Investigation: Community Pharmacy Reforms
First Evidence Session: Pharmacists in GP surgeries
17th January 2017, 3pm in Committee Room 17, House of Commons

APPG Officers

- Rt Hon Sir Kevin Barron MP (Chair)
- Oliver Colvile MP (Vice Chair)

Witnesses

- Dr Peter Magirr (Chair, Sheffield Local Professional Network/ Head of Medicines Management, NHS Sheffield CCG)
- David Bearman (Chair, Devon Local Pharmaceutical Committee)
- Crispin Bliss (Vice Chair, Sheffield LPC)

Introduction

Sir Kevin opened the meeting and welcomed the witnesses. He set out the background to the Group's investigation and in particular the evidence session, which was focused on the role of pharmacists in GP surgeries. He asked the witnesses to introduce themselves and provide information on their professional background.

- David Bearman (DB) outlined his role as a part-time community pharmacist and Chair of the Devon LPC and South West regional LPN. He provided background on the pilot work he had been involved in across Devon and the South West, as well as his role examining the nature of primary care and the contribution of community pharmacy.
- Crispin Bliss (CB) described his role as Vice Chair of Sheffield LPC as well as his experiences as both a community pharmacy and part time practice pharmacist. He also actively worked in a community pharmacy with a direct link with a GP surgery, as well as an in-house practice pharmacy.
- Peter Magirr (PM) works as Quality and Strategy lead at Sheffield CCG and was Chair of Sheffield LPN. With thirty years' experience as a community pharmacist, he has helped to spearhead citywide pilots that give pharmacists a more clinical role in primary care.

What is the role of a pharmacist in a GP practice?

- CB explained that the role of a clinical pharmacist in a GP practice involvs everything to do with assisting patients with the administration and management of their medicine. This includes, but is not limited to, authorising and dispensing prescriptions, carrying out medicine reviews to ensure optimisation, carrying out house bound visits and helping to act as a triage for the GP.
- PM added that the purpose was to help point pharmacists towards tasks in GP surgeries related to medicine and which had previously been performed by a GP, who could be given the freedom to focus on another task. He said that 5000 GP hours have been released due to pilot schemes in Sheffield. He summarised the role as giving the work that can best be done by pharmacists to pharmacists.
- DB remarked that in Devon there are some variations, with pockets of bespoke solutions. Using pharmacists in urgent care support is becoming increasingly common. These pharmacists work alongside nurses and paramedics to help absorb patient demand when necessary.

What are the differences between community and clinical pharmacists?

- CB emphasised that access to patient records allow clinical pharmacists to do much more as they are provided with more details of medical history and treatment, whereas community pharmacists are limited to the information provided by a patient, who may be elderly or vulnerable, and the information of their own PMR system.

The All-Party Pharmacy Group receives financial support from: Pharmaceutical Services Negotiating Committee (PSNC), the Royal Pharmaceutical Society (RPS) and Pharmacy Voice (PV). Secretariat functions are provided by Luther Pendragon

- CB explained how clinical pharmacists can be a source of advice for the practice staff, as well as the patient. He also highlighted how contact between a patient and clinical pharmacist can change the former's perception of the pharmacist's capabilities. This leads to the patient visiting his community pharmacist as an alternative to a GP surgery.
- It was also argued that the link with GPs allowed pharmacists to understand the whole picture of a patient's treatment. With access to patient records, pharmacists could perform a similar role in community pharmacies, except for more advanced procedures which require specialised equipment.
- Oliver Colvile raised concerns about the need to ensure patient privacy, and that GPs may wish to maintain control over patient records. It was explained that there are data protection safeguards for this, and that pharmacists and GPs have an increasingly collaborative approach. CB also suggested that it is not only a question of access to records, but also about access to equipment that would allow for more advanced procedures.

What has been the impact on patient services?

- There has been no evaluation of the impact of the clinical pharmacist pilots discussed as of yet. However there is significant anecdotal evidence about life-changing patient interventions being made.
- PM said that the trials have added significant, additional capability in GP practices, allowing surgeries to provide more services and work more efficiently.
- PM added that in Sheffield the pilot scheme has been based on NICE medicine optimisation guidelines, ensuring that all medicines handled provide the greatest possible benefit to patients.
- DB said that community pharmacists have a major role to play in treating long term conditions and when located in clinical pharmacies in GP surgeries are particularly well placed to support patients who suffer from long-term medical conditions with their care.
- CB said that the pilots had allowed pharmacists to increase their provision of services through access to more advanced equipment. He also said that clinical pharmacists can assist with the supply chain, ensuring that branded medicines are not chosen by GP practices at the expense of cheaper, yet equally effective medicines.
- Oliver Colvile suggested that community pharmacies, particularly large multiples like Boots, could host GPs in their buildings. He suggested this would be cost effective, and provide more convenience to the patient. DB indicated that this idea was being considered in the South West, but was at a very early stage.

What are the challenges to further integration?

- PM said that a great deal of negotiation and organisation is required between the CCG, GPs and pharmacists in order to establish a rota that ensures the practices are supported by community pharmacists.
- CB said that once the pilots were established then further integration ran very smoothly. However he did clarify that support was required initially to familiarise pharmacy staff with the computer systems of a GP practice.
- PM said that securing funding for the initial pilots are challenge. However, once the scheme has built momentum more GPs express interest in paying into the scheme.
- All the witnesses agreed that preconceptions among GPs in regard to the role and capabilities of clinical pharmacists provided a barrier to integration. However, they were all optimistic that once an understanding is established this can quickly lead to a division in roles between diagnostics and medicine optimisation.
- DB said that as the pilots in the South West spread, shortages in staffing become apparent. He said that nationally there are enough pharmacists, but regionally this can prove a challenge.
- PM explained that there are indemnity and liability issues related to working across organisations which need to be addressed as they are a leading factor in the prevention of further integration.

The Murray Review

- DB said that calls for closer working between the professions in the Murray Review, which also recommends access to clinical records, facilitates the integration of pharmacists in GP surgeries.

Sir Kevin thanked the witnesses for their contribution and closed the meeting.

Recommendations

1. **Steps should be taken to encourage the use of shared patient records to accommodate greater joint working within and between primary and secondary care**
    a. All pharmacists, whether they are based in GP surgeries or in community pharmacies, would be able to better provide services to patients if they had access to the same records that GPs use. That the Government announced in 2015 that pharmacists would have access to Summary Care Records shows that it already recognises the benefits that access to patient records would bring.
    b. Providing pharmacists with full read and write access to patient records is a logical next step. This would improve patient care by enabling pharmacists to play an even greater role in the provision of care and also allow other healthcare professionals to be aware of interventions made by pharmacists. The All Party Pharmacy Group previously called for the Government to set out plans to accomplish this by April 2017. Now that the roll-out of Summary Care Records has been completed, the Government should set out its proposal on full read and write access for pharmacists in community pharmacies and in GP surgeries.
2. **A full evaluation of the pilots should be conducted on their impact on patient services.**
    a. Full evaluations should be carried out on all of the pilot schemes. They should analyse not only patient satisfaction, or the number of interventions relating to medicines, but also the effect within the GP practice such as the number of patients treated, the hours of GP time which have been freed up as a result of pharmacist intervention and other effects on joint working and communication within the practice. Any evaluation should also take account of the potential impact of a wider roll out of the scheme.
    b. Any evaluation should also take into account the impact which further integration has had on the wider primary care eco-system, particularly between GP surgeries and community pharmacies.
3. **More community pharmacists should be encouraged to become prescribers.**
    a. The integration of clinical pharmacists in GP practices has been successful, partly due to the integration of the capability to prescribe and dispense medicines in a single location.
    b. More community pharmacists should be encouraged to qualify for independent prescriber status. This would allow for the diagnosing of conditions and prescribing medicines to patients, allowing community pharmacy to play a more active and expanded role.
4. **Encourage GPs to use pharmacist premises.**
    a. The Government should investigate the feasibility of providing GP services in community pharmacy premises, particular those belonging to large multiples, in order to take advantage of shared facilities.