

EVALUATION OF PHARMACY TEAMS IN GP PRACTICES , 2018

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Policy Background



Policy Background



Deliverables

Deliverable 1 – Workforce Development

Deliverable 2 – Service Activity

Deliverable 3 – Service and Patient Outcomes

Deliverables

Deliverable 1 – Pharmacy Team Workforce Development

- Qualifications and service duration
- Knowledge and skills
- Training undertaken
- Employment and contractual models deployed
- Skills mix (include staff banding)

Deliverable 2 – Service Activity of GP Pharmacy Teams

- Population coverage and workforce (pharmacy and non-pharmacy) of GPs with Pharmacy Teams
- Activities undertaken by the pharmacy team
- Time profile the developing activity within the GP Practice (both role development over time and also time spent on different activities, dependent on quantitative data availability)

Deliverable 3 – Service and Patient Outcomes (GP Pharmacy Team)

- Change in GP Practice / NHS Board patient clinical outcomes resulting from focused pharmacy team activity
- Capacity of GP time released
- Experience and views and of the wider GP team on the pharmacy team service offered
- Experience and views of patients on the pharmacy team service offered
- Unintended consequences of the pharmacy team on GP services

Data Collection



Work package 1 – Pharmacy Team Survey



Work package 2 – National & local datasets



Work package 3 – Case Studies of Pharmacists in GP Practice

• 7 sites identified

Selection

Method

 Reflected: urban/remote and rural; small/large list size; deepend; high proportion of care home patients

- Patients/site received CARE questionnaire at end of appointment with pharmacist (121 returned)
- Patient interviews regarding (e.g.) experience , expectations , and comparison with non-pharmacist consultations (n=24)
- Site pharmacists and other staff members interviewed (n=18)

Deliverable 1 – Workforce Development (GP Pharmacy Team)



Pharmacy Teams by NHS Healthboard

Pharmacy Technicians who responded (n=101) by Health Board

Pharmacists who responded to the survey (n=393) by Health Board



Workforce Characteristics

Workforce





30 - 39 years old



20 years qualified



Up to 4 years experience in GP Practices

Prescribers





Workforce Characteristics

TECHNICIANS	Workfor	ce	PHARMACISTS
90%	Female		83%
35%	30 - 39 years old		34%
35%	20 years qualified		42%
66%	Up to 4 years experience in GP Practices	\sum	57%
	Prescribers		68%

Overview of Pharmacists' Prescribing Status



In-depth Picture of Pharmacists' Prescribing Status









Pharmacy Teams' Employment Status

TECHNICIANS

- 45.5% permanent full time
- 87.1% funded by Health Board
- 82.2% AfC Band 5
- 83.2% at least one qualification

PHARMACISTS

- 50.9% permanent part time
- 91.6% funded by Health Board
- 46.6% AfC Band 7
- 65.2% have up to four postgraduate qualifications

Deliverable 2 – Service Activity



Employment in General Practice – number of sites covered

PHARMACISTS



393 pharmacists, 202.3 wte

TECHNICIANS



101 technicians, 57.3 wte

Employment in General Practice – number of sites covered

PHARMACISTS TECHNICIANS (median 2, IQR 2-5) Ĩ<u>ĸĬĬĸĬĬĸĬĬ</u>ſĸĬ

393 pharmacists, 202.3 wte

101 technicians, 57.3 wte

Pharmacists' Undertaken Duties (face-to-face)



Pharmacists in clinics in GP Practices



Pharmacists' Additional Roles in GP Practices

Activity (n=393)	Currently undertaking n (%)	Not currently undertaking but planned for next 12 months n (%)	Not planned n (%)	Missing n (%)
Prescribing efficiency work	297 (75.6)	16 (4.1)	31 (7.9)	49 (12.5)
Interpreting prescribing data e.g. PRISMS* or STU** reports	283 (72.0)	28 (7.1)	26 (6.6)	56 (14.2)
Providing training for other staff	237 (60.3)	33 (8.4)	62 (15.8)	61 (15.5)
Audit/service improvement work	233 (59.3)	37 (9.4)	53 (13.5)	70 (17.8)
Care home support e.g. medicines review/management	204 (51.9)	59 (15.0)	68 (17.3)	62 (15.8)
Prescribing management processes e.g. repeat prescribing systems	133 (33.8)	53 (13.5)	135 (34.4)	72 (18.3)
Teach and Treat clinics	61 (15.5)	49 (12.5)	189 (48.1)	94 (23.9)
Academic research	16 (4.1)	22 (5.6)	257 (65.4)	98 (24.9)
Other	31 (7.9)	1 (0.3)	82 (20.9)	279 (71.0)

*Prescribing Information System for Scotland

Pharmacy Technicians' Undertaken Duties (not face-to-face)



Pharmacy Technicians' Additional Roles in GP Practices

Activity (n=101)	Currently undertaking n (%)	Not currently undertaking but planned for next 12 months n (%)	Not planned n (%)	Missing n (%)
Prescribing efficiency work	80 (79.2)	0 (0.0)	2 (2.0)	19 (18.8)
Interpreting prescribing data e.g. PRISMS or STU reports	69 (68.3)	6 (5.9)	3 (3.0)	23 (22.8)
Providing training for other staff	56 (55.4)	13 (12.9)	10 (9.9)	22 (21.8)
Audit/service improvement work	58 (57.4)	3 (3.0)	13 (12.9)	27 (26.7)
Care home support e.g. medicines review/management	50 (49.5)	18 (17.8)	12 (11.9)	21 (20.8)
Prescribing management processes e.g. repeat prescribing systems	49 (48.5)	4 (4.0)	21 (20.8)	27 (26.7)
Academic research	3 (3.0)	2 (2.0)	56 (55.4)	40 (39.6)
Teach and Treat clinics	0 (0)	2 (2.0)	60 (59.4)	39 (38.6)
Other	6 (5.9)	0 (0)	16 (15.8)	79 (78.2)

* no missing values are provided as participants could select multiple responses

Pharmacists' Challenges in GP Practices

Workload, time and stress issues

Integration within the team (e.g. GPs' lack of understanding of pharmacists' role or conflict between GPs' expectations and reality")

NHS Board priorities around cost efficiency work

Feeling less impactful due to being spread across too many practices

Varying or inadequate procedures/protocols

Keeping up with pace of change

Patients' lack of knowledge/expectations of pharmacists

Pharmacy Technicians' Challenges in GP Practices

Communication issues with other members of the multidisciplinary team

Issues relating to workload, time management and competing priorities

Issues relating to integration into a practice when time is split across many sites

Not feeling integrated and valued within the multidisciplinary team

Estimate of Time Spent on Duties

	Polypharmacy Consultation Duration						
Health Board	NHS 1	NHS 2					
Time period (number of events)	September 2016 to October 2017 (n=67)	March 2017 to January 2018 (n=1196)					
Duration (mins): Median (IQR)	32 (27-37)	30 (15-45)					

	Acute Medication Requests							
Health Board Time period (number of events)	NHS 1 July 2016 to October 2017 (n=7,250)	NHS 2 January 2017 to February 2018 (n=8,506)						
Duration (mins): Median (IQR)	3 (2-6)	8.6 (6-12)						

							POLYPHARMACY GUIDANCE 2018			
			NHS I (rev	iew)	NHS 2 (30 mins/review)		Min (40 mins)		Max (120 mins)	
Scenario	Age	Number of Patients	WTE	WTE 5%	WTE	WTE 5%	WTE	WTE 5%	WTE	WTE 5%
	50+	272,442	84.2	4.2	79.0	3.9	105.3	5.3	315.9	15.8
Scenario 1: NHS Scotland Patients who	65+	189,789	58.7	2.9	55.0	2.8	73.3	3.7	220.0	11.0
have been dispensed medicines from 10 or more BNF sections, including at least one high risk medicine	75+	108,683	33.6	1.7	31.5	1.6	42.0	2.1	126.0	6.3
Scenario 2 : SPARRA patients aged 50 years and older, residing in a care home. These patients have any risk score (1%-99%).	50+	30,483	9.4	0.5	8.8	0.4	11.8	0.6	35.3	1.8
	65+	54,190	16.8	0.8	15.7	0.8	20.9	1.0	62.8	3.1
Scenario 3: SPARRA patients with a risk score of 40-60% who were dispensed items from 10 or more BNF sections	75+	42,882	13.3	0.7	12.4	0.6	16.6	0.8	49.7	2.5

¹¹ In order to reflect the variation in proportion of eligible population to be targeted we have given an example of WTE requirement if only 5% of eligible patients were targeted.

^[2] Data from NHS Scotland Prescription Information System dataset. Figure reflects the number of patients in NHS Scotland who received meds from 10+ BNF sections and one high risk med in the 6 months before December 2017 ^[3] SPARRA (Scottish Patients At Risk of Readmission and Admission) data for the 1st May, 2017.

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Deliverable 3 – Service and Patient Outcomes



Pharmacists' Experiences and Views

Clinical role

- time
- knowledge base

Integration into GP practice

- training
- acceptance of pharmacist
- awareness of roles

Knowledge of patients' conditions

- point of contact
- access to records

Role expectations

- network
- multidisciplinary teams

Career intentions

- setting
- opportunities
- ambitions

Patients' Experiences and Views

Patient expectations

- openness to change
- personalised care

Professional recognition

- acceptability
- multi-disciplinary team
- scope of practice

Healthcare Teams' Experiences and Views

Clinical role

- impact of pharmacist input to medication reviews
- monitoring of conditions
- medicines expert
- impact on GP workload

Integration into GP practice

- acceptance of pharmacist by patients and staff
- awareness of pharmacist roles
- role expectations
- point of contact

Evaluations' Challenges

Paucity of routinely collected data

- Lack of clinical outcome data collected to evidence benefits or unintended consequences
- Limited data denoting time profile of undertaken activities
- Unable to estimate GP time released.

Data collection methods

- WP1 and WP3 data may have been influenced by social-desirability bias and/or acquiescence bias.
- Validity of the self-reported data (WP1 and WP2) could not be confirmed.
- WP1 questionnaire (WP1) was long due to the exploratory nature of the project.
- Scheduling of patient, pharmacist and their GP Practice colleagues for interview was challenging

Recommendations



EXTRA SLIDES

Time Spent on Duties (WP2 Data Collection) – may want to omit/ talk about as part of

a	Stei th B. Std	See th B Sd D t Clection Time period N		Number of GP	Polypharmacy clin	ic	Acute medication requests		
		Method	collection	(number of pharmacists)	Time per encounter	Outcome indicator	Time per prescription	Outcome indicator	
					GP sites (pharmacists)	GP sites (pharmacists)	GP sites (pharmacists)	GP sites (pharmacists)	
	NHS 1	Computer-led data collection	July 2016 – October 2017	15 (16 pharmacists)	4 sites (5 pharmacists)	4 sites (5 pharmacists)	3 sites (8 pharmacists)	3 sites (8 pharmacists)	
	NHS 2	Self-report (Excel spreadsheet)	January 2017 – February 2018	63 (38 pharmacists)	43 sites (30 pharmacists)	27 sites (20 pharmacists)	32 sites (21 pharmacists)	28 sites (20 pharmacists)	