

August 2021

## PSNC Briefing 028/21: Pharmacy Quality Scheme – Guidance for LPCs on the Primary Care Network domain

The [Pharmacy Quality Scheme \(PQS\) 2021/22](#) includes one domain which seeks to encourage pharmacies to collaborate and work together as part of on-going steps to engage effectively with [Primary Care Networks \(PCNs\)](#).

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 will earn:

- 10 points (a minimum value of £677.50) for a non-Pharmacy PCN Lead contractor in a band 4\* pharmacy; or
- 10 points plus 10 extra points (a minimum total value of £1,355) for a Pharmacy PCN Lead contractor in a band 4\* pharmacy.

\*Most pharmacies will be in Band 4. This band is for pharmacies which dispensed an average prescription volume between 60,001-150,000 items annually in the 2020/21 financial year.

#### Primary Care Network (PCN) – Flu Vaccination

On the day of the declaration, the non-Pharmacy PCN Lead contractor must provide:

- a declaration that the contractor has engaged with the Pharmacy PCN\* Lead and agreed to be involved in increasing the uptake of flu vaccinations to patients aged 65 and over by the provision of flu vaccinations;
- the total number of eligible patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022;
- the name of the PCN\* to which they have aligned;
- the name of the appointed Pharmacy PCN\* Lead for the PCN\*; and
- the pharmacy name and ODS code for the Pharmacy PCN\* lead.

The following must be submitted by the contractor where the Pharmacy PCN\*\* Lead is based:

- a declaration that the Pharmacy PCN\*\*\* lead has engaged with the PCN Clinical Director to agree how community pharmacies in the PCN\* will collaborate with general practices to increase the uptake of flu vaccinations to patients aged 65 and over;
- the total number of eligible patients vaccinated by the contractor under the community pharmacy seasonal influenza vaccination advanced service between 1st September 2021 and 31st January 2022;
- the ODS codes of the pharmacies who have engaged in the process for increasing the uptake of flu vaccination to patients aged 65 and over;
- a declaration that they are the appointed Pharmacy Lead for that PCN\*\*\*;
- the name of the PCN\*; and

- a declaration that the Pharmacy PCN\*\*\* lead has notified the Local Pharmaceutical Committee in which the PCN\* lies that they are the appointed pharmacy Lead for the named PCN\*.

\* Where a PCN has disbanded and the pharmacy is no longer able to realign with another PCN, the pharmacy should collaboratively work with the other pharmacies in the disbanded PCN area as agreed with the NHS England and NHS Improvement regional team for that area. In order to receive payment this needs to be agreed in advance of the declaration with the regional team in conjunction with the Local Pharmaceutical Committee.

\*\* Where a PCN Lead does not provide a flu vaccination service themselves they will only be entitled to claim for this domain the points related to the PCN leadership (i.e., 10 points for each band); and they will not be entitled to claim for contributing to the increase in uptake of flu vaccinations. For example, a band 4 PCN Lead, who does not provide the flu vaccination service, will only receive 10 points related to the PCN leadership and they will not be entitled to the max 10 points for contributing to the increase in uptake of flu vaccinations.

\*\*\* For pharmacies in a disbanded PCN area this will be the pharmacy lead for the area, agreed with the NHS England and NHS Improvement contract manager for that area.

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

Since the formation of PCNs, all 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 continue to 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 these criteria and wider engagement with their PCN by supporting and re-engaging their Pharmacy PCN Leads to help them understand what is needed of them to achieve the criteria in the PQS PCN domain. Additionally where an LPC confirms a Pharmacy PCN Lead does not want to continue in the role, or has left the role, LPCs can assist the contractors to select a new Pharmacy PCN Lead by advertising the role to the contractors in the PCN and supporting the process through which contractors select a new 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 continue to be achieved in a stepwise manner is provided below.

LPCs will already have done some, if not all of these activities, but where a review of progress has not already been undertaken, LPCs should consider acting before the end of October 2021 to ensure there is sufficient time for the tasks to be completed before the end of December 2021, at the very latest.

### Step 1 – Reconfirm 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 – Reconfirm the PCN member practices and geographies within the LPC area

While LPCs previously provided this information for contractors, general practices can review their decisions to be involved with PCNs and stay signed up to the Network Contract Directed Enhanced Service (DES) specification every year. There have been several changes in the DES specification and consequently, some practices may choose not to sign up to the DES. In some locations there have been both changes to the PCN composition and even dissolution of the PCN entirely. Accordingly, LPCs are advised to contact their Clinical Commissioning Groups (CCGs), Local Medical Committee (LMC) or regional NHSE&I team who 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 used to review the LPC held information and where needed, update it, and then share it with 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 check the decisions they made in the PQS 2020/21 with regards to which PCN they choose to align to. New contractors in the area and those that did not participate in the PQS in 2020/21, but do wish to participate in the PQS 2021/22, will need to review the practice mapping and confirm to the LPC which PCN they are aligned to. 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 is the primary PCN 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.

Where there have been changes to PCN composition and boundaries and LPCs can identify this, it is advised that the LPC highlight these changes to contractors and recommend they review their alignment. Contractors should also be advised to notify the LPC if they need to change the PCN they are aligned to. 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.

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<sup>1</sup> Distance selling pharmacies are expected to be able to provide services to patients across England, rather than focusing 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.

Note - contractors do not have to participate in this aspect of the PQS, or with 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 – Checking and / or updating the 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, re-engaging Pharmacy PCN Leads and appointing a Pharmacy PCN Lead where needed

Having identified the contractors within each PCN, and where the LPC has identified that there is no Pharmacy PCN Lead appointed, or a change needs to be made, the next step the LPC should 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 video or teleconference for contractors at PCN level; or
- organising a larger virtual meeting of contractors from multiple PCN areas, where group discussions can occur in breakout rooms for contractors in each PCN. This could be part of a meeting which also briefs contractors on PQS and the specific requirements of the PCN domain. Such sessions could provide contractors with insights into Pharmacy PCN Lead successes and how the role has developed so far within the LPC. It also presents an opportunity to share best practice.

Ahead of any such local meetings, LPCs could support contractors to identify suitable candidates to act as Pharmacy PCN Leads where a Lead is not appointed, or where a change is needed, 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 may 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 requirements include the need for a Pharmacy PCN Lead to liaise with the PCN on the PCN PQS domain, therefore it is necessary for contractors to appoint a Pharmacy PCN Lead if they wish to participate in these aspects of the PQS. Contractors in a PCN who do not appoint a Lead will not be able to declare against the PCN domain in PQS for 2021/22. The decision of Pharmacy PCN Lead appointment must be made by the contractors; it is not a decision to be made by the LPC.

Where LPCs are struggling to identify a suitable Lead, they are advised to highlight the vacancy to the head offices, regional and area field leaders that represent multiple contractors and the superintendents or owners of any small multiples that have pharmacies within that PCN, to marshal support in light of the impact of no appointment being made.

### 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 029/21: 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 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 (new and existing)

Any candidates seeking to be appointed as a Pharmacy PCN Lead, or who was previously appointed and is continuing in the role, 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 (this is available on the [PCN resources page of the PSNC website](#)) 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.

As an alternative, there is also [PSNC Briefing 031/21: Guidance for LPCs and Pharmacy PCN Leads on the role of a lead and the support that should be offered](#) which could also be used by an LPC and Pharmacy PCN Leads to agree the responsibilities of the Lead, and some of the dos and don'ts aligned to the role.

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 to 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 still a relatively 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 2021/22 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 will be required if activities are required beyond the scope of the PQS requirements. The content of the 2022/23 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 as part of their declarations 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.

A template to assist LPCs or Pharmacy PCN Leads with providing this information to contractors is available on the [PCN resources page of the PSNC website](#). This template can then be kept by contractors as part of their evidence for compliance with the requirements of the PQS.

## Step 8 – Supporting Pharmacy PCN Leads

In response to the new PQS PCN domain, LPCs should consider how they can provide support to Pharmacy PCN Leads. An immediate action that all LPCs should be able to take, is to support the Pharmacy PCN Lead to contact the Clinical Director in their PCN. Ideally, this would be by the LPC flagging the forthcoming approach of Pharmacy PCN Leads and introducing the Clinical Director to the PQS PCN domain. A template and briefing to support this approach is available on the [PCN resources page of the PSNC website](#).

This would then allow the Pharmacy PCN Lead to follow-up with the Clinical Director, to secure a meeting to discuss the PQS requirement related to PCNs and any other matters of mutual interest. A template and briefing to support both new and existing Pharmacy PCN Leads follow-up with their Clinical Directors is available on the [PCN resources page of the PSNC website](#).

For new Pharmacy PCN Leads, an initial discussion 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 element of the PQS specifically related to the PCN and then any other PQS elements with relevance to general practice, such as the anticoagulation audit, respiratory domain, the antimicrobial stewardship criterion and the weight management criterion; and
- other elements of the 5-year CPCS of relevance to GPs, particularly the GP Community Pharmacist Consultation Service (CPCS).

Another immediate action that LPCs could consider, is to host a Pharmacy PCN Lead engagement event to help Pharmacy PCN Leads understand the detail of the PQS PCN domain in the PQS 2021/22, and what is required of them as Leads. A template agenda to support LPCs with this approach is available on the [PCN resources page of the PSNC website](#).

An engagement event to support Pharmacy PCN Leads with the PQS PCN domain could include:

- A reminder of the roles, responsibilities and principles of being a Pharmacy PCN Lead;
- An overview of the PQS PCN domain for 2021/22 and the scope of their role;
- The contractor survey to gather baseline data ahead of contractor meetings;
- Engagement with PCN Clinical Directors on PQS and other topics, including sharing of best practice and feedback from Leads in the LPC where previous contacts have gone well, and relationships have progressed;
- Contractor meetings and suggested agendas and discussion points;
- Formulating your PCN flu plans;
- Support the LPC will provide; and
- Resources available via PSNC and other bodies.

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, such as Health Education England (HEE), may have resources and development opportunities which Pharmacy PCN Leads could access, and LPCs may be able to help identify these to Leads.

## 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 or instant messaging groups 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 the remainder of 2021 and for 2022.

## 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:

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

## Frequently asked questions

Frequently asked questions on PCNs can be found on the [PQS FAQs page](#).

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