

## Clinical pharmacists

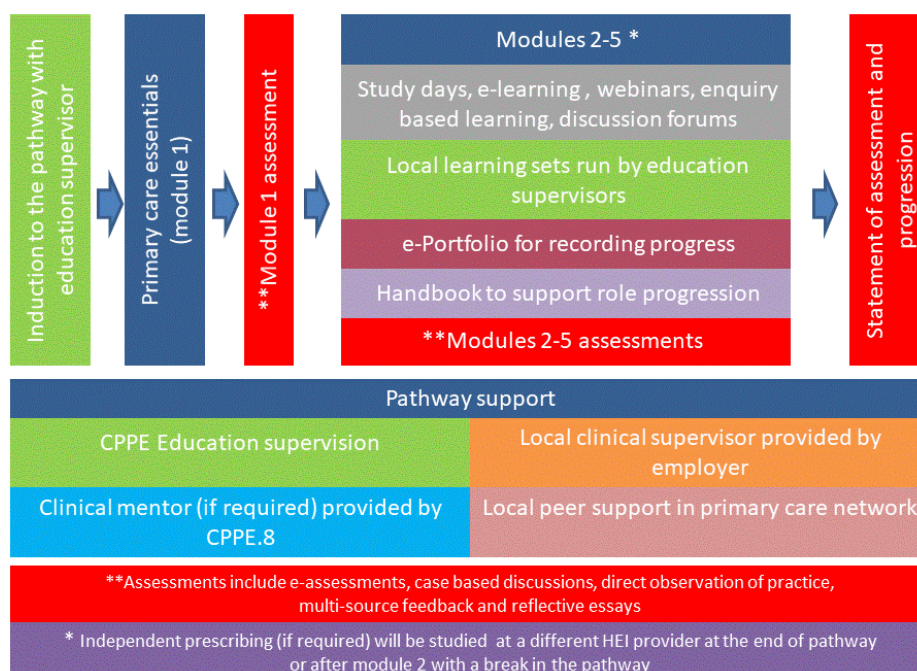
Clinical pharmacists have emerged as integral members of the general practice team, playing a vital role in optimising patient care and healthcare outcomes. Research evidence supports the positive impact of the role in primary care, demonstrating their ability to improve patient outcomes, <sup>1, 2, 3, 4</sup> enhance medication management <sup>5, 6, 7</sup> and reduce healthcare costs <sup>8, 9</sup>.

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex medication use, especially for the elderly, people in care homes and those with multiple conditions.

### Training pathway

Centre for Pharmacy Postgraduate Education (CPPE) is commissioned by NHS England to deliver training to pharmacy professionals working in primary care as part of the primary care Network Contract Directed Enhanced Service (DES). CPPE developed the [Primary care pharmacy education pathway](#) to align the education requirements of the pharmacists and pharmacy technicians with the NHS Long Term Plan and the primary care Network Contract Directed Enhanced Service.

This pathway will equip pharmacists and pharmacy technicians with the necessary knowledge, skills and experience to work in various patient-facing roles in primary care networks as part of a multidisciplinary team. Pharmacists and pharmacy technicians will be able to access a range of different study methods to suit different learning styles, a continuous assessment process and support from supervisors and peers. The pathway is 18-months for pharmacists and 15-months for pharmacy technicians.



## Benefits

### Improved Patient Access:

One of the key advantages of having clinical pharmacists in general practice is improved patient access to healthcare services. By providing additional support in managing medication and offering health checks, clinical pharmacists have contributed to reduced waiting times for appointments, increasing patients' ability to access healthcare promptly.

### Enhanced Medication Management:

Clinical pharmacists bring expertise in medicines and prescribing, reducing medication errors and optimising medication regimens for patients. Their expertise in medication management has been particularly beneficial for patients with chronic and common ailments, allowing for more effective screenings, diagnosis, and treatment <sup>2, 7</sup>.

By preventing medication wastage and overuse, clinical pharmacists have contributed to cost-efficient medication management <sup>4</sup>.

### Patient outcomes and reduction in A&E Admissions:

Clinical pharmacists have demonstrated their ability to enhance patient safety and reduce adverse events related to medication. Through their involvement in prescribing tasks and medication reviews, clinical pharmacists have reduced medication errors, optimised drug regimens, and improved adherence to prescribed treatments <sup>4, 5, 10</sup> thereby improving patient outcomes. This has led to better control of chronic conditions, resulting in fewer hospital admissions, thereby alleviating the burden on the healthcare system<sup>11</sup>.

### Reduced GP Workload:

By handling medication-related tasks, clinical pharmacists free up GPs to focus on more complex medical cases, effectively managing demands on GP time. Evidence shows that practice pharmacists can pick up about 20% of a GP workload, i.e. the proportion used for medicines-related activities <sup>10</sup>. One study evaluating the cost-consequences of additional pharmacists in releasing GP capacity found a 47% reduction in GP time spent on key prescribing activities<sup>8</sup>.

### Cost Savings:

The integration of clinical pharmacists in general practice has also resulted in substantial cost savings <sup>8, 9</sup>. By preventing medication wastage and overuse, clinical pharmacists have contributed to cost-efficient medication management <sup>4, 11</sup>. Moreover, their presence has led to reductions in GP locum costs, as clinical pharmacists handle medication-related tasks, allowing GPs to focus on more complex medical cases <sup>8, 10, 11</sup>. These cost savings, coupled with improved patient outcomes, make the employment of clinical pharmacists a beneficial investment for primary care practices.

## Challenges

While clinical pharmacists have proven to be beneficial, there are challenges in their successful implementation:

#### Funding and Policy:

Adequate funding and supportive policies are crucial to sustain and expand the role of clinical pharmacists in general practice<sup>12, 13, 14</sup>

Role Clarity: Clear definition and understanding of the pharmacist's role within the primary care team are essential to ensure effective collaboration<sup>13, 15</sup>.

Training and Integration: Proper training, mentoring, and integration into the practice team contribute to the success of clinical pharmacists' roles<sup>9, 15</sup>.

#### Patient Awareness:

Patient awareness and acceptance of clinical pharmacists' services are also critical factors for their successful integration. Raising patient awareness about the role of clinical pharmacists in general practice can improve patient acceptance and utilisation of these services,<sup>4, 9</sup> ultimately leading to better patient outcomes and overall satisfaction.

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<sup>1</sup> Hasan Ibrahim, A.S. et al. (2022)

<sup>2</sup> Mann C. et al, (2018)

<sup>3</sup> Maskrey, M. et al, (2018)

<sup>4</sup> Mann, C. et al. (2022)

<sup>5</sup> Chopra, E. et al. (2022)

<sup>6</sup> Stone M.C. & Williams H.C. (2015)

<sup>7</sup> Tan, E.C.K. et al. (2014)

<sup>8</sup> Johnson C. F. et al. (2022)

<sup>9</sup> Ryan K. et al. (2018)

<sup>10</sup> Barnes, E. et al. (2017)

<sup>11</sup> British Medical Association (BMA) (2023)

<sup>12</sup> Akhtar, N. et al. (2022)

<sup>13</sup> Mann C., Anderson, C., & Boyd, M. (2022)

<sup>14</sup> Hampson N, & Ruane S. (2019)

<sup>15</sup> Alshehri, A. A. et al. (2021)

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