**GP practice visit checklist**

This is a suggested checklist of activities that GP practice teams should allow community pharmacy teams to complete while visiting the GP practice and discussion points based on these activities.

GP practices may wish to ask pharmacy staff to sign a confidentiality agreement before they undertake any tasks.

If a confidentiality agreement is not signed, then during the visit community pharmacy staff must only handle prescription requests, issue prescriptions or access a patient medication record if they work at the nominated community pharmacy for that individual. If the patient has not nominated the community pharmacy, patient consent must be obtained before these activities can occur.

It should be noted that while pharmacy staff are encouraged to complete the activities, they should be closely supervised and additional checks should be carried out by appropriate members of staff and GPs before prescriptions are supplied to patients.

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| **Discussion points** | **Completed** |
| * Explain the roles of all the different members of the GP practice team |  |
| * Describe the qualifications and training that the different members of the GP practice team have |  |

**Appointments**

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| **Activities for pharmacy staff** | **Discussion points** | **Completed** |
| Spend some time with the GP receptionist(s) to understand more about their role | * Discuss the challenges of being ‘front of house’ at the GP practice |  |

**Prescription-based activities**

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| **Activities for pharmacy staff** | **Discussion points** | **Completed** |
| Issue several repeat paper prescriptions for patients – depending on the types of requests that the GP practice accept, try to issue the different types of prescription requests they receive, for example, right-hand side of the prescription, handwritten request, request from pharmacy, online requests, etc. | * Explain the challenges with issuing repeat prescriptions, for example, patients ordering items that are not listed on their repeat medicines, not understanding handwriting, ordering items too early, not stating all the required information to issue the item such as not stating the strength required if a patient has two strengths of an item on their prescription, etc. * Explain how these issues are addressed and resolved * Explain the differences for the GP practice team of issuing the different types of prescriptions and the advantages and disadvantages of both * Discuss how the pharmacy team and GP practice can work together better on Electronic Prescription Service (EPS R2) * Discuss how the GP practice team and pharmacy team can work together in the event of an outage with EPS R2 |  |
| Issue several repeat EPS prescriptions for patients – depending on the types of requests that the GP practice accept, try to issue the different types of prescription requests they receive, for example, right-hand side of the prescription, handwritten request, request from pharmacy, online requests, etc. |  |
| Once the prescription is generated, observe how both types of prescriptions (paper and EPS) are authorised by the prescriber | * Explain how a prescriber would deal with queries on prescriptions |  |
| Reconcile a hospital discharge summary with a patient’s current prescription medication list and follow the process in place to resolve any issues | * Discuss any queries that arise from the reconciliation process and the process the member of staff from the pharmacy should follow to resolve these * Explain synchronisation issues from the GP practice’s perspective, for example, if patients are discharged from hospital with medicines in original packs but still have some medicines at home, this creates a synchronisation issue for a patient to order their medicines * Discuss the process for notifying pharmacy teams when patients’ regular repeat medicines have changed – if there is not a process in place, can one be developed? |  |

**Prescription-based activities**

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| **Activities for pharmacy staff** | **Discussion points** | **Completed** |
| Sit-in and observe (with patient consent) the GP/other member of the practice team, for example, nurse, practice pharmacist, carrying out patient consultations | * Discuss the challenges of only having 10 minute consultations with patients * Discuss any options for re-directing patients who present with minor ailments who could be dealt with by the community pharmacy team |  |
| Attend a patient-participation group (if the GP practice has a group) | * Discuss how the pharmacy team can become involved in the patient-participation group * Are there any issues raised in the patient-participation group that the community pharmacy team could help to address? |  |