**ELR GP Federation – NHS England Clinical Pharmacists in General Practice Application Update**

The application deadline is **29th September 2017**. An update on the application process for this scheme is outlined below.

1. **Participating practices**

The following 15 practices have indicated interest in participating in the scheme. Consequently, as it stands, we will be seeking **5 pharmacists (1 senior band 8a and 4 band 7)** split between the practices; in line with the scheme ratio of 1 pharmacist to 30,000 patients (the scheme criteria are summarised at appendix 1).

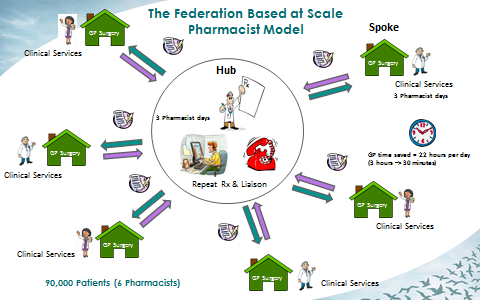


1. **Model**

We are working with a specialist pharmacists company – **Soar Beyond** ([www.soarbeyond-ltd.co.uk](http://www.soarbeyond-ltd.co.uk)) who have experience of bidding successfully for the NHS England scheme in London and Birmingham. Our approach will dovetail with existing arrangements and existing pharmacists. We have liaised with NHS England locally who have confirmed that they are supportive of this approach.

**2.1 Proposed model**

* Federation submits bid to NHSE for 5 clinical pharmacists (TBC)– based on the 1:30,000 ratio for 150,000 population (TBC)
* These pharmacists will be augmented by the existing pharmacists employed by practices through the CCG £2/patient scheme
* This will provide approx. 8-10 pharmacists (TBC) who would contribute to an ‘at-scale’ Federation hub and spoke based service to provide participating practices with a centralised query service 5 days per week.
* The team would rotate through the virtual hub and provide a bespoke clinical service to their ‘base practice’
* We could incorporate local incentive schemes as part of the plan and/or further off-set the cost via pharma initiatives



**2.2 Centralised Prescribing Support hub which provides;**

* Central Hub (might be virtual)
  + Rx queries
  + Best practice process - streamline & optimise each practice system for repeat prescribing
  + Process and issue
  + Telephone support line
  + Team
* Pharmacists - Rotation between Repeat Rx and clinical work
* Admin/ technicians (not part of NHSE funding) TBC.

**2.3 Clinical spokes – tailored to each practice,** but could include;

* QOF Optimisation
* Outstanding queries (small number)
* Minor Illness management
* Rotational standardised clinical review programme (pharmacist specialising in therapy areas)
* Poly-pharmacy reviews
  + Respiratory
  + Diabetes
  + Pain Management
  + Nutrition
  + Hypertension
  + AF
  + Care Homes

**2.4 Integration**

* Liaison between primary and secondary care (pharmacists) for discharge planning and medicines reconciliation
* Proactive management of repeat prescription collection from pharmacies - reduction in medicines waste
* Engagement with community pharmacists to drive better use and uptakes of MURs, NMS repeat dispensing and EPS2 – direct case load management
* Integration with CCG medicines management / optimisation teams – ensure strategic direction is implemented

**2.5 All inclusive service – which includes;**

* Recruitment
* Employment inc. all checks, HR
* Pension
* Indemnity
* Parental leave, long-term sick
* On-going professional development & training
* End of 4 years – retain the risk of the pharmacists

**Benefits of this approach;**

* Hub and spoke model – which brings flexibility and consistency of service
* Hub - covers all pharmacy queries 5 days a week
* Spokes – practice based – providing a bespoke clinical service
* Takes the recruitment and management burden
* Removes the risk of employment
* Practices will be involved in the recruitment of pharmacists in the localities
* Provides effective cross cover, as necessary
* Flexibility for moving pharmacists around, as necessary

1. **Costings**

**Costings for this option are shown in Appendix 2** in year1.

* The indicative costings suggest a cost of **£2.22 per patient.**
* It is likely that there will be an increase related to pay increases in years 2 -4. An increase @2% per year has been assumed but this needs to be confirmed.

1. **Lead practice(s)**

Subject to updated guidance from NHS England which may enable the Federation to hold this contract directly, we need to identify lead practices to hold the contract with NHS England and receive the funding. The Federation will fully manage and support this process.

**If the scenario that this is necessary, we have asked the Croft, County, Oakham, Forest House and Glenfield or The Limes to fulfil this function for their respective groupings.**

We will then put a contract in place between the lead practices and Soar Beyond for the management of the pharmacists and relevant indemnity arrangements with partner practices, as necessary.

1. **Next steps**

|  |  |  |
| --- | --- | --- |
| **Id** | **Task** | **When** |
| a. | Final confirmation from practices that they will take part in the scheme. | 20/09 |
| c. | Finalise the financial model and costs per practice. | 20/09 |
| d. | Confirm the lead practices | 20/09 |
| f. | Finalise application | 22/09 |
| g. | Submit application | 27/09 |

John Nicholls, Head of Medicines, is assisting with the application.

1. **Patient involvement question**

***Have patients been involved in developing this proposal eg, through your public and patient participation groups?***

* Many thanks for the feedback that I have received to assist with this question.
* FYI, I updated the PPG Chairs on these plans at their networking event on 7th September 2017.
* I would be grateful for feedback from those practices that haven’t updated on this.

**Appendix 1**

**NHS England Scheme overview and criteria**

* Applications must demonstrate working at scale. The guidance indicates 1 Clinical Pharmacist per 30,000 population.
* For every 5 Clinical Pharmacists, there needs to be 1 Senior Clinical Pharmacist
* Pharmacists must be part of a professional clinical network and clinically supervised by a senior clinical pharmacist and GP clinical supervisor
* Pharmacists will take part in the NHS E funded education programme – up to 28 days over the first 18 months
* Independent Prescriber eventually but not necessarily immediately
* Each Clinical Pharmacist to have 1 GP Mentor
* The expectation is that the clinical pharmacists will be employed on a full time basis
* Financial Implications:-
  + Year 1 – NHS England 60%; Practice 40%
  + Year 2 – NHS England 40%; Practice 60%
  + Year 3 – NHS England 20%; Practice 80%
  + Year 4 – Practice 100%
* The funding that NHS England will make available is outlined in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NHS England contribution WTE** | | | **Total contribution from NHS England over the three years** |
| **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 |

*Please note that the figures quoted above relate to a WTE or full time clinical pharmacist. Where the practice employs or make use of a part-time clinical pharmacist, then the contribution will be adjusted pro-rata.*

**Appendix 2 – Indicative costings**

