

Water Meadow Surgery

Clinical Pharmacist



Employment Pack

Contents

	page
Job Advert	2
Job Description	3
Person Specification	8
Competency framework	10

1. JOB ADVERT- CLINICAL PHARMACIST

LOCATION: Water Meadow Surgery

HOURS OF WORK: 25 hours per week

SALARY: Band 7 (Clinical Pharmacist)

We are seeking enthusiastic and forward-thinking clinical pharmacists to join our practice. We are looking for pharmacists to develop and manage all aspects of medicines across the practice, working with a skilled multi-disciplinary team you will work in a patient-facing role based in the surgery. This is an evolving role with huge scope for development. Full details can be found in the Job Description and Person Specification.

As part of the NHS England Network Contract DES funding for Clinical Pharmacists, the successful candidate will have access to an accredited training pathway that equips the pharmacist to be able to practice and prescribe safely and effectively in a primary care setting and to deliver the key responsibilities of the role.

If you would like to discuss this further and/or arrange an informal visit please contact:

Steve Benjamin on 01494 774543

If you want to work in a supportive practice that recognises the importance of teamwork, CPD and mentoring please contact us today.

2. JOB DESCRIPTIONS - CLINICAL PHARMACIST ROLE

Primary Duties and Areas of Responsibility

- i) The clinical pharmacist will work 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
- ii) They will be a prescriber, or will be completing training to become a prescriber, and will work with and alongside the general practice team.
- iii) They will take responsibility for the care management of patients with chronic disease and undertake clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities (in particular frailty, COPD and asthma) and people with learning disabilities or autism (through STOMP – Stop Over Medication Programme)
- iv) They will provide specialist expertise in the use of medicines whilst helping to address both the public health and social care needs of patients in the practice and to help to tackle inequalities.
- v) The clinical pharmacist will provide leadership on person-centred medicines optimization (including ensuring prescribers in the practices conserve antibiotics in line with antimicrobial stewardship guidance) and quality improvement, whilst contributing to the quality and outcomes framework and enhanced services.
- vi) Through structured medication reviews, clinical pharmacists will support patients to take their medicines and to get the best from them, reduce waste and promote self-care.
- vii) The clinical pharmacist will have a leadership role in supporting further integration of general practices with the wider healthcare teams (including community and hospital pharmacy) to help improve patient outcomes, ensure better access to healthcare and to help manage general practice workload. The role has the potential to significantly improve the quality of care and safety for patients.
- viii) The clinical pharmacist will take a central role in the clinical aspects of shared care protocols, clinical research with medicines, liaison with specialist pharmacists (including mental health and reduction of inappropriate antipsychotic use in people with learning difficulties) liaison with community pharmacists and anticoagulation.

The clinical pharmacist will be part of a professional clinical network and will have access to appropriate clinical supervision as outlined in the Network Contract DES guidance. As the number of clinical pharmacists working in PCNs increases, this should be on a ratio of one senior clinical pharmacist to five junior clinical pharmacists, and in all cases appropriate peer support and supervision must be in place.

Patient facing long-term condition clinics	<p>See (where appropriate) patients with single or multiple medical problems where medicine optimisation is required (e.g. COPD, asthma).</p> <p>Review the ongoing 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). Make appropriate recommendations to GPs for medicine improvement.</p>
Patient facing clinical medication review	<p>Undertake clinical medication reviews with patients and produce recommendations for, GPs and/or nurses on prescribing and monitoring.</p>
Patient facing care home medication reviews	<p>Undertake clinical medication reviews with patients and produce recommendations for the GPs on prescribing and monitoring. Work with care home staff to improve the safety of medicines ordering and administration.</p>
Patient facing domiciliary clinical medication review	<p>Undertake clinical medication reviews with patients and produce recommendations for the GPs on prescribing and monitoring. Attend and refer patients to multidisciplinary case conferences.</p>
Management of common/minor/self-limiting ailments	<p>Manage a caseload of patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence.</p> <p>Signpost to community pharmacy and refer to GPs or other healthcare professionals where appropriate</p>

Patient facing medicines support

Provide patient facing clinics for those with medicines queries

Telephone medicines support

Provide a telephone helpline for patients with questions, queries and concerns about their medicines.

Medicine information to practice staff and patients

Answer relevant medicine-related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines. Suggest and recommend solutions.

Provide follow up for patients to monitor the effect of any changes.

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 the prescribing of these medicines to high-risk patient groups.

Management of medicines at discharge from hospital

Reconcile medicines following discharge from hospitals, intermediate care and into care homes, including identifying and rectifying unexplained changes and working with patients and community pharmacists to ensure patients receive the medicines they need post-discharge. Set up and manage systems to ensure continuity of medicines supply to high-risk groups of patients.

Signposting

Ensure patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period.

Repeat prescribing

Produce and implement a practice repeat prescribing policy.

Manage the repeat prescribing reauthorisation process by reviewing patient requests for repeat prescriptions and reviewing medicines reaching review dates and flagging up those needing a review. Ensure patients have appropriate monitoring tests in place when required.

Risk stratification

Identify cohorts of patients at high risk of harm from medicines through pre-prepared practice computer searches. This might include risks that are patient-related, medicine related or both.

Service development

Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components.

Information management

Analyse, interpret and present medicines data to highlight issues and risks to support decision-making.

Medicines quality improvement

Undertake clinical audits of prescribing in areas directed by the GPs, feedback results and implement changes in conjunction with the GPs.

Medicines safety

Implement changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance.

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 the practice in seeing 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.

Education and Training

Provide education and training to primary healthcare team on therapeutics and medicines optimisation.

Care Quality Commission

Work with the general practice team to ensure the practice is compliant with CQC standards where medicines are involved.

Public health

Support public health campaigns. Provide specialist knowledge

3. PERSON SPECIFICATION

Qualifications

- Masters Degree in Pharmacy (MPharm) or equivalent
- Registered with GPhC
- Member of RPS
- Specialist knowledge through a Postgraduate Diploma and qualifications (eg clinical, community, therapeutics) or equivalent
- Evidence of recent and relevant Continuing Professional Development
- Independent prescriber status or a commitment to undertake the course

Experience

- At least 2 years post-registration experience in a hospital, community or general practice setting
- Experience in undertaking medication or medicine use reviews, and patient counselling
- Experience in working with clinicians and multidisciplinary/multiagency work
- Experience in facilitating change to improve clinical practice
- Experience in delivering training sessions to varied groups
- Experience in undertaking clinical audit

Skills

- Capacity to be innovative and develop the role of a practice pharmacist
- Effective interpersonal, communication (both written and oral) presentation and influencing skills
- Ability to work with a range of clinical and non-clinical personnel as part of a team
- Ability to communicate medicines and service-related information to decision makers at all levels and have advice challenged
- Ability to work independently and effectively with a high degree of motivation for long periods
- Ability to prioritise and work to deadlines, often with frequent interruptions and urgent requests
- Ability to motivate people and facilitate change
- Ability to define, collate, analyse and interpret data
- Able to utilise databases and information technology, including word processing, spreadsheets and presentation packages effectively
- Ability to communicate information to patients and carers in an appropriate manner, using well developed empathy skills
- Ability to deal with occasionally distressing or emotional circumstances, including contact with terminally ill patients and their carers or relatives
- Accepts responsibility for own work with the freedom to take action based on own interpretation of broad clinical/professional policies

Knowledge

- Knowledge of issues regarding the protection of vulnerable adults and children, frail elderly and those with dementia
- Knowledge of medicines management issues across primary, acute and domiciliary care settings including strategies for the improvement of prescribing
- Understanding and appreciation of National and local policies which impinge on primary care prescribing
- Understanding of the current issues facing primary care teams
- Understanding of the principles of clinical governance and how these apply in the broader arena
- Understanding of personal health and safety responsibilities
- An understanding of prescribing budgets and financial information

Personal Attributes

- Professional approach to work demonstrating excellent interactive patient skills. Guided by professional code, accountable and responsible for own professional actions
- Ability to gain the confidence and credibility of a range of professional
- Able to work under pressure and prioritise task to ensure urgent work is completed on time
- Able to engage rapidly with existing stakeholder and networks
- Builds credibility (personal and organisational) and rapport quickly
- Able to communicate effectively and engage with individuals from other agencies, including patients and the public
- Ability to travel between sites on time if required

4. COMPETENCY FRAMEWORKS



Competency
framework clinical pha