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| 1. **JOB IDENTIFICATION**
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| **Job Title:****Band:****Salary****Responsible to:** **Department:****Directorate:** | **Advanced Clinical Pharmacist, Alcohol & Drug Recovery Services (ADRS)****8A****£53,513 - £57,767****Lead Pharmacist****Central Pharmacy Team, ADRS****Greater Glasgow and Clyde, Alcohol & Drug Recovery Services** |
| **2. JOB PURPOSE** |
| To develop, co-ordinate and deliver clinical pharmacy services within ADRS in-patient services with support to other specialist settings including the Enhanced Drug Treatment Service (EDTS) and the pilot Drug Checking Service. To work in partnership, as part of the wider ADRS Pharmacy Workforce, with a wide range of multi-disciplinary staff to ensure the delivery of high quality pharmaceutical care within specialist settings.The post holder will work to optimise pharmaceutical care to patients, maximise benefit and minimise risk to patients from their medicines in accordance with local and national priorities. They will work to improve prescribing practice and work with other senior pharmacists to achieve an integrated and consistent approach to ADRS pharmacy service provision in both Primary and Secondary Care Sectors.The post holder will contribute to the development and implementation of local policy and planning, and the implementation of national strategy in order to achieve the best use of medicines and related resources in the provision of patient centred care. They will participate in developing and implementing integrated Medicines Management and Prescribing Support policies for NHS GG&C ADRS including provision of expert advice on prescribing issues to a variety of key decision-making bodies. The post holder is responsible for interpreting hospital data in order to advise on changes in prescribing practice necessary to achieve high quality, evidence-based, cost-effective long-term treatment choices for patients, and will influence and direct prescribing decisions in line with NHS GG&C Drug Formulary The post holder will deputise for and support the work of the GGC ADRS Lead & Senior Advanced Pharmacists, at both a local and national level. They will assist the Lead pharmacist to support specialist services on all aspects of substance use and will provide professional support and liaise on pharmacy issues to a wide range of management structures, staffing groups, treatment and care services, primary care and Tier 4 services, statutory services, voluntary agencies, and to the 6 Alcohol and Drug Partnerships (ADPs) and HSCPs in GGC.  |
| **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 HSCPThe 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 Alcohol and Drug Recovery Inpatient ward/units are multi-disciplinary environments, composing of Addiction Psychiatry, Psychologists, Pharmacists, Occupational Therapists, Dieticians Addiction Nurses, and Administrative staff. The ward/unit aims to deliver safe, effective and high quality care and treatment to individuals with complex alcohol and/or drug dependency and associated risks. They provide 24 hour care, 7 days a week, 365 days a year.The Enhanced Drug Treatment Service (EDTS) was established following an extensive health needs assessment in response to an HIV outbreak (2015). This service, which is opened 7 days a week/365 days a year, is an extension to existing Alcohol and Drug Recovery Services, and aims to reduce individual and community drug related harm primarily within a significant population who inject drugs in public places within Glasgow City centre. The service prescribes diamorphine for supervised self-administration, and is designed to engage patients with the broader health and social services, whilst offering a highly structured, intensive specialist treatment in which patients are closely monitored and regularly reviewed.The post is hosted within Glasgow City HSCP but has an NHS board wide responsibility.  |
| **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 NHS GG&C. The post holder will:* Work largely in a self –directed fashion, managing their own workload, within the parameters of national and local priorities and policies for pharmacy, health and other regulatory frameworks.
* 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 pharmaceutical support to a range of services including in-patient services, EDTS and pilot Drug Checking Service.
* Maintain close links with the NHS Greater Glasgow and Clyde Pharmacy Services, 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 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 a range of services within NHS GG&C relating to the pharmaceutical care of individuals with problem alcohol and drug use.  |
| **6. MAIN TASKS, DUTIES AND RESPONSIBILITIES** |
| **In- patient Duties & Responsibilities:*** Patient centred care including counselling on medication and prescribing regimes.
* Medicines Reconciliation
* Clinically check prescription stationery & clinical systems e.g. Hepma, IDLs
* Attend MDT & advise on prescribing decisions and medication related queries
* Ensure the safe and secure handling and delivery of stock and patient medication
* Ensure accurate data recording including information on dose collection, non-collection, prescribing and CD usage, to provide for a range of statutory and local reporting purposes and for research and evaluation.
* Provide pharmaceutical advice to the inpatient wards multi-disciplinary team, EDTS (MDT), HSCP, other NHS GG&C departments and a range of internal and external stakeholders.
* Be responsible for monitoring medicine use and adherence to local prescribing policies
* Provide professional leadership and deputise as EDTS pharmacist in charge when appropriate
* Deliver and develop a pharmaceutical care service for EDTS patients as part of the multidisciplinary team, including safe and clinically effective delivery of prescribed medication
* Play a key role in the recording of data in order to comply with general Controlled Drug legislation, Home Office Premises Licence requirements, Scottish Government Prescribers Licence requirements, service management reports, research and audits.
* Utilise prescribing qualification within agreed clinical model

**Aseptic Specific Responsibilities:*** Act as the designated Authorised Pharmacist for EDTS.
* Be a specialist aseptic pharmacist and dispensary practitioner, providing information and pharmaceutical advice to EDTS, pharmacy services, other health and social care professional staff, patients and other agencies.
* Prepare and supply aseptically dispensed products and provide professional support and guidance to practitioners providing clinical care to patients in receipt of a prescription for injectable diamorphine for self-administration.

**Drug checking*** To have knowledge and oversight of routine duties as occurring within the pilot Glasgow Drug Checking Service as required.

**General Duties & Responsibilities*** The post holder will exercise his or her judgement in responding to enquiries from a variety of sources.. 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 will undertake Controlled Drugs inspections for in-patient, EDTS and the pilot Drug Checking Service where appropriate.
* 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.
* 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.

**OPERATIONAL SUPPORT*** 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, prescribing advice, prescribing and dispensing guideline development and the development of Patient Group Directions & Patient Service Directions for a range of services.
* Planning and organisation with a range of stakeholders when required to patient admission and discharge.
* 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 ADRS and to a wide range of other agencies.
* Provide training on pharmaceutical aspects of prescribing for new ADRS staff and existing staff on request.
* Identify needs, develop and deliver training 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.

**EVALUATION**.  The development of innovative and evidence based practices within in-patient and EDTS 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.
* 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*** Participate in local DATIX and SAER investigations and provide written and verbal reports as necessary.
* Advise staff on the legal requirements for the prescribing 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.
* **Liaison**Act in a liaison role on pharmaceutical issues with other health care professionals, social care staff, criminal justice and other agencies.
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| **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
* HEPMA, Clinical Portal, ECS, Trakcare, CMM, EMIS Web, EMIS PCS,
* Formulary and medicines management systems
* Data and information management systems
* 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
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| **8. DECISIONS AND JUDGEMENTS** |
| The post holder;* Work plan will be agreed with Lead Pharmacist and is directed by the Central Pharmacy Team work plan.
* Is responsible for managing their workload autonomously, guided by local and national policies and principles.
* 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.
* 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.
* Will determine clinical pharmacy service levels and priorities using professional judgement.
* Will be subject to formal annual review by the ADRS Senior Advanced Pharmacist.
* Will adhere to codes of professional ethics, standards and guidelines.
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| **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 will be expected to communicate 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. Operational Managers, Senior Medical Management, Nurse Team Leaders* 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 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.
* 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.
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| **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 members of staff 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 and carers
* Occasional exposure to verbal aggression from members of the public.

**Working conditions*** Potential exposure to infection within ADRS treatment areas.
* Exposure to potential distressing information and situations.
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| **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.
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| **12. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

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| **Requirements** | **Attribute** | **Essential (E)****Desirable** **(D)** |
| **QUALIFICATIONS** | Master’s Degree in Pharmacy or equivalent | E |
| Registrant with the General Pharmaceutical Council  | E |
| Diploma or MSc in Clinical Pharmacy or equivalent | E  |
| Independent Prescribing qualification | E |
| NES Psychosocial Interventions in Addictions Services Training | D |
| **EXPERIENCE** | Substantial post registration clinical experience with highly developed clinical skills | E |
|  | Substantial post registration experience with drug and alcohol patients | E |
|  | Experience of managing a complex pharmacy service | E |
|  | Advanced level of clinical experience, reasoning & judgement where information may be limited | E |
|  | Working knowledge of clinical information systems, pharmacy computer systems and pharmaceutical information systems | E |
|  | Experience in both primary and secondary care. | D |
|  | Highly specialised skills in areas from General Medicine, Respiratory Medicine, Mental Health, Gastro-enterology, Infectious Disease, Palliative Care, Oncology, Cardiology, Rheumatology, Nephrology, Diabetes, Critical Care, Emergency Care, Care of the Elderly. | D |
| **KNOWLEDGE**  | Good working knowledge of pharmaceutical standards | E |
|  | Good understanding of pharmaceutical legislation | E |
|  | Knowledge of the NHS in Scotland with reference to Secondary care, Pharmacy, and the supporting legislation | E |
| **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 and a wide range of external agencies.  | E |
|  | Excellent numeracy skills. | E |
|  | Excellent organisational skills. | E |
|  | Teaching skills. | D |
| **ABILITY** | Ability to supervise staffAbility to apply logical and analytical skills to manage clinical and other risks during the use of medicines. | E E |
|  | Ability to work autonomously, prioritise and evaluate own work. | E |
|  | Demonstrable ability to work quickly, accurately and to deadlines while under pressure. | E |
|  | Ability to travel is essential to meet demands of this role | E |
|  | Ability to be flexible to provide pharmacist cover within the EDTS when required (which may include weekends and bank holidays) | E |
|  | Ability to integrate research into practice. | D |

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