Primary Duties and Areas of Responsibility

|  |  |
| --- | --- |
| Patient facing Long-‐term condition  Clinics | See (where appropriate) patients with single or multiple medical problems where medicine optimisation is required (e.g. COPD, asthma). Review the on-going need for each medicine, a review of monitoring needs and an opportunity to support patients with their medicines taking ensuring they get the best use of their medicines (i.e. medicines optimisation). Make appropriate recommendations to Senior Pharmacists or GPs for medicine improvement. |
| Patient facing Clinical Medication  Review | Undertake clinical medication reviews with patients and produce recommendations for senior clinical pharmacist, nurses and/or GP on prescribing and monitoring. |
| Patient facing care home medication  reviews | Undertake clinical medication reviews with patients and produce recommendations for the senior clinical pharmacist, nurses or GPs on prescribing and monitoring.  Work with care home staff to improve safety of  Medicines ordering and administration. |
| Patient facing domiciliary clinical  medication review | Undertake clinical medication reviews with patients and produce recommendations for the senior clinical pharmacists, nurses and GPs on prescribing and monitoring.  Attend and refer patients to multidisciplinary case conferences. |
| Management of common/minor/self-limiting ailments | Managing caseload of patients with common/minor/self-limiting ailments while working within a scope of practice and limits of competence.  Signposting to community pharmacy and referring to GPs or other healthcare professionals where appropriate. |
| Patient facing medicines support | Provide patient facing clinics for those with questions, queries and concerns about their  medicines in the practice. |
| Telephone medicines support | Provide a telephone help line for patients with questions, queries and concerns about their  medicines. |
| Medicine information to practice staff  And patients | Answers 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.  Providing follow up for patients to monitor the effect of any change. |
| Unplanned hospital admissions | Review the use of medicines most commonly associated with unplanned hospital admissions and readmissions through audit and individual patient reviews.  Put in place changes to reduce the prescribing of these medicines to high‐risk patient groups. |
| Management of medicines at discharge from hospital | To reconcile 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.  Set up and manage systems to ensure continuity of medicines supply to high‐risk groups of patients (e.g. those with medicine compliance aids or those in care homes). |
| Signposting | Ensure that patients are referred to the appropriate healthcare professional for the appropriate level of care within an appropriate period of time e.g. pathology results, common/minor ailments, acute conditions, long term condition reviews etc |
| Repeat prescribing | Produce and implement a practice repeat prescribing policy.  Manage 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.  Ensure patients have appropriate monitoring tests in place when required. |
| Risk stratification | 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. |
| Service development | Contribute pharmaceutical advice for the development and implementation of new services that have medicinal components (e.g. advice on treatment pathways and patient information leaflets). |
| Information management | Analyse, interpret and present medicines data to highlight issues and risks to support decision-making. |
| Medicines quality improvement | Undertake clinical audits of prescribing in areas directed by the GPs, feedback the results and implement changes in conjunction with the practice team. |
| Medicines safety | Implement changes to medicines that result from MHRA alerts, product withdrawal and other local and national guidance. |
| Implementation of local and national guidelines and formulary recommendations | Monitor practice prescribing against the local health economy’s RAG list and make recommendations to GPs for medicines that should be prescribed by hospital doctors (red drugs) or subject to shared care (amber drugs).  Assist practices in seeing and maintaining a practice formulary that is hosted on the practice’s computer system.  Auditing practice’s compliance against NICE technology assessment guidance.  Provide newsletters or bulletins on important prescribing messages. |
| Education and Training | Provide education and training to primary healthcare team on therapeutics and medicines  optimisation. |
| Care Quality Commission | Work with the general practice team to ensure the practice is compliant with CQC standards where medicines are involved. |
| Public health | To support public health campaigns. To provide specialist knowledge on all public health programmes available to the general public. |