

October 2019

## PSNC Briefing 048/19: Pharmacy Quality Scheme – Guidance for LPCs on the Primary Care Networks domain

The development of Primary Care Networks (PCNs) across England is a key part of implementing the NHS Long Term Plan and it is of great importance that community pharmacy is a fully integrated part of the networks. The [Pharmacy Quality Scheme \(PQS\) 2019/20](#) includes a criterion which seeks to encourage pharmacies to collaborate and work together to engage effectively with PCNs. This PSNC Briefing contains guidance for Local Pharmaceutical Committees (LPCs) on how they can help their pharmacy contractors to achieve this element of the scheme.

### The PQS requirements

The Drug Tariff requirements which pharmacy contractors must meet to achieve the PCN domain within the PQS are set out below. Meeting this domain is worth:

- 12.5 points (a minimum value of £800) for a non-Pharmacy PCN lead; or
- 12.5 points plus 10 extra points (a minimum value of £1,440) for a Pharmacy PCN Lead.

On the day of the declaration, the pharmacy must be able to demonstrate that their pharmacy, and all of the other pharmacies within the PCN footprint who wish to engage with a PCN, have agreed a collaborative approach to engaging with their PCN.

This approach must include agreement on a single channel of communication by appointing a named lead representative for all of the community pharmacies who wish to engage with their PCN in the PCN footprint. The Pharmacy PCN Lead must have provided their name to the Local Pharmaceutical Committee (LPC) in which the PCN lies and must have demonstrable evidence that they have started the engagement process with the PCN, i.e. they have made initial contact with the Clinical Director for the PCN either by contacting them through correspondence (post/email) or by arranging a meeting with them or by meeting them.

All pharmacies claiming for this domain must submit the name of their appointed Pharmacy PCN Lead and the pharmacy name and ODS code for the Pharmacy PCN Lead as will be described in the NHS England and NHS Improvement Pharmacy Quality Scheme 2019/20 Guidance.

The Pharmacy PCN Lead must declare:

- that they are the appointed Pharmacy Lead for that PCN;
- the name of the PCN;
- that they have notified this to the LPC in which the PCN lies; and
- that they have evidence of having started the engagement process with the PCN, as outlined above.

Additional information on the requirement can be found in the [NHS England and NHS Improvement \(NHSE&I\) PQS guidance](#) (section 4.4).

The Pharmacy PCN Lead will be a person who is themselves a pharmacy contractor or an employee of a pharmacy contractor. The PQS points funding increment is available in 2019/20 for the contractor that is the Pharmacy PCN

Lead or employs the Pharmacy PCN Lead to recognise some of the additional work the individual is likely to undertake in this role. This funding will be claimed by and paid to the contractor at the pharmacy premises within the PCN area, where the Pharmacy PCN Lead is based or attached (in the case of individuals who have a job that involves working across several pharmacies owned by the same contractor).

### **The role of LPCs in supporting achievement of this criterion**

Since the formation of PCNs, most LPCs have been working to ensure PCN leaders recognise the importance of engaging with community pharmacy. Consequently, relationships with PCN leaders, including the Clinical Director appointed in each PCN, have been developing and this will provide a good foundation on which to support engagement of contractors with their PCN.

LPCs can play a central role in supporting their contractors to achieve this criterion and wider engagement with their PCN by initiating and facilitating discussions between contractors within each PCN, to determine how they will work collaboratively and who they will choose as their Pharmacy PCN Lead.

Without LPC support, many contractors may struggle to organise themselves locally to achieve the PQS requirements and future involvement within PCNs, which is of high strategic importance to the future development of community pharmacy services. LPC engagement in this work is therefore of critical importance to contractors. Guidance on how this might be achieved in a stepwise manner is provided below.

Many LPCs have already undertaken some if not all of these activities, but where progress has not already been made on this work, LPCs should consider taking action before the end of October 2019 to ensure there is sufficient time for the tasks to be completed before the end of January, at the very latest.

### **Step 1 – Gain agreement from the LPC Committee to act**

LPC support for this element of the PQS will be critical to it being undertaken successfully, but the LPC Committee clearly need to agree to the LPC Chief Officer and team undertaking work on the topic. Additionally, extra resources (human or financial) may be required to support this important work; the Committee may therefore need to consider this matter too.

### **Step 2 – Identify an LPC lead/leads for PCNs**

This important role may need to be shared by multiple individuals, depending on the size of the LPC and the number of PCNs. Ideally, contractors within each PCN will have a single point of contact at the LPC for advice and support in relation to their PCN. The LPC lead for each PCN could also manage the relationship between the LPC and the PCN Clinical Director.

### **Step 3 – Communicate what support you will be able to provide to contractors**

LPCs will need to determine what support they can provide to their contractors to help them meet this domain. Once this is determined, this should be clearly communicated to your contractors, e.g. by email newsletter and a dedicated section on the LPC website, so they understand what the LPC will be able to assist with (and by when) and what they will need to do themselves.

### **Step 4 – Identifying the PCN member practices and geographies within the LPC area**

The Clinical Commissioning Group (CCG), Local Medical Committee (LMC) or regional NHSE&I team should be able to provide LPCs with details of the general practices within each PCN and the geographical area covered by each PCN. This information can then be shared with your contractors.

The above organisations should also be able to provide you with the contact details for the Clinical Director of each PCN.

If having tried to obtain information on PCN member practices and boundaries from the CCG, LMC and NHSE&I regional team, the LPC still cannot obtain the necessary information, they should contact the [PSNC Services Team](#), who will escalate the matter to the NHSE&I central team.

## Step 5 – Helping contractors to identify their primary PCN

Having shared information on the mapping of practices to PCNs and the geographical boundaries, contractors can then consider in which PCN they sit. This requirement applies to all pharmacies, including distance selling pharmacies<sup>1</sup>. In some cases, particularly in rural areas, this will be straightforward, as the pharmacy will be very clearly positioned in just one PCN.

In many cases, particularly urban areas, the situation will be more complex, with overlaps of the geographical boundaries of PCNs and pharmacies being geographically located in more than one PCN area. In these circumstances, looking from a PQS perspective, the contractor will need to decide a primary PCN with which they will align themselves, but they may also wish to identify secondary or tertiary PCNs which they wish to maintain contact with.

The flow of patients should determine which the primary PCN is for a pharmacy and the best proxy to assess this will generally be examining the total prescription items dispensed by the pharmacy from each local general practice and then calculating a total for the practices in each local PCN. The NHSBSA publish data on who dispenses the prescriptions issued by each general practice and PSNC has created a [spreadsheet](#) using this data which allows contractors to identify the top ten general practices for whose patients they dispense prescriptions. Note: this is a large file (37MB), so it is only available to download via Dropbox.

NHSE&I have funded some exploratory work by a Commissioning Support Unit to use the above data to attempt to create a mapping of pharmacies to a suggested primary PCN. Further information on the outputs of this work will be provided to LPCs when they become available.

It may be possible for LPCs to undertake some of the above analysis and mapping on behalf of contractors; where this is possible, the proposed allocation of pharmacies to PCNs can then be communicated to contractors to consider and confirm or challenge, as appropriate.

Note - contractors do not have to participate in this aspect of the PQS or PCNs more generally. Any such contractors do not act as a bar to other contractors agreeing the appointment of a Pharmacy PCN Lead and having discussions on collaborative working.

## Step 6 – Creating a local dataset of pharmacies and PCNs

Once contractors have determined their primary PCN, this data should be collated for use by the LPC, the Pharmacy PCN Lead, PCNs and other local stakeholders. Where contractors have identified a secondary or tertiary alignment with other PCNs, this data could also be collated. All this information should ideally be published on the LPC website and as a minimum, the contractors in each PCN should be made aware of which other pharmacies are within their PCN.

## Step 7 – Facilitating conversations between contractors and appointing a Pharmacy PCN Lead

Having identified the contractors within each PCN, the next step the LPC could take would be to help the contractors to start to collaborate on identifying a Pharmacy PCN Lead. This could be facilitated in several ways, for example:

- organising a meeting for local contractors at PCN level;

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<sup>1</sup> Distance selling pharmacies are expected to be able to provide services to patients across England, rather than focussing on a locality close to their pharmacy premises. However, for the purposes of this PQS requirement, like other contractors, they should assess which is the most appropriate PCN for them to be aligned with. Pragmatically, this may be a PCN which is a geographical fit with their premises, rather than necessarily matching the flow of patients, where their patients are distributed widely across England.

- organising a video or teleconference for contractors at PCN level; or
- organising a larger meeting of contractors from multiple PCN areas, where group discussions can occur for contractors in each PCN. This could be part of a meeting which also briefs contractors on the wider changes to the Community Pharmacy Contractual Framework (CPCF)\* and introduces them to the role of PCNs and how they have developed so far.

\*It would be helpful if local meetings briefed contractors on the overall changes to the CPCF, the PQS, the Community Pharmacist Consultation Service (CPCS) and the importance of collaborative working with general practices and PCNs.

Ahead of any such local meetings, LPCs could support contractors to identify suitable candidates to act as Pharmacy PCN Leads, by asking for expressions of interest in being appointed the Pharmacy PCN Lead and then sharing information on any candidates with the contractors. This could assist in ensuring all potential candidates can put themselves forward, rather than just those that may be able to attend a meeting; the inability to attend a meeting on a specific date should not rule out eligible candidates from being considered for appointment by the contractors in the PCN.

The contractors' discussions should initially focus on how they support the provision of pharmacy services to patients within the PCN, whilst recognising the ongoing competition which also exists between pharmacies.

The PQS requirement includes the need for contractors to appoint a Pharmacy PCN Lead. This decision must be made by the contractors; it is not a decision to be made by the LPC.

### **The role of the Pharmacy PCN Lead and selecting the best candidate**

Information on the suggested role of the Pharmacy PCN Lead can be found in [PSNC Briefing 047/19: Pharmacy Quality Scheme – Guidance for community pharmacy contractors on the Primary Care Networks domain.](#)

As this role will involve working with the PCN Clinical Director, who will be a clinician, generally a GP, PSNC recommends that the Pharmacy PCN Lead should generally be a pharmacist or pharmacy technician. Where no such suitable candidate can be identified by contractors in the PCN area, another individual could be selected, but they should have the necessary knowledge of pharmacy practice to be able to undertake the role and should also have the support of a community pharmacist who can provide advice on professional matters, where this is necessary.

Due to the local focus of PCNs, it is also appropriate that the Pharmacy PCN Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Where no such suitable candidate exists, it may be necessary to select a Pharmacy PCN Lead who has a relationship with a pharmacy in the PCN area but does not work in that pharmacy on a regular basis. This could, for example, be a contractor who owns a pharmacy in the PCN area, but is generally based in another pharmacy they own, or an area manager of a multiple contractor who is managerially responsible for a pharmacy in the PCN area.

### **Selecting a Pharmacy PCN Lead where there are multiple candidates**

Where there are multiple candidates interested in being appointed as the Pharmacy PCN Lead, the LPC could help contractors to decide on their preferred candidate by:

- Requesting information from the candidates which could be shared with contractors, e.g. a short CV or biography, providing details of their prior professional experience and a statement of why the candidate believes they are well qualified to undertake the role;
- Organising a meeting or teleconference/videoconference of contractors to allow them to meet and hear from the candidates; and
- Organising a vote of contractors to select the preferred candidate, at a meeting of contractors, by post, email or other electronic means.

Due to the potential practical challenges of finding a time and date for a meeting when all contractors within a PCN can be present or represented, it may be necessary to organise a meeting and then follow this with a vote by

contractors, which could be undertaken via email. Each contractor would have one vote for each NHS contract pharmacy in the PCN area.

LPCs can support contractors to select the best candidate, but LPCs must not select the Pharmacy PCN Lead themselves.

### Agreeing appropriate governance arrangements with the Pharmacy PCN Lead

Any candidates seeking to be appointed as a Pharmacy PCN Lead should be fully aware of the roles and responsibilities of the position. LPCs may want to confirm in writing with the chosen candidate that they are clear on these matters and that they will agree to appropriate governance arrangements with the contractors that appointed them and the LPC.

PSNC has published a [template Memorandum of Understanding](#) which can be used by an LPC and a Pharmacy PCN Lead to agree the responsibilities of the lead, including their responsibility to act on behalf of all the contractors that have appointed them.

A key point which LPCs and contractors should ensure the Pharmacy PCN Lead clearly understands, is that unless specific delegated responsibilities for decision making on behalf of the appointing contractors within the PCN is given, the lead must always revert to the contractors to seek a view on any proposals that result from discussions with the PCN leadership. Additionally, any view by the body of contractors within the PCN, working with their Pharmacy PCN Lead, cannot require action be taken by an individual contractor, without their specific agreement to take such action.

It will be important for the Pharmacy PCN Lead to provide regular and timely reports on developments within the PCN to the LPC and the contractors within the PCN. A template meeting report form is available on the [PCN resources page of the PSNC website](#).

LPCs and contractors within the PCN should also seek to agree a term of appointment for the Pharmacy PCN Lead. In due course, contractors may feel it is appropriate to agree a longer term of office, but as this is a new development within primary care and the situation is still evolving, PSNC recommends that the Pharmacy PCN Lead should initially be appointed for a one or two-year term, with the ability for contractors to re-appoint the lead at the end of that term, if they believe this to be appropriate.

Note – the PQS points funding increment is available in 2019/20 for the contractor that is the Pharmacy PCN Lead or employs the Pharmacy PCN Lead to recognise some of the additional work the individual is likely to undertake in this role, but additional local funding may be required if workload is very significant. The content of the 2020/21 PQS has not yet been determined, so ongoing funding for Pharmacy PCN Leads via the scheme should not be presumed.

### Ensuring contractors have the information they need to make their PQS claim

Once the Pharmacy PCN Lead has been appointed, they or the LPC should ensure all contractors in the PCN area are provided with the following information, which they will need to claim payment for the PCN domain of the PQS:

- the name of the PCN;
- the name of their appointed Pharmacy PCN Lead; and
- the pharmacy name and ODS code for the pharmacy where the Pharmacy PCN Lead is based.

## Step 8 – Supporting Pharmacy PCN Leads

Once Pharmacy PCN Leads are appointed, LPCs should consider how they can provide support to these individuals. An immediate action that all LPCs should be able to take, is to support the Pharmacy PCN Lead to make contact with the Clinical Director in their PCN. Ideally, this would be by the LPC introducing the Pharmacy PCN Lead to the Clinical Director via a meeting or email/letter.

This would then allow the Pharmacy PCN Lead to follow-up with the Clinical Director, holding a meeting to discuss matters of mutual interest. An initial communication or meeting between the Clinical Director and Pharmacy PCN Lead could include the following:

- introducing themselves;
- the number of pharmacies in the PCN the appointed Pharmacy PCN Lead represents;
- a short background briefing on community pharmacy and the opportunities for integrated working with PCNs and opportunities for maximising the use of electronic Repeat Dispensing (as outlined in the GP contract);
- the elements of the PQS with relevance to general practice, particularly the medicines safety audits complementing the GP QOF QI prescribing safety module, reviews of asthma prescriptions, HLP Level 1 and the discussions with patients with diabetes about annual retinopathy screening and foot checks; and
- other elements of the 5-year CCPF of relevance to GPs, particularly the CPCS and the post-discharge medicines reconciliation service.

Ongoing support provided by LPCs may be as simple as supporting Pharmacy PCN Leads across the PCNs in the LPC area to meet each other regularly, to network and learn from each other, through to the provision of training and development for the Pharmacy PCN Leads, where the capacity or resource of the LPC allows this.

LPCs may also want to support Pharmacy PCN Leads with their communications to the contractors within the PCN; this is discussed further in the following section.

External organisations within and beyond community pharmacy may have resources and development opportunities which Pharmacy PCN Leads could access, and LPCs may be able to help identify these to leads. As an example, the [Mary Seacole Leadership programme](#) continues to be available to community pharmacists and pharmacy technicians in several locations across England.

## Step 9 – Supporting ongoing collaboration between contractors within PCNs

LPCs could support ongoing collaboration between the contractors within each PCN, with the Pharmacy PCN Lead as the focal point of this activity. Such support could involve issuing regular communications, at an agreed and pre-notified frequency, to contractors on developments across all PCNs in the LPC area, through to supporting leads to issue regular updates on progress to the contractors in the PCN and organising engagement events at a local level.

LPCs may want to facilitate communication between the Pharmacy PCN Lead and the constituent contractors, for example, by managing email groups or electronic platforms to support such communication and collaboration. This approach may also allow the LPC to identify any additional support needs of the Pharmacy PCN Lead or the contractors, which the LPC may be able to assist with.

This activity could form part of the LPC's wider communications planning for 2019 and 2020.

## Resources to support LPCs

The following page on the PSNC website contains a range of resources to support the work of LPCs in relation to PCNs, including a template presentation to use at contractor meetings:

<https://psnc.org.uk/pcnresources>

## Frequently asked questions

**Q. I am having difficulty obtaining information relating to the PCN boundaries and practices that are within them. What can I do next?**

If having tried to obtain this information from the CCG, LMC and NHSE&I regional team, the LPC still cannot obtain the necessary information, they should contact the [PSNC Services Team](#), who will escalate the matter to the NHSE&I central team.



**Q. Is there funding for LPCs to support this work?**

No. The only national funding currently available is money for contractors via the PQS. LPCs can legitimately use their levy funding to support contractors' engagement with PCNs and the work of Pharmacy PCN Leads; PSNC would support this approach.

The ten PQS points funding increment is available for Pharmacy PCN Leads in 2019/20 to recognise some of the additional work they are likely to undertake, but additional local funding may be required if workload is very significant. The content of the 2020/21 PQS has not yet been determined, so ongoing funding for Pharmacy PCN Leads via the scheme should not be presumed.

**Q. Could we appoint an LPC representative as the Pharmacy PCN Lead for a PCN?**

Contractors, not LPCs, must appoint the Pharmacy PCN Lead. All contractors in the PCN that wish to engage in the process should be able to nominate themselves or one of their employees to stand to be the Pharmacy PCN Lead. Contractors will then decide who should be appointed as the Pharmacy PCN Lead. This may be an LPC member, but there should be no assumption that an LPC member is a default lead.

**Q. What happens if we do not have any suitable or willing candidates to be the Pharmacy PCN Lead?**

If a Pharmacy PCN Lead cannot be identified, contractors in the PCN area will not be able to claim for this element of the PQS.

**Q. By when does the Pharmacy PCN Lead need to be appointed?**

In order to ensure that community pharmacy is embedded into the work of the PCN as quickly as possible, there is a need for Pharmacy PCN Leads to be appointed as soon as possible, ideally by mid-December 2019. Contractors need to make a PQS payment claim between 3rd February 2020 and 28th February 2020; contractors therefore need to have the information on the PCN, the name of the lead and the pharmacy name and ODS code of the pharmacy where they are based as soon as possible and by 2nd February 2020 at the latest.

**Q. Can one-person represent and act on behalf of a multiple contractor when discussing the appointment of a Pharmacy PCN Lead or casting a vote?**

Yes.

**Q. If a local meeting of contractors is being organised to appoint a Pharmacy PCN Lead and a contractor within the PCN is not able to attend the meeting, can they still be involved in the collaborative working and choosing the lead?**

Yes. If a contractor is not able to attend a meeting or send a representative, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. The LPC could provide an update to the contractor following the meeting.

If a vote is to be taken at the meeting on the appointment of a Pharmacy PCN Lead, the contractor could give another individual their proxy for the vote or where the candidates for selection are known in advance of the meeting, the LPC could be sent the votes of any contractors not able to attend the meeting in advance.

**Q. What should an LPC do if they had already appointed Pharmacy PCN Leads prior to the PQS requirements being published?**

Review the approach you took to identifying the leads against the guidance and approach suggested within this PSNC Briefing. If the approach you have already taken is broadly in line with this guidance, you may just want to ensure that the contractors in each PCN are content with the choice of Pharmacy PCN Lead, in order that the PQS requirement for contractor agreement on the lead is achieved. If your previous approach was significantly at variance with this guidance, the LPC should consider whether it needs to conduct a new exercise to identify Pharmacy PCN Leads in a manner which would meet the PQS requirements.

**Q. Can an individual be a Pharmacy PCN Lead for more than one PCN?**

The role of Pharmacy PCN Lead is likely to take time to undertake on a regular basis and this workload needs to be considered by anybody putting themselves forward for appointment. Due to the local focus of PCNs, PSNC believes that, wherever possible, it is appropriate that the Pharmacy PCN Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Considering both these factors, it is technically possible that an individual working across multiple pharmacies in two PCNs could be a Pharmacy PCN Lead, however it is unlikely to be a practical option in most cases.

If you have queries on this PSNC Briefing or you require more information, please contact the PSNC Services Team via: [Services.Team@psnc.org.uk](mailto:Services.Team@psnc.org.uk).