

GP2P Operational Guide

1. Overview

GP2Pharmacy is the name for a pilot which is to be funded by allocated monies from the Primary Care Transformation Project. This is one of a number of programmes aimed at reducing pressure on primary care and improving patient care. The pilot has been designed by collaboration between the LPC officers and the South Tyneside Health collaboration. In the first instance, nine practices have registered to be part of the pilot. STHC has consulted with primary care colleagues and a workshop has taken place with Practice Managers and GPs to help shape the programme.

2. Programme Objectives

- Reduce pressure on GP time
- Create more available appointments for patients
- Maximise resource through collaborative approach
- Engage qualified pharmacists with skills to meet needs
- Reduce un-necessary drug wastage
- Avoid complications and prescribing errors

3. GP2Pharmacy – how will it work?

Research provided by the CCG indicates that c 45% of appointments that take place in a GP practice, do not need to be with a GP. Clearly some appointments are managed by other healthcare professionals in practice, but there is still an issue with available appointments versus demand.

GP2Pharmacy will offer suitable patients (depending on symptoms and conditions) who contact their GP surgery for a new appointment, a fixed time appointment at their local pharmacy.

This appointment will be managed by the reception staff in practice, who will liaise with pharmacy colleagues to confirm an appointment for the patient. (Initially this will be done by telephone, but we are developing proposals to utilise available technology to drive the efficiency of this process.)

The programme will also support planned other patient appointments on a pro-active basis:

- Regular check ups
- Long Term Conditions
- Semi centralised disease specific clinics

We will progress with planned appointments post-launch, once GP2P is up and running.

GP2Pharmacy opens up a potential extra 35 locations (pharmacies) where patients can have an appointment, with a choice for this to be near to their home, workplace or wherever is convenient for them, as opposed to waiting for an appointment at their GP practice. This will enable GPs to see critical patients more quickly and provide other patients with access to an earlier appointment. The programme is strategically similar to CPRS, except the appointment is organised directly from the GP practice.

The pharmacist will email the GP after the appointment with patient to provide an update of treatment/any results etc using a pharmoutcomes module.

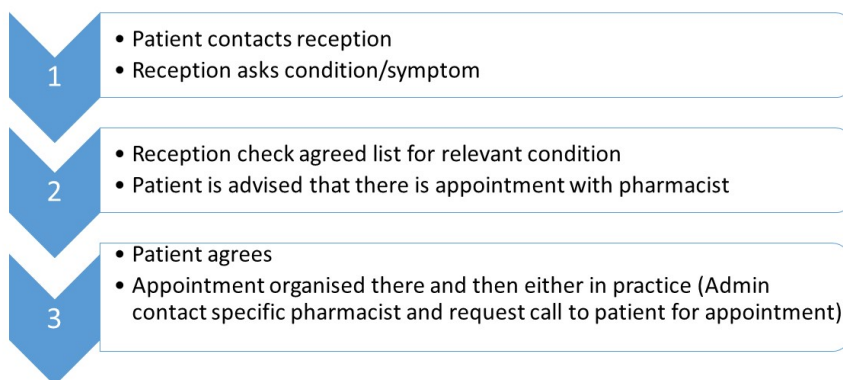
Contractors, who are accredited for the service will be paid £13 per consultation, plus the cost of any medication supplied. Medication allowed on this project includes all medication on the current minor ailment scheme plus a growing list of PGDs.

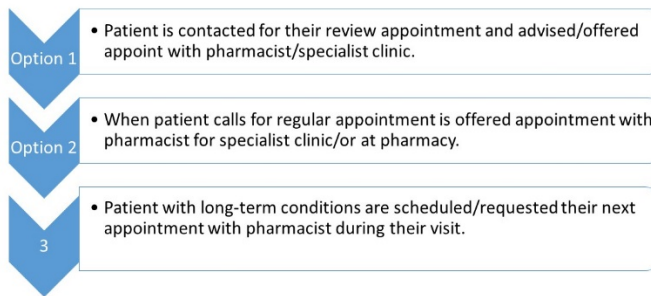
All consultations must be carried out in a consultation room within the pharmacy and must be undertaken by the pharmacist not support staff.

It is essential that pharmacies accredited have a second telephone line to allow Practice Staff the ability to book appointments freely.

4. Patient Pathway

Patient pathway – new appointment request





5. What conditions will GP2P cover?

The LPC has created a list, in consultation with practices. This list includes items from the minor ailment scheme and others that have been requested through the consultation period. The list is appended to this document, currently in draft format.

6. Which PGDs will GP2P cover?

STHC is working with LPC to agree a list of services that can be provided. This will include a specific list of PGDs (prescription only medications). We aim to have at least one PGD available for when the project goes live. Those in blue likely to be approved first.

	Item
1	Aciclovir
2	Fucidin
3	Nitrofuratoin
4	Flucloxacillin
5	Omeprazole
6	Pen V
7	Otomise
8	Sabutamol
9	Predinsolon
10	Lansoprazole
11	Tamiflu

7. Positioning of GP2P and communications

GP2P will be positioned as a wider service, integrated into General Practice with the support of local pharmacy colleagues. It is not intended for patients to feel “fobbed off”, moreover that it is a new way of working together to best meet patient needs. It is important that the right language is used by practices when communicating with patients. Guidance will be provided to practices around key messages etc.

8. Project Timing

The launch is planned, subject to approvals, for November 2018.
The initial pilot will run with 9 practices for 12 weeks.

9. Evaluation

Evaluation is built in from the start of the project and will inform “stage” two pilot, which would enable continuation of the programme until c June 2019, depending on success of the pilot.

10. Available appointments

Subject to budget allocations for IT etc., there are potentially an extra c 8800 appointments over a nine month period, if stage two of the pilot rolls out after the first tranche. For the nine practices involved this could be c 108 appointments each per month, approx. 5/6 a day.

11. Evaluation Criteria and measurements

STHC will measure and monitor the programme and report on number of appointments referred per practice, DNAs, actual appointments taken, issue of drugs via the scheme and financials.

Qualitative feedback will also be obtained from the practices in terms of impacts and benefits to practice, as well as patients. Assessment of value for money from the service provider will also take place.

12. Sustainability/Exit Strategy

Subject to evaluation and (successful) outcomes, STHC will prepare a business case to request further funding from the CCG for the scheme to continue beyond the Transformation Funding. The evaluation will inform recommendations for this, as well as help shape future service design for further integration of Pharmacy within Primary Care.

APPENDICIES/ATTACHMENTS

1. List of practices involved in pilot:

1	Colliery Court	Dallas Hitchinson
2	Dr Dowsett & Overs	Hazel Dowden
3	East Wing Surgery	Mary Davidson
4	Ravensworth Surgery - South Shields and Jarrow	Irene Mcconnachie
5	Talbot Medical Centre	Stacey Reid
6	Trinity Medical Centre	Margaret McPherson
7	Wawn Street surgery	Debbie Hamilton
8	Central Surgery (includes branch in Flagg Court HC)	Alison Campbell
9	Marsden Road Health Centre	Nadine Farrow

2. List of pharmacies

To follow. This will have full details of the pharmacy and a dedicated telephone line for practices to make direct contact

3. List of conditions

See attached formulary