New roles in primary care networks: the clinical pharmacist

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As 1 July rapidly approaches, many PCNs are now starting to discuss the way in which they can make best use of the reimbursement opportunities for additional roles that the PCN DES puts in place.

Of the additional roles planned for introduction over the next three years, perhaps the one most commonly talked about is the clinical pharmacist. This is not only because additional reimbursement is available from 1 July 2019, but also because many practices have already introduced the role into their clinical teams, typically by taking advantage of two existing schemes: clinical pharmacists in general practice or medicines optimisation in care homes.

By extending the workforce with clinical pharmacists, many practices have been able to ease pressures on GP workload, improve waiting times and improve health outcomes.

There are a number of ways clinical pharmacists are used in practice, the following being the most common:

- Provision of minor illness clinics
- Reviewing medication for patients recently discharged from hospital
- Completing repeat prescription reviews
- Medicines management
- Dealing with prescription-related queries and medicines reviews
- Overseeing the practice’s repeat prescription policy
- Audit
- CQC preparedness.

A crucial factor when introducing a clinical pharmacist into practice is ensuring that all staff—not just the clinical team—are fully aware of the purpose of the role and what it brings to the practice.

This will ensure consistent and reassuring messages are given to patients who may be unaware of the role and its benefits. As an integral part of the practice, the patient participation group (PPG) should also be involved in the introduction of the clinical pharmacist. Endorsement and communication by the PPG should help to get the support of the wider patient population.

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1The PCN additional roles reimbursement scheme cannot be used to cover existing staff costs. Practices that currently employ clinical pharmacists through previous schemes should ensure they are clear how the rules on additionality will affect their particular scenario, details of which can be found in section 4.4.2 of the network contract directed enhanced service guidance. Where local variation on the national schemes exist, PCNs should liaise with their CCG to clarify the approach to funding from 1 July.
Inviting the pharmacist to a PPG meeting to explain the scope and purpose of the role, with a view to returning after six months or so to give an informal progress report will help to get things off on the right foot. Taking a similar approach with the practice team will also pay dividends.

PCC worked with hundreds of practices in the clinical pharmacists in general practice programme to ensure that the new roles were successfully embedded in practice teams. Some of the learning from that experience was captured in the following documents:

- Clinical pharmacists in general practice: A brief guide to getting started for practice teams
- Sharing a clinical pharmacist: A brief guide to making it work for the pharmacists and their practices
- Clinical pharmacists in general practice (case studies and articles)

For further support for your practice or network to integrate clinical pharmacists and other new roles, or simply to find out more about PCC contact us at enquiries@pcc-cic.org.uk