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Submitted to Alternative pathways into primary care (in depth consultation for medical professionals or organisations)
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Name:
Laura Wilson

4 What is your email address?

Email:
laura.wilson@rpharms.com

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Organisation

Organisation details

6 Name of organisation

Name of organisation:
Royal Pharmaceutical Society

7 Information about your organisation

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RPS is the professional body for pharmacists.
Our mission is to put pharmacy at the forefront of healthcare.
Our vision is to become the world leader in the safe and effective use of medicines.
Since the Society was founded in 1841 we have championed the profession, and are internationally renowned as publishers of medicines information.
Our Royal Charter gives us a unique status in pharmacy.
We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Question page 1

8 What is the current level of awareness amongst health practitioners and patients of the availability of alternative pathways to healthcare services other than seeing a GP?

Please provide your response in the box provided.:

Pharmacy provides a number of alternative pathways into primary care through roles in community pharmacy, in GP practices and in specialist services working in the community. There are three key pharmacy services to highlight:

1) NHS Pharmacy First Scotland: this service, which is part of the community pharmacy contract, enables community pharmacists to provide advice and treatment for managing common conditions such as sore throats, cold sores, skin conditions and urinary tract infections. Any person registered with a GP practice in Scotland can use the service, including people living in care settings and homeless populations. An additional service is Pharmacy First Plus through which pharmacists who are registered as prescribers can prescribe for an additional range of conditions: this is not available in every pharmacy. These services are in addition to the self-care advice pharmacists and pharmacy teams provide for a range of common infections such as sinusitis, cough, ear infections and cold and flu.

2) Pharmacotherapy Service: this service, which is part of the GMS contract, is provided by pharmacy teams working in GP practices and supports patients with medication reviews, medicines reconciliation, managing repeat prescriptions and acute prescription requests. Any person registered with the GP practice can use the service at their practice. Now that this service is embedded across Scotland, it is time to review the service and plan for the future

(see Q5).

3) Public health service element of the community pharmacy contract. This service supports self-care and health promotion and includes specific services such as sexual health and smoking cessation. Locally agreed services include injecting equipment provision. It could be expanded further to tackle current public health priorities, such as drug deaths.

Patient and public awareness

Public awareness of community pharmacy services increased significantly during the Covid pandemic. Pharmacy First is a very positive service development that has been well received by patients and has been significantly used. However, awareness of the service is mixed in some populations, including more deprived groups, those with lower health literacy and people in care settings.

Public awareness of pharmacy teams in GP practices is low. There has been no national publicity around changes to the GP practice teams and the roles of different professionals within the team. People only become aware when they are directed to the pharmacist as part of routine contact. Now that the teams in practices are well established, the time is right for national publicity.

Health and care professional awareness

There is good awareness of pharmacy services in GP teams but poorer awareness in wider healthcare teams. Overall, there are low levels of awareness of what pharmacists, and especially community pharmacists, can now do. Communication to the public and other healthcare teams to highlight this only seems to come out when other areas of the healthcare system are struggling e.g. A&E.

One limitation of the Pharmacy First Plus service (not the core Pharmacy First service) is that it is only available in locations at present where the pharmacist is an independent prescriber. This variation in access has led to frustration and confusion from both health professionals and the public and needs to be addressed (see Q5).

9 How good is the signposting between general practice and other primary healthcare professionals? To what extent are GPs equipped with the information they need to make onward referrals? To what extent are GP practice receptionists equipped to signpost patients to the most appropriate service?

Please provide your response in the box provided.:

Signposting within GP practice teams, between the GP staff and the pharmacy team working in the practice, works well and good relationships have been built.

In locations where there is a close working relationship between a community pharmacy and GP practice, signposting also works well. This can be more challenging in locations where such relationships do not exist and leads to variation across the country. Some practices have well developed processes for reception staff to triage patients to the NHS Pharmacy First service but increased awareness of all the services available across all practices is needed.

GPs are aware of what can be referred to pharmacists working within practices. However, the pharmacotherapy service is currently structured around defined tasks and activities, so there is reduced scope for referrals, although it does happen.

Some excellent work was undertaken by the Healthcare Improvement Scotland practice administration collaborative which significantly improved triaging and referral to the appropriate professional, including pharmacists in practices and in community pharmacy. This has not been replicated across all practices, so there is variation in signposting by practice staff. Training and development for administrative staff based on the collaborative's outcomes would be beneficial. Some practices use online consulting tools which can support the signposting process.

A particular issue is the current lack of a standardised method for a pharmacist to refer a patient to a GP. For example, if a patient is referred to a community pharmacy by an urgent care hub or by the GP practice reception staff triaging process, and the pharmacist's professional judgment on assessing the patient is that the patient needs to be seen by a GP, there is no clear, direct referral mechanism. At present this is done on an ad-hoc basis by phone calls and emails. An embedded direct referral mechanism would ensure that time or difficulty is not added to the patient's journey. It must be enabled with a reliable mechanism for the pharmacist to provide relevant clinical information to the GP. An obvious solution is a single shared patient record, to which pharmacists have read/write access, which would underpin the sharing of information between professionals.

10 What is the level of public awareness of options to self-refer to alternative pathways to healthcare? What is the current extent of self-referrals? How could this be improved?

Please provide your response in the box provided.:

Public awareness of the ability to self-refer into community pharmacy is high. Awareness and use of the NHS Pharmacy First Scotland service is good, although it could be improved for some demographics (see Q1) and targeted promotion to reduce health inequalities would be useful.

Public awareness of ability to self-refer to a pharmacist in the GP practice is very low. One of the reasons for this is that public awareness of pharmacists' roles is low: most are aware of community pharmacists, but few know about the pharmacists working in GP practices and other services. A public awareness campaign is needed to increase public understanding of the whole team working in general practice.

11 To what extent is there available capacity amongst other primary healthcare professionals to take on more patients if there was an increase in referrals from GPs / self-referral by patients?

Please provide your response in the box provided.:

Pharmacy has the professional ability to deliver more but capacity within pharmacy would need to be improved to achieve this. Some key enablers to improve capacity are:

1) Make processes more efficient in all settings. Variation in processes between GP practices has been a barrier for increasing capacity in the pharmacotherapy service. Similarly, poor information flows in/out of community pharmacy currently lead to significant professional time wasted.

2) Introduce an electronic single shared patient record to improve capacity, quality and safety; and to underpin referrals. This would release capacity for both community pharmacists (improved communication) and in general practice (reduced time spent on medicines reconciliation). Pharmacy teams in all settings would require read/write access to this record to allow the maximum positive impact.

3) Invest in skill mix in the pharmacy workforce to release pharmacist capacity. This would include more pharmacy technicians, pharmacy support workers and administrative roles.

4) Modernise the dispensing process through better systems and skill mix.

5) Use digital tools to improve efficiency across systems, including electronic prescribing, the dispensing process and referral mechanisms.

A key step to improve capacity is effective workforce planning. Scottish Government should prioritise workforce planning for pharmacists and pharmacy technicians in the same way as it is done for doctors and nurses. Pharmacists are the third biggest healthcare profession, so the lack of effective workforce planning is a significant gap. There are opportunities for increasing the roles of pharmacy technicians and support staff but the lack of workforce planning is holding this back.

Workforce planning should also be linked to the Health and Care (Staffing) Act 2019 to ensure safe staffing levels across pharmacy services.

More information on improving capacity and workforce planning is available in our RPS Workforce briefing:
https://www.rpharms.com/scotland/workforce-briefing

To ensure workforce planning is effective, it is important to consider the future roles of pharmacy teams and not just what is done now. In our recently published Pharmacy 2030 document we describe a professional vision for the future. It includes pharmacy teams working together seamlessly, using their expertise to help patients get the best from their medicine. It is about a person-centred approach to shared decision making and ensuring care is provided holistically rather than by clinical conditions. This vision should be considered in workforce planning: https://www.rpharms.com/pharmacy2030

Question page 2

12 What potential is there for greater use of alternative pathways to healthcare to ease current pressures on general practice? What are the potential limitations?

Please provide your response in the box provided.:

There is potential for greater use of alternative pathways but only if the following barriers are addressed:

1) Increased capacity and improved skill mix within the pharmacy workforce

2) Investment in professional development, including protected learning time

3) Single shared electronic patient record to underpin multidisciplinary team working

4) Clear electronic referral pathways both in and out of pharmacy services in both community and general practice pharmacy roles

5) Improved systems and processes to improve efficiency and enable expansion such as remote access to clinical information

6) Investment in NHS premises to enable pharmacy teams to have consulting space in GP practices and space to set up primary care hubs

To achieve equality of access to the NHS Pharmacy First Plus service across Scotland, investment is needed to ensure every community pharmacy has a pharmacist trained as an independent prescriber. This means both an increased number of training places and resource for pharmacist training. In particular, pharmacists need protected learning time in which to develop professionally.

The Pharmacotherapy service is now embedded across Scotland so now is a good time to reflect on the progress made to date and consider future plans. In our joint statement with the BMA last year, we identified several areas for improvement including better use of skill mix, improved IT to reduce administrative burden and more effective team working. Pharmacists' clinical skills are not being fully maximised at the moment because these barriers have not been tackled. Pharmacists should be focused on patient-facing clinical roles: using pharmaceutical expertise and prescribing to deliver medication reviews, support safer use of high-risk medicines and improve complex pharmaceutical care. This would ease current pressures on general practice. Furthermore, there is potential for community pharmacists to take on some aspects of the pharmacotherapy service through extensions to the Medicines Care and Review service which would improve efficiencies across pharmacy services. More information about improvements to the Pharmacotherapy Service is available in our statement:
https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Scotland/RPS%20BMA%20Pharmacotherapy%20Joint%20Letter.pdf?ver=zR7Slu

13 What scope is there for greater use of social prescribing to ease current pressures on general practice and to achieve similar or even better health outcomes?

Please provide your response in the box provided.:

Social, or green, prescribing alternatives e.g., weight-loss and exercise programmes, are not available consistently. Awareness would need to be raised for healthcare professionals of what is available locally. There would also have to be some mechanism to know if there were current waiting times to access these services which was straight forward and easy to access. If this is not available, trying to access these alternatives in a timely manner for patients could place an unmanageable administrative burden on healthcare professionals.

If the suggestion is for patients to be referred to the pharmacist for social prescribing rather than seeing their GP, this would still require the increase in capacity detailed in the answers above to be enabled to allow them to effectively deal with these referrals. Each referral would still require a consultation, professional assessment, and treatment decision. Those backward referral pathways would need to be in place in case it was felt social prescribing was not appropriate.

Consideration should perhaps be given to removal of some aspects of social prescribing from the medical model and making these more accessible via practice websites, community groups or through the use of social media.

14 To what extent is best use currently being made of alternative sources of health and wellbeing information and advice (other than a patient seeing their GP) such as telephone helplines, websites and online therapy? What are the limitations / potential pitfalls of increased use of these resources as an alternative to patients making an appointment with their GP?

Please provide your response in the box provided.:

The pandemic meant that people turned to accessing online or remote assistance when face to face was not a readily available option.

For many people digital literacy is a limitation to accessing these services. If increased uptake was desired there would need to be investment in programmes to improve digital literacy, updated IT systems and reliable internet connections for those struggling with access.

The major pitfall of using online services as an alternative to seeing their GP when patients are unwell is that a serious medical condition is missed due to self-diagnosis, and the patient comes to harm as a result. Also, patients can often disclose potentially serious issues or concerns which have not been the initial reason for their attendance during discussions with a healthcare professional. These would not be picked up if the patient accessed help online.

While online tools are quick ways of accessing information and advice it should not necessarily be the default choice for patients seeking help with a health problem. It is important that no patient feels they must go through stages of accessing help online prior to requesting an appointment to see a healthcare professional. Online help is best used as an adjunct with healthcare professionals directing patients to useful and evidence based online resources for further help and information. However, ensuring patients can access help and advice in a way of their choosing should remain the priority.