

Clinical Pharmacists in General Practice Pilot

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1 Contents

1	Introduction.....	4
2	The Pilot	4
3	Selection of Location for Pilots	6
4	Criteria for Assessment	7
5	Process for Recruiting Practices to the Pilot.....	7
6	Associated Documentation.....	8
7	Appendix I	9
8	Appendix II	10

1 Introduction

In different parts of England general practices have started to include clinical pharmacists in their multi-disciplinary teams. In many cases experience suggests that there have been significant benefits for patients and for the practice teams. The purpose of this pilot is to encourage more practices to consider new ways of working like this. The pilot will be evaluated so that evidence can be gathered and published to assist more practices to take advantage of the lessons learned.

The pilot will consist of approximately 250 clinical pharmacists in general practice.

There are two key objectives of this work:

- Support general practitioners by providing additional clinical pharmacists based in general practice to work with patients and the wider primary care workforce.
- Utilise the knowledge and skills of pharmacists to deliver care to patients in General Practice and support long term transformation of the primary and community workforce. It is expected to help address the pressing workforce challenges facing general practice.

The key outcome of this work will be improved care and health outcomes for patients with improved access to care in general practice. Pharmacists will support patients to self-manage their well-being and long term conditions, through optimising medicines, and enabling improved medicine related communication between general practice, hospital and community pharmacy e.g. on admission and discharge and at other interfaces of care.

The pilot is built on current evidence on redesign of healthcare, established theories and models for the improvement of quality and safety. It forms an integral part of GP Workforce 10 Point Plan described in “Building the Workforce – the New Deal for General Practice.”¹ (NHS England, January 2015).

An increasing number of general practices are recruiting pharmacists to address different aspects of workforce need. Employment models vary as do the roles and responsibilities. This proposal will support General Practice this year (2015) by enabling recruitment of clinical pharmacists who can work directly with patients whilst providing long term opportunities to develop the wider workforce

2 The Pilot

The pilot will be launched in July 2015 with clinical pharmacists working in general practice starting in winter 2015/16. The pilot will consist of approximately 40 to 50 senior clinical pharmacists and around 200 clinical pharmacists. Pilots will be based on one senior clinical pharmacist and a number of clinical pharmacists working together. This model will enable effective clinical supervision and professional peer

¹ <http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

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support. We are not prescribing the numbers of senior to less senior pharmacists and we are keen to encourage innovation and different models of working.

Clinical pharmacists will be recruited and employed by the practices to work in areas of greatest need and will provide patient facing, clinical pharmacy services. This is expected to ease pressure on access to general practice services and aims to lessen the workload of GPs. It is anticipated that we will support bids from practices in areas where vacancies in GP posts have resulted from challenges in recruitment and retention of GPs and other clinical staff.

Pharmacists will be employed by and work with practices, 'clusters' or 'federations' of GP practices. All pharmacists who participate in this programme will be expected to participate in development and education provided by the Centre for Postgraduate Pharmacy Education (CPPE). The development programme will be predominantly based in the workplace and will be tailored to development needs of individuals.

The pilot is designed to allow for flexibility and innovation. However, it is based on a principle that each pilot site would include:

- an experienced clinical pharmacist who will be a prescriber or working towards a prescribing qualification and who will begin to see patients immediately. They will develop additional skills such as leadership and change management;
- up to 5 less experienced clinical pharmacists. In addition to accessing the development programme, they will work with and be mentored by the experienced pharmacist. They will develop their clinical skills in the context of general practice with the intention of taking on prescribing responsibilities as one of the outcomes of the development programme.

Practices that are part of the pilot will be expected to participate in a team based development programme. Up to 4 sessions will be provided to support practices with aspects of organisational development and exploring new ways of working.

In the long term, all clinical pharmacists, working to the principles of Medicines Optimisation² and the NICE Medicines Optimisation Guideline³, will:

- provide expertise in practical therapeutics
- develop bespoke integrated pharmaceutical care plans for individual patients
- establish ongoing professional relationships with those individual patients for whom they are responsible
- facilitate communication and liaison across a patient's care pathway (including the wider primary care workforce, secondary care, social care and domiciliary environments)

² <http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf>

³ <http://www.nice.org.uk/guidance/%20NG5/evidence>

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- manage patients with more complex long term conditions such as “difficult” hypertension, compliance with lipid-lowering therapy
- manage repeat prescribing requests
- increase the uptake of new medicines with a focus on overall value rather than focussing exclusively on drug cost
- offer an holistic approach to the use and understanding of medicines by patients that includes step up and step down management required in Long Term Conditions or possibly end of life
- facilitate access to medicines (e.g. sorting out secondary care referrals for “specials”, unusual formulations etc.).
- manage medicines shortages by suggesting suitable alternatives
- interpret national and local commissioning decisions as they relate to medicines
- identify opportunities for savings and efficiencies where that does not conflict with the interests of individual patients.
- support innovation and clinical research where appropriate
- mentor newer pharmacists.

NHS England will part fund the pharmacists pay costs for 36 months*

- 60% for the first 12 months of employment
- 40% for the second 12 months of employment
- 20% for the third 12 months of employment
- 0% after the first 36 months of support.

* assuming pharmacists in post before 31/03/16

Where pharmacists are recruited after 31/03/2016 the 60% funding will only be available until 31/03/2017.

It is envisaged that these posts would then be shown, through the evaluation, to be of benefit to patients, GPs and practices, and therefore funded wholly by the practice/ cluster / federation thereafter.

3 Selection of Location for Pilots

In addition to specific criteria detailed in the next section, applications will need to demonstrate the following.

- Priority will be given to areas with lowest GPs per head of population which can demonstrate challenges in recruitment and retention of GPs and clinical staff.
- Evidence of commitment to the pilot should be described in the proposal. This should include:
 - outline of specific practice(s) needs and reason for inclusion

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- key performance indicators to be used to measure success and benchmarks on current performance
- pharmacist role, job description and person specification
- costing for the post/s
- how recruitment will take place and roles of those involved in the recruitment
- the name of the employing organisation for each of the pharmacists within the pilot.
- evidence of group indemnity will be needed for those practices employing the pharmacist.

4 Criteria for Assessment

Applications will be assessed against the following criteria.

- Potential to address GP workload
- Staffing / workforce need which will be addressed by this role (short and long term)
- Clearly thought through purpose and role for clinical pharmacist(s) (evidenced by tailored JD and PS)
- Potential to improve access to general practice services
- Clearly articulated, realistic and measurable KPIs
- Appropriate clinical support for pharmacist roles within the team and a named lead
- Evidence of appropriate and realistic costings and commitment to fund for all years
- Commitment to multi-disciplinary team development, and evaluation programme
- Commitment to release time for clinical pharmacists development programme

5 Process for Recruiting Practices to the Pilot

Applications will be assessed by the respective Local Education and Training Boards and NHS England regional teams using the agreed criteria. CCGs will be involved where co-commissioning arrangements are in place.

Shortlisted pilots will be reviewed by a national moderating panel consisting of all four partners (and others if appropriate).

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Timeline

Announcement and communications to all LETBs, CCGs and GP practices.	7 July 2015
Bidding submission window open for 1 week	9am 11 September 2015 to 5pm 17 September 2015
Regional review and shortlisting of applications completed	Week commencing 5 October 2015
National moderation panel completes review of shortlisted applications	Week commencing 19 October 2015
Announcement of pilot sites	Week commencing 2 November 2015

6 Associated Documentation

Building the Workforce – the New Deal for General Practice, NHS England January 2015

Application form, case studies and frequently asked questions available at <http://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/>

7 Appendix I

Outcome Measures

Practices will be expected to embed the medicines optimisation framework into the work and demonstrate improvement in medicines optimisation from their current baseline. As part of this they will be expected to identify needs of their patient population and the outcome measures through which it will monitor the impact of clinical pharmacy input. Practices will be expected to monitor these outcomes and report to NHS England and partners (including evaluation partners) quarterly.

The list below highlights some of the indicative KPIs and clinical measures which practices may wish to use however, this list is not definitive or exhaustive and practices will need to take a view based on their local needs and circumstances.

- i. An increase in the time available to GPs to undertake more complex and / or chronic care (from benchmark set by Practice).
- ii. Improved access to GP and wider workforce, eg additional appointments and availability, decreased waiting times, increased patient satisfaction.
- iii. Change in behaviours of patients with Long Term Conditions (better self-care/ self-management).
- iv. Improved communication between practice, community pharmacy and hospital pharmacy on admission, discharge and other interfaces of care. (This may include impact on timeliness of discharge).
- v. Improvement in number of reviews of medication in patients with dementia / learning difficulty / special needs.
- vi. Repeat dispensing in line with medicines optimisation dashboard.
- vii. Increase in medications reviewed for patients discharged from hospital (from baseline provided by practice).
- viii. A reduction in the admission rate for COPD (baseline provided by practice).
- ix. A reduction in the CHD risk of patients with high risk for CHD from baseline provided by practice.
- x. Improvement in number of patients with diagnosed hypertension having a blood pressure of <150/90 for example improved proportion of people with uncontrolled hypertension (180/100+) brought below the uncontrolled threshold.
- xi. Improvement in number of house bound/ nursing home patient medications reviewed by the size of local population. e.g. focus on frail elderly or 8+ repeat meds and reviews.
- xii. An improvement from baseline of all Diabetics who have a medication review.

8 Appendix II

Equality and Health Inequalities Analysis

An NHS England Equality and Health Inequalities Analysis will be completed on the Pilot proposal by 21 July 2015.