How To Guide
Integrating Clinical Pharmacists Into Primary Care Networks

East and North Herts, West Essex, Herts Valley Integrated Care System (ICS)

"When clinical pharmacists are set up, inducted, and supported effectively they will be an **asset** to any practice/PCN"

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With thanks to BLMK ICS Pharmacist Ambassador

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Key Objectives of a PCN pharmacist

The PCN pharmacist role is expected to carry out the following essentials, defined by NHSE. The post for PCN pharmacists are clinical and patient facing. The examples shown are by no means exhaustive and there may be other areas of practice in which pharmacists can be involved, for example supporting QOF or IIF requirements.

Undertaking structured medication reviews - Including polypharmacy clinics, general medication reviews, and patients with long term conditions.

Improving medicine optimisation and safety - A patient centred approach ensuring patient experience is taken into account, evidence-based medicines are prescribed, all drugs are monitored for safety, and medicines are optimised.

Improving antimicrobial stewardship - Working with the practice teams to ensure antibiotic prescribing is kept appropriate.

Supporting care homes - Overseeing the process and structure of the care homes and medicines management. Attending to complex queries and decision about the resistances and conducting medication reviews on a periodic basis.

Running practice clinics - These could be specialised in an area of interest or requirement based on the practice needs - for example hypertension clinics, heart failure, pain management, mental health, diabetes, atrial fibrillation or minor illness.

Advocates of medicines optimisation and safety - Support their PCNs to have safer prescribing systems, identify high risk people and embed principles of shared decision-making.

- The specific patient-facing roles a pharmacist starting in general practice can undertake are dependent on their individual experience and skills. The rate of their subsequent role progression will be influenced by their baseline experience and skills, the needs of their practice and the practice's patients and the level of work-based clinical supervision for safe clinical practice. Accordingly, the pharmacists will progress at varying rates and will deliver a variety of patient-facing roles.

- When clinical pharmacists start work in a new GP practice, they should review their job description and the priorities of the practice and undertake an analysis of their individual strengths, weaknesses, opportunities and threats (SWOT analysis) in relation to the requirements of their new role.
- Identify where they can get started in general practice based on their prior experience, skills, strengths, and the opportunities within the practice.
- Plan and document future progression with patient-facing roles in line with the priorities of the practice, their personal skills, strengths and weaknesses, their starting level of patient-facing clinical care and with the availability of work-based clinical supervision for safe clinical practice
- Link their learning and assessments on the clinical pharmacists in general practice education to their individual skills gaps and planned role progression journey
- Set realistic and achievable timescales for their planned role progression journey, recognising the needs of the practice.

Overall Objectives of a PCN Pharmacist:

- Reduced workload for GP Practices
- Help to continue enhance medication safety
- Improved outcomes with medicines
- Improved management of repeat prescribing system
- Support for long term conditions management
- Potential for reduced hospital admissions
- Reduced medicines wastage
- More effective use of prescribing budget and adherence to local recommendations
- Service integration
- Improved discharge from hospital and follow up
- Help PCNs to meet the requirements for the DES

Objectives for the Clinical Pharmacists after the first 18 months:

At the end of the CPPE training pathway, pharmacists should be able to do the following:

1- Medication Related Administration

- Medicines reconciliation of hospital discharge forms and hospital clinic letters
- Responding to repeat prescription-related medication queries
- Responding to medication-related 'tasks' on the clinical system
- Providing expert advice in relation to medication-related queries to GPs and other clinical members of the team regarding individual patients or situations on an ad hoc, on-demand basis, e.g. what drug to prescribe in a given situation, advising on the significance of specific drug interactions

2- Strategic Quality, Safety and Education

- Designing and undertaking clinical audits in relation to safety, quality, or cost of prescribing
- Setting up and reviewing protocols in relation to prescribing
- Educating reception and administrative staff on the repeat prescribing system and appropriate protocols
- Leading on projects such as review of a certain therapeutic area or drug group to optimise safety and quality of care, e.g. monitoring of high-risk drugs, prevention of coronary heart disease
- Undertaking quality pieces of work to achieve Quality and Outcomes Framework points, enhanced service specifications and Care Quality Commission targets
- Keeping up to date with clinical guidelines and implementing strategies to ensure that the practice is treating patients in line with these
- Educating clinical staff within the team on changes to both local and national prescribing guidelines and formulary
- Keeping up to date with medication safety alerts and acting on them on behalf of the practice
- Regularly attending practice meetings relating to prescribing, clinical issues, and significant events
- Liaising with external staff on work streams, e.g. care home pharmacists, community pharmacists, CCG medicines management team

3- Patient Centred Clinical Roles

- Medication review in a range of patients, including patients with polypharmacy or multimorbidity; titration of medication such as analgesics or antidepressants; deprescribing; monitoring of patients on specific groups of drugs, e.g. anticoagulants or disease modifying antirheumatic drugs (DMARDs)
- **Chronic disease management**: routine review of stable patients with chronic conditions such as hypertension, ischaemic heart disease, diabetes, asthma, COPD, hypothyroidism, chronic kidney disease, persistent pain
- Participating in telephone triage, assessment, and treatment of minor ailments within competence

Checklist for Employing a pharmacist

- Agree a model of working – shared between PCN, shared population, focus on areas, ideally located in one practice with all surgeries having access for clinics to be booked.
- Follow the Pre-recruitment Checklist (Appendix A)
- Identify a clear vision of pharmacist roles and responsibilities (Appendix B)
- Be clear it is a training process for at least 2 years (Appendix C)
- Focus of Medication Reviews, Care Homes, Antimicrobial Stewardship, and Medicines Safety.
- Appoint senior clinical pharmacist mentor to enable safe practice and allocated debriefs, similar to the approach of a GP Registrar.
- Appoint senior pharmacist able to support new pharmacist.
- Ensure room location is available for pharmacist to conduct clinical reviews.

References and Resources:

1. Pre-Recruitment Checklist (Appendix A)
2. PCN Resource Documents (& Appendix B)
3. Induction and Training Timeline & Checklist (Appendix C)
4. Training Needs Analysis

Job Details

The Pharmacist sample job description is based around the NHS-England guidance of what is expected of a PCN pharmacist. As the role progresses after the two years of training, into an advanced PCN pharmacist, it can be tailored to the requirements of your PCN and population. It is important to factor in that 70% of the role is expected to be patient facing - This would include face to face clinical reviews, where needed.
The ICS Pharmacist ambassador will be working closely with HEE to formulate and map out career progression within primary care over the coming years.

The role is **not** intended to be administrative, therefore not spending the majority of time on tasks such as re-authorisations, discharges, etc. The end of this document showcases an advanced clinical pharmacist that is a specialist in one field. The pharmacist employed should be of a band 8a level, or working towards this by the end of the 18 months.

References and Resources:

1. PCN Recruitment Documents (and see Appendix B for Sample Job Description)

a) Sample Pharmacist - Job description, Person Specification, Job Advert (pages 2 – 9)
b) Sample Senior Clinical Pharmacist - Job description, Person Specification, Job Advert (pages 10 – 18)

Education and Training

Training requirement

The 18-month training programme will ensure competence and confidence to consult directly with patients, working in a multi professional team. The Centre for Pharmacy Postgraduate Education (CPPE) has developed the Primary care pharmacy education pathway to align the education requirements of the pharmacists with the NHS Long Term Plan and the primary care Network Contract Directed Enhanced Service.
New applicants employed through the NHS England 'Clinical Pharmacists in General Practice' programme or the primary care Network Contract Directed Enhanced Service will join the *Primary care pharmacy education pathway (PCPEP).*

Supported to become independent prescribers

Most pharmacists will not have qualified as prescribers already. As part of the scheme, the prescribing course will be fully funded by HEE. A list of approved university providers to carry out the course will be provided. It will be integrated within the pathway of CPPE and therefore take the total training time to 24 months.

References and Resources:
1. Primary Care Pharmacy Education Pathway
2. Funding pathways and independent prescribing

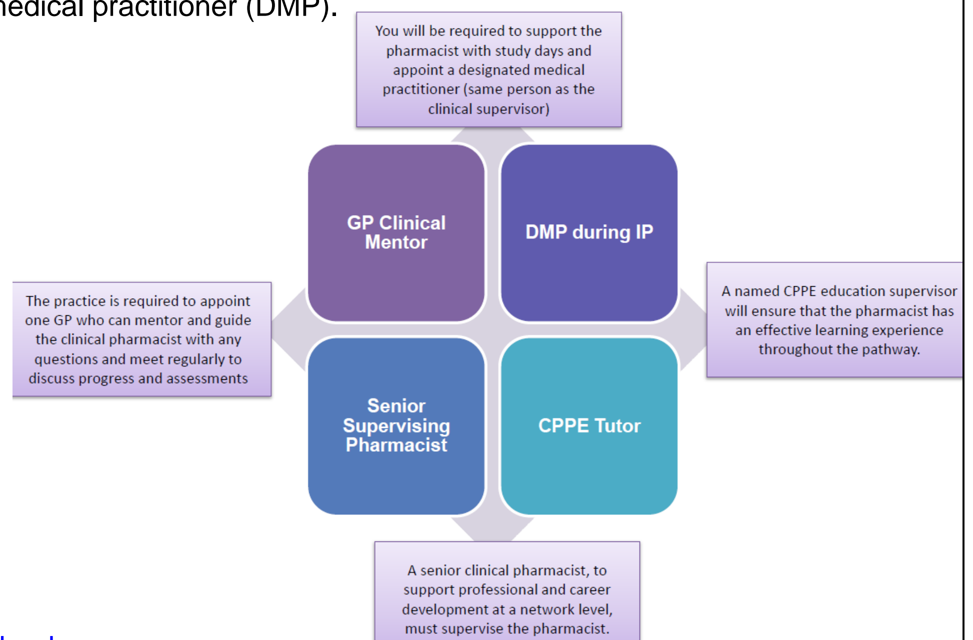
Supervision & Support

Clinical Supervision
The practice is required to appoint one GP who can mentor and guide the clinical pharmacist with any questions and meet regularly to discuss progress and assessments. Similar to a registrar, however, day to day support should be provided by a senior pharmacist. This will vary dependant on where the CP is employed. For example, in Herts Valley, there are AHP GP Leads to also support AHP roles. It is highly recommended to plan in regular debriefs after clinical sessions (similar set-up to a registrar or a placement GP). You are not required to be a training practice in this instance.

Senior Supervised Pharmacist
A senior clinical pharmacist, to support professional and career development at a network level, must supervise the pharmacist. It will be the responsibility of PCN's to recruit and appoint a senior pharmacist who will coordinate this. They can come from outside of the organisation. The senior pharmacist should ideally be established in a general practice role for some time and understand the development processes required. They would be the ideal person to carry out an initial needs assessment.

CPPE Tutor
A named CPPE education supervisor will ensure that the pharmacist has an effective learning experience throughout the pathway. The education supervisor will achieve this by working with the pharmacist to identify their learning and development needs and support them to produce a personal development plan (PDP). The education supervisor will provide feedback on progress in relation to goals within their PDP, track assessments, and conduct progress reviews to enable progression through the 18-month pathway. A learning contract with the education supervisor will be agreed and signed.

Designated Medical Practitioner
You will be required to support the pharmacist with study days and appoint a designated medical practitioner (same person as the clinical supervisor). The pharmacist will also have a minimum of 90 hours of shadowing clinical time with clinicians. At least half of the 90 hours will be with the designated medical practitioner (DMP).



References and Resources:
1. Clinical Supervision Handbook
2. General Practice Pharmacist Training Pathway
3. Training Needs Analysis

Guidance on Supervision of Clinical Pharmacists

Principles of Supervision for Clinical Pharmacists: For all clinical pharmacists, supervision needs to deliver:

- An appropriate induction programme to the practice including resources, systems and people
- A supportive learning environment which ensures time for individual education is included within workload
- Provision and signposting of appropriate learning resources and opportunities within the practice informed by an individual learning needs assessment
- Clinical oversight of service delivery in the specific service-learning environment to ensure patient safety
- Progressively increasing responsibility for patient care within the clinical pharmacist role and the services delivered in the clinical environment
- Learner support to ensure curriculum coverage and programme completion
- Programme support to ensure completion of workplace based assessments
- Ensuring regular learner feedback
- Pastoral care and ensuring equality of opportunity for the learner

Broadly, pharmacists training can be split into two intersecting and overlapping domains

Clinical learning:

- Understanding service provision, conventions, relevant guidance, tacit knowledge, and skills to enable delivery of appropriate primary care – **immediate local supervision needed**
- Professional development – understanding values, responsibilities, relationships, and accountability of the pharmacist clinician in general practice/primary care – **less immediate, often reflective**

Supervisors/Mentors:
A clinical supervisor: the clinical supervisor will oversee the day to day learning and work in the clinical environment, supporting in practise and undertaking some educational work place based assessments. The clinical supervisor will:

- Help pharmacists integrate into the GP practice
- Develop the role in the practice and undertake assessments (consultations skills, physical assessment skills)
- Be a key support when pharmacists fail to progress with their role at the expected rate
- Safely manage their workload and be involved with performance support when there are safety concerns with a pharmacists' practice.
-

A Linked Senior clinical pharmacist: Each clinical pharmacist will be linked with a senior clinical pharmacist, who may also be learning and developing in their senior role. The senior clinical pharmacist will

- Oversee appropriate management guidance and professional development.
- Provide individual and pastoral support to clinical pharmacists
- Organise group mentoring for several pharmacists
- Advise the supervisor to ensure appropriate clinical work and clinical pharmacist role development.
- Support all clinical pharmacists to develop a patient- facing role and appropriately extend their scope of practice to meet the requirements of the NHS England job description and local practice needs.
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A CPPE (Centre of Postgraduate Pharmacy Education1) Educational Supervisor: principally responsible for ensuring delivery of the education pathway and overseeing the assessments and developmental trajectory of each pharmacist. The education supervisor role will:

- Support pharmacists to develop their initial and ongoing education plan
- Be the driver for local liaison with GP practices and local partners/medical education partners
- Increase support and offer locally independent liaison with stakeholders when there are performance concerns

The following table breaks down the current functions further between those involved in supervision in the NHS England clinical pharmacist in general practice programme.

Distribution of Supervision functions			
Supervision function	GP clinical supervisor	Senior Clinical Pharmacist	CPPE Educational supervisor
Educational induction			Lead
Induction to General Practice		Lead (General)	
Ensuring a supportive learning environment	Lead (Within the practice)	Lead (outside of the practice)	
Provision of appropriate learning resources	Support (practice)	Lead (as part of local training)	Lead (programme)
Oversight of service delivery - patient safety	Support (regular debrief session)	Lead (weekly review meetings)	
Increasing learner autonomy	Support	Support	Lead
Supporting curriculum coverage	Support	Support	Lead
Completion of work place assessments	Support	Support	Lead
Securing learner feedback within service	Support	Support	Lead
Ensuring professional development and opportunity	Support	Lead	Support
Pastoral care	Support	Lead	

Interview with a Clinical Pharmacist and GP

Please explain the recruitment process.

Recruitment was through NHS jobs with an interview – the surgery was part of the NHS pharmacy pilot phase 1 three years ago. I started off on the NHS England pilot in 2016 in Bedfordshire across two practices, qualified with non-medical prescribing (independent prescribing) in 2017 and completed the NHS England CPPE pathway. I then moved into a senior role as a practice pharmacist mentoring 7 other pharmacists and I am currently employed part time by one practice in Bedfordshire and am a clinical mentor for CPPE supporting other pharmacists going through the NHSE clinical practice pharmacist pathway

What does a typical day look like for you?

My working Hours: 8.30 - 2.30 Monday to Thursday.
08.30 - 09.00: Any urgent queries, tasks, letters.
9.00 - 11.15: Clinic - 15 mins appointments face to face with patients which can include contraception, asthma, hypertension, antidepressant reviews, CHD reviews, general medication review, polypharmacy reviews – anything to do with medication. In previous surgery was conducting diabetic and CKD reviews.
11.15 - 2.30: Telephone calls with patients, re-authorisation of repeat templates, medication queries, clinic letters.

What areas are you championing?

The area that I love is asthma – as a pharmacist I feel that there is so much a pharmacist can offer both in primary and community care. As a pharmacist I feel that we all look at medication holistically. As pharmacists, we are Champions of medicine optimisation and deprescribing. For example, if patient comes in for a specific reason such as asthma I will try and review all medication or re-book if needed and as appropriate.
This benefits the patient by getting a full review so they don't have to come back so often saving appointment times and the patient times, medication and repeats are synchronised and optimised. Patients benefit by having a different type of skill-mix in the surgery that complements other roles!

Please explain what supervision and support you have received / are receiving?

I was fortunate to receive 1 hour mentoring per week in the early years of working in practice to discuss various conditions, guidelines, practicing diagnostic skills and started looking at urgent care. The practice has been very supportive and all the GP's, Nurses, registrars and receptionists were on hand for any questions or queries.
Having mentors have been invaluable and have allowed to increase my scope and abilities to be able to then support the GPs. Currently at the moment I don't have a named mentor but instead have the whole team to call on depending on my learning need which is working really well. I'm sure this will change as my learning needs change – It's important for us all to adapt to the workload and needs of the patient and practice.

What makes you different to a GP and other health care professionals in practice?

The pharmacist has more time to delve into the issues with medication - concentrating on just the medication frees up a lot of the GP and nurse's time. They can specialise in areas of prescribing but we are still specialists in medication so will look at the overall picture of the patient's medication every time we see a patient looking at poor adherence, side effects and interactions.

The pharmacist can spend time reviewing complex medication regimes. They can support with medicines management looking at quality, safety and efficiency of the practices prescribing. Pharmacists also add a different skill to the current skill mix which compliments general practice.

Interview by lead GP

Could you explain the ways a pharmacist has impacted on the practice, from a GP Perspective?

The pharmacist supports the GP practice with prescribing incentive scheme and QOF including undertaking audits, performing medicine optimisation reviews and deprescribing where appropriate especially with patients which may need many follow up appointments. This has decreased the GP workload by having chronic disease clinics as well as polypharmacy reviews.

The pharmacist looks at repeat templates and the re-authorisation of the repeat templates looking at clinic letters, discharge letters, blood test and other investigations that may need to be performed. They can call patients in for medicine reviews where appropriate and calling in for blood test/ blood pressure reviews as well as specific clinics if appropriate. They can also answer medication queries from patients and colleagues including medication availability, side effects, dosing, special products to name a few.

Pharmacists in general practice are the key link with community and hospital pharmacists to support the patient. They work with the surgery team around medicine safety and prescribing. A different professional with different skills to support the care of patients has been invaluable.

Appendices

Appendix A: Pre-Recruitment Checklist

Pre-Recruitment Checklist:	
1. Agree a model of working – shared between PCN, shared population, focus on areas, ideally located in one practice with all surgeries having access for clinics to be booked.	
2. Identify a clear vision of pharmacist roles and responsibilities (Appendix B)	
3. Be clear it is a training process for at least 2 years (Appendix C)	
4. Focus of Medication Reviews, Care Homes, Antimicrobial Stewardship, and Medicines Safety.	
5. Appoint GP mentor to enable safe practice and allocated debriefs similar to that of a GP Registrar.	
6. Appoint senior pharmacist able to support new pharmacist.	
7. Ensure room location is available for pharmacist to conduct clinical reviews	
8. Design Job description, Person Specification and Job Advert (see Appendix B)	
9. Conduct Learning Skills Assessment / Training Needs Analysis with pharmacist - to be done by mentor or supervising pharmacist (Appendix D).	
10. Identify clear role progression in line with pharmacist interest and population needs	
11. Confirm start dates, training required and block out time	
12. Plan induction for the first few weeks	
13. Enrol pharmacist in training programme for 18 months	
15. Prepare Interview: **Include skills assessment** - Pharmacist will be coming from either a community or hospital background. The majority will not have any experience in the primary care setting. As this is individual to each pharmacist, a skill's assessment would ensure the right training and exceptions. The practice can assess background of strengths and areas to be improved. Highlight the importance of further training - The two years will involve alot of training and input from the pharmacist.	

Appendix B: Sample Job Description

The pharmacist will work within their clinical competencies and be part of a multi-disciplinary team to provide expertise in clinical medicines management, provide face to face structured medication reviews, manage long term conditions through face-to-face reviews, and conducting care home reviews. Creating systems for drug monitoring and safer prescribing, input into policies for repeat prescription authorisations and reauthorisation, acute prescription request. Address both the public health and social care needs of patients in the GP practice(s) that make up the PCN.

The pharmacist will conduct face to face polypharmacy structured medication reviews, people in residential care homes and patients with multiple comorbidities. The pharmacist should be a leader in quality improvement, drug safety and clinical audit and some aspects of the Quality and Outcomes Framework. The pharmacist will be a leader in providing excellent care in general practice and will also be supported to develop their role and also to become a non-medical prescriber.

Overview of Role Specifics

- Patient facing Long-term condition Clinics
- Patient facing Clinical Structured Medication Review clinics
- Patient facing Care Home Medication Reviews
- Patient facing Domiciliary Clinical Medication Reviews
- Risk stratification- review high risk of harm from medicines patients
- Signposting - to community pharmacy, policies, drug shortages
- Medicines support- Patient facing
- Telephone clinics and support
- Management of overseeing medicines at discharge
- Medicine information for practice and patients
- Medicine-related enquiries
- Repeat prescribing policy
- Service development
- Information management
- Medicines quality improvement
- Leading clinical audits
- Medicines safety Implement i.e. overseeing - Eclipse Radar, and over review and using other review tool kits
- Action MHRA alerts
- Implement local and national guidelines and formulary
- Education and Training to the networks
- Care Quality Commission standards

References and Resources:
PCN Sample Recruitment Docs:
1. Sample Pharmacist - Job description, Person Specification, Job Advert (pages 2 – 9)
2. Sample Senior Clinical Pharmacist - Job description, Person Specification, Job Advert (pages 10 – 18)

Appendix C: Induction and Training Timeline

Pharmacist Induction and Training Timeline	
0-3 months	• Induction • Management of discharges from hospital and clinics • Risk Stratification • Public Health • Cost Saving Programmes • Medicines information to practice staff and patients
3-6 months	• Audits • Drug Safety
6-9 months	• Medication reviews • Telephone Reviews • Repeat Prescribing
9-12 months	• Starting to consider SMR • Long - Term Conditions
12-15 months	• Re-authorisations • CQC
15-18 months	• Unplanned hospital admissions
18-24 months	• Advanced Long-term Condition Reviews • Service Development, Advanced Service Development • Advanced Public Health • Advanced Cost Saving • Information Management • Advanced Medicines Quality Improvement • Implementation of local and national guidelines and formulary recommendations • Advanced Care Home • Advanced Training • Advanced Medicines Quality Improvement • Advanced Risk Stratification

Appendix D: Induction and Training checklist

HR/ Personnel		**Date Completed**
Offer Letter/ Contract: Hours of Work, Salary, Annual Leave	☐	
Collection of Documentation as per letter of offer:		
- References	☐	
- Copy of ID (Passport)	☐	
- Double check registration	☐	
- Clarify scope of practice	☐	
- Indemnity Insurance (Personal Cover)	☐	
- Bank details, P45 if required	☐	
- Confidentiality Agreement	☐	
Line Manager	☐	
Role Description and Personal Development Plan	☐	
Personal Objectives and schedule for performance reviews	☐	
Computer Administration		**Date Completed**
Allocating the appropriate passwords and permissions - Computer Login & Smart Card Access - Logins to complete mandatory training	☐	
Set up of NHS e-mail account (if applicable)	☐	
Training on GP clinical systems: EMIS and DOCMAN, SystmOne, MS Teams	☐	
Introduction to GP Clinical Pharmacist Tutor and PMOT within CCG	☐	
Introduction to local online resources: Prescribing policies, guidelines and formularies from CCG / Hertfordshire Medicines Management Committee	☐	
About the practice-based pharmacists Scheme		**Date Completed**
Current Team structure and timetable	☐	
GP contract: https://www.england.nhs.uk/gp/investment/gp-contract/	☐	
Current Funding Arrangements and future directions	☐	
Training and personal development requirements: CPPE, Independent Prescribing	☐	
Supervision structure, mentoring and clinical support		
About the networks		**Date Completed**
List of practices within your network	☐	
Contacts for Prescribing Advisors (CCG Medicines Management Team)	☐	
Key priorities / issues within the network	☐	

Induction at GP Practice		
About the practice		**Date Completed**
History of the practice: e.g., date the practice was set up, recent or future mergers with other practices	☐	
Number of sites	☐	
Dispensing/non-dispensing	☐	
Training/non-training practice	☐	
Opening/closing procedures of the practice	☐	
Signing in/out process	☐	

Door codes for access	☐	
Out-of-hours services if appropriate	☐	
Practice Profile		**Date Completed**
Number of GPs	☐	
Number of GP Trainees (for training practices)	☐	
List Size and Patient Demographics	☐	
GPs with a special interest (GPwSI)	☐	
Nurse practitioners/practice nurses	☐	
Healthcare assistants / Phlebotomist	☐	
Non-medical prescribers	☐	
Local community pharmacies	☐	
Care homes	☐	
Associated staff – district nurses, community matrons, school nurses, etc	☐	
Staff direct reporting line	☐	
Contact details of the practice manager	☐	
Contact details of GP clinical supervisor	☐	
Contact details of CP clinical supervisor	☐	
Clinical rooms availability: Dates and Times	☐	
Reception/ Administration staff	☐	
Schedule for clinical meetings	☐	
Policies and Procedures		**Date Completed**
How/ where to access policies and procedures	☐	
Safeguarding Lead, policy, and procedure	☐	
Confidentiality agreement	☐	
Complaint's procedures	☐	
What to do in the event of an incident or injury	☐	
How to handle incoming and outgoing correspondence	☐	
The process for communication within the practice (tasks/notifications/emails)	☐	
Telephone Procedures: Making calls/ receiving calls, transferring calls, Practice policy for leaving voicemail messages for patients	☐	
The Frequency of, and procedure for staff meetings	☐	
Access to blue stream training	☐	
Patient Management		Date Completed
Patient management policies and pathways	☐	
The process for handling results, reports, and clinical correspondence	☐	
Information about the practice recall, High risk drug monitoring, QOF etc	☐	
Prescribing Protocol - Repeat Prescribing and Repeat Dispensing, Electronic Prescription Services - Policy on use of medicine compliance aids/ monitored dosage systems	☐	
Ordering and undertaking patient monitoring tests	☐	
Incident reporting forms and procedures	☐	
Administration of community pharmacy services: Meet local community pharmacies, Prescription collection and delivery, Referral to / actions post NMS and MUR services	☐	

Appendix D: **Overview of general practice clinical pharmacist role progression**

Medicines leadership roles		
Liaison Work	**Practice Policy and Processes**	**Quality Improvement Activities**
- Developing relationships with patients, colleagues and extended health and social care team. - Use medicines information resources to answer enquiries. - Use local prescribing guidelines including those for shared care. - Reconcile prescribed medicines on transfer of care. - Deliver medicines-related learning events to practice team and patients. - Embed the professional role of the pharmacist into care.	- Ensure effective systems for proper and safe use of medicines. - Lead review of practice policies and systems around medicines. - Oversee call and recall medicine monitoring systems. Eg High risk drug monitoring protocols - Lead arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. - Collate information and participate in practice inspection visits. - Ensure effective strategies to reduce medicine diversion. - Lead integration of national clinical services provided by community pharmacists and public health campaigns into practice processes.	- Work with colleagues to achieve the DES requirements for the PCN - Initiate team-based approach to QIA. Eg Hypertension, CKD, - Identify medicine-related areas of care (including using software tools) to improve patient safety and use of medicines. Eg new templates - Conduct medicine-related audits, significant event audit and complaint review. - Contribute to medicine-related complaint response letters. - Lead on use of TARGET toolkit for antimicrobial stewardship. - Lead on stopping over-medication of people with a learning disability, autism or both (STOMP) and people with dementia. - Lead on compliance with medicines formulary. Eh ONS, CMPA, high-cost drugs - Lead on supporting care homes to improve medicines optimisation and safe use of medicines

Patient-facing Roles	
Core Duties	
Medication reviews (patient facing and Telephone as appropriate) ▪ Polypharmacy ▪ Patients on high-risk medicines ▪ LTC: e.g. Diabetes, Hypertension, Asthma, COPD, contraception ▪ Learning Disability reviews ▪ Rheumatoid arthritis reviews	**Minor ailments** ▪ Triaging and management of common illness **Medicines reconciliation** ▪ Newly registered patients ▪ Hospital admission/discharge

▪ Musculoskeletal pain management, e.g. osteoarthritis ▪ Ongoing care of defined conditions, e.g. eczema, psoriasis	**Medication queries** ▪ From patients, community pharmacy, secondary care ▪ From admin staff ▪ From clinicians

Core Clinical Care

Asthma

- Review asthma diagnosis (variability and/or reversibility).
- Identify asthma triggers including those that are occupation-related.
- Assess asthma control (eg, Royal College of Physicians (RCP) three questions, Asthma Control Test (ACT score)).
- Assess and teach inhaler technique.
- Assess and teach patients to perform peak expiratory flow (PEF) measurement.
- Create or review personalised asthma action plans (PAAP).

Hypertension

- Take manual or automated blood pressure (BP) readings.
- Arrange ambulatory BP readings and diagnose hypertension using appropriate BP thresholds.
- Refer for and assess target organ damage
- Identify and refer patients with accelerated hypertension.
- Detect hypertension possibly due to secondary causes and request appropriate tests for GP referral.
- Manage patient in accordance with guidelines

Cardiovascular disease (eg, AF, CHD, HF, PVD, CVE)

- Assessment of stroke and bleeding risks for people with AF and identification of anticoagulant options (CHAD Vas and Has Bled)
- Anticoagulation initiation, monitoring and dosing (maintenance)
- Reducing cardiovascular disease risk by Identifying at-risk patients
- Assess requirements for tailored support with behaviour change and self-management.

Musculoskeletal pain management

- Assess/advise on pain management (including non-pharmacologically).
- Assess risk and address harms of medicines where safety issues are a concern such as opioids, gabapentin and pregabalin.
- Understand attitudes to weight loss/exercise and give tailored advice.
- Refer to GP for joint injections, physiotherapy, or secondary care.

Hypothyroidism

- Ensure appropriate blood test monitoring.
- Adjust medicines in line with up-to-date blood test results.

Chronic obstructive pulmonary disease (COPD)

- Identify patients that may have COPD.
- Perform and/or review spirometry measurement.
- Categorise and manage according to guidelines

Extended Clinical Care
Stable anxiety and depression/insomnia ▪ Assess current mental health and suicide risk, sleeping habits, response to and side effects of medicines. ▪ Identify how mental health conditions can impact on patients and their carers' and make shared decisions to maintain good mental health. ▪ Identify strategies for supporting patients to reduce or stop benzodiazepines and z-drugs. **Chronic kidney disease (CKD)** ▪ Identify and read code patients with CKD. ▪ Manage patient in accordance with guidelines with respect to CV risk reduction and request appropriate tests for review. ▪ Understand referral pathway ▪ Assess patient safety and manage medicines to minimise risk of preventable hospital admission. **Diabetes** ▪ Reduce CV risk ▪ Understand and review the 9 care processes ▪ Titrate medication accordingly ▪ Demonstrate glucose/ketone machine ▪ Perform a diabetic foot examination to classify risk. Understand and action referrals ▪ Review test results to identify microalbuminuria/nephropathy and initiate treatment ▪ Review and manage ED, peripheral neuropathy ▪ Assess patient awareness of hypoglycaemia and how to manage it. ▪ Lifestyle advice, weight management Stop smoking **Osteoporosis** ▪ Identify patients at risk of osteoporosis. ▪ Use validated tools to assess the absolute risk of a fragility fracture. ▪ Initiate, monitor and review osteoporosis medicines in line with ten-year probability of osteoporotic fragility fracture. **Rheumatoid arthritis** ▪ Assess disease activity, function, and presence of complications. ▪ Assess for developing comorbidities, e.g. Cardiovascular disease. ▪ Review medicine monitoring and blood test results

Complex Clinical (medicines-related) care
Extended diabetic care involving insulin therapy ▪ Assess insulin requirements in patients with type 2 diabetes. ▪ **Injection technique** ▪ Support management of patients with type 1 diabetes. **Dementia** ▪ Assess and use screening tools to detect cognitive impairment and identify anticholinergic burden of medicines. ▪ Ensure that best interests' decisions are made in accordance with legislation for people who lack the mental capacity to make a decision.

- Assess risks and limited benefits of using low-dose antipsychotics for treating dementia in people who exhibit behaviour that challenges.
- Share prescribing with secondary care according to guidelines.

Complex Clinical (medicines-related) care (continued)

Multimorbidity, polypharmacy and deprescribing

- Recognise how to identify people who may benefit from an approach to care that takes account of multimorbidity.
- Perform frailty assessments.
- Tailor the approach to care to take account of multimorbidity.
- Contribute to multidisciplinary team (MDT) case reviews and care planning.
- Identify patients that are at risk of adverse medicine events.
- Assess treatment burden.
- Use recognised medication review tools, eg, STOPP/START in shared decisions about medicines.
- Rationalise medicines according to risks, benefits, and treatment burden.
- Withdraw inappropriate medicines safely in line with patient priorities, treatment burden and risks and benefits.

Exacerbations of depression and anxiety

- Assess current mental health (risk to self and others).
- Decide if urgent or routine referral is needed

End of life

- Assess and prescribe for end-of-life related symptoms.
- Prescribe 'just in case' medicines when appropriate

Skills for patient-facing roles (within area of clinical competence)

Consultation

- Tailor communication to patients' needs.
- Elicit and consider patients' health beliefs: ideas, concerns and expectations (ICE).
- Ask about patients' social support networks.
- Assess impact on patients' quality of life and commitments.
- Prioritise issues and share decisions.
- Modify health-seeking behaviour if needed.
- Record patient treatment plans and use IT templates for data entry and read coding.
- Advise on safety netting.
- Communicate with multidisciplinary team.

Medicines optimisation

- Assess adherence with medicines.
- Undertake systematic medication review.
- Optimise medicines using national and local guidelines.
- Order appropriate investigations to monitor treatment, interpret results from investigations and action patient follow-up.
- Acute and repeat prescribing.

Clinical assessment

- Review diagnosis and consider alternative/additional ones.
- Assess severity and control of LTCs.
- Identify mental health conditions and other comorbidities.
- Signpost for further assessments and make referrals if needed.
- Recognise red flags and take appropriate action.

- Recognise and act on deteriorating health and wellbeing, medical emergencies, and behaviour that challenges. Recognise one's own limitations, refer to other healthcare professionals as appropriate and review complex patients with the practice team.

Disease prevention

- Calculate cardiovascular risk using validated tool.
- Perform risk detection for diabetes.
- Assess risk of acute kidney injury (AKI) as per 'Think Kidneys' campaign.
- Advise on healthy lifestyles, smoking cessation, and sick day rules.
- Encourage self-management and behaviour change.
- Advise on vaccinations.
- Promote cancer awareness.