

March 2019

PSNC Briefing 015/19: Supporting community pharmacies to engage with Primary Care Networks – potential actions for LPCs

This PSNC Briefing provides suggested actions which LPCs can take to ensure community pharmacy is effectively engaged in the work of Primary Care Networks (PCNs) and pharmacy contractors and their teams are supported to play their part in this. Other PCN resources are available at psnc.org.uk/pcnresources.

The list of suggested actions has been created drawing upon discussions on this topic with LPCs from across England. It is ordered so the listing broadly reflects a prioritised timeline, however some actions will be best undertaken concurrently and the order of undertaking chosen actions should reflect the local situation, such as work already undertaken by LPCs and local priorities for commissioners and PCN leaders.

LPCs are encouraged to provide feedback on the suggested actions and any additions to the list which could be made. Additionally, if LPCs have suggestions on other resources which could be developed nationally or have locally developed resources they would like to share, please send these to the [PSNC Services Team](#).

List of suggested actions and related guidance

1. Communicate with your contractors to explain what PCNs are, their importance to the future development of community pharmacy services and the need for them and their teams to fully engage in their local network. Follow-up communications to contractors or discussions at events should also explain the local context for development of primary care services, e.g. STP/ICS and CCG plans.

Consider how to make sure the message also reaches the wider pharmacy workforce, including locums.

A template letter and briefing document is available on the [PSNC website](#).

2. Discuss PCNs and the importance of engagement with them at any contractor meetings you organise.
A template PowerPoint presentation is available on the [PSNC website](#).
3. Consider your LPC's current human resources and what will be required to support contractor engagement with PCNs. Will an increase in human resources be required within the LPC, e.g. the appointment of an Engagement Officer to support collaborative working with general practices?
4. Work with NHS England and your local Clinical Commissioning Groups (CCGs) to ensure they support the full inclusion of community pharmacies in PCNs.
5. With any other LPCs within an STP/ICS area, influence the STP/ICS to support community pharmacy involvement in PCNs (as well as at system and place level) by inclusion of community pharmacy within their Primary Care Strategy (which has to be finalised by Autumn 2019) and influencing constituent NHS bodies.
6. Discuss PCNs with GP Federations, the Local Medical Committee (LMC) and the other local representative committees, seeking opportunities for collaboration with them on this topic. LMCs may be able to support LPCs to get involved in STP/ICS work on primary care strategy development.

7. As PCN's geographical areas are agreed by general practices and CCGs, share maps with contractors which identify the PCN areas and which pharmacies are within each network area. Consider whether there are any geographical anomalies which may mean that a pharmacy is more appropriately aligned to a neighbouring PCN. Likewise, consider whether the flow of scripts from general practices within a PCN to pharmacies outside the geographical boundary of the PCN could mean an alternative alignment for a pharmacy may be appropriate. Update your LPC's contractor database to identify which PCN each pharmacy is within.
8. Seek volunteers from contractors and their teams to act as a local community pharmacy PCN lead ("pharmacy lead"). Select one lead per PCN, with a deputy, if possible. Other contractors and their staff should be encouraged to participate in local PCN meetings and activities wherever possible.

Consider organising an event for contractors and their team members who are interested in becoming a pharmacy lead to assist recruitment of leads.

9. Once pharmacy leads have been selected, support their development and networking by organising regular meetings (potentially via teleconference or web-meetings), supporting communications networks using email groups, WhatsApp etc. and allocating buddies within the LPC committee membership and/or with another PCN lead.
10. Encourage all contractors and their teams to engage with local GP practices on topical issues, such as electronic Repeat Dispensing and flu vaccination, to seek to build relationships and trust. Ideally relationships should be built with GPs, other clinicians, including clinical or practice pharmacists, practice managers and other support team members. This work is separate from any work the pharmacy lead for the PCN may undertake at a network level.

The Walk in my Shoes (WIMS) approach could be adopted to help build relationships with general practices. Explore whether any local funding is available to support the WIMS approach; some LPCs have obtained such funding from STPs or Health Education England (HEE).

11. Initiating discussions with general practices on how to optimise current business as usual processes can be a good starting point, e.g. eRD, making best use of NMS and MUR. Identify the key leaders in each PCN, including the clinical directors, and establish a mailing list which can be used to communicate information on community pharmacy to these individuals. Identify senior clinical pharmacists working within networks, as they should also be key contacts and influencers to support community pharmacy engagement with PCNs. Update your LPC stakeholder map to include PCNs.

Consider sending a regular update email to these key PCN leaders which highlights local community pharmacy developments and ways in which general practices can collaborate with community pharmacies.

12. When PCNs are initially constituted, LPCs may need to act as a point of contact for community pharmacy, before a pharmacy lead is selected. Once a pharmacy lead has been selected, introduce them to the PCN lead/clinical director. LPC members or staff may need to accompany pharmacy leads at initial meetings with general practices and PCN leaders.
13. Discuss with senior clinical pharmacists within networks, how the LPC can work with them to support their work and community pharmacy engagement in PCNs. Consider having similar discussions with senior PCN clinical pharmacists, hospital pharmacy leaders and CCG pharmacists, potentially via the Local Professional Network.
14. Support pharmacy leads to understand the local health context within their PCN by signposting them to information sources on the health status of the local population etc.
15. Work with Health Education England and leaders at system and place level to undertake workforce planning and strategy development to ensure appropriate future supply of staff and development of the current workforce. Consider opportunities for education and training to be undertaken across primary care, as another way to support relationship development within PCNs.

16. Collate information on the strategies and priorities of the STP/ICS, place and those adopted by each PCN, looking for topics on which community pharmacy can contribute which can then be circulated to your pharmacy leads to discuss with their PCN clinical director.
17. Embed PCN briefings/updates in all local contractor meetings, including those organised by third parties, such as education and training providers.
18. Share your successes and challenges with engaging PCNs and any local resources you have developed with neighbouring LPCs and PSNC, so learning and resources can be shared across the LPC network.

Potential ways in which multiple LPCs could collaborate

1. Sharing information on PCN activity and priorities to support collaborative and cross-boundary working.
2. Issuing joint communications to contractors on PCNs and organising joint local events.
3. Sharing staff focused on supporting engagement with PCNs across multiple LPCs.
4. Provision of a support programme for pharmacy leads.
5. Seeking external funding for projects across a wider area, e.g. funding to support the rollout of WIMS.
6. Meeting with LMCs and GP Federations at a regional level to build relationships and support the development of PCNs.
7. Meeting regional NHS England leads for primary care etc.

If you have queries on this PSNC Briefing or you require more information, please contact the [PSNC Services Team](#).