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Title: Motivators for integrated primary care between general practitioners and pharmacists

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Introduction: Health professionals must collaborate effectively in order to provide high quality health care. There are good examples of this approach in primary care, which involve general practitioners (GPs) and community pharmacists providing integrated care for their patients. Integrated GP/pharmacist care leads to improved patient outcomes and safer care. Despite the benefits resulting from collaboration, such services are underutilised by GPs and pharmacists. Medicines Therapy Assessment (MTA) is a collaborative service in Canterbury where GPs and pharmacists meet to discuss and provide recommendations for complex patients.

Aim: This study investigated motivators and barriers to all forms of collaborative practice from both the GP's and pharmacist's perspective, including their attitudes to the use of MTA in the delivery of integrated care for complex patients.

Impact: The facilitators and barriers identified in this study show there is scope to enhance collaboration between GPs and pharmacists. As such the findings from this study provide a framework to implement strategies for enhancing collaboration.

Method: All GPs and pharmacists who have been involved in the MTA service to date (approximately 45 and 15 respectively) were invited to participate in a semi-structured interview, to identify barriers and motivators for collaboration. In addition, GPs and pharmacists not involved in the MTA service were also randomly selected from data held at Pegasus Health and invited to participate in an interview to discuss barriers and motivators for collaboration.

Semi-structured interviews were recorded with consent and anonymised, whereby references to any individuals, or places were removed to ensure confidentiality. Field notes were made during and immediately after the interviews. The field notes were further reviewed and amended with the information from the recordings, to ensure in-depth familiarisation and a thorough and descriptive representation of the interview.

Results: 18 of those invited agreed to participate (10 GPs and 8 pharmacists). Common motivators among both GPs and pharmacists included collaboration being educational for both professionals and improved patient outcomes. For GPs, pharmacists provided collegial support and a safety net. For pharmacists, collaboration with the GPs allowed them to practice at the top of their scope.

As indicated in other studies, the need for trust, effective communication and mutual recognition of each other's role was highlighted for a successful collaborative relationship. For GPs, feeling threatened, fear of criticism and their perceptions of pharmacists as 'drug dispensers' with a commercial imperative, undermined trust and acknowledgment of the pharmacist's role as a health professional. GPs who had a better understanding of the pharmacist's role and looked beyond the perception of a 'shop keepers' image, placed more value on the pharmacist's role in improving patient care. This is influenced by inter-professional contact through training, social contact, or education. Younger GPs appeared to value pharmacists' input and saw them as equal health professionals. These GPs attributed this to more inter-professional contact especially during their

training in making them more aware of a pharmacist's role in patient care. This is equally true for pharmacists, where confidence in clinical knowledge or 'inferiority complex' was not a barrier among younger pharmacists for collaboration.

"Younger GPs they do tend to collaborate with the pharmacist....I think they have undergone different training" [Pharmacist]

Unlike other studies, neither funding nor co-location (pharmacy and primary practice in the same building) presented as primary barriers for collaboration. However, time presented as a barrier among some GPs for collaboration, in the context of remembering to refer patients to the pharmacist.

Conclusion: Our findings reveal that for some GPs it's not the lack of initiative but '*remembering it*', that is an obstacle for collaboration. This is not to say that common reported obstacles for integrated practice including lack of interest from GPs and a mutual recognition of the pharmacist as a health professional do not exist. However, the study highlights that for some GPs raising awareness and visibility of any form of collaborative practice could enhance collaboration in a time-constrained environment.

In addition, there is a need to raise awareness among both GPs and pharmacists, to remove the fear of criticism among GPs and lack of confidence in clinical knowledge and 'inferiority complex' among pharmacists.

"The funder could I think do a better education job for GPs in explaining how the service works and trying to downplay and remove some of the professional threat that GPs feel, explain how its going to work that you are not going to be criticized,.... The idea is not to criticize the management it's to improve on the outcome for the patient" [GP]

We always thought GPs are hard to talk to. We always felt kind of bad to ring GP, like we thought we are interfering in their practices and some pharmacists especially young ones at the moment they think we are inferior [Pharmacist]

Findings from this study also suggest that GPs' and pharmacists' willingness to work together could be facilitated through joint educational opportunities. This is because inter-professional contact raises awareness of each other's role in patient care, thereby facilitating trust and respect for each other's profession.