General Practice Forward View (GPFV) – Clinical pharmacists in general practice roll out programme

Example application form

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| **This is an example application form**  **Guidance on how and when applicants can apply can be found** [**https://www.england.nhs.uk/gp/gpfv/workforce/cp-gp/**](https://www.england.nhs.uk/gp/gpfv/workforce/cp-gp/) |
| **For any queries please contact:** [england.clinicalpharmacyenquiries@nhs.net](mailto:england.clinicalpharmacyenquiries@nhs.net) |

**Reference Number**

This is automatically generated by the portal and should be referenced in all correspondence.

**Unique name by which the site will be publicly known if successful.**

(Examples of site names can be found here [list of supported sites](https://www.england.nhs.uk/publication/clinical-pharmacists-in-general-practice-pilot-sites/)).

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

* 1. **Lead organisation applying**

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| --- | --- |
| **Lead organisation name:** |  |
| **Type of organisation:** |  |
| **Registered address:** |  |
| **Registered postcode** |  |

**1.2 Please provide details of the organisation(s) that will be signing the Enhanced Service (practice or lead practice) or the APMS (for Federations) contract.**

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| --- | --- |
| **Practice or federation name:** |  |
| **Organisation type:** |  |
| **Lead contact:** |  |
| **Email of lead contact:** |  |
| **Practice OD code (where applicable)** |  |
| **Address (including postcode)** |  |

**1.3 Primary contact for this programme.** (Who should we contact if we have any questions about the application?)

|  |  |
| --- | --- |
| **Full name:** |  |
| **Job title:** |  |
| **Address:** |  |
| **Organisation:** |  |
| **email:** |  |
| **Telephone:** (Office)  (Mobile) |  |

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

|  |  |
| --- | --- |
| **Organisation name:** |  |
| **Practice OD number**  **(where applicable):** |  |
| **Type of organisation:** |  |
| **Registered address:** |  |
| **Practice list size (where applicable)** |  |

**1.5 Please provide details of the practices that the clinical pharmacists will be working in.**

|  |  |
| --- | --- |
| **Practice name** |  |
| **Practice OD number** |  |
| **Registered address:** |  |
| **Practice list size (where applicable)** |  |
| **Practice CCG** |  |
| **Already employs a clinical pharmacist?** |  |
| **Further employment details of the current clinical pharmacist** |  |

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

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| --- | --- | --- | --- |
| **Named individual and role** | **Name of partner organisation** | **Organisation type** | **Role within the programme** |
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**1.7 Have patients been involved in developing this proposal e.g. through your public and patient participation groups?**

**Please tick Yes No**

**If yes, please state how (max. 300 words):**

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**1.8 If successful how do you plan to engage and inform patients at the practice(s) about the roles of the clinical pharmacists in general practice? How will you prepare them for this new way of working?**

**(max. 300 words)**

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

**2.1 Please describe the model which you intend to use to integrate clinical pharmacists into general practice referencing other settings that the clinical pharmacist may be working in**

**(max. one page A4)**

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**2.2 How many clinical pharmacists and senior clinical pharmacists do you intend to recruit and when do you plan to recruit them?**

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| --- | --- | --- | --- |
|  | **Number** | **Quarter in which to be recruited** | |
|  | **Quarter** | **Year** |
| **Senior Clinical Pharmacist** | | | |
| Number |  |  |  |
| WTE |  |  |  |
| **Clinical Pharmacist** | | | |
| Number |  |  |  |
| WTE |  |  |  |

**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 tick Yes No**

**If yes please provide details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number** | **WTE** | **Headcount** |
| **Clinical pharmacist** |  |  |  |
| **Senior clinical pharmacist** |  |  |  |

**2.4 Please provide details of the settings that the clinical pharmacists will be working in.**

|  |  |  |
| --- | --- | --- |
| **Setting** | **WTE** | **Headcount** |
| General practice |  |  |
| Care homes |  |  |
| Trust |  |  |
| Primary Care Network |  |  |
| Other (please provide details below) |  |  |

**Other (max. 300 words)**

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

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| --- | --- | --- |
| **Clinical pharmacist or senior clinical pharmacist** | **WTE** | **Number of practices** |
|  |  |  |

**2.6 Please describe your plan, including timeline, for the recruitment of the clinical pharmacists in general practice (max. 500 words).**

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**2.7 Job Description**

**Job descriptions and person specifications for clinical pharmacists and senior clinical pharmacists are available here** <http://pcpa.org.uk/assets/documents/gp_guide.pdf> -

**However, if you have adapted and developed your own job descriptions and/or person specifications please attach a copy to this application form.**

Please tick the box below if you have attached alternative job description(s) and/or person specification(s):

**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)

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**2.9 If you are only requesting funding for clinical pharmacists within your application, please provide details of where your senior clinical pharmacist resource will be provided from? (max. 500 words)**

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| **Number of senior clinical pharmacists (SCPs)** | | **Details of SCP workplace**  Where the senior clinical pharmacist is to be provided from either a Phase 1 or **other** Phase 2 site, please provide details of the relevant application number. | **Experience (please refer to Section 2 of the guidance)** |
| **WTE** | **Headcount** |  |  |
|  |  |  |  |

**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.**

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| --- | --- | --- | --- |
| **Organisation** | **Contact name** | **Contact email address** | **Contact telephone number.** |
|  |  |  |  |

**Section 3: About your site**

**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, access, workload or workforce pressures or recruitment problems etc. Please describe the issues in lay terms. (max. 500 words).

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**3.2 Describe the role that the clinical pharmacist(s) will play and how it will change the way your practices operate? How will you work with your practice team to maximise the use of the clinical pharmacists’ skills? (max. 500 words)**

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**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, hospital pharmacy etc (max. 300 words)**

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**3.4 What assessment have you made of your ability to sustain funding throughout the three-year programme and beyond? (max. 250 words)**

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**Section 4: Submit your application**

**Applicants will be required to have appropriate indemnity insurance arrangements in place when the clinical pharmacists are in post.**

**For any enquiries please email** [england.clinicalpharmacyenquiries@nhs.net](mailto:england.clinicalpharmacyenquiries@nhs.net)

**To complete this application please confirm the following statement and click the `Submit` button below.**

**I confirm that the information provided within this application is complete and accurate:**

**Please tick Yes No**

**FOR COMPLETION BY LOCAL TEAMS**

**Comments on the application**

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**Decision of the Local Team**

(this will be a drop-down box)

**Name of Completing Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR COMPLETION BY THE REGIONAL TEAM**

**Comments on the application**

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**Decision of the regional panel:**

**Name of Completing Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**