

Our Health Partnership

OHP A healthy future for patients and practices



Building our Multi-Disciplinary Teams

Progress Report

April 2021

The Additional Roles Reimbursement Scheme (ARRS) launched in 2019 forms part of the Primary Care Network (PCN) Directed Enhanced Service (DES). The aim of the scheme is to build and utilise the additional roles to support the general practice workforce. The funding is for new roles introduced within PCNs. Each PCN has the flexibility to determine which of the roles they recruit based on their patient population requirements. Our Health Partnership (OHP) has supported their PCNs with this, providing guidance and structures to develop PCN Multi-Disciplinary Teams (MDTs).

The purpose of this report is to showcase what has been achieved in this first year and to take a moment to celebrate and hear from some of the PCNs and their teams.

Reflections from our PCN Strategic Workforce Lead, Clair Huckerby

When I joined OHP in January 2020, the focus was to turn our aspirations for recruitment and building PCN MDTs into reality. There were some key practical considerations such as estates and how the consulting triage model would work as our teams grew; these continue to be worked through.

Covid has impacted significantly on plans. Not only on the way the DES is delivered and how some of the roles we recruited have been involved in delivering the hugely successful vaccination programme, but also in that we have expedited digitalisation of some processes such as consulting and prescription management.

We have forged ahead, continuing engagement with PCN teams to ensure we match recruitment to PCN needs. Despite the challenges we have faced, the OHP central team, PCNs and their practices have worked together to accommodate, support and develop these new roles in an ever-changing landscape. I would like to thank all of those who have been involved in making our growing PCN workforce a happy and productive one.



Feedback from OHP Chair, Vish Ratnasuriya

Reading through this report, I'm struck by what has been achieved despite the trying circumstances of last year. We have successfully recruited at a vast scale across our many PCNs, and have developed happy teams that immediately responded to the challenges of the pandemic. Our new colleagues immediately contributed by working differently in a uncertain and novel environment, supporting our vulnerable patients and often contributed to our hugely successful vaccination programme. I'd like to thank you all.

Amongst this, a quick look at the back pages quantifies the impact for practices and PCNs. Whilst our working environment has become more complex and demand as ever continues to rise, the benefit to practices and patients can be seen, and I believe it is important to keep a focus on this as PCNs broaden their remit from supporting General Practice, to supporting the wider health and care system over as the NHS Long Term Plan always intended.

I'd like to thank all of you for all you have done over the last year for our patients and I look forward to reading next years' report.

The ARRS entitles PCNs to access funding to support recruitment across various roles:

- Clinical Pharmacists and Pharmacy Technicians
- Social Prescribing Link Workers (SPLWs), Health and Wellbeing Coaches and Care Coordinators
- Allied Health Professionals (Physiotherapists, Dietitians, Podiatrists, Occupational Health Therapists and from April 2021 Paramedics and Mental Health Practitioners)

Initially OHP commenced recruitment of SPLWs in October 2019, now, every OHP supported PCN has access to a SPLW provided by the Active Wellbeing Society (TAWS). The latest addition to the team joined as MOBY's second SPLW on the 29th March 2021. Each of the SPLWs have their own specialities ranging from mental health and delivering therapies, qualified nutritional therapy, stress management, physiology and supporting people with long term conditions. During the first year of partnership with TAWS, strong relationships were built during the first 2020 lockdown. The way that TAWS usually delivered their services had to change dramatically, they reacted quickly and ensured that the most vulnerable of our patients were supported during this time. The work carried out during this time has been well documented in the partnership video we commissioned and shared in Summer 2020.

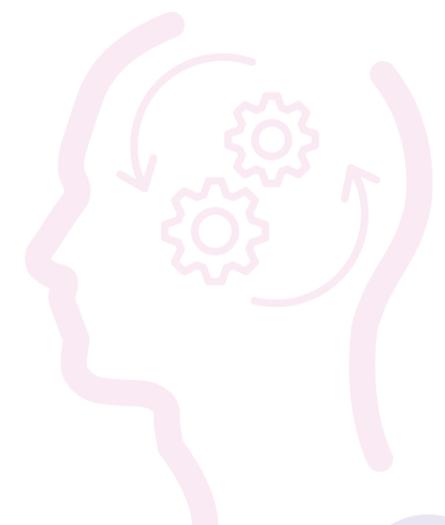
In January 2020, OHP recruited a Consultant Pharmacist with remit for providing leadership for PCN Clinical Pharmacists and the wider PCN workforce. During the course of the last year each PCN has recruited a PCN Lead Clinical Pharmacist supported by a wider PCN Pharmacy team including Pharmacy Technicians.

The role of Care Coordinators was introduced initially to support the delivery of the interim care home Covid Enhanced Service in July 2020, these roles were soon embedded into the PCN and OHP worked with training providers to develop a training course accredited by the Personalised Care Institute. Owing to its success this is now marketed to other PCNs in the region and OHP is a pilot site for the NHS England Care Coordination Steering Group.

In addition to this, PCNs have prioritised a range of Allied Health Professional roles, these include Physician Associates, Dietitians, First Contact Physiotherapists and more recently OHP commenced recruitment of primary care Paramedics and Mental Health Practitioners. We have engaged with a range of providers as well as offering employed contracts for individuals to ensure we maximised recruitment opportunity.

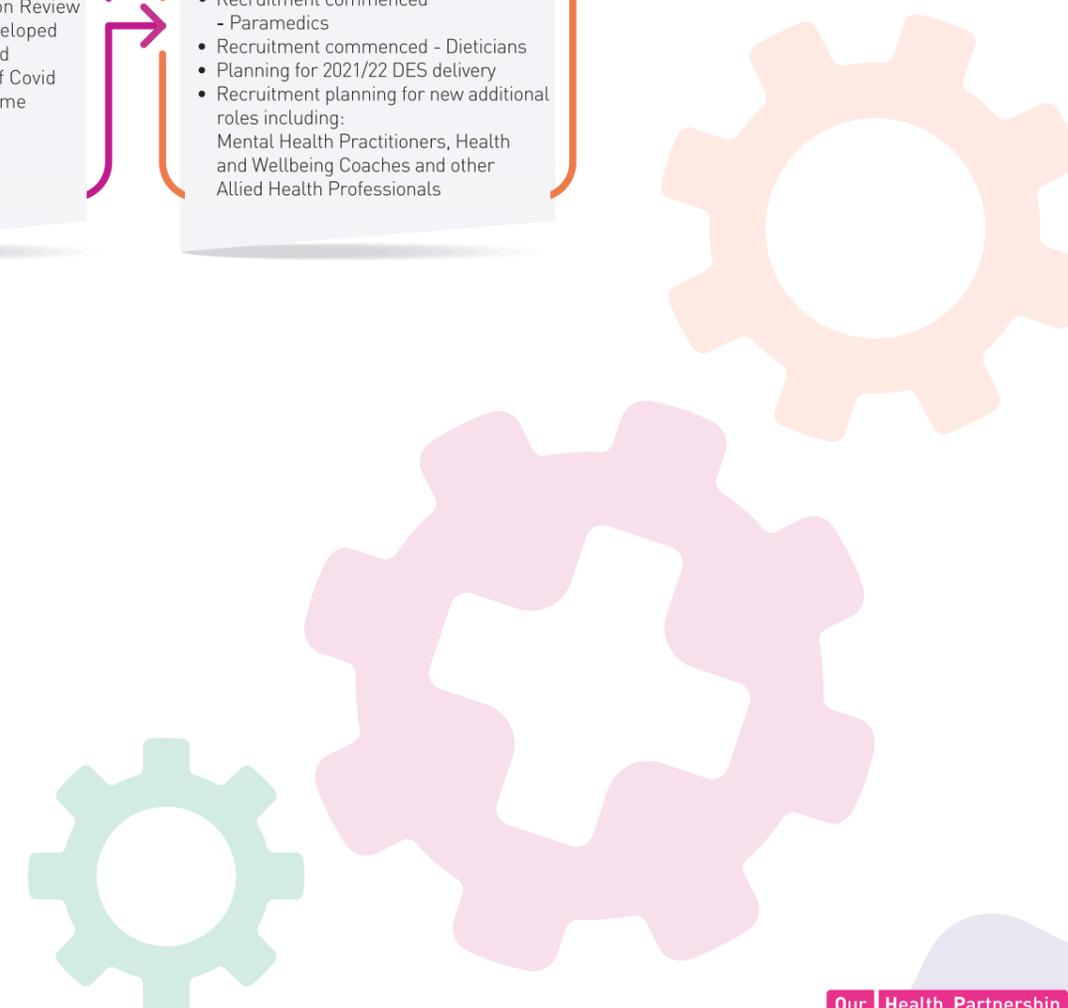
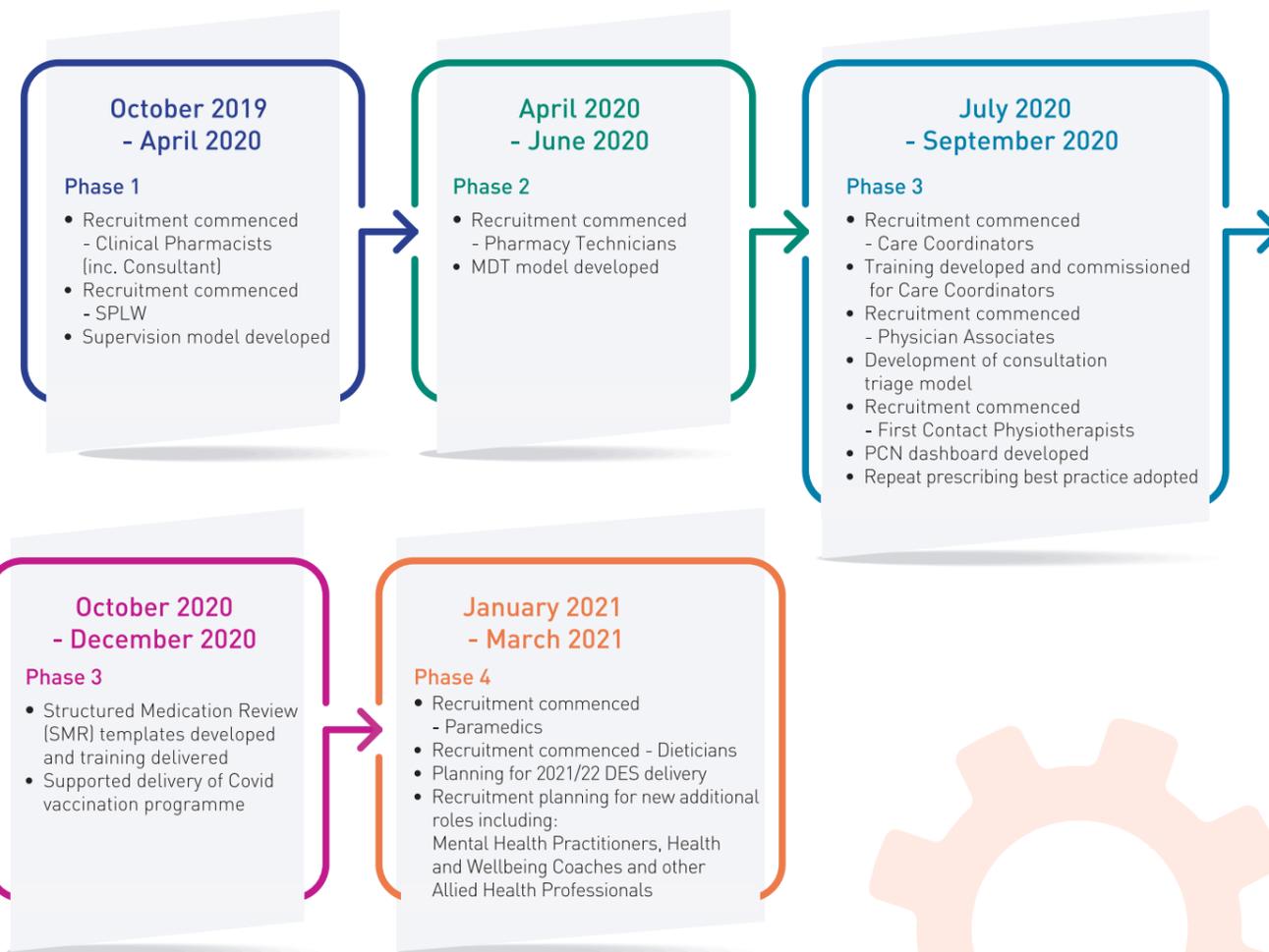
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Role <small>(Those detailed in <i>italics</i> are recruited and due to start in first quarter of 2021/22)</small>	Clinical Pharmacists and Technicians	SPLW, Care Coordinators (CC)	Allied Health Professionals (Physiotherapists, Dietitians, Podiatrists, Physician Associates and Paramedics) NB. This doesn't include recruitment planned from April 2021.
PCN			
Quinton & Harborne PCN	87.5hrs (2.33 WTE) <i>(+32.5 hrs Technician = total (3.2 WTE))</i>	SPLW 37.5hrs (1 WTE) 14hrs CC (0.37 WTE)	0
Moseley, Billesley and Yardley Wood	85hrs (2.27 WTE)	SPLW 75hrs (2 WTE) 37.5hrs CC (1 WTE)	<i>PA 37.5hrs (1 WTE)</i> <i>Paramedic 37.5hrs (1 WTE)</i>
Kingstanding, Erdington, Nechells	79.5hrs (2.12 WTE)	SPLW 37.5hrs (1 WTE) 30hrs CC (0.8 WTE)	1.4 WTE Dietitian <i>Paramedic 36hrs (0.96 WTE)</i>
Bournville and Northfield	173.5hrs (4.63 WTE)	SPLW 37.5hrs (1 WTE) 79.5hrs CC (2.12 WTE)	<i>Paramedic 37.5hrs (1 WTE)</i>
Weoley and Rubery	113hrs (3 WTE) <i>(+40hrs = 4.1 WTE)</i>	SPLW 37.5hrs (1 WTE) 8hrs CC (0.21 WTE)	PA 112.5hrs (3 WTE)
Alliance of Sutton Practices	113hrs (3 WTE) <i>(+77.5hrs 4 WTE)</i>	SPLW 37.5hrs (1 WTE) 37.5hrs CC (1 WTE)	PA 112.5hrs (3 WTE)
Shard End and Kitts Green	142.5hrs (3.8 WTE)	SPLW 37.5hrs (1 WTE) 37.5hrs CC (1 WTE)	PA 37.5hrs (1 WTE) <i>Paramedic 37.5hrs (1 WTE)</i>
South East Shropshire	75hrs (2 WTE)	SPLW 56.25hrs (1.5 WTE)	<i>PA 37.5hrs (1 WTE)</i>
South West Shropshire	53hrs (1.43 WTE)	SPLW 56.25hrs (1.5 WTE)	PA 37.5hrs (1 WTE)

Progress and challenges



Outcomes and achievements from our Pharmacy teams*

Impact on Repeat Prescribing

9,532
9,532 prescription items reauthorised

14,510
14,510 prescriptions issued as Independent Prescribers

8,240 urgent prescription items and queries processed

£72,100 saving in practice time to OHP supported PCNs and their practices (Based on 3.75 minutes - One hour of GMS activity = £140)

£126,962 saving in practice time to OHP supported PCNs and their practices (one hour of GMS activity = £140 - 16 prescriptions signed per hour based on average time for GP to sign prescription= 3.75 minutes)

1,208 out of stock queries resolved

Medicines Optimisation Interventions

473 dose optimisations undertaken

1,633
Drug monitoring identified and completed in 1,633 patients

467 medicines safety issues addressed

490 Low Value Medicines and Over The Counter medicines were stopped

Medication Reviews

Over 9,000 medication reviews completed (including level 3 SMRs, complex polypharmacy, care homes, newly discharged, severe frailty, housebound, Learning Disabilities, medicines causing dependency)

High Risk Drugs

53 hospital admissions potentially avoided following review of HARMs (Hospital Admissions Related to Medicines)

1,136 patients who were prescribed high risk drugs were reviewed on behalf of the practice

£9,940 saving in practice time to OHP supported PCNs and their practices (Based on 3.75 minutes - One hour of GMS activity = £140)

253 high risk drugs medication reviews undertaken

High risk drug monitoring arranged in 1,582 patients

4,313 patients received medicines reconciliation

Impact on Repeat Prescribing

2,366 GP appointments saved

£104,000 saving in practice time to OHP supported PCNs and their practices (unit cost of average consultation = £44)

Medication changes from Secondary Care

3,557 outpatients and discharge letters have been reviewed and actioned on behalf of the practice

£82,996 saving in practice time to OHP supported PCNs and their practices (based on 10 minutes - one hour of GMS activity = £140)

PCN DES Investment and Impact Fund (IIF) - Prescribing

All our PCNs are on target to achieve all or partial payment for the IIF

* Please note we will use this model to report outcomes for all of our ARR's moving forward.

Highlights and feedback from some of the MDT members:

Quinton & Harborne PCN



Our PCN has recruited a comprehensive Pharmacist team, and a shared care coordinator in this last year.

The Pharmacist team has enabled a significant change to workload within our practices, improved our consistency towards prescribing safety, and kept on top of the requirements of the network DES. This has set in place the bedrock on which this team can start supporting and leading more focussed work streams in other areas, for example within patient chronic disease management. This development has been postponed whilst the team have been managing the challenges of different ways of working during Covid, and contributing to the astonishing primary care response to the vaccination programme.

Looking forwards, our positive experiences with our confident Care Coordinator and Pharmacist Team, working within structured development and training packages, is encouraging us to explore the full range of ARR's available to us over the coming years.

Phil Saunders, Clinical Director

Highlights and feedback from some of the MDT members:

Quinton & Harborne PCN

It's been a shock to the system, in a good way! Obviously, it's quite a strange time to be starting a new job and I have been 'thrown in at the deep end' which has been, and will continue to be, a real challenge for me BUT just what I needed! It's easy to stick with what you know but I wanted to use and develop my skills as a Pharmacist in a more patient focussed way and even four weeks into the role I feel confident I am already doing this.

The team are extremely welcoming and supportive, always on-hand to offer advice, with an array of speciality knowledge to tap in to. The pace is fast, the expectations are high and there are plenty of opportunities up-for-grabs if you want them! It feels like we are valued and appreciated as a team and that our roles and function are well defined but not rigid. Overall, a no-nonsense, get-on-with-it approach with the right level of support.

Ros, PCN Clinical Pharmacist



Working as part of a wider MDT has made it easier to settle in to new roles in the midst of Covid. Challenges in the way we communicate with others has necessitated innovative ways of working. This has allowed the opportunity to learn so much more about each others' roles and how we can work together to improve patient outcomes and systems. Newer ways of working will help us to develop our clinical practice and service delivery to meet the increasing demands of the NHS.

A great example in Harborne & Quinton is the PCN Pharmacist Team working with a local nursing home, Care Coordinator, GP, Prescription Clerk and Community Pharmacy to support effective medicines ordering, management and SMRs. This was a team-based approach with good feedback from all those involved. It has also facilitated the Covid vaccination programme for residential homes in Harborne & Quinton.

Parb, PCN Lead Pharmacist



Faiza Yahya
Started 1st June 2020



What's been happening:

- Embedded well in the Pharmacist team at NHQ PCN, both at Lordswood Medical Group and Ridgacre Medical Centre
- Working well with the practice-based Pharmacists who were already at the practice, supporting medicines management
- Full steam ahead with SMRs (SMRs) and the Investment and Impact Figures (IIF) safety searches work as part of the DES
- Excited for the development of high risk drugs monitoring at practices
- Fast paced development with Covid vaccination clinics and professional development in becoming a vaccinator

What I have enjoyed:

- Enjoyed being part of a great organisation
- Working with great individuals
- Both practices are forward-thinking and multi-disciplinary, excited for developments and working well as a team effort

Challenges in the past 7-8 months:

- Covid has made it more difficult to get to know individuals at practice level due to reduced face-to-face interactions but not restricted our contribution to practices. We have all had to adapt to using technology and better ways of working

Plans for future:

- Professional development within a superb super GP partnership
- Working as MDTs within PCNs to contribute to better health outcomes
- Continue to make a difference to improve medicines optimisation and make OHP practices outstanding!



The team at work

Highlights and feedback from some of the MDT members:

Moseley, Billesley and Yardley Wood PCN

So far in MOBY we have employed a SPLW, 5 Pharmacists and 2 Care Co-ordinators. We have 1 Physician Associate who is waiting to start and we are advertising for a Paramedic.

The Pharmacists have a team leader in Arfaan. Each Pharmacist is attached to a surgery and each Pharmacist takes responsibility for their own named nursing homes and they work closely with the Care Coordinators and doctors in the care home MDTs. They manage practice queries, safety alerts, Structured Medication Reviews (particularly the homes) and high-risk drug monitoring. We are piloting a Pharmacist Clinic in our surgery where Arfaan has appointments set aside specifically for all these activities to be allocated.

The Care Coordinators are gearing up to take to a bigger role with the care homes after the Local Incentive Scheme ends this month and the structure of the MDT will change with less doctor input. We are looking forward to the Physician Associate starting.

All our staff have had a big role to play in Covid and have been great. We have all the Pharmacists and 1 CC trained to vaccinate. They have also helped to oversee the vaccine especially the cold chain. Our SPLW has been extremely proactive in contacting vulnerable patients who are isolated. She has also helped with marshalling.

Our immediate plans are to employ a Paramedic. We are extremely interested in the offer from mental health and will discuss what sort of professional we would want to employ at our next meeting. We are also considering the First Contact Physiotherapist offer from OHP at the moment.

Matthew Jordan, Clinical Director

Starting a new job in the middle of Covid was never going to be easy but I've never taken the easy route! My role involves 2 care home virtual ward rounds at one practice, and high risk drug monitoring / medication reviews at another within the PCN.

The usual process is the list arrives for care home 1 on a Monday evening, so I look at the records for the residents listed to check if there's anything I can contribute. Recently I picked up a resident had high blood pressure so we have been monitoring this and optimising his medication with the appropriate blood tests. Similarly, whilst doing the SMRs I have noted inappropriate medications such as statins or bisphosphonates for non-mobile residents.

I discuss any thoughts with the GP prior to the ward round and we will ask the nurse about relevant residents during the virtual ward round. Any residents who need to be seen are sent a video link via Accu Rx System.

Following this, we confirm decisions and actions which I then send via email to the care home and any medication changes are also sent to the supplying pharmacy. I follow an identical pattern on a Wednesday afternoon for care home 2. The high risk drug monitoring is conducted monthly together with the IIF figures for the practice (which are excellent by the way !!).

My major achievement will probably seem inconsequential to many people, but if you know me you will know! I have always been inordinately petrified of needles, even dispensing them made my knees go weak! I have never worked in hospital or been involved in aseptics for this specific reason. Having my annual flu jab took a lot of nerves – so much so that the nurse at my old practice never gave me any notice! Jump forward to this year and the Covid vaccine was ready to roll out. Not only did I have to use a needle to reconstitute the Pfizer vaccine, but everyone was learning how to vaccinate (except those Community Pharmacists who had been doing it for years).

It's taken a few tries, but I can now proudly say I am happy to reconstitute a vaccine and actually vaccinate a patient, and I have done so several times.

It just goes to show, you can teach an old dog new tricks!!

Davan, PCN Clinical Pharmacist



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Highlights and feedback from some of the MDT members:

Moseley, Billesley and Yardley Wood PCN



The opportunity to work with a close-knit team, build friendships, share knowledge and ask questions!

A unique set up having the close-knit team of 5 but then the wider circle of all the OHP pharmacists to turn to for support, all the more poignant in these times. The Covid clinics and the feelings of pride as we all rallied together to help make a difference.

An environment encouraging training and development, supporting me to strive to be to be the best that I can be.

Sadia, PCN Clinical Pharmacist

Kingstanding, Erdington, Nechells PCN

- Care Coordinator commenced - weekly care homes liaison plus help with Covid vaccinations
- Further Care Coordinators utilised since December 2020 - to facilitate and develop Covid planning across the PCN sites and developing vaccination programme
- Pharmacy team increased with great input and development of role across PCN with personal clinics developed plus work on IIF etc. Very important input into Covid vaccination programme and utilised along with CCG Pharmacist to ensure correct reconstitution of Pfizer vials. Also input into care homes medicines management and carrying out audits for safety in practices
- SPLW available across the patch - no real data provided to PCN/Practices on usage but generally positive reports across the PCN
- Dietitians - enrolled - input at all practices plus training arranged at all care homes around nutrition and hydration. Clinics now set up for practices to refer into
- First Contact Physiotherapists engaged to provide the service

Plans:

- Develop a Prescribing Pod - initial idea agreed by PCN - logistics being worked out
- Paramedic to be commenced - longer term vision is to provide Home Visiting Service across the patch
- Explore possibility of home visiting Phlebotomy service with the use of Nursing Assistants - need to fully scope but initial work already done by PCN back in July 2020

Roger Naik, Clinical Director

Highlights and feedback from some of the MDT members:

Kingstanding, Erdington, Nechells PCN



Kaye Williams, Care Coordinator
Started 12th January 2021

What's been happening:

- Quickly built rapport and trust with all 7 care homes that I coordinate
- Weekly call with the PCN Lead for care homes
- Sharing of essential briefings and information
- Set up weekly virtual ward rounds with care homes
- Liaised with other Care Coordinators and OHP Pharmacist to build a process for inputting personalised care and support plans
- Acted as an administrator for Pinnacle input for Covid vaccination clinics
- Completed Care Coordinator training run by Birmingham City University
- Arranged and supported better ways for some care homes to request their repeat medications
- Linked in with SPLWs for both the Active Wellbeing Society and Health Exchange.

What's next:

- Establish regular MDT meetings for PCN
- Once care homes re-open establish face to face contact with staff and residents. Start to put personalised care and support plans in place
- Link in with practices that do not have care homes aligned to them
- Look to see what other areas I can support with e.g. housebound and vulnerable patients

"I am a Pharmacist who has recently joined OHPIKEN PCN. Everybody in the team has been so welcoming and thanks to the Chief Pharmacist and her team I feel like I'm no longer just doing my job but actually have a career to look forward to."

Bal, PCN Clinical Pharmacist



Pharmacy team

Bournville and Northfield PCN

The Pharmacy team were key in supporting the PCN local vaccination site in delivering Covid vaccinations at the site and to the housebound, for the last quarter of the year:



"I was superbly supported by Emma one of the managers at Bunbury. It was certainly a daunting task and on the day posed some challenges. For example having to scale a flower bed and knocking on a back window to wake a lovely elderly gentleman who I was concerned may not just be asleep. We experienced delight at our arrival, upset that we were late/early, desire for us to stay longer to share tea with people who hadn't been out since March, quickly learning to set up a workstation in the most tricky of facilities and so it goes on."

Anne, PCN Clinical Pharmacist

Highlights and feedback from some of the MDT members:

Weoley and Rubery PCN

"The Covid vaccination programme within my PCN has demonstrated how successfully practices within a PCN can work collaboratively to deliver patient care. The practices have come together to share the workload and additional resources of which our Pharmacy team have been an integral part."

"I have enjoyed working with teams from other surgeries within my PCN as well as working more closely with my practice team and with the BSol CCG team. In fact the vaccination programme has made me feel more embedded into my role as a PCN Pharmacist and I feel a valued member of the Primary Care team."

Raj, PCN Clinical Pharmacist



"Working as a Physician Associate allows me to work actively within the MDT to provide the best quality of care to my patients."

Ali, Physician Associate



"I have thoroughly enjoyed working for such a great organisation and feel valued and appreciated as a Clinical Pharmacist. I feel I have great support from both the PCN Clinical Director and Consultant Pharmacist and as an organisation we have created a good support network not only within the PCN, but also within the wider MDT. Starting my role during Covid was initially challenging however we have found innovative ways of working and communicating with one another."

"The Pharmacist team have worked extremely hard to support the Covid vaccination clinics which has proved to be very rewarding. In addition, we have implemented High Risk Drug Monitoring policy across the PCN to optimise patient safety. We have focused on working on elements of DES including IIFs and SMRs to reduce risk and provide better health outcomes. We have been fortunate to have a Pre-registration student this year and intern Pharmacists so there have been lots of opportunities to provide training and support development. I look forward to the team expanding and working closely with the MDT."

Parveen, PCN Lead Pharmacist

Highlights and feedback from some of the MDT members:

Alliance of Sutton Practices PCN



It means a great deal to me to be a PCN Pharmacist considering what the role has been created to do as a part of the NHS Long Term Plan. I love working within a MDT because there is opportunity to learn, develop and share knowledge and skills. It also means that patients get better care as we can provide services with a real range of skills and expertise.

I am proud to be part of my PCN Pharmacy team, simply because we listen to each other and support each other. This extends to being part of OHP as we have a wider Pharmacy team for support, learning and networking and this also creates more opportunity for ideas and innovation.

I think in future I would like to have a more active role in providing training in development this aspect of my role has been so rewarding and satisfying for both myself and the individuals being supported. I am also looking forward to working more closely with our local community teams to extend my experience of MDT working within practices and to be supporting housebound and care home patients once Covid restrictions ease.

Santokh, PCN Clinical Pharmacist

Got involved with the local MHT to develop a truly multi-disciplinary approach.

I am also a member of the CCG MH group. I think I am the only Pharmacist. I have been able to support them with general medication queries via the WhatsApp group.

Development of various training packages with support from the wider OHP Pharmacy team e.g. Prescription Clerk training and implementation and SMR.

It's been really enjoyable to work with some amazing pharmacy professionals within OHP and I have learnt so much from the interactions and am enjoying developing those relationships further!

Providing advice and support directly to practices where you can see the impact that you, as an individual, can have on patients wellbeing and health.

Helena, PCN Clinical Pharmacist



Highlights and feedback from some of the MDT members:

Shard End and Kitts Green PCN

Pharmacy team: our PCN Pharmacy team which includes 3 Pharmacists and a Technician have been focusing on targeted SMRs, the prescribing elements of the IIF, improving services for practices by developing the role of the Prescribing Clerk as well as improving the uptake of the electronic Repeat Dispensing (eRD) scheme.

We recognise that the Pharmacy team is at different stages of development, and that this needs to be considered. We have agreed a set up objectives in order to support their development, this includes aligning individuals to specific practices and creating a rotation with time in their job plans for regular peer support and sharing learning.

Care Coordinator: Nicky is our full-time Care Coordinator. She leads on coordinating care for our care home residents and more recently her role has expanded to support delivery of the Covid vaccination programme and the development of the PCN MDT as our new additional roles join. Moving forward we will be developing her role further by shifting some of the focus to support the vulnerable patients e.g. housebound and learning disabilities.

Physician Associate: Shareen is our newly qualified PA. The PCN has arranged for her to be supervised by one of my colleagues at the Harlequin. We initially planned to keep her at the Harlequin for a six-month period. However, this is not set in stone. It will very much depend on how she progresses over the coming three months and what the other practices considered to be appropriate.

Social Prescribing: Dr Aggrawal a partner at Hodge Hill family practice has been instrumental in liaising with the social prescribing team and developing the role of SPLW which is moving in the right direction.

Our future plans include recruiting a Mental Health Practitioner, and in the last month we have appointed a Paramedic. We are keen to include a First Contact Physiotherapist as part of our growing PCN MDT.

Raj Pankhania, Clinical Director



For me, being a PCN Pharmacist means helping patients to optimise their medications in the safest and most effective way. It also means seeing the patient in a holistic manner and being able to work with other colleagues within the MDT to deliver the best patient care. I really enjoy conversing with patients and helping them with their problems and issues. I really like the fact that the whole PCN team work together and everyone brings something different to the team. I had a very warm welcoming from OHP when I started working as a Clinical Pharmacist. I feel that senior OHP staff have helped me settle in well and supported me since I started working for OHP.

Avais, PCN Clinical Pharmacist

Highlights and feedback from some of the MDT members:

Shard End and Kitts Green PCN

I started my role during phase 1 of recruitment, and was one of the first PCN Pharmacist within OHP. Initially everything felt very new and being the only Pharmacist was challenging in figuring out my role and how I fitted in. Since then, there has been a rapid expansion of the MDT. We have had 2 other Pharmacists and a Pharmacy Technician joining the team. I had the opportunity to meet and work with our Physician's Associate and Care Coordinator. Furthermore, we have a very supportive Clinical Director and Consultant Pharmacist, as well as the network of Pharmacy colleagues within OHP which we can turn to for any help and advice. The past year has been made even more difficult due to Covid. However, each surgery was able to pull resources together to deliver a successful vaccine programme.

Daniel, PCN Clinical Pharmacist



I started my role as a PCN Pharmacy Technician just over 2 months ago but already feel part of the team at the PCN, the surgeries and in the wider OHP community.

So far I have worked on high risk drug monitoring, ensuring suitable patients have the new steroid emergency card, carried out safety audits, IIF audits and reconstituted in order to aid the Covid vaccine roll out. It has been a busy time to join primary care but I am enjoying the challenge.

I have already learnt so much just from my colleagues and resources that OHP provide but am looking forward starting my CPPE course next month.

Katey, PCN Pharmacy Technician



Highlights and feedback from some of the MDT members:

South East Shropshire PCN

Our typical day...

We have been actively involved in supporting the Covid vaccination clinic since the start of our role as a PCN Pharmacist. We usually spend two days a week running the Covid clinic and the rest of the week focusing on DES contract, clinical work and training. We are trained to take on different roles such as reconstituting the Pfizer vaccine, vaccinating, scribing and marshalling. It feels rewarding to be able to be part of this national programme. Our PCN was recently featured in the local newspaper.



Having come from a community setting, I thoroughly enjoy working as part of the MDT and play a bigger role in medicine management. I enjoy working as a PCN Pharmacist as I get to work culture with the ultimate same goal, which is towards excellent patient care. I like how support is always available from my colleagues at OHP who work at different PCNs - especially when I was entering this new role.

Maggie, PCN Clinical Pharmacist



I have enjoyed working with the MDT across the network to reduce the risks of medicines harm to patients. I feel valued being able to contribute to patient care. I am also enthusiastic about the wealth of knowledge and experience that I can learn from. The support that I have received from my colleagues at OHP to deliver the network service specification has been great.

Toyin, PCN Clinical Pharmacist



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