

Medicines Management Team
Pharmacy and Medicines Directorate
Westholme
Woodend Hospital
Queens Road
Aberdeen
AB15 6LS

Date: 08th November 2023
Our Ref: JA/NHSG_Pharmacotherapy_MOU/MGPG1175
Enquiries to: MGPG
Extension: 56689
Direct Line: 01224 556689
Email: gram.mgpg@nhs.scot

Dear Colleagues

This guidance is currently under review by the author.

NHS Grampian General Practice Pharmacotherapy Service Memorandum of Understanding (MoU) – Version 1

This document has been risk assessed by the author and deemed appropriate to be used during this review period. A copy of the risk assessment can be provided on request.

If you have any queries regarding this, please do not hesitate to contact the Medicine Guidelines and Policies Group (MGPG) email at gram.mgpg@nhs.scot

Yours sincerely

A handwritten signature in black ink, appearing to be 'Lesley Coyle', written over a horizontal line.

Lesley Coyle
Chair of Medicines Guidelines and Policies Group (MGPG), NHSG

**NHS Grampian General Practice Pharmacotherapy Service
Memorandum of Understanding (MoU)**

Co-ordinators: NHS Grampian GMS Pharmacotherapy Service Development Group – Principal Pharmacist Medicines Management	Consultation Group: Page 14	Approver: GP Sub Group
---	---------------------------------------	----------------------------------

Signature: 		Signature: 
---	--	---

Identifier: NHSG_Pharmacotherapy_ MOU/GPCPG1175	Review Date: 21/06/2023	Date Approved: 21/06/2021
--	-----------------------------------	-------------------------------------

Uncontrolled when printed

Version 1

Executive Sign-Off

**This document has been endorsed by the Director of Pharmacy and Medicines
Management**

Signature:  _____

This controlled document shall not be copied in part or whole without the express permission of the author or the author's representative.

Title: NHS Grampian General Practice Pharmacotherapy Service Memorandum of Understanding (MoU)

Unique Identifier: NHSG_Pharmacotherapy_MOU/GPCPG1175

Replaces: N/A

Lead Author/Co-ordinator: Principal Pharmacist

Subject (as per document registration categories): Guidance

Key word(s): Pharmacotherapy, GMS contract, Memorandum of Understanding, MoU, Primary Care, General Practice

Process Document: Policy, Protocol, Procedure or Guideline Guidance

Document application: NHS Grampian

Purpose/description: Document for General Practice and Pharmacy teams to clarify the expectations in relation to pharmacotherapy development and delivery.

Group/Individual responsible for this document: Principal Pharmacist

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Responsibilities for ensuring registration of this document on the NHS Grampian Information/ Document Silo:

Lead Author/Co-ordinator: Principal Pharmacist

Physical location of the original of this document: Medicines Management Office

Principal Pharmacist

Job title of creator of this document:

Job/group title of those who have control over this document: Principal Pharmacist

Responsibilities for disseminating document as per distribution list:

Lead Author/Co-ordinator: Principal Pharmacist, GP Sub Group

Responsibilities for implementation:

Organisational: GMS pharmacotherapy Service Development Group, GP sub Group, HSCP Management
Sector: Practice Managers, General Practitioners, Pharmacy leads
Departmental: Clinical Leads
Area: Line Manager

Review frequency and date of next review: This policy will be reviewed in two years or sooner if current treatment recommendations change

Responsibilities for review of this document:

Lead Author/Co-ordinator: Principal Pharmacist

Revision History:

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)

* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

Contents

- Section 1: General Service Provision 2
 - 1.1. General Service Outline 2
 - 1.2. Management of Absence / Staff shortage 3
 - 1.3. Requirements of GP Practices 4
- Section 2 Pharmacotherapy Service Specification 7
- Section 3 - Staff roles Pharmacy Team 11
- Consultation List..... 14
- Appendix 1..... 15

Section 1: General Service Provision

1.1. General Service Outline

- 1.1.1 Pharmacy staff will work as integral members of practice clinical teams, working with GPs and practice staff as part of a multi-disciplinary team. Pharmacy staff will utilise their skills to complement those of other team members to improve patient care and support GP practices in new ways of working to reduce GP workload and allow GPs to develop their role as Expert Medical Generalists.
- 1.1.2 The day-to-day work of the pharmacy team will be targeted in line with the GMS Core and Additional Pharmacotherapy Services and the Pharmacotherapy Service Specification (see Section 2) taking account of resources (pharmacy team capacity including staffing and level of experience) available. There will be continuing discussion and ongoing regular review with each individual practice to identify and agree practice activities.
- 1.1.3 Practice specific priorities will be documented in a written agreement, prepared by Pharmacotherapy Pharmacist and Prescribing GP, within each individual practice, with a work plan defining the specific components of the service to be delivered and the roles of pharmacy staff (see Section 3). These work plans will be reviewed, amended and developed on a regular basis giving cognisance to changing practice priorities, stage of training and expertise of pharmacy team members, and availability of pharmacy staff.
- 1.1.4 On the day workload of the pharmacy team may be prioritised/adjusted by the practice, as required, in order to manage the pharmacy needs of the practice on the day(s) of agreed input. The pharmacy team may also highlight any need for reprioritisation of workload e.g. due to reduced capacity/staffing. This will be discussed with the GP practice team and appropriate actions and priorities agreed.
- 1.1.5 The local Health and Social Care Partnership (HSCP) will provide registered pharmacy staff (pharmacists, pharmacy technicians) to a GP Practice, dependent upon need and availability. Pharmacy staff will operate in a professional manner with due care, skill and ability. The HSCP shall provide a named pharmacist for the practice who will coordinate the service which will be delivered by members of the pharmacy team.
- 1.1.6 The HSCP employed pharmacy staff will have a role in providing pharmacotherapy services to dispensing GP Practices. This will include aspects of quality, effectiveness and efficiency, excluding the process of dispensing medicines which shall continue to be done by practice dispensing staff.
- 1.1.7 Pharmacy staff, with the support of practice staff, will work within and to the top of their level of competence. The level of complexity will determine who performs each task and will depend on the training and skills of individual team members and the staffing capacity.
- 1.1.8 The HSCP will be responsible for the pay, benefits, terms and conditions of those staff engaged in the delivery of the service. Professional leadership is the

responsibility of the relevant Lead Pharmacist. Line management of pharmacy staff is the responsibility of the Pharmacy Team Leads/Lead Pharmacist, including individual annual reviews and personal development plans. Day to day prioritisation of the workload of the pharmacy team may be adjusted by the practice, as required, in order to manage the needs of the practice on that day as per 1.1.4.

- 1.1.9 Pharmacy staff may be required to attend in-house and external training sessions as part of their development in order to be able to deliver the requirements of the pharmacotherapy service. It should be noted that less experienced staff may require more support and training. Staff will also require non-patient facing/non-clinical time to undertake supportive tasks e.g. mentoring of less experienced team members, facilitation of undergraduate pharmacist training as part of the experiential learning programme.
- 1.1.10 Pharmacy staff shall comply with all relevant and applicable standards, policies and procedures of NHS Grampian. Standard operating procedures (SOP) and guidance will be in place where appropriate for aspects of the service to provide governance and to ensure consistency of the work being undertaken by pharmacy staff. SOP's and guidance documents will be agreed with GP practice staff and will take into consideration practice work processes.
- 1.1.11 Pharmacy staff will follow NHS Grampian Formulary and clinical guidelines.
- 1.1.12 Delivery of the service may be via remote access to GP clinical systems depending on the agreement of the practice (see 1.3.4).
- 1.1.13 Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitional Service until such time as the service is provided. Nationally discussion is underway regarding [transitional payments](#).

1.2. Management of Absence / Staff shortage

- 1.2.1. Pharmacy staff will follow NHS Grampian terms and conditions in relation to attendance management.
- 1.2.2. During periods of leave (e.g. annual, illness etc.) service provision will require to be adjusted, in discussion and agreement with GP practice teams, dependant on capacity of the pharmacy team.
- 1.2.3. In the run up to the 2022 contract commitments for pharmacotherapy delivery, it is the intention to increase staffing levels to a level that would provide partial backfill for periods of absence. This will only be possible if access to the required funding and staff is available.
- 1.2.4. Annual leave will be authorised by HSCP Pharmacy Leads (or deputy), following discussion with practice manager to ensure service is maintained as far as possible.

1.3. Requirements of GP Practices

- 1.3.1. The GMS contract initially committed to delivery of pharmacotherapy services by 2021. Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Nationally discussions are underway regarding transitional payments for those not receiving level 1 service by April 2022.
https://www.sehd.scot.nhs.uk/publications/DC20201203GMS_Contract.pdf
- 1.3.2. Practices are required to understand, and accept, that as the pharmacotherapy service, and associated pharmacy team, is developing, a full pharmacotherapy service is not immediately achievable. A full pharmacotherapy service delivered to all practices will be dependent upon appropriate funding, pharmacy team staffing levels and training requirements being achieved. Practices need to work with pharmacy teams to have realistic expectations of what can be delivered within current staffing and experience levels of the pharmacy team, with agreed plans for development as staffing and training allows.
- 1.3.3. Until the full service is deliverable it will be sensible to prioritise activities to best support local practice priorities where possible. Practices should consider their priorities for the pharmacotherapy service with the pharmacy team, according to areas outlined in the Service Specification (see section 2), including mutual involvement in induction, regular practice meetings, GP mentoring to support prescribing plans, mentoring re independent prescribing as well as providing leadership, support, feedback and review of the service. It is essential that a varied workload is agreed for pharmacy staff that reflects their stage of development and capability.
- 1.3.4. GP practice teams and pharmacy teams should work together to review existing practice prescribing processes to seek consistent repeat prescribing policies and ensure efficient and safe processes are in place.
- 1.3.5 The pharmacotherapy service consists of core and additional services to be delivered by pharmacists, pharmacy technicians and any potential evolving new roles working as part of a primary care multidisciplinary team.

Practices will need to continue to provide the required administrative functions at the existing level. These include, but are not limited to:

- medicines management workflow optimisation
- processing routine repeat medication requests. Examples include selecting and printing prescriptions for medication authorised until next review, work flow of queries to relevant clinician, making changes to records under the direction of clinician and handling queries from patients and pharmacies about repeat prescriptions.
- processing requests for non-repeat items
- managing recalls and appointments
- clinical read coding

- 1.3.6 Pharmacy staff will be as flexible as possible to work in the accommodation available in each Practice. To facilitate delivery of the pharmacotherapy service,

each Practice will be expected to provide pharmacy staff with access to a suitable work space and access to practice clinical systems. It may be appropriate for delivery of the service to be via remote access to GP clinical systems to alleviate pressure on space, in agreement with the practice and HSCP management teams. In situations where the service is being delivered by remote access to GP Clinical systems GP practices and pharmacy team must agree mechanisms of working to ensure appropriate governance e.g. printing of prescriptions.

- 1.3.7 HSCP Lead Pharmacists will work with practices to determine mutually agreed days and times for pharmacy staff to work within practices. This will require consideration of staff availability, activity to be undertaken and availability of a suitable workspace. There may be occasion where pharmacotherapy staff require to be redeployed to another practice to provide emergency cover.
- 1.3.8 Each Practice will be expected to provide appropriate clinical support to pharmacy staff on a day to day basis (e.g. a duty doctor, prescribing lead or equivalent) to discuss immediate and urgent clinical problems with. This is to ensure safe and effective working relationships, which maximises the benefit to the practice and patients.
- 1.3.9 Practices retain the responsibility to process Core Discharge Documents (CDDs) and refer onto the pharmacy team those requiring medicines reconciliation. As it is unlikely there will be daily pharmacy support to each practice initially, practices will need to retain responsibility to manage the CDDs timeously. Referral to the pharmacy team must be done appropriately to ensure patient safety is not compromised. It is an aim of the Scottish Patient Safety Programme that 95% of patients will have an accurate medication list within two working days of the electronic Immediate Discharge Letter (eIDL) being received by a GP practice.
- 1.3.10 Pharmacy staff will continue to undertake traditional prescribing/pharmacy support tasks e.g. review of prescribing in line with Formulary and local guidance, prescribing efficiencies and patient safety activity. This work will continue to be carried out in conjunction with the practices, who will be expected to continue to engage and support the delivery of agreed NHS Grampian prescribing priorities. Funding from HSCP's will continue to resource this activity at 'pre-pharmacotherapy' levels, with appropriate members of the pharmacy team carrying out activity according to their training and capabilities.

1.4 Annual Service Evaluation

- 1.4.1 A work plan will be agreed in line with the specification and reviewed with the practice in line with agreed timescales. This will include updating of the work plan and suggested amendments to the delivery of the pharmacy service.
- 1.4.2 The time allocation and service provided to each practice will be reviewed annually or sooner if staff levels change.

- 1.4.3 The pharmacotherapy service will be evaluated and reviewed annually to demonstrate outcomes. To ensure efficiency, it is the intention that an evaluation data set will be agreed nationally and that evaluation of the service will be centralised and automated as far as possible. Further detail is awaited from Scottish Government

Section 2 Pharmacotherapy Service Specification

GMS Core & Additional Pharmacotherapy Services – [extract GMS Contract](#)

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	Pharmacy Technicians
Level one (core)	<ul style="list-style-type: none"> • Authorising/actioning¹⁵ all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review <p>Acute and repeat prescribing requests includes/authorising/actioning:</p> <ul style="list-style-type: none"> • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests 	<ul style="list-style-type: none"> • Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	<ul style="list-style-type: none"> • Medication review (more than 5 medicines) • Resolving high risk medicine problems 	<ul style="list-style-type: none"> • Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	<ul style="list-style-type: none"> • Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure) 	<ul style="list-style-type: none"> • Medicines reconciliation • Telephone triage

15. Pharmacist Independent Prescribers can action (instigate and sign) prescriptions, non-prescriber pharmacists can action prescriptions but they still require to be signed by a prescriber.

In order to ensure a clear understanding for both GP Practice and pharmacy teams regarding the scope of pharmacotherapy service and the roles and responsibilities of the pharmacy team it is essential that there is clear, consistent interpretation and understanding of the terminology used to describe services and tasks. (See following page.)

Pharmacotherapy Service Specification

Outline of service	<p>The pharmacy team (pharmacist and pharmacy technicians) will have a key role in supporting safe prescribing processes including authorising repeats and acutes, serial prescriptions and discharge letters.</p> <p>Practices will have an allocation of pharmacy team time during which the service will be provided. There will be a written agreement with individual practices defining the components of service specification to be delivered and the roles of the pharmacy team. In addition the support required from the practice for the pharmacy services and development of pharmacists in new roles will be defined. Delivery of the service may be via remote access to GP clinical systems depending on the geographical location of the practice subject to the agreement of the practice,</p> <p>The level of pharmacotherapy service will be dependent on the availability and experience of pharmacy staff (e.g. prescriber vs. non prescriber). As funding and staffing allows, it is anticipated the allocation of pharmacy staff resource will increase over time so allowing further development of the pharmacotherapy service.</p>	
	Service	Specification
Level One & Level Two	<p>Acute prescribing requests and repeat prescribing management including:</p> <ul style="list-style-type: none"> • medicines reconciliation of hospital Immediate Discharge Letters. • hospital outpatient requests • non medicine requests • serial prescribing • monitoring of high risk medicines • high risk medicines problems • medication review 	<p>Review of systems – a review of systems will be required before introduction of service delivery within a practice. Priorities may be selected that improving efficiency and workload within the practice where allocation does not support full service delivery.</p> <p>Review of practice prescribing processes to seek consistent repeat prescribing policies and support introduction of pharmacy input. This will include:</p> <ul style="list-style-type: none"> • Review of prescription processes to introduce consistency of approach for the whole practice team. Ensure reauthorisation is part of medication review process. • Non clinical medication review by pharmacy staff or practice admin staff following training. Housekeeping of records supports implementation of serial prescribing as well as improving quality and safety of records. • Increasing serial prescribing and withdrawal from managed repeats • Increase and standardise use of drug defaults and minimum prescription intervals.

	<ul style="list-style-type: none"> • medicine safety reviews/recalls, medicine shortages • pharmaceutical queries and review of use of 'specials' and 'off-licence' requests 	<ul style="list-style-type: none"> • Review of acute requests to detect items that could be added to repeats to reduce the acute prescribing workload. • Training for practice admin staff, provided by the pharmacy team, to review appropriateness of acute and repeat requests e.g. if requested within reasonable timeframe. Queries could be forwarded to pharmacy staff for consideration • Review and amend processes for high risk medicines within practice using standard review template, dependant on standard monitoring guidance. <p>Service Delivery – The delivery of the service is dependent on the time allocated to the practice and the level of competency of pharmacy staff (non-prescribing pharmacists and items out with competency under non-medical prescribing regulations).</p> <p>Medicines reconciliation by pharmacy team on receipt of hospital discharge letters and clinic letters. Medicines reconciliation carried out by pharmacy technicians will require a clinical check, which will preferably be by a pharmacist, or a GP. Referral of items out with competency will be required to be escalated to a GP.</p> <p>Management and authorisation of acute requests within defined scope for example –</p> <ul style="list-style-type: none"> • for specific products e.g., DMARDs • review of use of 'specials' and 'off-licence' requests • total number of prescription requests per session • specific group of patients (e.g. care home, care at home) • selection of acute requests from daybook in line with competency <p>Medication review following receipt of serial prescription end of treatment summaries and reauthorising of serial prescriptions</p>
--	--	---

		<p>Annual medication review of patients on repeat items will include assessment of formulary compliance and cost effectiveness and reauthorising of repeats. Prioritisation of patients for reviews will be based on time allocated to the practice and be based on risk e.g. high risk medicines, overdue or no previous review.</p> <p>Pharmacist independent prescribers will prescribe, monitor and adjust treatment as appropriate within their competency.</p> <p>Assistance with medicine safety reviews/recalls, medicine shortages and undertaking pharmaceutical queries are already part of pharmacy team role and will continue.</p>
Level three (additional specialist)	Polypharmacy reviews: pharmacy contribution to complex care.	<p>Provision of pharmaceutical care as part of a multidisciplinary team to practice population e.g. frail patients, care home, care at home, patients on anticipatory care register, frequent hospital admission or high health gain patients. Specialist pharmacist independent prescribers will prescribe, monitor and adjust treatment as appropriate.</p>
	Specialists clinics (e.g. chronic pain, heart failure)	<p>Specialist clinical pharmacist role will prescribe, monitor and adjust treatment as appropriate. Development will be dependent on need and competency.</p>

Adapted from NHS Highland Pharmacotherapy Service Specification February 2019

Section 3 - Staff roles Pharmacy Team

The HSCP will determine the appropriate skill mix and grade of staff best placed to deliver specific aspects of the pharmacotherapy service, depending upon staff recruitment. The following paragraphs describe the different grades of pharmacy staff. The roles/tasks detailed below are examples of the services that may be able to be provided by members of the pharmacy team. Service provision will require to be prioritised dependant on the needs of the GP practices, capacity of the pharmacy team including staffing availability, experience and training.

Primary Care Clinical Pharmacist (PCCP)

The PCCP will be regarded as a medicines specialist in the practice and will work to provide a pharmacy service to both patients and the GP practice, coordinating the day-to-day work of the pharmacy team. Pharmacists are trained to degree level and may have undergone further training to PgDip or MSc level. They have particular knowledge and skills in conducting medication reviews in patients with multiple co-morbidities and/or polypharmacy.

It must be acknowledged that during a PCCP's training some roles will need to be adapted for a lower level of competence and modified as training progresses.

Their work is focused on clinical decision making in actioning/authorising acute and repeat requests, resolving medicines reconciliation issues and undertaking medication review to optimise the use of medicines in individual patients. Pharmacists can provide education and training to the multidisciplinary practice team.

The service may include:

1. Medicines reconciliation by pharmacy team on receipt of hospital discharge letters and clinic letters. Referral of items out with competency will be necessary to a more experienced pharmacist or a GP.
2. Delivery of direct clinical care to defined groups of patients, depending upon the pharmacist's level of clinical competence. Holistically manage patients with a number of co-morbidities. This may involve managing caseloads of patients on an ongoing basis, developing referral pathways and using Independent Prescribing when appropriate.
3. Management and authorisation of acute requests within defined scope of practice, for example:
 - for specific products e.g., DMARDs
 - review of use of 'specials' and 'off-licence' requests
 - for specific groups of patients (e.g. care home, care at home)
 - selection of acute requests from daybook (or equivalent) in line with competency

The number of acute prescription requests processed by pharmacy staff may needed to be capped depending on time available, other services provided and defined in work plan. This is to ensure the workload is manageable within resource available to the practice. This may be able to be expanded as the service becomes fully staffed, within our proposed model, taking into account capacity during times of absence.

4. Annual medication review of patients on repeat items will include assessing appropriateness for serial prescribing, formulary compliance, cost effectiveness and reauthorising of repeats. Prioritisation of patients for reviews will be based on time allocated to the practice and will be based on risk e.g. high risk medicines, high risk patient groups, overdue or no previous medication review.
5. Medication review following receipt of serial prescription end of treatment summaries and reauthorising of serial prescriptions.
6. Conduct annual medication/polypharmacy reviews either face-to-face or by telephone consultation.
7. Prescribing for and managing patients with complex medication needs and/or long term conditions from a range of clinical areas, in order to maximise the benefit of medicines whilst minimising harm.
8. Advising GPs and nurses where complex pharmaceutical care issues arise and formulate and implement plans to resolve them.
9. Handling and, where appropriate, resolving general queries related to prescribing for individual patients.
10. Provide clinical oversight within the practice to ensure safe, efficient and effective medicines management systems and processes. This will include contributing to practice meetings, significant event reviews etc.
11. Take a lead role within the practice to promote and oversee the delivery of prescribing efficiencies, through:
 - Prescribing data analysis and prescribing audit
 - Implementation of medicines management projects and prescribing efficiency programmes
 - Directly reviewing and making prescribing changes in accordance with medicines management projects and prescribing efficiency programmes
 - Promoting evidence based and cost-effective prescribing and medicines management

Funding from HSCP's will continue to resource this activity at 'pre-pharmacotherapy' levels, with appropriate members of the pharmacy team carrying out activity according to their training and capabilities.
12. Provision of medicines related education to patients and carers.
13. Delivery of medicines related and clinical training to clinical and administrative staff.

Pharmacist Independent Prescribers (PIPs)

In addition to the clinical and direct patient-facing roles identified for the PCCP above, pharmacist independent prescribers will prescribe, monitor and adjust treatment as appropriate within their competency.

PIPs are accountable for any prescription they sign, including continuing treatments that have been initiated by another prescriber e.g. issuing a repeat prescription or reissuing an acute prescription. If continuing a treatment initiated by another professional, PIPs must ensure that any prescription they sign is safe and appropriate and, if asked to prescribe at the request of another professional, PIPs should only do so having assessed the need for a prescription themselves. (see Appendix 1 RPS Prescribing Statement)

New PIPs will need to develop their competence in clinical conditions gradually and progressively.

In deciding to prescribe ongoing treatment, PIPs need to balance satisfying themselves about the necessity and appropriateness of the prescription with the need for patients to receive treatment timeously and without unnecessary delay. In the majority of patients receiving repeat prescriptions, an in-depth medication review is usually only undertaken annually. It should not be necessary and would not be appropriate to undertake an in-depth medication review every time a prescription is issued. PIPs should only sign repeat prescriptions if they have undertaken an individual assessment of ongoing need for treatment at the time of issue, or if they have reauthorised the repeat medication previously during a medication review. This should **not** involve signing of repeat prescriptions in “bulk”.

The role of PIPs should be focused on delivery of level 2 and 3 activities, particularly medication review and resolving high risk medicine problems, progressively working towards autonomously treating and managing more complex patients.

Some PIPs will also have clinical assessment and examination qualifications and experience in order to be able to:

1. Take on greater responsibility and autonomy for the on-going prescribing and management of patients with complex medication needs and/or long term conditions from a range of clinical areas.
2. Review acutely unwell patients recently started on new medicines, reviewing their clinical and medication needs in light of response to treatment and tests.
3. Undertake specialist clinics e.g. chronic pain only referring patients to MDT when necessary.
4. See complex patients for annual medication/polypharmacy reviews, only referring patients to a GP when necessary.

Pharmacy Technician (PT)

PTs are registered with the General Pharmaceutical Council and are trained to SVQ level 3. Their knowledge is above the level of a pharmacotherapy assistant/practice administration staff but below that of a pharmacist. Pharmacy technicians cannot prescribe. They will work, as part of the pharmacy team, under the supervision of a pharmacist on a range of medicines management systems and processes within the practice, which may include:

1. Contributing to safe, efficient and effective medicines management systems and processes, including:
 - Medicines reconciliation, reviewing IDLs etc. and discussing changes with patients to assess their understanding. Medicines reconciliation carried out by pharmacy technicians will require a clinical check (by a pharmacist or a GP)
 - Systems for all repeat prescriptions, annual medication review and polypharmacy reviews
 - Maximising implementation of serial prescribing
 - Reviewing acute and repeat medication requests and resolving medication queries, referring to a pharmacist if necessary
 - Reauthorising repeat prescriptions within defined parameters and agreed standard operating procedure
 - Medicines shortages
 - Housekeeping of repeat medication records
 - Non clinical medication review
2. Contributing to the delivery of prescribing efficiencies, resources at pre-pharmacotherapy levels through:
 - Prescribing data analysis and prescribing audit
 - Implementation of medicines management projects and prescribing efficiency programmes
 - Promoting evidence based and cost-effective prescribing and medicines management e.g. formulary adherence
3. Undertake medication compliance reviews within patient's home/care home.
4. Provision of medicines related education to patients and carers on topics appropriate to competence.
5. Delivery of medicines related training to clinical and administrative staff on topics appropriate to competence.

Consultation List

GP Sub Group Members

Christopher Allan	GP, Turriff Medical Practice
Alison Davie	Lead Pharmacist, Aberdeen City
Emma Houghton	GP, LMC
Samantha McCann	GP, LMC
Denise McFarlane	GP, Clinical Director Primary Care
Lorraine McKenna	Primary Care Lead - Dentistry, Optometry, Pharmacy & Psychology Aberdeen City CHP
Karen Simpson	GP, Garioch Cluster Lead Aberdeenshire
Christine Thomson	Lead Pharmacist Moray
Sandy Thomson	Lead Pharmacist
Pauline Westwood	Practice Pharmacist, APC

Appendix 1

[Pharmacists in General Practice: Repeat Prescribing Position Statement \(rpharms.com\)](http://rpharms.com)

Pharmacists in General Practice: Repeat Prescribing Position Statement

(Scotland only)

Pharmacists bring their expertise in all aspects of medicines and their use into the General Practice team and have a key role to ensure safe prescribing systems are in place. This will involve the whole practice team, with everyone working within their own competency and to the best of their ability.

GPs require time with patients with complex medical issues. Pharmacists require time with those with complex medication issues and for the management of long term conditions.

Authorising/actioning repeat prescriptions and acute requests should not be the sole responsibility of one profession. It will require triage and efficient use of all prescribers in the practice and the wide skill mix available. It also requires working closely with community pharmacist colleagues to enrol suitable patients for serial prescribing and long-term conditions management in the Care and Review service.

[The Competency Framework for all Prescribers](#) published by RPS in 2016 is multidisciplinary and clearly outlines what must be considered before signing prescriptions whether face to face with patients or when prescribing remotely. Each GP practice is unique, and flexibility in the pharmacotherapy service provided is required to prioritise care according to the needs of the patient, with an efficient use of the skill mix available.

The guiding principles for pharmacists working in GP practice can be found in the [Joint Statement](#) published by the Royal Pharmaceutical Society and the Royal College of General Practitioners.

-February 2019