

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PHARMACIST AND PRESCRIBING LEAD RESOURCES**

Date of the meeting	05/04/2017
Author	K Gough, Chief Pharmacist
Purpose of Report	The purpose of this report is to propose a plan to address the issue of GP prescribing lead and pharmacist resources.
Recommendation	The Committee is asked to approve the proposal to create new pharmacist posts from funding currently allocated to vacant or soon to be vacant prescribing lead GP posts.
Stakeholder Engagement	There are patient representatives on the Medicines Optimisation Group(MOG) and the GP prescribing leads for each locality are members of the MOG and work closely with the medicines team on prescribing issues.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : KG

1. Introduction

- 1.1 The purpose of this report is to present to the Primary Care Commissioning Committee (PCCC) the challenges for providing pharmaceutical support extension.

2. Report

- 2.1 National and local benchmarking has identified that the Dorset CCG Medicines Management Team is considerably smaller than average, with significantly fewer pharmacists in employment, when compared with other areas, measured per 100k population, and per ten Practices. Appendix 1 shows an example from the 2016 NHS benchmarking data.
- 2.2 Conversely, though not nationally measured, the CCG has more medical input into prescribing and medicines management than some neighbouring CCGs such as West Hampshire.

West Hants medicines team vs Dorset

Pharmacists and grade	Number in West Hants	Number in Dorset (establishment)	Vacancy (Dorset)
8d	1	0	
8c	0	1	
8b	3	2	
8a	8 (inc vanguard)	3.2 (2.2 in post)	1 wte vacant** appointed and awaiting start date
Technicians			
6	1.8	2	
5	6.8	5	
Admin	0.7	pooled	
Total staff head count wte	21.3	13.2	

	Number in West Hants	Number in Dorset
GP prescribing support sessions per week	2	14

- 2.3 To bring the medicines team staffing up to the same level of the West Hampshire team, the biggest gap is in the employment of pharmacists, with a budgetary gap likely to be in excess of £350k. Therefore it would not be practical in the current financial climate to seek to recruit to this level.
- 2.4 In other CCGs, the additional pharmacists are likely to be in Practice based roles, most CCGs have some level of Practice based pharmacists and technicians undertaking audits, switches and medicines reviews, training reception staff on repeat dispensing etc.

7.2

Many of these roles are likely to be converting into Practice employed pharmacists and may convert into the NHS England funded pilot roles.

- 2.5 The challenge remains for the existing Dorset CCG medicines team to deliver on the prescribing savings identified, support new workstreams such as the primary care workforce centre, delegated commissioning, STP changes, increase engagement with Practices and community pharmacy to increase uptake of electronic repeat dispensing and cover the RightCare priorities. In addition the maintenance and updating of the electronic formulary and transformation of services generates additional work advising on medicines issues.
- 2.6 As part of a longer term plan for increasing the CCG pharmacist workforce, it is proposed to attempt to create new roles at band 7 level; and work with the Chief Pharmacists in the acute and community trusts to establish a rotation across the health community with experience in each setting, thus developing the workforce for the future. These recruits would then be in a good position to apply for more senior roles for the future.
- 2.7 The acute trusts currently employ band 7 level pharmacists in rotational roles and they undertake post graduate clinical diploma or masters qualifications whilst rotating around the services in the hospitals. Pharmacists tend to stay at this level for 2-3 years before taking more senior posts. If there were additional capacity in these posts then a rotation through the CCG may develop a rewarding and alternative career pathway for the future.
- 2.8 There are presently three vacancies for GP locality prescribing leads and it is not clear if they will be filled. At present these are mostly based in the east of the county, so there may be a challenge in getting sufficient GP cover in that area.
- 2.9 It is proposed that the funding currently identified for these vacant and soon to be vacant GP prescribing lead posts is re-allocated to fund pharmacist positions in the future, with a view to establishing new pharmacist roles in localities which could be joint appointments or joint rotations with the acute/community trusts in Dorset at a band 7 level. This would allow for succession planning and development of new career pathways.
- 2.10 This would have implications for existing GP Prescribing leads, who could be required to cover a wider group of Practices than currently, potentially outside of their locality. This would require negotiation with existing post holders in these roles.

3. Conclusion

- 3.1 The Primary Care Commissioning Committee is asked to approve the proposal to release funding when GP locality prescribing lead posts are vacated to support new pharmacist posts. These could be Band 7 posts appointed in collaboration with the acute/community trusts.

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APPENDICES	
Appendix 1	NHS Benchmarking Pharmacists per 100k population