



October 2017

## PSNC Briefing 079/17: Working with other health and care partners – a suggested checklist for LPCs

This PSNC Briefing, which is aimed at LPC Chief Officers and members, provides a suggested checklist for developing relationships with other health and care partners including Sustainability and Transformation Partnerships (STPs) / aspirant Accountable Care Systems (ACSs) and Accountable Care Organisations (ACOs), Clinical Commissioning Group (CCG) staff and members and GPs. This Briefing is an updated version of one previously published in 2013 and it draws upon recent feedback and advice from LPC Chief Officers collated by PSNC.

### Introduction

England's 207 Clinical Commissioning Groups (CCGs) are responsible for approximately two thirds of the total NHS budget; or [£73.6 billion in 2017/18](#). They plan and commission hospital care and community and mental health services for their local population. All GP practices must be members of a CCG, and every CCG board will include at least one hospital doctor, nurse and member of the public. CCGs commission locally commissioned NHS services, but they cannot commission these from pharmacies as Enhanced Services (only NHS England can commission Enhanced Services; however, CCGs can request that NHS England commission a service from a community pharmacy on their behalf).

Developing relationships with CCGs is clearly a high priority action that LPCs have been working on over the last few years, since CCGs were established. Likewise enhancing relationships between local community pharmacy contractors / community pharmacists and / Local Medical Committees (LMCs) / GPs continues to be a priority for many LPCs. With the development of STPs over the last two years, their role and future role, and the way constituent CCGs and other NHS bodies work together across the area is becoming ever more important and hence the need for LPCs across an STP area to have a strong and well-coordinated relationship with the leaders of the STP.

Developing relationships with local authorities, Health and Wellbeing Boards, MPs, elected mayors and local councillors and seeking their influence to get pharmacy more engaged with STP work is also a useful way to influence CCGs and STPs indirectly.

The importance of enhancing local relationships with GPs is highlighted in NHS England's [General Practice Forward View](#), which describes the challenges that GP teams are facing and recognises the need for investment in primary care and improved teamworking across the sector. At a time when all teams working within the NHS are feeling the pressure of patient demand and financial constraint, it is more important than ever to spend time on developing relationships between STPs / aspirant ACSs/ACOs, CCGs, LMCs and GP practices; the challenges that community pharmacy and GP teams face are much more likely to be successfully tackled through strong team working between organisations, which enables individuals and teams to identify better ways of supporting patients and providing services.

The future development of community pharmacy services, described in the [Community Pharmacy Forward View \(CPFV\)](#), also envisages pharmacy teams, patients and GP teams working more closely together in order to help patients to optimise their use of medicines and the management of their long-term conditions. Developing working relationships at a local level could support the implementation of the services described in the CPFV.

## Checklist

This PSNC checklist for LPCs contains suggestions of the work that LPCs can undertake to try to develop or further develop their relationships with STPs / aspirant ACSs/ACOs / CCGs / LMCs and to help local contractors / pharmacists build relationships with GPs. LPCs will already have undertaken many of the suggestions, however, the checklist may serve as a useful reminder, provide a few additional ideas or could be used as a training document to highlight to new LPC members or staff, the work that the LPC is currently carrying out. It could also be used as the basis for a full LPC day meeting to review how the LPC focusses its energy and resources on relationship building. In addition, the document provides a reminder of the wide range of resources related to the local commissioning of pharmacy services and relationship building, which are available for LPCs to use from the PSNC website.

We suggest this checklist is discussed by your LPC, so members can:

- receive an update on relevant work already underway;
- review the range of resources that are available for LPCs to use from the PSNC website;
- agree a plan for future work with STPs / aspirant ACSs/ACOs / CCGs / GPs; and
- ensure execution of the plan is appropriately monitored by the LPC.

For more information or queries on this briefing please contact [Mike King, Head of LPC and Contractor Support](#).

## Checklist for LPCs – working with other health and care partners

| Planning and preparation: for the LPC |  | Completed                |
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| 1.                                    | <p>With the evolution of local NHS networks, consider updating the LPC stakeholder map to see if there are new people or organisations that you should consider building relationships with who can assist with getting pharmacy more engaged with the STP.</p> <p><a href="#">PSNC Briefing 007/16: Campaigning guidance for LPCs</a> includes a template LPC stakeholder map, which LPCs may find useful to use to compare to their own map.</p>   | <input type="checkbox"/> |
| 2.                                    | <p>Review the stakeholder map to help you decide which relationships you should prioritise. Depending on the size of your LPC area, you may have a high number of people/organisations that you need to build relationships with and it may be difficult to invest as much time as you'd like in building relationships with all the people on the stakeholder map.</p> <p>To assist with this process, consider which organisations you already have good links with? Which relationships will require more time to develop? Which relationships are going to be really important as the healthcare landscape evolves? Which organisations in the past have been resistant to engage with the LPC?</p>  | <input type="checkbox"/> |
| 3.                                    | <p>Review the number of LPC staff and committee members as well as the structure of the LPC to ensure the LPC is in the best possible position to work on building relationships with the required people/organisations. Consider using the <a href="#">PSNC Briefing 073/17: LPC size and structures – a discussion paper for LPC meetings</a> to aid the review process.</p>   | <input type="checkbox"/> |
| 4.                                    | <p>Review the current methods of communications that the LPC uses; are these still the most appropriate methods to use to be communicating and building relationships with the different stakeholders?</p> <p>Consider making use of the following resources:</p> <ul style="list-style-type: none"> <li>• LPC Communications Guide - Supports LPCs in better managing their external communications, focusing on planning, including information on who your target audiences are and how to target your communications to them;</li> <li>• How to use Mailchimp for emails - This guide will show you how to setup and send emails using Mailchimp, an online tool that enables you to send email newsletters out to many recipients;</li> <li>• Google analytics guide - This guide will show you how to find out what people are looking for on your website and what they find interesting, which will help you tailor your content for maximum impact;</li> <li>• <a href="#">PSNC Briefing 001/17: Social media guide for community pharmacy teams and LPCs</a>;</li> <li>• Making the most of social media on-demand webinar; and</li> <li>• Creating a digital strategy - This brief guide may be useful to any LPCs starting to think about developing a social or digital media strategy.</li> </ul> <p>The above resources can be viewed at: <a href="https://psnc.org.uk/comms">psnc.org.uk/comms</a></p> | <input type="checkbox"/> |

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| 5. | <p>Consider working with your neighbouring LPCs on relationship building, for example, if you are in the same STP footprint, to make sure there is one unified voice for community pharmacy. For example, Hertfordshire and Essex LPCs are taking this approach as they both cover areas within the same STP footprint.</p>  | <input type="checkbox"/> |
| 6. | <p>Make sure all LPC members and relevant LPC staff are familiar with recent NHS changes such as the <a href="#">NHS Five Year Forward View</a> and <a href="#">Sustainability and Transformation Partnerships</a> and what the local landscape looks like in your area. There have been numerous articles and guides in the pharmacy press and from the pharmacy bodies on the current NHS landscape. The House of Commons Library has published <a href="#">The structure of the NHS in England</a>, which provides a helpful summary of the system and the key organisations operating within it.</p> <p>Also consider making use of the following resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">PSNC Briefing 059/17: Integrating care: contracting for accountable models NHS</a>;</li> <li>• <a href="#">PSNC video summarising Next Steps on the NHS Five Year Forward View</a> - Presentation which summarises the key points for community pharmacy in the <a href="#">Next Steps on the Five Year Forward View</a> document;</li> <li>• <a href="#">PSNC Briefing 022/17: Next steps on the NHS Five Year Forward View</a> – This briefing summarises the elements of the document that are of most relevance to community pharmacy teams and Local Pharmaceutical Committees; and</li> <li>• PSNC publishes a weekly update as a news story on the PSNC website outlining the latest information on what is going on in the wider health and care landscape beyond community pharmacy, to help LPCs and contractors stay up-to-date. The weekly updates are included in a PSNC Briefing and published at the end of each month. These can be viewed at: <a href="http://psnc.org.uk/hclbriefings">psnc.org.uk/hclbriefings</a></li> </ul> | <input type="checkbox"/> |
| 7. | <p>Make sure all LPC members and relevant LPC staff are familiar with the <a href="#">Community Pharmacy Forward View (CPFV)</a> and associated resources so you are aware of the sector's ambitions for the future of community pharmacy and how this links in with local priorities and enabling community pharmacy to become more integrated with the NHS.</p>  | <input type="checkbox"/> |
| 8. | <p>Have your key messages prepared and remember these should be targeted to your intended audience: the accessibility of community pharmacy, pharmacist's local knowledge, and how community pharmacy can help GPs achieve local priorities.</p> <p>The <a href="#">Essential facts, stats and quotes hub</a> may be useful as it contains facts and stats on pharmacy, in general, and on locally commissioned services. Likewise the PwC report that PSNC commissioned on the <a href="#">value of community pharmacy</a> shows the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific service provided by community pharmacy.</p> <p>Be prepared to deal with challenges made on the benefits of Medicines Use Reviews (MURs) and the New Medicine Service (NMS).</p>  | <input type="checkbox"/> |

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|   | <p>Make use of the following resources:</p> <p><b>Advanced Services</b></p> <ul style="list-style-type: none"> <li>• PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for general practitioners and practice staff;</li> <li>• PSNC Briefing 039/17: The Community Pharmacy – a guide for general practitioners and practice staff;</li> <li>• PSNC Briefing 038/17: A summary of literature relating to Medicines Use Reviews;</li> <li>• PSNC Advanced Services PowerPoint presentation for GPs and hospital colleagues;</li> <li>• PSNC Briefing 062/16: Services Factsheet – NMS guide for other healthcare professionals;</li> <li>• PSNC Briefing 061/16: Services Factsheet – MUR guide for other healthcare professionals; and</li> <li>• CPPE NMS detailing card.</li> </ul> <p><b>Repeat dispensing/eRD</b></p> <ul style="list-style-type: none"> <li>• Joint PSNC/NHS Employers/BMA GP Committee guidance for GP practices on repeat dispensing;</li> <li>• PSNC repeat dispensing/RD template letter – can be used by contractors to increase a GP practice team’s awareness of repeat dispensing/eRD;</li> <li>• PSNC repeat dispensing/eRD referral form; and</li> <li>• PSNC PowerPoint presentation – comparison of repeat dispensing and repeat prescribing.</li> </ul> <p>The above resources can be viewed at: <a href="http://psnc.org.uk/workingwithGPs">psnc.org.uk/workingwithGPs</a></p> <p><b>Electronic Prescription Service (EPS)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">PSNC Briefing 076/16: How GPs and pharmacies can work together on EPS business continuity</a></li> <li>• <a href="#">PSNC Briefing 075/16: EPS pharmacy and GP checklist – working together</a></li> </ul> |                          |
| <b>Planning and preparation: working with contractors</b> |   |                          |
| 9.  | Ensure the LPC is also making contractors aware of recent NHS changes both national and local, either by highlighting relevant PSNC resources or local information as relevant.   | <input type="checkbox"/> |
| 10.   | Promote the CPFV to contractors and advise on how this is being used by the LPC to try to get contractor buy in and more innovation happening locally. For example, Greater Manchester LPC has used the CPFV for the basis of a paper to the devolution board on enhancing the role of community pharmacy but have adapted it to meet the structure and needs of devolution in their area.  | <input type="checkbox"/> |
| <b>Planning and preparation: working with GPs</b>         |   |                          |
| 11.   | Make sure all LPC committee members and relevant LPC staff are familiar with the structure of the GP contract; the <a href="#">‘GP contract’ page on NHS England’s website</a> details the General Medical Services (GMS) contract changes for 2017/18.   | <input type="checkbox"/> |

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|  | In 2013 PSNC jointly published with NHS Employers and the British Medical Association, a guide for GPs on community pharmacy (this has recently been updated by PSNC, <a href="#">PSNC Briefing 039/17: The community pharmacy – a guide for general practitioners and practice staff</a> ). A similar document was also published for pharmacists; <i>The GP practice - a guide for community pharmacists and pharmacy staff</i> (this is currently being reviewed). Both guides are still available on the PSNC website at <a href="http://psnc.org.uk/workingwithGPs">psnc.org.uk/workingwithGPs</a> . The document on GP practices and <a href="#">The GP contract page on the PSNC website</a> is recommended reading prior to any discussions with GPs.   |                          |
| 12.  | Make sure all LPC committee members and relevant LPC staff are aware of how GP practices are working locally. Many GP practices have entered into collaborative arrangements with other practices such as GP networks or federations. Further information on GP networks and federations can be found on the <a href="#">BMA website</a> .  | <input type="checkbox"/> |
| 13.  | Identify pharmacy-friendly GPs who can act as allies and can influence the CCG on your behalf and add these to the LPC stakeholder map.   | <input type="checkbox"/> |
| 14.  | Identify GPs with a special interest or CCG Board members who are leading policy on clinical areas where community pharmacy can make a difference, for example, diabetes or respiratory disease and add these individuals to the LPC stakeholder map.   | <input type="checkbox"/> |
| <b>Planning and preparation: working with CCGs</b> |   |                          |
| 15.  | Study your CCGs' websites, in particular, the CCGs' priorities, commissioning intentions and plans. Make sure you are familiar with CCG joint working across the STP area and be alert for the potential impact of joint management teams being put in place across CCGs or CCGs considering mergers.   | <input type="checkbox"/> |
| 16.  | <p>Pick your moment - if CCGs and leading GPs are intensely focused on dealing with local problems, such as A&amp;E waiting times or the contract with local hospitals, they may not see community pharmacy as a priority and a hard sell may not be appreciated and could be counterproductive. But do go to them—don't expect them to come to you—so you can get a first-hand understanding of what their current challenges are. With that information, you may be able to open their eyes to how community pharmacies can help address some of their challenges in ways they may not have considered.</p> <p>Consider approaching a non-pharmacy CCG representative, rather than the Medicines Optimisation team. Community Pharmacy West Yorkshire has advised that this can sometimes be more productive and focussed as the conversation will not lead to discussions on matters that may not be on your agenda or can be contentious, such as branded generics.</p> | <input type="checkbox"/> |
| 17.  | Minor Ailment Services, palliative care schemes, enhanced Medicines Use Reviews (MURs) and other medicines optimisation services may help your local CCG meet their priorities. Based on your local knowledge, local needs and the priorities of your CCG, identify services likely to be of interest to the CCG and GPs and research them on the <a href="#">PSNC Services Database</a> to find examples of such services already commissioned and supportive evidence.  | <input type="checkbox"/> |



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|   | <p>Also consider making use of the following resources:</p> <ul style="list-style-type: none"> <li>• <a href="#">PSNC Briefing 031/15: Engaging commissioners with a Think Pharmacy event</a>;</li> <li>• <a href="#">Think Pharmacy prospectuses</a> – A range of prospectuses aimed at commissioners, which describe how certain community pharmacy services work, advantages of commissioning such services and case studies when services are already commissioned;</li> <li>• Highlight the PSNC Commissioners Portal and suggest CCG contacts sign up to the monthly newsletters (available at: <a href="http://psnc.org.uk/commissioners">psnc.org.uk/commissioners</a>) which provide commissioners with updates on service developments from across the country;</li> <li>• <a href="#">Locally commissioned services section on the PSNC website</a> – The section on ‘Template service specifications and resources for locally commissioned services’ links to template service specifications (where available) and associated resources on the services which may be useful to inform local discussions on service development;</li> <li>• <a href="#">Essential facts, stats and quotes hub</a> – Links to different topics which LPC members may find useful when writing business cases or developing resources to support the commissioning of services;</li> <li>• <a href="#">Service development tools and publications hub</a> – Links to tools and publications that LPCs may find useful when trying to spot opportunities for the commissioning and development of new community pharmacy services. As well as being useful to help pinpoint opportunities, the tools and/or publications may be useful to use as evidence to support the commissioning of community pharmacy services; and</li> <li>• <a href="#">Services case studies hub</a> – Links to articles and news stories published by PSNC and other organisations that showcase commissioned community pharmacy services and Healthy Living Pharmacies (HLPs).</li> </ul> <p>LPCs may find it more effective to identify one or two services tailored to the local need and use these as a ‘hook’ for discussions rather than setting out a stall of everything that is possible and seeing if there is any interest. Make sure any proposed pharmacy service can be integrated as a part of a disease pathway rather than being a service provided in isolation from the rest of primary care. Discuss your initial proposals with the GPs identified in 9 above.</p> |                          |
| <p>18.</p>  | <p>When services are re-commissioned/commissioned, the standard NHS contract should be used by CCGs. LPCs should have a good understanding of the contract and the clauses that need particular attention to ensure they know, when appropriate, to take legal advice. To develop your understanding of the contract:</p> <ul style="list-style-type: none"> <li>• consider reading <a href="#">PSNC Briefing 098/13: Guide to the NHS Standard Contract and Local Authority Public Health Contract</a>; and</li> <li>• familiarise yourself with the documents on the 2017/18 NHS Standard Contract page on the <a href="#">NHS England website</a>.</li> </ul>  | <input type="checkbox"/> |
| <p><b>Planning and preparation: working with STPs</b></p> |   |                          |
| <p>19.</p>  | <p>Have a look at the <a href="#">Sustainability and Transformation Partnerships page on the PSNC website</a> which contains links to a number of useful resources.</p>   | <input type="checkbox"/> |

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| 20.  | Read the <a href="#">Sustainability and Transformation Plan(s) for your LPC area</a> .  | <input type="checkbox"/> |
| 21.  | Consider watching the on-demand PSNC webinar on ' <a href="#">STPs, new care models and ACSs: Where are we now?</a> ' originally held on 7th July 2017 to hear from other LPC representatives sharing their experiences of engaging with those responsible for creating STPs and new care models.   | <input type="checkbox"/> |
| 22.  | Keep up to date with the STP governance process in your area as this likely to change in the near future due to the introduction of ACSs/ACOs, to try to ensure the LPC is prepared and positioned correctly.   | <input type="checkbox"/> |
| <b>Relationship building: Working with contractors</b> |   |                          |
| 23.  | Try to involve contractors in a consultation process on potential new services. If you have buy in from the beginning, this may help with consistent service delivery if your efforts are successful in getting a service commissioned.   | <input type="checkbox"/> |
| 24.  | Make sure contractors understand the importance of providing services in line with the service specifications and to the desired quality and volume. Failure by contractors to provide services to the required standard will virtually guarantee that other potential providers will be considered at the point of recommissioning and could jeopardise future commissioning opportunities for years to come.  | <input type="checkbox"/> |
| 25.  | When costing a new service, try to ensure there is provision for project support. Contractors may be willing to sign up for a service, but with the number of priorities they are facing, the service may become less of a priority for them; having a project manager to build relationships with contractors on service delivery may be helpful to ensure consistent delivery of services.  | <input type="checkbox"/> |
| 26.  | Consider how you can support your contractors to share examples of where their services, such as MURs and NMS, have made a real difference to patients with local GPs and CCG leaders. For example, by encouraging contractors to share their stories, by emailing the LPC, the LPC could then: <ul style="list-style-type: none"> <li>• feature these in their communications to contractors (<a href="#">PSNC Briefing 023/16: Engaging with local stakeholders</a> includes a document on writing a convincing case study which LPCs may find useful);</li> <li>• alert PSNC who could look to publish a case study on their website;</li> <li>• inform the Chemist+Druggist to be featured in their current <a href="#">Pharmacy Show and Tell campaign</a>; and</li> <li>• inform other pharmacy media organisations who may also be interested in writing a news story on the topic.</li> </ul> | <input type="checkbox"/> |
| <b>Relationship building: Working with GPs</b>         |   |                          |
| 27.  | One of the most important ways that the LPC can help is supporting contractors with their relationship with their local GPs. Encourage and if possible support local GP/ pharmacist meetings perhaps at the local GP practice.  | <input type="checkbox"/> |



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|   | <p>PSNC has recently published <a href="#">PSNC Briefing 041/17: 'Walk in my Shoes' toolkit</a> which provides a template toolkit for contractors or LPCs to use who are interested in setting up a 'Walk in my Shoes' programme to bring together community pharmacy teams and GP practice teams to help each other understand their roles, improve working relationships and ultimately provide better care for their patients.</p> <p>The Briefing and associated annexes can be viewed at: <a href="http://psnc.org.uk/workingwithGPs">psnc.org.uk/workingwithGPs</a></p> |                          |
| 28.   | <p>Make sure your contractors are aware of the importance of enhancing their relationships with local GPs and know about the resources listed above which they can use in discussions with GPs. Annex 1 contains a template newsletter/website story which could be used to promote the PSNC resources available for contractors to use to assist with working with GPs.</p>  | <input type="checkbox"/> |
| 29.   | <p>Where possible, attend LMC meetings as another way to develop local contacts and discuss joint issues such as the development of STPs.</p>   | <input type="checkbox"/> |
| 30.   | <p>To enhance local relationships, consider providing joint training sessions for community pharmacists, GPs, practice pharmacists and practice nurses on a topic of mutual interest, such as respiratory disease and inhaler technique. This could be organised with the LPN, CCG and the LMC.</p>   | <input type="checkbox"/> |
| 31.   | <p>Consider approaching the LMC to present jointly on primary care issues; Somerset LPC has recently taken this approach.</p>   | <input type="checkbox"/> |
| 32.   | <p>Do not seek to inappropriately defend poor practice or performance by contractors to the LMC / GP practices; however, ensure you are consistent and helpful in offering resolutions for issues between contractors and GP practices.</p>   | <input type="checkbox"/> |
| <b>Relationship building: Working with CCGs</b> |   |                          |
| 33.   | <p>Attend CCG meetings, where possible, to develop relationships with key players on the CCG Board and to network with others. Some may be pro-pharmacy and some may be sceptical, for example, about the value of MURs or the role of the pharmacist. A presentation to the Board may be possible to 'sell' community pharmacy services but be realistic about what pharmacy can offer.</p>  | <input type="checkbox"/> |
| 34.   | <p>Some pharmacists are on the Boards of CCGs, others feel involvement with CCG subcommittees such as the prescribing or medicines optimisation subcommittee is the most effective way to influence the CCG. LPCs report that the single most effective way of initially getting involved is by leveraging existing relationships with key GPs. Is your LPC working on those relationships?</p>   | <input type="checkbox"/> |
| <b>Relationship building: Working with STPs</b> |   |                          |
| 35.   | <p>Accept any offers of engagements with STPs - getting involved in working groups on specific topics may be more useful than being involved in the STP Board. Many STP areas are large and consequently detailed discussions on primary care are taking place at CCG or GP federation level.</p>   | <input type="checkbox"/> |

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| 36.  | Invite stakeholders such as STP leads, to attend LPC meetings to discuss their plans and to learn more about the LPC and community pharmacy.   | <input type="checkbox"/> |
| 37.  | <p>If the LPC is having problems engaging with the STP, consider approaching the Health Overview and Scrutiny Committee.</p> <p>Norfolk LPC has had support from their Health Overview and Scrutiny Committee which came about following a local councillor, who is a member of the Committee, seeing the campaign materials about pharmacy cuts in a local pharmacy – this shows the value of the local contractor and the personal relationships they have. This resulted in the LPC having a meeting with the Committee about pharmacy cuts and the Committee writing to the local NHS England team, the STP (recommending that pharmacy should have a voice at STP level) and to MPs and councillors to brief them on the pharmacy cuts. As a result, the LPC has been involved with the STP, now having a place on the prevention primary care workstream and on the clinical care reference group.</p> | <input type="checkbox"/> |
| 38.  | <p>Consider having an LPC staff member or committee member not involved in any of the STP groups, boards, etc. who can then have objective conversations with CCG and NHS England colleagues. They can then evaluate and step in if the STP is not listening or not acting in the best interests of patients.</p> <p>The Chief Officer at Norfolk LPC has taken this approach and it also means the LPC has availability to attend other meetings when other members of the team are engaged at STP meetings.</p>  | <input type="checkbox"/> |
| <b>Relationship building: Working with other organisations</b> |  |                          |
| 39.  | Continue to develop relationships with NHS England representatives and not just within the pharmacy team. For example, Norfolk LPC, on behalf of the other LPCs in the region, has recently met with the Regional Head of Commissioning to discuss their strategic support for pharmacy development. This has led to an ongoing bi-monthly meeting between the LPCs and the Regional Head of Commissioning and has proposed seats for LPC representatives on several oversight groups.   | <input type="checkbox"/> |
| 40.  | Consider if and how you can use the Local Professional Network (LPN) as a vehicle to achieve your objectives, in particular, enhancing relationships between community pharmacies and GP practices.  | <input type="checkbox"/> |
| 41.  | Consider getting involved in the work of Community Education Providers Networks and Local Workforce Action Boards, which can be helpful for building new relationships with relevant stakeholders.   | <input type="checkbox"/> |
| 42.  | Talk to MPs, elected Mayors and local councillors about STPs etc. and seek their influence to get pharmacy more engaged in this work.  | <input type="checkbox"/> |
| 43.  | Consider building relationships with voluntary, professional and patient organisations and invite them to LPC meetings so they can learn more about the work of community pharmacy. Examples include Healthwatch and patient participation groups. Hertfordshire LPC has worked to build these relationships so that these groups are in a   | <input type="checkbox"/> |

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|     | position to speak up for community pharmacy at events where the LPC is unable to attend.  |                          |
| 44. | Consider exploring the possibility of a Chief Pharmacist's Group across the LPC area. This type of group has been set up by a CCG in Hertfordshire and includes the LPC, hospital pharmacists, mental health trust pharmacists, CCG pharmacists, etc. The group works together to show the value of pharmacy and build relationships.   | <input type="checkbox"/> |
| 45. | Don't forget the power of the contractors on the ground and the personal relationships they have.<br><br>As described above, Norfolk LPC found that a local councillor visiting a local pharmacy created an opportunity for the LPC to engage with the Health Overview and Scrutiny Committee. Speak to contractors to find out if they have any connections which could be useful for making contacts.   | <input type="checkbox"/> |
| 46. | If you have <a href="#">Primary Care Home (PCH)</a> sites in your area, make contact with them and look out for the forthcoming toolkit being developed by the National Association of Primary Care (NAPC) which is due to be published in late 2017. The toolkit is intended to help leaders of PCH sites to understand the benefits of engaging with community pharmacy, so it should be useful for LPCs to share it amongst their network and when building new relationships in the future. | <input type="checkbox"/> |
| 47. | Consider proposing the development of a local project focussed on a key issue for the CCG, GPs and community pharmacy which can use multi-disciplinary working to enhance local relationships. For example, a joint project to improve the care of people following discharge from hospital could be undertaken, making best use of the MUR and NMS services.   | <input type="checkbox"/> |
| 48. | With all the work being carried out building new relationships, don't forget the importance of maintaining relationships with the 'business as usual' people within CCGs and other local bodies.  | <input type="checkbox"/> |
| 49. | Attend Health and Wellbeing Board meetings to develop relationships and contacts and ask questions to try to focus on or remind people about community pharmacy.  | <input type="checkbox"/> |
| 50. | Make contact and work on building relationship with your local NHS Digital contacts. Norfolk LPC, has found that this has been really useful for implementing and developing the use of electronic Repeat Dispensing.   | <input type="checkbox"/> |
| 51. | As the NHS evolves and is re-structured, it is common for people to move between organisations and roles, so making a good contact is never wasted. Norfolk LPC advises to only promise what you can deliver and that helping people deliver on their personal objectives is likely to result in pay-back for pharmacy over the long-term.  | <input type="checkbox"/> |
| 52. | Be aware that there will be times when an organisation does not want to engage with the LPC. This can be very difficult, but it's important to remember that across the network of LPCs, there will probably be at least one that has gone through a similar  | <input type="checkbox"/> |

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|                   | situation and these LPCs can be called on for advice and ideas on how to deal with these types of situations.   |                          |
| <b>Governance</b> |   |                          |
| 53.               | <p>A number of GPs in executive positions on CCGs have a financial interest in a for-profit provider outside their own general practice. Stories in the national press have highlighted these potential conflicts of interest and many LPCs will be aware of issues locally.</p> <p>NHS England has produced guidance on <a href="#">managing conflicts of interest in the NHS</a> and this is applicable to CCGs. NHS England has also produced a <a href="#">two-page summary guide for GPs in commissioning roles</a>.</p> <p>LPCs should be familiar with this guidance and therefore able to identify breaches of governance. Advice can be sought from PSNC if necessary. Please report serious concerns to PSNC, as in addition to giving guidance on how to manage these situations, the examples are very helpful to use in our discussions with DH and NHS England.</p> | <input type="checkbox"/> |
| <b>Nationally</b> |   |                          |
| 54.               | Please let <a href="#">PSNC</a> know how your work with STPs / aspirant ACSs/ACOs, CCGs and GPs progresses so we can produce case studies which share learning with other LPCs and promote your successes nationally.   | <input type="checkbox"/> |
| 55.               | Consider using the LPC secretaries yahoo group to share quick tips or messages with other LPCs about your work with STPs, CCGs and GPs.   | <input type="checkbox"/> |
| 56.               | Contact <a href="#">PSNC</a> if you have ideas for further resources, webinars, etc. which we could develop which would help you with your relationship building work.  | <input type="checkbox"/> |

## Annex 1: Template LPC newsletter/website story

### Resources available to help you build relationships with your local GP practices

At a time when all teams working within the NHS are feeling the pressure of patient demand and financial constraint, it is more important than ever for contractors to spend time on developing relationships with their local GP practices as well as for the LPC to spend time further developing its relationship with the LMC. The challenges that community pharmacy and GP teams face are much more likely to be successfully tackled through strong team working between organisations, which enables individuals and teams to identify better ways of supporting patients and providing services.

PSNC has produced a number of resources to assist contractors build relationships with their local GP practices, which include:

#### Advanced Services

- *PSNC Briefing 040/17: NHS community pharmacy Advanced Services – information for general practitioners and practice staff;*
- *PSNC Briefing 039/17: The Community Pharmacy – a guide for general practitioners and practice staff GPs;*
- *PSNC Briefing 038/17: A summary of literature relating to Medicines Use Reviews;*
- PSNC Advanced Services PowerPoint presentation for GPs and hospital colleagues;
- *PSNC Briefing 062/16: Services Factsheet – NMS guide for other healthcare professionals;*
- *PSNC Briefing 061/16: Services Factsheet – MUR guide for other healthcare professionals;* and
- CPPE NMS detailing card.

#### Repeat dispensing/eRD

- Joint PSNC/NHS Employers/BMA GP Committee guidance for GP practices on repeat dispensing;
- PSNC repeat dispensing/RD template letter – can be used by contractors to increase a GP practice team's awareness of repeat dispensing/eRD;
- PSNC repeat dispensing/eRD referral form; and
- PSNC PowerPoint presentation – comparison of repeat dispensing and repeat prescribing.

The above resources can be viewed at: [psnc.org.uk/workingwithGPs](https://psnc.org.uk/workingwithGPs)

#### Electronic Prescription Service (EPS)

- *PSNC Briefing 076/16: How GPs and pharmacies can work together on EPS business continuity*
- *PSNC Briefing 075/16: EPS pharmacy and GP checklist – working together*

As well as the above resources, the LPC is available to support contractors with building relationships with their local GP practices and is keen to hear of any success stories so these can be shared with other contractors.

Please contact [xxx] if you require further advice or have a success story to share.