Professional relationships between general practitioners and pharmacists in health centres

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SUMMARY. The inclusion of pharmacies in health centres has created opportunities for general practitioners to become better acquainted with the potential contribution of pharmacists to health care. A qualitative study has been made to explore the extent to which this potential has been realized. Ten health centres with an integral pharmacy were selected, one from each of the regional health authorities in England which had at least one such health centre. Interviews were conducted with 13 general practitioners and 10 pharmacists working in the health centres. Nine general practitioners working in health centres without pharmacies and 10 community pharmacists were also interviewed. General practitioners' attitudes towards health centre pharmacists appeared to differ markedly from the attitudes of colleagues working in relative isolation from pharmacists. It appears that general practitioners working closely with the pharmacist develop a collaborative approach to health care.

Introduction

THE efficient delivery of health care in the future will depend on cooperation between members of the primary health care team.[1-3] Several factors have been suggested which may inhibit collaboration within the team, including the different status, prestige and power among team members.[4] Additionally, a lack of communication and misunderstanding of roles by general practitioners and other members of the primary health care team has been reported to undermine the potential of the primary health care team.[1]

Centralized services, for example in health centres, may promote and enhance the concept of 'team' based primary health care. In addition to central team members such as general practitioners, practice nurses, health visitors and midwives, other health professionals such as chiropodists, dentists and pharmacists also operate from some health centres.

The number of health centres in England has grown steadily in recent years with a corresponding increase in the number having an integral pharmacy.[5] A quantitative study of all health centre pharmacies in England has indicated a high rate of professional consultation between pharmacists and general practitioners.[6] A qualitative study is reported here which aimed to describe the nature of the relationship between pharmacists and general practitioners in health centres.

Method

Ten health centres with an integral pharmacy were selected for study, one from each of the regional health authorities in England having at least one health centre with such a pharmacy. Semi-structured interview schedules were used to ensure that each 'group' of participants were asked the same questions. Thirteen general practitioners, at least one from each health centre, were interviewed. The interview schedule, which was designed to characterize how the general practitioners saw their relationships with the pharmacists, included questions on the nature of pharmacists' queries to general practitioners, the general practitioners' attitudes to those queries, and the impact of pharmacists on their selection of prescribed medication. To characterize the pharmacists' perception of their relationship with prescribers, the manager of each health centre pharmacy was also interviewed. Pharmacists were questioned about a range of issues, including their opportunities for informal contact with other health professionals, how they perceived their working relationship with other health professionals, and the procedures for dealing with prescription queries.

Within the vicinity of these health centres with pharmacies, the managers of 10 community pharmacies and nine general practitioners working in health centres without pharmacies were also interviewed for comparative purposes, using an appropriately modified interview schedule. All interviews were recorded and transcribed for analysis.

Results

Relationships between general practitioners and health centre pharmacists

All general practitioners considered their relationship with the health centre pharmacist to be satisfactory.

> 'Satisfactory? Yes very good ... I ring him far more often than he rings me ... that doesn't necessarily follow that we have a good working relationship, but I think its good.'

General practitioners' satisfaction stemmed from the pharmacist's accessibility for consultation. One reported,

> 'I often have queries about problems of prescribing details and I wouldn't hesitate to ring up any time to seek advice of the pharmacist.'

Satisfaction also resulted from the pharmacist's role as a final check or 'safety net' for any potential errors made by prescribers.

> 'I find them very useful, I find it very comforting to have somebody behind me making sure that I don't do something silly.'

Only one general practitioner suggested that an ability to 'get on' with the pharmacist was an important element in establishing an adequate working relationship, 'we get on with each other for a start, no problem about two way communication.'

All health centre pharmacists reported a corresponding satisfactory relationship with general practitioners. Four defined their satisfaction exclusively in terms of their affable relationship with general practitioners. The remainder saw the relationship essentially in terms of a professional interaction in which there was considerable scope for development.

> 'I feel it could be better, not from the point of view that we don't get on, but from the point of view that I think there should be more of a professional relationship. I would like to be more useful to them in cost effective prescribing.'

Two pharmacists reported problems in the relationship in that the doctors' actions (and inactions) impaired the adequate

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Submitted: 7 February 1990; accepted: 21 May 1990.

development of their role. This was expressed in several ways,

> '...not letting you know when they're changing their prescribing habits, or over using something, then you suddenly find that you've got six prescriptions in half an hour for something you've not used for three years ... and if [general practitioners] suddenly decide, "we're not going to use this any more", you're lumbered with excess stock.'

Relationships between general practitioners and community pharmacists

All general practitioners in health centres without on-site pharmacists reported that their relationship with local pharmacists was satisfactory.

The majority (six) of the community pharmacists interviewed also considered that their relationship was satisfactory, two considered it to be 'good', one reported his relationship was 'unsatisfactory', and one considered it 'excellent'. A satisfactory or good relationship was reported when the general practitioner was considered accessible and/or when there were opportunities for a mutual exchange of information.

Communication links between general practitioners and pharmacists

More 'face to face' communication between pharmacists and doctors might be expected to occur in health centres with integral pharmacies. In seeking clarification of a prescription, six of the 13 general practitioners in such health centres reported that 'face to face' contact with the pharmacist was routine. In other cases the pharmacist was usually approached by telephone, or contacted via a third party such as a pharmacy assistant. Eight health centre pharmacists said that they usually contacted the general practitioner via the receptionist and the remainder either contacted the prescriber 'face to face', or telephoned.

In all health centres without integral pharmacies, all pharmacists usually contacted general practitioners by telephone. However, these pharmacists frequently desired better communication links with general practitioners, and felt that communication was often hindered by reception staff.

> 'Sometimes it's difficult to get through the receptionist to get to the doctor and I think it would be much more helpful if the doctor would recognize that we're trying to help them, trying to help the patients as well and let us get at them [general practitioners] so we can talk to them personally. Basically, I think [that it is] the receptionist who protects the doctor all the time.'

Influence of pharmacists on general practitioners' prescribing

Eleven general practitioners with health centre pharmacists said that the pharmacist had a marked effect on their choice of medication to prescribe, through recommending generic rather than proprietary products, increasing awareness of cost-efficient prescribing and promoting considerations of drug compatibility and availability.

With a single exception, all health centre pharmacists said they assumed a passive role in relation to doctors' prescribing habits, waiting to be consulted rather than initiating a consultation. One pharmacist assumed a particularly inactive role: 'We don't tell them what to prescribe or go along advising them'. Only by 'giving them a few drug price lists' would one pharmacist attempt to influence doctors' prescribing, while another believed that doctors were more influenced by pharmaceutical company representatives than himself.

Only three of the nine general practitioners in health centres without pharmacies considered their prescribing had been influenced by pharmacists, for example following their advice on costs and package quantities.

Prescription queries

Health centre pharmacists reported that the queries they had about prescriptions predominately concerned the strength, dosage and quantity of drugs to dispense. Other queries included prescriptions for 'blacklisted' products. A similar range of queries was also reported by all community pharmacists interviewed. Poor handwriting by the doctor was mentioned by only one health centre pharmacist and by one community pharmacist. Repeat prescriptions incorrectly written by receptionists were highlighted as a major problem by two health centre pharmacists.

Two general practitioners in health centres without an integral pharmacy reported receiving queries from community pharmacists concerning verification of their handwriting. General practitioners with on-site pharmacists reported receiving a wider range of queries than did general practitioners in health centres without pharmacies (Table 1).

Table 1. Common queries from the pharmacist as reported by general practitioners in health centres.

Common queries	Number of queries reported by general practitoners: With on-site pharmacy ($n = 13$)	Without on-site pharmacy ($n = 9$)
Dosage	10	8
Product availability	5	2
Product strength	5	0
Drug interaction/incompatibility	2	0
Changing prescriptions to generic formulations	1	0
Patient expecting different medication	1	0
'Blacklisted' items	0	2

n = total number of general practitioners.

All doctors, both with and without on-site pharmacies, considered that the pharmacists' queries were valid and they welcomed the intervention.

General practitioners were also asked what recourse they took in order to obtain drug information when readily available reference sources were inadequate. Virtually all (11) general practitioners with a pharmacist in the health centre made use of their colleague as a drug information resource, compared with just over half (five) of the general practitioners without an on-site pharmacist. Notably, general practitioners in both types of health centre sought advice on routine matters of drug dosage and quantities from pharmacists, while advice on more specific matters of drug therapy was most often sought from consultant physicians.

General practitioners' attitudes to advice given by pharmacists to patients

General practitioners with on-site pharmacists perceived the pharmacists as playing a supportive role to prescribers and expected them to reiterate appropriate advice and instruction to patients regarding drug use. However, general practitioners in health centres without pharmacies qualified their expectations. While they expected pharmacists to advise on minor illness, provide clear instruction to patients and aid

patient compliance, some expressed reservations over the pharmacist's role in providing certain information to patients, particularly relating to adverse drug reactions.

> 'The pharmacist should give a brief broad based description of what drugs are doing, but shouldn't go into any detail.'

> 'If a patient asks about adverse effects I would prefer the pharmacist to refer the patient back to me.'

General practitioners who had reservations about pharmacists advising patients on adverse drug reactions were anxious about the possibility of misunderstandings on the part of patients and unnecessarily arousing patient concerns. One general practitioner was actively opposed to pharmacists advising patients on minor illnesses.

Advantages of an integral pharmacy

General practitioners in health centres with pharmacies were asked what they perceived to be the advantages of an integral pharmacy. They indicated that an 'on-site' pharmacy was convenient for patients, allowing rapid access to prescribed medication. Such a facility also removed the need for patients and general practitioners to check pharmacy rotas. Moreover, 'emergency' drugs were always available during surgery hours. The 'on-site' pharmacist was also perceived as an information resource for practitioners, 'you've got advice on the spot which is the biggest single advantage'. One general practitioner considered it advantageous for the pharmacist because, 'he's dealing with a small number of doctors, he probably knows our prescribing habits.'

Discussion

The results of this study are not necessarily representative of all general practitioners or pharmacists working in health centres or in the community. However, the study has yielded some important insights into general practitioner–pharmacist relationships.

Overall, general practitioners' expectations of health centre pharmacists were unreservedly positive. However, they reported that their expectations of pharmacists were not different because they were 'on-site'. As one prescriber put it,

> 'pharmacists are pharmacists. I think that health centre pharmacists are in one way in a privileged position in that none of their advice need be commercially orientated.'

The study indicates that general practitioners perceive their working relationships with health centre pharmacists in terms of an exchange of their respective expertise. Only one doctor saw an ability to 'get on' at a personal level as being of major importance in the relationship. Doctors felt comfortable contacting pharmacists with drug related queries, and welcomed reciprocal contacts from the pharmacists.

More health centre pharmacists than general practitioners were inclined to define a satisfactory working relationship in terms of 'getting on'. However, for the majority of health centre pharmacists, 'getting on' with doctors was not the sole criterion for a satisfactory working relationship, but involved the general practitioners capitalizing on the pharmacist's expertise. They considered that this aspect of their relationship was underdeveloped.

A greater uptake by general practitioners of pharmacists' expertise and knowledge about costs, interactions, availability and pack sizes of drugs could contribute towards improved interprofessional liaison to the mutual benefit of the professionals and the patient. Some pharmacists, however, appeared reticent to initiate a dissemination of their drug knowledge to general practitioners.

Notwithstanding this, it seems that general practitioners in health centres with integral pharmacies collaborated and communicated more with pharmacists than did colleagues to whom pharmacists were less readily accessible. The proximity of general practitioners to pharmacists has encouraged a readiness to consult with the pharmacist on a range of drug related concerns. Similarly, health centre pharmacists consulted general practitioners on a wider range of drug related queries than did their colleagues in community pharmacies. Working together in a health centre would appear therefore to foster a more collaborative approach by general practitioners and pharmacists towards the provision of health care.

Although general practitioners on the whole appreciated pharmacists' potential contribution to health care, our data indicated that pharmacists were often reticent to initiate their contribution, and waited to be approached. Further collaboration would be enhanced if pharmacists in both health centres and the community developed the confidence to liaise equitably with general practitioners on a professional basis.

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Acknowledgements

We thank the Department of Health for funding this study. Our thanks are also due to Annette Craddock and Sarah Nettleton and to the general practitioners and pharmacists who gave generously of their time.

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