

SevernSide

Integrated Urgent Care

Teach and Treat

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Introduction

Aim

Teach and Treat aims to support a wider workforce within Bristol, North Somerset and South Gloucestershire (BNSSG) to ensure increased numbers of qualified independent prescribers in the BNSSG Integrated Care System (ICS) pharmacy workforce. Community Pharmacist, working as Independent Prescribers (IP). This will facilitate the continued expansion of clinical services in community pharmacies which will relieve pressures in other parts of the health care system and ensure patients have access to appropriate and convenient treatment.

What is Teach and Treat?

Teach and Treat is a learning environment provided by Severnside Integrated Urgent Care (IUC) for community pharmacist which consolidates the formal Independent Prescribing (IP) course conducted by the Education Provider. The IP course follows Royal Pharmaceutical Society (RPS, 2021) prescribing competency framework which states 90 hours of clinical practice within the IP course.

<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

IUC Severnside will provide the necessary clinical resource and environment including 55 hours of clinical supervision, including 3 review points with allocated prescribing Clinical Practitioners and 4 case based discussions during the duration of the IP course. The remaining 35 hours remains the responsibility of the Community Pharmacy student to organise independently.

The role of Severnside

Teach and Treat within IUC will enable IP pharmacist to enhance their existing skills by assessing patients within their competency framework, forming a diagnosis and prescribing where appropriate.

Teach and Treat will be managed by the Work Force Lead Clinical Practitioner who will work alongside the Clinical Administrator Team to ensure all pharmacist on IP have two designated prescribing supervisors. The pharmacists will also be given the opportunity to work alongside a range of prescribing clinicians in a multi-disciplinary environment to assess a range of symptoms and presenting complaints. Please see Appendix 2.

The role of Education Provider

The provider for BNSSG is University of West of England (UWE). The university will liaise with the Community Pharmacy service and a contact will be provided for students that may need additional support. The university will provide educational support for all designated supervisors periodically through the year and will send support emails.

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The role of Community Pharmacy Lead

The Community Pharmacy Chair (Avon LPC) will be contacted to highlight any students who may require additional support throughout the course.

There will be an agreed contract with the agreed payment amount. An invoice request will be raised for this amount, this will be sent to accountspayable.brisdoc@nhs.net. The Brisdoc accounts team will send the invoice to SBS sbs.apinvoicing@nhs.net and marked FAO Alison Mundell (ICS Community Pharmacy Lead).

Teach and Treat IUC Process

Work Force Lead Clinical Practitioner

The lead Clinical practitioner will have oversight and ultimate responsibility of the Teach and Treat process. They will liaise with the Integrated Care Services (ICB) Community Pharmacy Clinical Lead, the Clinical Administration Team, the identified Clinical Practitioners and Community Pharmacists. Please see Flow Chart on Appendix 1.

The workforce Lead Clinical Practitioner will ensure that there is an adequate pool designated prescribing supervisors and work with the Head of Nursing & AHPs to enable a robust pool.

Prescribing Clinical Practitioners

Each Teach and Treat Pharmacist will be allocated two senior and experienced prescribing clinicians and will be identified as a Designated Prescribing practitioner (DPP) and Designated Prescribing Supervisor (DPS). These are requisite requirements to be a DPS or DPP:

- Hold a current annotation for independent prescribing with their appropriate professional regulator.
- Currently prescribing in practice and hold accreditation with a minimum of 3 years post-registration independent prescribing practice experience meeting the Royal Pharmaceutical Society Competency Framework for DPP requirements.
- Confident and competent in prescribing for various presentations within an urgent care environment.
- Commit to the initial meeting, midpoint review, endpoint review, and 4 x 1-hour reflective case-based discussion.
- Provide clinical shadowing opportunities within IUC to fulfil the 55-hour requirement within a multidisciplinary model.

Further guidance can be obtained from UWE (2021):

[DPP_DPS Guidance September_24_FINAL.pdf](#)

The clinical supervision load can be shared by other senior clinicians. A pharmacy shift with the Lead Pharmacist will be part of the allocated hours. One of the DPP or DPS

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will be a Lead Practitioner to ensure that the process is robust, particularly in the early stages. Please see Appendix 1.

Clinical Administrator Team

The Clinical Administration Team are responsible for coordinating the student's placement with Severnside IUC by ensuring that the clinical placement hours are scheduled in a timely manner. This role requires liaising with Workforce Lead Clinical Practitioner, Prescribing Clinical Practitioners and Community pharmacists. Please see Appendix 1.

Community Pharmacy Student

The Community Pharmacy student will have a proactive approach in booking the required clinical time including working with the DPS and DPP as stated. It is also the responsibility of the Community Pharmacy student to seek prescribing learning opportunities within the health care system to ensure a further 35 hours are accounted for within their portfolio of evidence. Please see Appendix 1

Appendix 1

Work force Lead Clinical Practitioner

Receive Teach and Treat requests from ICS Community Pharmacy Clinical Lead at the Integrated Care Board from BNSSG

Review placement requests, review of skill mix within the Clinical Practitioner team to support placement.

Discuss with Head of Nursing to review capacity status within IUC and review contract with ICS

Identifies suitable clinical supervisors in line with DPP/DPS requirements.

Contract will contain the agreed payment. An invoice request will be raised for this amount, this will be sent to accountspayable.brisdoc@nhs.net. The Brisdoc accounts team will send the invoice to SBS sbs.apinvoicing@nhs.net and marked FAO Alison Mundell (ICS Community Pharmacy Lead)

Continually liaising with stakeholders, particularly Clinical Practitioner concerns

Clinical Practitioner DPS/DPP

Work with the clinical administrator team to provide availability for initial meeting, mid-point review, end of placement review, four sessions of case discussion.

Meetings should not be held within clinical working time.

It is the responsibility of the DPS and DPP to work together regarding one to one meetings with the Community Pharmacist.

Any concerns regarding support needs to be escalated to the Workforce Lead Clinical Practitioner and the Community Pharmacy Lead

Each DPP & DPS will be able to raise an overtime request for these meetings to be held in non-clinical time. This will be capped at a maximum of 8 Hours per DPP or DPS per student per placement period. Overtime requests will be made in a timely and manner and must be requested via rotamaster in the same month which the meeting took place. Each overtime request must have an explanation of the meeting which has taken place in the request. Requests for overtime for meetings taking place outside of

The Clinical Administrator Team

Schedules Clinical observing opportunities for each pharmacist by allocating a variety of shadowing opportunities with prescribing clinicians to include all members of the MDT (GP's, Nurses, Paramedics, Pharmacists)

Clinical observations should include at least one observation with the DPP, at least one observation with the DPS, at least one Observation with a GP and at least one observation with the lead clinical pharmacist.

The aim should be for the first two shifts in the placement to be with either the DPP or the DPS.

Liaise with clinical colleagues to ensure that the prescribing clinician agrees to and is made aware that a pharmacist will be shadowing them.

Records observing hours in excel spreadsheet and ensures that these are added onto rota master next to the clinician they will be observing.

Allocated Shadowing opportunities to be scheduled for 55 hours over the placement time.

Schedule meetings between the Pharmacist, DPS and DPP. These meeting will include three review points and four sessions of case based discussion. The three review points are: an initial meeting, a mid-point review and an end of placement review.

Complete confidentiality agreement with each pharmacist before the first observing shift.

Community Pharmacy Student

Ensure that they book in all of the required 55 clinical placement hours with the Clinical Administration Team.

Must Sign a confidentiality agreement and return this before the first observation shift.

Will be proactive in sharing their availability for the required reviews and meeting with the Clinical Administration team so that arrangements can be made for these meetings

Will explore opportunities to work alongside prescribers in other environments such as Bristol children's hospital, Frailty service, Sirona urgent community response, Urgent treatment centres, Minor injury units. This will contribute to the remaining 35 hours which will make up the 90 hour requirement of clinical observed prescribing hours.

Notify the Clinical Administration team of any absences from shifts on sevenside.clinicaladmin@brisdac.org. If this is in the out of hours period, the shift manager must also be notified on: 0117 3459083

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Appendix 2

Listed below are possible symptoms/groups identified for referral to the community pharmacist under the NHS Pharmacy First Service (PF). This list is not exhaustive but reflects the expected case mix based on NHS 111 calls.

| | | |
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| Acne, spots and pimples | Allergic reaction | Ankle or foot pain or swelling |
| Athlete's foot | Bites or stings, insect or spider | Blisters |
| Constipation | Cough | Cold and 'flu |
| Diarrhoea | Ear discharge or ear wax | Earache |
| Eye, red or irritable | Eye, sticky or watery | Eyelid problems |
| Hair loss | Headache | Hearing problems or blocked ear |
| Hip, thigh or buttock pain or swelling | Itch | Knee or lower leg pain |
| Lower back pain | Lower limb pain or swelling | Mouth ulcers |
| Nasal congestion | Pain and/or frequency passing urine | Rectal pain |
| Scabies | Scratches and grazes | Sinusitis |
| Shoulder pain | Skin, rash | Sleep difficulties |
| Sore throat | Teething | Tiredness |
| Toe pain or swelling | Vaginal discharge | Vaginal itch or soreness |
| Vomiting | Wound problems – management of dressings | Wrist, hand or finger pain or swelling |

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Version Control

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| 10 th September 2024 | Version 1 | Natalie Burgess (NB), Renuka Suriyaarachchi | Document Created |
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