

Office of National Statistics, rates of supply per 10,000 female population (aged 12-55) were determined. The data indicated small numbers of outliers, which can distort linear regression; boxplots allowed the removal of data points outside 1.5 times the Inter Quartile Range from the 1st or 3rd quarter. Using SPSS v24, linear regressions were calculated between GP prescribing rates and community pharmacy EHC provision rates. This was repeated for community pharmacy EHC provision rates and the proportion of commissioned pharmacies.

Results: There were 147 Local Authority commissioners identified across England, 113 (76.9%) responded to the FOI request. Of these, 5 did not commission EHC services from community pharmacy. Local Authority and CCG boundaries were compared, 86 areas were identified as ‘co-terminus’ (i.e., greater than 95% overlap). These 86 areas included 82,822 GP prescriptions and 207,731 community pharmacy provisions. The data reflected an estimated female population aged 12-55 of 9,380,153 (Local Authority mean 109,072, SD 83,899), 60% of the total English female (12-55) population. Removing outliers left 92.5% of the data for analysis. The mean GP prescribing rate was 79.3/10,000 (SD 26.3) and the mean community pharmacy provision rate was 200.2/10,000 (SD 154.9). Linear regression indicated a negative correlation between GP prescribing rates and community pharmacy provision rates ($R^2=0.21$) and a positive correlation between community pharmacy provision rates and the proportion of commissioned pharmacies ($R^2=0.21$).

Conclusion: This study shows that increasing the community pharmacy provision rate by 100/10,000 decreases the GP prescribing rate by 8/10,000. Increasing the proportion of commissioned pharmacies to 100%, through a national service may change GP prescribing rates. This regression analysis predicts this would decrease the GP EHC prescribing rate by 15% to 66.3/10,000. Whilst this data is not fully representative of commissioning in England, this single commissioning change could move 20,706 GP consultations to community pharmacy annually across England. Comparisons with Wales and Scotland (who have national services) suggest this impact could potentially even be doubled. The strength of this study is its use of routine data facilitating replication, however local commissioning arrangements mean the conclusions are not necessarily applicable beyond England.

References

- (1) Mackridge AJ, Gray NJ, Krska J. A cross-sectional study using freedom of information requests to evaluate variation in local authority commissioning of community pharmacy public health services in England. *BMJ Open*. 2017;7(7):e015511
- (2) Lloyd K, Gale E. Provision of emergency hormonal contraception through community pharmacies in a rural area. *J Fam Plann Reprod Health Care*. 2005;31(4):297-300.

PATIENT PERCEPTIONS OF CLINICAL PHARMACISTS IN GENERAL PRACTICE

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Introduction: As a result of changes in the demands and pressures on the NHS, the role of the pharmacist has advanced from purely dispensing and compounding medicines to a more clinical and patient-centred approach to care (1). Since 2015, NHS

England set a target of recruiting practice-based pharmacists into 20% of practices by 2020-2021 as a way of reducing these pressures (2). Conducting evaluations of clinical pharmacists in individual practices is essential for role integration and evolution.

Aim: To explore patient perceptions of clinical pharmacists across three general practices.

Methods: A paper-based questionnaire consisting of open and closed questions was used to gather patient perceptions on the role of a clinical pharmacist and their consultation experiences. Participants included patients over the age of 18 who had attended a face-to-face appointment with a clinical pharmacist from one of three general practice surgeries in England between November and December 2019. The clinical pharmacists were used as a gateway to recruit participants; post-consultation, the pharmacist asked patients if they would complete a questionnaire. Patients were provided with an information sheet and consent form prior to completion of the questionnaire. The questionnaire was anonymous. Data were analysed using descriptive statistics and content analysis.

Results: A total of 39 participants completed the questionnaire. Most participants were elderly (28%) and female (64%). The primary reason for the consultations was due to an acute illness (79%), and the most common outcome was the supply of a prescription (83%). Patients were predominantly unfamiliar with the role of a clinical pharmacist (56%) and 31% of patients reportedly thought their appointment had been with a doctor. All patients were positive about their experience and reported they would “*be more than happy to see a pharmacist in the future*” and that the role was “*a very necessary addition to the practice*”. All patients reported that their consultation was the same (51%) or better than they have had with a doctor (49%). Patients commented on the pharmacists’ consultation skills, making statements such as [they] “*listened to me*”, “*asked me questions*”, “*were really good at explaining*” and “*spoke in a way I understood*”. Clinical pharmacists were reported as being “*very professional*” and knowledgeable as “*[they] knew more about my medication [than the doctor] and prescribed me something to help*”. Patients reported that they would recommend the clinical pharmacist to their family and friends when seeking an appointment.

Conclusion: This research highlights patient acceptance towards consultations with a clinical pharmacist and reinforces the competence of pharmacists to undertake this role. A key finding related to the effective consultation skills of the pharmacists and involving the patients in their care. The number of patients who participated limits the generalisability of the findings, and the patient responses may have been a reaction to the individual clinical pharmacists rather than their thoughts on the role overall. Increased publicity and patient education of the role of a clinical pharmacist may promote a greater integration into the multidisciplinary team.

References

- (1) Robertson R, Wenzel L, Thompson J, Charles A. Understanding NHS financial pressures. How are they affecting patient care. 2017. The Kings Fund. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding%20NHS%20financial%20pressures%20-%20full%20report.pdf
- (2) NHS England 2016. General Practice Forward View. <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>