

What are your key responsibilities?

So far, within the last three months (because I only started three months ago) I would suggest that they are the following:

One, dealing with day-to-day clinical enquiries from clinicians about patients whether that is GPs, nurse practitioners, nurses, district nurses etc.

Secondly, providing full medicines reconciliation for all patients over the age of 60, who are discharged from hospital, with an unplanned omission. This usually involves ringing the patient themselves as well as ringing the community pharmacy where necessary.

Three, working around improving the safety and efficiency of repeat prescribing systems, this is ultimately better for patients, GPs, prescription clerks and indeed community pharmacists as we work around increasing synchronisation, increased safety, improving the standard operating procedure for prescription clerks and actually dealing with prescription queries when GPs are away, so that it's not a burden on other GPs.

Fourthly, we've got quite involved in nursing homes and again some of this is around looking at repeat prescription, synchronisation, reduction in waste and dealing with queries, but we are just about to start level three medication reviews with patients in the nursing home and then discussing those with the GP.

Fifthly, I've been doing some work around the CCG prescribing quality agenda for this year, which in our particular patch they haven't really had much pharmacist involvement at all, it's pretty hands-off from the CCG so they are pretty interested in, and we are particularly interested in, looking at two aspects of this. One is around review of patients who are flagged through the pincer indicators which is all about trying to reduce avoidable harm due to medicines. And this is a huge amount of work because there are lots and lots of patients, particularly those who have been on ace-inhibitors and diuretics without using these in the last fifteen months, so been doing a lot of those kind of reviews and actually our view about this is that if we are going to do one thing then we then do a full medication review level two at the same time and then make suggestions to the GP.

Also as part of the CCG work we have been planning to do some work around antimicrobial stewardship, because they have quite tough targets for this year and so we are doing some work about trying to prepare them for the winter and in particular giving them some data about their own prescribing and comparing it using funnel plots with the rest of the prescribers in the practice, which I'm hoping my experiences that providing that kind of data can be quite an impetus for people to change and an opportunity for them to link into appropriate training so they know why they aren't supposed to be prescribing the three Cs antibiotics.

How did I feel about my role before starting in the general practice pharmacist training pathway?

For me I was extremely excited because I was making a massive life change, not just out of hospital pharmacy for the last 25 years, but moving down to live by the sea and so, I couldn't wait to get started quite honestly and with having a lot of experience of working in hospitals and University I felt I had a lot of the necessary skills to undertake this, which I saw as a massive change management project essentially. Clearly, I didn't know anything about general practice, which is why for the first three months I've been around keeping my head down, trying not to say too much and observing, taking it all in so I can understand the systems.

The reason I felt so excited was that having worked a lot of my life clinically in the medical omissions unit and seeing all the patients coming in with medicines related harm, I'd convinced myself that I really was using my clinical skills in the wrong sector and that really it was in primary care that we needed to undertake serious medication review because of polypharmacy and multi-morbidity. I kept telling myself that these roles couldn't possibly fail because there is just so much to do in relation to medicines use in primary care and so it has certainly been the case in the first three months seeing how much there is to do. It just makes me even more determined and excited to see what we can actually achieve in these jobs for patients.

What learning events have I attended so far?

Well so far I have actually been on the boot camp the four day boot camp that everyone needed to do which was excellent and a really good introduction to the people that were working in my area. I've also been to the senior clinical day in London which was also a good starter for building links with other people and preparing us for what was ahead I guess. I have recently just been on the nursing home learning event as well which was very good particularly as I didn't know anything about nursing homes and I feel prepared now for what it is that we have agreed we are going to do for some of the nursing homes for the practices I work in, so that was really good and really spot on.

Which learning event did I find most useful and why?

I think that answers the question of which learning event did I find most useful and why, it has to be the nursing home event because I didn't know anything about nursing homes really, the pre-work was excellent. The preparation for what we were going to do, I went to a nursing home before the event and then just the materials that were there really good and meant that I was really prepared for the start of something that I thought would be quite big because it's fair to say that even the GPs themselves don't know what to do about nursing home patients because they just feel that they are overwhelmed. I should just say that the e-lecture course, prior to doing the pathway was also excellent for someone who had not worked in general practice before, it really helped me understand the things that I needed to focus on in the first three to six months of my new job, it was really well put together with fantastic resources and I couldn't speak highly enough of that for an introductory course.

What's been the biggest challenge?

The biggest challenge for me in my new role is the fact that it is so different and also having had a very senior role in the NHS almost going back to basics a little bit, which I am absolutely fine with but that has been a bit of a challenge and I did challenge myself not to say too much or upset any people for the first few months and bar upsetting one residential home manager in week one I think I've actually done quite well so I'm happy with that.

The aspect of the pathway that has helped me with that I suppose is going back to all the materials around what do you need to know about general practice as I've just alluded to before really and the fact that I then got a network of people that I can then contact who are often like me new to the role so have quite a lot of senior experience but never really worked in general practice, that's been the most helpful part.

What has been my biggest success?

I think my biggest success since starting the pathway is the fact that I managed to get two other practice groups to assign a pharmacist to the pathway before it closed in October. They had been thinking about it for a while and I think that me starting and being enthusiastic and talking it up how important these role are going to be and how they couldn't afford to be without such a post they both agreed to sign on the dotted line and we managed to interview and appoint two pharmacists, so I think that is my biggest success so far because up until that point the federation had hoped to have five posts but only had three.

How do I feel in my role right now?

I am absolutely raring to go, I've done three months I've kept my head down, learnt and understood a little bit about how the systems work and how things work in general practice and now I just want to be cut free and I need to start seeing more patients face to face. I am about to start doing a very important piece of work for a research product which is running out of the university of Belfast looking at pharmacists working in general practice and it is a controlled study so there is an intervention arm and control arm so that's going to be really exciting and I think that will kick-start getting people to understand that we really do need to be seeing patients in more and more face to face consultations particularly those with multimorbidity and polypharmacy.

I am also really looking forward to the challenge that is quite obvious that the normal spectrum in any massive change management process is that some GPs are massively engaged most of them are understanding and probably with a little bit of experience will come to realise that how useful these posts are going to be but the ultimate challenge for me is to take on the laggards and those people who kind of, it's quite obvious probably don't get it, don't see it and don't really want to buy into it and they are the people I like to think I can turn around, and if I can turn them around everything will have been achieved.