# ROLE DESCRIPTION

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| **Role Title:** | **Clinical Lead for Medicines Optimisation- Overprescribing** |
| **Remuneration:** | **CCPL clinical grade rates – Agenda for Change equivalent** |
| **Department(s):** | **SEL Medicines Optimisation**  |
| **Responsible to:** | **SEL Overprescribing Lead Pharmacist** |
| **Accountable to:** | **SEL ICB Chief Pharmacist** |
| **Hours:** | **0.15WTE, delivered flexibly.** |

## Local Context

The South East London Integrated Care System (ICS) brings together the health and care partners that serve our vibrant and highly diverse populations resident in the London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark - our Places.

Our partnership brings together six local authorities, over 200 general practices (operating within 35 Primary Care Networks), Guy’s and St Thomas’ Hospital NHS FT, King’s College Hospital NHS FT, Lewisham and Greenwich NHS Trust, South London and the Maudsley Mental Health FT and Oxleas FT. Importantly, the ICS seeks to be connected to the communities we serve (circa 1.92m residents) and work with the widest possible range of community, voluntary and third sector groups and organisations in each borough. The reach of our NHS provider portfolios extends beyond the borders of the ICS, across London, the south of England and nationally for some services.

Our vision for the ICS is a highly performing, sustainable system that looks after its staff, responds to its communities and takes action to reduce the inequalities they experience. As a new organisation we have developed system strategic priorities [Integrated Care Strategic](https://www.selondonics.org/wp-content/uploads/SEL-ICS-strategic-priorities.pdf) [Priorities for 2023-28 (selondonics.org)](https://www.selondonics.org/wp-content/uploads/SEL-ICS-strategic-priorities.pdf) that outlines the way in which we seek to operate and the steps we will take to realise the full potential of our partnership.

Our ICS is a ‘system of systems’ and the Integrated Care Board (ICB) that supports it will work with partners that come together as Collaboratives for acute physical and mental health care; and as Local Care Partnerships (LCPs) that provide multi-agency leadership to the development and delivery of borough focused care. The ICB will relate to and work with residents and the bodies that serve them at neighbourhood, borough and South East London wide levels.

## Principles of our Operating model: Our system expectation

The South East London ICB is the NHS management unit of the ICS. It is accountable both to NHS England and to the South East London Integrated Care Partnership (ICP). The ICS exists to deliver four core purposes:

* Improve outcomes in South East London population health and health and care services
* Tackle inequalities in outcomes, experience and access suffered by the residents of South East London
* Enhance productivity and value for money in the in the use of health and care resources in South East London
* Help the NHS support broader social and economic development in South East London.

The ICS is not an intermediate management tier and fundamental to the operating model of the ICS are three fundamental principles:

* **Partnership:** We are a partnership of sovereign bodies coming together to achieve something greater than the sum of the partners. All partners have a voice and all partners have responsibility.
* **Subsidiarity:** We work on the basis of subsidiarity. This means issues and decisions should be dealt at the most local level consistent with their effective resolution.
* **Accountability:** We value both supporting each other and being held to account by each other and our wider partners.

# JOB PURPOSE

Tackling overprescribing is essential to deliver operational and financial efficiency, clinical effectiveness and objectives of the ICS. Many medicines are often prescribed beyond the point at which they are beneficial and may cause harm. 30-50% of medicines prescribed for long-term conditions are not taken as intended. Also, medicines account for the largest carbon emission ‘hotspot’ in primary care and 25% of NHS carbon footprint with the greatest waste being those not taken by patients. Overprescribing contributes significantly to these problems.

The National overprescribing review (NOR) report (2021) requires ICS to develop system wide solutions to address overprescribing and provide the clinical leadership, workforce education and training to implement the recommendations locally

The primary responsibility of the role is to provide clinical leadership, input and strategic support to develop and implement systems wide solutions to address overprescribing in South East London (SEL).

The post-holder will work closely with the overprescribing lead pharmacist(s), Overprescribing Working Group (OPWG) and other leads across SEL to

* Provide clinical leadership, expertise, advice and support to the system and local networks to drive implementation of the SEL Overprescribing Work Plan
* Actively contribute to the Overprescribing Working Group (OPWG) activities to deliver the workplan outputs within the agreed timescales and maintain 80% attendance at its meetings.
* Improve outcomes in population health & health care for the people of SE London by reducing overprescribing.
* Reduce the health inequalities in outcomes, experience, and access to services, as a result of overprescribing in affected population groups.
* Reduce medicines waste, enhance productivity, and value for money by tackling overprescribing.
* Support clinicians (e.g., GPs, Pharmacists) across South East London ICS to implement the related aspects of the SEL overprescribing workplan particularly delivering structured medication reviews (SMRs)
* Function as a clinical champion to deliver effective and efficient patient-centred service models to reduce overprescribing and secure engagement from primary care clinicians to enable their contribution and impact
* Support primary care clinicians (pharmacists and GPs) particularly those that are struggling to implement SMRs in patients with complex /problematic polypharmacy- by offering peer support, constructive feedback, reflective practice and sharing best practice.
* Lead, advise on, and support strategies, interventions, and care models to reduce overprescribing, in Primary Care Networks and other locally commissioned services.
* Contribute to SEL-wide training, education, resources, and multidisciplinary team support to develop a workforce fit for purpose, including coaching, mentoring, facilitating case-based discussions.
* Actively promote, model, and teach patient-centred approaches to reduce overprescribing including shared decision making, values-based care and evidence-based care.
* Contribute to developing, testing and evaluating small scale, innovative projects that have a high impact on reducing overprescribing, and enable spread through a ‘do once and share’ approach.

# Key Working Relationships:

The postholder will have advanced interpersonal, communication and negotiation skills to effectively engage, build and maintain good working relationships with a broad range of internal and external stakeholders from across health and care in order to facilitate the achievement of the SEL ICB strategic priorities:

* SEL and Borough Medicines Optimisation Pharmacy Teams and Commissioning Leads
* Medicines, Frailty and Long-Term Conditions Clinical and Care Professional Leads
* Prescribers and clinicians in primary care, community health services, acute and mental health trusts
* SEL Community Pharmacists
* Local Pharmaceutical Committee and LMC
* Personalisation, Patient engagement and Public Health leads
* Clinical, professional and department leads as required.

This is not an exhaustive list of stakeholders for this postholder to engage with.

# Duties and Responsibilities

* + Maintain credibility of the overprescribing program and promote awareness and understanding of the overprescribing agenda with clinical colleagues.
	+ Set direction, engage, ignite passion and pace, monitor progress, keep momentum, and build capacity to deliver the plan.
	+ Leverage relationships with SEL networks (including PCN Clinical Directors and practice GP prescribing) and external networks to accelerate changes.
	+ Promote, communicate, and disseminate learning from, information about and benefits of reducing overprescribing across primary care.
	+ Take lead responsibility for bringing a clinical and operational perspective to decision affecting overprescribing at place to SEL Integrated Medicines Optimisation Committee (IMOC)
	+ Offer clinical leadership on the development and implementation of medicines Optimisation QIPP plans, supporting the development and monitoring of a performance framework.
	+ Provide clinical support and advice on the development and implementation of national and local prescribing policies/guidance as well as service developments and redesign relating to overprescribing.
	+ Contribute to the vision for tackling overprescribing across a range of cross cutting programs of work and challenge processes and existing practices across all parts of the health and care system e.g.: service developments & service redesign, LTC clinical pathways, digital health programs, public health, personalisation, health inequalities, patient experience, and community engagement.
	+ Champion representative, diverse and meaningful patient engagement in overprescribing work

**Communication and relationships**

* Positively engage with external agencies and function as advocate for the organisation.
* Connect and build trust with colleagues and patients across traditional boundaries - developing strong networks and relationships that work in service of patients over organisations, places, or professional groups.
* Visibly and clearly articulate the quality arguments for service development and change to address overprescribing, creating a compelling case for change in patient care and experience that aligns with the visions of the ICS.
* Employ effective communication, negotiation and influencing skills to enable effective change management with stakeholders at all levels who may hold differing and contentious views.
* Actively contribute to a culture of positive communication
* Support the overprescribing lead pharmacists to deliver presentations and training internally to staff and externally to partners/ agencies, where appropriate

**Service development, creativity, and innovation**

* + Articulate a clear standard of service and associated outcomes across the ICS and identify opportunities to ‘systematise, innovative service models and existing best practice to deliver at scale.
	+ Promote innovation, service evaluation and research through leadership, promote data scrutiny, evidence synthesis to advance practice and influence commissioning.
	+ Catalyse and embed ways to test and share new and innovative ideas and approaches that improve how we design and deliver care to our patients and population.
	+ Ensure that service delivery is person centred, outcomes focused and protective of individual service users’ dignity.
	+ Support the effective and efficient deployment of resources to achieve agreed outcomes and targets.
	+ Encourage and test new ways of working together, collaborating and learning from each other to achieve our collective ambition to improve the health and wellbeing of our population.
	+ Seek out and embrace different ideas, perspectives, and challenges - being able to adapt and change course by continually learning from others around them.
	+ Take an innovative and creative approach to solving problems.
	+ Function as a positive role model for innovation and a facilitator for change.

**Planning and organising**

* + Develop practical and realistic plans to achieve outcomes/objectives
	+ Consider the wider implications with regards to skills, resources in achieving plans/ outcomes/objectives
	+ Ensure appropriate resources and levels of capability to deliver priorities
	+ Take responsibility for delivery of plans, outcomes and objectives which may involve coordinating and organising others.
	+ Effectively manage resources within your control

# Personal development

* + Continually develop own clinical knowledge and practice with respect to service specialty
	+ Maintain professional registration relevant to the role (e.g. GMC, NMC, etc.)

**Equality and Diversity**

* + Act in ways that support equality and value diversity.
	+ Help to develop and maintain an organisational culture that supports equality and diversity.

## Person Specification

**Medicines Optimisation (Overprescribing) Clinical Lead**

## Supporting Evidence

In the supporting evidence of your application form, you must demonstrate your experiences by giving specific examples for the criteria within the person specification.

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| **Factors** | **Essential** | **Desirable** | **Assessment Method** |
| **Education / Qualifications*** Registered primary care healthcare professional in the SE London Primary Care
* In-depth knowledge of relevant clinical specialty or subject area
* Evidence of substantial CPD particularly in subject area
* Independent prescriber
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| **Experience** |  |  | A/I |
| * Working in an organisation that has impacted on care delivery in SEL
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| * Experience in providing clinical leadership in medicines optimisation including improving practice for people living with, multiple long term conditions, frailty or problematic polypharmacy
* Experience of leading the delivery and improvement of services within a complex and diverse organization
* Track record of developing innovative ways and transformational projects to optimize medicines use, improve patient experience of service and pathway redesign
* Experience of multidisciplinary working and the development of joint projects
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| * Previous experience of working in a collective decision- making group
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| * Prior experience of on-the-job training or supervisory experience for clinical practitioners
	+ Prior experience of leadership particularly clinical teams driving transformation
* Good understanding of the local health economy
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| **Knowledge** |  |  |  |
| * Knowledge and understanding of health, care and local government landscape, and integrated care agenda
* Knowledge and understanding of population health inequalities and how this impacts people’s outcomes and experience of health and care provision
* Understanding of the SE London system and its population
* Understanding of national health priorities e.g., NHSE Long Term Plan, National Overprescribing review report
* Sound knowledge and understanding of local and national clinical guidance e.g., NICE guidance and their implementation. Good understand of local primary care / clinical issues and priorities
* Good understanding of the drivers, causes, complexities of overprescribing and whole systems approach to tackling
* Good understanding of clinical, systemic, cultural issues, social issues and patient needs that drive or cause overprescribing
* Expert knowledge of GP practice clinical system (e.g. EMIS) and e-referral, and how clinical pathways would need to be developed to support care and referral processes on these systems
	+ Demonstrable understanding of the NHS principles and values as set out in the NHS and the ICB’s own Constitutions.
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| Skills and Abilities* Information skills: ability to critique and interpret aggregate information, based on an understanding of clinical data and information processes, and analytical skills
* Excellent communication skills: able to express complicated, multi-stranded concepts in an accessible way, both verbally and in writing and in a multi-professional environment. Ability to engender credibility with colleagues and stakeholders
* The ability to work in partnership with lead clinicians and health care professionals within and outside the ICs and a partnership approach to working across organisations.
* The skills to evaluate and learn from outcomes, with a clear commitment to innovation and learning
* Ability to work to tight deadlines.
* Ability to take a balanced view of the clinical and management agenda and draw on specialist skills to add value.
* Ability to contribute a generic view from the perspective of a member practice in the system, putting aside specific issues relating to own practice circumstances.
* Ability to demonstrate effective system leadership behaviour
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| **Other*** Requirement to travel
* Stamina, energy and enthusiasm and the ability to work effectively under pressure
* A collaborative management style, which recognises and values personal contributions and agenda and encourages team working
* Strong leadership influencing, negotiating and interpersonal skills
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Assessment Method

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| A = Application | I = Interview | C = Certificate | T = Test |