REMOTE CLINICAL PROVIDERS

SERVICE & GOVERNANCE PACK

Your clinical pharmacy workforce, fully managed

Fully managed Clinical Pharmacist and Pharmacy Technician services for GP practices, Primary Care Networks (PCNs), federations and neighbourhood health systems — with recruitment, training, governance, supervision and reporting included.

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WHO WE ARE

A managed clinical service partner, not a staffing agency

Remote Clinical Providers (RCP) is pharmacist-founded and pharmacist-led. We were created by pharmacists who had worked extensively in GP practices and primary care, and who saw the same barriers repeat: inconsistent recruitment, limited onboarding, variable supervision, weak governance and little visibility of impact.

50+ **GP practices supported across England**
Pharmacist-founded and led · Remote and hybrid delivery

RCP exists to provide a structured, supported and accountable alternative. We recruit, train, govern, support and manage dedicated pharmacy professionals so that primary care teams can release clinical capacity and improve medicines management — without carrying the full workforce and administrative burden internally.

> **The distinction matters.** Our partners are not buying a person to fill a gap. They are buying a managed clinical service — workforce provision, workflow design, governance, supervision, performance oversight and reporting, delivered as one accountable service.

Recruit & vet

Sourcing, screening, compliance and pre-deployment checks handled end to end.

Train & onboard

Clinicians prepared around your systems, templates, SOPs, pathways and agreed workload.

Govern & supervise

Senior pharmacist support, clinical supervision and documented escalation routes.

Manage HR & payroll

Employment, HR and payroll administration carried by RCP, not your practice team.

Report & improve

Monthly activity, trends and recommendations against agreed priorities.

Scale with you

From one practice to a PCN, federation or neighbourhood population.

THE CHALLENGE — AND OUR RESPONSE

Built around the real pressures in primary care

GP practices, PCNs and federations face recurring workforce and workload pressures. RCP is designed to answer each one as part of a single managed service.

CHALLENGE YOU MAY RECOGNISE	HOW RCP RESPONDS
Difficulty recruiting experienced Clinical Pharmacists and Pharmacy Technicians	End-to-end recruitment: sourcing, screening, vetting and compliance checks managed by RCP.
Limited time to train and onboard new clinicians	Targeted training around your local systems, SOPs, templates, pathways and agreed workload.
Clinicians lacking regular senior clinical guidance	Dedicated senior pharmacist support, regular reviews and clear escalation routes.
HR, payroll and workforce administration consuming practice capacity	A fully managed service: RCP carries HR, payroll and related workforce responsibilities.
Inconsistent medicines management across sites and clinicians	Structured delivery aligned to agreed specifications, priorities and quality measures.
High turnover and poor continuity	Dedicated, longer-term assignments with managed absence and replacement support.
Limited visibility of activity and impact	Transparent reporting: activity, trend analysis, risks and practical recommendations.
Variation across a PCN or neighbourhood	Scalable, standardised delivery — coordinated workforce, governance and reporting across sites.

WHAT OUR CLINICIANS DELIVER

Clinical and operational pharmacy workload

Our Clinical Pharmacists, Independent Prescribers and Pharmacy Technicians can support a broad range of primary care work, delivered remotely or in a hybrid model within your clinical system.

- Clinical and Structured Medication Reviews (SMRs)
- Long-term condition medication management
- Hospital discharge processing and medicines reconciliation
- Acute prescription requests and repeat reauthorisation
- Medication and prescribing queries
- High-risk medicine monitoring (for example DOACs, methotrexate)
- Medicines optimisation and quality improvement
- Polypharmacy and deprescribing programmes
- Support for QOF, IIF and local ICB priorities
- Drug-safety alerts, monitoring and clinical coding
- Backlog reduction and targeted improvement work
- Population searches and recall activity, where commissioned

Reduce GP workload

Move appropriate medicines and long-term condition work away from GPs, releasing capacity for complex care.

Support safer prescribing

Review appropriateness, identify deprescribing, act on safety alerts and improve high-risk monitoring.

Improve access & QOF

Support QOF, IIF and prevention priorities through structured medicines-optimisation activity.

Scope of practice. The final workload is agreed with you and aligned with each clinician's competence, scope of practice, system access, supervision requirements, local pathways and commissioned priorities. QOF, IIF, ARRS and SMR refer to standard NHS primary care schemes.

GOVERNANCE & ASSURANCE

Safe, governed and evidenced delivery

Governance is built into the service, not added afterwards. NHS decision-makers can see how remote clinical work is controlled, supervised and evidenced from day one.

- NHS DSP Toolkit — published
- GDPR / DPA 2018 compliant
- GPhC-registered clinicians
- Professional indemnity in place
- ICO registered

Fully managed accountability

- Recruitment, screening, vetting and compliance checks
- HR and payroll carried by RCP
- Training, onboarding and local workload preparation
- Senior pharmacist support and clinical supervision
- CPPE pathway support, where applicable
- Performance management and service reviews

Control before deployment

- Written governance agreement before any work begins
- GPhC registration verified against the public register
- Escalation routes agreed and documented for both teams
- Practice-approved SOPs and role boundaries in writing
- Clinical system access configured, tested and confirmed
- Named clinical supervisor or GP lead identified

Transparent reporting

Each month we report completed activity, progress against agreed priorities, trends, risks and constraints, and practical recommendations to refine workload and workforce deployment — with all clinical activity documented in your own clinical system, leaving a clear audit trail. Data security and patient-related information are handled to NHS Data Security and Protection (DSP) Toolkit standards.

MOBILISATION & COMMERCIAL MODEL

From agreed priorities to an embedded, reviewed service

1. **Scope agreed**
   Contract or service specification agreed, outcomes and priorities defined, single point of contact assigned.
2. **Workforce mobilisation**
   Suitable clinicians sourced or allocated, screening and compliance completed, capacity matched to requirement.
3. **Workload & pathway planning**
   Delivery planning meeting held; priorities, processes, systems and measures confirmed.
4. **Targeted training & onboarding**
   Local systems, templates, SOPs, pathways, agreed workload and escalation arrangements.
5. **Service launch**
   Delivery begins; governance and supervision become active; early quality and activity checks completed.
6. **Review, reporting & improvement**
   Early mobilisation review, monthly operational reviews, periodic impact reporting and workload refinement.

Commercial model. RCP's current model is designed to be ARRS-aligned: eligible Clinical Pharmacist, Independent Prescriber and Pharmacy Technician roles are priced within the reimbursement ceilings in our current service model, subject to the current NHS Network Contract DES, local eligibility and applicable reimbursement rules. One monthly invoice, with no separate recruitment or training fee under the current model. Detailed, current pricing is provided in a tailored proposal.

ARRS = Additional Roles Reimbursement Scheme. Reimbursement eligibility, ceilings and scheme rules should be confirmed against current NHS guidance and your local allocation. Target mobilisation within four weeks applies to suitable practice or PCN services and is subject to recruitment, access, compliance, system readiness and agreed scope.

WHY RCP & NEXT STEPS

A managed partner that scales with primary care

Fully managed

Recruitment, HR, training, supervision, governance and reporting in one service.

Pharmacist-led

Founded and led by pharmacists with real primary care experience.

Tailored

Designed around your priorities, workloads and quality measures.

Data-driven

Activity and impact reported against agreed priorities.

Continuity-focused

Dedicated clinicians with managed absence and replacement support.

Scalable

From one practice to a whole neighbourhood population.

Designed to grow with you

Practice → **PCN** → **Federation / neighbourhood** → **Wider system**

Our core practice and PCN service remains unchanged, while our delivery infrastructure is designed to scale with the developing NHS neighbourhood-health direction — including Integrated Care Boards (ICBs), federations and emerging neighbourhood provider organisations.

Book a free needs assessment

Arrange a short call to discuss your current workload, ARRS position, priorities and where clinical pharmacy support could have the greatest impact. We will then define a tailored proposal — model, capacity, governance, mobilisation and reporting.

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