

Practice pharmacist

PERSONAL SPECIFICATION

- Degree in Pharmacy: A masters degree taking 4 years plus one year preregistration (5 years in total) or equivalent.
- Member of General Pharmaceutical Council
- Committed to continuing professional development
- Post-registration experience in hospital or primary care
- Experience of audits or therapeutic reviews
- Understands the implications of the NHS Plan, NHS modernisation and quality improvement agenda including National Service Frameworks and NICE guidelines
- Knowledge of the law and guidance relating to good practice in prescribing, storage and handling of medicines
- Understands the role and purpose of pharmacy in primary and community care and understands primary and secondary care working and organisational structures.
- Sound therapeutic and clinical knowledge
- Understands the key factors and policies that drive prescribing costs and quality Skills

Breakdown of pharmacist roles in GP practices

Job Summary

- To work within CCG guidelines for medicines management, to enable the delivery of safe, effective, evidence informed medicines usage.
- To provide professional expert medicines management advice and support to primary health care professionals. To regularly be involved in meetings to implement the Medicines Management Plan and other incentive schemes.
- To use knowledge and skills to contribute to the legal, safe, cost-effective and best value use of medicines in NHS services, and contribute to delivery of KPPI targets relating to medicines management.
- To receive, interpret and provide prescribing data and information to all health care professionals and use influencing skills to improve the management of prescribing using this data.

- To support any audit or monitoring work within the practice.

Summary of what I can do at Ashcroft Surgery

The pharmacist practice role would very much be broken down into two. One job role entails looking at the financial benefits and cost savings for the practice, the other role is based on using the pharmacist skills to do tasks that free up GP and nurse prescribers time.

- Running reports to complete audits, completing and submitting KPPI's to intradoc/sending to Lesley Tasker at the CCG before deadlines, drug switching, cost effectiveness and safer prescribing of drugs i.e. Buprenorphine switched to brand names (Transtec – 4 day patch or Butrans – 7 day patch)

- Prescribing within CCG guidelines and staying up to date with regular changes; See below a list of recent switches I have carried out at my current practice*.

- Reviewing medications that are 'as directed' and possibly removing them from repeat lists or switching to alternative forms to improve compliance if needed.

- Reconciling discharge summaries that would usually go to the GP. All TTOs reviewed and all medication updated with clinical checks. Also ensuring the patients repeat medication matches that of TTO.

- Reconciling clinic letters that would usually go to the GP and making relevant changes to medication or appropriate referrals. (This also includes processing treatment advice notes from hospitals).

- Directly receive all acute medication, repeat medication requests from reception and issue a prescription based on clinical judgment. These daily prescription queries are otherwise usually sent to the GP as tasks

- All prescription requests that are ETP that cannot be issued by staff at reception are sent as queries to GP. (generally 50+ daily)

These are sent through to the pharmacist who can use their clinical judgment as to whether or not to issue this prescription.

For example-

1. Request for diazepam. If patient cannot initiate this due to weekly issues and risk of OD therefore this can be sent straight to pharmacist to issue instead of GP.

2. Request for metformin, atenolol, gliclazide, and salbutamol has been queried as all medication is past review date. This would mean the pharmacist will have to check when was last diabetes, hypertension,

asthma reviews done. When were the bloods last done, BP etc If due the patient will be asked to book in and bloods arranged.

-Medication reviews and ensuring bloods are up to date according to the drugs being taken. Arranging bloods for patients.

-Taking medication queries from care homes and pharmacies, as well as daily issues GPs have with regards to patients medication. Including advice on patients with swallowing difficulties and alternative routes of admin.

-Holding clinics in the practice for asthma review; diabetes, hypertension and smoking cessation.

-Travel clinics and vaccinations.

-Anticoagulation clinic.

- Consulting patients and prescribing medication for minor ailments.

-Provide prescribing support for team members in the practice, and be their point of call for any queries

-Work with the practice to ensure the CCG schemes and incentives are met. CCG are more likely to introduce more schemes that can be pharmacist led to try and make changes in the practice.

I.E. ENHANCED PRIMARY CARE SCHEME-I am in the process of completing this. CCG funded scheme led by myself and nurse practitioner. We are trying to reduce the top 2% of hospital admissions. It has been a long process of seeing patients both at their home and in the practice.

-Be able to utilize my time at the practice to also support Ashcroft pharmacy. There would be patient contact that would help raise awareness. In this case there is a valid reason for a pharmacist to be present within the GP practice.

*Current cost-savings carried out.

1. Diltiazem modified release (£29) > Tildiem retard (£7.50) (120mg and 60mg strength)
2. Liraglutide (£220) > Victoza (£72)
3. Lidocaine plasters (£300) > Versatis (£73)
4. Advised on employing using Zerobase topical products as there are good savings here
5. Co-codamol 30/500 > Zapain (Good savings here)
6. Movicol > Laxido/macrogol

This list is not definite and there is so much more a practice pharmacist can do to ensure cost effective and safe prescribing. I will be keeping up to date with part 8 drugs in the drug tariff (most costly drugs prescribed by surgeries) and carrying out searches for cost effective alternatives.