SURVEY OF PATIENTS AND CARERS VIEWS OF CLINICAL PHARMACISTS BASED IN GP PRACTICES

REPORT OF FINDINGS

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The Patients Association is a unique independent charity, which campaigns for improvements in health and social care. Our willingness to “listen to patients and speak up for change” has always informed our work, research and campaigns. Our national helpline, which answers many calls, letters and emails every day provides us with a valuable insight into what is of current concern to patients.

We have undertaken this project to better understand patient’s views and have more say in their treatment and care at their General Practice and to have an opportunity to influence change.

At a time when the NHS is undergoing significant financial challenge and reform, we recognise the huge role clinical pharmacists can play in ensuring resources are used most effectively. By listening to patients and families’ feedback, the benefits and potential drawbacks of this new model of care are clear. We therefore hope that the recommendations made in this report will be addressed so that the GP based clinical pharmacist role will be available in every GP practice nationally. This needs to include adequate public information, awareness and staff training. We also hope this will generate momentum to consider other creative ways of using different personnel to expand and improve services nationally.

Katherine Murphy, Chief Executive Officer of the Patients Association.
ACKNOWLEDGEMENTS

With thanks to the members of the public, Patients Association members and Ambassadors who kindly completed the questionnaire and gave us their comments.

We would also like to thank the Primary Care Pharmacy Association who commissioned this survey to better understand the views of patients and carers about the role of clinical pharmacists in primary care.
1 INTRODUCTION

1.1 The Patients Association is an independent health and social care charity with 53 years history of campaigning on behalf of patient’s issues and a strong track record in project management. Over the past five years we have completed over 100 service improvement projects on issues raised by patients and carers and carried out a wide number of independent surveys and consultations.

1.2 The Primary Care Pharmacists Association (PCPA) is the largest and longest standing independent organisation dedicated to supporting pharmacists working within primary care. It is keen to hear the views of patients and carers and has approached the Patients Association to undertake a survey to provide feedback on the emerging role of clinical pharmacists in GP practices.

2 BACKGROUND

2.1 GPs and their teams are estimated to make 370 million patient consultations in 2016 – 70 million more than five years ago. This is due to an ageing population and more patients being treated for long-term and complex conditions. However, as demand has risen rapidly, the number of GPs in England has remained relatively stagnant.

2.2 By contrast there is an over-supply of pharmacists who train as clinicians for five years - one year less than a doctor, one year more than a nurse. It has been suggested by the Royal Pharmaceutical Society that practice-based pharmacists, working as part of the clinical team, could relieve the pressure on GPs and make a huge difference to patient care.

2.3 Practice pharmacists working in GP surgeries have a different role to the pharmacists and dispensing staff working in the community pharmacy (chemist) premises. They are part of the clinical team and make full use of the pharmacist’s clinical skills to help patients and the overstretched GP workforce. Patients with long term conditions, such as asthma or diabetes with complex medicine needs, could particularly benefit from having a pharmacist to help them navigate the conflicting and confusing information they sometimes receive about their treatment as they move between hospital and community care. Practice teams could also benefit from a pharmacist’s advice to help avoid medicines waste, optimising the use of medicines and to rationalise costs at this time of a squeeze on NHS finances.1

2.4 Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks.2 Practices have already suggested that this role could include managing care for people with self-limiting illnesses and long-term conditions and have asked that the new team members have the ability to independently prescribe.

2.5 NHS England, Health Education England, Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) GP Committee are working with the Royal Pharmaceutical Society on a three year pilot to test the role of clinical pharmacists working in general practice3.

2.6 In 2015 £31m was allocated by NHS England to part-fund 403 new clinical pharmacist posts across 73 sites, covering 698 practices in England, supporting over seven million patients. The pilot builds on the experiences of general practices that already have clinical pharmacists in patient facing roles, in some cases as partners. It will be evaluated so that success and learning is identified and

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1 http://www.rpharms.com/what-s-happening/-news_show.asp?id=2509
reported.

2.7 GP practices and groups of practices were invited to bid to be a pilot site. 292 applications were received and considered by regional teams before being assessed by a national moderation panel. Whilst the pilot is part funded for three years, there is an expectation that practices will continue with the role into year four and beyond. It was anticipated that clinical pharmacists should have been in post by spring 2016. For a list of pilot sites see: https://www.england.nhs.uk/commissioning/primary-care-comm/gp-workforce/cp-gp-pilot/list-of-pilot-sites/

2.9 The Patients Association and the Primary Care Pharmacy Association wanted to hear the views of patients and carers on the emerging role of clinical pharmacists in GP surgeries. A survey was therefore proposed which would be sent to all practices, Clinical Commissioning Groups and patient networks of both participating and non-participating practices to obtain an overview of patients and carers views about the new role for pharmacists based in a GP practice.

2.10 The Patients Association also carried out some qualitative telephone interviews with a small sample of Patients Association Ambassadors and PPG members within some of the pilot sites to obtain a more detailed picture of their experience so far which is.

2.11 This report contains the findings from the survey and the recommendations made as result of the feedback obtained so far.

2.12 “Waiting times for a GP appointment are now a national talking point – and a national cause for concern, not least amongst GPs themselves. But, even if we were to get an urgent influx of extra funding and more GPs, we could not turn around the situation overnight due to the length of time it takes to train a GP. Yet we already have a ‘hidden army’ of highly-trained pharmacists who could provide a solution.” Source: Dr Maureen Baker, Chair of the Royal College of General Practitioners.

2.13 “As part of the multidisciplinary team, pharmacists can advise other professionals about medicines, resolve problems with prescriptions and reduce prescribing errors. Pharmacists can also work with GPs to resolve day-to-day medicine issues and with practice teams to provide advice on medicines to care homes, as well as visiting patients in their own homes when needed.” Source: David Branford, Immediate past-Chair of the Royal Pharmaceutical Association English Board.

3 SURVEY AIMS

3.1 To gather feedback from patients and carers about their understanding and experience of clinical pharmacists in GP practices.

4 METHODOLOGY

4.1 In collaboration with the Primary Care Pharmacy Association, the Patients Association drafted a survey which was then put onto Survey Monkey for distribution. The survey was designed to capture information in relation to clinical pharmacists within a GP practice setting.

4.2 A number of channels were used for circulating the survey including the Patients Association’s website and social media channels, internal contact lists such as ambassadors, project managers, members and a national list of practice managers and patients.

4.3 The period of surveying for this report began in May 2016 and ended in July 2016, during which time we received 316 responses for the first group of questions, and over a 121 responses for the rest of the survey.
4.4 The Patients Association analysed the data from the survey, which is highlighted in more detail in the next section of this report.

5 FINDINGS

5.1 This section provides a summary of findings against the questions asked in the survey.

Q1: Do you think having a clinical practice pharmacist at your doctors' surgery would be a positive addition to your care?

5.2 Figure 1: N=316

According to figure 1, of the 316 respondents for this question, a vast majority (76.9%) felt a clinical pharmacist would be a positive addition. Only 10.8% felt it wouldn’t be a positive addition, whereas 12.3% were unsure.

5.4 Q2: Would you welcome the opportunity to have a review of your medicines with a clinical practice pharmacist?

5.5 Figure 2: N=316

According to figure 2, 77.5% would like a clinical pharmacist to review their medicines. Only 15.5% answered no, whereas 7% were unsure.
5.7 **Q3: Do you know if your doctor’s surgery has a clinical practice pharmacist?**

5.8 *Figure 3: N=316*

![Pie chart showing awareness of clinical practice pharmacist.](image)

5.9 According to figure 3, 49.1% were aware that their surgery had a clinical pharmacist. 33.5% did not, whereas 17.4% were unsure.

5.10 **Q4: Tell us how you made contact with a clinical practice pharmacist?**

5.11 *Figure 4: N=316*

![Pie chart showing contact methods with clinical pharmacist.](image)

5.12 Looking at figure 4, 60.1% have not made contact with a clinical pharmacist at their surgery. 23.7% have met one face to face and 16.1% have had contact on the phone.
5.13 **Q5: How often have you spoken to the clinical practice pharmacist in the last year?**

5.14 *Figure 5: N =131*

![Pie chart showing the distribution of responses: Never (14.5%), Once (57.3%), More than once (28.2%).]

5.15 Of those who responded, 57.3% spoke with a clinical pharmacist just once, 28.2% spoke more than once and 14.5% have had no contact with a clinical pharmacist.

5.16 **Q6: What was the reason for speaking to the clinical practice pharmacist?**

5.17 *Figure 6: N=121*

![Pie chart showing the distribution of reasons: I needed a prescription for a medicine that I had not had before from the practice (24.8%), A face to face review of all my medicines (16.5%), A review of my medicines over the phone (12.4%), I had a change to my medicines following a hospital admission or hospital outpatient appointment (5.0%), I had a question about the medicines I was prescribed (5.0%), I had a problem with getting a supply of my medicines (3.3%), The pharmacist had a question they wanted to ask me (3.3%).]
5.18 Of those who responded, 24.8% spoke to the pharmacist to have a face to face review, 16.5% had a question to ask, 12.4% had a review over the phone, and 15.7% stated ‘other’ see below for a selection of comments:

- My blood pressure was unusually high
- minor illness
- was curious
- I had a rash and she identified cause and prescribed
different things queries
- I was told to attend - no reason given
- Immunology requested she explored chemical make-up of all medications I have bad reactions to

5.19 Q7: Did the clinical pharmacist make you feel welcome?

5.20 Figure 7: N=120

5.21 Of those who responded, 78.3% felt welcomed, 11.7% answered yes but not fully, 5.8% felt slightly welcomed, and 4.2% did not feel welcomed at all.
5.22 Q8: How much did the clinical practice pharmacist involve you in discussions about your medicines?

5.23 Figure 8: N=118

![Pie chart showing involvement levels]

5.24 According to the data, 73.7% felt completely involved in discussions, 15.3% felt somewhat involved, 5.1% had little involvement and 5.9% had no involvement.

5.25 Q9: If the discussion included the possibility of stopping your medicine, did you feel able to make this decision?

5.26 Figure 9: N=95

![Pie chart showing confidence levels]

5.27 According to the data, 60% felt confident in discussions about stopping medicine, 21.1% felt strongly against this, 11.6% had some confidence and 7.4% were only slightly confident.
5.28 Q10: Do you feel your clinical practice pharmacist listened to you?

5.29 Figure 10: N=113

5.30 According to figure 10, 77% felt their clinical pharmacist completely listened to them, 12.4% felt mostly listened to, 6.2% felt slightly listened to and 4.4% felt they weren’t listened to at all.

5.31 Q11: Did you feel confident that the clinical practice pharmacist had good clinical knowledge?

5.32 Figure 11: N=114

5.33 75.4% of respondents felt fully confident that their pharmacist had good clinical knowledge, 14.9% felt mostly confident, 5.3% were slightly confident and 4.3% were not at all confident.
5.34 Q12: Did you feel confident that the clinical practice pharmacist addressed your concerns?

5.35 Figure 12: N=112

- 75.9% of respondents felt concerns were completely addressed,
- 10.7% said concerns were not fully addressed,
- 7.1% felt they were only slightly addressed and
- 6.3% stated ‘Not at all’.

5.37 Q13: Did you feel the clinical practice pharmacist showed a caring attitude?

5.38 Figure 13: N= 116

- 77.6% of respondents felt their clinical pharmacist showed a caring attitude,
- 10.3% felt their pharmacist did not show a completely caring attitude,
- 7.8% felt their pharmacist showed a slightly caring attitude and
- 4.3% didn’t feel their pharmacist showed a caring attitude.
5.40 Q14: How easy was it for you to understand what the clinical practice pharmacist was telling you?

5.41 Figure 14: N=116

According to the stats, 42.2% of respondents found it extremely easy to understand the pharmacist, 34.5% said it was very easy to follow, 12.1% found it moderate, 8.6% found it slightly easy, whilst 2.6% found it challenging to understand their pharmacist.

5.42 Q15 Did the clinical practice pharmacist answer your question(s)?

5.44 Figure 15: N=116

75.9% of respondents felt their questions were completely answered by their clinical pharmacist, 12.9% answered ‘yes but not fully’, 6% stated ‘slightly’ whilst 5.2% felt their questions weren’t answered.

5.45 Q16: Were you given an explanation on how to identify and report medicines related patient safety incidents?

This question caused some confusion so we are cautious about drawing conclusions about this but it raised the question about patient’s safety and patients interpretations of this. Some patients saw
this as safety about disposal of medicines, others saw it as side effects. This is learning for any future surveys and questions to patients and carers about medicines related safety.

5.47 **Figure 16: N= 115**

5.48 Based on Figure 16, 79.1% stated they were not given an explanation on reporting medicines for patient safety. 20.9% said they were given an explanation on this matter.

5.49 **Q17: Did using a clinical practice pharmacist give you quicker access than seeing a GP?**

5.50 **Figure 17: N=115**

5.51 Of the respondents that answered this question, 78.3% felt they had better access to services with a clinical pharmacist, 21.7% felt it made no difference.
5.52 Q18: Did using a clinical practice pharmacist avoid you having to make an appointment with a GP?

5.53 Figure 18: N=117

![Pie chart showing 69.2% felt they didn’t have to make an appointment to see the GP after speaking with a clinical pharmacist, and 30.8% felt it made no difference.]

5.54 69.2% felt they didn’t have to make an appointment to see the GP after speaking with a clinical pharmacist. 30.8% felt it made no difference with regards to making appointments with the GP.

5.55 Q19: Do you have any other comments? N=167

Respondents were finally asked if they had any other comments to add. With 167 different comments, which were mainly positive but with some reservations which should be taken into consideration in the pilots. Examples include:

- *Should be implemented all over.*

- *In my former professional capacity I have seen how important it can be for a pharmacist to review medications, especially in relation to medications for mental health problems and elderly care where poly-pharmacy can do more harm than good.*

- *"This type of service would help patients to avoid the potential problems caused by taking multiple medications for different medical conditions. It would also reduce the cost to the surgery and the NHS as a whole - let’s try to avoid prescribing even more drugs especially if they are to resolve a problem caused by prescribed drugs!"*

- *“Like to see a Doctor, call me old fashioned but at 86 you cannot make a silk purse from a sows ear.........”*

- *“I think the appointment of a clinical practice pharmacist would be beneficial to GPs and patients”.*

- *“This was a very positive and reassuring consultation. I left feeling very well cared for!”*
6 SUMMARY & CONCLUSION

6.1 From analysing the data collected from patients and carers, it was clear that clinical pharmacists have an important role to play in GP practices, especially in the current climate of a shortage of GPs and increasing pressure on primary care. Having a clinical pharmacist as part of the team could automatically reduce a GP’s workload, allowing them to focus their specific skills where they are really needed by patients, whilst allowing the clinical pharmacist to handle anything related to medication. This not only helps focus the role of a GP, but also reduces the need for patients to make GP appointments when unnecessary about matters related to medicine.

6.2 The possibility of alleviating some of the pressures on GPs by appointing a pharmacist as an additional member of the clinical team seems a positive way forward. From the 316 responses we received from our survey, patients and carers have found the contribution of a pharmacist very helpful especially for medication reviews and answering queries about medication.

6.3 Patients often need clarification of medications, especially if they have been given several different prescriptions. The data gathered from the survey showed that a vast majority who had contact with a clinical pharmacist found reviewing their medication to be particularly useful to them.

6.4 Although there was some ambiguity about the question relating to patient’s safety and medicines with different interpretations, this is an area that was found to be requiring more information and awareness from a patient’s perspective. The need for better explanation about reporting medicines for patient safety, disposal of medicines and side effects were all included in responses and worthy of further investigation.

6.5 It was also clear that a better understanding is needed by patients and carers of the role and function of clinical pharmacists as well as their qualifications and competencies. Patients and their families/carers need to be reassured that the clinical pharmacist is adequately qualified to be able to provide the advice needed and be provided with more information about the role of the pharmacist within the GP practice team.

6.6 The importance of involving patients and carers in reaching decisions about medication is extremely important, highlighting the emphasis on the need for shared decision making. However what is clear from this survey is that this still is not happening consistently in practice. There is a need for staff training to develop these skills in pharmacy to improve patient experience as well as raising awareness to patients and families about that facet that they can be involved in decision making, when and how. Shared decision making also determines the type of relationship that develops between patients and clinical pharmacists. Discussing and including patients and carers in any consultation would prove to be a lot more beneficial than making decisions about patients without their involvement or their family/carers.

6.7 The role of Patients Participation Groups (PPGS) has been highlighted as having potential to work with patients and carers in practices to raise awareness and promote better understanding of the role of a practice based pharmacist who is part of the clinical team. As many Patients Participation Groups are developing their role there are examples of these groups running information and education sessions and health information fairs to include talks by pharmacists, medicine management teams and. When managers, policy makers and clinicians want to disseminate findings and provide information and awareness to larger numbers of patients the Patients Participation Groups communication channels should not be forgotten.
Following the results of this survey it is recommended that:

**Recommendation 1:** The development of clinical pharmacists working in GP practices as part of the practice clinical team is welcomed by patients and carers and should be continued.

**Recommendation 2:** A profile raising campaign should be targeted at the public to enable a better understanding of the role and function of pharmacists in GP practice teams as well as their expertise, knowledge and qualifications - the booklet provided by NHS England could be used for this and can be downloaded from: [https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/12/What-is-a-clinical-pharmacist.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/12/What-is-a-clinical-pharmacist.pdf)

**Recommendation 3:** GPs need to be made aware of the potential for practice based pharmacists and how they might use them such as suggested by the Royal Pharmaceutical Society and the Primary Care Pharmacy Association, in its guide for GPs wishing to employ a Practice Pharmacist [http://pcpa.org.uk/assets/documents/gp_guide.pdf](http://pcpa.org.uk/assets/documents/gp_guide.pdf)

**Recommendation 4:** Practice Managers should be encouraged to set up a process to ask patients about whether the visit to see their pharmacist has created a reduction in need to see a GP so that this information is measured by GP practices to evidence the impact.

**Recommendation 6:** Pharmacists should receive training in how to involve patients and carers in shared decision making and aspects of safety as part of the whole concept of working together as equals.

**Recommendation 7:** Pharmacists should receive training in how to explain the reporting medicines for patient safety and a better understanding of the issues for patients in this aspect. STILL NOT QUITE SURE I UNDERSTAND WHAT WE ARE ACTUALLY SAYING HERE?

**Recommendation 8:** Patients and carers should be encouraged to discuss any concerns about side effects of medication, medication disposal or any other aspects of medicine safety so that they are clear what this means.

**Recommendation 9:** Pharmacists should be made aware of the existence of Patient Participation Groups (PPGS) in GP practices and that this is a GP contract requirement in order to make use of these for awareness raising, education and communication.

**Recommendation 10:** Patient Participation Groups (PPGs) should be made aware of the role of clinical pharmacists based in GP practices especially in the new pilot sites with the NHS England leaflet circulated to them and information about the role of Primary Care Pharmacy Association.

**Recommendation 11:** That a national workforce survey is carried out to better understand how many practices have a practice based pharmacist employed by the surgery and where are the gaps in this service.
8 References


3) “Working together Guide” – Patients Association, Plymouth University and Health Foundation 2016

4) Breaking down the barriers – how community pharmacists and GPs can work together to improve patient care. RCGP and RPS joint statement 2011 (updated 2014)

5) Building the Workforce – the New Deal for General Practice. Joint action plan by NHSE, HEE, RCGP and the BMA. January 2015.


1. Do you think having a clinical practice pharmacist at your doctors’ surgery would be a positive addition to your care?

☐ Yes  
☐ No  
☐ Unsure

2. Would you welcome the opportunity to have a review of your medicines with a clinical practice pharmacist?

☐ Yes  
☐ No  
☐ Unsure

3. Do you know if your doctor’s surgery has a clinical practice pharmacist?

☐ Yes  
☐ No  
☐ Unsure

4. Tell us how you made contact with a clinical practice pharmacist?

☐ On the phone  
☐ Face to face  
☐ Not applicable (my doctor surgery doesn't have a Clinical Pharmacist)

If you selected ‘Not applicable’ then please skip to question 19. If you have made contact then please continue to question 5.

5. How often have you spoken to the clinical practice pharmacist in the last year?

☐ Never  
☐ Once
6. What was the reason for speaking to the clinical practice pharmacist?

☐ I needed a prescription for a medicine that I had not had before from the practice

☐ I needed a prescription for a medicine that I’d had before from the practice

☐ To have the supply of my repeat prescription re-authorised

☐ A face to face review of all my medicines

☐ A review of my medicines over the phone

☐ I had a question about the medicines I was prescribed

☐ I had a problem with getting a supply of my medicines

☐ The pharmacist had a question they wanted to ask me

☐ I had a change to my medicines following a hospital admission or hospital outpatient appointment

☐ Other (please specify)

7. Did the clinical pharmacist make you feel welcome?

☐ Not at all

☐ Slightly

☐ Yes but not fully

☐ Completely

8. How much did the clinical practice pharmacist involve you in discussions about your medicines?

☐ Not at all

☐ Very little

☐ Somewhat
9. If the discussion included the possibility of stopping your medicine, did you feel able to make this decision?

- Not at all
- Slightly
- Yes but not fully
- Completely

10. Do you feel your clinical practice pharmacist listened to you?

- Not at all
- Slightly
- Yes but not fully
- Completely

11. Did you feel confident that the clinical practice pharmacist had good clinical knowledge?

- Not at all
- Slightly
- Yes but not fully
- Completely

12. Did you feel confident that the clinical practice pharmacist addressed your concerns?

- Not at all
- Slightly
- Yes but not fully
- Completely

13. Did you feel the clinical practice pharmacist showed a caring attitude?
14. How easy was it for you to understand what the clinical practice pharmacist was telling you?

- Not at all easy
- Slightly easy
- Moderate
- Very easy
- Extremely easy

15. Did the clinical practice pharmacist answer your question(s)?

- Not at all
- Slightly
- Yes but not fully
- Completely

16. Were you given an explanation on how to identify and report medicines related patient safety incidents?

- No
- Yes

17. Did using a clinical practice pharmacist give you quicker access than seeing a GP?

- No
- Yes

18. Did using a clinical practice pharmacist avoid you having to make an appointment with a GP?
19. Do you have any other comments?