Our practice pharmacist service

Supporting your practice needs by managing practice workload.

Providing practice pharmacists to the NHS for over 15 years
Prescribing Support Services (PSS) is one of the leading providers of practice based pharmacists in the UK.
Primary care services across the UK are facing significant pressures in meeting rising patient demand with increasing recruitment challenges.

Having a pharmacist as part of the clinical team is now widely recognised as a proven strategy to support practices in relieving the workload pressure on GPs. Freeing up time to spend with patients with complex medical needs.

Prescribing Support Services (PSS) has pioneered the development of practice pharmacist services and has worked with a broad range of practices since 2000 giving us a good understanding of the issues facing general practice. Our work has highlighted that GPs spend significant time managing prescribing, which includes reviewing medicines, reconciliation of letters and discharge forms, addressing patient compliance and managing long-term conditions.

PSS is able to provide a fully managed pharmacist led service model which supports practices with a cost effective solution to address the workload associated with managing medicines related activity.

Commissioning a practice pharmacist

Providing practice pharmacists to the NHS for over 15 years
PSS can mobilise your practice pharmacist service within 6 weeks allowing you to quickly realise the benefits.
An emerging model of care delivery involves utilising the skills of a pharmacist in helping GP practices and primary care providers fill their resource gaps quickly, practically and cost-effectively.

PSS as one of the leading providers of practice pharmacist services and has received significant interest from practices seeking to benefit from pharmacist input.

Our practice based pharmacists are delivering a range of services such as:

- Responding to acute medication requests
- Discharge letter reconciliation
- Medicine information queries
- Repeat prescription review

Using pharmacists in this way has freed up valuable GP time, much of which was previously spent on these time consuming tasks.

As well as practices benefitting from pharmacists supporting these activities, a number of practices are also valuing the extended role they can perform. This can include the management of care for people with self-limiting illnesses and those with long term conditions, particularly where pharmacists have the ability to prescribe independently.
Key pharmacist interventions which improve practice productivity and patient experience

1. Medicines information and advice
   - General advice to patients
   - Contribution to clinical education and PLT
   - Concordance and compliance support
   - Practice medicines information service
   - Staff training and development
   - Multi-professional multi-morbidity patient reviews and integrated care
   - QOF and LES addressed in single appointment
   - Polypharmacy rationalisation/deprescribing
   - Address medication issues at POC

2. Acute to repeat
   - Conversion on to repeat cycle following new treatment initiation
   - Face to face or telephone follow up to assess benefits

3. Repeat prescription management
   - Face to face/records review
   - Evidence in patient record to reset review date
   - Prescription quantity and review date synchronisation
   - Community pharmacy liaison to deal with any queries
   - Treatment guidelines optimisation
   - Pre-referral assessment/review optimisation of primary care management
   - Multi-disciplinary case reviews

4. Referral management
   - Adding new treatments
   - Contacting patients to explain new treatments or alterations
   - Implementing ongoing monitoring arrangements as per shared care

5. Discharge advice note review
   - Adding new treatments
   - Contacting patients to explain new treatments or alterations
   - Implementing ongoing monitoring arrangements as per shared care

6. Hospital outpatient letters
   - Face to face/records review
   - Evidence in patient record to reset review date
   - Prescription quantity and review date synchronisation
   - Community pharmacy liaison to deal with any queries

7. Multi-morbidity clinics
   - Adding new treatments
   - Contacting patients to explain new treatments or alterations
   - Implementing ongoing monitoring arrangements as per shared care
Pharmacists based in GP practices will be able to contribute to the clinical work related to medicines, relieve service pressure and increase capacity to deliver patient care.

RCGP 2015
Practice business case

Clinical case

The 2010 PINCER study found that pharmacists play a critical role in reducing medicine errors in general practice.

In 2012 a further study, the PRACtICe study, found that 1 in 20 prescription items contained either a prescribing or monitoring error, affecting 1 in 8 patients.

The report recommended that pharmacists can play a greater role in mitigating the occurrence of error, through reviewing patients with complex medicines regimens at a practice level and in identifying and informing the GP of errors at the point of dispensing.

2. Prof Tony Avery et al. Investigating the prevalence and causes of prescribing errors in general practice: The PRACtICe Study (PRevalence And Causes of prescribing errors in general practice) May 2012  
• Up to 50% of medicines are not taken as intended by the prescriber².
• Between 5 to 8% of all unplanned hospital admissions are due to issues related to medicines (this figure rises to 17% in the over 65s)⁴.
• Medicines waste is a significant issue; reported as £300 million in primary care alone, about half of which is avoidable. In addition an excess of £500 million per annum is the estimated opportunity cost of the health gains foregone because of incorrect or inadequate medicine taking.
• Medicine safety data indicate that we could do much better at reporting and preventing avoidable harm from medicines⁵.
• Multi-morbidity and inappropriate polypharmacy in frail elderly people can be problematic⁶. These patients need regular review of their medicines to ensure that all medicines prescribed, or bought over the counter, are safe and appropriate.
• There is often a communication breakdown at the point of discharge from hospital resulting in prescribing errors. These errors can lead to damage to health, much time wasted for administrative and clinical teams in primary care and potential re-admission to hospital.
• From the patient perspective, with increased focus on patient-centred care, there is much more to be done to allay concerns about polypharmacy and address the lack of support with medicines taking. Pharmacists are specifically trained to be experts in the optimal use of medicines in multi-morbidity. These skills ideally complement the role of GPs and practice nurses and add to the range of knowledge available in GP surgeries to manage increasingly complex care.

A pharmacist working as an integral member of the practice team can support the practice in streamlining the workload associated with the use of medicines and improve the outcomes achieved:

Our service can deliver a saving of 17.5 hours of GP time/week or £50k of operational savings/annum.

The opportunity to recruit a practice pharmacist not only presents a strong clinical case, but also presents an equally compelling economic case in these times of financial constraints when practices are being asked to do more with less.

We can offer practices a 5 day service with no net increase in staffing costs.

Column 1 details the cost of a 5 session pharmacist service. The pharmacist will focus on tasks ordinarily carried out by GPs allowing them to focus freed up time on patient facing services. There are also additional benefits for patients and for the practice in reduced administrative time of resolving medicines related issues in a proactive manner. We would estimate this to generate an equivalent saving of approximately 17.5 hours of GP time, which based upon the typical cost of a GP performing the same function (column 2) would offer practices a net saving of £49,140.

A number of practices have met the cost of the service by being able to reduce the number of GP sessions per week by 2 (column 3).

By utilising the services of a pharmacist and saving a modest 2 sessions worth of GP time will offset the cost of the service. By saving any additional GP time will result in a costing model that allows the practice to generate a net saving through utilising a practice pharmacist.

We are happy to work through variations of the above scenario to demonstrate the value offered by a practice pharmacist and ensure any service meets the practices needs.
As an established NHS provider we are able to work with practices and primary care providers to implement a patient centred service solution which adds value to each primary health care team and their patients.

**Our expertise includes:**

- Experienced senior management team with experience across primary and secondary care as well as NHS commissioning expertise
- Core pharmacist team supported by effective clinical governance system inc CQC requirements
- Experience of working with all the main GP clinical systems
- Operational procedures that meet the high standards of corporate and information governance
- Track record of delivering innovative service solutions for example supporting the practice to develop anticoagulation services
- Service mobilisation experience including the recruitment of new teams
- Strong academic links with a number of our directors serving in University posts
- We encourage all of our clinical staff to complete post graduate education as well as attaining an independent prescriber qualification
- Support with CQC compliance - repeat prescribing policy, administration, storage and disposal of medicines policy etc

**Mobilising your service**

PSS will lead on mobilising your new service including addressing practical questions about the integration and general development of your new pharmacist. Having successfully mobilised a practice pharmacist service in numerous practices across the region we have answered many of the key questions, ensuring practices benefit from our longstanding reputation and experience.

- What basic training / orientation is required within the practice?
- What are the ongoing clinical supervision and general management requirements?
- How is their professional development managed?
- How do you manage the pharmacist / patient interface? How do you explain their role to patients? How do you start to integrate them into the team?
- How do we communicate any change in operational delivery to staff and patients?
- What policies and processes do we need to amend?
- What are the critical success factors to ensure the new service is successful?
Next Steps

If you would like to discuss our service model and how we could support you please contact a member of our team.

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