

## Case study: Clinical pharmacists in general practice

### Karen Acott: Wallingbrook Health Group, Devon



Karen Acott has been a clinical pharmacist at the Wallingbrook Health Group in Devon since 2004. She is a full partner in the group, which covers three practices in Chulmleigh, Winkleigh and Okehampton.

As a prescribing pharmacist she sees patients in clinics and delivers telephone consultations, handling all aspects of medication management. Over the years, her work has reduced the need for patient GP appointments by 20 to 30 per cent, making a significant impact on GP workloads. It has also had a positive impact on patient outcomes.

Karen explains: “Patients with very complex needs who require intensive support continue to see their GP. My focus is on patients whose conditions and medication are reasonably well controlled and stable and our aim is to improve self-management. Within my consultations I also devote time to help patients learn how to self-care and give them confidence and information that empowers them. For many years, our practice has placed a strong emphasis on preventative health promotion alongside delivering conventional healthcare. Because the area we cover is quite rural, as a practice team we work hard to ensure all patients receive care as close to home as possible.”

Karen works directly with patients and designs and implements system and process changes to improve the way medicines are managed across the group and generate more efficient and effective ways of working. Previously, GPs would run joint clinics with nurses for chronic disease management where nurses would carry out initial observations, such as blood pressure and breathing tests, and the GP would finish the review amending medications if necessary. In the early days, Karen would step in where traditionally a GP appointment would have been needed. As a trained prescriber, she is able to monitor trends using blood results focusing on potential harm that can come from long-term use of medicines or poor compliance. She will then flag up any concerns to the patient’s GP.

Karen has designed an annual ‘month of birth’ medication review for all patients with chronic diseases. Within the GP contract, patients need to be reviewed every 12 months but were coming in at various times during the year having the same blood tests repeated on each occasion. To streamline the system and reduce duplication, each patient is assessed as to how their annual review is managed and directed to the best person, who could be a GP, nurse or pharmacist. It also means patients with more than one chronic condition can be seen and checked in one visit which is better for the patient and more efficient.

Karen says: "It's about working out a management plan built around what's important to them, while building in some self-care techniques and focusing on wellbeing as a holistic way of managing a patient's condition. I look at the medication regime such as how many times a day they are taking a drug, any side effects, and try to explain to the patient why they are taking a particular drug. If we make any changes to medication I can follow that up with a phone call a few weeks later to make sure everything is going ok."

"I also look at all the agencies and health professionals involved in that patient's care and try to ensure we are all working in harmony. So a patient might also be receiving cognitive behavioural therapy or treatment for glaucoma at the secondary care level and I will check if those agencies are still in contact, what treatment they have had, while ensuring their repeat prescription is up-to-date and integrated into their care plan."

"A clinical pharmacist based in a GP surgery can bring something very different to the practice than a doctor or nurse. I now get patients calling and specifically asking to see me rather than the GP as they understand the issues they are facing are something I am able to deal with."

Having a prescribing role is crucial, she adds. "I was one of the first cohorts to qualify as a prescriber. Being a prescriber in my own right means I can look after a caseload and be totally accountable for what I do. I've always found it personally more rewarding to do more clinical work with patients than being in a traditional dispensary role, however, in future I believe I can work with my community pharmacist colleagues to support them in providing direct care to patients too."

"The value a clinical pharmacist can bring is that they know the medication inside out ... there's always something in the drug library that will suit somebody. We are very conscious of all the benefits and side effects of different drugs and we can create a bespoke treatment regime and a personalised plan to ensure better patient experience."

Karen believes that one of the key advantages of her role is that she can assist practices to move away from silo-based working.

"Patients don't usually come in neat packages and you might see one patient who has asthma, diabetes, arthritis and even depression. Traditionally they would go to see the GP, but I can step in if these patients are stable and just need a bit of support, for example in dealing with a medication change, dose titration or managing side effects. GPs have huge demands on their time and are under a lot of pressure. I have a bit more time to work with patients around the issues they may be facing. I can focus on reducing their anxiety; provide reassurance and help them to get on with their lives."

Karen is able to support GPs by highlighting where, for example, NICE guidelines have changed, by looking at how best practice is integrated into care processes. She is also able to provide guidance on medicines optimisation and carries out clinical audits around the utilisation of different medicines.

Ultimately, Karen has been able to make the role of group clinical pharmacist her own.

“I am a part of the primary care team and am recognised as an important part of the team. No GP would set up a practice without a nurse or a practice manager. In my view the same should now apply for a pharmacist. It’s about bringing these skill sets together to deliver safe and high quality care. All these health professionals working together can deliver the right outcomes for patients. My advice to others considering including a clinical pharmacist within the practice team would be: just do it, you won’t regret it!”

**Karen Acott FFRPS, FRPharmS, MIOD**  
**Executive Partner, Wallingbrook Health Group, Devon**  
[www.wallingbrook.co.uk](http://www.wallingbrook.co.uk)