

Hendford Lodge Medical Centre

Practice Pharmacist and the Prescribing Office Direct (POD) Team

About the practice

We are a relatively large practice situated in the heart of Yeovil in Somerset. We have nearly 11,000 patients registered at our main Hendford Lodge site, a further 3,200 patient registered at our smaller Abbey Manor site and over 70 staff.

Like many other practices we are continually looking to improve our systems and processes to manage increasing demands on the practice. One of the areas of considerable workload for us and most practices is the safe management of prescriptions together with the patient education, support for carers and liaison with other organisations that needs to take place around this. To help in this area we have introduced two innovations which are providing a major benefit to patients and GPs. These are our in-house practice Pharmacist and our Prescribing Office Direct (POD) Team.



Our lead GP, Practice Pharmacist and POD Team



The main benefits of the new team have been to improve the quality of our medicines management support to patients. This includes providing better continuity for patients in having named people who see through and resolve their queries. On the whole medication issues are dealt with more quickly and our communication with the 13 local community pharmacies and the hospital has definitely improved. Having the team has released GPs time. Some of these are reflected in this quote from a local pharmacist,

“the POD is brilliant, I wish this could be duplicated elsewhere. They follow standard operating procedures, they ask the pharmacist the right questions, they have significantly improved communication which used to go via the community pharmacist to reception to the GP, back to reception and back to the pharmacist. Now we have a direct telephone line, we know the team. I’ve even been able to call them and resolve patient queries there and then whilst the patient is standing at the pharmacy counter”

Full time Practice Pharmacist

Our in-house pharmacist started in February 2017 and he has incrementally taken on a wide range of medicine management functions.

Set up: The pharmacist is based within the practice, has a dedicated clinic room and is line managed by our Assistant Practice Manager. The pharmacist receives clinical mentoring on a monthly basis from a named GP and has quick access to any of the GPs throughout the day.

The pharmacist himself line manages the POD team and this has helped strengthened links between staff involved in medicines management and ensure the POD team keep abreast of medicines management guidelines and best practice.

Long term condition management: The pharmacist takes a key role in supporting patients with medications relating to their long term conditions. For example we have over 2,000 patients with hypertension who require an annual check. These patients are now predominantly managed by the pharmacist and POD team who ensure all checks are undertaken, medication is reviewed and adjustments are made within NICE guidelines and our local practice protocol. The pharmacist often meets patients face to face or talks to them over the telephone to explain changes being recommended and ensure their understanding and adherence.

Hospital discharge and outpatient letters: The pharmacist sees all hospital discharge and outpatient letters which contain medication issues. We find that medication errors on the discharge summaries are fairly common and these have been corrected and we have avoided what could have been significant problems arising for patients. Our pharmacist calls or sees every patient with complex needs who is discharged from hospital, to check their understanding and compliance.

Booked calls with patients: The pharmacist has around ten, ten-minute telephone slots per day. These are used to respond to patient and carer queries and can be booked by reception staff for a specific time. Alternatively patients and carers can be put straight through by reception when calling.

Care Home and Polypharmacy Reviews: The pharmacist reviews medications for around 10 patients per week who live in care homes. Our experience is that the majority of these reviews result in one or more medications being de-prescribed. Where the ordering of medications by care homes for a patient seems erratic, the pharmacist will visit to investigate.

Home Visits: The pharmacist undertakes 1 or 2 home visits per week for patients who are house bound or have difficulty in attending the practice to check understanding and adherence.

The POD Team

The POD team comprises of 3 full time staff who deal with around 250 medication related queries or actions for patients each day. The idea of establishing a dedicated team came out of a staff brainstorming exercise in 2015. Initially the team had a small list of tasks but this has grown as the team has become more established. Our POD staff have been on additional training including training around medication terminology and repeat medications and review their operations every 6 months with a lead GP and the pharmacist.

Examples of areas the POD team cover

Long term conditions: The team oversee patients on long term disease registers and ensure their medication-related checks and tests are organised and conducted before their review with their GP or the pharmacist. The practice has a protocol covering all long term diseases main medications and the tests and checks required of each.

Setting up electronic repeat dispensing: For patients whose medications are stable, e.g. those with stable diabetes, asthma or hypertension, the team set up electronic repeat dispensing which allows the GP to approve a prescription for 6 months and the patient collect their medications on the monthly basis with limited further involvement of their GP.

Aligning medication dispensing: the team set up dispensing so that patients can collect all their medications at the same time each month instead of multiple visits.

Patients going on holiday or out of area: the team help patients access their medications where they have gone out of the area or holiday and forgotten or lost it.

Liaising with 13 local pharmacies: The team liaise with local pharmacies over a wide range of issues include a significant numbers of errors where medications are requested but have been stopped or medication has been requested too early. Sometimes the team challenge pharmacies to follow agreed protocols for example where it is their responsibility to secure out of stock items from neighbouring pharmacies before contacting the practice.

Chasing and following up hospital discharge letters: the team chase or follow up queries with hospitals where issues about patients' medication need to be clarified.

'POD managed patients': The team lead on putting special arrangements in place for some patients, for examples those who regularly lose prescriptions, or those who require weekly collections or dispensing on certain days only because of safeguarding or safety concerns. It also includes setting up three way agreements between patients, the practice and the pharmacy and talking to patients where agreements have not been followed. In some circumstances it also includes overseeing the return of medication before new medications are given out where there are overdose or suicide risks identified for the person.

Support for carers: The team provide a named personal contact for carers of adults or children with high levels of needs and complex medications or consumables. It can be a great relief for these carers to have named staff who they regularly contact.

Cost effective prescribing: The team regularly review medications prescribed against preferred or cost effective options advised by the Somerset Medicines Management team. Where patients are identified as being prescribed medications not on the 'green' list, the GP is advised and more cost effective options offered wherever possible.

Managing claims: The team also manage the financial claims on behalf of the practice for injections and other interventions provided.

What's next

Next steps in the development of the roles include the pharmacist and POD team taking on the management of patients with other long term conditions. Our pharmacist is due to undertake a non-medical prescribing course. He will also soon be providing flu vaccinations during evening clinics and offering them to patients more opportunistically as they attend the practice for other reasons.

To find out more

To find out more about the team please contact either:

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