Title
GP views on the potential role for pharmacist independent prescribers within care homes: Care Homes Independent Pharmacist Prescribing Study (CHIPPS): ‘There has to be something in it for me’

Aims/Objectives
Medicines use in care homes has been shown to be suboptimal; to address this it has been suggested that one person should assume overall responsibility for medicines management. (1) Pharmacist independent prescribing provides an opportunity for pharmacists to assume this role without relying on the general practitioner (GP) to implement their recommendations. The transfer of responsibility associated with this service change needs careful management for patient, logistical and professional reasons. The aim of this study was to determine GPs’ views on the utility and acceptability of pharmacist independent prescribers (PIPs) assuming responsibility for medicines management within care homes and how best to implement and deliver such a service.

Method
Focus groups run by experienced facilitators were held in England (Norwich/Yorkshire), Scotland (Aberdeen) and Northern Ireland (Belfast). Telephone interviews were undertaken where a participant was unable to attend a group. Inclusion criteria was involvement with care homes. Local National Health Service (NHS) research networks assisted recruitment.

The topic guide comprised questions on current practice, remit of the proposed PIP service, and barriers and facilitators for implementation. Groups or interviews were audio-recorded and transcribed verbatim. Data were managed in NVivo10. In-depth thematic analysis explored perspectives, experiences and key relevant issues.

Ethical approval was received from Yorkshire and Humber NHS Ethics Committee

Results
28 GPs participated (Norfolk 7, Yorkshire 5, Scotland 6 and Northern Ireland 10).

The proposed service was broadly welcomed by GPs, as care home patients are increasingly frail with complex needs. There was considerable variability in the numbers of care homes linked to a practice and GPs’ personal experiences of working closely with practice pharmacists.

There was broad enthusiasm for management of repeat prescriptions, and reviewing and stopping medications where indicated, but this was predicated on the PIP having full access to the resident’s medical record. There were some concerns about PIPs initiating medicines.

Issues of relationships and the building of trust were raised, as were concerns over confidentiality, governance, professional indemnity and pharmacists’ knowledge of older people’s medicine. There was recognition of pharmacists’ specialist knowledge of medicines and an appreciation of pharmacists’ attention to detail.

GPs wanted reassurance that a PIP service would be beneficial, and that their workload would not increase; they preferred the PIP to be practice, rather than care home, based.
Discussion

Whilst GPs were largely supportive of PIPs assuming responsibility for repeat prescription management, there were some concerns regarding the initiation of medication, and perceived implications for GP workload. The issues of access to records, confidentiality, PIP location and governance require addressing from the outset. The development of strong professional relationships and trust between the two professions is clearly required for the service to be successful.

Acknowledgement

This abstract summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research Programme (Grant Reference Number RP-PG-0613-20007). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

References