Integrating Pharmacist Prescribing into GP Practices and Nursing Homes
Getting the skill mix right

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Overview

- Journey
- Commissioned service in NH
- Skill Mix
- Outcomes
- Expansion - GPP
- Aspirations
- Discussion
Journey 2010

- GS
  - C Pharmacy /GP
  - Elderly Care Dom/NH
  - Publish Studies
  - CCG Project
    - OJEU Tender
Journey 2010

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Argyle
- 4 NH
- GP Proactive care
- CCG lead GP
- OJEU Tender

RT
- C Pharmacy /GP
- NH
- Respiratory
Journey 2013

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APMS Contract Awarded

TACHS - MDT in Nursing Homes
Journey 2015

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Pharm IP

APMS Contract Awarded

TACHS - MDT in Nursing Homes

GPP - Clinical Roles – Prescription Management
The Argyle Care Home Service

- A multi-disciplinary CCG commissioned service
  - Working 8am-8pm, 365 based in single GP surgery
    - 19 (23) NH, >900 (1200) patients
  - Single point of access phone number
  - Technologically innovative – cellular mobile read-write working
  - Pro-active care with regular rounds at every home
  - Regular medication reviews delivered by clinical pharmacists (3,2,1)
  - Bi-annual MDT reviews of every patient and their care plan
  - Prescribing managed by Pharmacy Team
# The Nursing Home Team

**GP**
- Dr Anna Down
- Dr Gouri Dhillon
- Dr Arjun Dhillon
- Dr Raj Krishna
- Dr Sapna Sharma
- Dr Natasha Griffin
- Dr Francesca Farrell
- Dr Ajay Trivedi
- Dr Victoria Pico
- Dr Avani Devkaran

**Pharmacy**
- Dr Graham Stretch
- Mr Raj Thakerar
- Mr Kashif Ismail
- Ms Claire Gulian
- Mrs Ama Bhamra
- Mr Mo Amier

**Nursing/HCA**
- Miss Helen Pinney
- Miss Isobel Hammond
- Miss Dalal El-Khafaji
- Mr Greg Tucker
- Mrs Saran Amin
- Miss Judith Owen

**Admin**
- Ms Kate Sams
- Ms Fionulla O'Donnell
- Ms Shelley Saunders
- Ms Allison Glinn

(*IP)
Integrated nursing home care

- Patient
  - MDT
  - Joint working
  - Scheduled visits
  - Holistic review
Pharmacy Model

Processes - proactive

- Enhanced oversight
- Aligned to NICE and CQC
- ETP2 (emailed and faxed)
- Improved Governance and Audit

Process - responsive

- Full Skill Mix in Pharmacy Team
- Pharmacist IPs authorised
  >160,000 (£1.2m) prescription items in last 6 month period (>95%)
- >1500 email transactions / month
- ~95% acute same day
Skill Mix Evolution

- Pharmacist Independent Prescriber (x2)
- Pharmacist Lead IP
- Clinical Diploma Pharmacist
- Pharmacy Technicians (x4)
- Pharmacist IP (x2)
- Pre Registration Trainee Pharmacist (50%)
  - Pre Reg Pharmacy Technicians
  - Apprenticeships
- ‘Super Pharmacists not Cheap Doctors’
Outcomes - pharmacy

**Medicines Optimisation**
- Level 3 Reviews at bedside
- 726 clinical pharmacy reviews past 6 months (L3)
- Surgery based reviews at level 2 (n-3000+)
- Dysphagia, Crush and Covert
- Reductions in Specials £++

**MDG and 6 month reviews**
- GP
- Nurse / Nurse Specialists
- Pharmacist
- 11% reduction in items prescribed in one year
Outcomes

- Admissions Avoidance: -20%
Outcomes - pharmacy

**Dementia Reviews**
- 8/52 – Bannerjee Report
- 45 patients – stopped in 53% and reduced in 10%
- All agents – in home/phone interviews
- Improvements in engagement, family and nursing staff

**Anticholinergic burden**
- Review and reduction

**Palliative**
- Formulary liaison
- Palliative Care, Nursing Home Nurses, GP surgery, Community Pharmacies
- Presentation & Training – Nursing Homes & Hospice
- Urgent (Fast Track) processes – anticipatory medications
- Timely delivery coordination with community pharmacies
- Patient and family centred
Outcomes - Palliative

- Age range 18 - 106 years: Average age 81 years
- 550 deaths – Preferred place of death, over 80% in NH (Nationally 43.7% in usual residence)
- Third had Anticipatory Medications – correlation?

![Variation by nursing home](image-url)
Outcomes - pharmacy

Falls
- ACE Inhibitors
- Beta Blockers
- Angiotensin II Receptor Antagonists
- Antipsychotics (Neuroleptics & Atypicals)
- Calcium Channel Blockers
- Antiarrhythmics
- Anxiolytics
- Diuretics
- Anticonvulsants

Bone Protection
- Benzodiazepines
- Opioid Analgesics
- Antidepressants
- Skeletal Muscle Relaxants
- Antihistamines/Antiemetics
- Vasodilators
- Antiparkinsonian Agents
Outcomes

- Improved care for the vulnerable and often marginalised NH population by:
  - reducing variability
  - setting and improving standards
- Does not require ripping up core and traditional GP/Pharmacy roles
- Work with MDT and innovation to work differently
- Allows a different way for our team to be sustainable
- FFT
  - Patients and carers - 98.6%
  - Manager – 100%
What’s needed?

- Recognise the team and the effort needed to get here
- Need to promote elderly care from professional point of view
- Integrate training with our secondary care / CP colleagues
- Build infrastructure to share records with NH & Community Pharmacy (SCR – Joint MDG)
- Alignment of policy to promote good NH care: specially incentives and regulatory frameworks
- Publish & propagate
Where next?

- Continue to support and raise standards in NH
- Economies of scale demonstrated locally potentially translatable/expandable to other regions
- Clear scale of scope – other care home (residential – sheltered living, housebound patients – economies may fall from commissioning angle as patient density of sites reduce)
- Translate learning to other areas – core GP, MDT, CP
- Relationships and stability is core
  - core GP / Pharmacist principles in a structure which doesn't overwhelm a practice or individual
The pharmacy team in GP
Room for review?
The pharmacy team in GP

- Evolving service – not one size fits all
- 9 surgeries (>10yr to 1st yr)
- >75,000 pt
- Clinics:
  - Optimisation & Polypharmacy
  - Respiratory
  - Diabetes
- Technician led repeat management
- 95% of all repeat items managed within team
What do we do?

Pharmacists (*IP)
- Review and Authorise Rx* (CP)
- Conduct clinics eg.
  - Reviews (Level 3)
  - Optimisation
  - Polypharmacy
  - Respiratory
  - Diabetes
- Phone Review (Level 2 & 1)
- Queries – GPs, HCP, Community Pharmacists, Patients, Relatives
- Discharge Review / reconciliation
- Drug monitoring / order & review bloods

Technicians
- Protocol driven
- Prescription process
  - Paper / fax
  - Web / SystmOne
  - Email
  - Hospital / Clinic letters
- Queries – GPs, HCP, Community Pharmacists, Patients, Relatives
What do we do?

**Pharmacists**
- Home Visits
- Medicines Management
  - QOF, QIPP & CQUIN
  - Audit
- Medication Safety Champion - MHRA Alerts
- High Risk Drug – Proactive
  - Near Patient Monitoring
- Clinical Meetings and training
  - GP / Nurses HCA
- Care Plans / OOH
- Liaison - Community Pharmacy
  - Hospital sector
- Research
- Training - Pre-reg

**Technicians**
- Drug monitoring / order
  - bloods
- ETP/EPS queries
- Formulary adherence
  - ‘red list’
  - QIPP
- QOF / Review Recall
- MDS liaison
- Scanning & audit trail
Outcomes – Pharmacy

- Over 1000 level three (face to face) reviews have been performed in the last 12 months by pharmacists, and many more at level two or one.
- Patients have access to surgery pharmacists face to face and directly via phone and email. Community pharmacists have direct access to practice pharmacy staff.
- Audit Rx: saves 45m -1hr GP time a day at the largest surgery (which has more than 10 GPs)
- For the first time the largest surgery met a demanding budget target and achieved 100% of the QIPP targets for managing medicines to CCG targets
- Scalable, transferable and cost effective.
- The pharmacy team spares GP and Pharmacist IP time, invested back into patient facing services.
Pharmacy Skill Mix

- Broad Church
  - Primary Care
  - GP - Prescribing
  - GP - Clinical

- What does each stakeholder bring to party?

Primary Care

Prescribing Management in GP

Clinical

- CP
- Tech
- IP
- CCG

- CP
- Tech
- IP
- CCG

- IP
- Diploma
- RPS Faculty
PIP in CP supporting GP

- **GS**
  - 87%
  - 13%

- **AB**
  - 80%
  - 20%

- **KI**
  - 60%
  - 40%

- **RT**
  - 44%
  - 56%

- **MA**
  - 80%

- **GP**
  - 56%
  - 20%

- **CP**
  - 20%
  - 80%
The IP in CP

- Holistic Service
  - Access to information on prescribing
  - Discharge / Letters
  - Pathology
- MURs
  - Read write access
    - More effective
    - Directly add to record = Med review or QOF
- Bi directional referrals – book appointments
- Time
- Synergy
The Future

- Clinical input – more patient facing sessions

The CPPE General practice pharmacist training pathway
The Future

- More specialist pharmacy input
  - Hospital Pharmacist sessions on network level
- Community Pharmacy
  - Joint management [Diabetes II trial]
  - Repeat management [IN CP]
  - SCR
- Training – Pre-reg - Rotations
- Research
  - Reading University – Stakeholder Assessment
Discussion

- What services can pharmacists provide?
  - Within General Practice
  - Jointly GP/Community Pharmacy
  - Private

- What qualities does a pharmacist need?
  - Qualifications
  - Experience
  - ‘Soft’ skills

- How Much?
  - Costs

- Skill Mix
Discussion

Joint project with Community Pharmacists

- Diabetes 6 Month Reviews in CP -Structured
- Motivational Interviewing
  - Diet
  - Physical Activity
  - Medication Use (SCR)
  - Smoking/Alcohol
  - Flu Jab
  - BP
  - BMI
- Training for CP
- Communication – coordination of Bloods (HbA1c, Lipids Urine ACR, Renal)