

JOB DESCRIPTION

Role:	ICS Chief Pharmacist
Grade	Band 9
Organisation	SEL CCG/ICB
Reports to:	Executive Director of Planning
Accountable to:	Accountable Officer, SEL ICS
Professionally accountable to :	Chief Medical Officer, SEL ICS
Hours:	Full Time - job share, fixed term and secondments considered.

Context: Leadership in South East London's ICS

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 Greenwich - 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. It also brings together Community Pharmacists, Dentists and Optometrists with delegated commissioning arrangements expected to be in place from April 2023. 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 a [system development plan](#) 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 Board (ICB).

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 use of health and care resources in South East London
- Help the NHS support broader social and economic development in South East London.

In 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.

Executive directors and other senior leaders will be expected to model behaviour that is fully aligned with these principles.

The functions of the unitary board, which this senior leadership role will support, are:

- Support the development and delivery of the long-term plan of the ICB and ensure this reflects and integrates the strategies of all relevant partner organisations
- Be responsible for planning and allocating resources to meet the core purposes above
- Influence and work collaboratively as part of a wider system to create opportunities for sustainable long-term improvements to population health with key partners. Developing approaches which are non-traditional in nature, ambitious and wide reaching in areas which incorporate the wider determinants that have an impact on improving clinical outcomes, better life outcomes and reducing health inequalities for the ICS population.
- Build partnerships and working with provider collaboratives, public health, local government, other partners, and local people to deliver better access, improvements in life outcomes and reductions in health inequity
- Support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk and promote the freedom to speak up

Key Working Relationships

To achieve the common goals of the NHS Long Term Plan and to solve complex problems, we have made good progress in working together on a wide range of collaborative initiatives. These include:

- Acute Provider Collaborative (APC) pharmacy and medicines work streams
- King's Health Partners Pharmaceutical Sciences Clinical Academic Group (PSCAG)
- South East England Genomic Medicine Service Alliance (GMSA)
- South London Mental Health Partnership (MHP)
- SEL People Board
- SEL Integrated Medicines Optimisation Committee (IMOC) and related groups

More recently, we have established working relationships with the South London Health Innovation Network (HIN), and the NHS E/I London regional pharmacy team for specialised commissioning and community pharmacy commissioning and integration.

An SEL Integrated Pharmacy Stakeholder Group (IPSG) is now well established as a forum for pharmacy leaders to drive forwards collaboration and transformation. An SEL Pharmacy Leadership team (established from the C-19 pharmacy cell) provides a single point of collaboration to mobilise responses to local needs and national priorities and achieve rapid change. The team brings together lead representatives from the IPSG who have leadership roles in the above groups and with community pharmacy, primary care networks and the CCG. Our approach is to work together to harness and build on our collective resources, including staff to drive change.

Job Purpose

The post-holder will provide dedicated professional leadership and take responsibility for the delivery of the pharmacy and medicines optimisation elements of the of the ICS's vision, aims and objectives, along with its external relationships with regional and national partners. The ICS Chief Pharmacist will ensure collaboration across pathways involving medicines and pharmacy services to improve outcomes from medicines for our population and reduce health inequalities. The role will convene pharmacy leaders to achieve better patient outcomes through collaboration. This will be enacted through a distributed leadership model of Chief Pharmacists, pharmacy leaders and other health and care professional leaders which will be assured through our governance structures. The role will also ensure that we can measure these outcomes and benefits, evaluating and reframing our plans. The post holder will lead as an authoritative expert in pharmacy and medicines with the respect of peers and senior national leaders.

The post holder will act as system convenor and the primary interface for the SEL ICS with other ICS systems and the London Regional Chief Pharmacist. This will ensure that SEL feeds into, engages with and enacts regional and national programmes of work relating to medicines optimisation and pharmacy transformation and policy. The post holder will provide the professional leadership for integration of the community pharmacy sector into the ICS, to enable our population to benefit from new clinical services and ensure inclusion in population health improvement opportunities.

This role will be responsible for creating a culture of collaboration and learning, cemented through an engaged, vibrant, and thriving Integrated Pharmacy Stakeholder Group and Pharmacy Leadership team. This will include consideration of leadership at all levels and improving the staff experience within all pharmacy sectors. The post-holder will also develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, in order to support the prevention of ill-health and address health inequalities within our diverse communities. The role will also ensure that people using our services and pathways are at the centre of our work, through co-production with people with lived experience.

Key Responsibilities

The post-holder carries the following key corporate responsibilities.

1. Planning and local system delivery of the National Overprescribing Review (NOR) which has set out some key goals and challenges for tackling inappropriate polypharmacy, antimicrobial stewardship and sustainability aspects of pharmaceutical care such as inhalers and medicines waste.
2. Developing a medicines value approach (>£500million expenditure on medicines) for SEL, with identification of high impact opportunities through benchmarking and delivering integrated plans. This should consider investment in medicines alongside medicines efficiencies in the following areas:
 - reducing inequalities
 - reducing unwarranted variation.
 - improving patient outcomes
 - contribution to population health improvement.

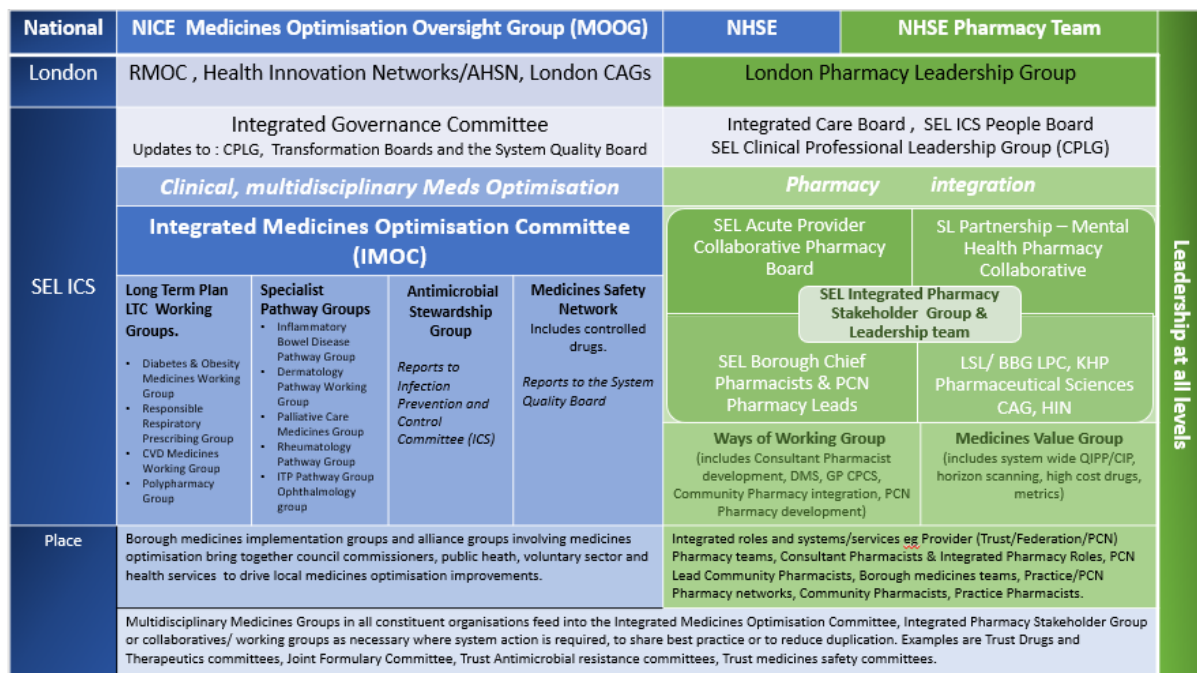
3. Working with key partners, identify and agree outcome measures for our medicines value approach, quality targets and methods of measuring and assuring progress towards these targets.
4. Work with the ICS Medicines Safety Officers and SEL medicines safety network to support delivery of the SEL medicines safety workplan. This will involve a range of high priority national medicines safety initiatives and those locally identified such as clozapine.
5. Work alongside antimicrobial stewardship (AMS) leads to create a network to engage and drive forward progress in AMS metrics and outcomes to reduce the development of antimicrobial resistance and promote responsible prescribing.
6. Ensure the smooth transfer into the Integrated Care Board (ICB) for any medicines previously commissioned by NHS E/I specialised commissioning. This will include continued collaborative working with NHS E/I and provider Trusts to ensure equality of access for patients and adherence to policy.
7. Leading the integration of community pharmacy into the ICS, including development of new community pharmacy models of care and infrastructure, digitalisation of pharmacy services and rapid mobilisation of new clinical services as part of the community pharmacy contractual framework such as blood pressure detection and promoting self-care. It will also support the further development of the place based, neighbourhood and hyperlocal approach which has been demonstrated to reduce health inequalities as part of the covid-19 vaccination programme through partnerships within primary care networks.
8. Co-ordination of pharmacy input to key delivery and transformation programmes of the ICS e.g. mental health transformation, children and young people, public health, vaccination, long term conditions, mental health or learning disability priorities such as STOMP.
9. Shaping the system to respond the Genomic Medicines Service to harness the power of genomic technology and science to improve the health of our population and deliver on the commitments in the NHS Long Term Plan.
10. Through the IPSPG, pharmacy leadership team and People Board, to create a pharmacy workforce approach in line with the recently published NHS People Plan. Engage with national work on shared workforce models and “one workforce” approach. Develop plans and approaches to reduce the stark health inequalities worsened or highlighted by the C-19 pandemic, many of which (for example in long term conditions management) require an intervention involving medicines optimisation. As such, the pharmacy workforce will play an important part in recovery, as will initiatives such as Core20PLUS5 to support reduction of health inequalities.
11. To provide line management responsibilities to senior staff in setting and agreeing objectives, undertaking appraisals and providing on-going support to ensure the delivery of the priorities of the medicines optimisation or pharmacy team, including recruitment and direct line management of the team’s senior staff.

The ICS Chief Pharmacist will enact these functions through a distributed model of ICS pharmacy leadership and medicines optimisation governance as follows.

- SEL Integrated Pharmacy Stakeholder Group (IPSPG) and associated pharmacy leadership team.
- Integrated Medicines Optimisation Committee (IMOC) which provides the multidisciplinary, clinical and patient engagement in medicines optimisation, working alongside other transformation boards and programmes in SEL along with the Regional Medicines Optimisation Committee
- Chief Pharmacists of provider collaboratives (eg aseptic transformation through the Acute Provider Collaborative) and at place, Local Care Partnerships (eg through lead place based pharmacists for public health activities such as smoking cessation).

This role would ensure inclusion of primary care network, practice and community pharmacists and pharmacy technicians into both our pharmacy leadership and wider SEL clinical and care professional leadership programmes to create leadership at all levels.

A graphic to describe this system architecture is shown below.



Additional responsibilities and ways of working

The ICS Chief Pharmacist would be expected to create a culture where people using our services are at the centre of all we do in medicines and pharmacy services, by the involvement of people with lived experience in our transformation work. This should promote shared decision making, self-care and non-pharmaceutical interventions where these provide better patient outcomes, in line with the National Overprescribing Review.

It is expected that the post holder would, along with other SEL pharmacy leaders, hold and actively develop a national profile, contributing to national developments in pharmacy and medicines optimisation. The post holder should promote a culture of learning from national best practice which celebrates and encourages innovation in SEL.

It is also expected that the post holder would develop strong relationships with London regional pharmacy leads for community pharmacy, procurement and medicines information, along with the medicines safety/accountable officer for controlled drugs for London, working closely with local and London wide networks of CDAOs across organisations.

With the Chief Medical Officer, Director of Quality and Chief Nursing Officer, the ICS Chief Pharmacist will lead on overseeing quality of medicines optimisation and pharmacy services within the ICS where this is required, including sharing intelligence and working with other key partners and regulators across and outside their system to improve quality of care and outcomes.

Autonomy in responsibility and decision making to ensure that the ICS has robust mechanisms for managing the risks (clinical, safety, financial, and reputational) associated with medicines, working within our committees and governance structure.

Contribute to practice research and incorporate outcomes into practice as appropriate. Promote and support research and development activity in medicines optimisation working with King Health Partners Pharmaceutical Sciences Clinical Academic Group, HEE, HEI, AHSNs, public health. Ensure

opportunities for clinical and practice research are optimised for continuous improvement in patient care. Support and facilitate a culture of clinical and practice research relating to medicines management, pharmacy practice and other relevant areas.

Provision of professional advice where required to promote any learning regarding critical incidents and major clinical failure from providers where these involve medicines optimisation and pharmacy issues.

Ensure that there are effective mechanisms for anticipating, identifying, and responding to key clinical, pharmaceutical, or regulatory risks that could impact on the successful delivery of pharmacy services and the medicines optimisation and pharmacy transformation plan.

To promote evidence-based practice and facilitate change management processes and to deliver improvement through evidence-based practice. Provide drug expenditure reports as required to ICS Executive team

Corporate Leadership

Contribute to the management and strategic development of the ICS in accordance with local health needs, education, and development and research priorities within available financial resources and the legislative requirements of the statutory authorities in relation to the provision of medicines.

Work collaboratively with leaders across the ICS to develop and embed inclusive pharmacy professional practice into everyday care for patients and members of the public, to support the prevention of ill-health and address health inequalities within our diverse communities.

The post holder will have a good understanding and appreciation of the benefits that diverse teams can bring to patient care and organisations including the potential to deliver more culturally competent and aware healthcare.

This will require high calibre leadership and initiative to deliver and plan high quality care in line with the requirements of the refreshed Long-Term Plan, and NHSE/I Integrated Pharmacy and Medicines Optimisation Programme.

GENERAL DUTIES AND RESPONSIBILITIES

1. Mobility

The post-holder is contracted to work at any appropriate south east London CCG or host organisation office as necessary for the delivery of the functions of this role.

2. Confidentiality

In the course of your employment you will have access to confidential information relating to the CCG/host organisation's business, patients, the STP and its staff. You are required to exercise due consideration in the way you use such information and should not act in any way, which might be prejudicial to the organisation's interests. Information which may be included in the category which requires extra consideration covers both access to the general business of the CCG/host organisation and information regarding individuals. If you are in any doubt regarding the use of information in the pursuit of your duties you should seek advice from your Line Manager before communicating such information to any third party.

Confidential information should always be treated according to the CCG/host organisation's rules on confidentiality. Any inappropriate disclosure may be subject to the CCG/host organisation's disciplinary procedures.

3. Information Governance

Staff must keep up to date with the requirements of Information Governance and must follow CCG/host organisation's policies and procedures to ensure that CCG/host organisation information is dealt with legally, securely, efficiently, and effectively. Staff must appropriately manage all information they handle during their employment with the CCG/host organisation, making the information available for sharing in a controlled manner, subject to statutory requirements and the CCG/host organisation's Information Governance Policy, and formal information sharing arrangements.

4. Raising Concerns

Staff may on occasion have genuine concerns about healthcare matters and consequently the CCG/host organisation endorses the principle that these must be raised in a responsible and appropriate manner, and if necessary using the CCG/host organisation's 'Raising Concerns (Whistleblowing)' policy.

5. Records Management

As an employee of the CCG/host organisation, you have a legal responsibility for all records you work with e.g. patient records, financial records, personal, administrative, etc that you gather or use as part of your work within the CCG/host organisation. The records may be held in a variety of formats such as paper, electronic, microfiche, audio and video tapes, etc. You must consult your manager if you have any doubt as to the correct management of the records with which you work.

6. Data Protection

The CCG/host organisation is registered as a data controller under the Data Protection Act 2018/General Data Protection Regulations. All the personal information we hold, obtain, record, use and share as an organisation is governed by this Act and Regulation. As an employee of the CCG/host organisation's you have a legal responsibility for all personal information you handle and must not at any time use the personal data in a way incompatible with the guidelines stipulated in this act. If you are in any doubt regarding what you should or should not do in connection with the Data Protection Act and the General Data Protection Regulations then you must contact your Line Manager.

7. Health and Safety

Employees must be aware of the responsibility placed on them under the Health and Safety at Work Act (1974) to maintain a healthy and safe working environment for both staff and visitors. Employees also have a duty to observe obligations under the CCG/host organisation's Health and Safety policies and to maintain awareness of safe practices and assessment of risk in accordance with the Risk Management Strategy.

8. Infection Control

CCG/host organisation's staff are responsible for protecting themselves and others against infection risks. All staff regardless of whether clinical or not are expected to comply with current infection control policies and procedures and to report any problems with regard to this to their managers. All staff undertaking patient care activities must attend infection control training and updates as required by the CCG.

9. Financial Regulations

All staff are responsible for the security of the property of the CCG/host organisation, avoiding loss or damage of property, and being economical and efficient in the use of resources. Staff should conform to the requirements of the Standing Orders, Standing Financial Instructions or other financial procedures including the Code of Conduct and Accountability and the Fraud and Anti Bribery Policies.

10. Safeguarding Children & Vulnerable Adults

All employees are required to act in such a way that at all times safeguards the health and wellbeing of children and vulnerable adults. Compliance with mandatory and statutory training requirements is an essential requirement of all employees.

11. Risk Management

Managers are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated area(s) and scope of responsibility.

Responsibilities of staff with regard to risk management are outlined more fully in the Risk Management Strategy. Staff are responsible for ensuring that they are aware of those responsibilities.

12. Code of Conduct

The Department of Health's Code of Conduct for NHS Managers has been adopted by the CCG/host organisation for all Director-level and senior management posts. This requires the post-holder to comply with the Code and for his/her actions to demonstrate a commitment to the Code. In particular, the post-holder must:-

- a) make the care and safety of patients his/her first concern and act quickly to protect patients from risk;
- b) respect the public, patients, relatives, carers, NHS staff and partners in other agencies;
- c) be honest and act with integrity;
- d) accept accountability for his/her own work, the performance of those he/she manages and of his/her own organisation;
- e) Demonstrate his/her commitment to team working by co-operating with all his/her colleagues in the NHS and in the wider community.

13. Acceptance of Gifts and Hospitality

The conduct of staff in the public service should be scrupulously impartial and honest and in this context any offers of gifts or hospitality should be discussed with your manager, prior to acceptance.

14. Equality and Diversity

The CCG/host organisation is committed to ensuring equality of opportunity for all irrespective of their age, colour, creed, ethnic or national origin, marital status, nationality, physical or mental disability, race, religious belief, sex, transgender, sexual orientation. Include all protected characteristics.

15. Use of new technology

The CCG/host organisation is making increased use of computer technology. The majority of employees (both clinical and non-clinical) are expected to use automated information systems in their work in order to improve quality and co-ordination of services, to enable faster and more certain communication. Necessary training will be provided. Compliance with the Data Protection Act 1988, Information Governance and the relevant Computer Usage Policy is expected.

16. Civil Contingencies Act 2004

All staff will note the Organisation's responsibilities under the Civil Contingencies Act 2004, and NHS Major Incident Plans Guidance (DoH 1998 and 2004).

17. No Smoking

Smoking by staff, patients and visitors, will not be permitted anywhere on CCG/host organisation's premises.

18. General

- The post holder may be required to work at any of the CCG/host organisation's sites in line with the service needs.
- Create, maintain and enhance effective working relationships, both internally and externally
- This job description provides an outline of the tasks, responsibilities and outcomes required of the role. The job holder will undertake any other duties that may be required which are consistent with the grade and responsibility of the post.
- This job description describes responsibilities, as they are currently required. It is anticipated duties will change over time and the job description may need to be reviewed in the future.
- All staff have a responsibility to participate in the CCG/host organisation's appraisal scheme and to contribute to their own development and the development of any staff that they are responsible for appraising.

Person Specification

ICS Chief Pharmacist

Factors	Essential	Desirable	Assessment Method
<p>Knowledge and Training</p> <p>Educated to masters level in Pharmacy with additional in depth professional knowledge in a range of disciplines over a significant period plus specialist knowledge acquired through training plus further specialist/management knowledge in Pharmacy.</p> <p>Evidence of post qualifying and continuing professional development</p> <p>Member of the General Pharmaceutical Council</p> <p>Member of the Royal Pharmaceutical Society (RPS)</p> <p>Member of the Faculty of the RPS or a Fellow.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p>	
<p>Experience and Understanding</p> <p>Extensive experience, expertise and understanding of performance and change management, business planning, budget setting, monitoring and contracting processes, in a health setting, with expert knowledge on medicines.</p> <p>Experience of developing and delivering a clear business plan, strategy and vision and of making difficult and challenging decisions to support strategy and vision</p> <p>A record of significant achievement in directing and managing the delivery and improvement of services within a complex and diverse organisation.</p> <p>Significant experience of developing and delivering healthcare reform and innovation that offers patients greater choice and improved services with expert experience on medicines.</p> <p>Must have an understanding of the background to and aims of current healthcare policy in London and appreciate the implications of this on engagement</p> <p>Should have an appreciation of the relationship between the Department of Health, NHS England (London) and individual provider, ICB and ICS.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		

<p>Understanding of the dynamics between partners within an ICS and balance against political environment</p> <p>Experience of working within a cross sector leadership team</p> <p>Experience of analysing the business environment and of developing strategies to meet changing organisational needs.</p> <p>Experience of collaborative working and delivering change across organisational boundaries and levels and with different professional groups.</p> <p>In depth understanding of national health priorities e.g. Long Term Plan and how to translate into practice</p> <p>Experience of working across more than one sector of pharmacy.</p> <p>Experience of leading and managing services outside of pharmacy</p> <p>Experience of leading and/or contributing to national or regional policy or initiatives.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>	<p>√</p> <p>√</p>	
<p>Skills and Abilities</p> <p>The ability to identify, define, promote, communicate and achieve clear organisational values and goals, effective management processes, and rational and timely decision taking</p> <p>The ability to work in partnership with lead clinicians and health care professionals within and outside the organisation and a partnership approach to working across organisations.</p> <p>The ability to analyse highly complex issues, to think and plan to achieve both tactical and strategic objectives, and to exercise sound judgement in the face of conflicting pressures.</p> <p>Ability to analyse and interpret complex / highly complex data and information to identify significant trends and to inform clinical decision-making</p> <p>Well-developed oral and written communication skills with the ability to communicate highly complex, highly sensitive and highly contentious information and issues effectively with a range of stakeholders where there are significant barriers to acceptance which need to be overcome.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>		

Ability to present information, in both formal and informal settings, to a wide range of internal and external stakeholders, including those at board level which may be potentially hostile and antagonistic.	√		
Excellent interpersonal, negotiation and influencing skills and able to work effectively with staff at all levels, particularly those who may hold differing / contentious views	√		
Demonstrates an ability to manage conflict and build consensus: facilitating problem solving and collaboration among various parties	√		
Able to create a compelling vision for the future and communicating this within and across multiple organisations.	√		
Able to write convincing reports	√		
Able to create impact and demonstrate proactive stakeholder relationships.	√		
Demonstrable ability to create constructive teams within organisation	√		
Computer literate and working knowledge of Microsoft Office with intermediate keyboard skills.	√		
Ability to develop and maintain credibility and to garner respect and confidence of staff and colleagues, internally and externally	√		
The skills to evaluate and learn from outcomes, with a clear commitment to innovation, learning and improvement.	√		
Effectiveness in conflict resolution and management.	√		
Other			
Resilience and enthusiasm and the ability to work effectively under pressure	√		
Drive and challenge each key working relationship to innovate and achieve change to meet agreed objectives	√		
Outstanding leadership influencing, negotiating and interpersonal skills	√		
The breadth of outlook and political skill necessary to establish effective working relationships with staff at all levels within and outside the organisation	√		

<p>A collaborative management style, which recognises and values personal contributions and agenda and encourages team working</p>	<p>√</p>		
<p>Manage potentially aggressive and/or antagonistic situations with stakeholders within the ICS to achieve successful outcomes</p>	<p>√</p>		
<p>Willingness to listen and ability to challenge processes, ideas and existing practice across all healthcare sectors where these could be improved or where best practice can be applied</p>	<p>√</p>		
<p>Excellent team player who understands and appreciates the benefits of a diverse workforce and recognises the value in different styles, approaches and contributions</p>	<p>√</p>		
<p>The temperament and ability to act effectively in highly emotive situations</p>	<p>√</p>		