

Primary Care Demand:

Supporting General Practice and Community Pharmacy

Primary care providers have worked intensively throughout the COVID19 pandemic and remain under increasing pressure as the health and care system tries to recover. A majority of the pressures faced are due to an increased workload and demand, financial and operational challenges such as a higher complexity and worsening of some people's health problems following the pandemic. These workload issues exacerbated by significant workforce challenges due to ill health, retirement and in some cases, people choosing to leave their profession due to these sustained pressures. Continuing issues with the stock and supply of some medicines has added further challenge to the timely provision of medicines at community pharmacies. Sustained pressures such as those described above also increase the likelihood of short notice community pharmacy closures, which have serious implications for the quality of the patient's care experience as well as impact on the wider system.

Unfortunately, recent months have also seen a decline in the quality of experience for patients, which has in some cases compromised the relationship between service providers and patients, leading to increases in abuse and assaults being reported across all parts of primary care.

A time limited task and finish group was established to agree solutions to help alleviate some of the more operational pressures in primary care. The group had representation from general practice, community pharmacy, locality commissioning and the Greater Manchester primary care team.

The group developed a set of recommendations intended to support and improve the interface between general practice and community pharmacy, ensuring patients receive timely access to medicines and an improved patient experience. These recommendations relate to regular requests for repeat medication. However, it is acknowledged that there will always be patients that request repeat medicines in short notice, as well as patients requesting medication for acute bouts of illness.

The recommendations have been developed with local discussion and implementation in mind, for example through relationships between locality primary care leads, primary care networks (PCNs), General practices and community pharmacy providers. Local teams are encouraged to review, discuss, and implement the recommendations where appropriate, based on their local context and ways of working. Implementing these recommendations should support a reduction in pressures in both community pharmacy and general practice, and better enable providers to address the asks of national requirements, e.g., IIF and Cardiovascular disease outcomes.

The recommendations include:

- Managing patient expectations
- Strengthening communication between General Practice and Community Pharmacy
- Reducing the number of short notice routine repeat prescription requests

Managing Patient Expectations

Given the rising demand across all primary care, there is an opportunity for general practice and community pharmacy to work together to manage patient expectations in relation to the time required for prescriptions to be ready for collection. This will better enable patients to receive seamless and timely care, and help to support the day-to-day operation of, and relationship between providers and patients. The joint pressures group have agreed the following recommendations in relation to lead times.

Recommendations

- In light of the current sustained pressures in primary care, it is recommended that patients should order their repeat prescription when they have **7 days' supply** left. This timescale has been developed to allow for general practice to issue the prescription following the request, and for community pharmacies to dispense routine prescriptions and prepare them for collection. This timescale also provides the space to manage any urgent or unforeseen issues such as stock shortages, and associated queries or ordering requirements and will align with public-facing communications which are being developed to support patients to order their repeat medicines.
- It is recommended that, where possible, GP practices update the text on the prescription's white slip to reflect the above timescales.
- Delivery requests, where possible, should be made in advance to prevent delays or out-of-hours deliveries and to help manage patient expectations.
- Pharmacy and GP practice teams will be made aware of any medicine stock challenges occurring locally so that they can brief patients in the event of shortages. Information on stock challenges can also be displayed in premises. Community Pharmacies and General Practices are encouraged to develop ways to agree and communicate suitable alternatives which are in stock in the event of shortages of particular medications.
- Patients who require support with taking their medicines should be referred to the pharmacy for an assessment in the first instance. This will ensure that any support provided for independent living is an appropriate reasonable adjustment in line with the guidance outlined in the [Equality Act 2010](#), e.g., reasonable adjustments such as easy open bottles, large labels etc may be more suitable. Further information can be found in this interactive toolkit: [An Interactive Guide to what good looks like for assisted medicines taking](#). **5 working days** advanced notice will need to be given in order to allow the pharmacy to process the prescription, order items, address any issues or queries or prepare Monitored Dosage Systems if required.
- A recommendation of an example of best practice would be for Practices to ensure that patients are aware of any items that need reviewing by the GP if they are not issued on request.

* It is acknowledged that not all patients will request medicines with 7 days notice. However, the above recommendations are aimed to ease pressures in the majority of cases.

Strengthening Communication between General Practice and Community Pharmacy

The increased pressures and rise in demand provide further opportunities for general practice and community pharmacy to work together collaboratively, providing mutual support where possible, and improving patient and staff experience.

Recommendations

- Where possible, ensure that all routine repeat prescription items are issued at the same time ('brought into line') in order to improve the patient experience and save time and resource at both practice and pharmacy level. If patients specifically wish to split their request for medication, they are still able to do so. Alternatively, if patients would prefer to order their full prescription to keep any new items in-line and use the remainder as back up supply, then they should be able to do so.
- Agree shared communication channels for escalation of routine and urgent queries and requests between pharmacies and practices to ensure rapid resolution of issues in an agreed timeframe, e.g., queries to be sent to a specified email address or via practice/pharmacy bypass number.
- Agree regular touchpoints to resolve outstanding issues and improve agree processes that benefit general practice, community pharmacy, and, crucially, the quality of care for patients. This can be facilitated through the community pharmacy PCN lead and general practice PCN teams (especially clinical pharmacists and pharmacy technicians working PCNs or practices).

Reducing the Number of Short Notice Routine Repeat Prescription requests

There has been an increase in the number of patients being referred to community pharmacies and general practice to order routine repeat prescription requests at short notice. This has contributed to the high demand currently being faced.

Recommendations

- Where possible, it is recommended that processes should be agreed between community pharmacy and general practice locally to reduce the number of short notice/urgent deliveries being requested out of hours.
- Patients should be encouraged to order repeat medicines directly from their practice [via the NHSapp](#) or other suitable electronic means where they are able to. We must ensure that visible options remain for patients who are unable to do this – such as the dropping off of paper tokens or allowing patients to order over the phone where applicable.

Group Membership

These recommendations were developed by the Joint Pressures task and finish group, membership of which included a broad range of colleagues from Community Pharmacy, General Practice, Commissioners and the NHS Greater Manchester Team. Further details are included in the table below:

Name	Job Title/Organisation
Alison Scowcroft	Director of Strategic Programmes – CPGM Healthcare Ltd (CHL)
Louise Gatley	Chief Officer – Bolton Local Pharmaceutical Committee
Luvjit Kandula	Director of Pharmacy Transformation Greater Manchester LPC Chair – Community Pharmacy Provider Board (CPPB)
Fin McCaul	Chair – Greater Manchester Local Pharmaceutical Committee (GM LPC)
Ifti Khan	Vice Chair – Greater Manchester Local Pharmaceutical Committee (GM LPC)
Aneet Kapoor	Chair – Greater Manchester Local Professional Network (Pharmacy)
Sally Culmer	Project Manager and Hyde PCN Manager – Healthy Hyde Team
Dr Ann Harrison	GP Medicines Optimisation Lead/Clinical Cancer Lead and Macmillan GP (Trafford)
Victoria Westwood	Primary Care Network Manager – Bolton GP Federation
Dr Connie Chen	General Practitioner – GP Lead Children's Pathway Manchester Locality
Dr Peter Budden	General Practitioner – St Andrew's Medical Centre, Salford Locality
Elaine Vermeulen	Deputy Chief Finance Officer – Salford Locality
Susan McKernan	Locality Commissioner – Head of Medicines Optimisation (Bury)
Helen Burgess	Clinical Lead for Medicines Optimisation (Manchester)
Faisal Bokhari	Deputy Head of Medicines Optimisation (Tameside)
Janna Rigby	Senior Primary Care Manager – Quality & Improvement – NHS Greater Manchester
Angela Osei	Head of Primary Care Transformation – NHS Greater Manchester
Conor Dowling	Programme Manager – Primary Care Transformation NHS Greater Manchester

Governance and Development

Since its first draft, there has been significant system engagement to review and shape these recommendations. Below is a list of the key groups that provided input into the development of this document.

- Greater Manchester Primary Care Pressures Group
- Greater Manchester Community Pharmacy Provider Board
- Greater Manchester General Practice Board
- Greater Manchester Delegated Management Oversight Group (DMOG)
- Greater Manchester Primary Care Cell
- The document has also been shared with Greater Manchester Primary Care Provider Board.