



June 2017

PSNC Briefing 041/17: 'Walk in my Shoes' toolkit

This PSNC Briefing provides a toolkit for community pharmacy contractors or LPCs to use who are interested in setting up a 'Walk in my Shoes' programme to bring together community pharmacy teams and GP practice teams to help each other understand their roles, improve working relationships and ultimately provide better care for their patients.

Background to 'Walk in my Shoes'

In 2015, Lewisham Clinical Commissioning Group (CCG) commissioned a 'Walk in my Shoes' Inter-Professional Exchange project in which staff from GP practices were given the opportunity to visit community pharmacies and community pharmacy staff were given the opportunity to visit GP practices. The idea was to give GP teams and pharmacy teams the opportunity to experience life in primary care from a different perspective, and to learn with and from each other to build relationships, improve systems and identify solutions to local problems together.

Forty-two general practices (100%) and 45 community pharmacies (79%) in Lewisham signed up to be involved in the programme, which took place from January to April 2015. Medical secretaries, GPs, practice managers, prescription co-ordinators, pharmacists and pharmacy technicians all participated in the project which saw more than 160 exchange visits between GP practices and pharmacies take place. Each visit prompted many positive changes that have helped improve patient experience, reduce the likelihood of errors, increase efficiency and assist in the reduction of medicines waste.

The project has been featured by the pharmacy media and was shortlisted for a Health Service Journal Patient Safety Award in 2016 in the Improving Safety in Primary Care category.

Evaluation

All participants were asked to complete reflection forms after their visit which were analysed to identify and share best practice in joint working and to propose actions for the CCG to enhance effective working relationships between general practice and community pharmacy staff. Therefore, improving the overall ability of healthcare professionals to support patients in the medicines optimisation agenda.

Ten months after the exchange, implementation forms were also completed by participating GP practice teams and community pharmacy teams to determine the effects, if any, of the programme on joint working and medicines management initiatives.

An evaluation of the project has been produced by Medway School of Pharmacy, but at the time of writing this has not been published. However, a video is available which explains how the service worked and includes testimonials from participants. This can be viewed at tinyurl.com/walkinmyshoesproject

Acknowledgment

We are very grateful to Lewisham CCG for sharing their 'Walk in my Shoes' toolkit with us, which we have used as the basis for this toolkit.

Why replicate this approach in your area?

Community pharmacy and general practice teams have historically worked together at a local level, bringing benefits to each organisation and of course to the patients they both support. However, successful relationships need to be maintained and wherever possible enhanced; pharmacy and GP teams spending time together in their respective work environments can help achieve this.

NHS England's [General Practice Forward View](#) described the challenges that GP teams are facing and it recognised the need for investment in primary care and improved teamworking across the sector. At a time when all teams working within the NHS are feeling the pressure of patient demand and financial constraint, spending time on such an initiative may be viewed by some as an unnecessary luxury, but the challenges that community pharmacy and GP teams face are much more likely to be successfully tackled through strong team working between organisations, which enables individuals and teams to identify better ways of supporting patients and providing services.

The NHS has also provided support to increase the number of pharmacists working in GP practices, as detailed in the [NHS Five Year Forward View](#) and the General Practice Forward View. This development gives community pharmacists and pharmacists working in GP practices a chance to explore new ways of working, and perhaps training, together to offer the best possible care to patients. Replicating this approach in your area provides both community pharmacists and pharmacists working in GP practices the opportunity to learn more about each other's roles and how both can work together to support each other in offering the best care to their patients.

The future development of community pharmacy services, described in the [Community Pharmacy Forward View](#), envisages pharmacy teams, patients and GP teams working closely together in order to help patients to optimise their use of medicines and the management of their long-term conditions. Using the 'Walk in my Shoes' approach to developing working relationships at a local level could support the implementation of the services described in the Community Pharmacy Forward View.

Likewise, the approach could also support team building across primary care, as part of the development of new models of care, such as the National Association of Primary Care's (NAPC) [Primary Care Home](#) model.

What are the funding implications?

Rolling out 'Walk in my Shoes' across an area will, as a minimum, require some project management to be undertaken. Additionally, the time of individual members of staff from pharmacies and general practices involved in the initiative will incur a cost to their employers.

It may be possible for LPCs, LMCs, NHS England or CCGs to find local funding sources to cover these costs, but if that is not possible, individual community pharmacy and general practice teams may themselves consider taking the initiative forward as part of their personal/team development plans.

Toolkit

This toolkit is intended to be used by either an LPC who would like to work with the LMC, NHS England or CCG to get a 'Walk in my Shoes' style project implemented across their area, or it can be used by an individual contractor who would like to build relationships with their local GP practice.

There are ten parts to the toolkit:

1. **Template letter to an individual GP practice from a community pharmacy contractor** – This letter can be used by contractors as an initial way to engage with their GP practice about implementing a ‘Walk in my Shoes’ project locally (see Annex 1).
2. **Template letter to an LMC from the LPC** – This letter can be used by an LPC as an initial way to engage with the LMC about implementing a ‘Walk in my Shoes’ project locally (see Annex 2).
3. **Briefing document** – This can be used as a different approach to the template letter to approach GP practices or LMCs to share the idea of a ‘Walk in my Shoes’ project and to try to get ‘buy in’ for setting something up locally (See Annex 3).
4. **Template PowerPoint presentation** – This can be used by LPCs or contractors to assist with getting ‘buy in’ by the LMC or GP practice (available at: psnc.org.uk/workingwithGPs).
5. **Confidentiality agreement** – Contractors may wish to ask GP staff to sign a confidentiality agreement; a template confidentiality agreement is available on the PSNC website (see Annex 4).
6. **Community pharmacy visit checklist** – A checklist for community pharmacy teams to use when GP practice staff visit their pharmacy. This includes suggested tasks for the GP practice staff member to complete and discussion points for the pharmacy team about the different tasks that GP practice staff are asked to complete (see Annex 5).
7. **GP practice checklist** – A checklist for GP practice teams to use when community pharmacy staff visit the GP practice. This includes suggested tasks for the community pharmacy staff member to complete and discussion points for the GP practice team about the different tasks that staff are asked to complete (see Annex 6).
8. **Reflective log for members of pharmacy staff/GP practice staff** – A list of questions to help the member of staff reflect on their visit to the pharmacy or GP practice. It is suggested that this is completed immediately after the visit to the community pharmacy/GP practice (see Annex 7).
9. **Action plan for pharmacy/GP practice** – It is suggested that based on their experiences, pharmacy teams and GP practice teams propose three changes to their current practice to improve working relationships with the community pharmacy or GP practice. It is suggested that this is completed immediately after the visit to the community pharmacy/GP practice following a discussion with their team (either community pharmacy team or GP practice team depending on place of work) (See Annex 8).
10. **Outcomes of action for pharmacy/GP practice** – This document aims to capture the outcomes of the proposed changes to the community pharmacy’s/GP practice’s previous practice. It is suggested that this is completed six months after the visit to the community pharmacy/GP practice (see Annex 9).

Standalone versions of all the documents included in the annexes as well as the template PowerPoint presentation can be found at: psnc.org.uk/workingwithGPs

Please note, if an evaluation of the project is to be completed, participants would need to give consent for information in the reflective logs, action plans and implementation reviews to be used to assist with the evaluation of the project.

Discussion points to be agreed at a local level

When an agreement has been reached to implement a ‘Walk in my Shoes’ project locally, there will be a number of points that will need to be agreed on locally. Below is a list of suggested points to get discussions started:

- How long will the visits take? Will it just be one day or will there be shorter visits over several days?
- Will the visits be open to all members of pharmacy staff/GP practice staff?
- Will you need to backfill members of staff when they are visiting the community pharmacy/GP practice?
- Are the community pharmacy/GP practice checklists suitable for your pharmacy/GP practice? Do certain activities need to be deleted or are there additional activities that can be added?

- Are there additional questions that you want to ask on the reflective logs or action plans?
- Are there common issues between the community pharmacy and GP practice that would be good to tackle during the visits to see if team members can come up with solutions?

Additional points for LPCs/LMCs

- How will you raise the awareness of contractors/GPs about the project? Is there a potential for a joint meeting to launch the programme?
- Are there any options available for funding? – The Lewisham ‘Walk in my Shoes’ project was funded through Health Education South London.
- How will you involve the local Clinical Commissioning Group?
- Are there local issues that would be good to tackle during the visits to see if team members can come up with solutions?
- Will you need a project manager?
- Is there a plan to evaluate the project?

Indemnity insurance

The National Pharmacy Association (NPA) has advised that the indemnity insurance they provide to members covers those who are employed or engaged to work in a member’s pharmacy and also covers work experience/placement students. Therefore, it will provide indemnity cover for the GP practice staff whilst carrying out the activities included in the toolkit at a member’s pharmacy, as these tasks will effectively be carried out under the supervision of a pharmacist.

Contractors who are not a member of the NPA should contact their indemnity insurance provider to make them aware that staff member(s) from the GP practice will be work-shadowing at the pharmacy and the types of activities they will be completing to ensure their indemnity insurance covers this. GP practices should also be advised to speak to their indemnity insurance providers.

Further development

If you have any suggestions for improvements or comments on the toolkit please contact [Zainab Al-Kharsan, Service Development Pharmacist](mailto:Zainab.Al-Kharsan@psnc.org.uk).

Annex 1 – Template letter for individual community pharmacy contractor

Dear

Re: ‘Walk in my Shoes’ project

We have recently been made aware of a Lewisham Clinical Commissioning Group project called ‘Walk in my Shoes’, which we would like to discuss further with you.

The ‘Walk in my Shoes’ project was an Inter-Professional Exchange project in which staff from GP practices were given the opportunity to visit community pharmacies and community pharmacy staff were given the opportunity to visit GP practices. The idea was to give GP teams and pharmacy teams the opportunity to experience life in primary care from a different perspective, and to learn with and from each other to build relationships, improve systems and identify solutions together.

Forty-two general practices (100%) and 45 pharmacies (79%) in Lewisham signed up to be involved in the programme, and medical secretaries, GPs, practice managers, prescription co-ordinators, pharmacists and pharmacy technicians all participated in the project.

More than 160 exchange visits between GP practices and pharmacies took place and each visit prompted many positive changes that have helped improve patient experience, reduce the likelihood of errors, increase efficiency and assist in the reduction of medicine waste. A video is available which explains how the service worked; this can be viewed at: tinyurl.com/walkinmyshoesproject

We would be really keen to implement a ‘Walk in my Shoes’ project between our pharmacy and the GP practice. The Pharmaceutical Service Negotiating Committee has produced a template toolkit to assist community pharmacies and GP practices to replicate this type of project. The toolkit is available at: psnc.org.uk/workingwithGPs

If this is of interest to you, please could you contact me on the above phone number or email address so we can arrange a meeting to discuss this project further.

Yours sincerely

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 2 – Template letter for LPC

Dear

Re: ‘Walk in my Shoes’ project

We have recently been made aware of a Lewisham Clinical Commissioning Group project called ‘Walk in my Shoes’, which we would like to discuss further with you.

The ‘Walk in my Shoes’ project was an Inter-Professional Exchange project in which staff from GP practices were given the opportunity to visit community pharmacies and community pharmacy staff were given the opportunity to visit GP practices. The idea was to give GP teams and pharmacy teams the opportunity to experience life in primary care from a different perspective, and to learn with and from each other to build relationships, improve systems and identify solutions together.

Forty-two general practices (100%) and 45 pharmacies (79%) in Lewisham signed up to be involved in the programme, and medical secretaries, GPs, practice managers, prescription co-ordinators, pharmacists and pharmacy technicians all participated in the project.

More than 160 exchange visits between GP practices and pharmacies took place and each visit prompted many positive changes that have helped improve patient experience, reduce the likelihood of errors, increase efficiency and assist in the reduction of medicine waste. A video is available which explains how the service worked; this can be viewed at: tinyurl.com/walkinmyshoesproject

We would be really keen to implement a ‘Walk in my Shoes’ project between pharmacies and GP practices in our local area. The Pharmaceutical Service Negotiating Committee has produced a template toolkit to assist LPCs and LMCs to replicate this type of project. The toolkit is available at: psnc.org.uk/workingwithGPs

If this is of interest to you, please could you contact me on the above phone number or email address so we can arrange a meeting to discuss this project further.

Yours sincerely

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 3 – Briefing for GP practices/LMCs: ‘Walk in my Shoes’

- We have recently been made aware of a Lewisham Clinical Commissioning Group project called ‘Walk in my Shoes’, which we would like to discuss further with you.
- The ‘Walk in my Shoes’ project was an Inter-Professional Exchange project in which staff from GP practices were given the opportunity to visit community pharmacies and community pharmacy staff were given the opportunity to visit GP practices.
- The idea was to give GP teams and pharmacy teams the opportunity to experience life in primary care from a different perspective, and to learn with and from each other to build relationships, improve systems and identify solutions together.
- Forty-two general practices (100%) and 45 pharmacies (79%) in Lewisham signed up to be involved in the programme, and medical secretaries, GPs, practice managers, prescription co-ordinators, pharmacists and pharmacy technicians all participated in the project.
- More than 160 exchange visits between GP practices and pharmacies took place and each visit prompted many positive changes that have helped improve patient experience, reduce the likelihood of errors, increase efficiency and assist in the reduction of medicine waste. A video is available which explains how the service worked; this can be viewed at: tinyurl.com/walkinmyshoesproject
- We would be really keen to implement a ‘Walk in my Shoes’ project between [our pharmacy and the GP practice/pharmacies and GP practices in the local area (delete as appropriate)]
- The Pharmaceutical Service Negotiating Committee has produced a template toolkit to assist community pharmacies and GP practices to replicate this type of project. The toolkit is available at: psnc.org.uk/workingwithGPs
- The toolkit includes a:
 - checklist for community pharmacy teams to use when GP practice staff visit their pharmacy;
 - checklist for GP practice teams to use when community pharmacy staff visit the GP practice;
 - reflective log for pharmacy staff/GP practice staff which assists the member of staff to reflect on their visit to the pharmacy or GP practice;
 - action plan for pharmacy/GP practice which assists pharmacy teams and GP practice teams propose three changes to the current practice to improve working relationships with the community pharmacy or GP practice; and
 - pharmacy/GP practice: implementation review, which aims to capture the outcomes of the proposed changes to the community pharmacy’s/GP practice’s previous practice.
- Is this something the [practice/LMC (delete as appropriate)] would be keen to explore further?

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 4 – Community pharmacy visit checklist

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

Contractors may wish to ask GP staff to sign a confidentiality agreement; a template confidentiality agreement is available on the PSNC website.

If a confidentiality agreement is not signed, then during the visit GP staff must only handle prescriptions, dispense prescriptions or access a patient medication record if they work at the registered GP practice for that individual. If the patient is not registered at the GP practice then patient consent must be obtained before these activities can occur.

It should be noted that while GP staff are encouraged to complete the activities, they should be closely supervised and additional checks should be carried out on the labelling, dispensing and checking of medicines (both clinical and accuracy) by appropriate members of staff and the pharmacist before medicines are supplied to patients.

Discussion points	Completed
<ul style="list-style-type: none"> Explain the roles of all the different members of the pharmacy team 	<input type="checkbox"/>
<ul style="list-style-type: none"> Describe the qualifications and training that the different members of the pharmacy team have 	<input type="checkbox"/>

Prescription-based activities

Activities for GP practice staff	Discussion points	Completed
The dispensing process		
Label and dispense several paper prescriptions Label and dispense several electronic prescriptions	<ul style="list-style-type: none"> Explain the different processes for the pharmacy team of dispensing the different types of prescriptions and the disadvantages and advantages of both Discuss the challenges of medicines not being synchronised for patients, for example, patients having to order prescriptions at different times Discuss how the pharmacy team and GP practice can work together more effectively on use of the Electronic Prescription Service (EPS R2) – consider using PSNC Briefing 075/16: EPS pharmacy and GP checklist – working together to aid discussions Discuss how the pharmacy team and GP practice can work together in the event of an outage with EPS R2 – consider using PSNC Briefing 076/16: How GPs and pharmacies can work together on EPS business continuity to aid discussions 	<input type="checkbox"/>
Label and dispense a Controlled Drug prescription	<ul style="list-style-type: none"> Explain the additional information required on a Controlled Drug prescription that the pharmacy team will check before dispensing 	<input type="checkbox"/>

	<ul style="list-style-type: none"> • Explain about the use of the Controlled Drug safe and register 	
If a prescription is received for an out of stock item, follow the process for trying to obtain an out of stock item	<ul style="list-style-type: none"> • Explain the process that the GP practice staff member may need to follow, for example, contacting the wholesaler to see if they have the product in stock, speaking to the patient to see how much medicine they have left, contacting the prescriber to discuss an alternative product, obtaining a new prescription, etc. • Discuss if there is a way to improve the process of alerting GPs to out of stock items and to requesting alternative prescriptions? 	<input type="checkbox"/>
If a patient requests a Repeat Dispensing prescription, speak to the patient to obtain the relevant information as to whether all the items are required	<ul style="list-style-type: none"> • Consider using PSNC Briefing 004/17: eRepeat Dispensing – A factsheet for pharmacy teams which contains a list of questions to ask patients when collecting Repeat Dispensing prescriptions • If Repeat Dispensing is not being used by the GP practice, explain the benefits to patients, the GP practice and the pharmacy (supporting information can be found at: psnc.org.uk/eRD) and explore whether this is something the GP practice would consider implementing 	<input type="checkbox"/>
Accuracy/clinical check		
Complete an accuracy check	<ul style="list-style-type: none"> • Explain the process of carrying out an accuracy check and all the checks that are completed when checking an item, for example, name, strength, form, etc. 	<input type="checkbox"/>
Complete a clinical check – The suitability of this task will be dependent on the member of GP practice staff	<ul style="list-style-type: none"> • Depending on the role of the member of the GP practice staff, explain the importance of the clinical check and the types of things that are being checked, for example, dose, interactions, etc. 	<input type="checkbox"/>
If a prescription has a clinical issue on it that needs discussing with the prescriber, follow the process for contacting the prescriber	<ul style="list-style-type: none"> • Explain the process that the GP practice member of staff will need to follow • Discuss whether there is a way to improve the process of contacting the prescriber about clinical issues? • Discuss if there is a process which could be implemented to refer patients directly to the GP practice for urgent referrals 	<input type="checkbox"/>
Additional patient support		
Label and dispense a Monitored Dosage System/Compliance Aid	<ul style="list-style-type: none"> • If different types of Monitored Dosage System (MDS)/Compliance Aids are used in the pharmacy, explain the differences between them and when they are used, for example, you may use a different system for care home patients • Explain how MDS prescriptions are ordered and any issues around the creation of waste medicines • Discuss the types of medicines that cannot be placed in MDS and the challenges that this creates • Explain why changes cannot be made to MDS/compliance aids when the medicines have already been dispensed 	<input type="checkbox"/>

	(information on ‘The Equality Act 2010 and 28 day prescribing’ page on the PSNC website may assist with this)	
Produce a MAR chart (if available in the pharmacy)	<ul style="list-style-type: none"> Explain the benefits of using MAR charts for patients/carers/care home staff 	<input type="checkbox"/>
Produce a medicines reminder chart	<ul style="list-style-type: none"> Explain the benefits of a medication reminder chart for patients/carers Explain what other options are available in the pharmacy to assist patients with taking their medicines, for example, non-child resistant lids for medicine bottles, large labels, etc. 	<input type="checkbox"/>
Delivery service		
If possible, go out with the delivery driver to make some deliveries to patients	<ul style="list-style-type: none"> Explain how the delivery process works including what happens if patients are not home (do you leave a note explaining the missed delivery or what happens if the patient is housebound and cannot get to the door?) 	<input type="checkbox"/>
Re-ordering prescriptions		
Complete a request from a patient to re-order their medicines (if applicable)	<ul style="list-style-type: none"> Explain the process of how patients can order their repeat medicines and how this is beneficial to patients If a managed repeat system is in place, explain how this works and if patients are contacted prior to a member of the pharmacy team ordering their medicines Discuss whether there’s a way to reduce the quantity of waste medicines generated from ordering repeat medicines and whether patients could be transferred to eRD 	<input type="checkbox"/>
Stock		
Place an order for dispensary medicines	<ul style="list-style-type: none"> Explain the process for ordering medicines, for example, cut off deadlines, how quickly stock will arrive, etc. 	<input type="checkbox"/>
Assist with putting some medicines away in the dispensary (under supervision)	<ul style="list-style-type: none"> Explain the system for how medicines are stored, for example, alphabetically, generics and brands, etc. Discuss the importance of date checking and stock rotation 	<input type="checkbox"/>

Services offered at the pharmacy

Services		
Sit-in and observe (with patient consent) the pharmacist/other member of the pharmacy team carrying out the range of services that the pharmacy offers	<ul style="list-style-type: none"> Explain the different services that the pharmacy provides and that some are nationally commissioned, therefore, available across England and some are locally commissioned, therefore, only available with the CCG/local authority area. <p>PSNC Briefing 061/16: Services Factsheet – MUR guide for other healthcare professionals and PSNC Briefing 062/16: Services Factsheet – NMS guide for other healthcare professionals may be useful to explain how Medicines Use Reviews (MURs) and the New Medicine Service (NMS) work and which patients are eligible.</p>	<input type="checkbox"/>

	<ul style="list-style-type: none"> Discuss how the pharmacy and GP practice could work together to raise patients' awareness of these services 	
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Other activities

Disposal of unwanted medicines		
Accept back unwanted medicines from a patient	<ul style="list-style-type: none"> Explain the process for accepting unwanted medicines, for example, is there a requirement to sort them? Consider using the 'Unwanted Medicines Card' available on the PSNC website which contains a list of questions to ask when patients are returning medicines to the pharmacy 	<input type="checkbox"/>
Observe a member of staff discussing with a patient the most appropriate course of action for their minor ailment which they have come to the pharmacy to receive advice on (with patient consent)	<ul style="list-style-type: none"> Explain the types of questions that will be asked to ascertain what the best course of action is for the patient Discuss how patients are signposted to other healthcare professionals and services Discuss if there is a process which could be implemented to refer patients directly to the GP practice for urgent referrals Discuss whether it would be possible for the GP team to refer appropriate patients with minor ailments to a community pharmacy 	<input type="checkbox"/>
Listen to a member of staff explain the Healthy Living Pharmacy concept (if applicable within the pharmacy)	<ul style="list-style-type: none"> Explain what a Healthy Living Pharmacy (HLP) is and how the pharmacy becomes accredited as an HLP Discuss the health promotion topics that you have promoted in the pharmacy and any forthcoming topics as well as any outreach work that the team has participated in Discuss the possibility of working together on future health promotion topics 	<input type="checkbox"/>
Listen to a member of staff explain how they are notified when patients are discharged from hospital	<ul style="list-style-type: none"> Explain how the pharmacy team is notified if a patient is discharged from hospital, for example, if the pharmacy is sent a copy of the patient's medicines on discharge If a system such as PharmOutcomes is used to refer patients when they are discharged from hospital for example, for an MUR or NMS, discuss how this system works and how patients are contacted to access these services 	<input type="checkbox"/>

Other potential topics for discussion

Day to day pharmacy/general practice communication methods		
Use of telephone, fax and email / NHSmail for communication	<ul style="list-style-type: none"> Discuss the current methods of communication that the pharmacy and general practice use, including what types of information are communicated via the various methods currently in use. Then consider how current practice works for both parties and whether there are better methods that could be used. 	<input type="checkbox"/>

	<ul style="list-style-type: none">• If the pharmacy has recently been allocated an NHSmail shared account, this may be an appropriate time to review how patient identifiable information may be securely exchanged between the pharmacy and the general practice, via NHSmail.	
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*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 5 – Confidentiality agreement

Confidentiality Agreement (the Agreement)

[Pharmacy name/Company name] (the pharmacy)

[Pharmacy address]

The Agreement is between the pharmacy and persons working (but not under a contract of employment) e.g. locum pharmacists or persons visiting the pharmacy who are likely to have access to areas of the pharmacy not generally accessible by members of the public.

The pharmacy is committed to protecting and maintaining the confidentiality of patients' personal and sensitive personal data and the Agreement is a necessary and reasonable step for the pharmacy to ensure that any personal and sensitive personal data you may have access to during your time at the pharmacy is kept confidential.

Personal data means data which relate to a living individual who could be identified; this may include data such as name, age, address and personal circumstances. In the Pharmacy, this is likely to include sensitive personal data consisting of information as to a patient's physical or mental health or condition or sexual life etc. Personal data and sensitive personal data may be known or stored on any medium. Photographs, videos, etc. are subject to the same requirements as data stored in health records, on a computer, or provided verbally.

Your attendance at the pharmacy is necessary as part of **name of project/task** and it is not reasonably practicable because of the nature of **project/task** for the pharmacy to eliminate the possibility that you may have access to personal data and/or sensitive personal data that is not required as part of **project/task**.

The pharmacy endeavours to take all reasonable steps to ensure you have access only to the portion of personal data and/or sensitive personal data reasonably necessary to perform **project/task**. In order for the pharmacy to comply with its confidentiality obligations, we require you to agree to maintain the confidentiality of any personal and sensitive personal data that you have access to during your time at the pharmacy. The pharmacy in consideration of your assent to the Agreement shall permit you to enter the non-public part of the pharmacy, and discuss relevant matters for the purposes of **project/task**.

1. I agree that I will not at any point during my time at the pharmacy or at any point after the period of time at the pharmacy, disclose or use any personal data or sensitive personal data relating to patients, customers or employees of the pharmacy.
2. I agree that I will not remove from the pharmacy premises any documents, either printed or electronic, which contain personal data or sensitive personal data.
3. I understand that breach of this agreement may lead to [Pharmacy name/Company name] no longer continuing with my agreed time in the pharmacy and may result in criminal prosecution or civil proceedings under the Data Protection Act 1998.

I have read, understand and agree to the terms of the Agreement.

Name: (Block capitals)	
Organisation (Block capitals)	
Signature	
Date	

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 6 – 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.

Discussion points	Completed
<ul style="list-style-type: none"> Explain the roles of all the different members of the GP practice team 	<input type="checkbox"/>
<ul style="list-style-type: none"> Describe the qualifications and training that the different members of the GP practice team have 	<input type="checkbox"/>

Appointments

Activities for pharmacy staff	Discussion points	Completed
Spend some time with the GP receptionist(s) to understand more about their role	<ul style="list-style-type: none"> Discuss the challenges of being 'front of house' at the GP practice 	<input type="checkbox"/>

Prescription-based activities

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.	<ul style="list-style-type: none"> 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 	<input type="checkbox"/>
Issue several repeat EPS prescriptions for patients – depending on the types of requests that the GP practice accept, try to issue the different	<ul style="list-style-type: none"> 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 	<input type="checkbox"/>

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	<ul style="list-style-type: none"> Explain how a prescriber would deal with queries on prescriptions 	<input type="checkbox"/>
Reconcile a hospital discharge summary with a patient's current prescription medication list and follow the process in place to resolve any issues	<ul style="list-style-type: none"> 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? 	<input type="checkbox"/>

Prescription-based activities

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	<ul style="list-style-type: none"> 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 	<input type="checkbox"/>
Attend a patient-participation group (if the GP practice has a group)	<ul style="list-style-type: none"> 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? 	<input type="checkbox"/>

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 7 – Reflective log for members of pharmacy staff/GP practice staff

Below is a list of questions for individual members of staff to answer once they have visited the community pharmacy/GP practice to help them reflect on their experience.

Name:		Job title:	
Name of workplace:		Date:	

1. Why did I want to take part in this project?
2. How did the experience compare to my expectations of what I thought the day would be like to how it was?
3. What have I gained in knowledge or skills from this experience?
4. Will this experience enable me to enhance my own service delivery? If yes, how? If not, why not?
5. What can I put into practice immediately to benefit patients (to increase patient safety, improve outcomes or reduce waste)?
6. What I would like to put into practice in the medium/long-term to benefit patients (to increase patient safety, improve outcomes or reduce waste)?
7. How will I share this work/the outcome of this experience with colleagues and other professionals?

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 8 – Action plan for pharmacy/GP practice

Below is an action plan for members of staff to complete once they have visited the community pharmacy/GP practice to document what actions they and their team will take to change current practice.

Name of pharmacy/GP practice:			
Completed by:		Date:	

Action 1

Current practice:			
Proposed change to practice:			
How will this change occur?			
When will this change occur by?			
Possible challenges?			
How will we know we've achieved it?			

Action 2

Current practice:			
Proposed change to practice:			
How will this change occur?			
When will this change occur by?			
Possible challenges?			
How will we know we've achieved it?			

Action 3

Current practice:			
Proposed change to practice:			
How will this change occur?			
When will this change occur by?			
Possible challenges?			
How will we know we've achieved it?			

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs

Annex 9 – Outcomes of action plan for pharmacy/GP practice

Below is a resource to document later (for example, six months later) how the proposed actions which the member of staff proposed after their visit to the community pharmacy/GP practice have been implemented.

Name of pharmacy/GP practice:			
Completed by:		Date:	

Action 1

How has your practice changed to increase patient safety, improve patient outcomes or reduce waste?	
What have you done to action this?	
What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve?	
How do you know you have achieved the change? (Please attach any evidence available).	

Action 2

How has your practice changed to increase patient safety, improve patient outcomes or reduce waste?	
What have you done to action this?	
What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve?	
How do you know you have achieved the change? (Please attach any evidence available).	

Action 3

How has your practice changed to increase patient safety, improve patient outcomes or reduce waste?	
What have you done to action this?	
What challenges have you overcome? Have there been any barriers to fully achieving what you wanted to achieve?	
How do you know you have achieved the change? (Please attach any evidence available).	

*A standalone version of this document can be found at: psnc.org.uk/workingwithGPs