



University of
Nottingham

UK | CHINA | MALAYSIA

FUNDED BY

NIHR | National Institute
for Health Research

GPs Role in Advancing Practice in Care Homes

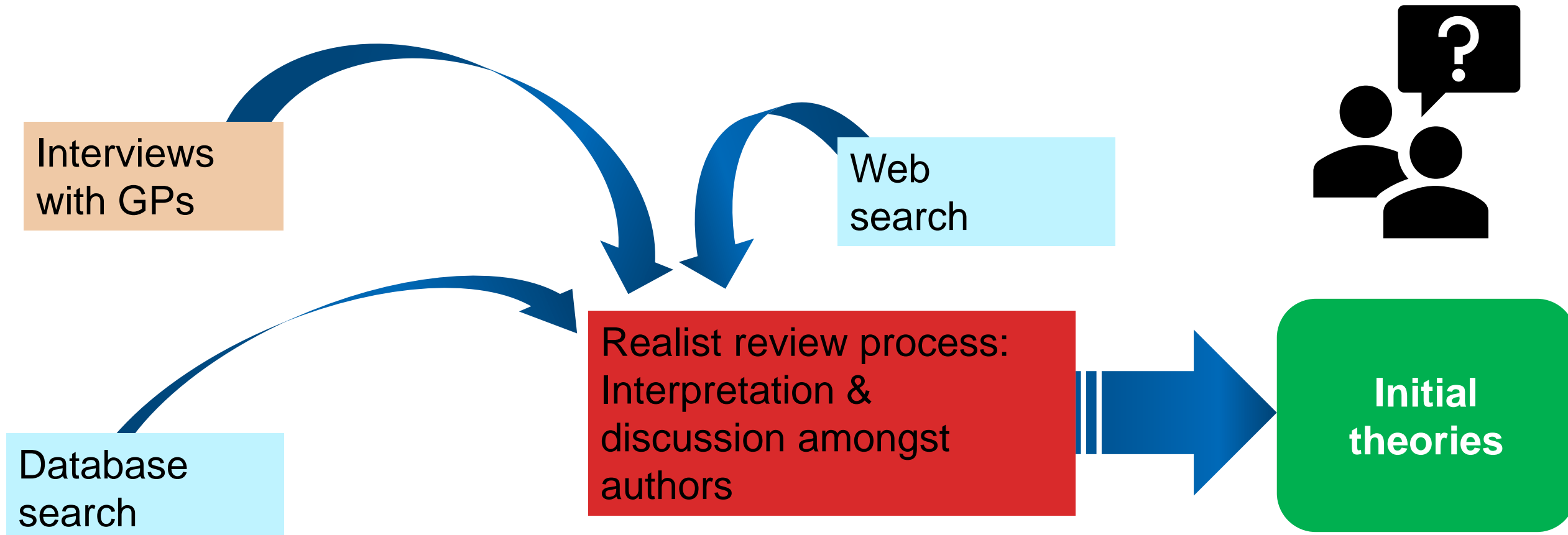
**Neil Chadborn
Reena Devi, Adam Gordon,
Kate Sartain, Claire Goodman, Chris Williams**

BGS Autumn meeting
Preparing for Platform presentation

Thanks for joining this second discussion meeting.
If you are joining new today – we shall be discussing a
separate topic to last meeting.

We have some new members of the group today – so
could everyone please introduce themselves (unmute!):
Name and job role

How does GP involvement in service development and improvement lead to improved outcomes for residents?





We previously covered:

1. GP experience of care home work
2. GP input into improvement into end of life care

Today we would like to discuss:

3. GP input into improvement in medication review or optimisation

What are important outcomes of GP involvement?



- What are different ways of working for pharmacist?
 - Scale or area
 - Supporting GP
 - Part of MDT
 - Leading medication review
- Qualities or competencies of a good pharmacist?
- Can give examples of projects to address
 - Polypharmacy
 - Review particular medications eg psychotropics, antibiotics
 - Review a particular patient group eg dementia, falls



- Tell us your experience of addressing polypharmacy or reviewing medications or prescriptions?
- What are helpful indicators of success or measures of progress?
- What are important outcomes?
 - For teams
 - For residents



If a GP has a trusting relationship with pharmacist...
...then medication review may occur collaboratively
between GP & pharmacist



- What data do we have for
 - Polypharmacy
 - Medication safety or errors
 - Concordance with individual's care plan

- What are important outcomes?
 - For teams
 - For residents



If a GP has special interest and is part of a practice or network that covers many care homes...

...then they will develop expert clinical knowledge and quality improvement expertise...

...then quality improvement initiatives are more likely to be successful and to become embedded in routine practice



Summary

- Many QI projects seem to be complementary to GP care
- Some QI projects report problems engaging GP
- Our theories indicate 3 things that may help:
 - Giving GP resources & enabling extended role
 - Ownership by GP of improvement agenda
 - Prioritising relationship between GP & other practitioner