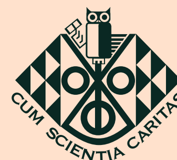
Ngā Kaitaka Rongoā i rō whare tākuta Pharmacists in general practice



The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Final Report — 27 February 2023

Background

1. In late 2022 we identified that Te Whatu Ora had been working with the Clinical Advisory Pharmacist Association (CAPA) on a range of options to increase the number of pharmacists embedded into general practice.

2. This appeared to be occurring without a clear understanding of the breadth of work already undertaken by pharmacists in general practice. These concerns were shared by the Pharmaceutical Society (the Society), so we collaborated with the Society and CAPA to develop a survey that targeted general practices that were known to utilise pharmacists within their teams.

Survey objectives and design

3. We had two main objectives to achieve:
   - determine what services pharmacists were providing in the context of general practice, and
   - understand whether general practice valued those services.

4. We designed the survey so that it was brief (it took 7 mins on average to complete) and didn't ask practice staff to undertake detailed investigations or fact finding.

5. In order to capture the full range of services that a pharmacist might provide in a general practice setting we reviewed the following documents:
   - The CAPA's Service Development Toolkit for General Practice based Clinical Pharmacists.
   - Pharmacist integration into general practice in New Zealand, a 2019 JPHC article.
   - Evidence submitted to the UK Health and Social Care Committee's Inquiry into the Future of General Practice by the Pharmaceutical Services Negotiating Committee.

6. From these papers we drafted a set of possible services that pharmacists might provide which we sense checked against our Medical Director's experience of working with a clinical pharmacist during a recent trial at their practice.

7. As the final list was lengthy, we broke it into two more manageable parts – services that mostly focused outwardly on the patient and services that mostly focused inwardly on the practice and the clinicians.

8. The second objective, understanding whether general practice valued those services, meant that we needed to pick a set of lenses through which value might be viewed. We wanted to understand not only the benefits that might be enjoyed by patients, but also the impacts on general practice staff, both clinical and administrative.

9. Finally, we took the opportunity to identify barriers facing practices wanting to increase their level of pharmacist support. We felt this was important as a lack of supply of pharmacists may not be the only obstacle.

10. These three lines of inquiry were supported by two sets of contextual questions:
    - specific questions about the amount of pharmacist time available to the practice, the contractual and funding arrangements for those pharmacists, whether the pharmacists could prescribe, and how long the practice had been working with pharmacists; and
    - general questions about the practice around enrolment numbers, urban vs rural, very low-cost access and Māori health providers, and the practice ownership model.

11. These questions would help us see if pharmacists were working in a wide range of different practice settings and, it was hoped, show whether different arrangements had an impact on how much value was seen by the practice.

Issuing the survey

12. With help from CAPA, the Practice Managers and Administrators Association of New Zealand (PMAANZ) and the Primary Care Clinical Leaders network, we established a list of 120 practices. The survey was issued on Monday 21 November 2022 with submissions closing on Friday 2 December. A reminder email was sent on Wednesday 30 November to all survey participants who had not yet responded.

13. When the survey closed, we had received 84 responses, a return rate of 70%, of which 11 practices indicated that they did not work with pharmacists. These responses contained no additional useful information and so have been excluded from the results outlined below.

Survey results

Value of pharmacist services in general practice

14. Of the 73 practices that returned surveys with useful information there was near unanimous support for the value that pharmacists working in general practice added to Patient Safety, Patient Outcomes and Clinical Support.

15. The results for GP workload are of interest as this provides support for the argument that having an embedded pharmacist in general practice can address workload issues. We looked if there was more value in terms of GP workload seen by practices who had prescribing pharmacists, as that could be a direct transfer of a task from a GP to a pharmacist. However, when we compared those with a prescribing pharmacist to those without, there was no significant change in results.

VALUE IN TERMS OF...	NO VALUE	LITTLE VALUE	SOME VALUE	SIGNIFICANT VALUE
Patient safety	0%	0%	11%	**89%**
Patient outcomes	0%	0%	8%	**92%**
Patient experience	0%	1%	15%	**84%**
Clinician support	0%	1%	5%	**93%**
GP workload	0%	3%	32%	**66%**
Practice management	1%	19%	32%	**48%**

Table 1

16. Practices were given the option to provide further information in response to the question “Is any other value that you see in having pharmacists working in general practice?” The responses provided are included in full in Appendix 1.

Services offered

17. In terms of services performed we found that usage tended to group around a core set of pharmacist skills.

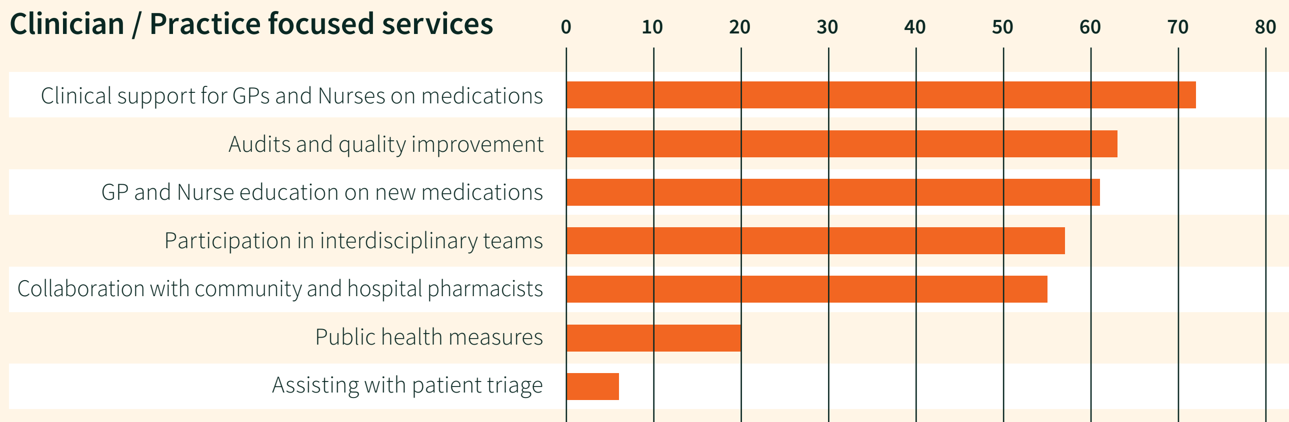


Chart 1

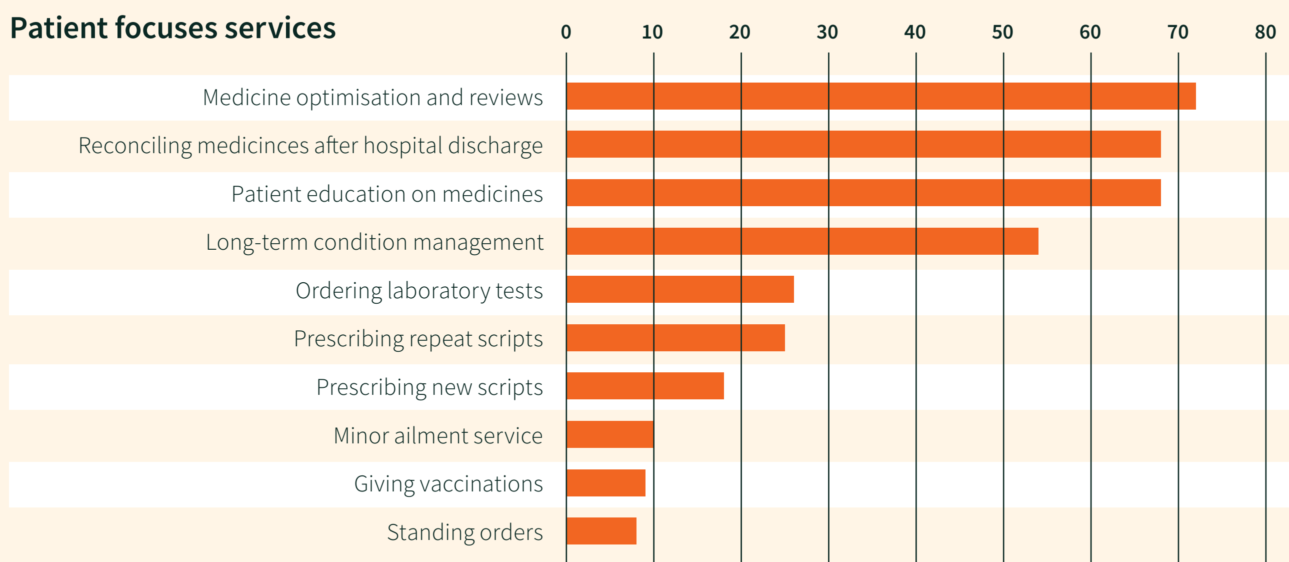


Chart 2

18. We tested these results to see if having more pharmacist resources would mean the practice would utilise more of the possible services available, but there was little variation across the survey responses. A practice with more than 1 FTE of pharmacist support was as likely to offer more or less services as a practice with less than 1 FTE of support. Whether a practice utilised a larger or smaller number of pharmacist hours did not seem to have an appreciable impact on whether they saw value in the pharmacist support. This is unsurprising giving the overwhelmingly positive results seen in table 1.

19. We note also that while 32 practices indicated that they worked with a prescribing pharmacist, only 25 of those practices had pharmacists issuing repeat prescriptions, and just 18 were issuing new prescriptions.

Barriers to getting more pharmacist support

20. Out of the 73 responses received, 53 practices indicated that they wanted to receive more pharmacist support than they current had. Those that wanted to expand the support available were asked to identify the barriers that were preventing them from doing so – respondents were able to select multiple options for this question.

Barriers to expanding pharmacist support

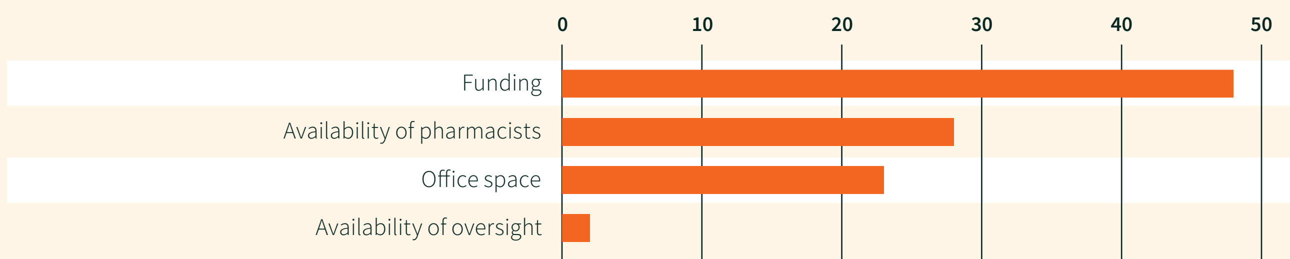


Chart 3

21. Practices were also given an option to provide a written comment with one respondent saying:

> *Currently there is no formalised support and training pathway for clinical pharmacists in general practice - we are making it up as we go along as there are a lot of mixed messages in the Pharmacy governing bodies regarding qualifications required, scope of work, and who is eligible for contracts. The current peer support group is so busy that it is difficult for them to provide meaningful support.*

How pharmacists work in general practice

22. The amount of pharmacist support available to the practice was heavily weighted towards a day or two a week. While we did not ask the practices whether the pharmacist they worked with also supported other practices, we note that it is not uncommon for one pharmacist to work with two or three practices at once.

FTE value of pharmacist support available

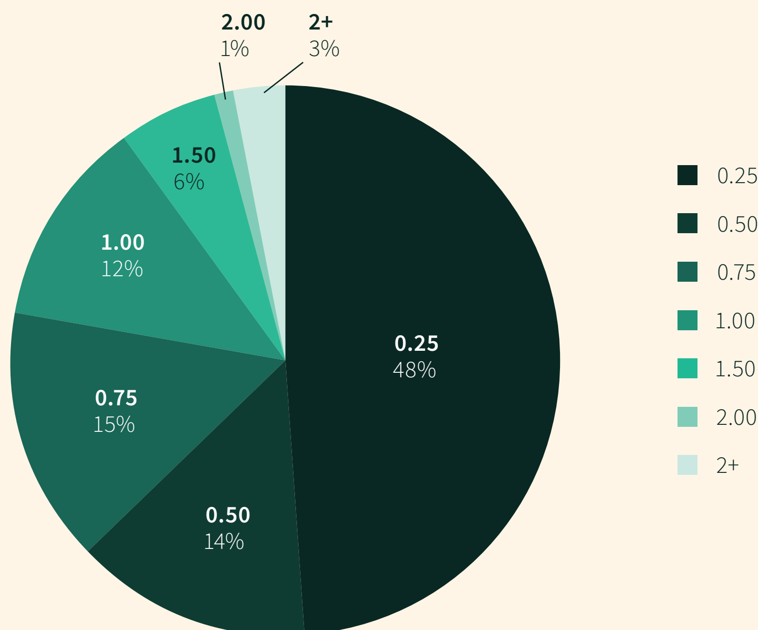


Chart 4

23. Of the two respondents who said they had more than two FTE of pharmacist support available, one recorded three FTE and the other five. We contacted the second practice and discovered that it was set up next to a pharmacy that was also owned by the same organisation. The FTE recorded comprised all of the hours worked by pharmacists whether in support of the practice or in the pharmacy.

24. When pharmacists work in general practice the gains are not simply cumulative. A pharmacist can add value just working one or two days a week, but a higher level of support can better enable the pharmacist to become a fully integrated part of care team and make improvements at a system level, rather than just at the individual patient level[1].

25. Nearly all practices (85%+) worked with a single pharmacist, often sharing that resource with other practices nearby.

1 Discussion on benefits of pharmacist support in general practice with CAPA

How long have practices been working with pharmacist support?

26. Over 50% of respondents reported that their practice had been working with pharmacists within the practice for over three years, with 12 practices indicating they had more than five years' experience with this model.

27. This indicates that there are general practices that have significant experience in the practicalities of working with pharmacist support, and the College is of the view that these experiences will be vital in shaping and informing any future proposals.

How long the practice has worked with pharmacist support

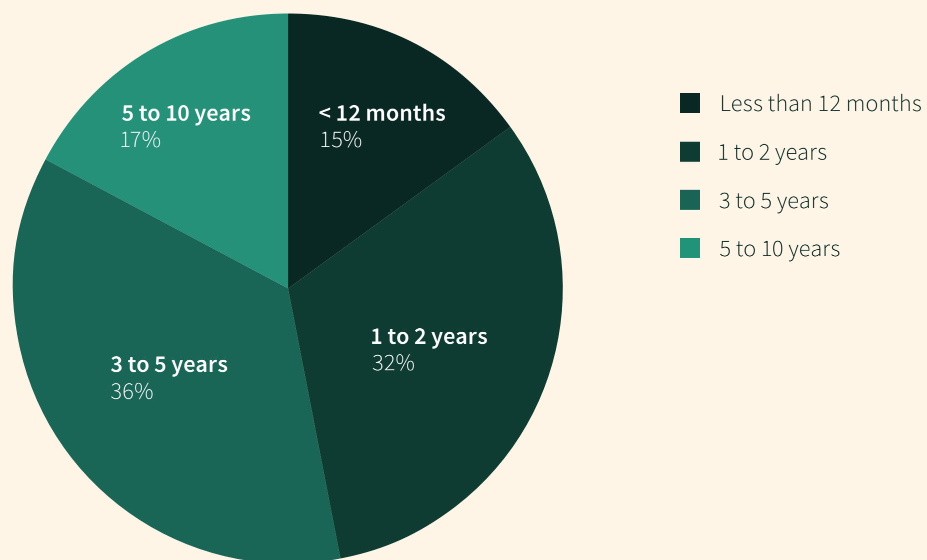


Chart 5

Funding sources

28. Practices were asked to select from different funding sources with 11 practices indicating that they received pharmacist support funding from more than one source.

Pharmacist support funded by

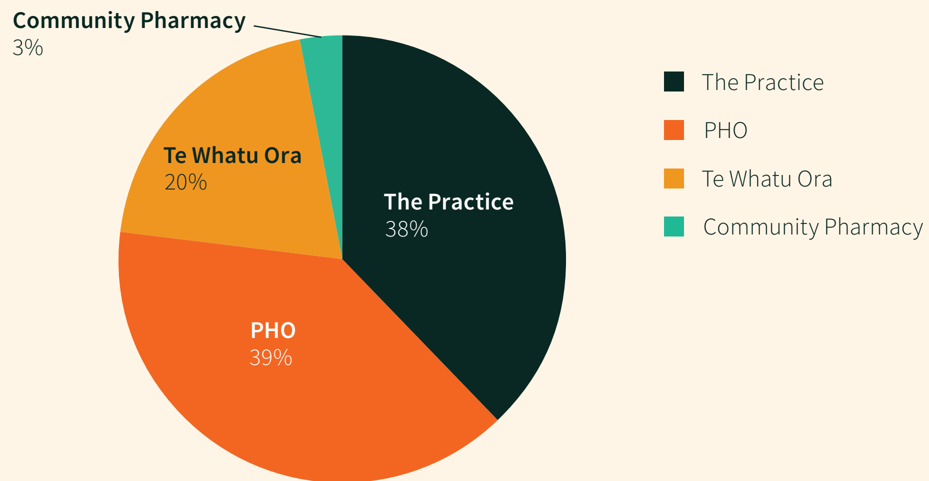


Chart 6

Contractual arrangements

29. Most pharmacists working in general practice are permanently employed and only eight respondents indicated that they were operating a pilot scheme. This, paired with the long experience many of the surveyed practices have had with pharmacist support, indicates that while the model is not widely taken up, neither is it new or untested.

How pharmacists are contracted

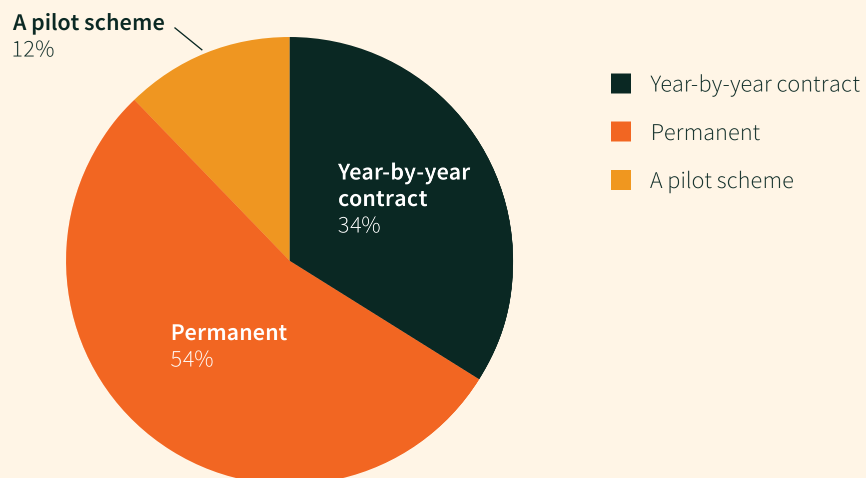


Chart 7

Who were the practices responding to our survey?

30. In the final section of the survey we asked respondents to provide some basic information about their practices – 16 respondents chose not to fill in this section so the following charts show what was reported by the remaining 57 practices.

31. The spread of practices with different patient enrolment numbers is broadly similar to the distribution seen in the 2022 Workforce survey results.

Enrolled patients at the practice

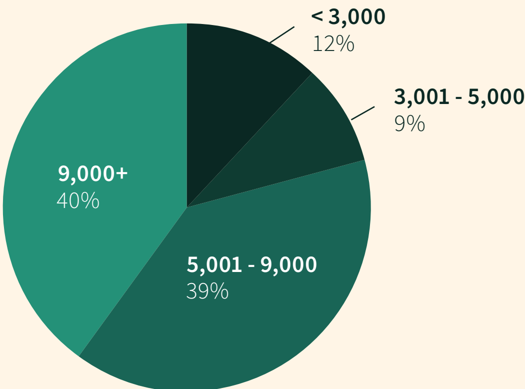


Chart 8

Enrolled patients – 2022 Workforce Survey

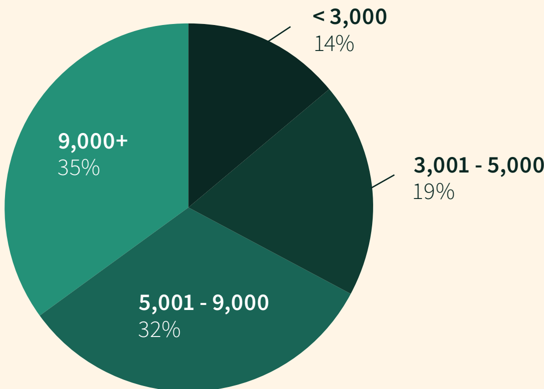


Chart 9

Less than 3,000 | 3,001-5,000 | 5,001-9,000 | More than 9,000

32. The spread of practices across rural or urban definitions is broadly similar to the distribution seen in the 2022 Workforce survey results, with slightly less urban practices responding to the Pharmacy Survey.

Rural vs Urban

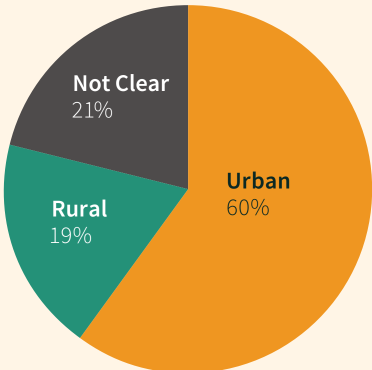


Chart 10

Rural vs Urban – 2022 Workforce Survey

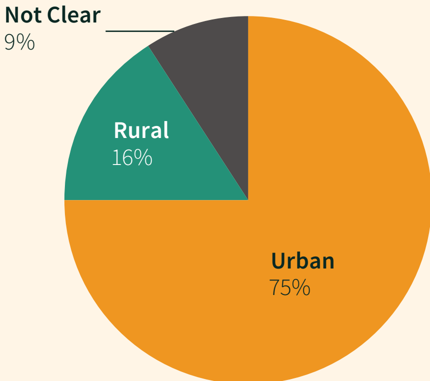


Chart 11

Urban | Rural | Not clearly urban or rural

33. The 2022 Workforce survey did not ask respondents if they worked in a Very Low Cost or Māori health provider, so a direct comparison is not possible.

VLC and Māori health providers

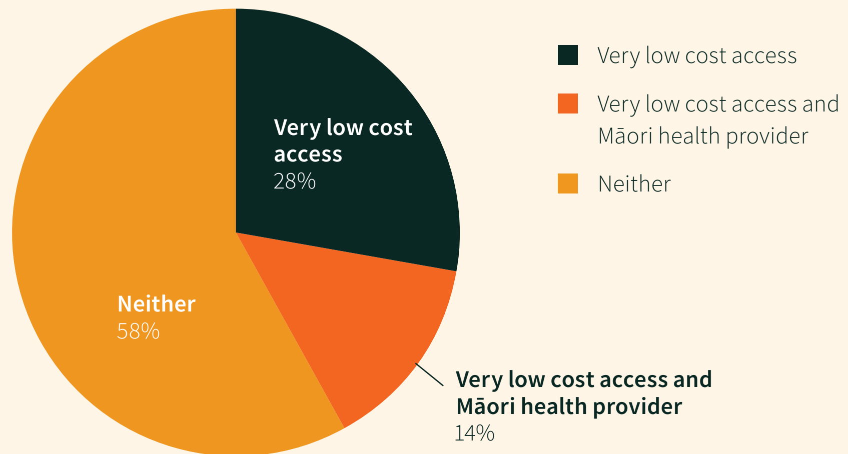


Chart 12

34. While the Pharmacist survey did not encompass practices with ownership models such as Universities or Te Whatu Ora, the spread of practices ownership models is broadly similar to the distribution seen in the 2022 Workforce survey results. Respondents could select multiple options and five practices indicated that ownership was spread across multiple entities.

Ownership of practices

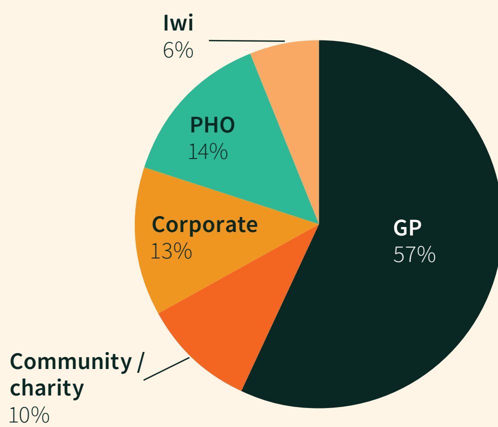


Chart 13

Ownership of practices – 2022 Workforce Survey

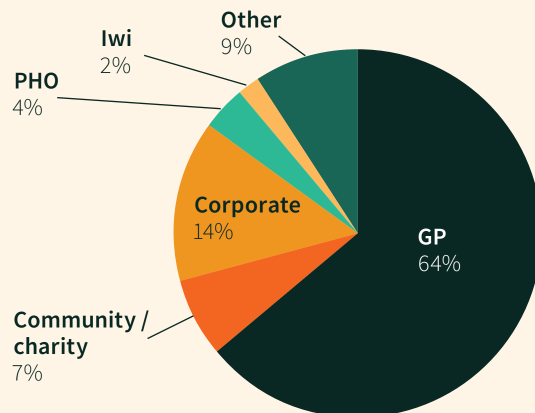


Chart 14

GP · Community / charity · Corporate · PHO · Iwi · Other

Willingness to provide further information

35. We asked respondents if they would be available to be contacted for further information and 60 of the 73 practices that responded indicated they were available and provided a contact name. This shows a high level of interest in the area and a willingness from general practice to be involved in the development of new proposals.

Next steps

36. This report and the raw, anonymised data will be shared with Te Whatu Ora, CAPA and the Pharmaceutical Society. The College has agreed to facilitate contact between Te Whatu Ora and practices that have indicated they are available for further discussions.

Acknowledgements

37. The College is grateful to all of the responding practices whose staff took the time to complete our survey.

38. We also recognise the contributions made by the Pharmaceutical Society of New Zealand (PSNZ), the Clinical Advisory Pharmacists Association (CAPA), the Practice Managers and Administrators Association of New Zealand (PMAANZ), and the Primary Care Clinical Leaders network, administered by General Practice New Zealand (GPNZ).

PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

Appendix 1 – Free text comments

This appendix provides the comments made in response to the question "Is any other value that you see in having pharmacists working in general practice?"

If we had more hours available to us, a lot more could be achieved to help GPs with paperwork burden and education.

Our Clinical Pharmacist is a valued and appreciated part of our team. Wouldn't be without her!

Helps us focus on equity-based care.

Overall patient education and safety in terms of medications. Medicines information inquiries for GP's which saves them time.

Transitions of care for patients discharged from hospital – liaison between hospital, GP and community pharmacy (often this involves reconciling discrepancies which have originated outside of general practice).

Really value having clinical pharmacist. Creates a team of health care providers. As above has improved our outcomes and patient outcomes for long term condition management.

Allows patients to have more time spent with them to explain medications/ conditions that GPs don't have.

In our current health system, we need to be thinking outside of a traditional GP model in order to provide optimal care to patients.

The support for medication-based information, review and support is invaluable in a busy pressurized area with little time to research and check constantly for medication-based updates or information.

We see the Prescribing Clinical Pharmacist role as integral to our team in the support and care of patients with LTCs and complex health and medication regimes.

Provide support in clinical audits ensuring optimal care and follow-up/ recalls for patients on certain meds and for some conditions.

Having another prescriber on the team adds another element of support to improving patient experience, health outcomes and in reducing GP load.

We would be very keen to have one on site. At a time when GP shortages mean no appointments or inability to complete script requests, this would be very helpful.

We would see significant value from having a pharmacist located within our practice.

We are a Rural Practice and having a Clinical Pharmacist within the Practice certainly supports the GPs in both patient management and workload.