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| 1. **JOB IDENTIFICATION** | |
| **Job Title:**  **Band:**  **Salary**  **Responsible to:**  **Department:**  **Directorate:** | **Advanced Pharmacist**  **8A**  **£53,513 - £57,767**  **Mary Clare Madden, Lead Pharmacist**  **Central Pharmacy Team, Alcohol & Drug Recovery Services (ADRS)**  **Greater Glasgow and Clyde, Alcohol & Drug Recovery Services** |
| **2. JOB PURPOSE** | |
| To manage, deliver, develop and evaluate high quality pharmaceutical care within Alcohol and Drug Recovery Services (ADRS) across a number of sites within NHS Greater Glasgow and Clyde, in line with local and national policies.  The post is within the ADRS Central Pharmacy Team and NHS Greater Glasgow and Clyde (GGC) Alcohol & Drug Recovery Services. The post holder will support the work of the GGC ADRS Lead Pharmacist, at both a local and national level. The post holder will provide professional and clinical support to 291 community pharmacies on all aspects of alcohol and drug use. They will also provide professional support and liaison on pharmacy issues to a wide range of senior management structures, staffing groups, treatment and care services, primary and Tier 4 services, statutory services, voluntary agencies and to 6 Alcohol and Drug Partnerships (ADPs) and HSCPs across GGC.  The post holder will ensure that, where appropriate, service users, carers and other relevant stakeholders are consulted in the development of high quality pharmaceutical services within ADRS.  The post holder will ensure that clinically effective pharmacy services are developed and delivered in line with the strategy of ADRS in 6 Alcohol and Drug Partnerships (ADPs) in the health board.  The post holder will be required to provide pharmacist cover for the Enhanced Drug Treatment Service (EDTS) which may be on weekends and bank holidays. | |
| **3. ROLE OF DEPARTMENT** | |
| Glasgow City HSCP is responsible for the provision of primary care and community services to the people of Glasgow City, and for improving health and well-being. The HSCP covers the geographical area of Glasgow City Council, a population of 588,470, and includes 154 GP practices, 136 dental practices, 186 pharmacies and 85 optometry practices. The CHP has 3,140 whole time equivalent (wte) staff, and a combined budget of approximately £520m. Services within the HSCP are delivered in three geographical sectors:  • North East Glasgow with a population of 177,649;  • North West Glasgow with a population of 190,332; and  • South Glasgow with a population of 220,489.  The Corporate and three Sector Offices are the main managerial centres for the HSCP  The primary/ community health service is delivered in Health Centres, Clinics and through a variety of office bases across each of the Sectors.  The purpose of the HSCP is to:   * manage local NHS services; * improve the health of its population and close the inequalities gap; * drive the local implementation of the quality strategy ensuring person centred, safe and effective care; * achieve better specialist health care for its population; * ensure an effective NHS process to engage in community care and children’s service planning; * work closely with Glasgow City Council to deliver effective integrated services where appropriate * lead NHS participation in joint and community planning in Glasgow City; * modernise community health services; * integrate community and specialist health care through clinical and care networks; * deliver effective engagement with primary care contractors; * work with local communities to ensure they influence decisions; and, * ensure patients and frontline health care professionals are fully involved in service delivery, design and decisions   Alcohol and Drug Recovery Services (ADRS) in GG&C have developed over the past 10 years and will continue to adapt to the changes and challenges ahead. Alcohol and Drug Recovery Services deliver care within an integrated setting between Social Work and NHS. Glasgow City ADRS employ 550 staff with a total caseload of over 10,000.  ADRS has routes into both local and national groups that comprise of various stakeholders involved in all aspects of the pharmaceutical care of people who use drugs and alcohol.  The post is hosted within Glasgow City HSCP but has an NHS board wide responsibility to support with the management of the pharmacy services and related education and training programmes for Alcohol and Drug Recovery Services (ADRS) in Inverclyde, Renfrewshire, East Dumbarton, West Dumbarton and East Renfrewshire. | |
| **4. ORGANISATIONAL POSITION** | |
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| **5. SCOPE AND RANGE** | |
| The post holder will support pharmaceutical service delivery for individuals with problem alcohol and drug use across GG&C.  The post holder will:   * Support medical, nursing and pharmacist prescribers in their provision of high quality care and promote effective and efficient pharmaceutical care for individual patients at whatever their point of need in their recovery journey. * Provide professional support to 291 community pharmacies (Currently 284 providing supervised methadone / buprenorphine dispensing, 60 Injecting Equipment Pharmacy Providers (IEPs)). * Provide professional pharmaceutical support to a range of services including the community ADRS teams, GP’s participating in the National Enhanced Service for Patients suffering from Problem Drug Use , 218 Criminal Justice Project, Glasgow Alcohol and Drug Crisis Service, Stabilisation Service , Complex Needs Team, Drug Court, Secondary Services and purchased services. * Maintain close links with the NHS Greater Glasgow and Clyde Pharmacy Services, Community Pharmacy Development, Controlled Drug Governance and Medicines Management Teams. * Provide prescribers, ADRS service managers and other relevant health board leads with high quality, timeous information, analysis and advice to assist them to deliver effective prescribing management. * Will work autonomously and manage own workload. * Will provide holiday and emergency locum cover for the Enhanced Drug Treatment Service.   The service requires support from an innovative pharmacist, capable of working in a multidisciplinary, multiagency environment. To provide clinical and professional advice to community pharmacies and drug and alcohol services within NHS GG&C. | |
| **6. MAIN TASKS, DUTIES AND RESPONSIBILITIES** | |
| The post holder will exercise his or her judgement in responding to enquiries from a variety of sources. This can include enquiries from health, social care, criminal justice staff, local community representatives, members of the public, patients and local policy makers. Judgement needs to be exercised in the advice given. The postholder may have to refer to a variety of background sources including original research studies to analyse and interpret the available data before preparing a response. The post holder is also required to analyse sensitive information relating to illicit drug use and to consider all options including ethical issues before preparing responses. The postholder will have to assess the level and type of response based on the nature of the enquiry and to ensure that the response is appropriate.  Ensuring that all pharmaceutical aspects of GG&C ADRS comply with all statutory (legal) and quality standards, including the Medicines Act 1968 and the Misuse of Drugs Act 1971 and associated Regulations. The post holder has responsibility for Controlled Drugs inspections for purchased services. The post holder will be required to give advice on the safe management of Controlled Drugs and all other drugs and related supplies. They will be required to identify any actual or potential problems and to analyse prescribing data. The post holder is required to identify any anomalies and to analyse and interpret the significance before deciding on any further course of action. This can include referral for further investigation to Police Scotland, the NHSGG&C Accountable Officer or GPhC.  The post holder will be responsible for providing highly specialised pharmaceutical advice relating to the management of the treatment and care of drug and alcohol using patients. This may range from highly specialised advice to individual clinicians for specific patients to wider practitioner groups or agencies e.g. Alcohol and Drug Recovery Teams, Medicines Information Depts., Police Scotland, Scottish Prison Service and voluntary organisations.   **OPERATIONAL SUPPORT**  To Community Alcohol & Drug Recovery Services Teams, 218 project, Glasgow Alcohol and Drug Crisis Service (GADCS)& Stabilisation Unit, Secondary Services, Drug Court Teams, Enhanced Drug Treatment Service, Complex Needs Service, GP shared care scheme, third sector and voluntary agencies, prescriber workforce and wider health and social care staff across ADRS. To provide general assessment of the pharmaceutical needs of problem drug and alcohol users and to ensure relevant input of high quality pharmaceutical services.  To support formulary development, non-medical prescribing, prescribing advice, Tier 4 services, prescribing and dispensing guideline development and the development of Patient Group Directions & Patient Service Directions for a range of services. For example, the Naloxone programme that involves direct patient and family group contact in the provision of basic life support training, overdose management and direct supply of Naloxone.  Contribute to the development and updating of all guidelines relating to IEPs and Needle replacement. To identify and assess the suitability of proposed new sites. This will include site visits and assessment of both the premises and staff ability to provide this service. To negotiate with the service providers and all local stakeholders on related potentially controversial aspects of the service.  Planning and organisation with criminal justice services of pharmacy services for discharged inmates.  Provide onsite pharmacist cover at the Enhanced Drug Treatment Service (EDTS) dispensary, as required.  **TRAINING /EDUCATION**  Support the Lead Pharmacist in planning, organising and providing training on all pharmaceutical aspects of drug and alcohol use for all NHS Greater Glasgow and Clyde NHS ADRS and to a wide range of other agencies, including Scottish Prison Service, National Education Scotland (NES) and for under and post graduate students.  Provide training on pharmaceutical aspects of prescribing for new ADRS staff and existing staff on request.  Identify needs, develop and deliver training to community pharmacists and support staff in order to support core and enhanced pharmaceutical services for substance users. This may be delivered on a “one to one” basis or an HSCP locality basis.  Develop and deliver education training packages for GP’s, nurses, pharmacists, social care workers, other healthcare staff and staff from Tier 4 and purchased services on all pharmaceutical and legal aspects of drug and alcohol use.  Provide professional support to the IEP Improvement and Development Manager to arrange and deliver multi-disciplinary training for all IEP staff.  **EVALUATION** Support in the implementation, evaluation and monitoring of the supervised methadone/buprenorphine & disulfiram scheme, naloxone programmes and the pharmacy IEP scheme.  The development of innovative and evidence based practices within community and Tier 4 services. This includes the development of new initiatives in the pharmaceutical care of patients with drug and alcohol problems. This impacts on other professional groups including GPs and Community ADRS Staff. The post holder will be responsible for communication with other professionals in the design of these new initiatives.   **CLINICAL AUDIT / RESEARCH AND DEVELOPMENT**  Participate as a member of Clinical Effectiveness Group for ADRS when required, which involves design, implementation and evaluation of multidisciplinary audits. Lead and co-ordinate small multidisciplinary audit teams on behalf of the group.  Support the compilation of guidelines for prescribing and dispensing procedures, drug formularies and Patient Group Directions.  Initiate and participate in research to implement and develop evidence based pharmaceutical care. Promote pharmaceutical care and the role of the pharmacist through innovation and research within a multidisciplinary team.  To design and implement clinical audit in areas of practice relevant to the post.  The post holder is responsible for ensuring their own personal and service development by regular self-directed learning and participation in continuing professional development.  Design self-completion audits for pharmaceutical care of problem drug and alcohol users and IEPs for use in community pharmacies.  Developments in the pharmaceutical care of the problem drug and alcohol user will have long term implications and the post holder must consider and give advice, based on an evaluation of the evidence, of the likely impact and the sustainability of any new developments proposed.  **RISK MANAGEMENT**  Undertake investigations on behalf of the ADRS Incidents Group. Following investigations, to provide written and verbal reports and make recommendations to the group.  Provide advice on risk management to providers of supervised self-administration and IEP services. This will necessitate close liaison with police, local community groups and services to ensure that the post holder can advise pharmacists on all relevant local factors essential to develop a comprehensive risk assessment.  Advise staff on the legal requirements for the handling of prescription forms, supervised and instalment dispensing of Controlled Drugs and associated risks.  Advise secondary services staff on procedures for the safe and secure handling of controlled drugs and ensure compliance with legal requirements.  **COMMUNITY PHARMACY**  Support the development of the role of community pharmacists within Greater Glasgow and Clyde in conjunction with other health and social care professionals in order to deliver enhanced pharmaceutical care for problem drug and alcohol users.  Act in a liaison role on pharmaceutical issues with other health care professionals, social care staff, criminal justice and other agencies.  Support community pharmacists with information on regulations and local and national pharmaceutical issues relating to controlled drugs and substance use and new and emerging local drug trends.  Provide advice on all risk management aspects of the provision of an opioid substitution service and alcohol treatment and care.  Authorise monthly payments to community pharmacies for contracted drug and alcohol services and other expenditure including external training up to an individual maximum of £5,000.  The post holder may be responsible for the allocation of funds from the Sexual Health & Blood Borne Virus Framework for the development of pharmacy based IEPs in Greater Glasgow and Clyde. He or she will provide ongoing monitoring of expenditure and provide regular reports to the Public Health Consultant (Blood Borne Viruses). The post holder will be responsible for problem solving and will be required to evaluate situations and decide on the most appropriate course of action.  The postholder is responsible for the ongoing monitoring of drug and alcohol services within community pharmacies during routine and targeted visits and is responsible for making decisions on what issues and if and when these should be referred to the Lead Pharmacist, Pharmacy Services, Controlled Drug Governance or other appropriate agencies. | |
| **7. SYSTEMS** | |
| The post-holder will utilise the following resources on a regular basis:   * Patient information systems * E-mail to communicate quickly and effectively on a daily basis * Microsoft O365 including Word, Excel, Forms, Powerpoint & Teams * Internet/Intranet * Manual records * Clinical Portal, ECS, Trakcare, Ascribe, EMIS Web, EMIS PCS, HEPMA, Omnicentre. * Department worksheets in relevant areas * Adverse drug reaction reporting – through nationwide reporting system * Patient records e.g. health and social care notes, drug prescription charts * DATIX for the reporting, review and approval of local incidents * NEO 360 | |
| **8. DECISIONS AND JUDGEMENTS** | |
| * The post holders work plan will be agreed with Lead Pharmacist and is directed by the Central Pharmacy Team work plan. * The post-holder is responsible for managing their workload autonomously, guided by local and national policies and principles. * The post holder will act as a role model and provide expert pharmaceutical advice on the safe and effective use of medicines. This will often involve analysis of highly complex clinical situations, including evaluation of treatment options before decisions are made. * The post-holder interprets service strategies and policies that determine the delivery of pharmaceutical care to patients and the safe and effective use of medicines. These strategies and policies will have an impact across multiple ADRS sites and primary care settings. * The post holder will determine clinical pharmacy service levels and priorities using professional judgement. * The post holder will be subject to formal annual review by the ADRS Senior Advanced Pharmacist. * The post holder will adhere to codes of professional ethics, standards and guidelines. | |
| **9. COMMUNICATIONS AND RELATIONSHIPS** | |
| * The post holder provides and receives highly complex, highly sensitive or highly contentious information e.g. agreeing best treatment options for patients with complex medication, clinical and social care needs. Agreement or cooperation is often required and advice given may be challenged e.g. in presenting information to senior clinicians on prescribing protocols which will affect patient care across multiple sites. * The post holder may represent ADRS pharmacy team at local, regional and national level. * The post holder may be required deputise for the Lead Pharmacist or Senior Advanced Pharmacist locally or nationally.   The post holder will be expected to communication with the following groups:   * Consultants, GP’s and other grades of doctors and non-medical prescribers.   + Discussing drug therapy and ensuring safe and effective prescribing practice.   + Opinions may be divided any information may be sparse. Negotiate consensus view. * Nursing staff   + Discussing drug therapy and ensuring safe and effective administration of medicines   + Ensuring effective communication across teams. * Social Care Staff   + Discussing drug therapy, medication supply and Medicines regulations.   + Ensuring full understanding and implications for patients of the legal requirements of medicines for care managers and other staff from a social care, not a health, background. * Senior management team e.g. Head of Service, Associate Medical Director, Nurse team leaders, operational managers.   + Clinical Governance issues and analysis of financial information on the use of medicines.   + Difficulties communicating information which the recipient may not agree with. * Lead Pharmacist , ADRS   + Planning and management of pharmaceutical services and pharmacy team within ADRS.   + Difficulties in communicating when there are competing priorities, budgets and a limited staff resource. * Other Pharmacist Team Managers within Pharmacy Services   + Strategic planning and development of community and other pharmaceutical services for people who use drugs and alcohol.   + Difficulties in communicating when there are multiple competing priorities and budgets. * Pharmacy team e.g. other pharmacists, technicians working in other sections of pharmacy   + To ensure the timely supply of medicines and advice to meet the needs of ADRS patients.   + Support in the monitoring of adherence to contractual requirements of the methadone/buprenorphine dispensing scheme, disulfiram supervision and IEP programme. For example by conducting routine visits and identifying issues that may compromise patient, staff or public safety.   + Difficulties in communicating across boundaries. Lack of infrastructure to support transfer of information. * Regional and National Bodies e.g. Managed Clinical networks,   + Specialist pharmacist groups, guideline development groups.   + Expert panels   Expert knowledge of medicines uses to define national frameworks to improve care of patients who use drugs and alcohol.   * Patients, carers and relatives * To ensure patients are educated on all aspects of their medicines in such a way that is easily understood. * There are often barriers to understanding: * Educational background, language, deafness, blindness, cognitive impairment. * Drug or alcohol use. | |
| **10. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** | |
| **Physical skills**  • Travel across multiple sites.  • Prolonged periods of working on personal computer.  • Car driver/owner is desirable to maximise efficiency of cross health board working.  **Physical demands**  • Advanced keyboard use.  • Manipulation skills where accuracy is essential e.g. dispensing of medicines or preparation of injections.  **Mental demands**  • Prolonged periods of concentration with frequent interruptions.  • Intense concentration required during Controlled Drugs inspections and for audits of the related paperwork.  • Carry out difficult calculations and analysis of highly complex patient and other relevant data.  • Recall of knowledge to make effective and safe clinical decisions.  • Unpredictable workload, frequent interruptions and reprioritisation required e.g. responding to urgent requests for advice.  • Excellent critical appraisal and numeracy skills, the ability to provide and receive large amounts of highly complex information.  **Emotional demands**  • Dealing with distressed patients/relatives/staff.   * Occasionally dealing with distraught or upset pharmacists or other professionals where potentially serious errors have to be investigated by the post holder.   • Dealing with drug misadventures.  • Dealing with aspects of alcohol use and illicit drug use.  • Dealing with complaints from patients, carers and public groups.  • Occasional exposure to verbal aggression from members of the public.  • The post holder may be required to attend public meetings and to promote the pharmaceutical care needs of Greater Glasgow & Clyde ADRS patients and of people who use drugs and alcohol to a potentially hostile audience.  **Working conditions**  • Potential exposure to infection within ADRS treatment areas.  • Exposure to potential distressing information and situations. | |
| **11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB** | |
| * Adapting to new models of multi-disciplinary and agency working and being able to respond to a continually evolving agenda. * To establish and maintain effective relationships within the ADRS and with other internal and external partner agencies. * Maintenance of effective communication to deliver a clinical pharmacy service across a number of sites. * Breaking down misconceptions related to people who use drugs and alcohol and using effective negotiating skills in potentially confrontational situations. * Working with limited information, to short timescales within stressful environments. * The post-holder will be required to manage, analyse and act professionally when faced with difficult and ambiguous problems. * Motivate and negotiate with staff over whom the post holder has no direct responsibility. | |
| **12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**   |  |  |  | | --- | --- | --- | | **Requirements** | **Attribute** | **Essential (E)**  **Desirable** **(D)** | | **QUALIFICATIONS** | Masters Degree in Pharmacy or equivalent | E | |  | Registrant with the General Pharmaceutical Council | E | |  | Post graduate diploma/MSc in relevant discipline or equivalent qualification/experience  Independent Prescribing qualification | E  D | |  | Membership of the Faculty of Royal Pharmaceutical Society | D | | **EXPERIENCE** | Experience of tutoring/mentoring | D | |  | Substantial post registration experience with drug and alcohol patients | E | |  | Demonstrable experience as a highly specialist senior practitioner | E | |  | Demonstrable evidence of influencing the multidisciplinary team in delivering patient care | E | |  | Demonstrable experience of successfully delivering education and training | D | |  | Demonstrable evidence of audit and using the results to improve patient care | E | | **KNOWLEDGE** | Expert knowledge and understanding of relevant national standards and guidelines | E | |  | Knowledge of legislation/guidance relating to medicines usage and illicit drugs. | E | |  | Expert knowledge on Controlled drugs and Home office licensing | D | |  | Maintains a broad level of pharmacy practice.  Knowledge of aseptic practice and manipulation of medicines. | E  D | | **SKILLS** | Demonstrable ability to process and utilise complex information to improve patient outcomes. | E | |  | Demonstrable expert level of clinical reasoning and judgement | E | |  | Appropriate IT skills are required to utilise clinical information systems, pharmacy computer systems, databases and other software to improve patient care. | E | |  | Excellent communication and negotiation skills – written and verbal and be able to communicate effectively with other health and social care professionals, patients, carers, criminal justice and a wide range of external agencies. | E | |  | Excellent numeracy skills. | E | |  | Excellent organisational skills. | E | | **ABILITY** | Ability to apply logical and analytical skills to manage clinical and other risks during the use of medicines. | E | |  | Ability to work autonomously, prioritise and evaluate own work. | E | |  | Ability to integrate research into practice. | D | |  | Demonstrable ability to work quickly, accurately and to deadlines while under pressure. | E | |  | Ability to travel is essential to meet demands of this role  Ability to be flexible to provide pharmacist cover within the EDTS when required (which may include weekends and bank holidays) | E  E | | |