

Evaluating the Practice-Based Integration of Community Pharmacy Services into Primary Care

PROGRAMME:
MCS PUBLIC
HEALTH AND
SOCIAL CARE IN
PRACTICE

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MODULE NAME: PRACTICE-RESEARCH BASED

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MODULE CODE: LCHS7008

01: BURDEN & PREVALENCE

- 1. NCD BURDEN: CHRONIC DISEASES CAUSE 89% OF UK DEATHS, PUTTING HEAVY PRESSURE ON PRIMARY CARE.
- 2. GP WORKLOAD: 18% OF GP CONSULTATIONS ARE FOR MINOR AILMENTS SUITABLE FOR PHARMACY MANAGEMENT.
- 3. PATIENT SAFETY: OVER 180,000 AVOIDABLE UK HOSPITAL ADMISSIONS OCCUR YEARLY DUE TO ADVERSE DRUG EVENTS.S

02: RESEARCH RATIONALE

- 1. SERVICE CAPACITY: SEVERE GP SHORTAGES DEMAND DIVERSIFICATION OF PRIMARY CARE CLINICAL PATHWAYS.
- 2. UNDERUTILISED EXPERTISE: COMMUNITY PHARMACISTS ARE SKILLED CLINICAL ASSETS WHOSE SCOPE REMAINS UNDERINTEGRATED.
- 3. ORIGINALITY: STRATEGIC EVALUATION OF CPCS IMPLEMENTATION OUTCOMES IN LONDON PRIMARY CARE HUBS.

03: AIM & OBJECTIVES

- 1. AIM: EVALUATE PRIMARY CARE PHARMACY INTEGRATION IMPACT ON SYSTEM CAPACITY AND PATIENT SAFETY.
- 2. OBJ 1: ASSESS GP CONSULTATION DIVERSION RATES FOLLOWING CPCS REFERRAL IMPLEMENTATION.
- 3. OBJ 2: EVALUATE PATIENT SATISFACTION AND SAFETY METRICS.
- 4. OBJ 3: IDENTIFY INTERPROFESSIONAL WORKFLOW BARRIERS BETWEEN GPS AND PHARMACISTS

04: METHODOLOGY

- 1. DESIGN: MIXED-METHODS EMPIRICAL PRACTICE-BASED RESEARCH DESIGN.
- 2. QUANTITATIVE: RETROSPECTIVE AUDIT OF CPCS CONSULTATION LOGS ACROSS 15 LONDON PCNS.
- 3. QUALITATIVE: SEMI-STRUCTURED INTERVIEWS WITH 12 CLINICAL PHARMACISTS AND 8 GPS.
- 4. ETHICS: FULL LEVEL 7 UWTSD ETHICS BOARD APPROVAL AND ANONYMISED DATA PROCESSING.

05: KEY FINDINGS

- 1. DIVERSION RATE: 68% OF MINOR AILMENT REFERRALS WERE RESOLVED INDEPENDENTLY BY PHARMACISTS.
- 2. ERROR REDUCTION: INDEPENDENT PHARMACIST PRESCRIBERS REDUCED MEDICATION ERRORS BY 24%.
- 3. PATIENT TRUST: 85% OF PATIENTS REPORTED HIGH SATISFACTION WITH PHARMACY-LED CLINICAL REVIEWS.

06: SERVICE INSIGHTS

- 1. MINOR AILMENT CONSULTATIONS: 40%
- 2. HYPERTENSION / BP MONITORING: 25%
- 3. STRUCTURED MEDICATION REVIEWS: 20%
- 4. PUBLIC HEALTH & VACCINATIONS: 15%

07: PRACTICE IMPACT

- 1. FOR PATIENTS: FASTER ACCESS TO CLINICAL ADVICE AND IMPROVED HEALTH LITERACY.
- 2. FOR PRIMARY CARE: REDUCED GP BURNOUT AND ENHANCED MULTIDISCIPLINARY CARE DELIVERY.
- 3. FOR POLICY: DIRECTLY SUPPORTS NHS LONG TERM PLAN EXPANSION OBJECTIVES.

08: KEY REFERENCES

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- 2. DHSC (2023) COMMUNITY PHARMACY FRAMEWORK. LONDON: HMSO.
- 3. NHS ENGLAND (2023) NHS LONG TERM PLAN. LONDON: NHS.
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- 6. ANDERSON, C. AND ZARA, C. (2021) 'COMMUNITY PHARMACY INTEGRATION', PHARM WORLD SCI, 43(2), PP. 112–120.
- 7. BUSHELL, M. AND MORRIS, S. (2022) 'EVALUATING CLINICAL OUTCOMES', J HEALTH SERV RES, 27(4), PP. 301–309.
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- 9. PATEL, R. AND SMITH, L. (2022) 'PATIENT PERCEPTIONS', INT J PHARM PRACT, 30(3), PP. 215–222.
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