

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

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Contact Details for further information	Janet Somers Primary Care Workforce Team Room 4E44 Quarry House, Leeds LS2 7EU 7860180448
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Document Status

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- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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1. Introduction

This guidance has been developed to help potential providers who wish to apply for funding through the Clinical Pharmacists in General Practice scheme. It acts as a guide to the implementation of the scheme and aids completion of the application form.

1.1 Background

In July 2015 NHS England launched a pilot scheme to support clinical pharmacists working in general practice in patient facing roles. Funding was made available to support more than 450 clinical pharmacists in 650 practices across 90 pilot sites.

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”.

Funding is now available for the deployment of the 1500 clinical pharmacists by 2020. The funding will contribute to the costs of recruitment, employment, training and development of clinical pharmacists and the development of employing/participating practices.

1.2 Overview

Clinical pharmacists will work in general practice 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. They 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 polypharmacy, especially for the elderly, people in care homes and those with multiple co-morbidities. They will provide specialist expertise in medicines use while helping to address both the public health and social care needs of a patient at the practice (s).ⁱ

Clinical pharmacists will provide leadership on person centred medicines optimisation and quality improvement while contributing to the quality and outcomes framework and enhanced services.

Clinical pharmacists will have a leadership role in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and patient safety.

1.3 Benefits

Initial feedback from the pilot programme has described the potential benefits that clinical pharmacists in general practice have on patients, the practice and the wider healthcare systemⁱⁱ.

1.3.1 Potential benefits to the publicⁱⁱⁱ

- 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.

1.3.2 Potential benefits to general practice

- Expanding the general practice team to include clinical pharmacists, with their skills and knowledge. This 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.

1.3.3 Potential benefits to the wider healthcare system

- Improvement in the clinical and cost effective use of medicines
- More efficient and effective communication between general practice and wider healthcare teams
- Better integration with the wider healthcare systems/teams due to clinical pharmacists being key point of contact for primary and secondary care services
- Optimisation of the patient journey through the healthcare system
- Reduce pressure on urgent and emergency care departments by preventing avoidable admissions/readmissions.

NHS England will maintain contact with participating providers by establishing learning sets through which providers can share good practice and lessons learned. These learning sets will support providers to deliver maximum benefit to patients, practices and the wider NHS system.

NHS England will be conducting an external evaluation of the programme to report evidence of the benefits of clinical pharmacists in general practice.

2 The criteria

The criteria developed defines the model, whilst being sufficiently flexible to allow for innovation and the ability to test out different approaches and implement variants of the model that suit local circumstances.

The application process is straightforward and providers will be able to access help and advice so that all general practices in England are in a position to take advantage of the programme which is phased over the next three years.

The criteria to be applied are:

- a. Providers applying for the programme must demonstrate that they are working at scale, across a minimum population of at least 30,000.
- b. NHS England will contract with and provide funding to providers of general medical services to support the establishment of a clinical pharmacist service in general practices.
- c. The role of the clinical pharmacists must be clinical and patient facing and will support people living in the community including those in care homes settings;
- d. Clinical pharmacists must be embedded within the practices and be fully integrated members of the clinical multi-disciplinary team, having access to other healthcare professionals, electronic `live` and paper based record systems, access to 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 and will usually be clinically supervised by a senior clinical pharmacist and GP clinical supervisor. NHS England recommends that the following supervision must be in place for senior clinical pharmacists and clinical pharmacists:
 - i. Each clinical pharmacist will receive a minimum of one supervision session per month by the senior clinical pharmacist;
 - ii. The senior clinical pharmacist will receive a minimum of one supervision session every three months by a GP clinical supervisor;
 - iii. All clinical pharmacists will have 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.

3 The offer to providers of general practice medical services

3.1 Financial contribution

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

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

- III. The financial contribution to the cost of recruiting and employing a clinical pharmacist will be paid in a timely manner to ensure that providers are not out of pocket. This will be set out in the grant agreement.

3.2 Training and development

NHS England and Health Education England (HEE) will ensure the provision of training, education and development of clinical pharmacists and the practices where they will be working. A training and education pathway will be provided by education partner(s). HEE will further support GP clinical supervisors and inter-professional educational activities through HEE's GP Director network and the emerging training hub/community education provider networks. NHS England will provide organisational support to practices.

Further details, including the dates when training and development will be available, will be provided to successful providers

4. Requirements of providers of general practice services

In addition to meeting the criteria, there are a number of requirements of providers:

- I. They will deploy clinical pharmacists as described in the criteria and role descriptions.
- II. They will ensure that clinical pharmacists access the training, education and development provided.
- III. They will ensure that appropriate members of staff participate in any practice development provided.
- IV. They will comply with the reporting requirements and support any evaluation of the scheme. Reporting requirements will be defined in the contract.
- V. NHS England expects that clinical pharmacists as part of this programme will be employed by the providers of general practice medical services. In the event that an alternative model is proposed via an application, NHS England will consider the approach to these arrangements in more detail.
- VI. They must be able to demonstrate the ability to sustain funding throughout the programme and beyond.

5. Responsibilities of the provider's primary contact

The main responsibilities of the primary contact for the programme are:

- I. They will be the single point of contact for NHS England should any queries be raised through the application process and the on-going contract delivery
- II. Notifying their NHS England local team of any changes to their site, including changes to the primary contact.
- III. Ensuring that participating practices comply with reporting requirements and participate in the evaluation of the programme
- IV. Liaising with local teams, as appropriate, to ensure that participating organisations within the site have a signed agreement in place and funding agreed prior to employment of clinical pharmacists

- V. Ensuring that communications from NHS England's national and regional teams are distributed to participating practices

6, Process for applications and approvals

- I. Providers will apply via the on-line Clinical Pharmacist Portal. The portal will be open for applications from 9th January 2017.
- II. There will be a rolling application process with regional panels reviewing applications on a regular basis.
- III. NHS England regional teams will assess applications and decide which will be supported.
- IV. The regional team will arrange review of the applications on a quarterly basis by a regional panel. If an application is not approved, then the provider can re-submit at a later stage, taking into account the comments made by the regional panel.
- V. Providers will be notified of the outcomes of the regional panel decision by the local team. Should the application be unsuccessful, the local team will provide details of any improvements that should be made prior to re-submission.
- VI. NHS England clinical lead for clinical pharmacists in general practice programme will be available to advise how best to deploy and utilise clinical pharmacists in general practice.

The following detailed guidance is available for providers:

- Guide to completing the application form (Annex 1)
- State of readiness checklist: recruitment stage (Annex 2)
- Frequently asked questions (Annex 3)

7. Contracting and payments

Once an application has been approved, the provider will be able to commence recruitment of the clinical pharmacists. Providers will be expected to begin recruitment as quickly as possible and a plan will be agreed with the respective NHS England local team so that the contractual agreement can be finalised.

Funding will be made available to the agreed provider of general medical services once the contracts agreement has been completed.

Guide to completing the application form

This is guidance to some of the questions NHS England will be asking when completing the online application form via the portal which opens from the 9th January 2017.

Section 1: About the applicant(s)

Question 1.1: Lead organisation applying

In this section please identify the leading organisation that is making the application.

The lead organisation may or may not also be the employing organisation.

Question 1.2: Primary contact for this programme.

The main responsibilities of the primary contact are stated in section 5 of this guidance. The primary contact should be able to fulfil all of the responsibilities stated.

If the primary contact for the programme changes following submission of the application it is important that you notify your NHS England local team - quote your application reference number and the details of the new primary contact.

Question 1.3: Who will be the employing organisations for the clinical pharmacist(s)?

This refers to the organisations that hold the contracts of employments with the clinical pharmacists .

Question 1.5: Details of the partner organisations you are working with to plan for and deliver this service.

Please state any other organisations, apart from the GP practices that have been included in your response to questions 1.3 and 1.4 that you are working with in relation to this application.

Examples of partner organisations could include Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs) or hospital trusts. If none then you can leave this blank.

Section 2: Recruitment and employment of the clinical pharmacists

Question 2.3: For each clinical pharmacist or senior clinical pharmacist, please provide details of the number of practices they will be working across.

NHS England recommends that pharmacists should be allowed to work across several practices. Applicants must ensure that the clinical pharmacists spend a sufficient amount of time in the practices they work across to produce beneficial impact and consistency of clinical services to the public.

With all models it is imperative that:

- All clinical pharmacists are fully integrated members of the general practice multidisciplinary teams
- Senior clinical pharmacists and clinical pharmacists must be in clinical patient facing roles in the practice and have the ability to support people living in the community including those in care home settings.
- Senior clinical pharmacists and clinical pharmacists have access to other healthcare professionals, 'live' record keeping systems, admin/office support and training/development opportunities.
- Senior clinical pharmacist and clinical pharmacists must be involved in a review and appraisal process.

Any model that is chosen must be able to demonstrate long term sustainability

Question 2.4: Please describe your recruitment plan of the clinical pharmacists in general practice.

Please state how the applicant plans to recruit the clinical pharmacists in general practice. Please highlight key dates for recruitment and when the applicant expects the clinical pharmacists to be employed by.

Question 2.6: Describe what supervision and professional network will be put into place to support the clinical pharmacists in general practice? Flexible and innovative approaches to the formation of clinical networks can be adopted and promoted to enhance collaboration/integration across healthcare interfaces.

NHS England recommends, as a minimum, the following supervision should be in place for clinical pharmacists in general practice:

- Each clinical pharmacist will receive a minimum of 1 supervision session per month by the senior clinical pharmacist
- Each senior clinical pharmacist will receive a minimum of 1 supervision session per quarter by a GP clinical supervisor.
- Both clinical pharmacists and senior clinical pharmacists will have access to an assigned GP clinical supervisor for support and development.

Section 3: About your site

Question 3.3: Describe the role that the clinical pharmacist(s) will play and how it will change the way your practice(s) operate. How will you work with your practice(s) team to maximise the use of the clinical pharmacists' skills? (Max 500 words)

Please see guidance on the roles and benefits to having clinical pharmacists in general practice in the additional resources section on the NHS England website. Please consider the impact it could have on access, patient outcomes, and workforce and workload issues.

Question 3.4: Describe how the role of a clinical pharmacist will ensure that general practice integrates even further with the wider healthcare system? In particular how will it work in collaboration with wider pharmacy teams (e.g. community/hospital pharmacy)

Applications must include details on how clinical pharmacists will engage and support the further integration of general practice with the wider healthcare teams locally (e.g. community/hospital pharmacy, community services, hospital services) to help improve relationships, improve patient outcomes, ensure better access to healthcare and optimise general practice workload

Question 3.5: What assessment have you made of your ability to sustain funding throughout the three year programme and beyond?

- Is the model of having clinical pharmacists in general practice sustainable for the future?
- The expectation is that general practices will continue to utilise clinical pharmacists after the 3 years funding from NHS England has ceased.
- How will practice(s) or provider organisations ensure the posts for SCPs and CPs will be maintained once funding from NHS England ceases?
- How would this fit into the general workforce development or business plan for the practice/s or provider organisations?

Question 3.6: If successful how do you plan to engage and inform patients at the practice(s) about the roles of clinical pharmacists in general practice?

As part of the application process you must provide information on how you propose to involve patients and inform them of the role, benefit and use of clinical pharmacists in the practice(s). Please provide as much detail as you can about the methods and channels you will use to engage and inform patients. Please refer to guidance on different approaches that could be taken to integrate clinical pharmacists in general practice.

Classification: Official

State of Readiness Checklist: recruitment stage

Issue	Considerations	Yes/No
Do you have a realistic timescale for recruitment in place?	Many clinical pharmacists will be required to work three months' notice. This may be negotiable but there is guarantee that less three months' notice can be given	
Do you have a robust job description in place?	Please find some example JDs and person specification here http://pcpa.org.uk/assets/documents/gp_guide.pdf	
What working models are you prepared to employ?	Full time, part time or job share?	
Does the other clinical and support staff in your practice understand the role of the clinical pharmacist?	NHS England will be commissioning practice development to help clinical and support staff understand and adjust to the role of the clinical pharmacist.	
Do you have a suitable interview panel in place?	We recommend that you include a pharmacist on your interview panel as they will be aware of the competencies required for this role and be able to guide you regarding comparable learning and experience.	
Have you thought about where you will advertise these roles?	NHS jobs	
Have you thought about how you will use the advertisement to promote your practice as an attractive place to work?	Include information around what makes your practice a challenging and pleasant place to work. Include local information for those looking to relocate. Please find potential job adverts here	
Have you determined the appropriate salary levels for these posts?	NHS England has taken on feedback from the pilot programme and will make an offer to providers that will contribute to the recruitment and employment costs of clinical pharmacists and senior clinical pharmacists.	
Have you prepared for questions that the interviewees may ask around other employment benefits?	For example pension, annual leave and relocation allowance	
Have you thought about how you might approach long term leave?	For example long-term sickness and maternity leave.	
Are you aware of other		

timescales impacting on recruitment?		
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Frequently asked questions

1. What is a clinical pharmacist?

Clinical pharmacists are responsible for areas of chronic disease management and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in residential care homes and those with long-term conditions. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, specific advice for those on multiple medications and better access to health checks.

2. How does this differ from other practice staff?

Clinical pharmacists in general practice work as part of the practice team to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. They work alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in care homes and those with multiple co-morbidities. Clinical pharmacists provide specialist expertise in medicines use while helping address both the public health and social care needs of patients at the practice/s. Clinical pharmacists in general practice provide leadership on person-centred medicines optimisation, ensuring the patient population get the best use out of their medicines. Clinical pharmacists have leadership roles in supporting further integration of general practice with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and help manage general practice workload. The role has the potential to significantly improve quality of care and patient safety.

3. Do all clinical pharmacists prescribe medications? Will they have to undertake qualifications?

Pharmacists are now undergoing training in many areas to become prescribers. They will have had to undergo further and additional training to gain a qualification to prescribe. As part of the General Practice Forward View programme, all clinical pharmacists in general practice are to become prescribers by 2020/21.

4. What's the training route?

Clinical Pharmacists are highly skilled registered health professionals whose initial training is one year less than their medical colleagues. They are trained to become specialists in medicines and how they work. As part of the General Practice Forward View programme there will be an education and training pathway that clinical pharmacists will follow to support their continual professional development. All

pharmacists are registered with the General Pharmaceutical Council (GPhC) which is the regulatory body for pharmacy professionals.

5. Are you just doing this because you can't get GPs?

No. Clinical pharmacists are highly trained health professionals and their expert knowledge of disease and medicines is already having real benefits in general practice including helping patients to manage, often multiple, medication needs. Having a clinical pharmacist in general practice means that GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions.

6. How many clinical pharmacists has NHS England committed to working in general practice?

NHS England piloted a scheme which means there are currently over 490 clinical pharmacists working in general practice across the country. In addition to this, the General Practice Forward View set out a commitment to get an additional 1,500 clinical pharmacists in to general practice by 2020/21.

7. Who will fund clinical pharmacists after the programme has ended?

As part of this programme GP practices and other providers must be able to demonstrate the ability to sustain posts and funding throughout the programme and beyond. We are confident that the benefits that clinical pharmacists in general practice will bring will not only mean a better service for patients, but that it is also financially sustainable. The total money value will be just over £100 million by 2020/21. The employment and recruitment costs of the pharmacists will be co-funded/part funded by NHS England across the programme for each pharmacist

8. When will the financial contribution be available to use for successful applicants?

It will be available from April 2017

9. If applicants not ready to apply now, will there be opportunities to apply later on in the roll out programme?

Yes, this is a rolling programme with a series of set times throughout the financial year when applications will be reviewed.

10. If applicants are not successful initially, will applicants be able to apply again?

Yes, NHS England will work with those applicants who were not initially successful to improve the application in order resubmit to access to programme.

ⁱ 'Modernising Pharmacy Careers Programme: Review of pharmacist undergraduate education and pre-registration training and proposals for reform'. Report to the Medical Education England Board. April 2011 <https://hee.nhs.uk/sites/default/files/documents/Pharmacist-pre-registration-training-proposals-for-reform.pdf>

ⁱⁱ <http://www.rpharms.com/our-campaigns/pharmacists-and-gp-surgeries.asp>

ⁱⁱⁱ <https://www.patients-association.org.uk/press/patients-welcome-benefits-new-pharmacist-role-gp-practices/>