Guidance for Local Pharmaceutical Committees (LPCs) – How to help contractors get involved with Primary Care Networks

Thanks to everyone for their contribution and support with the creation of this guidance

NHS England and NHS Improvement

Guidance for Local Pharmaceutical Committees

How to help contractors get involved with Primary Care Networks

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This briefing is intended to enable Local Pharmaceutical Committees (LPCs) to help contractors to get involved with Primary Care Networks. It covers:

1. What are Primary Care Networks?
2. What do Primary Care Networks mean for community pharmacies?
3. How LPCs can support contractors to engage with PCNs
4. Next steps and timescales

1. What are Primary Care Networks?

Around 1,000 primary care networks (PCNs) are being set up across England by 1 July 2019. PCNs will be responsible for delivering joined-up health and social care services through multi-professional teams to patients in the community. PCNs are the new 'building block' of local healthcare systems and will typically cover local populations of 30-50,000.

Each PCN will have a boundary that makes sense to: (a) its constituent practices; (b) community-based providers, who configure their teams accordingly; and (c) its local community. General practice takes the leading role in PCNs but the PCN concept is wider, incorporating a range of providers involved in delivering co-ordinated health and social care to patients. This will include community pharmacy.

The new Network contract through which network resources will flow, establishes general practices as the core of PCNs across the country. The Network agreement allows for and enables collaboration with a wider group of providers than general practice within a PCN. The community pharmacy team can become part of PCNs as partners in delivery, being an active member of the PCN multi-disciplinary team and meeting with other PCN clinicians regularly.

The new PCNs will deliver seven new national service specifications which are being negotiated as part of the GP contract and include: structured medication review and optimisation, enhanced health in care homes, anticipatory care, personalised care, supporting early cancer diagnosis, CVD prevention and diagnosis and tackling neighbourhood inequality. It is expected that community pharmacy will play a role in the delivery of some of these services. Through local engagement, community pharmacy will become an integral part of these new networks and will work with the wider primary care team to deliver specific services locally.

The network contract provides extra investment to directly reimburse PCNs for up to 20,000 additional staff to enable delivery of the new national service specifications through PCNs. In 2019/20, all PCNs will be able to claim reimbursement for one whole-time-equivalent (WTE) clinical pharmacist (2 WTE if the PCN covers a population of 100,000 or more). It is expected that there might be up to 6 WTE clinical pharmacists in post in each PCNs community multidisciplinary teams by 2024. Clinical pharmacists in PCNs will provide a focal point for collaborative working across the different pharmacy sectors including community pharmacy, hospital, mental health and community services. They will undertake an 18-month training programme to ensure that they have the competence and confidence to consult directly with patients, working within a multi-professional team; and they will be supported to become independent prescribers. Contract reimbursement for clinical pharmacists is

conditional on enrolment on NHS England and NHS Improvement training or previous attainment of these competencies.

2. What do Primary Care Networks mean for community pharmacies?

Collaboration with non-GP providers, such as community pharmacies, will be a requirement for PCNs from April 2020. The exact role that local community pharmacies community pharmacies will take in each PCN will be for individual Networks and their local community pharmacies to agree. The opportunities for integrated working with PCNs will include:

Urgent care and minor illness

- Community pharmacies' contribution in supporting demand for urgent care through the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and NHS 111 Digital Minor Illness Referral Service (DMIRS) pilots has been proven, and this is an area which might grow in scale, subject to contract negotiations.
- An expansion of the DMIRs pilot is currently being piloted, which includes piloting minor illness referrals from GPs to community pharmacies. If successful, this will provide a network-based referral route for patients with minor illnesses. This was referenced in the Long Term Plan as a pharmacy connection scheme.

Prevention and public health

- Working closely with GPs, the role of community pharmacy in proactive care, prevention of ill health, early diagnosis and identifying people at risk (e.g. of hypertension) might be offered within the network setting.
- Building on the Healthy Living Pharmacy (HLP) initiative, community pharmacies may provide a role in network leadership for public health campaigns.

An increased clinical role

- Increased engagement with the new clinical pharmacist team based in PCNs. This will include working with social prescribing link workers and the wider clinical team based within primary care networks.
- As more community pharmacies get involved with local PCNs, they will be well placed to help deliver against the service specifications in the GP contract in areas such as CVD detection and around awareness of cancer symptoms and promoting early diagnosis.

Medicines safety and optimisation

- The NHS needs the clinical skills of community pharmacy professionals to achieve its vision for better safety, outcomes and value from medicines. Community pharmacists will work alongside their counterparts in the PCN such

as clinical pharmacists and hospital-based colleagues to improve medicines safety and to support adherence.

3. How LPCs can support contractors to engage with PCNs

Local Pharmaceutical Committees (LPCs) are well positioned to support contractors locally to engage with PCNs in a structured and coherent way. LPCs are also well positioned to engage with Local Medical Committees (LMCs) to help facilitate joint discussions between pharmacies and PCNs at a time that works and in a way that is focused on the right issues.

There are expected to be an average of 10-11 community pharmacies per network. LPCs can help pharmacies on a local footprint to engage collectively with a PCN. The emphasis needs to be on collaborative working for the benefit of patients and LPCs should help facilitate discussions at a local level so that pharmacies within a PCN footprint can engage with the PCN with one voice.

We recommend that LPCs follow the suggested four step process below to begin engagement between community pharmacies and PCNs:

1. **Engage with CCGs and LMCs** – LPCs should engage with CCGs to understand the developing landscape of PCNs within the CCGs' footprints. CCGs have a formal role in helping practices establish their PCNs and ensuring that they are aligned with the national contract. Many LMCs will have also been actively supporting practices to develop PCNs locally; LPCs should talk to LMC colleagues to better understand the local development of PCNs from a professional perspective and how they will serve patients.

2. **Start the conversation between local contractors** – LPCs should facilitate conversations between local community pharmacies within expected PCN footprints. It is recommended that community pharmacies collaborate to engage with PCNs locally with one voice, providing clear and consistent messaging to PCNs. LPCs should support local community pharmacies to begin to develop new working relationships with one another within PCN geographical footprints. LPC's should work to help raise contractors' and pharmacy teams' awareness about PCNs so they understand what a PCN is and what that will mean to them.

3. **Understand mutual benefits and local priorities** – Early conversations between community pharmacies should revolve around understanding the benefits to patients of collaboratively working as part of PCNs.

   These conversations can be based on known national NHS service developments in urgent care and minor illness, such as DMIRS and NUMSAS; prevention and public health, such as flu vaccinations and public health campaigns; and potential local roles supporting the seven national service specifications for PCNs.

When facilitating discussions on local priorities LPCs should refer to materials such as local Joint Strategic Needs Assessments (JSNA), local Pharmaceutical Needs Assessments (PNA) and local STP or ICS delivery plans.

4. **Agreeing ways of working between community pharmacies** – locally, community pharmacies will need to agree how they will represent themselves collectively (if possible all pharmacies within the PCN footprint) to the local PCN. It may be prudent, depending on local relationships, to appoint an agreed accountable individual or individuals who can engage with the PCN on behalf of local community pharmacies during initial discussions. LPCs will be able to play a local role to facilitate the development of such working relationships.

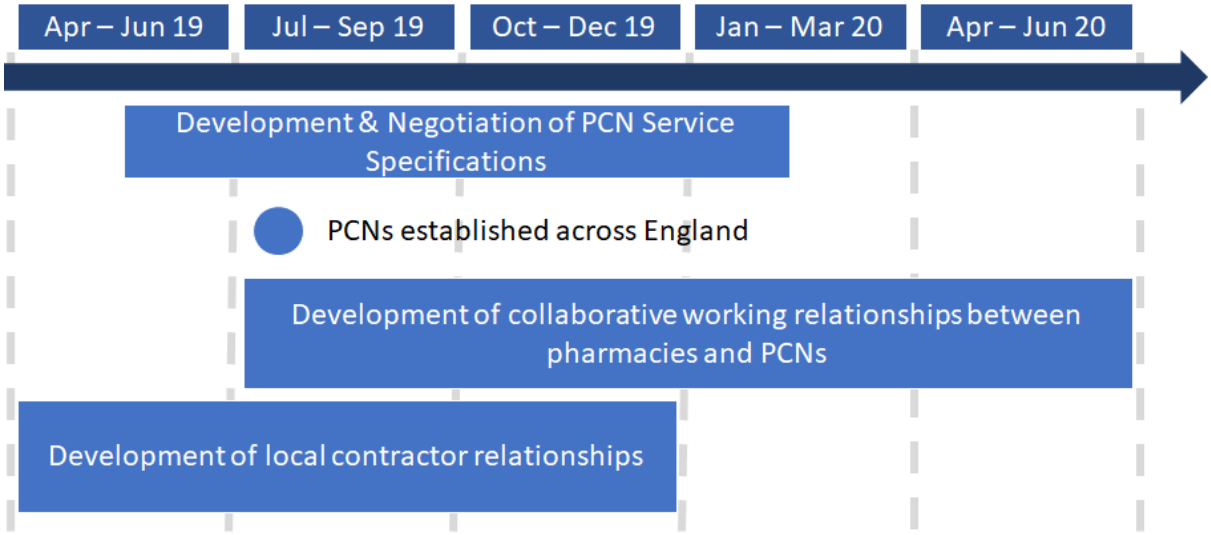
   LPCs can seek to provide advice to contractors in this area through engaging with local CCGs and LMCs to understand any local preferred routes for this engagement.

These steps should be taken over the coming months through July 2019 to September 2019. Once community pharmacies are locally ready and have gone through the above steps, they should then engage with their local PCN.

It's important that there is no conflict of interest between meeting the clinical needs of patients and the dispensing of medicine, the provision of pharmaceutical services and pharmacy business. As collaborative relationships develop, LPCs should work with all parties to ensure adequate separation of these functions.

4. Next steps and timescales

The high-level timescales for the development of initial community pharmacy engagement within PCNs is set out below:



If LPCs require further support or come across unexpected issues when initially engaging with their local contractors and local PCNs, they should contact PSNC who will work collaboratively with the BMA, pharmacy representative bodies, NHS England and NHS Improvement to further support these initial discussions. The PSNC will produce supporting tools and guidance for LPC's to use.

Further guidance from NHS England will also be published in due course, this guidance will provide clarity on the developing role of community pharmacy within PCNs as the PCNs develop in maturity and working relationships between community pharmacies and PCN's progress.