**How can a clinical prescribing pharmacist benefit a GP practice?**

As we know there is a real shortage of GPs meaning we have to think differently about how we provide healthcare.

Pressures and rising demand from patients, partly caused by an increasingly elderly population with complex healthcare needs, means general practice is struggling.

Rather than piling more pressure on hospitals and A&E, we want to provide care close to where people live, through GP surgeries - using the expertise of a pharmacist can help GP practices to achieve this.

There is a lot of evidence that patients are receiving suboptimal care in relation to their medication in a number of ways, for example:

* 50% of medicines are not taken as intended by the prescriber
* Between 5-8% of all unplanned admissions are medication related
* Medication waste is significant and reportedly costing the NHS £300 million just in primary care each year
* Inappropriate polypharmacy especially in frail older people

Pharmacists are the expert in medicine, integrating their skills into coordinated care has proven to increase patient outcomes and safety whilst also reducing inappropriate prescribing and cost.

Pharmacists are excellently placed to support patients to take their medicines as part of a shared decision making process and also ensure patients get the right medication and the right time.

At Glastonbury Health Centre I have streamlined the repeat prescribing process and trained a prescription clerk who with my support is now solely responsible for the repeat prescribing process – this has massively improved its efficiency.

We have been able to identify prescribing errors and make improvements to the prescribing, which in turn has improved patient safety.

She is also the point of contact for patients and pharmacists, building a relationship improving outcomes.

What else can pharmacists do?

* Provide clinical medicines reviews and address public health needs – reducing inappropriate polypharmacy and wasteful prescribing, reduce medicine related hospital admissions and readmissions by supporting patients to get the best outcomes from their medicines and identify and address medicine related issues
* Increase quality and safety of prescribing through mechanisms such as audits and cost effectiveness through managing the formulary
* Ensure safe, effective, rational use of medicines – implementing NICE and other evidence based guidelines
* Monitor patients taking high-risk medicines or those with a narrow therapeutic index.
* Reconcile medicines following hospital discharge and work with patients and community pharmacists to ensure patients receive the medicines they need following discharge.
* Act as a source of medicines information for all of the practice team and patients (e.g. around doses, side effects, adverse events, possible alternatives e.g. out of stocks, swallowing issues) and a huge impact is helping the duty doctor, on average 20% of the duty doctors list at GHC is related to medication queries – these can be passed to the pharmacist
* Implementing drug alerts such as MHRA alerts and conduct searches from the monthly drug safety update – informing both patients and doctors about evidence based safety of medicines
* Conduct home visits.
* Visit care homes, provide medication reviews, check compliance and concordance, take bloods, vitals, report to the GP any concerns
* Helping practice prepare for CQC visits.

As a prescribing pharmacist I am also able to run long term condition clinics, such as hypertension. I can screen, diagnose, initiate treatment and monitor patients. I can request, take bloods and review pathology results for these patients not only freeing up GPs time but also the nurses and HCAs appointments.

As I have longer clinic times my clinical review consultation is much more in depth than the GP is able to provide, it not only focuses on increasing adherence to medicine regimes through removing any barriers that reduce the patient’s ability to comply to treatments, and providing the patient with educational and behavioural support, as a prescriber I am able to provide both non pharmacological and pharmacological interventions without the involvement of the GP providing that seamless care approach.

Although we are unable to quantify savings made in improved patient therapeutic outcomes, evidence states that even small improvements in adherence can achieve huge reductions in secondary care spend, for example in unscheduled admissions.

I work to ensure that key disease indicators for example, BP, CVD risks are met to improve patient outcomes, that the patient’s therapies are evidenced based, and that there is a disease management plan in place which includes lifestyle recommendations.

Our complimentary skills should be aligned in such a way as to best benefit those whom we all serve.