

Scottish School of Primary Care



Partnership working with pharmacy

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 SSPC_News
www.sspc.ac.uk



The policy context

External factors

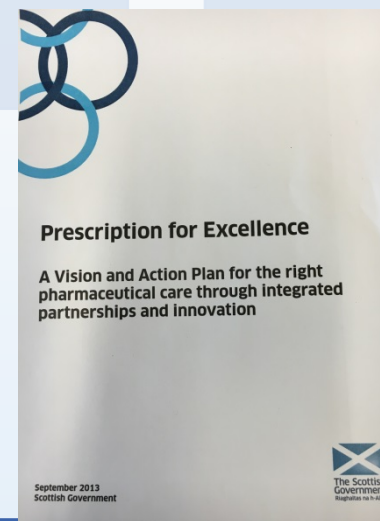
- Population demographics
- Expectations
- Finances

Internal factors

- Workload
- Capacity
- Skill mix
- Extended roles
- Non-medical prescribing
- Evidence based approaches

Professional factors

- Changed service models
- Unused knowledge
- Prescription for Excellence
- RCGP-RPS Joint statements
- Primary Care Fund



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The clinical pharmacist working within the team will be responsible for the continual monitoring of the effects and side effects of the medicines and making adjustments agreed parameters



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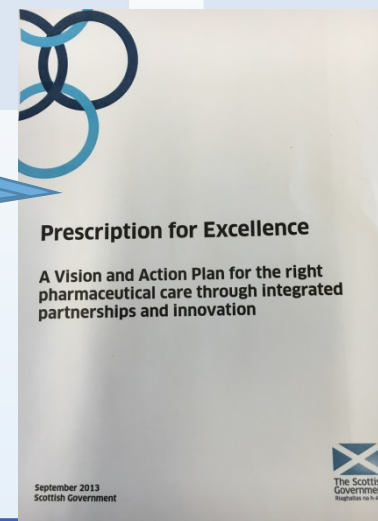
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All pharmacists should be accredited clinical pharmacist independent prescribers working in partnerships with medical practitioners



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£16.2million for up to 140 new pharmacists with advanced clinical skills to work directly with GP practices to support the care of patients with long term conditions



The evidence from RCTS

- PINCER study 2012 (England)
 - Pharmacist led intervention focussed on high risk medications halved numbers with potentially inappropriate prescribing (PIP)
- OPTI-SCRIPT study 2015 (Ireland)
 - Academic detailing by pharmacists for domiciliary older patients halved number with a PIP
- SOS study 2014 (Scotland)
 - Pharmacist led patient level intervention resulted in more patients with atherosclerotic disease achieving cholesterol target
- PIPPC 2011 (England and Scotland)
 - Pharmacist prescribing for patients with chronic pain resulted in reduced pain levels



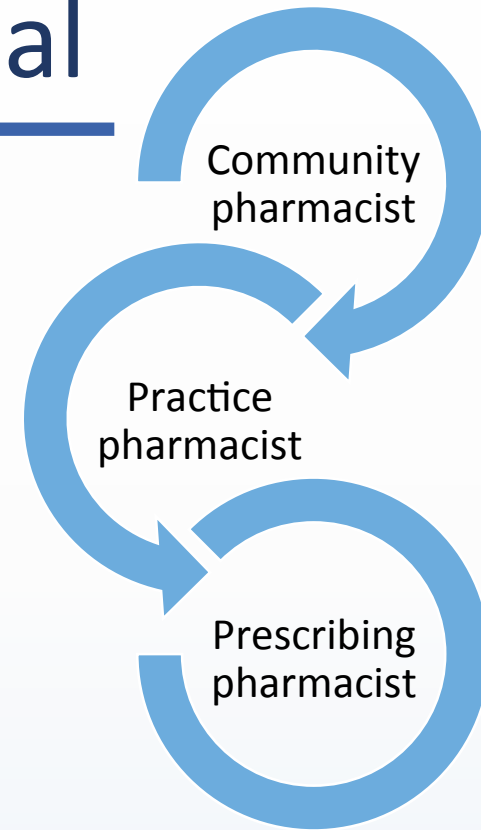
Improvement potential

- Polypharmacy and multimorbidity
 - Reduce PIP
 - Nursing homes
- Condition specific targets
 - Antibiotics
 - NSAIDs
 - Asthma
- Adherence (CMS)
- Minor illness/UTI PGD



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Get to know your pharmacist:
Break down the 'other' and let
'them' become 'us.'

(Howe 2016)





Questions?



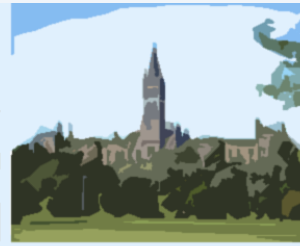
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