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# Primary Care Networks and Clinical Pharmacists



Royal College of  
General Practitioners

Under the Primary Care Network scheme, announced as part of the 2019 GP contract, all Primary Care Networks (PCNs) will be able to claim up to £37,810 reimbursement towards the cost of a clinical pharmacist to work across the PCN. This will expand over the next 5 years so that by 2023/24, a typical network of 30 – 50,000 patients could choose to have its own team of approximately six whole time equivalent clinical pharmacists.

Within primary care, clinical pharmacists work as part of a multi-disciplinary team (MDT) in a patient facing role to clinically assess and treat patients, using their expert knowledge of medicines to add value to and to improve patient care and patient outcomes. The role of clinical pharmacists working effectively within a general practice setting has been demonstrated over recent years, with the Clinical Pharmacists in General Practice programme. This initiative has placed over 900 additional clinical pharmacists into primary care. Employment models and the roles and responsibilities are varied, aiming to make full use of a pharmacist's clinical skills and knowledge for the benefit of patients, to reallocate some tasks to alleviate workload pressures, and to enable GPs to focus their skills where they are most needed.

Clinical pharmacists are those pharmacists that have undergone an 18 month training programme commissioned by NHS England.

The British Medical Association (BMA), the Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS) support the important role that pharmacists can play within PCNs, practices and the wider primary care team. We support the expansion of the pharmacist workforce within general practice and care homes building upon previous programmes of work.

## What will clinical pharmacists within a PCN do?

The majority of the clinical pharmacists' role will be undertaken in consultations with patients, whether in the GP practice, care homes or as part of home visits. They will usually be independent prescribers, or will be completing training to become prescribers, and will work as part of the wider practice team, under the supervision of a GP.

They will work closely with other members of the MDT in ensuring that patients with chronic diseases get the maximum benefits from their medicines as part of a shared decision making consultation. They will undertake structured medication reviews (SMRs) to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities, frailty and people with learning disabilities or autism.

Clinical Pharmacists provide specialist expertise in the use of medicines, helping to address both the public health and social care needs of patients within a PCN and they help tackle inequalities by helping to improve access to care. These pharmacists can additionally help to provide leadership on person centered medicines optimisation and quality improvement, contributing to the quality and outcomes framework (QOF) and enhanced services across the PCN. These pharmacists support patients to get the best from their medicines, reduce waste and promote self-care.

Clinical pharmacists will have a significant role in supporting further integration of primary care with the wider healthcare teams, particularly with their clinical colleagues in community, mental health and hospital pharmacy. They will work with

pharmacists across the system to help enhance patient outcomes, delivering improved access and seamless care as patients move between providers. The role has the potential to significantly improve quality of care and safety for patients.

Clinical pharmacists will play a key role in helping to deliver the new network service specifications, particularly the delivery of the structured medication reviews, enhanced health in care homes, delivering personalised care and supporting the work on cardiovascular diagnosis and prevention.

A number of clinical pharmacists will have taken on the role of clinical director within their PCN, alongside GPs and Advanced Nurse Practitioners. All clinical directors will play a critical role in shaping their network, working with all the members of the wider practice team to develop and implement services. Clinical directors will also need to work with their respective Integrated Care System (ICS) / Sustainability and Transformation Partnership (STP) to ensure proper representation of primary care in developing local plans to implement the NHS Long Term Plan.

## What could clinical pharmacists in a PCN do in the future?

Clinical pharmacists could play a leading role in progressing medicines safety and optimisation across a mature PCN. They could ensure that appropriate processes and procedures are in place to reduce risks of medicines harm and work with other healthcare professionals and patients to ensure that their medicines are right for them. They will be involved in quality improvement initiatives targeted at their local populations, supporting the delivery of the QOF.

Clinical pharmacists will need to be able to access CPD and training opportunities as members of the primary care team, as well as contributing to the

development of others where appropriate. This would include opportunities to develop leadership skills and work with PCN leadership teams in developing strategy and operational delivery across the network.

As networks become more mature, the role of a consultant PCN pharmacists could be developed to support system leadership across a PCN and an ICS / STP.

[Briefing on clinical pharmacists and the Network Contract DES](#)

## Next Steps

The RPS will work with BMA, RCGP and other key stakeholders such as NHS England / Improvement to promote the role of clinical pharmacists within PCNs to both GP practices and pharmacists. We will provide assistance and advice to both GPs and pharmacists, respectively, to ensure that practices are able to provide a supportive working environment and that pharmacists develop the competence and confidence to consult directly with patients, becoming autonomous independent prescribers working within a multi-professional team.