**Colne Valley Primary Care Network Ltd**

**Clinical Pharmacist job description & person specification**

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| **Job Title** | PCN Clinical Pharmacist |
| **Line Manager** | Lead Clinical Pharmacist |
| **Accountable to** | PCN Clinical Director and PCN Operations Manager |
| **Hours per week** | 30.00 |
| **Work based policy** | Agile |
| **Related Contracts** | PCN DES: - Enhanced Health in Care Homes, Med Ops, SMR’s and Extended Access. |

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| **Job Summary** |
| To be responsible for implementing an effective medicine management system within the Colne Valley Primary Care Network, including cost-effective prescribing, providing advice and support for both patients and colleagues. The post holder will carry out structured medication reviews (SMR’s), medicine optimisation (MOLES) and will also support local care homes MDT to help manage patients with chronic long-term diseases and proactively manage elderly people with complex polypharmacy.  The post holder will be enrolled in (if not already completed) the 18-month approved [CPPE Clinical Pharmacist training pathway](https://www.cppe.ac.uk/career/pcpep/pcpep-training-pathway) enabling safe practice and prescribing in primary care, whilst fulfilling the requirements of the PCN specific DES contract. There will also be the opportunity for further CPD training as the role progresses, which will include independent prescribing (if required)  Clinical mentorship via the Lead Clinical Pharmacist and, or Practice based GP will be provided once a month.  The primary duties of the role include (but not limited to):  **Practice Centred duties**   * Reviewing patients with single or multiple medical problems where medicine optimisation is required (e.g. diabetes, asthma). This may include reviewing the ongoing need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines, ensuring they get the best use of their medicines (i.e. medicines optimisation). * Answering relevant medicine-related enquiries from GPs, other practice staff, other healthcare teams (e.g. community pharmacy) and patients with queries about medicines. Suggesting and recommending solutions. * Undertaking clinical medication reviews with patients (including those who are house bound) and carers and producing recommendations on prescribing and monitoring. * Providing telephone and written advice for patients with questions, queries, and concerns about their medicines, including online queries.      * Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate. * Look at ways of connecting PCN patients to the New Medicine Service (NMS) via their local pharmacy. * Ensuring that patients are referred or signposted to the appropriate healthcare professional for the appropriate level of care within an appropriate period, e.g. pathology results, common/minor ailments, acute conditions, long term condition reviews etc. * Managing 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. * Undertaking clinical audits of prescribing in areas directed by the GPs, feeding back the results and implement changes in conjunction with the practice team. * Monitoring practice prescribing against the local health economy’s formulary and make recommendations to GPs for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs). * Assisting practices in maintaining a practice formulary that is hosted on the practice’s computer system. * Working with the general practice team to ensure the practice is compliant with CQC and other regulatory and legal standards where medicines are involved.   **PCN centred duties**   * Identification of 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. * Analysing, interpreting, and presenting medicines data to highlight issues and risks to support decision making. * Implementing changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance. * Working with the Mid & South Essex Integrated Care System (ICS) and MOLES group to optimise the following:   + Prescribing of Antibiotic medication   + Medication which causes dependency for patients   + Switching patients using MDI’s to low carbon alternatives   + Nationally identified low priority medicines. * Auditing the practice’s compliance against NICE technology assessment guidance. * Supporting public health campaigns to provide specialist knowledge and advice.   **Care Home centred duties (MOCH)**   * Work with PCN registered Care Homes and Residential Care Homes (CQC registered) looking at:   + specific medication issue(s),   + How they order and store medication, helping to reduce waste,   + Answer queries regarding local policies and procedures, training & vaccinations,   + Work as part of a Multi-Disciplinary Team (MDT) providing on going care to patients.   + Undertake regular video consultation with the Team leader at each PCN care home or residential home.      * Reconciling 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. * Reviewing the use of medicines most associated with unplanned hospital admissions and re-admissions through audit and individual patient reviews. |

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| **Generic Responsibilities** |
| All staff employed through Colne Valley Primary Care Network Ltd have a duty to conform to the following:  **Equality, Diversity, and Inclusion**  A good attitude and positive action towards ED&I create an environment where all individuals can achieve their full potential. Creating such an environment is important for three reasons – it improves operational effectiveness; it is morally the right thing to do, and it is required by law.  Patients and their families have the right to be treated fairly and be routinely involved in decisions about their treatment and care. They can expect to be treated with dignity and respect and will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Patients have a responsibility to treat other patients and our staff with dignity and respect.  Staff have the right to be treated fairly in recruitment and career progression. Staff can expect to work in an environment where diversity is valued, and equality of opportunity is promoted. Staff will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Staff have a responsibility to ensure that they treat our patients and their colleagues with dignity and respect.  **Safety, Health, Environment and Fire (SHEF)**  This PCN is committed to supporting and promoting opportunities for staff to maintain their health, well-being and safety.  The post holder is to manage and assess risk within the areas of responsibility, ensuring adequate measures are in place to protect staff and patients and monitor work areas and practices to ensure they are safe and free from hazards and conform to health, safety and security legislation, policies, procedures, and guidelines.  All personnel have a duty to take reasonable care of health and safety at work for themselves, their team and others and to cooperate with employers to ensure compliance with health and safety requirements. All personnel are to comply with the Health and Safety at Work Act 1974, Environmental Protection Act 1990, Environment Act 1995, Fire Precautions (workplace) Regulations 1999 and other statutory legislation.  **Confidentiality**  The PCN and associated practices are committed to maintaining an outstanding confidential service. Patients entrust and permit us to collect and retain sensitive information relating to their health and other matters pertaining to their care. They do so in confidence and have a right to expect all staff will respect their privacy and always maintain confidentiality.  It is essential that, if the legal requirements are to be met and the trust of our patients is to be retained, all staff protect patient information and provide a confidential service.  **Quality and Improvement**  To preserve and improve the quality of PCN outputs, all personnel are required to think not only of what they do but how they achieve it. Using Quality improvement methodology to examine our processes, we understand where challenges arise, we are then able to develop and implement changes with the aim of improving care in line with the six domains of healthcare quality: -  • Safe  • Timely  • Efficient  • Equitable  • Effective  • Patient-Centered  The responsibility for this rests with everyone working within the PCN and practices to look for opportunities to improve quality and share good practice and to discuss, highlight and work with the team to create opportunities to improve patient care.  Colne Valley Primary Care Network Ltd strives to improve work processes which deliver healthcare with improved results across all areas of our service provision. We promote a culture where everyone counts, and staff are encouraged to make suggestions and contributions to improve our service delivery and enhance patient care.  Staff should interpret national strategies and policies into local implementation strategies that are aligned to the values and culture of general practice.  All staff are to contribute to investigations and root cause analyses whilst participating in serious incident investigations and multidisciplinary case reviews.  **Induction**  In addition to the induction process at Colne Valley Primary Care Network Ltd, where you will be provided with a full induction programme, when attending any practice within the network you will also be required to complete their practice induction programme.  Whilst across the PCN we aim to standardise this process, inevitably there will be nuances particular to each practice. In any such instance, the practice management team will support you with this.  **Learning and development**  The effective use of training and development is fundamental in ensuring that all staff are equipped with the appropriate skills, knowledge, attitude, and competences to perform their role.  All staff will be required to partake and complete mandatory training as directed by Colne Valley Primary Care Network Ltd. It is an expectation for this post holder to assess their own learning needs and undertake learning as appropriate  The post holder will undertake mentorship for team members and disseminate learning and information gained to other team members in order to share good practice and inform others about current and future developments (e.g. courses and conferences).  The post holder will provide an educational role to patients, carers, families, and colleagues in an environment that facilitates learning.  **Collaborative working**  All staff are to recognise the significance of collaborative working and understand their own role and scope and identify how this may develop over time. Staff are to prioritise their own workload and ensure effective time-management strategies are embedded within the culture of the team.  Teamwork is essential in multidisciplinary environments and the post holder is to work as an effective and responsible team member, supporting others and exploring the mechanisms to develop new ways of working. To work effectively with others to clearly define values, direction and policies impacting upon care delivery  Effective communication is essential, and all staff must ensure they communicate in a manner which enables the sharing of information in an appropriate manner.  All staff should delegate clearly and appropriately, adopting the principles of safe practice and assessment of competence.  Plans and outcomes by which to measure success should be agreed.  **Managing information**  All staff should use technology and appropriate software as an aid to management in the planning, implementation and monitoring of care and presenting and communicating information.  Data should be reviewed and processed using accurate SNOMED/read codes to ensure easy and accurate information retrieval for monitoring and audit processes.  All work should be completed and saved on the PCN MS TEAMS/ sharepoint area for business continuity reasons.  **Service delivery**  Staff will be given detailed information during the induction process regarding policy and procedure.  The post holder must adhere to the information contained within PCN and local practice policies and regional directives, ensuring protocols are always adhered to.  **Professional conduct**  All staff are required to dress appropriately for their role. PCN staff members are to familiarise themselves and comply with local practice protocol.  **Leave**  All personnel are entitled to take leave. Line managers are to ensure all staff are afforded the opportunity to take a minimum of 6.6 weeks leave (pro-rata) each year and should be encouraged to take all their leave entitlement.  Public holidays will be calculated on a pro-rated basis dependent on the number of hours worked.  **TOIL**  Any hours worked above those stipulated in your contract, must be agreed by your line manager, and taken as TOIL at a convenient time between April and March each year. TOIL hrs cannot be carried forward into the following annual leave period.  **Extended Access**  The PCN is required to provide an extended access provision to its patients. There may be opportunity to work additional hours above those specified in the contract.  If the post holder agrees to working these additional hours, they will be paid an hourly rate in line with the agreed extended access pay rates which will be included in their monthly salary in arrears. |

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| **Person Specification – Clinical Pharmacist** | | |
| **Qualifications** | **Essential** | **Desirable** |
| GPhC Registered Pharmacist | ✓ |  |
| Degree in Pharmacy or MPharm Masters Degree | ✓ |  |
| GPhC Independent Prescriber Qualification |  | ✓ |
| Minor Ailments certification |  | ✓ |
| Medicines Management Qualification |  | ✓ |
| MUR and repeat dispensing certification |  | ✓ |
| **Experience** | **Essential** | **Desirable** |
| Minimum of two years working as a pharmacist | ✓ |  |
| Experience in managing pharmacy services in primary care |  | ✓ |
| An appreciation of the nature of primary care prescribing, concepts of rational prescribing and strategies for improving prescribing. |  | ✓ |
| An appreciation of the nature of GPs and general practices. | ✓ |  |
| **Skills** | **Essential** | **Desirable** |
| Excellent communication skills (written and oral) | ✓ |  |
| Strong IT skills | ✓ |  |
| Clear, polite telephone manner | ✓ |  |
| Competent in the use of Office and Outlook | ✓ |  |
| EMIS / Systmone / Ardens /Vision user skills | ✓ |  |
| Ability to promote best practice regarding all pharmaceutical matters | ✓ |  |
| Effective time management (Planning & Organising) | ✓ |  |
| Ability to work as a team member and autonomously | ✓ |  |
| Good interpersonal skills | ✓ |  |
| Problem solving & analytical skills | ✓ |  |
| Ability to follow policy and procedure | ✓ |  |
| **Personal Qualities** | **Essential** | **Desirable** |
| Polite and confident | ✓ |  |
| Flexible and cooperative | ✓ |  |
| Motivated | ✓ |  |
| Forward thinker | ✓ |  |
| High levels of integrity and loyalty | ✓ |  |
| Sensitive and empathetic in distressing situations | ✓ |  |
| Ability to work under pressure | ✓ |  |
| **Other requirements** | **Essential** | **Desirable** |
| Flexibility to work outside of core office hours | ✓ |  |
| Disclosure Barring Service (DBS) check | ✓ |  |
| Evidence of continuing professional development | ✓ |  |

***This document may be amended following consultation with the post holder, to facilitate the development of the role, the PCN and the individual. All personnel should be prepared to accept additional, or surrender existing duties, to enable the efficient running of the PCN.***