**PCN Clinical Pharmacist Job Description**

**Responsible to**: St Thomas Medical Group - Practice Manager/ PCN Clinical Director

**PCN Practices**: St Thomas Medical Group/Foxhayes Surgery

**Base**: St Thomas Medical Group

**Job Summary**

As an experienced pharmacist, the post holder, within their professional boundaries, will work as part of a multi-disciplinary team across the Group.

The post holder will take responsibility for areas of chronic disease management within the practice and undertake clinical medication reviews to proactively manage patients with complex polypharmacy, especially for older people, people in residential care homes and those with multiple co-morbidities.

The post holder will provide primary support to general practice staff with regards to prescription and medication queries. They will provide senior support to the prescriptions team, deal with acute prescription queries, and medicines reconciliation on transfer of care. They will develop systems for safer prescribing, providing expertise in clinical medicines advice while addressing both public and social care needs of the patient in our practice.

The post holder will provide clinical leadership on medicines optimisation, antibiotic stewardship and manage some aspects of the quality and outcomes framework and enhanced services.

The post holder will ensure that the practice integrates with community and hospital pharmacy to help utilise skill mix, improve patient outcomes, ensure better access to healthcare and help manage workload. The role is pivotal to improving the quality of care and operational efficiencies so requires motivation and passion to deliver excellent service within general practice.

#### Primary Duties and Areas of Responsibility

The focus of the post holder’s work will depend on the qualifications, skills and experience of the individual and the needs of the Practice both of which may develop over time. Therefore the potential duties are outlined below:

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| **Patient-facing long term condition clinics** | See patients in multi‐morbidity clinics and in partnership with primary healthcare colleagues and implement improvements to patient’s medicines, including de-prescribing.  Manage own case load and run long-term condition clinics where you will be responsible for prescribing as an independent prescriber for conditions where medicines have a large component (e.g. medicine optimisation for stable angina symptom control, warfarin monitoring and dose adjustment for patients requiring long‐term anticoagulants).  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). |
| **Patient-facing clinical medication review** | Undertake clinical medication reviews with patients with multi‐morbidity and polypharmacy and implement your own prescribing changes (as an independent prescriber) and order relevant monitoring and arrange appropriate review. |
| **Patient-facing care home/residential clinical medication reviews** | Manage own caseload of care home residents. Undertake clinical medication reviews with patients with multi‐morbidity and polypharmacy and implement own prescribing changes (as an independent prescriber) and order relevant monitoring and arrange appropriate review.  Work with care home staff to improve safety of medicines ordering and administration. |
| **Patient-facing domiciliary/home visits** | Manage own caseload of vulnerable housebound patients at risk of hospital admission and harm from poor use of their medicines.  Implement own prescribing changes (as an independent prescriber) and ordering of monitoring and arrange appropriate review.  Attend and refer patients to multidisciplinary case conferences. Identifying key areas of need for vulnerable patients and formulating care plans. |

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| **Management of common/minor/self-limiting ailments** | Managing caseload for patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence.  Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate. |
| **Building relationships with community pharmacies** | Linking to the community pharmacies around complex patients and prescribing complexities. Advise on alternatives if medications not available. |
| **Patient facing medicines support** | Provide patient facing clinics for those with questions, queries and concerns about their medicines in the practice. |
| **Telephone medicines support** | Provide a telephone support for patients with questions, queries and concerns about their medicines.  Ensure that patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time e.g. pathology test results, common/minor ailments, acute conditions, long term condition reviews. |
| **Medication monitoring** | Auditing compliance chronic disease reviews around medication and linking this into annual medication reviews |
| **Medicine information to practice staff and patients** | Answers all medicine‐related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines.  Providing follow up for patients to monitor the effect of any changes. |
| **Unplanned hospital admissions** | Devise and implement practice searches to identify cohorts of patients most likely to be at risk of an unplanned admission and readmissions from medicines.  Work with case managers, multidisciplinary community (health and social care) teams and hospital colleagues to manage medicines‐related risk for readmission and patient harm. Put in place changes to optimise prescribing of these medicines to high‐risk patient groups. |

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| **Management of medicines at discharge from hospital** | To reconcile medicines following discharge from hospitals or intermediate care and upon admission to care homes, including identifying and rectifying unexplained changes.  Perform a clinical medication review, produce a post discharge medicines care plan including dose titration and booking of follow up tests.  Set up and manage systems to ensure continuity of medicines supply to high-risk groups of patients (e.g. those with medicine compliance aids or those in care homes).  Work in partnership with hospital colleagues (e.g. care of the elderly doctors and clinical pharmacists) to proactively manage patients at high risk of medicine related problems before they are discharged to ensure continuity of care. |
| **Repeat prescribing** | Support the prescribing team in maintaining a practice repeat prescribing policy. Manage the repeat prescribing reauthorisation process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates; make necessary changes as an independent prescriber, and ensure patients are booked in for necessary monitoring tests where required. |
| **Risk stratification** | Responsibility for management of medicines risk stratification tools on behalf of the practice.  Working with patients and the primary care team to minimise risks through medicines optimisation. |
| **Service development** | Develop and manage new services that are built around new medicines, or medicines within NICE guidance or a local care pathway. |
| **Information management** | Analyse, interpret and present medicines data to highlight issues and risks to support decision-making. |
| **Medicines Quality Improvement programmes** | Identify areas of prescribing for review and provide leadership on medicines optimisation.  Conduct clinical audits and improve projects or work with colleagues such as GP registrars, practice managers etc. Present results and provide leadership on suggested changes. |
| **Medicines safety** | Identify national and local policy and guidance that affects patient safety through the use of medicines, including MHRA alerts, product withdrawals and emerging evidence form clinical trials.  Manage the process of implementing changes to medicines and guidance for practitioners.  Provide leadership for antibiotic stewardship. |
| **Care Quality Commission** | Supporting the general practice team to ensure the practice is compliant with CQC standards where medicines are involved. |
| **Implementation of local and national guidelines and formulary recommendations** | Monitor practice prescribing against the local health economy’s RAG list for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs).  Provide updates on important prescribing messages to improve prescribers’ knowledge and work with the team to develop and implement other techniques known to influence implementation of evidence — such as audit and feedback. |
| **Education and Training** | Provide education and training to primary healthcare team on therapeutics and medicines optimisation.  Involved in mentoring pharmacists in training. |
| **Public health** | To support public health campaigns. To provide specialist knowledge on all public health programmes available to the general public. |

**Knowledge, Skills and Experience Required**

The post-holder will:

* Have an experience/awareness of the breadth of common acute and long-term conditions that are likely to be seen in a general medical practice.
* Either already hold an independent prescribing qualification, will be working towards qualification or is prepared to work towards this qualification.
* Be prepared to work towards the CPPE ‘primary care pharmacy education pathway’ qualification, essential for PCN work.
* Have the ability to plan, manage, monitor, advise and review general pharmaceutical care programmes for patients across core areas, including disease states/long term conditions.
* Be accountable for delivering professional expertise and direct service provision.
* Use skills in a range of routine situations requiring analysis or comparison of a range of options.
* Recognise priorities when problem-solving and identifies deviations from normal pattern and is able to refer to nurses or GPs when appropriate.
* Be able to recognise personal limitations/scope of competence and refer to more appropriate colleague(s) when necessary.
* Follow legal, ethical, professional and organisational policies/procedures and codes of conduct
* Involve patients in decisions about prescribed medicines and supporting adherence as per NICE guidelines.
* NB: it is anticipated that the level of qualification held may vary according to the level of position and the components of the role being carried out, see person specification

**Collaborative Working Relationships**

The post-holder will:

* Recognise the roles of other colleagues within the organisation and their role to patient care.
* Demonstrate use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues, and other professionals, other NHS/private organisations).
* Actively work toward developing and maintaining effective working relationships both within and outside the practice and network.
* Foster and maintain strong links with all services across the network.
* Explore the potential for collaborative working and takes opportunities to initiate and sustain such relationships.
* Demonstrate ability to integrate general practice with community and hospital pharmacy teams.
* Liaise with Medicines Optimisation Team on prescribing related matters to ensure consistency of patient care and benefit and to benefit from peer support.
* Liaise with other stakeholders within the Practice and wider Community Teams as needed for the collective benefit of patients.

**Leadership**

The post-holder will:

* Demonstrate an understanding of the pharmacy role in governance and is able to implement this appropriately within the workplace.
* Demonstrate and understanding of, and contribute to, the workplace vision
* Engage with Patient Participation Groups (PPGs) and involves PPGs in development of the role and practices.
* Demonstrate ability to improve quality within limitations of service
* Review yearly progress and develops clear plans to achieve results within priorities set by others.
* Demonstrate ability to motivate self to achieve goals
* Provides a leadership style which is underpinned by strongly held values of the organisation and around equality, diversity and openness; effectively builds and maintains relationships with direct reportee(s) and other key individuals across the organisation
* Promotes diversity and equality in people management techniques and leads by example.

**Management**

The post-holder will:

* Demonstrate an understanding of the implications of prescribing and medicines management national priorities for the team and/or service and manage/support the team through these changes.
* Demonstrate an understanding of the process for effective resource utilisation.
* Demonstrate an understanding of, and conforms to, relevant standards of practice
* Demonstrate an ability to identify and resolve risk management issues involving medicines according to policy/protocol.
* Follow professional and organisational policies/procedures relating to performance management.
* Demonstrate an ability to extend boundaries of service delivery within the team
* Lead and mentor staff members/team of differing abilities.
* Education Training and Development
* The post-holder will:
* Understand and demonstrate the characteristics of a role model to members in the team and/or service.
* Demonstrate an understanding of the mentorship process.
* Demonstrate self-development through continuous professional development activity.
* Demonstrate an understanding of current educational policies relevant to working areas of practice and keeps up to date with relevant clinical practice.
* Engage with the review and appraisal systems within the practice/network.

**Research and Evaluation**

The post-holder will:

* Demonstrate an ability to critically evaluate and review literature.
* Demonstrate an ability to identify where there is a gap in the evidence base to support practice.
* Demonstrate an ability to generate evidence suitable for presentations at practice and local level.
* Demonstrate an ability to apply research evidence base into working place.
* Demonstrate an understanding of principles of research governance.
* Health and Safety/Risk Management
* The post-holder must comply at all times with the Practice and Network Health and Safety policies, in particular by following agreed safe working procedures and reporting incidents using the organisations Incident Reporting System.
* The post-holder will comply with the Data Protection Act (2018), General Data Protection Regulation (GDPR) (2016) and the Access to Health Records Act (1990).

**Equality and Diversity**

The post-holder must co-operate with all policies and procedures designed to ensure equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation or religion.

**Respect for Patient Confidentiality**

The post-holder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

**Special Working Conditions**

The post-holder is required to travel independently between practice sites across the Network, and to attend meetings etc. hosted by other agencies.

The post-holder will have contact with body fluids i.e., wound exudates; urine etc. while in clinical practice.

**Job Description Agreement**

This job description is intended to provide an outline of the key tasks and responsibilities only. There may be other duties required of the post-holder commensurate with the position. This description will be open to regular review and may be amended to take into account development within the Primary Care Network. All members of staff should be prepared to take on additional duties or relinquish existing duties in order to maintain the efficient running of the Network.