Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care System (ICS)

How To Guide

Integrating Clinical Pharmacists into Primary Care Networks

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Contents

Foreword from NHS England (NHSE): A briefing for Primary Care Networks

An Introduction to PCNs and what a clinical pharmacist role looks like in a team

Primary care networks (PCNs) will be responsible for delivering joined-up health and social care services through multi-professional teams to patients in the community. This will involve pharmacy professionals from all sectors, working collaboratively. Community pharmacy providers will need to find a way to work more closely with each other locally, to enable PCNs to engage effectively with the sector. In addition to their existing teams, GPs will have access to new funding to employ healthcare professionals such as clinical pharmacists, social prescribing link workers, physiotherapists, paramedics and physician associates. under the new Network Contract Directed Enhanced Service (DES).

The numbers of clinical pharmacists will be expanded and, by 2023/24, a typical PCN of 50,000 patients could choose to have its own team of approximately six whole-time equivalent (WTE) clinical pharmacists. A dedicated team will make it possible to create varied and tailored roles, which will be primarily patient facing and clinical in nature:

- Undertaking structured medication reviews
- Improving medicines optimisation and safety
- Improving antimicrobial stewardship
- Supporting care homes
- Running practice clinics
- Linking in with pharmacist colleagues in other sectors.

Teams of clinical pharmacists will be supervised by a senior clinical pharmacist, and through this model it will be easier to support pharmacist professional and career development at a network rather than practice level. Clinical pharmacists in PCNs will be working in a consistent way across the country and all will complete the 18-month additional training requirement.

The role will operate at the level of a PCN, as part of a multidisciplinary team, and pharmacists will see patients wherever it makes sense. It may be in a patient's own home or in a care home or GP surgery. It will provide a focal point for collaborative working across the different pharmacy providers including hospital, mental health and community pharmacy.

References & Resources:

1. NHSE PCN Briefing Pharmacy Teams

The Role of a Pharmacist - Network Contract Specification

From April 2020-2021, the network contract will be co-designed and finalised as part of the GP contract. Many of these seven key areas will include direct integration and support from the PCN pharmacist, and others will require collaboration with community services and pharmacies to deliver.

1) Structured medications review and optimisation
2) Enhanced Health in Care Homes
3) Anticipatory care (requirements for high-need patients, joint with community services)
4) Personalised care
5) Supporting early cancer diagnosis
6) CVD prevention and diagnosis
7) Locally agreed action to tackle inequalities

Key Objectives of a PCN pharmacist

The PCN pharmacist role is expected to carry out the following essentials, defined by NHSE. The post for PCN pharmacists are clinical and patient facing:

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

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

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

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

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

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

References and Resources:

1. PCN Briefing for Pharmacy Teams

The PCN Model of Working

The vision for a PCN pharmacist is clearly articulated by NHS England as being a focal point between the population of the surgeries in the PCN and also be a link between the hospital, mental health and community pharmacy sectors. A number of methods could be deployed to ensure the pharmacist is impacting the 30,000-50,000 population.

The recommendations below are based on the feedback received from the NHS England pilot by clinical pharmacists and surgeries. Pharmacists were employed as part of the pilot with a similar population size and shared with multiple surgeries. Based on feedback from the pharmacist in BLMK and the surgeries, we would recommend the following method is applied:

- The pharmacist is employed by one PCN practice - to address clear accountability HR and payroll.
- The same practice is responsible for training and allocated mentor. This allows a central point of call for the pharmacist development and regular meetings.
- The pharmacist holds clinics in one location for the whole PCN: by having a central practice it can allow training and building of relationships with the other health-care professionals. The pharmacist can remotely review and call in the patients, whose clinics should be bookable by the other practices.
- The first 18 months any additional focus of policies and audits should be directed towards one of the practices as it can be overwhelming to navigate and make an impact on a larger scale when still training.
- The PCN pharmacist is working over a larger population therefore focus is on the key objectives as mentioned above. Any additional tasks listed in appendix C1 and C2 are additional to the network specifications suggested by NHS England
- The case study of the ideal day highlights the role of a clinical practice based pharmacist, which may vary from a PCN pharmacist

References and Resources:

1. Contract Specifications
2. Different models of working in a PCN and employment specifications

Checklist for Employing a Pharmacist

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

References and Resources:

1. Pre-Recruitment Checklist (Appendix A)

2. PCN Recruitment Documents (& Appendix B)
3. Induction and Training Timeline & Checklist (Appendix C)
4. Training Needs Analysis (Appendix D)

Job Details

The Pharmacist sample job description is based around the NHS-England guidance of what is expected of a PCN pharmacist. As the role progresses after the two years of training, into an advanced PCN pharmacist, it can be tailored to the requirements of your PCN and population. It is important to factor in that 70% of the role is expected to be patient facing - This would include face to face clinical reviews.

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

References and Resources:

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

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

Education and Training

Training requirement

The 18-month training programme will ensure competence and confidence to consult directly with patients, working in a multi professional team. The Centre for Pharmacy Postgraduate Education (CPPE) has developed the Primary care pharmacy education pathway to align the education requirements of the pharmacists with the NHS Long Term Plan and the primary care Network Contract Directed Enhanced Service.

Pharmacists who are already enrolled on the *Clinical pharmacists in general practice education* pathway will continue with this but any new applicants employed through the NHS England 'Clinical Pharmacists in General Practice' programme or the primary care Network Contract Directed Enhanced Service will join the *Primary care pharmacy education pathway (PCPEP).*

Supported to become independent prescribers

Most pharmacists will not have qualified as prescribers already. As part of the scheme, the prescribing course will be fully funded by HEE. A list of approved university providers to carry out the course will be provided. It will be integrated within the pathway of CPPE and therefore take the total training time to 24 months. Aim to agree an area of scope for the independent prescribing to begin with which is tailored to the needs of the PCN. This could be based on the population or skill mix you currently have. It will also be important to take into account the interests of the pharmacist and make a joint decision.

The first cohort booking is open September 2019 for pharmacists enrolled in the Clinical Pharmacists in General Practice programme or recruited into post through the Primary Care Network Contract DES.

References and Resources:

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

Supervision & Support

Clinical Supervision

The practice is required to appoint one GP who can mentor and guide the clinical pharmacist with any questions and meet regularly to discuss progress and assessments. Similar to a registrar, day to day support can be given by a duty doctor or another GP. It is highly recommended to plan in regular debriefs after clinical sessions (similar set-up to a registrar or a placement GP). You are not required to be a training practice in this instance.

Senior Supervised Pharmacist

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

CPPE Tutor

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

Designated Medical Practitioner

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

References and Resources:

1. Clinical Supervision Handbook
2. General Practice Pharmacist Training Pathway
3. Training Needs Analysis

Interview with a Clinical Pharmacist and GP

Please explain the recruitment process?

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

What does a typical day look like for you?

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

What areas are you championing?

The area that I love is asthma – as a pharmacist I feel that there is so much a pharmacist can offer both in primary and community care. As a pharmacist I feel that we all look at medication holistically. As pharmacists, we are Champions of medicine optimisation and deprescribing. For example, if patient comes in for a specific reason such as asthma I will try and review all medication or re-book if needed and as appropriate.

This benefits the patient by getting a full review so they don't have to come back so often saving appointment times and the patient times, medication and repeats are synchronised and optimised. Patients benefit by having a different type of skill-mix in the surgery that complements other roles!

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

I was fortunate to receive 1 hour mentoring per week in the early years of working in practice to discuss various conditions, guidelines, practicing diagnostic skills and started looking at urgent care. The practice has been very supportive and all the GP's, Nurses, registrars and receptionists were on hand for any questions or queries.

Having mentors have been invaluable and have allowed to increase my scope and abilities to be able to then support the GPs. Currently at the moment I don't have a named mentor but instead have the whole team to call on depending on my learning need which is working really well. I'm sure this will change as my learning needs change – It's important for us all to adapt to the workload and needs of the patient and practice.

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

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

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

Interview by lead GP

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

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

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

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

Appendices

Appendix A: Pre-Recruitment Checklist

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

High priorities people look for when selecting a practice – sell your practice benefits!

- A safe and supportive environment
- A willingness to be flexible
- Prior knowledge of the practice
- A financially stable practice
- A forward thinking practice
- A stable workforce and good staff morale
- Premises in a convenient location

Top Tips for Practice Recruitment

1. Make the advert about what the applicant wants, not about what the practice needs.
2. Be prepared to be as flexible as you can – you may end up with exactly what you want.
3. Highlight what makes your practice different rather than just the "vital statistics" of the practice.
4. Promote the local area.
5. Design an advert that is easy on the eye.
6. Plan how to respond to interest.
7. Think about the impression of the practice you want to promote.
8. Use different methods to advertise including social media.

Appendix B: Sample Job Description

PCN Pharmacist Purpose of the role:

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

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

Overview of Role Specifics

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

References and Resources:

PCN Sample Recruitment Docs:

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

Appendix C1: Induction and Training Timeline

Pharmacist Induction and Training Timeline

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

Appendix C2: Induction and Training Checklist

Pharmacist Induction and Training Checklist

0 – 3 Months	• Follow Induction Checklist	
	• Undertake Learning Skills Assessment / Training Needs Analysis (see App D)	
	• Map training required – identify training days, times to shadow GPs, other pharmacists, IT training, Audit training etc.	
	• Blood Monitoring	
	Medical Reviews • Clinical medication reviews with recommendations to the GP and monitoring requirement. Polypharmacy reviews - pro-actively searching for patients on 20+,15+ and 10+ medicines. Starting from 1 month. 70% to be patient facing clinics, starting with longer appointments and reducing to 20 minutes after 3-4 months. Debriefs after every session. • Screening tools to use for reviews: For the frail elderly, polypharmacy, renal impairment, hepatic impairment, substance misuse, patients on high-risk medicines – 1. **STOPP** (screening tool for older people's potentially inappropriate prescriptions) 2. **START** (screening tool to alert doctors to right / appropriate treatments) identified patients	
	Recurrent hospital admissions • Managing the repeat prescribing reauthorisation process by reviewing requests for repeat prescriptions and medicines reaching review dates	
	Care Home Reviews • Getting an understanding of conducting poly-pharmacy and care home reviews on patients. • Meeting the care home team pharmacist and stakeholders • Recommendations to GP's on basic reviews, reviewing repeats, and drug monitoring that is not up to date. • Working with surgery and care home team on ordering and administration of medicines.	
	Management of discharges from hospital and clinics • To reconcile medicines following discharge from hospitals, intermediate care and into care homes, including identifying and rectifying unexplained changes manage these changes without referral to a GP. • Clinical medication review - post discharge care plan, overseeing dose titration and booking of follow up tests. • Communicating with patients and community pharmacists to ensure patients receive the medicines they need post discharge	
	Risk Stratification • Identification of cohorts of patients at high risk of harm from medicines through pre-prepare practice computer searches. This might include risks that are patient related medicine or both. • Medicines Optimisation Strategy.	
	Public Health • Help with public health campaigns, including flu vaccinations, and adult immunisation programmes. • To devise and manage public health campaigns to run at the practice	
	Medicines information to practice staff and patients • Answer medicines related questions from GP, staff and patients with queries about medicines, including drug shortages. • Answer medicines related questions from GP, staff and patients with queries about medicines, including drug shortages.	

3 – 6 Months	**Audits** • Performing and presenting audits to the surgery for each surgery, and also focusing of antimicrobial stewardship.	
	Drug Safety • Conducting Audits of blood monitoring, drug safety, leading entire PCN on areas such as Eclipse Radar, outstanding and high-risk patients not monitored. Having clear protocols on drug safety. PINCER review www.nottingham.ac.uk/pincer/pincer.aspx • QOF Medication safety review www.ardens.org.uk/	
6 – 9 Months	**Specialist Area Review** • Considering areas of Independent prescriber, having a discussion on which area of practice is both beneficial to the PCN looking at the population needs and an area of interest to the pharmacist.	
	Specialist Reviews • Medication reviews in the area of prescribing to undertake with supervision of a suitable mentor. • Regular debrief sessions with the GP mentor and pharmacist. • 20 minute appointments - that is followed by debrief after each session.	
	Telephone Reviews • Provide telephone reviews with questions queries and medication reviews. • Ensure all tests are done before hand. • 10 minute appointments per review.	
	General Medication Reviews • 20 minute medication reviews - decided by pharmacist and GP, debriefs. • Patients with long term conditions which patients have been on repeat • Monitoring bloods, re-authorisation of repeats, observations.	
	Repeat Prescribing • Produce and implement repeat prescribing practice policy. • Manage the repeat prescribing reauthorisation process by reviewing patient request for repeat prescription. • Review medicines reaching review dates and flagging ones that need a review.	
9 – 12 Months	**General Medication Reviews** – as above	
	Long - Term Conditions • See patients with single medical problems where medicines optimisation is required i.e. COPD asthma diabetes hypertension.	
	Training • Independent Prescribing Course. • Provide education to healthcare teams on therapeutics and meds optimisation. • Teaching medical students	
12 – 15 Months	**Re-authorisations** • Along with GP's - Manage the re-authorisation process by reviewing patient requests for repeat prescriptions.	

	• Review medicines reaching review dates, make necessary changes as an independent prescribing, and ensure patient are booked for necessary monitoring tests where required.	
	Care Quality Commission • Work with practice manager and GP's to ensure the practice compliant with CQC standard where medicines are involved. • Undertake risk assessment and management and ensure compliance with medicines legislation.	
15 -18 Months	**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 prescribing of these medicines of high-risk groups.	
18 – 24 Months	**Advanced Long-term Condition Reviews** • Targeting the needs of the PCN's population and remotely reviewing patients via a specialist clinic in a surgery. • Multimorbidity clinics and in partnership with primary healthcare colleagues and implement improvements to patient's medicines including deprescribing. • Run own long-term conditions clinics were responsible for prescribing as an independent prescriber for conditions where medicines have a large component – e.g. medicine optimisation for stable angina symptom control, doac clinics, alendronic acid initiation	
	Service Development • Contribute pharmaceutical advice for development and implementation of new services that have medicinal components e.g. advice on treatment pathways.	
	Advanced Service Development • Develop and manage new services that are built around new medicines or NICE guidance, where a new medicines recommendation allows the development of a new care pathway - for example leading implementation of DOAC's.	
	Advanced CQC • Leadership to the practice manager and GPs to ensure that the practice is compliant with CQC standards where medicines are involved.	
	Advanced Public Health • Devise and manage public health campaigns to rub at the practice. To provide specialist knowledge on immunisations.	
	Information Management • Analyse interpret and present medicines data to highlight issues and risk to support decision making,	
	Medicines Quality Improvement • Undertaking simple audits of prescribing in areas directed by the GPs and feedback and implement changes in conjunction with the practice team.	

18 – 24 Months	**Advance medicines quality improvement** • Identify and provide leadership on areas of prescribing requiring improvement. • Either conduct own audits and improvement project or work with colleagues such a GPs and Registrars. • Present results and provide leadership on suggested change. Contribute to national and local research initiatives.	
	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 setting 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.	
	Advanced Care Home • Manage own caseload of care home residents. • Undertake clinical medication reviews with patients with multimorbidity and polypharmacy and implement own prescribing changes (as an independent prescriber) and order relevant monitoring tests. • Work with care home staff to improve safety of medicines ordering and administration.	
	Advanced Training • Provide education and training to primary healthcare team on therapeutics and medicines optimisation. • Provide training to visiting medical students.	
	Advanced Medicines Quality Improvement • Identify and provide leadership on areas of prescribing requiring improvement. • Either conduct own audits and improvement projects or work with colleagues such as GP registrars. • Present results and provide leadership on suggested change. • Contribute to national and local research initiatives.	
	Advanced Risk Stratification • Design, development and implementation of computer searches to identify cohorts of patients at high risk of harm from medicines. • Responsibility for management of risk stratification tools on behalf of the practice. • Working with patients and the primary care team to minimise risks through medicines optimisation.	

Themes and sub-themes used to analyse training needs

1 Fundamentals of General Practice	1.1 NHS Structure and general practice 1.2 Introduction to local general practice 1.3 Prescribing Data 1.4 Clinical information systems 1.5 Working with the multidisciplinary team 1.6 Working with community pharmacy 1.7 Professionalism 1.8 Public Health	
2 Person-centred, safe and quality prescribing	2.1 Features of good quality prescribing 2.2 Antimicrobial stewardship 2.3 Safe and effective repeat prescribing	
3 Clinical assessment, examination and monitoring	3.1 Clinical assessment 3.2 Physical assessment 3.3 Patient monitoring	
4 Consultation and communication skills	4.1 Communication skills 4.2 Person-centred practice 4.3 Education and training	
5 Long-term condition management	5.1 Long term conditions 5.2 Pathways of care 5.3 Prescribing for people with learning disabilities and dementia or prescribing review for priority conditions	
6 Common ailment management	Common ailment management	
7 Medicines optimisation, multimorbidity and polypharmacy	7.1 Medicines optimisation 7.2 Medicines review and polypharmacy 7.3 Deprescribing 7.4 Drug-related admissions 7.5 Medicines reconciliation 7.6 Care homes	
8 Evidence based medicine and safety	8.1 Evidence-based medicine 8.2 Formularies, policies and guidance 8.3 Safety 8.4 Medicines Information 8.5 Audit	
9 Leadership and management	9.1 Leadership 9.2 Management	

Reference & Resource:
A Training Needs Analysis of Clinical Pharmacists in General Practice

(in order of appearance in document)

1. NHSE PCN Briefing for Pharmacy Teams:
www.england.nhs.uk/wp-content/uploads/2019/06/pcn-briefing-pharmacy-teams.pdf

2. Contract specifications
www.england.nhs.uk/wp-content/uploads/2019/03/implementing-the-19-20-gp-contract-changes-to-apms-pms.pdf

3.Different models of working in a PCN and employment specifications
Search for "BMA The primary care network handbook" (download PDF)

4. Funding pathways and independent prescribing
www.hee.nhs.uk/our-work/pharmacy/pharmacy-integration-fund/pharmacy-integration-fund-courses-pharmacists

5. Clinical Supervision Handbook
www.cppe.ac.uk/learningdocuments/pdfs/clinical%20supervisor%20handbook.pdf

6. General Practice Pharmacist Training Pathway
www.cppe.ac.uk/learningdocuments/pdfs/gpptp%20pathway%20handbook.pdf

7. PCN Sample Recruitment Docs
www.pcpa.org.uk/454kgekwj545c87as234lg/PrimaryCareNetworksClinicalPharmacistsJDs-V3.pdf

8. Induction Checklist
www.cppe.ac.uk/learningdocuments/pdfs/gpptp%20pathway%20handbook.pdf section 4.1

9. Training Needs Analysis of Clinical Pharmacists in General Practice
www.lasepharmacy.hee.nhs.uk/dyn/_assets/_folder4/community-pharmacy/pharmacists-in-gp/TrainingNeedsofClinicalPharmacistsinGeneralPracticeFINAL.pdf

10**.** Screening Tools for Medical Reviews
STOPP (screening tool for older people's potentially inappropriate prescriptions)
START (screening tool to alert doctors to right/appropriate treatments) identified patients
www.herefordshireccg.nhs.uk/your-services/medicines-optimisation/prescribing-guidelines/deprescribing/748-stopp-start-herefordshire-october-2016/file

11. PCN Resources and Guidance
https://psnc.org.uk/the-healthcare-landscape/primary-care-networks-pcns/pcn-resources-and-guidance/

CPPE has created a new email list that is specifically focussed on the primary care network training, updates and current news.

1. Email listserv@listserv.manchester.ac.uk from the email address you want to subscribe from
2. Put the words subscribe CPPE-PC-SUPERVISOR in the body of the email. Please note: if the email does not contain these words the automated subscription will fail.
3. Wait for the confirmation email from CPPE to complete the process. This may take up to 3 days.