

# Clinical Pharmacy

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# Clinical Pharmacist Bid

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 5,000 additional staff members there is a commitment to have “a pharmacist per 30,000 of the population... leading to a further 1,500 pharmacists in general practice by 2020”

Source: General Practice Forward View (GPFV) - Clinical Pharmacists in General Practice Phase 2 Guidance for applicants

# What's the offer?

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:

- 60% in year one
- 40% in year two
- 20% in year three

	Yr 1	Yr 2	Yr 3	Total
Clinical Pharmacist	29,000	20,000	11,000	60,000
Senior Clinical Pharmacist	36,000	24,000	13,000	73,000

II. The amount of funding is based on an assessment of the reasonable overall costs of recruitment and employment.

# What are the criteria?

- a. Minimum population of 30,000.
- b. Funding goes to providers of general medical services
- c. The role must be clinical and patient facing and support people living in the community including care homes settings;
- d. Clinical pharmacists must be fully integrated members of the clinical multi-disciplinary team with access to:
  - Other healthcare professionals,
  - Electronic `live` and paper based record systems,
  - Admin/office support and training/development opportunities.
  - They will be involved in the practice's review and appraisal process.
- e. All clinical pharmacists will be part of a professional clinical network, clinically supervised by a senior clinical pharmacist and GP clinical supervisor as follows:
  - i. minimum of one supervision session per month by the senior clinical pharmacist;
  - ii. minimum of one supervision session every three months by a GP clinical supervisor;
  - iii. access to an assigned GP clinical supervisor for support and development

Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces.
- f. There will be one full-time senior clinical pharmacist to a maximum of five (total number not WTE) clinical pharmacists.
- g. 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.
- h. NHS England recommends that clinical pharmacists will have been qualified for at least 2 years and will be independent prescribers by 2020/21.

# What did we bid for?

Network	Practice	Practice Address	Practice ID	List size
1	Bethnal Green Health Centre	60 Florida Street London E2 6LL	F84083	8,281
1	Globe Town Surgery	82-86 Roman Road London E2 0PJ	F84123	13,106
1	Pollard Row Surgery	47 Pollard Row London E2 6NA	Y00212	4,828
1	Strouts Place Medical Centre	3 Strouts Place London E2 7QU	F84051	4,035
1	The Mission Practice	208 Cambridge Heath Road Bethnal Green London E2 9LS	F84016	11,379
				<u>41,629</u>
2	Albion Health Centre		F84012	9,131
2	Bilthedale Medical Centre	22 Dunbridge Street London E2 6IA	F84718	12,578
2	Health E1	9-11 Brick Lane London E1 6PU	F84733	1,240
2	Spitalfields Practice	20 Old Montague Street London E1 5PB	F84081	13,510
2	XX Place Surgery	Alderney Building Mile End Hospital, Bancroft Road E1 4DG	F841229B1F	8,620
				<u>45,079</u>
3	Brayford Square	5 Brayford Square London London E1 05G	F84046	3,392
3	City Wellbeing Practice	129 Cannon Street Road London E1 2LX	F84114	6,540
3	Harford Health Centre	115 Harford Street London E1 4FG	F84087	10,626
3	Whitechapel Health	44 Hessel Street (Entrance on Burslem Street) London E1 2LP	F84039	10,590
				<u>31,148</u>
4	East One Health	14 Deancross Street London E1 2QA	F84682	10,619
4	Jubilee Street Practice	368-374 Commercial Road London E1 0LS	F84031	11,555
4	St Katharine Docks Practice	12-14 Nightingale House 50 Thomas More Street E1W 1UA	F84731	1,977
4	Wapping Group Practice	Wapping Health Centre 22 Wapping Lane London E1W 2RL	F84079	9,934
				<u>34,085</u>
5	Grove Road Surgery	3 Ivanhoe House 130 Grove Road E3 5TW	F84055	3,567
5	Harley Grove Medical Centre	15 Harley Grove Bow London E3 2AT	F84044	6,153
5	Ruston Street Clinic	Ruston Street London E3 2LR	F84030	2,998
5	St Stephens Health Centre	Bow Community Hall William Place London E3 5ED	F84034	13,090
5	The Tredegar Practice	35 St. Stephens Road London E3 5JD	F84696	5,052
				<u>30,860</u>
6	Bromley By Bow Health Centre	St. Leonards Street Bow London London E3 3BT	F841229B1G	6,444
6	Merchant Street	5 Merchant Street Bow London E3 4LJ	F84118	5,263
6	St Andrews Health Centre	2 Hannaford Walk Bow London E3 3FF	Y03023	11,313
6	St Pauls Way Medical Centre	First Floor 11 Selsey Street London E14 7LJ	F84714	11,430
6	Stroudley Walk Centre	38 Stroudley Walk London E3 3EW	F84676	4,369
				<u>38,819</u>
7	Aberfeldy Practice	2a Etrick Street London E14 0PU	F84698	7,114
7	All Saints Practice	21 Newby Place Poplar London E14 0EY	F84702	6,677
7	Chrisp Street Health Centre	100 Chrisp Street London E14 6PG	F84062	14,357
7	Gough Walk	21 Newby Place Poplar London E14 0EY	F84025	5,066
7	Limehouse Practice	Gill Street Health Centre 11 Gill Street London E14 8HQ	F84054	11,158
				<u>44,372</u>
8	Barkantine Practice	121 Westferry Road London E14 8JH	F84747	18,972
8	Docklands Medical Centre	100 Spindrift Avenue London E14 9WU	F84656	8,215
8	Island Health	145 East Ferry Road London E14 3BQ	F84710	12,136
8	Island Medical Centre	Roserton Street London E14 3PG	F84647	7,220
				<u>46,543</u>
	<b>Total</b>			<u><b>313,179</b></u>

NHSE policy is:

- 1 pharmacist per 30,000 population
- 1 senior per max 5 juniors

Our total registered population = 313,000

So we have been advised to bid for:

2 senior pharmacists

8 junior pharmacists

# What is the proposed model?

- Each pharmacist allocated to a network with the senior pharmacists providing additional support
- The aim is to provide consistency to the practices in that area, allowing the pharmacists to develop relationships with each practice.
- The pharmacists will be employed by GPCG which will organise induction, facilitated peer support, supervision and CPD at a borough level. We will also be able to use the pool of pharmacists to provide cross-cover for holidays and sickness.
- We will develop specialisms in LTCs such as COPD, CHS, diabetes
- The senior pharmacists will represent pharmacy on our Locality Integrated Care Boards, which are responsible for the integration of all primary and community care services in each locality.
- The pharmacists will support the extended hours services in general practice, liaising with their pharmacist counterparts in the extended hours hubs.
- The pharmacists will be prescribers, or training to become one, and will 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 poly-pharmacy, especially for the elderly, people in care homes and those with multiple comorbidities.
- GPCG will appoint a programme manager to oversee the recruitment of the pharmacists and the administration between GPCG and the networks/practices.
- GPCG will provide senior clinical mentorship through a lead GP and a senior pharmacist from within the Tower Hamlets healthcare system.

# What will the Pharmacists do?

- **Medicines management:** review prescribing to optimise medicines, national guidelines, support for meeting CQC criteria
- **High-risk medicines:** avoiding hospital admissions, safety audits, monitoring of medicines with a narrow therapeutic index.
- **Polypharmacy reviews:** starting with intermediate complexity (e.g. 9-12 meds) and work outwards to deal with more complex high use (e.g. 20 meds) and complex high priority patients who use lower number of medications.
- **Discharge management:** reconciliation of medicines following hospital discharge, including review of discharge summaries / liaising with providers where necessary for clarification / updating of patient records / post discharge reviews with patients at the GP practice or patient's home to optimise medication
- **Drug Alerts:** implement drug alerts and withdrawals such as MHRA alerts.
- **Controlled Drugs:** Support management of controlled drugs, including support for annual controlled drugs declarations and any inspections
- **Medication Incidents:** Support reviews of medicines related incidents and feedback of lessons learnt
- **LTCs:** Participate in multi-disciplinary team meetings, updating of medication histories, and liaison with patients regarding any changes. Our IP Practice Pharmacists have experience of screening, diagnosis, treating, managing and reviewing of patients with LTCs such as asthma and diabetes
- **Electronic prescribing and batch prescriptions:** Increase uptake of EPS
- **Health education:** Workshops with patients to help the public better understand when to use the most appropriate service
- **Medication Adherence:** including domiciliary visits to housebound patients with higher risk stratification scores / other identified priority patients (agreed together with practice staff) to avoid hospital admissions where medication is a leading factor and support medication usage and adherence. The pharmacists will work with community nursing and social services to provide a "wrap around" service.
- **Work with practice staff to increase understanding around medicines related issues.** This can include the development of on-going developmental training plans
- **Work with local community pharmacies to develop a joined up local offer to the public.** This will build strong local, patient centred, joined up primary care networks with community pharmacies to help GP workload.
- **Work closely with community pharmacy colleagues to identify patients suitable for NMS and tMURs.** They will also be familiar with local commissioned community pharmacy services including minor ailment schemes, immunisations, smoking cessation etc. and can signpost.

# Creating a Pharmacist Network

- All clinical pharmacists will be part of a professional clinical network for Tower Hamlets supervised by the two senior clinical pharmacists and a Designated Medical Practitioner.
- Each clinical pharmacist will receive a minimum of one supervision session per month by the senior clinical pharmacist.
- The senior clinical pharmacist will receive a minimum of one supervision session every three months by a Designated Medical Practitioner.
- All trainees will have access to a Designated Medical Practitioner for support and development.
- The pharmacists will work to the non-medical prescribing policy. As part of their supervision they will participate in action learning sets, have a buddy and have additional supervision up to 1 year post qualification to encourage review and development of their practice.
- We will develop a progressive career plan e.g. Yr1 do med reviews/ reconciliation, Yr2 work in defined area for IP, start to expand this or to other areas (through clinical management plan) through to Yr3 running own specialist clinics .
- We will have additional GPs identified to act as tutors to provide additional support, separate from the designated medical practitioner.
- We will encourage pharmacists to have a specialist area as well as develop their generalist skills, which will support our cross cover model.
- We will assign each pharmacist to a Network Team where a Clinician is tasked with ensuring local induction is provided and support when needed.
- Pharmacists will be invited to peer support groups, practice meetings and protected learning opportunities, with access to CEPN events.
- All pharmacists will attend monthly Network MDT meetings, which rotate between chronic disease conditions including diabetes, integrated care and COPD.
- Senior Clinical Pharmacists will attend Locality Integrated Care Boards to ensure effective inter-agency communication i.e. with District Nurses, Health Visitors etc.
- The Medicine Management Team will be a key partner in helping with training on local prescribing guidelines, audits on clinical practice and help with highlighting and prioritising prescribing and medicine management initiatives within practices.
- We will liaise with the CCG Medicines Management team to deliver training on the formulary and prescribing guidelines. We will work with the local decision making committees to ensure the senior clinical pharmacists are actively involved in developing local pathways.
- As Tower Hamlets is part of East London Health and Care Partnership with a Medicines Optimisation work programme across primary and secondary healthcare and social care we aim to develop a training programme across this footprint. This includes a workforce programme to develop a flexible, highly skilled pharmacy workforce across all sectors in the ELHCP area. One example on the work programme, which they will be involved in delivering is the proposed discharge from hospital to pharmacy pilot.
- We will work in partnership with the LPC to recruit, retain and develop excellent pharmacists and to promote the role of pharmacists as key players in the provision of integrated care.
- We will approach the Royal College of Pharmacists for network opportunities.

# Benefits

## 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.

## Benefits to general practice

- Expanding the general practice team to include clinical pharmacists, with their skills and knowledge 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.
- Subsidy from NHS England in early years of training
- Pharmacists will pay for themselves in 3 years.

# Details to be Agreed

- Work-plans in practices, across each network and between networks
- Basis of payment for service by practices
- Development of specialists and then how to deploy them
- Working into and out of hospital pharmacy services
- Link in to hubs, extended access, out of hours services

# Questions

- Is this the right model, and if not what should the model be?
- How do we make the model work for practices, within networks and across networks?
- How do we ensure we attract and retain pharmacists and get the best value from them?
- If GPCG employs the pharmacists how do practices pay for them?
- What else do we need to know?
- Are we committed to this project?