED FOR A GENERAL PRACTICE PHARMACIST

To meet the demand of an ageing population with more chronic conditions there will need to be an increase in the number of clinicians. This will be essential in primary care, with the transformation of the NHS and more complex care being delivered in the community. However, there is currently a recruitment crisis with significant predicted shortfalls in numbers of GPs and practice nurses over the next decade.[2] The pharmacy profession is in a unique position according to the Centre for Workforce Development. Within a few years there is likely to be a surplus of pharmacists in the UK, and by 2040 this surplus could reach 19 000 causing unemployment within the profession. We believe the clinical practice pharmacist role is part of the solution to the increased healthcare demand, and lack of nurses and GPs.

SUPPORTING PATIENT-CENTRED CARE AND ENSURING POSITIVE HEALTH OUTCOMES

Medicines are the single biggest intervention for the prevention and treatment of ill health, costing the NHS £14.4 billion (2013–2014).[3] The World Health Organization has stated adherence among patients with chronic diseases averages only 50%.[4]

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The cost of non-adherence has been reported to be over £500 million in the UK[5] and over $100 billion in the US.[6] The pharmacist independent prescriber in Tamar Valley practice is responsible for medication review clinics, moving the management of patients with multiple long-term conditions away from the doctors, while providing effective support for patients.

During the patient-centred consultation the pharmacist examines blood tests, adjusts therapies, actions Quality and Outcomes Framework work, and promotes good adherence. Our experience has shown that patients are not only satisfied by the clinics, but will actively seek out the pharmacist to resolve medicine issues.

The published evidence base for a prescribing pharmacist is still emerging; however, the studies so far have been positive. An independent report commissioned and funded by the Policy Research Programme at the Department of Health stated that pharmacist prescribing is currently safe and clinically appropriate.[7] This study along with research conducted by Prescribing Research Group[8] showed that acceptability of the role to patients is high. A study that compared pharmacist prescribers managing common existing long-term conditions with usual medical prescribing concluded that a 'pharmacist' service is valued by patients as an alternative to doctor prescribing in primary care.[9] Another study showed that pharmacist prescribers improved Chronic Pain Grade scoring in a randomised controlled exploratory trial.[10]

ENHANCING PRESCRIBING SAFETY AND QUALITY

The need for good prescribing practice is well documented by the PRACtICe study,[11] which indicated the overall prevalence of prescribing and monitoring errors in general practice at 5%, coupled with the large numbers of unscheduled admissions caused by medicines, about 7%.[12] Clinical pharmacists are proven to support good prescribing practice, and the PINCER study evidenced the cost effectiveness and the value of the pharmacist.[13] The practice pharmacist, as part of their role, also helps the doctors manage good practice guidance issued from the National Institute for Health and Care Excellence, and the Medicines and Healthcare Products Regulatory Agency.

MANAGING THE PRESCRIBING PROCESS

In general practice the prescribing process generates a huge amount of work for GPs, originating from patient requests and prescribing recommendations from other health professionals. The practice pharmacist in our team is responsible for updating the patient's clinical record with the appropriate medication. They can discuss queries with patients, book appointments for essential blood tests, and see patients for follow-up to titrate treatment regimens. We have shown anecdotally in our practice that practice pharmacists dealing with patient requests and queries alone can cut over an hour of workload every day per GP.

HELPING MEET THE ON-THE-DAY PATIENT DEMAND

General medical practice like all other areas in the health system is experiencing incessant demand. Currently, the average member of the public sees a GP almost

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six times per year and this is likely to increase as it has done in other Western countries with ageing populations.[14] Many of these consultations will concern common acute illnesses or issues with medication regimens. Our pharmacists use their prescribing qualification to consult patients with common acute illnesses, diagnose, and prescribe (if necessary), to treat the patient's condition, directly saving a GP appointment. If the pharmacist needs a second opinion about a clinical case they can quickly access their GP colleagues, who, if necessary, can join the consultation to advise. We use telephone consultations to better manage patient demand, and any medicine-related calls at the practice are diverted to the pharmacist to save GP time.

THE PHARMACIST IN THE PRIMARY CARE MULTIDISCIPLINARY TEAM: OUR PERSPECTIVE

The transformation of the NHS will bring many challenges to general practice; solutions to this involve changing working practices towards multidisciplinary team approaches as alluded to in NHS England's House of Care model. The clinical pharmacist role, when integrated into the medical practice team, provides a valuable resource to patients and a complementary skill set to fellow clinicians. Funding for the role will need to come in part from reduced GP sessions per practice list (*fait accompli* if GP recruitment is difficult), support from top-slicing practice drug budgets, or by additional GMS contract resources. There have been previous calls by the Royal Pharmaceutical Society (RPS) and General Medical Council to have greater involvement of a pharmacist in medical practices.[15] On the 17 March 2015 the RPS and RCGP announced in association 'radical proposals' with the aim to have pharmacists working in GP practices all over the country. So, now is the time to fully explore and develop this clinical pharmacist role. We recommend that:

- general practice explores the opportunities of a clinical pharmacist role in alleviating workforce pressures;
- further research is undertaken to expand the evidence base on the role of clinical practice pharmacists in managing long-term conditions and acute care; and
- Health Education England prioritises the development of prescribing pharmacists to fill the work force gap.

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