

September 2021

PSNC Briefing 035/21: Primary Care Networks – plans for 2021/22 and 2022/23

This PSNC Briefing summarises the key points of relevance to community pharmacy in the NHS England and NHS Improvement (NHSE&I) guidance on [Primary Care Networks – plans for 2021/22 and 2022/23](#) published on 24th August 2021.

The guidance details plans for the gradual introduction of new service requirements for Primary Care Networks (PCNs) and confirmation of how PCNs will access the funding available for their activities through the [Investment and Impact Fund \(IIF\)](#) – an incentive scheme for PCNs – across the second half of 2021/22 and 2022/23.

LPC Chief Officers may want to read the NHSE&I guidance in full, but this PSNC Briefing provides a summary of the key points for LPC members, community pharmacy PCN Leads and community pharmacy contractors.

Areas of focus

There are five PCN areas of focus for 2021/22 and 2022/23:

1. Improving prevention and tackling health inequalities in the delivery of primary care;
2. Supporting better patient outcomes in the community through proactive primary care;
3. Supporting improved patient access to primary care services;
4. Delivering better outcomes for patients on medication; and
5. Helping create a more sustainable NHS.

There are four of these areas of focus that have links to community pharmacy.

Improving prevention and tackling health inequalities in the delivery of primary care

Flu vaccination service

Both GPs and community pharmacy teams are being incentivised similarly on the delivery of flu vaccinations to facilitate a collaborative approach in a PCN. GPs have an IIF indicator for the percentage of patients aged 65 years or over who receive a seasonal influenza vaccination between 1st September and 31st March, with a threshold of between 80-86%; this is also part of the criteria for pharmacy teams to help achieve in the PCN domain of the Pharmacy Quality Scheme (PQS). Incentives for both GPs and community pharmacies should support collaboration, with Pharmacy PCN Leads engaging with the PCN Clinical Director to agree how community pharmacies in the PCN can collaborate with GPs on the Flu Vaccination Service.

CVD diagnosis and prevention

From 1st October 2021, a PCN must improve diagnosis of patients with hypertension, in line with [NICE guideline NG136](#), by ensuring appropriate follow-up activity is undertaken to confirm or exclude a hypertension diagnosis where a blood pressure of $\geq 140/90$ mmHg in a GP practice, or $\geq 135/85$ in a community setting, is recorded. As part of this, PCNs must work pro-actively with community pharmacies to improve access to blood pressure checks, in line with the [NHS community pharmacy hypertension case finding service](#).

In 2022/23, PCNs must ensure processes are in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between pharmacies and GP practices, in relation to the NHS community pharmacy hypertension case finding service.

Tackling neighbourhood health inequalities

As part of wider activities to tackle health inequalities, by 31st December 2021, PCNs and local commissioners must jointly utilise available data on health inequalities, to identify a population within the PCN experiencing inequality in health provision and/or outcomes, working in partnership with their Integrated Care System, including local medical/pharmaceutical committees, and local authority commissioners. They must then agree an approach for engagement with the selected population to understand the gaps in and barriers to their care. Following this engagement activity, they must define an approach for identifying and addressing the unmet needs of the population, finalising a plan to tackle the unmet needs of the selected population by 28th February 2022, which is then implemented from 1st March 2022 and throughout 2022/23.

Community pharmacy's general work on public health, including Healthy Living Pharmacy activity and locally commissioned community pharmacy services may be able to support PCN's work on health inequalities.

Supporting improved patient access to primary care services

There are two IIF indicators which relate to the Community Pharmacist Consultation Service (CPCS) to encourage engagement with the service:

- In 2021/22, to work collaboratively with local community pharmacy colleagues to develop and commence delivery of a plan to increase referrals via the GP referral pathway to the CPCS, with referral levels increasing by no later than 31st March 2022; and
- In 2022/23, to make at least 34 referrals via the GP referral pathway to the CPCS.

PSNC has repeatedly called for targets to be introduced to encourage general practice referrals to be made to the CPCS, so this is a welcome development, but we would have preferred a more ambitious target level for 2022/23 to ensure patients, general practices and the NHS get the maximum benefit from the CPCS.

Delivering better outcomes for patients on medication

Much of the work PCNs will undertake in this area will involve the provision of Structured Medication Reviews by the PCN's clinical pharmacists. There are additionally several medicines safety indicators related to the co-prescribing of NSAIDs and anticoagulants or antiplatelets which community pharmacy teams have previously supported action on through clinical audits and the PQS. The 2021/22 PQS community pharmacy oral anticoagulant safety audit will also support the work of PCNs in relation to some of the medicines safety targets.

Help create a more sustainable NHS

Pharmacy teams may start to see changes in prescribing to help create a more sustainable NHS.

Two indicators aimed at reducing carbon emissions related to inhalers will commence in October 2021:

- Dry Powder Inhalers (DPIs) and Soft Mist Inhalers (SMIs) offer a low-carbon alternative to Metered Dose Inhalers (MDIs). From October 2021, the IIF will reward increased prescribing of DPIs and SMIs where clinically appropriate. The aim is that, in line with best practice in other European countries, by 2023/24 only 25% of non-salbutamol inhalers prescribed will be MDIs; and
- Salbutamol MDIs are the single biggest source of carbon emissions from NHS medicines prescribing. From October 2021, the IIF will also reward increased prescribing of salbutamol MDIs with lower carbon intensity propellant. The ambition is to reduce the mean propellant (F-gas) carbon intensity of salbutamol inhalers prescribed in England to 11.1kg by 2023/24. This reflects the fact that the carbon intensity of salbutamol inhalers varies widely across the available products in use in the UK.

Research, to be published later in the year, suggests that the majority of patients with asthma using MDIs would change device for environmental reasons as long as the new inhaler was efficacious, easy to use and fitted their current routine, and that they could change back if needed. Additional guidance and advice will therefore be provided alongside rollout of these indicators to support shared decision making and patient choice of inhaler.

From 2022/23, the IIF will reward PCNs for increasing the percentage of patients with asthma who are regularly prescribed an inhaled corticosteroid (ICS, or preventative inhaler), where clinically indicated. As well as improving patient health, it is envisaged that this incentive will also enable reductions in unnecessary short-acting beta agonist (SABA) prescribing (and therefore carbon emissions) by improving disease control.

A further incentive will directly reward PCNs for achieving these reductions in avoidable SABA prescribing. The aim is that, by 2024/25, 90% of patients on the asthma register will be regularly prescribed an ICS, while only 10% will be prescribed six or more SABA inhalers per year (a marker of poor disease control); the guidance refers to pharmacy teams who have taken part in previous PQS who have proactively identified and referred patients with asthma who have markers of poor disease control.

The guidance refers to the new PQS requirement for pharmacy teams to actively encourage the return of unwanted or used inhalers for more sustainable disposal and also highlights that pharmacists can provide a New Medicine Service consultation, including an inhaler technique check, for patients prescribed an inhaler for the first time or those who are changing or have changed to a new inhaler device during the pandemic.

Funding to support PCN leadership

NHSE&I have allocated £43m in funding to support PCN leadership and management, stating it will be for PCN clinical directors to recommend how it is deployed to create new capacity in support of the work of PCNs.

PSNC commentary on the PCN requirements

Many of the new PCN targets relate to work which community pharmacy teams are also involved with, via the PQS or new Community Pharmacy Contractual Framework services which will be introduced in 2021/22. This deliberate alignment is part of NHSE&I's ongoing attempts to support greater collaboration and team working across primary care, particularly between community pharmacy and general practice.

PSNC broadly welcomes this, but there are areas where greater ambition could be shown, particularly in relation to the target referral levels to the CPCS.

To maximise local collaborative working, there is an important role for LPCs and community pharmacy PCN leads to play, but that does require adequate resources to be available to support this work. It is therefore very disappointing that while NHSE&I has chosen to provide additional funding for PCN leadership, it would not agree to additional funding from outside the pharmacy global sum for community pharmacy PCN leads when PSNC sought this in the 2021/22 negotiations.

Local funding for this work may be obtainable by LPCs, including by PCNs choosing to use some of their new leadership and management funding to support collaborative work undertaken by pharmacy PCN leads. PSNC is working with LPCs to support them to seek such local funding.

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