

Community pharmacy PCN Lead survey results

Introduction

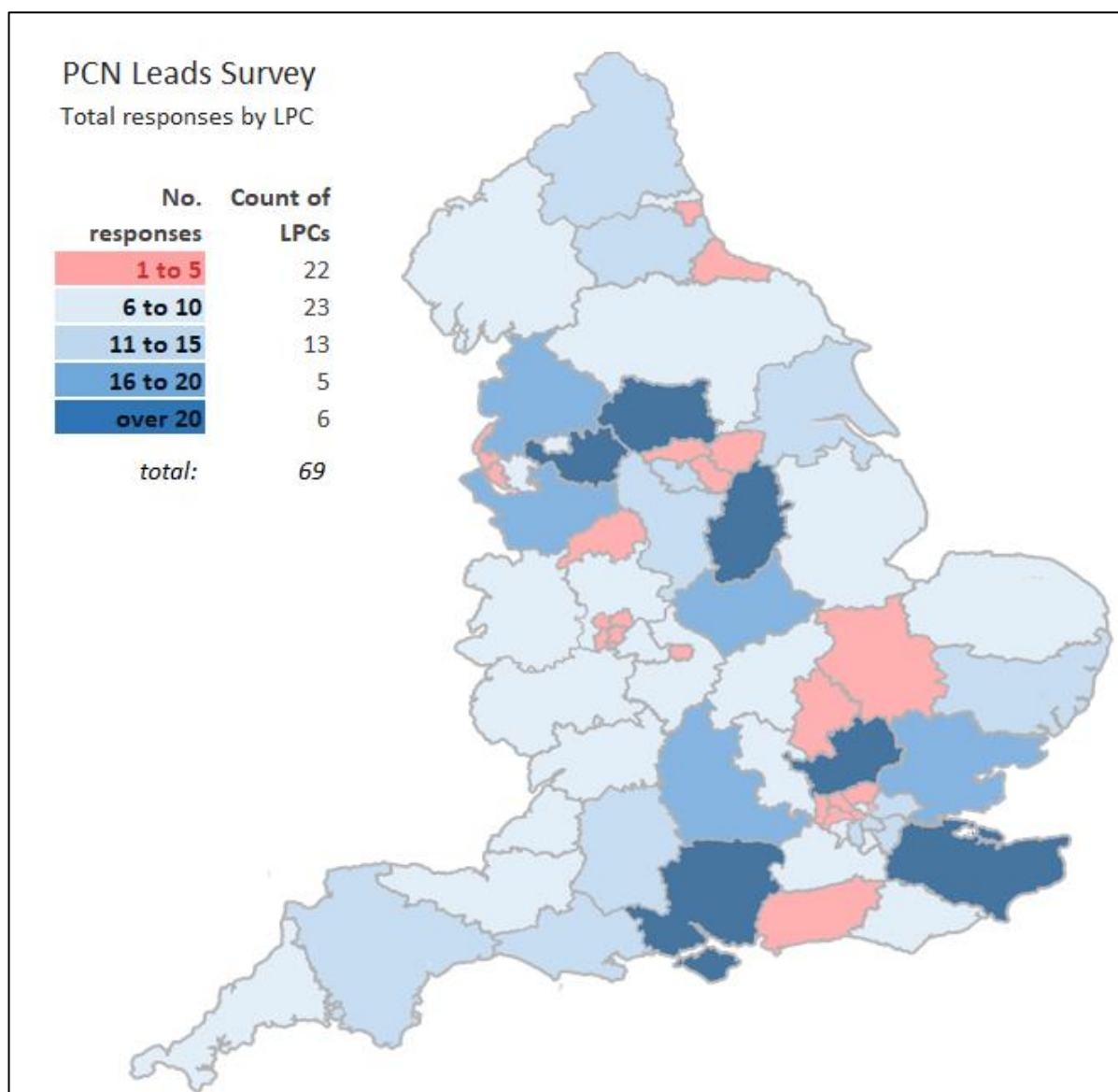
In March 2021, PSNC launched a survey for community pharmacy Primary Care Network (PCN) Leads to find out about their experience of meeting the PCN-focused activities in the Pharmacy Quality Scheme (PQS) Part 2 2020/21.

PSNC was keen to understand more about the experience of PCN leads so this could be reflected in the negotiations on the 2021/22 PQS with the Department of Health and Social Care and NHS England and NHS Improvement.

The survey closed on 14th April 2021 and 700 PCN leads completed the survey. There are 1,250 PCNs across England ([NHS England website](#)) therefore there was an approximate 56% response rate (not taking into account PCN Lead vacancies, etc.).

PCN Leads from every LPC (69 LPCs) in England replied to the survey with the number of PCN Leads replying in each LPC varying from 1 to 37 (the size of LPC areas differ greatly across the country and likewise the number of PCNs within their area).

Map 1: Number of PCN Lead responses from the different LPCs



Please note, several PCN Leads who responded to the survey entered the overarching name of the LPC rather than the individual LPC, for example, 15 people said their LPC was the Middlesex group of LPCs (which includes Barnet, Enfield, and Haringey LPC; Brent and Harrow LPC; Ealing, Hammersmith, and Hounslow LPC; and Hillingdon LPC) and 12 people said their LPC was Surrey and Sussex LPC (which includes Surrey LPC; East Sussex LPC; and West Sussex LPC). Therefore, these responses have not been included in the map above as we are unable to distinguish which individual LPC these PCN Leads were from.

Chart 1: Q. When did you take on the role of community pharmacy PCN Lead?

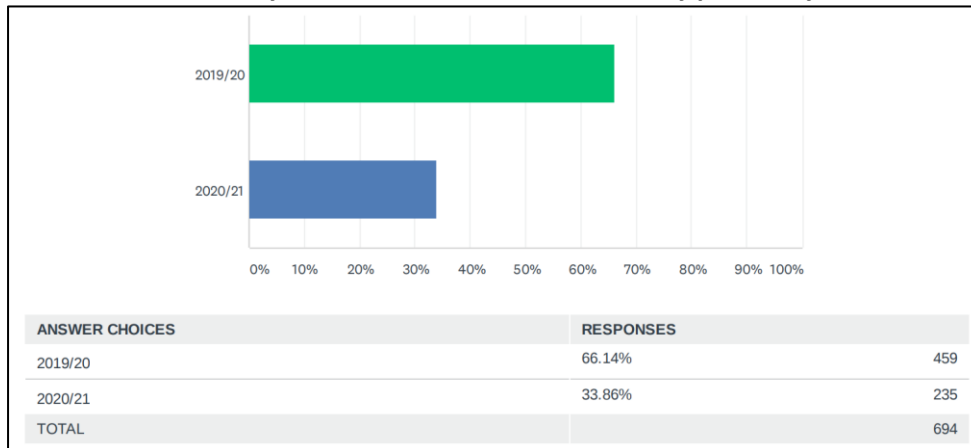
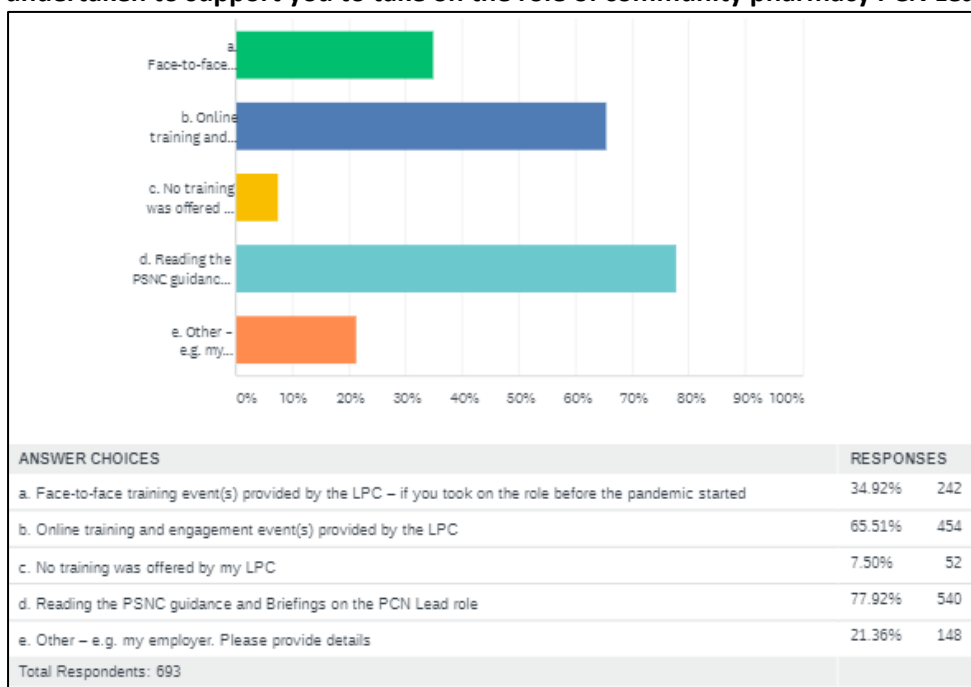


Chart 1 shows that about a third of community pharmacy PCN leads took on the role in 2020/21, which suggests there had been a relatively high number of vacancies when the PQS 2020/21 Part 2 was announced.

Training

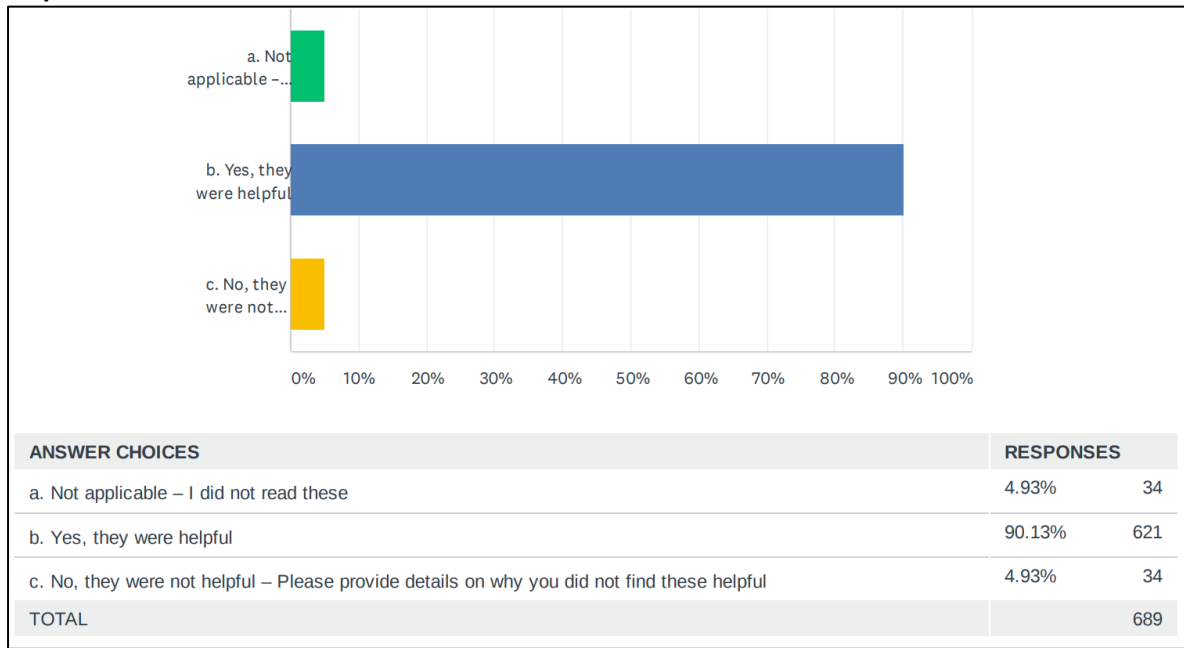
The next part of the questionnaire focused on the training that PCN Leads had received and what additional training may assist them to further develop in this role.

Chart 2: Q. For the PQS 2020/21 Part 2, what training, development and engagement have you undertaken to support you to take on the role of community pharmacy PCN Lead?



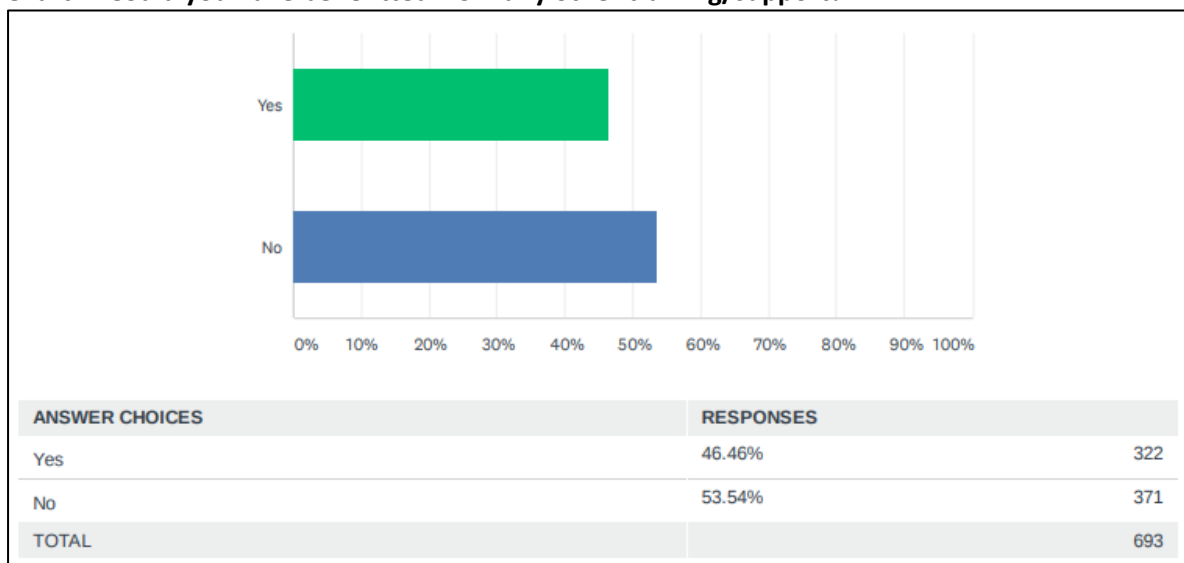
PCN Leads were asked to select all options that they had undertaken. Reading the **PSNC guidance and Briefings on the PCN Lead role** was the most popular option, followed by training and engagement events provided by the LPC. Analysis of the 'other' section also showed that 70 PCN Leads were provided with training from their employer and 20 PCN Leads had collaborated with other PCN Leads to support them to take on the role.

Chart 3: Q. If you read the PSNC guidance and Briefings on the PCN Lead role, did you find them helpful?



The survey also asked the question as to whether those that had read the PSNC guidance and Briefings on the PSNC Lead role had found them helpful. Of those that had read the guidance, 95% said they were helpful. The comments made on why the resources were not helpful will be considered when producing future resources.

Chart 4: Could you have benefitted from any other training/support?



It was almost a 50:50 split on whether PCN Leads thought they could have benefitted from other training/support.

Of those that would have liked more training/support, they were asked an additional question on the type of additional training/support they would have liked to receive (this was a free text response so the answers below have been grouped into the most common answers provided).

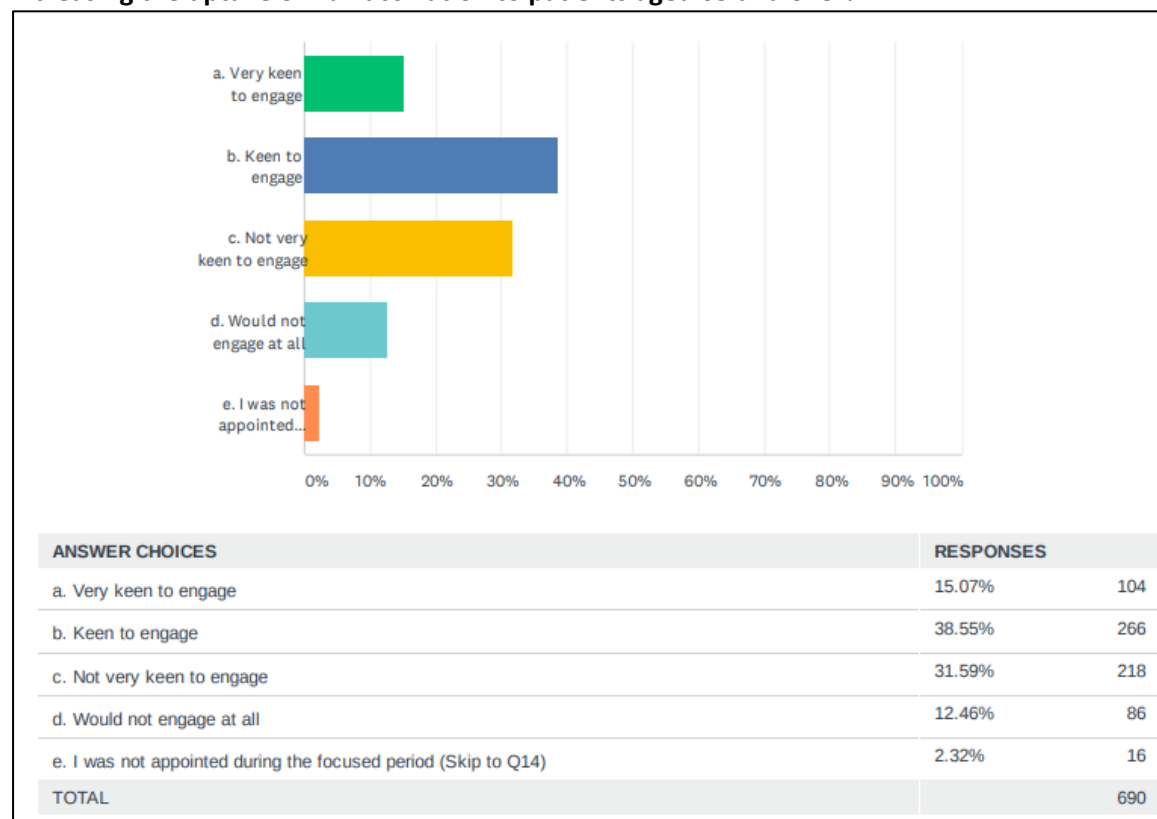
Table 1: Responses provided when PCN Leads were asked what additional training/support they would like to receive

Responses	Number of responses
More details and training on the role of the community pharmacy PCN Lead	51
Face-to-face training	33
How to engage with Clinical Directors / other PCN representatives	32
Networking opportunities with other Leads at training events	29
Online training (Zoom, webinars)	24
Additional support from their LPC	19
Understanding of PCN structure and objectives	11
More IT training (how to set up virtual meetings)	10
Support with data collation for business continuity	5
One-to-one check in ('buddy' PCN Lead)	4

Flu vaccinations

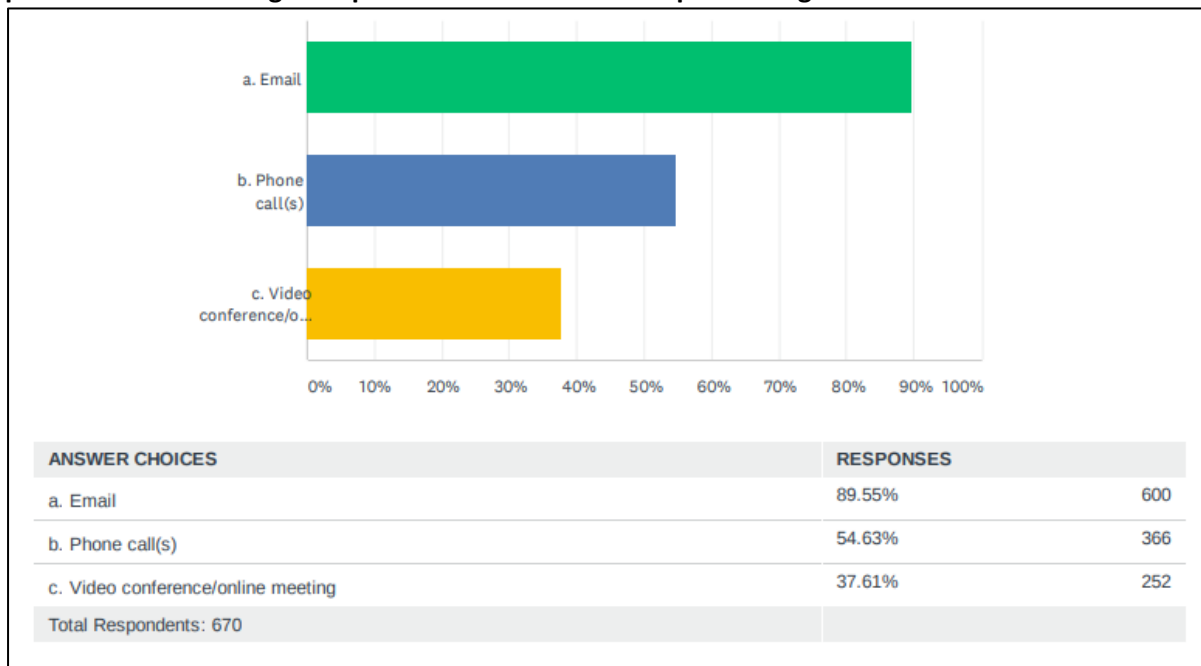
The next part of the questionnaire focused on the flu vaccination requirements from the PQS 2020/21 Part 2.

Chart 5: Q. How receptive was your PCN Clinical Director or other PCN representative in engaging with you about how community pharmacies in the PCN could collaborate with GP practices on increasing the uptake of flu vaccination to patients aged 65 and over?



There was an almost 50:50 split on whether PCN Clinical Directors (or other PCN representatives) were keen or not keen to engage on how community pharmacies in the PCN could collaborate with GP practices on increasing the uptake of flu vaccination to patients aged 65 and over. Of those that were appointed during the focused period, 55% found that their PCN Clinical Director was keen or very keen to engage and 45% found that they were not very keen to engage or would not engage at all.

Chart 6: How did you engage/attempt to engage with the PCN Clinical Director or other PCN representative to agree how community pharmacies in the PCN would collaborate with general practices on increasing the uptake of flu vaccination to patients aged 65 and over?



Email was the most popular way (89.55%) in which PCN Leads engaged or attempted to engage with the PCN Clinical Director. PCN Leads were also asked about other ways in which they engaged or attempted to engage. The most popular alternative option was that 49 PCN Leads had managed to have face-to-face meetings and 15 PCN Leads stated that they had used WhatsApp/Telegram groups to engage.

Of those that were able to engage with the PCN Clinical Director (or other relevant individual), 301 (47.4%) PCN Leads stated collaborative work had occurred. Examples of this were improved communication between community pharmacies and GP practices about availability of flu vaccines and when flu clinics were being held so patients could be signposted to the provider who had flu vaccines in stock. One PCN Lead said that it also provided the opportunity to discuss the benefits of the GP referral pathway to the Community Pharmacist Consultation Service (GP CPCS) with the PCN Clinical Director.

Of those that were able to engage with the PCN Clinical Director (or other relevant individual), collaborative work did not occur for 343 (54.02%) PCN Leads. The main reasons given for this were that the details of the flu vaccination requirement for the PQS 2020/21 Part 2 and supporting resources were published too late into the flu season, so a high number of patients aged 65 and over had already been vaccinated, hence engagement on this matter was too late for the current flu season; and that Clinical Directors were too busy working on other matters due to the pandemic.

The above demonstrates that if the flu vaccination requirement is repeated in future, the details of this in the PQS, need to be published earlier than they were for the PQS 2020/21 Part 2 to give PCN

Leads the time needed to engage with Clinical Directors before most patients aged 65 years and over, are vaccinated.

Engaging pharmacy contractors

PCN Leads were asked how easy it was to engage community pharmacy contractors (aligned to their PCN) on the work to meet the requirements in this domain. In general, the responses were very positive with 535 PCN Leads saying it was easy to engage with contractors (of these, 315 (59%) said all contractors participated and 220 (41%) said not all participated). One PCN Lead said they made a point of visiting each pharmacy in person and following this they got excellent engagement.

However, 192 PCN Leads also made comments about how it was not easy to engage contractors. The main reasons for this was an appreciation for how busy pharmacies were, as they sought to cope with the increased demand resulting from the pandemic, staff shortages, etc. There were also a number of comments about not receiving responses to emails and having to chase up contractors.

Repeating the collaborative working

PCN Leads were asked if they thought it would be beneficial to repeat the collaborative working on flu between community pharmacies and GP practices again in the 2021/22 PQS.

Nearly three-quarters (499, 74%) of those that answered the question thought it would be beneficial to repeat the collaborative working while 182 (26%) of PCN Leads did not think it would be beneficial.

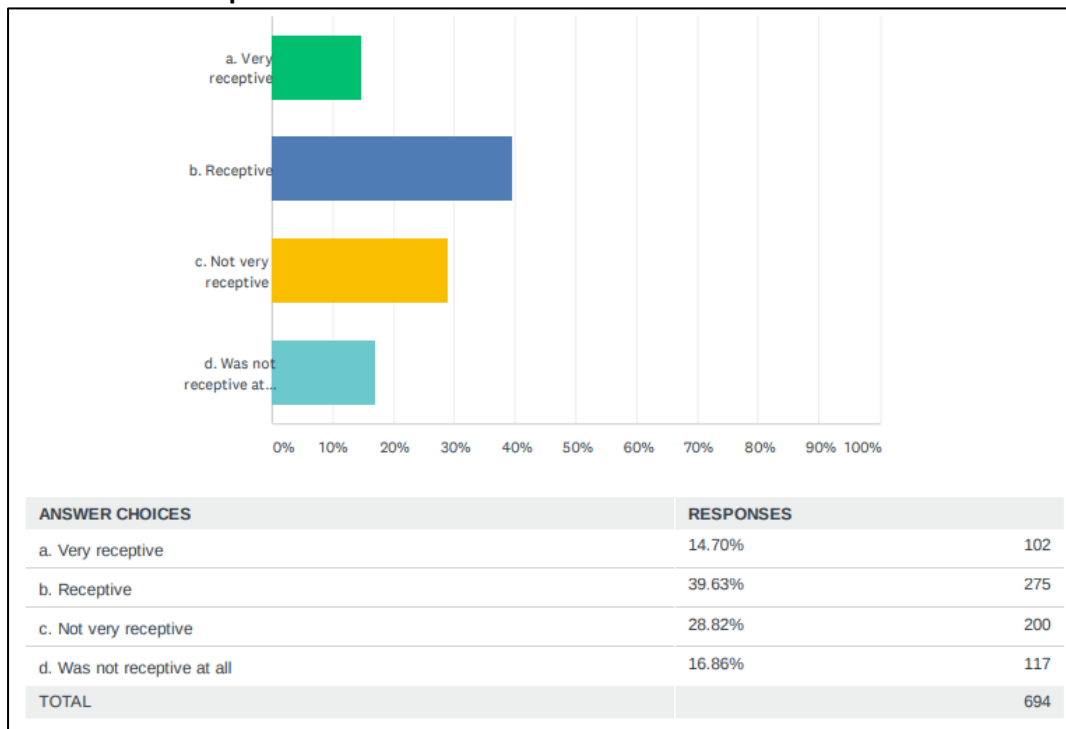
The main reasons provided as to why PCN Leads thought it would be beneficial to repeat the collaborative working were that it introduced/improved collaborative working between community pharmacies and GP practices and that it would be good to have the opportunity to build on this further by repeating this requirement in PQS. However, several PCN Leads, again, made the point that the detail of PQS need to be published earlier in the year, well before the flu season starts to ensure there is time to act in advance.

Of those that did not want to repeat the collaborative working, the main reason provided was that they had not received a positive response from their Clinical Director or that the GPs in their area did not want to engage with community pharmacy on increasing flu vaccinations in a collaborative way. They therefore did not see the benefit of repeating this requirement.

PCN Leads were asked if they had any additional comments on the collaborative working between community pharmacies and GPs requirement. The main comments made were that if the requirement is to be repeated, there needs to be more notice of this to allow collaborative working to start earlier in the year; that there are still a number of GP practices that do not want to engage/work collaboratively with community pharmacies on the Flu Vaccination Service; and that GP practices need to be incentivised (as community pharmacies are as part of PQS) to engage with collaborative work with community pharmacies [GP practices, through their PCN, were incentivised to work with pharmacies on flu vaccination uptake via the Investment and Impact Fund.].

Business continuity plans

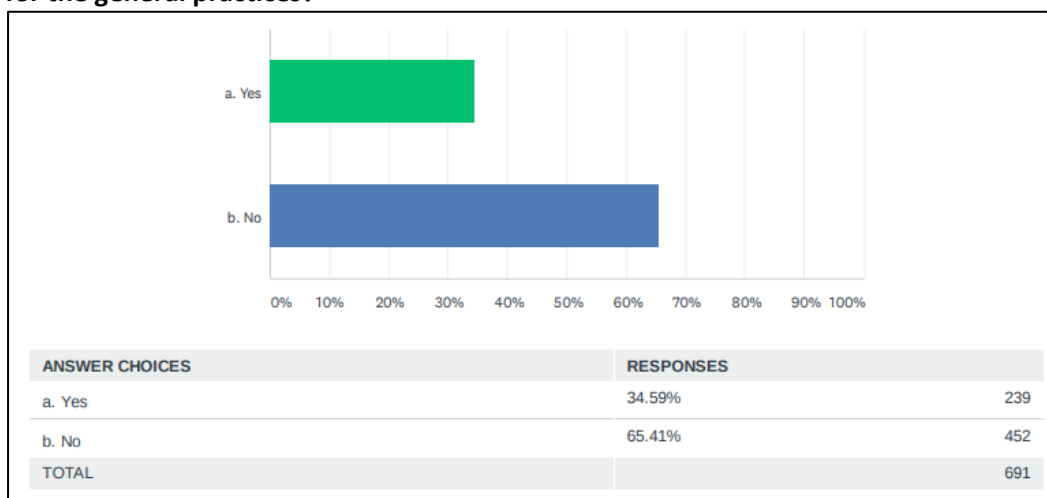
Chart 7: How receptive was your PCN Clinical Director (and other relevant individuals) in liaising with you so you could gain an understanding of the high-level business continuity plans for the general practices within the PCN, should one or more have to close or be severely compromised in the services it can provide?



Again, it was almost a 50:50 split on whether the PCN Clinical Director (or other PCN representative) were keen or not keen to liaise with the PCN Lead so an understanding could be gained of the high-level business continuity plans for the general practices within the PCN.

Of the PCN Leads who responded, 54% found that their PCN Clinical Director was receptive or very receptive to liaise and 46% found that they were not very receptive to liaise or not very receptive at all.

Chart 8: Were you provided with the appropriate details of the high-level business continuity plans for the general practices?



Although 54% of PCN Leads found their PCN Clinical Director to be receptive or very receptive to liaising with them to allow them to gain an understanding of the high-level business continuity plans for the general practices within the PCN, only 34.59% were actually provided with the appropriate details of the high-level business continuity plans for the general practices.

Engaging pharmacy contractors

PCN Leads were, again, asked how easy it was to engage with contractors aligned to their PCN on the work to meet the requirements for this domain. Of those that responded to this question, 440 said it was easy to engage contractors, with 61.6% saying that contractors participated and 38.4% saying that not all participated.

244 PCN Leads said that it was not easy to engage contractors with 66.4% saying that all contractors did participate and 33.6% saying they did not all participate.

Of the 693 PCN Leads who responded to this question, 260 (37.5%) said that they ran one meeting to achieve the requirements of the domain, 90 (13%) had to run more than one meeting to achieve this and 230 (33.2%) had to follow up with some 1:1 meetings with contractors to meet the requirements of the domain.

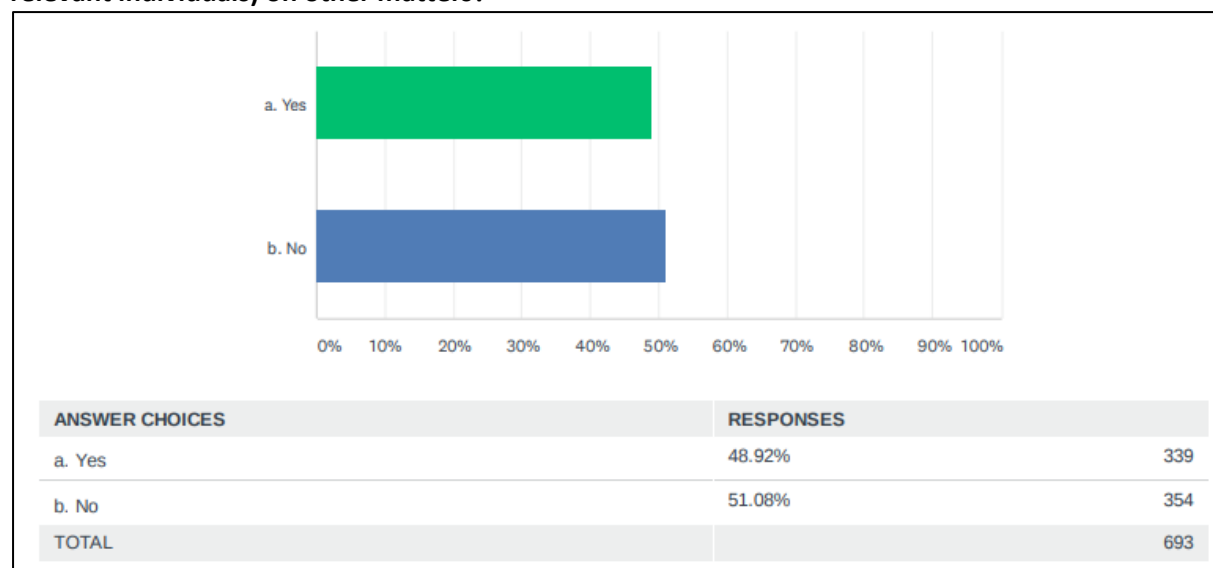
Workload to meet the PQS requirements

PCN Leads were asked how they found the workload to meet the PQS requirements (this was a free text response so the answers below have been grouped into the most common answers provided).

Table 2: Responses provided by PCN Leads when asked how they found the workload to meet the PQS requirements

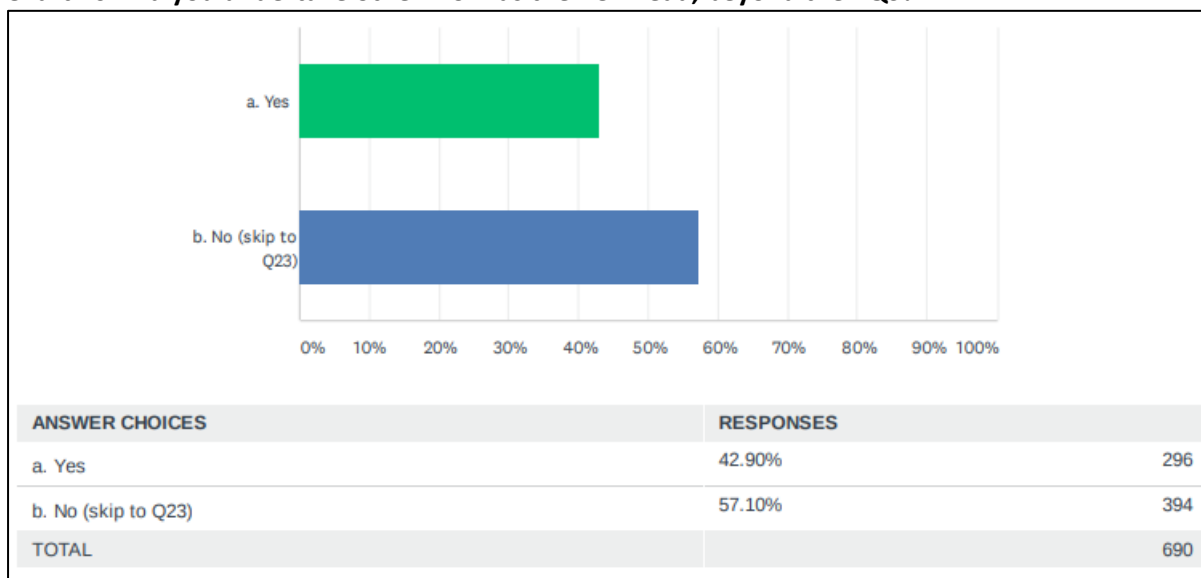
Response	Number of responses
Too much	118
More than expected	189
Manageable	278
Difficult because of the C-19 pandemic	61
Miscellaneous answers	35

Chart 9: Has this PQS engagement led to more contact with the PCN Clinical Director (or other relevant individuals) on other matters?



Again, it was almost a 50:50 split on whether the PQS engagement had led to more contact with the PCN Clinical Director (or other relevant individuals) on other matters. Of those that said the PQS engagement had led to more contact, the main examples given were that this has led to more discussions/involvement on COVID-19 vaccination plans, the Discharge Medicines Service, GP CPCS, and other locally commissioned services, as well as now being invited to regular PCN meetings.

Chart 10: Did you undertake other work as the PCN Lead, beyond the PQS?

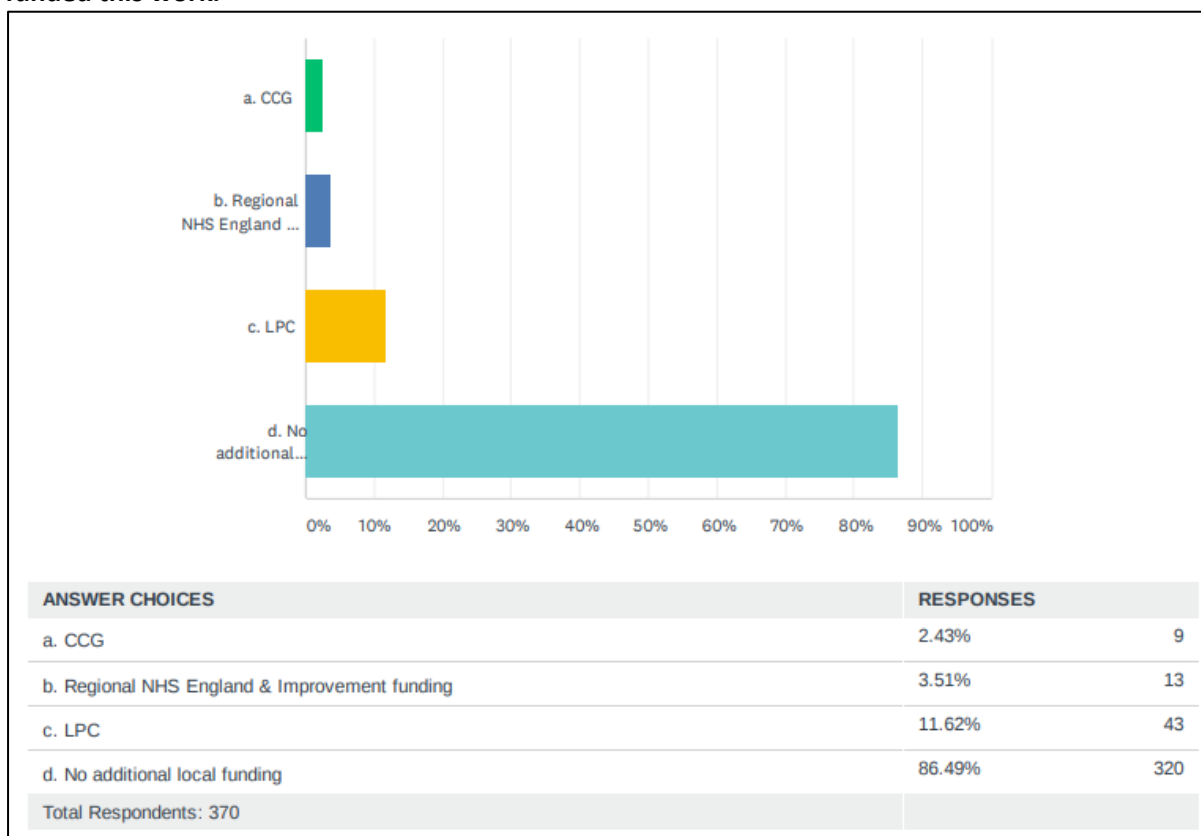


Those that answered yes to the above question were asked to provide details as to the type of other work they completed. This was a free text response, so the answers have been grouped based on the responses:

Table 3: Responses provided from PCN Leads who had undertaken other work in their role as PCN Lead

Response	Number of responses
Helping to facilitate the implementation/ rollout of GP CPCS and DMS	108
Helping to facilitate C-19 vacs for staff and facilitating pharmacy's involvement with delivering C-19 vacs	70
Attending PCN meetings/meetings with Clinical Directors/Clinical Pharmacists	45
Supporting local contractors (for example, through the distribution of relevant news/resources/guidance)	51
Attending LPC training event(s)	1
Set up a WhatsApp group	13
Miscellaneous	50

Chart 11: Was this other work supported by additional local funding? If yes, please indicate who funded this work.



The majority of PCN Leads (86.5%) said that the additional work had not been supported by additional local funding. However, one PCN Lead highlighted that their additional work had been funded by their PCN.

Additional support

PCN Leads were asked what other support would make their roles easier in the future. Again, this was a free text response, so the answers have been grouped based on the responses provided:

Table 4: Responses provided when PCN Leads were asked what other support would make their roles easier in the future

Response	Number of responses
Appropriate funding and resources (i.e., allocated time to complete the role/locum cover)	164
Clearer guidance and clarity on targets	136
More training	87
More engagement from GP surgeries	17
Regular meetings/comms with Clinical Directors and other PCN Leads	110
Administrative support	21
Miscellaneous	137

PCN Leads were also asked if they had any suggestions on how future PQS could focus on development of the PCN relationship and collaborative working between PCNs and community pharmacy. PSNC has considered these suggestions ahead of negotiations on the 2021/22 PQS.

PCN Leads were also asked if they intended to continue in their role. The question was very positively answered with 569 (84.93%) of PCN Leads who chose to answer the question saying they were planning on continuing in their role.

When asked to explain why they intended to stay in the role the following answers were provided (this was a free text response, so the answers have been grouped based on the responses provided):

Table 5: Responses provided when PCN Leads were asked why they intended to stay in the role of PCN Lead

Response	Number of responses
I enjoy the role	247
I believe that the role has led to improved collaboration between stakeholders	111
I believe that the role leads to improvements in local service delivery	17
No one else will do it	51
I must do it as a part of my job	6
I am unsure if I will be continuing in the role	39
Miscellaneous	81

A lower number of PCN Leads (105, 15.67%) indicated that did not intend to continue in the role. Again, they were asked for the reason for this (this was a free text response, so the answers have been grouped based on the responses provided):

Table 6: Responses provided when PCN Leads were asked why they did not intend to stay in the role of PCN Lead

Response	Number of responses
The role takes too much time	26
The role is not worth the effort	8
I am unsure if I will be continuing in the role	9
Miscellaneous (e.g. imminent retirement, moving location etc.)	20

Summary

There was a very mixed response to several of the questions in the survey indicating that some PCN Leads have successfully engaged and built relationships with their Clinical Director (or other PCN representatives) whereas others have struggled to be able to do this for several reasons.

The success stories are great to hear and the value of collaborative working between community pharmacies and GP practices has been demonstrated in several areas. However, the survey has also demonstrated that there is still additional work to be done locally and nationally to support PCN Leads in their roles and to build those relationships locally.

With 84.93% of PCN Leads intending to continue in their role, there is a great opportunity to further develop this group to continue to improve collaborative working across the country between community pharmacies and GP practices and to establish relationships with the PCN Clinical Directors.