



## JOB DESCRIPTION

#### **PCN Clinical Pharmacist**

FedBucks is a federation of 45 GP practices covering a population of over 485,000 patients across Buckinghamshire. We began in 2016 and now employ around 200 members of staff across our head office sites, and our planned and unplanned care services.

As a GP Federation, we are proud to represent our member practices and to champion primary care by working with local general practice and system partners in the provision of community-based healthcare services. We are dedicated to providing safe and compassionate care to our patients across our range of planned and unplanned healthcare services in Buckinghamshire, and believe in continuous commitment to quality service delivery and positive patient outcomes.

Patients are at the heart of everything we do, and we pride ourselves in ensuring our patients feel safe, supported, communicated with and respected, at a time when they may be feeling vulnerable. Our vision is to provide high quality, seamless health care that enables people to lead healthier lives, whilst feeling supported and cared for.



JOB TITLE: Clinical Pharmacist

**HOURS:** 37.5 – Monday to Friday including evenings

and Saturday mornings

**LOCATION:** Mid Chiltern Primary Care Network

SALARY: Band 7 £38,890 - £44,503

## **Job Summary**

### **Primary Duties and Areas of Responsibility**

- Clinical pharmacists will work 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.
- ii) They will be prescribers, or will be completing training to become prescribers, and will work with and alongside the general practice team. They will take responsibility for the care management of patients with chronic disease and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP Stop Over Medication Programme).
- iii) They will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients in the PCNs practices and to help tackling inequalities.
- iv) Clinical Pharmacists will provide leadership on person centered medicines optimization (including ensuring prescribers in the practices conserve antibiotics in line with antimicrobial stewardship guidance) and quality improvement, whilst contributing to the quality and outcomes framework and enhanced services. Through structured medication reviews, clinical pharmacists will support patients to take their medicines and to get the best from them, reduce waste and promote self-care.
- v) Clinical pharmacists will have a leadership role in supporting further integration of general practices with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and to help manage general practice workload. The role has the potential to significantly improve quality of care and safety for patients.
- vi) They will develop relationships and work closely with other pharmacy professionals across Primary Care Networks and the wider health and social care system
- vii) Clinical pharmacists will take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties) liaison with community pharmacists and anticoagulation.
- viii) All clinical pharmacists will be part of a professional clinical network and will have access to appropriate clinical supervision as outlined in the Network Contract DES guidance. As the



number of clinical pharmacists working in PCNs increases, this should be on a ratio of one senior clinical pharmacist to five junior clinical pharmacists, and in all cases appropriate peer support and supervision must be in place.

Patient facing long-term condition clinics See (where appropriate) patients with single or

> multiple medical problems where medicine optimisation is required (e.g. COPD, asthma). Review the on-going need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines taking ensuring they get the best use of their medicines (i.e. medicines optimisation). Make

> appropriate recommendations to Senior Pharmacists or GPs for medicine improvement.

Patient facing clinical medication review Undertake clinical medication reviews with

patients and produce recommendations for senior clinical pharmacist, nurses and/or GP on

prescribing and monitoring.

Patient facing care home medication reviews Undertake clinical medication reviews with

patients and produce recommendations for the senior clinical pharmacist, nurses or GPs on prescribing and monitoring. Work with care home staff to improve safety of medicines

ordering and administration.

Patient facing domiciliary clinical medication Undertake clinical medication reviews with review

patients and produce recommendations for the senior clinical pharmacists, nurses and GPs on prescribing and monitoring. Attend and refer

patients to multidisciplinary case conferences.

Management of common/minor/self-limiting Manage caseload of patients with

> common/minor/self-limiting ailments while working within a scope of practice and limits of

competence.

Signpost to community pharmacy and refer to GPs or other healthcare professionals where

appropriate.

Patient facing medicines support Provide patient facing clinics for those with

medicines queries.

Provide a telephone help line for patients with **Telephone medicines support** 

questions, queries and concerns about their

medicines.

Medicine information to practice staff and Answer relevant medicine-related enquiries

patients from GPs, other practice staff, other healthcare

ailments



teams (e.g. community pharmacy) and patients with queries about medicines. Suggest and

recommend solutions.

Provide follow up for patients to monitor the

effect of any changes.

**Unplanned hospital admissions** 

Review the use of medicines most commonly associated with unplanned hospital admissions and readmissions through audit and individual

patient reviews.

Put in place changes to reduce the prescribing of these medicines to high-risk patient groups.

Management of medicines at discharge from hospital

Reconcile medicines following discharge from hospitals, intermediate care and into care homes, including identifying and rectifying unexplained changes and working with patients and community pharmacists to ensure patients receive the medicines they need post discharge. Set up and manage systems to ensure continuity of medicines supply to high-

risk groups of patients.

Signposting

Ensure patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time.

Repeat prescribing

Produce and implement a practice repeat

prescribing policy.

Manage the repeat prescribing reauthorisation process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates and flagging up those needing a review. Ensure patients have appropriate monitoring tests in place when

required.

**Risk stratification** 

Identify cohorts of patients at high risk of harm from medicines through pre-prepared practice computer searches. This might include risks that are patient related, medicine related, or

both.

Service development

Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components.



**Information management** Analyse, interpret and present medicines data

to highlight issues and risks to support

decision- making.

Medicines quality improvement Undertake clinical audits of prescribing in areas

directed by the Accountable Clinical Director (ACD) for the network, feedback results and implement changes in conjunction with the

ACD.

Medicines safety Implement changes to medicines that result

from MHRA alerts, product withdrawal and

other local and national guidance.

Implementation of local and national

guidelines and formulary

recommendations

Monitor practice prescribing against the local

health economy's RAG list and make

recommendations to GPs for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs). Assist practices in seeing and maintaining a practice formulary that is hosted on the

practice's computer system. Auditing practice's

compliance against NICE technology

assessment guidance. Provide newsletters or bulletins on important prescribing messages.

Education and Training Provide education and training to primary

healthcare team on therapeutics and

medicines optimisation.

Care Quality Commission Work with the general practice team to ensure

the practice is compliant with CQC standards

where medicines are involved.

Public health Support public health campaigns. Provide

specialist knowledge.

# **Person Specification**



Education /	Masters Degree in Pharmacy (MPharm) or equivalent
Qualifications /	Registered with GPhC
Experience	Member of RPS
ZAPONONO	Specialist knowledge through a Postgraduate Diploma
	and qualifications (eg clinical, community,
	therapeutics) or equivalent
	Evidence of recent and relevant Continuing
	Professional Development
	Independent prescriber status or a commitment to
	undertake the course
	At least 2 years post registration experience in a
	hospital, community or general practice setting
	Experience of undertaking medication or medicine
	use reviews, and patient counselling
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	<ul> <li>Experience of working with clinicians and multidisciplinary/multiagency work</li> </ul>
	Experience of facilitating change to improve clinical practice
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	Experience of delivering training sessions to varied groups
	groups
	Experience in undertaking clinical audit
Skills and Knowledge	Capacity to be innovative and develop the role of a
	practice pharmacist
	Effective interpersonal, communication (both written)
	and oral) presentation and influencing skills
	Ability to work with a range of clinical and non-clinical
	personnel as part of a team
	Ability to communicate medicines and service-related
	information to decision makers at all levels and have
	advice challenged
	Ability to work independently and effectively with a
	high degree of motivation for long periods
	Ability to prioritise and work to deadlines, often with
	frequent interruptions and urgent requests
	Ability to motivate people and facilitate change
	Ability to define, collate, analyse and interpret data
	<ul> <li>Able to utilise databases and information technology,</li> </ul>
	including word processing, spreadsheets and
	presentation packages effectively
	Ability to communicate information to patients and
	carers in an appropriate manner, using well
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	<ul> <li>Ability to deal with occasionally distressing or emotional circumstances, including contact with terminally ill patients and their carers or relatives</li> <li>Accepts responsibility for own work with freedom to take action based on own interpretation of broad clinical/professional policies</li> <li>Knowledge of issues regarding the protection of vulnerable adults and children, frail elderly and those with dementia</li> <li>Knowledge of medicines management issues across primary, acute and domiciliary care settings including strategies for the improvement of prescribing</li> <li>Understanding and appreciation of National and local policies which impinge on primary care prescribing</li> <li>Understanding of the current issues facing primary care team.</li> <li>Understanding of the principles of clinical governance and how these apply in the broader arena</li> <li>Understanding of personal health and safety responsibilities</li> <li>An understanding of prescribing budgets and financial</li> </ul>
Personal Attributes	<ul> <li>Professional approach to work demonstrating excellent interactive patient skills. Guided by professional code, accountable and responsible for own professional actions</li> <li>Ability to gain the confidence and credibility of a range of professionals</li> <li>Able to work under pressure and prioritise tasks to ensure urgent work is completed on time</li> <li>Able to engage rapidly with existing stakeholder and networks</li> <li>Builds credibility (personal and organisational) and rapport quickly</li> <li>Able to communicate effectively and engage with individuals from other agencies, including patients and the public</li> <li>Ability to travel between sites in a timely manner if required.</li> </ul>