

Clinical Pharmacists in General Practice Pilot FAQs (version 2.0)

1. What is the pilot?

This new way of working aims to enhance patient care by integrating clinical pharmacists, who are medicines experts, into the practice team. The clinical pharmacists will deliver direct patient care and work with the wider practice team to improve quality and safety. They will use their skills to help people manage minor illnesses, get the most benefit from their medicines and effectively manage their long-term conditions. Such a role could in turn relieve pressure on GPs and free up their time to manage patients with more complex or acute illnesses. The pilot will explore how each practice manages this new way of working and what works well for patients and staff. The pilot will be evaluated producing recommendations about how best to use the pharmacists' skills to support patients in general practice in the future.

2. When does the scheme start?

The scheme was announced on 7 July, inviting practices and groups of practices to apply to participate in the pilot. Applications can be submitted to NHS England between 9.00 am Friday 11 September 2015 and 5.00 pm Thursday 17 September. It is expected that the majority of recruitment will be completed in early 2016.

3. How will the pilots be funded?

The partner organisations have agreed the importance of providing assistance to groups of practices to get started. The funding for the pilot is striking a balance between providing funding that each of the pilot sites would like and the number of pilots that can be funded across the country.

NHS England will part fund the pharmacists for 36 months:

- 60% for the first 12 months of employment
- 40% for the second 12 months of employment
- 20% for the third 12 months of employment

- 0% after the first 36 months of support (or fewer months if recruited after 31 March 2016).

The timings above are subject to recruitment. Each practice involved in the pilot will receive funding to contribute to the actual salary cost of the pharmacist(s) in post. For example, if a pilot is fully recruited by 1 November the funding will commence at that point.

Where pharmacists are recruited after 31 March 2016 the 60% funding will only be available until 31 March 2017. So, 40% would then be available from 1 April 2017 for 12 months, etc.

4. Why are you not fully funding the pilots?

There are examples around the country where practices have found the introduction of the clinical pharmacist role to be clinically effective and good value for money. However, taking the leap, being innovative, and recruiting a relatively new role can be challenging and so there will be a contribution on a reducing basis to help practices get started.

In addition to the contributions to pay costs, NHS England is funding a development programme for the clinical pharmacists and some organisation development support for practices involved in the pilot.

5. Who can apply?

GP practices either on their own or in groupings can apply. The model for each pilot will be based on one senior clinical pharmacist and up to five clinical pharmacists working together. Pilots will be chosen where there is a demonstrable need around GP and practice workforce numbers and recruitment and retention challenges. We are looking for practices that can commit to the conditions of the pilot, including participation in development sessions and training for the pharmacists.

6. Can we apply using a different model of senior clinical pharmacists to clinical pharmacists? Can we apply for more than six pharmacists?

The purpose of the pilot is to identify innovative solutions to the workforce issues in primary care, with the ultimate aim of improving access to primary care and health and care outcomes for patients. Therefore, we are not precluding any proposals that require a different or higher number of pharmacists per pilot site. The model should, however, meet the requirement of less experienced pharmacists working to and being mentored by a more experienced pharmacist.

7. How do GP practices apply for the pilot?

GP practices applying for the scheme will need to submit applications online using a bespoke SharePoint site. Applications must be submitted between 9am on 11 September and 5pm on 17 September 2015. However, applicants are encouraged to

register for access to the SharePoint site well in advance. Further guidance is available [here](#)

After this date, applications from practices will be considered and we expect to announce which sites have been successful during the week commencing 2 November.

The list of successful practices will be listed on our website at <http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/>

8. What is the anticipated size of the pilots?

We do not wish to dictate the size or location covered by a pilot area however we expect the pharmacists within each pilot area to work together.

It is important that the size and location of the pilot utilises the skills of the clinical pharmacists effectively; applications will need to explain this rationale.

9. Our practice doesn't currently work with other practices. Can we bid for just one clinical pharmacist?

We would encourage you to connect directly with other practices or your LMC, CCG or NHS England regional team may be aware of other practices locally that are interested in bidding.

10. Can CCGs apply?

The pilots provide an opportunity to expand the multi-disciplinary teams in general practice and it is expected that CCGs would support practices in this development. While CCGs may assist practices in the application process, and may be willing to provide funding for the clinical pharmacists, the pilots will be focussed on general practices themselves. Practices or federations will always be the employing organisation.

11. How will pilots be selected?

Applications for participation in the pilot will be assessed by their Local Education and Training Board and NHS England regional team (local decision making panel) against the criteria set out in "[Clinical Pharmacists in General Practice Pilot](#)" document.

The application should provide evidence that the practices involved have a need or pressure which can be addressed through the addition of this new role. Practices should also evidence that they will provide leadership to the pharmacists and commit to the pilot overall. The proposal will be expected to contain specific plans for integrating the clinical pharmacist role into patient care.

The local decision making panel will consider bids in the first instance. A final decision will be made by a national moderation panel during September 2015.

12. Why is there a national moderation panel?

The national moderation panel will ensure that the quality of applications being accepted is consistent across England, criteria have been applied consistently, and funding is directed to applicants where there is likely to be most benefit.

13. Why is this role different to a typical medicines management role?

Pharmacists have been working in general practice for more than a decade and in a multitude of roles. The purpose of this pilot is to evidence the impact of a patient facing, clinical role for pharmacists. Clinical pharmacists will be expected to see patients independently and directly support their care. The majority of the pharmacists will have or will be working towards becoming independent prescribers and will work alongside other members of the clinical team to provide individualised care to patients.

14. What size of population would be expected?

This depends very much on local geographies, rurality and population characteristics. The population size will be determined by practices to take account of local characteristics. Each bid will be judged on the merits of the application and the anticipated total population served should be included.

15. What is the model you are looking for?

We want to encourage innovation, particularly around how the clinical skills of the pharmacists are used. We wish to enable them to be an integrated part of the practice team and to contribute most effectively to patient outcomes as well as relieving workload pressure on the practice. We are looking for bids which bring together one experienced and several less experienced clinical pharmacists operating across one footprint. To give an indication of the scale of the pilots we have suggested that there up to five less experienced clinical pharmacists in each pilot are but applications will be judged on their merits.

We anticipate that the footprint will be no larger than a LETB area. There must be at least one experienced clinical pharmacist in the LETB area who can mentor the less experienced pharmacists.

16. We already have a pharmacist working in the practice, can we still apply for the pilot?

Yes, we do not wish to restrict applications however, you will need to demonstrate in the application how your current staff role will complement the new pilot role(s). You will still need to commit to all of the requirements of the pilot including both development and measurement / evaluation elements.

17. We have a pharmacist working in the practice can they be the mentor for the less experienced clinical pharmacists?

This will depend very much on the role of the pharmacist already in the practice, their qualifications and experience. We would look at each application on a case by case basis. If the pharmacist is for example an independent prescriber with several years post qualification experience this is more likely to be considered favourably.

18. We do not want to have more than one clinical pharmacist can we still participate?

We would like you to consider collaborating with other practices so that we can support development of more pharmacists and they may professionally support each other. You may find that your local CCG, LMC, LPC or regional team is aware of other practices in similar situations.

19. What sort of outcome measures and KPIs are you expecting?

GPs are clinical experts, and are focussed on the needs of their patients. We will be expecting these attributes to inform the applications which ask for the six measurable indicators each practice wishes to be measured against. The measures will assess benefit of the clinical pharmacist role to the practice and to patient outcomes. These may be measures of practice team effectiveness, patient experience, patient skills in self-management of long term conditions, GP workload and access to GP time. The application must include measures relating to patient care that are appropriate to the role of the clinical pharmacist and the expected benefits to patients and the practice.

20. Why are there 28 days of development time for each clinical pharmacist?

We want these pilots to be successful and want to give support that will help to achieve this. Each pharmacist will have a unique set of skills and experience accumulated across many different care setting such as hospitals, community and general practice. As such each pharmacist will need a unique package of learning and development to enable them to deliver the level of care expected and accepted by your patients. NHS England and HEE consider that 28 days of development time is important to support the effective implementation of this model and embed skills and competence in the future clinical pharmacy workforce in general practice.

21. What will the development programme for clinical pharmacists involve?

The development programme will be run by CPPE. Detailed information can be found on the CPPE website at <https://www.cppe.ac.uk/career/gp-pharmacist-training-pathway>

22. Why do we have to participate in the multi-disciplinary team development (MDT) sessions?

We want these pilots to be successful and to enable practices to explore new ways of working within a multi-disciplinary team. This is a new model of care that will enable all involved in caring for patients to change their way of working. How each practice manages such a change will depend on the staff and the patients involved. The opportunity to review current practice and learn about new ways of working will enable all involved to develop the knowledge and skills needed to adapt and to help patients adapt. Studies into how care is provided and who provides that care shows that full integration of any new role into the team is a critical success factor and we believe it is crucial to the success of this model. Commitment to this element will be one of the criteria for selection.

23. Who will be expected to be involved in the MDT sessions?

Any members of the team who are changing their way of working so that patients are able to see and be managed by the pharmacists should be involved in the MDT sessions. This would include key clinical staff and practice administration staff. Each practice team is different. It is likely that the MDT sessions would include the practice pilot lead, a GP and the practice manager from each practice involved in the pilot. Every practice will be expected to be involved in the four half day sessions.

24. When will sessions take place?

Dates for organisational development sessions will be agreed with practices once they have recruited their staff but it is anticipated that there will be one very soon after all staff are in post, one a month or so into the pilot and then one each quarter up to a total of four half day sessions.

25. What will the evaluation entail and how much impact will this have on the practices?

The evaluation is designed to enable us to identify critical success factors for the role with minimal disruption to patient care. The practices will be expected to develop their own measures and review and report on these regularly. Such measures will probably be part of current practice data collection and contribute to ongoing improvements in practice. The evaluation will identify factors which may be determinants of success. We would anticipate that any evaluation time will be minimal and will be managed to ensure that there is no disruption to patient care.

26. What if one of the pharmacists leaves during the three year period?

Every effort should be made to set expectations at recruitment. However, in the situation that a pharmacist leaves, NHS England will explore each individual case on its own merit. Exit interviews should be conducted with staff members who leave the pilot and reasons for termination of the contract should be reported to the evaluation partner. It is likely that NHS England will offer a continuation of funding if the clinical pharmacist is replaced.

27. How should pharmacists apply for these posts?

Applications from practices will be considered after 17 September and we expect to announce which sites have been successful during the week commencing 2 November.

Successful pilot sites/GP practices will be responsible for recruiting clinical pharmacists into the new roles. The application process will depend on the local recruitment strategy, but the intention is that applications would be open to any pharmacist with the right skills and competencies to undertake these roles.

28. What experience, skills and competencies would pharmacists applying for these posts need to have?

The [pilot description document](#) offers more advice on role and function of the clinical pharmacists.

29. What grade or salary should the clinical pharmacists be employed on?

We know that as independent businesses general practices do not need to take account of agenda for change; therefore we would not want to dictate a specific grade or banding for these roles. However, we do anticipate that these roles would be filled by pharmacists with several years' experience, for example, two plus years' post-qualification experience for less senior and five plus years post-qualification experience for senior clinical pharmacists.

Your local pharmacy network (LPN) may be able to advise more on suitable salary bandings. Your local regional team will be able to put you in contact with the LPN chair if you are not already in touch.

30. Can these roles be carried out from within a community pharmacy?

These roles will be based within general practices themselves as part of the practice team. It is however an expectation that the clinical pharmacists working in general practice will have a close working relationship with the local community pharmacy and act as a liaison between them and the practice to ensure optimal benefit for patients from using their medicines.

31. Who will pick up any redundancy costs for the pharmacists?

NHS England is offering some financial support to practices to embed a new role into their teams. The funding is for three years but we do not expect pharmacists to be made redundant. Should practices be unable to continue to fund any roles within their staff teams they will need to comply fully with employment law and any costs associated with reorganisation.

32. Who can employ pharmacists?

We are open to looking at a range of models for the employment of clinical pharmacists; however, we would not support applications where the employer is a clinical commissioning group (CCG) or commissioning support unit (CSU).

33. What qualifications/experience we should be looking for in pharmacists

For the less senior clinical pharmacists we would suggest practices look for a minimum of two to three years' experience, which could be gained in any setting, such as hospital or community pharmacy.

For senior pharmacists, we would suggest four to six years' experience, ideally with some general practice or primary care organisations. Ideally they would also have a prescribing qualification.

We'd expect all clinical pharmacists to have a diploma in clinical pharmacy or community pharmacy, or possibly a masters in the above in the case of the senior pharmacists.

34. What will the clinical pharmacists do?

We expect the clinical pharmacists participating in this pilot to do the following:

- Offer patient facing and person centred consultations
- Work within a multidisciplinary general practice team, offering outcome-focused medication review for people with multi-morbidities taking multiple medicines
- Focus on high priority, common and long-term conditions or a broad range of medical conditions, depending on local need
- Improve access to primary care, which supports people to manage their own health, medicines and long-term conditions
- Deliver medicines optimisation and offer high-quality, safe and cost-effective prescribing expertise
- Deliver clinics via patient appointments or as drop in services
- Support enhanced liaison and closer working with local community pharmacy
- Deliver NHS England priorities and plans for medicines optimisation, health and wellbeing.

35. Who will pay for the prescribing course?

The prescribing courses are commissioned by local education and training boards (LETBs) and should be available free to clinical pharmacists. A full list of accredited courses is available here: <http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber/accredited-courses>

36. Is the expectation that clinical pharmacists will be full-time?

NHS England is open to accepting a range of employment models and therefore the option for pharmacists to work part-time would not be ruled out.

However, the CPPE development programme is fixed for up to 14 months and the time commitment is based on the assumption that pharmacists will be working full-time. Practices will want to consider the balance between the number of training hours and the number of patient-facing hours the clinical pharmacist will undertake.

37. Where can I learn more?

NHS England, the Royal Pharmaceutical Society and other partners in the [GP Workforce 10 Point Plan](#) are organising a series of webinars and events in August and September 2015 to help GP practices and pharmacists understand more about the pilot, including:

- the role of pharmacists in general practice
- the application process and how to make a good application

There will be an opportunity for delegates to put questions to a live panel. You can [find out more about our events here](#)

Alternatively, if your question is not answered here, please contact us at: england.clinicalpharmacyenquiries@nhs.net