



**General Practice Forward View  
(GPFV)  
Clinical Pharmacists in General  
Practice Phase 2**

**Guidance for applicants**

**Equality and Health Inequalities statement**

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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## 1. Introduction

This guidance has been developed to help potential providers of general practice medical services who wish to apply for co-funding through the Clinical Pharmacists in General Practice scheme. It acts as a guide to the implementation of the scheme and aids completion of the application form.

### 1.1 Background

In July 2015 NHS England launched a pilot scheme to support clinical pharmacists working in general practice in patient facing roles. Co-funding was made available to support more than 450 clinical pharmacists in 650 practices across 90 pilot sites. The General Practice Forward View (GPFV) includes a commitment to deliver an additional 5,000 clinical and non-clinical staff in general practice. Out of these 5000 additional staff members there is a commitment to have 'a further 1,500 pharmacists in general practice by 2020/21'.

Co-funding is now available for the deployment of the 1500 clinical pharmacists by 2020/21. The funding will contribute to the costs of recruitment, employment, training and development of clinical pharmacists and the development of employing and participating practices.

### 1.2 Overview

Clinical pharmacists must work in general practice as part of a multi-disciplinary team in a patient facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. They will be prescribers, or training to become one, and must work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in care homes and those with multiple co-morbidities. They must provide specialist expertise in medicines use while helping to address both the public health and social care needs of a patient at the practice (s)<sup>i</sup>.

Clinical pharmacists must provide leadership on person-centred medicines optimisation (Appendix E), including ensuring prescribers in the practice conserve antibiotics in line with local antimicrobial stewardship guidance, and quality improvement while contributing to the quality and outcomes framework and enhanced services.

Clinical pharmacists must have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and patient safety.

Example job descriptions and person specifications for Senior Clinical Pharmacists and Clinical Pharmacists can be found at the [Primary Care Pharmacy Association website](#). These have been endorsed by the RCGP and the RPS.

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See the [NHS England website](#) for further insight into the role of clinical pharmacists in general practice.

## 1.3 Benefits

Initial feedback from the pilot programme has described the potential benefits that clinical pharmacists in general practice have on patients, the practice and the wider healthcare system<sup>ii</sup>.

### 1.3.1 Potential benefits to the public

- Improvement in patient outcomes and quality of life;
- Supporting patients to get the best use of their medicines and identifying medicines related issues;
- Reducing potential A&E admissions, attendances and readmissions;
- Better care closer to home through home and care/residential home visits;
- Independent prescribing qualification for pharmacists will improve timely access to medicines for the public, deliver care close to home, reducing general practice workload, enable self-care and self-management of conditions, improves patient safety and improve treatment results for patient by maximising the benefits of clinical pharmacists.

### 1.3.2 Potential benefits to general practice

- Expanding the general practice team to include clinical pharmacists, with their skills and knowledge. This will allow reallocation of general practice workload;
- Increase GP practice capacity to see and help more members of the public;
- Ensure safer prescribing and improvement in patient safety and quality of care;
- Increase capacity to offer more on the day appointments and provided OOH/extended hours/on-call services;
- Improved integration with the community and hospital pharmacy teams.

### 1.3.3 Potential benefits to the wider healthcare system

- Improvement in the clinical and cost-effective use of medicines;
- More efficient and effective communication between general practice and wider healthcare teams;
- Better integration with the wider healthcare systems/teams due to clinical pharmacists being key point of contact for primary and secondary care services;
- Optimisation of the patient journey through the healthcare system;
- Reduce pressure on urgent and emergency care departments by preventing avoidable admissions/readmissions.

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NHS England will be conducting an external evaluation of the programme to report evidence of the benefits of clinical pharmacists in general practice.

NHS England commissioned the University of Nottingham to independently evaluate the Phase 1 Pilot over a one-year period. The [Clinical Pharmacists in General Practice: Pilot Scheme Evaluation](#) report identified the potential impact of the clinical pharmacists, described how they are likely to affect working practices and improve service delivery related to medicines both within the medical practice and working alongside clinical commissioning groups (CCGs), community pharmacy and hospital pharmacy teams.

## 2 The criteria

The criteria developed defines the model, whilst being sufficiently flexible to allow for innovation and the ability to test out different approaches and implement variants of the model that suit local circumstances.

The application process is straightforward and providers will be able to access help and advice so that all general practices in England are able to take advantage of the programme which is phased over the next three years. The criteria to be applied are:

- a. Providers applying for the programme must demonstrate that they are working at scale;
- b. Co-funding is available for 1 WTE clinical pharmacist per 15,000 of the population;
- c. NHS England will contract with and provide funding to providers of general medical services to support the establishment of a clinical pharmacist service in general practices, and federations;
- d. The role of the clinical pharmacists must be clinical and patient facing and will support people living in the community including those in care homes settings. The role must be in line with the narrative outlined above and roles/responsibilities in agreed job descriptions;
- e. Clinical pharmacists must be embedded within the practices and be fully integrated members of the clinical multi-disciplinary team, having access to other healthcare professionals, electronic `live` and paper based record systems, as well as access to admin/office support and training/development opportunities. They will be involved in the practice's review and appraisal process;
- f. All clinical pharmacists will be part of a professional clinical network and will usually be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. NHS England recommends that the following supervision must be in place for senior clinical pharmacists and clinical pharmacists:
  - i. Each clinical pharmacist will receive a minimum of one supervision session per month by the senior clinical pharmacist;

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- ii. The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor;
  - iii. All clinical pharmacists will have access to an assigned GP clinical supervisor for support and development;
- g. Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces;
- h. There will be one full-time senior clinical pharmacist to five (total number not WTE) clinical pharmacists. Clinical pharmacists must be working a minimum of 0.5 WTE in general practices;
- i. Senior clinical pharmacists will be independent prescribers (or will be working towards an independent prescribing qualification) and will be independent prescribers by 2020/21. They will have been qualified for 5 years or more;
- j. NHS England recommends that clinical pharmacists will have been qualified for at least 2 years and will be independent prescribers by 2020/21.
- k. **IMPORTANT NOTES TO CONSIDER:**

- i. **The NHS England programme criteria states that one senior clinical pharmacist will support five clinical pharmacists (1:5 ratio). Where applicants are applying for less than the 1:5 ratio, they would to consider and maybe required to:**
  - i. **Demonstrate how supervision and support will be provided to clinical pharmacists in applications that request clinical pharmacists only without a senior clinical pharmacist. This could be achieved by utilising existing senior clinical pharmacists in general practice to provide support and supervision to clinical pharmacist's part of the NHS England programme or linking up with another NHS England programme site(s) to share their senior clinical pharmacist resource. Please see Appendix F for further information on alternative supervision guidance.**
  - ii. **If applicants request a senior clinical pharmacist and less than five clinical pharmacists the senior clinical pharmacist would need to be shared across a locality to support other clinical pharmacists to facilitate the recommended 1:5 ratio model.**
- ii. **The NHS England programme criteria states that both clinical pharmacists and senior clinical pharmacists will need to be a minimum of 0.5 WTE.**

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- iii. **Conflicts of interest:** If applications are received by the review panel where there could be real or perceived conflicts of interest then they need to satisfy themselves that appropriate mitigation has been put in place to guard against those conflicts. For example, a pharmacist should not be employed where their decisions or influence can affect any business that they have a financial or other interest in, and there must be clear separation between clinical decision making and medicines supply.

### 3 The offer to providers of general practice medical services

#### 3.1 Financial contribution

NHS England will make a financial contribution to participating providers as follows:

- I. The contribution towards the costs of recruitment and employment will be tapered over a 3-year period;
- II. The amount of funding is based on an assessment of the reasonable overall costs of recruitment and employment.

	NHS England contribution			Total contribution from NHS England over the three years
	Year 1	Year 2	Year 3	
Clinical Pharmacist	£29,000	£20,000	£11,000	£60,000
Senior Clinical Pharmacist	£36,000	£24,000	£13,000	£73,000

*Please note that the figures quoted above relate to a WTE or full time clinical pharmacist. Where the practice employs or make use of a part-time clinical pharmacist, then the contribution will be adjusted pro-rata.*

- III. The financial contribution outlined in the table above is set out in the Enhanced Service.

### 3.2 Training and development

NHS England will ensure the provision of training, education and development of clinical pharmacists and the development of those practices where the clinical pharmacists will be working.

Further details, including the dates when training and development will be available, will be provided to successful providers.

## 4. Requirements of providers of general practice services

In addition to meeting the criteria, there are several requirements of providers:

- I. They will deploy clinical pharmacists as described in the criteria and role descriptions;
- II. They will ensure that clinical pharmacists access the training, education and development provided;
- III. They will ensure that appropriate members of staff participate in any practice development provided;
- IV. They will comply with the reporting requirements and support any evaluation of the scheme. Reporting requirements will be defined in the contract;
- V. NHS England expects that clinical pharmacists as part of this programme will be employed by the providers of general practice medical services. If an alternative model is proposed via an application, NHS England will consider the approach to these arrangements in more detail;
- VI. They must be able to demonstrate the ability to sustain funding throughout the programme and beyond.

## 5. Responsibilities of the provider's primary contact

The main responsibilities of the primary contact for the programme are:

- I. They will be the single point of contact for NHS England should any queries be raised through the application process and the on-going contract delivery across the duration of the programme;
- II. Notifying their NHS England local team of any changes to their site, including changes to the primary contact;
- III. Ensuring that participating practices comply with reporting requirements and participate in the evaluation of the programme;
  - I. Liaising with local teams, as appropriate, to ensure that participating organisations within the site have a signed agreement in place and funding agreed prior to employment of clinical pharmacists;
  - II. Ensuring that communications from NHS England's national and regional teams are distributed to participating practices.

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## 6. Process for applications and approvals

- I. Providers will apply via the on-line Clinical Pharmacist Portal;
- II. There will be a rolling quarterly application process with local and regional panels reviewing applications on a regular basis;
- III. NHS England regional teams will assess applications and decide which will be supported;
- IV. The regional team will arrange review of the applications on a regular basis through a regional panel. At the current time this is quarterly. Any changes to the frequency of approvals will be published on the Clinical Pharmacist portal;
- V. Providers will be notified of the outcomes of the regional panel decision by the local team. Should the application be unsuccessful, the local team will provide details of any improvements that should be made prior to re-submission.

The following detailed guidance is available for providers:

- Guide to completing the application form (Appendix A)
- State of readiness checklist: recruitment stage (Appendix B)
- State of readiness checklist: employment stage (Appendix C)
- Frequently asked questions (Appendix D)

## 7. Contracting and payments

### 7.1 The Enhanced Service and APMS offer

Contracting arrangements will be either via a NHS Enhanced Service and payments to practices will be made via CQRS (or whatever replaces this process in the future), or via an APMS contract where contractors will be paid following submission of an invoice.

The offer will be made to all practices via the NHS England Local Team Directors of Commissioning Operations.

A copy of the Enhanced Service Specification and the APMS contract is available on the Clinical Pharmacist's Portal <https://clinicalpharmacists.england.nhs.uk>

Organisations/networks wishing to apply for this scheme, should ensure that they have read and enter into contract soon after an application has been approved. Once an application has been approved, it is expected that the recruitment of the clinical pharmacist will commence, and that the clinical pharmacists are appointed and working in post as quickly as possible.

Funding will be made available to the contractor once the contracting agreements have been completed.

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## 7.2 Service Level Agreement Template

The BMA have developed a template service level agreement that can be used as the formal agreement between the different partners/organisations that make up a successful application.

The template has been developed to enable adaptation as required. This means that, when using the template agreement, practices and providers must take their own independent legal advice before it is signed by the relevant parties. NHS England will need to have sight of the agreement before it is signed by the parties, as it is inextricably linked to the Enhanced Service Specification.

The template agreement can be found on the BMA website [on the BMA website.](#)

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## Guide to completing the application form

This is guidance to some of the questions NHS England will be asking when completing the online application form via the portal.

### Section 1: About the applicant(s)

#### **The unique name by which the site will be publicly known if successful:**

In this section please identify the official name of the application bid e.g. XY Federation, XY GP Alliance etc. This should be a unique identifying name, so we would ask you to not use anything that cannot distinguish your application from another. For example, `Clinical Pharmacist Phase 2` would not be appropriate. Please see the [list of supported sites](#) for examples of existing names.

#### **Question 1.1: Lead organisation applying**

In this section please identify the leading organisation that is making the application. The lead organisation may or may not also be the employing organisation.

#### **Question 1.2: Please provide details of the organisation(s) that will be signing the Enhanced Service or the APMS contract**

Please ensure all fields are filled out with the correct information.

#### **Question 1.3: Primary contact for this programme**

The main responsibilities of the primary contact are stated in section 5 of this guidance. The primary contact should be able to fulfil all the responsibilities stated. If the primary contact for the programme changes following submission of the application it is important that you notify your NHS England local team - quote your application reference number and the details of the new primary contact. Please ensure all fields are filled out with the correct information.

#### **Question 1.4: Who will be the employing organisation (s) for the clinical pharmacist (s)?**

This refers to the organisations that hold the contracts of employments with the clinical pharmacists. Please ensure all fields are filled out with the correct information. Each organisation will require a new entry.

#### **Question 1.5: Please provide details of the practices that the clinical pharmacists will be working in?**

In this section, please identify each practice that will be part of the application bid. Each practice will require a new entry. Please ensure all fields are filled out with the correct information. Please do not add all the information for all practices into one entry field.

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This must include the employing practice(s) that a clinical pharmacist will be working in. The details and numbers of practices listed here should match the number of practices identified in Q2.3.

**Question 1.6: Details of the partner organisations you are working with to plan for and deliver this service.**

Please state any other organisations, apart from the GP practices that have been included in your response to questions 1.3 and 1.4 that you are working with in relation to this application.

Examples of partner organisations could include Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs) or hospital trusts. If none then you can leave this blank.

**Question 1.7: Have patients been involved in developing this proposal e.g. through your public and patient participation group?**

Please state how the applicant has engaged with registered patients at the practice/s in relation to the programme and housing a clinical pharmacist as part of the general practice team.

**Question 1.8: If successful how do you plan to engage and inform patients at the practice (s) about the roles of clinical pharmacists in general practice?**

As part of the application process you must provide information on how you propose to involve patients and inform them of the role, benefit and use of clinical pharmacists in the practice (s). Please provide as much detail as you can about the methods and channels you will use to engage and inform patients. Please refer to guidance on different approaches that could be taken to integrate clinical pharmacists in general practice.

**Section 2: Recruitment and employment of the clinical pharmacists**

**Question 2.1 Please describe the model which you intend to use to integrate clinical pharmacists into general practice.**

For example, this may be a description of a team-based model, or a model that includes different sites or settings, or a rotational model, or form part of an integrated approach across a primary care network etc.

NHS England recommends that pharmacists should be allowed to work across several practices. Applicants must ensure that the clinical pharmacists spend an enough time in the practices they work across to produce beneficial impact and consistency of clinical services to the public.

With all models it is imperative that:

- All clinical pharmacists are fully integrated members of the general practice multidisciplinary teams;

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- Senior clinical pharmacists and clinical pharmacists must be in clinical patient facing roles in the practice and can support people living in the community including those in care home settings;
- Senior clinical pharmacists and clinical pharmacists have access to other healthcare professionals, 'live' record keeping systems, and admin/office support and training/development opportunities;
- Senior clinical pharmacist and clinical pharmacists must be involved in a review and appraisal process.

Any model that is chosen must be able to demonstrate long term sustainability.

In general, one full-time clinical pharmacist will work 10 sessions per week and a 0.5 WTE clinical pharmacist will work 5 sessions per week in general practice.

### **Question 2.2: How many clinical pharmacists (CPs) and senior clinical pharmacists (SCPs) do you intend to recruit or utilise in this programme?**

This is a question about when you will recruit your clinical pharmacist(s) and not over what period you will employ the clinical pharmacist(s). We therefore should not see an entry for every quarter of the 3-year period.

The number of clinical pharmacists you are considering employing should be based on the 1 WTE to 15,000 population ratios. The number of clinical pharmacists should match Q2.3.

Please also ensure that you correctly identify the Whole Time Equivalent (WTE) using the guidance below:

1 WTE equates to 37.5 hours per week. To find out the WTE of all the clinical pharmacists you wish to employ, you should add of the hours they will be working together and divide by 37.5.

For example:

5 clinical pharmacists working 30 hours each = 150 hours per week  
Divide by 37.5 = 4 WTEs

### **Question 2.3: Will you be deploying additional clinical pharmacists in this programme that will not require funding from NHS England e.g. if you are intending to use a rotational model?**

Please provide details of WTE and headcount of SCPs and CPs.

### **Question 2.4: Please provide details of the settings that the clinical pharmacist (s) will be working in**

Please provide details of all the different settings, for example the settings in your model may include one or more of the following:

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Setting	WTE equivalent
General practice	
Care Homes	
Trust	
Primary Care Network	
Other (please provide details)	

**Question 2.5: For each clinical pharmacist or senior clinical pharmacist please provide details of the number of practices they would be working in.**

Please enter number of practices per clinical pharmacist.

**Question 2.6: Please describe your recruitment plan and timeline of the clinical pharmacists in general practice**

Please state how the applicant plans to recruit the clinical pharmacists in general practice. Please highlight key dates (e.g. when adverts will go out, when interview are planned to take place) for recruitment and when the applicant expects the clinical pharmacists to be employed by. We would recommend that applicant consider the good practice example of a recruitment plan provided in Appendix G.

**Question 2.7: Job description**

Job descriptions for seniors and clinical pharmacists have been developed with key stakeholders nationally and are available here <http://www.pcpa.org.uk/>.

NHS England encourages the role of clinical pharmacists in general practice in alignment with the narrative outlined in this guidance. If you have developed your own job descriptions, please ensure that they fully meet the requirements of this programme role narrative.

**Question 2.8: Describe what supervision and professional networks will be put into place to support the clinical pharmacists in general practice.**

Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces. Please see NHS England guidance on supervision and support network recommendations. Your answer should cover all the different care settings in which the clinical pharmacist will be working (Max 500 words).

NHS England recommends, as a minimum, the following supervision should be in place for clinical pharmacists in general practice:

- Each clinical pharmacist will receive a minimum of 1 supervision session per month by the senior clinical pharmacist;



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- Each senior clinical pharmacist will receive a minimum of 1 supervision session per quarter by a GP clinical supervisor;
- Both clinical pharmacists and senior clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.

**Question 2.9: If you are only requesting clinical pharmacists within your application, please state where your senior clinical pharmacist resource will be provided from**

When providing details of SCP workplace, in circumstances where the senior clinical pharmacist is to be provided from either a Phase 1 or other Phase 2 site, applicants are asked to provide details of the relevant application number. Please note that this refers to the application number of the Phase 1 or other Phase 2 site, and **not** for the number of your current application. NHS England will use this information to check the capacity within that site for the SCP to provide supervision to your current clinical pharmacists.

Applicants need to show that the senior clinical pharmacists that are deployed in supporting the clinical pharmacists funded by this programme meet the requirements and can help deliver the narrative, so that a senior clinical pharmacist who has not worked in primary care, would probably not be appropriate for this programme

NHS England recommends that one senior clinical pharmacist will support five clinical pharmacists. Where applicants are applying for less than the recommended ratio, they would need to consider:

- How supervision and support will be provided to clinical pharmacists in applications that request just for clinical pharmacists only without a senior clinical pharmacist. For example, this could be achieved by utilising existing senior clinical pharmacists in general practice to provide support and supervision to clinical pharmacist's part of the NHS England programme;
- If applicants request is for a senior clinical pharmacist and less than five clinical pharmacists, applicants need to recognise that the senior clinical pharmacist would be shared across a locality to support other clinical pharmacists to facilitate the recommended 1:5 ratio model.

**Question 2.10 If you are using a senior clinical pharmacist from outside of your applicant site, then please provide contact details for the organisation that has approved the arrangements.**

Applicants will need to provide sufficient information to demonstrate that the senior clinical pharmacist (s) fully meet the requirements to ensure appropriate support within this programme.

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## Section 3: About your site

### Question 3.1: Rationale for application.

Please describe the challenges that your practice (s) face that will be eased by this programme, and how it will meet the needs of the local population. For example, your focus may be: access, workload or workforce pressures or recruitment problems etc. Please describe the issues in lay terms. (Max 500 words).

### Question 3.2: Describe the role that the clinical pharmacist(s) will play and how it will change the way your practice(s) operate. How will you work with your practice(s) team to maximise the use of the clinical pharmacists' skills? (max. one page of A4)

Please see guidance on the roles, and the benefits to having clinical pharmacists in general practice in the [clinical pharmacists section on the NHS England website](#) additional resources section on the NHS England website. Please consider the impact it could have on access, patient outcomes, and workforce and workload issues.

### Question 3.3: Describe how the role of a clinical pharmacist will ensure that general practice integrates even further with the wider healthcare system? How will it work in collaboration with wider pharmacy teams (e.g. community or hospital pharmacy)?

Applications must include details on how clinical pharmacists will engage and support the further integration of general practice with the wider healthcare teams locally (e.g. community/hospital pharmacy, community services, hospital services, primary care networks) to help improve relationships, improve patient outcomes, ensure better access to healthcare and optimise general practice workload.

### Question 3.4: What assessment have you made of your ability to sustain funding throughout the three-year programme and beyond?

- Is the model of having clinical pharmacists in general practice sustainable for the future?
- The expectation is that general practices will continue to utilise clinical pharmacists after the 3 years funding from NHS England has ceased.
- How will practice(s) or provider organisations ensure the posts for SCPs and CPs will be maintained once funding from NHS England ceases?
- How would this fit into the general workforce development or business plan for the practice/s or provider organisations?

## State of Readiness Checklist: recruitment stage

Issue	Considerations	Yes/No
Do you have a realistic timescale for recruitment in place?	Many clinical pharmacists will be required to work three months' notice. This may be negotiable but there is no guarantee that less than three months' notice can be given.	
Do you have a robust job description in place?	Please find some example job descriptions and person specification at the Primary Care Pharmacy Association website <a href="http://www.pcpa.org.uk/">http://www.pcpa.org.uk/</a>	
What working models are you prepared to employ?	If different approaches to deploying clinical pharmacists in general practice are being used, how does this work operationally?	
Do the other clinical and support staff in your practice understand the role of the clinical pharmacist?	NHS England has commissioned practice development to help clinical and support staff understand and adjust to the role of the clinical pharmacist.	
Do you have a suitable interview panel in place?	We recommend that you include a pharmacist on your interview panel as they will be aware of the competencies required for this role and be able to guide you regarding comparable learning and experience. Potential interview questions can be found at <a href="http://www.pcpa.org.uk/">http://www.pcpa.org.uk/</a>	
Have you thought about where you will advertise these roles?	e.g. NHS jobs.	
Have you thought about how you will use the advertisement to promote your practice as an attractive place to work?	Include information around what makes your practice a challenging and pleasant place to work. Include local information for those looking to relocate.	
Have you determined the appropriate salary levels for these posts?	NHS England has taken on feedback from the pilot programme and has made an offer to providers that will contribute to the recruitment and employment costs of clinical pharmacists and senior clinical pharmacists.	

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Have you prepared for questions that the interviewees may ask around other employment benefits?	For example, pension, annual leave and relocation allowance.	
Have you thought about how you might approach long term leave?	For example, long-term sickness and maternity leave.	
Are you aware of other timescales impacting on recruitment?		

## State of Readiness Checklist: Employment and starting stage

Please note that different delivery models may require induction across more than one setting e.g. general practice/Trusts/care homes etc.

Considerations	Further information	Yes/No
<p>Appropriate documentation held by practice:</p> <ul style="list-style-type: none"> <li>- Latest copy of CV</li> <li>- Two references</li> <li>- Two copies of proof of identification</li> </ul> <ul style="list-style-type: none"> <li>- Copy of Up to date DBS check</li> <li>- Copy of Immunisation schedule – including hepatitis B and MMR status.</li> <li>- Copy of driving license</li> </ul>	<ul style="list-style-type: none"> <li>- One should include photo identification. Could be need additional need for utility bills (these must include on the bill the employee's name and address and dated within the last 3 months, unless it is a council tax bill, which can be dated within the last 12 months). If there has been a name change and the documents still have the old name on them, you would be required to see a marriage certificate to show both names.</li> <li>- If employees are driving to patient's home/care homes, practices will need copies of their driver's insurance, which covers being able to drive for business (class 1 A car</li> </ul>	

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<ul style="list-style-type: none"> <li>- General Pharmaceutical Council (GPhC) registration number</li> <li>- Confirmation and copies of qualifications e.g. pharmacy degree, prescribing qualification (if prescribing pharmacist)</li> <li>- Copies of additional certificates e.g. Continual Professional Development courses, Basic Life Support training etc</li> <li>- Indemnity insurance confirmation</li> <li>- Does the employee require a visa to work in the UK?</li> </ul>	<p>insurance)</p> <ul style="list-style-type: none"> <li>- Employers must see and take copies of all original documentation</li> </ul>	
<p>Has the employee completed the information governance tool kit?</p>	<p>Ensure the employee has completed all appropriate elements of tool kit.</p>	
<p>Has the pharmacist read appropriate protocols and policies developed by the practice?</p>	<p>Ensure that the pharmacist is up to date with the latest protocols and policies the practice has developed that will benefit them when working as part of the team.</p>	
<p>Confidentially agreement</p>	<p>Any employee in general practice must sign a confidentially agreement before starting.</p>	
<p>Fire hazard training</p>	<p>Has the employee has had appropriate training? Is the employee aware of the exit/assembly points? Ensure the employee has read the health and safety information at the practice</p>	
<p>Safeguarding adults and children training</p>	<p>Is the employee up to date with adult and children safeguarding (level 3) training? Do they know who the primary contact is at the practice? Locally? Out of hours?</p>	

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Room and rota allocation	Will the pharmacist have a room in which they will be working in? Has their rota been uploaded onto the appointment system?	
Registration onto appropriate computer systems/platforms	Has the pharmacist been set up on the computer with username and passwords? Do they have access to the shared record system? DOCMAN? Pathology requesting/reviewing?	
Smartcard registration and assignment	<p>Has the pharmacist got a smartcard? If not, what is the process to get them one locally? If they have a smartcard how do you get it registered to the practice/s the pharmacist will be working in? If the pharmacist is a prescriber, will the role assigned allow them to sign prescriptions?</p> <p>Many CCGs have Registration Authority (RA) leads that be contacted to help with this.</p>	
Prescribing pharmacist	Notifying CCGs that prescribing pharmacists will be working in the practice. In most cases, the pharmacist will need to complete a declaration by non-medical prescriber form or application for admission to the non-medical prescribers list locally. Contact CCG prescribing lead for further information.	

## Frequently asked questions

### 1. What is a clinical pharmacist?

Clinical pharmacists are responsible for areas of chronic disease management and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in residential care homes and those with long-term conditions. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, specific advice for those on multiple medications and better access to health checks.

### 2. How does they differ from other practice staff?

Clinical pharmacists in general practice work as part of the practice team to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. They work alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in care homes and those with multiple co-morbidities. Clinical pharmacists provide specialist expertise in medicines use while helping address both the public health and social care needs of patients at the practice/s. Clinical pharmacists in general practice provide leadership on person-centred medicines optimisation, ensuring the patient population get the best use out of their medicines. Clinical pharmacists have leadership roles in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and patient safety.

### 3. Do all clinical pharmacists prescribe medications? Will they have to undertake qualifications?

Pharmacists are now undergoing training in many areas to become prescribers. They will have had to undergo further and additional training to gain a qualification to prescribe. As part of the General Practice Forward View programme, all clinical pharmacists in general practice are to become prescribers by 2020/21.

### 4. What's the training route?

Clinical Pharmacists are highly skilled registered health professionals whose initial training is one year less than their medical colleagues. They are trained to become specialists in medicines and how they work. As part of the General Practice Forward View programme there will be an education and training pathway that clinical pharmacists will follow to support their continual professional development. All pharmacists are registered with the General Pharmaceutical Council (GPhC) which is the regulatory body for pharmacy professionals.

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**5. Are you just doing this because you can't get GPs?**

No. Clinical pharmacists are highly trained health professionals and their expert knowledge of disease and medicines is already having real benefits in general practice including helping patients to manage, often multiple, medication needs. Having a clinical pharmacist in general practice means that GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

**6. How many clinical pharmacists has NHS England committed to working in general practice?**

NHS England piloted a scheme which means there are currently over 490 clinical pharmacists working in general practice across the country. In addition to this, the General Practice Forward View set out a commitment to get an additional 1,500 clinical pharmacists in to general practice by 2020/21.

**7. Who will fund clinical pharmacists after the programme has ended?**

As part of this programme GP practices and other providers must be able to demonstrate the ability to sustain posts and funding throughout the programme and beyond. We are confident that the benefits that clinical pharmacists in general practice will bring will not only mean a better service for patients, but that it is also financially sustainable. The total money value will be just over £100 million by 2020/21. The employment and recruitment costs of the pharmacists will be co-funded by NHS England across the programme for each pharmacist

**8. If applicants not ready to apply now, will there be opportunities to apply later in the roll out programme?**

Yes, this is a rolling programme with a series of set times throughout the financial year when applications will be reviewed. Deadlines for receipt of applications are available on the NHS England website.

**9. If applicants are not successful initially, will applicants be able to apply again?**

Yes, NHS England will work with those applicants who were not initially successful to improve the application in order resubmit to access to programme.

**10. Will the same level of funding be provided for each clinical pharmacist and each senior clinical pharmacist?**

Yes. This will be based on the WTE of the clinical pharmacist, tapered over 3 years. Further details in section 3.1 of this guide.

NHS England will be providing the same amount of funding to successful applicants for each pharmacist. Practices will need to budget for the difference between NHS England's contribution and the actual costs they incur each year. Recommendations

and further information on GPs considering employing a pharmacist in general practice can be found on the [Primary Care Pharmacy Association website](#).

#### **11. Can a federation apply or employ pharmacists under this scheme?**

Yes. Providers of general practice medical services (general practices, federations and other providers) can apply for this scheme.

#### **12. Could other organisations (e.g. CCGs, Hospital Trusts) apply on behalf of local practices?**

Other organisations (e.g. CCGs, Hospital Trusts) will not be the lead organisation for the application. Joint bids between organisations and local GP practices would be considered provided they follow the key criteria outlined in the guidance document. A key principle being *‘The role of the clinical pharmacists must be clinical and patient facing and will support people living in the community including those in care homes settings’*.

If other organisations are involved (or are employing the clinical pharmacists directly in a joint arrange with the GP practices), it is important that 1) any conflicts of interests are addressed and 2) the narrative of the role expected of the clinical pharmacists in general practice by NHS England is fulfilled.

Speaking to regional and local teams about such bids would be recommended for advice and support.

#### **13. What is the latest date an application could be made which would guarantee securing the full three years’ worth of funding?**

The latest application date is Wave 9 with a closing date of 31 May 2019.

#### **15. How long after a successful application will we have to successfully recruit?**

Upon the announcement of a successful application, providers are expected to commence recruitment immediately and make all reasonable efforts to appoint pharmacists into practices as soon as possible. This will help ensure that the pharmacists are able to gain appropriate and timely access to the education and training, and for practices to access practice development

#### **16. How would employment issues be shared/resolved between participating practices?**

Arrangements around employment and time allocation of the clinical pharmacists would need to be agreed between the practices. We would suggest that practices take employment advice from a qualified legal professional to ensure that the arrangements suit the practice.

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**17. Will extra funding be available for training e.g. towards a prescribing qualification?**

The training and development of clinical pharmacists, including independent prescribing has been procured by Health Education England and practice development procured by NHS England. Access to this training is at no cost to practices or pharmacists. No additional funding is available to cover associated costs such as travel.

**18. Will the employing organisation be responsible for superannuation, pension costs etc?**

The employing organisation will be fully responsible for all employment related costs and liabilities, as with all other employed staff. Practices will need to agree how such costs will be shared between participating practices, and NHS England would suggest that you take employment advice to ensure that you have appropriate arrangements in place.

NHS England is contributing to the costs of recruiting and employing clinical pharmacists and is not responsible for any employments costs or responsibilities.

**20. Who would pay for medico-legal cover for pharmacists in this role?**

Provider organisations, partner practices and pharmacists will be responsible for ensuring that adequate cover is arranged and paid for.

**21. If providers of general practice medical services already employ or have access a clinical pharmacist in general practice, can they apply for the funding?**

NHS England has a commitment to deliver an additional 1,500 clinical pharmacists in general practice by 2020/21. In scenarios where:

- a. Existing clinical pharmacist(s) working in a practice(s) that are part of the NHS England Clinical Pharmacists in General Practice Phase 1 Programme (i.e. the pilot), the practice/s will not be approved for funding for a clinical pharmacist(s) in phase 2. This is because NHS England is already funding a clinical pharmacist to support that practice population.
- b. Practices that have existing clinical pharmacists that are outside of the NHS England programmes but asking for a contribution towards the costs of employment and recruitment or requesting access to training and development, cannot be included in the application.
- c. Where Practices have existing clinical pharmacists that are outside of the NHS England programmes but are requesting additional clinical pharmacists, can be included in the application.

**22. I am already an approved site for Phase 2 so can I apply more clinical pharmacists due to a change in the population ratio?**

Sites that were approved during Phase 2 of the programme, can apply for additional clinical pharmacists. In the first instance, potential applicants are to contact their local DCO team for further information.

## Medicines optimisation in general practice

Many patients depend on medicines to help maintain health, prevent illness, manage chronic conditions and treat disease. Medicines optimisation is about making sure that the right patients get the right choice of medicines, at the right time. It is a patient centred approach to medicines use, aiming to deliver best outcomes and value, underpinned by improved monitoring and review. By focussing on patients and their experiences, the goal is to help patients to i) improve their outcomes ii) take their medicines correctly iii) avoid taking unnecessary medicine iv) reduce wastage of medicine and v) improve medicine safety.

In 2013, the Royal Pharmaceutical Society produced 4 guided principles (see below) to describe medicines optimisation <sup>ii</sup> in practice and the outcomes it is intended to affect. The 7 elements are:

- A patient centred approach;
- Outcome driven;
- Appropriate monitoring and review;
- Aim to understand the patient's experience;
- Evidence-based choice of medicine;
- Ensure medicines use is as safe as possible;
- Make medicines optimisation part of routine practice.

The Managing Medicines in Care Home, NICE guideline (SC1) <sup>iii</sup> published in 2014 sets out clear guidance for how best to optimise medicines involving patients, residents of care homes and carers. The NICE Quality Standard [QS85]<sup>3</sup> published 2015 identifies 6 areas where improvement is required to ensure that a person-centred approach to medicines in care homes is taken:

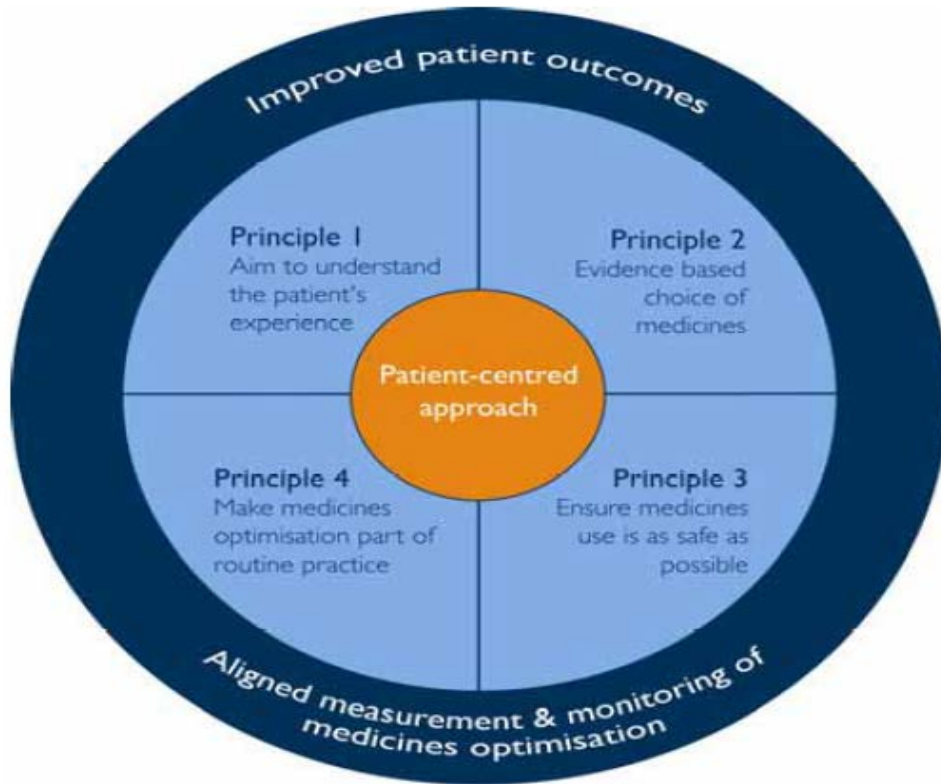
- Record keeping;
- Sharing information;
- Self-administration;
- Prescribing medicines;
- Medication Reviews;
- Covert medicines administration.

Furthermore, the NICE Quality Standard (QS120) <sup>iv</sup> on medicines optimisation was published in 2016 and outlines the expected contribution to improvement in the following outcomes:

- Harm attributable to errors in medication;
- Patient satisfaction with outcomes from the use of medicines;
- Quality of life for people with long-term conditions;
- Preventable mortality;
- Preventable morbidity;
- Life expectancy for people with long-term conditions.

Applicants would need to showcase how clinical pharmacists in general practice will take lead and support the principles and quality standards above.

### Diagram of the Royal Pharmaceutical Society four principles of Medicines Optimisation



## NHS England Clinical Pharmacist – Guidance on Supervision of Clinical Pharmacists

### 1. Principles of Supervision for Clinical Pharmacists

#### 1.1. For all clinical pharmacists, supervision needs to deliver:

- An appropriate induction programme to the local service including resources, systems and people;
- A supportive learning environment which ensures time for individual education is included within service workload;
- Provision and signposting of appropriate learning resources and opportunities within the clinical service informed by an individual learning needs assessment
- Clinical oversight of service delivery in the specific service learning environment to ensure patient safety;
- Clinical oversight of service delivery in the specific service learning environment to ensure learner support;
- 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 work place based assessments;
- Ensuring regular learner feedback to the service environment;
- Pastoral care and ensuring equality of opportunity for the learner locally and regionally.

#### 1.2. Broadly, learning within the programme 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.

### 2. Supervisors/Mentors utilised in the scheme

**2.1. A GP clinical supervisor:** Often also the employer, 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 pharmacist's relationship with the GP supervisor may be like a vocational apprenticeship.

The GP clinical supervisor will:

- help pharmacists integrate into the GP practice;
- develop the role in the practice and undertake assessments;

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- 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.
- 2.2 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 be able to oversee appropriate management guidance and professional development. The senior pharmacist will have been qualified for at least 5 years and will have worked in general practice; they can advise the GP supervisor and bid sites to ensure appropriate clinical work and clinical pharmacist role development. In future, as GP practices coalesce in to larger organisations, the senior pharmacist is still clinically active but likely to have a more managerial role, defining the service and the roles of other clinical pharmacists.
- 2.3 A **CPPE (Centre of Postgraduate Pharmacy Education<sup>1</sup>) 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.
- 2.4 A **clinical mentor appointed by CPPE**– a separate clinical pharmacist working in or with experience of primary care who can confidentially provide pastoral support for clinical pharmacist learners. The clinical mentor role will provide:
- individual, pastoral support to senior clinical pharmacists;
  - group mentoring for several pharmacists in a bid site;
  - individual, pastoral support for individual Pharmacists Requiring Additional Support (PRAS).

The clinical mentor will aim to 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.

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

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Distribution of Supervision functions				
Supervision function	GP clinical supervisor	Senior Clinical Pharmacist	CPPE Educational supervisor	Mentor
Educational induction			Lead	
Service induction programme	Lead			Support
Ensuring a supportive learning environment	Lead	Support		
Provision of appropriate learning resources	Lead (Practice)		Lead (Programme)	
Oversight of service delivery - patient safety	Lead	Support		
Oversight of service delivery - learner support	Lead	Support		Support
Increasing learner autonomy	Support		Lead	
Supporting curriculum coverage	Support	Support	Lead	
Completion of work place assessments	Support		Lead	
Securing learner feedback within service	Support		Lead	Support
Ensuring professional development and opportunity	Support	Lead	Support	Support
Pastoral care	Support	Lead		Support

2.6 Within the employing organisation the employer will:

- manage poor performance through appraisal;
- manage performance concerns by increasing the frequency of review meetings and providing more intensive supervision and monitoring of progress.

### 3. Practical aspects of supervision for clinical pharmacists in the NHS England

3.1. Use of technology such as Skype for business or secure NHS messaging to provide a more flexible model of supervision should always be within an NHS system to conform to information governance (IG). The learner should have the opportunity to use this resource confidentially with the respective supervisor but also enter elements of the discussion in to their own learning portfolio.

3.2. From the above role descriptions:

- The **GP clinical supervisor** must have intimate knowledge of the working environment and the service and be instantly contactable. Initially they will

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need to be on the premises, but as confidence grows, could be remotely available providing this is almost instantaneous; this could be for example via a confidential Skype for business link including messaging, face to face conferencing and desktop/presentation sharing.

- The **senior clinical pharmacist** does not need to be in the working environment but needs to have knowledge and experience of working in general practice. They do not need to be in the same geographical site; senior clinical pharmacists will understand the developing role such that they can provide guidance or intercede to mitigate any conflicts between workload and service demands and those of the learner or the bid site. Preferably we would want the senior clinical pharmacist to offer face to face support at agreed intervals for all clinical pharmacists where possible. The senior clinical pharmacist needs to be relatively available and to have the facility for instant messaging within the NHS IG system to support clinical pharmacists when needed. Arrangements can include:
  - a. Using pilot phase 1 senior clinical pharmacists to support other clinical pharmacists across a locality;
  - b. Using senior clinical pharmacists allocated in the phase 2 programme to support other clinical pharmacists across the locality by joining bid sites and networks;
  - c. Using existing senior clinical pharmacists outside of NHS England programmes to support other clinical pharmacists across a locality;
  - d. Secure remote NHS connections such as Skype for business can be used where feasible.
- The **CPPE educational supervisor** does not need to be local or indeed have rapid access. NHS Email/phone connections can be used – but the communication link would be enhanced using video conferencing/secure messaging.
- The **clinical mentor** also does not need to be immediately available or local, and will use standard communications tools such as email, face to face visits and Skype.

3.3 Finally, bid sites and clinical supervisors should be supported by local training hubs or community education provider networks.

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### Example of a Recruitment Plan and Timeline

This example of a recruitment plan and timeline has been constructed as a checklist for the specific events that need to take place within the recruitment and selection process of a clinical pharmacist in general practice.

**Example:** To recruit one WTE clinical pharmacist to work across 3 medical centres that have agreed to work together to support the integration of alternative practitioners into general practice to develop an extended holistic service for the patient population.

	ACTIVITY	NOTES	PLANNING	DEADLINE DATES
1	Practice Managers meet to work up recruitment plan and associated documentation	Draft following: Recruitment Plan Job Description Person Specification Advertisement Contact details for candidates requiring further information	20 <sup>th</sup> July 2017	
2	Submission of recruitment plan to NHSE		24 <sup>th</sup> – 26 <sup>th</sup> July 2017	27 <sup>th</sup> July 2017
3	Prepare details of role	Finalise job description and person specification		28 <sup>th</sup> July 2017
4	Appoint interview panel	1 GP and 1 Practice Manager from each practice	30 <sup>th</sup> August 2017	1 <sup>st</sup> September 2017
5	Upload Vacancy and details onto NHS jobs website			31 <sup>st</sup> August 2017
6	Vacancy advert closes			25 <sup>th</sup> August 2017
7	Shortlisting	Practice Manager from each site to shortlist.	30 <sup>th</sup> August 2017	31 <sup>st</sup> August 2017

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	ACTIVITY	NOTES	PLANNING	DEADLINE DATES
		Scoring process to ensure candidates meet criteria Shortlist of candidates to be shared with each practice		
8	Interview preparation	Invitations sent out Notification to unsuccessful candidates	30 <sup>th</sup> & 31 <sup>st</sup> August 2017	1 <sup>st</sup> September 2017
9	Interviews	Afternoon and evening interviews Presentations will be required from candidates		14 <sup>th</sup> September 2017
10	Decision making	At end of interview day Should the panel decide that there needs to be a final shortlisting process, then this will be agreed by the practices and a date for final interview be drawn up.		14 <sup>th</sup> September 2017
11	Conditional offer made	Successful candidate contacted by telephone with outcome		15 <sup>th</sup> September 2017
12	Conditional offer accepted	Successful candidate will be required to confirm or decline acceptance by 22.09.2017		Decision required by 22 <sup>nd</sup> September 2017
13	References requested	Once confirmation received references will be required from 2 referees		25 <sup>th</sup> September 2017
14	References and DBS checks cleared	Successful candidate will be expected to provide an		6 <sup>th</sup> October 2017

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	ACTIVITY	NOTES	PLANNING	DEADLINE DATES
		up to date DBS Check to support references		
15	Formal offer of position and start date agreed	Dependent on response times of item 13 & 14 Letter will be sent out to successful candidate stating terms and conditions and start date		9 <sup>th</sup> October 2017
16	Anticipated notice period of successful candidate	Dependent on successful candidate's previous employers 4 – 12 weeks		Anticipated notice period of successful candidate
17	Earliest start date			6 <sup>th</sup> November 2017

The practice managers from the organisations concerned will remain in email and telephone contact throughout the entire process of recruitment, and will continue to work closely together to ensure the successful candidate is supported in all areas.

### Useful information

- a. [Medicines Optimisation - helping patients make the most of medicines](#)
- b. [Managing medicines in care homes](#)
- c. [Medicines optimisation](#)
- d. [Information about the Centre of Postgraduate Pharmacy Education](#)

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### References

<sup>i</sup> [Modernising Pharmacy Careers Programme: Review of pharmacist undergraduate education and pre-registration training and proposals for reform. Report to the Medical Education Board. April 2011](#)