

Practice Based Commissioning (PBC)

Bulletin 5 – Pharmacy and PBC

Purpose of this series of PBC Bulletins:-

- To keep PCTs up-to-date and in touch with progress and key issues
- To share information, examples and resources through the Primary Care Contracting (PCC) network and website
- To highlight any new or important perspectives on PBC that arise during 2006
- To help sustain PBC development through PCT organisational change

This Bulletin expands on the information included in Bulletin 3 – *“Inter-professional Involvement in PBC”* by focussing specifically on the role that pharmacists can play within Practice Based Commissioning (PBC), specifically community pharmacists, but also PCT employed pharmacists, PCT pharmacy advisors and practice based pharmacists. It is aimed at PCTs, SHAs but also practices and other local commissioning groups. It can also be used as a tool by pharmacists in planning strategic and operational involvement in PBC.

Key points in this Bulletin:

Commissioning and Pharmacy – Developing a Strategic Approach

- the commissioning process - what is commissioning
- strategic planning
- skills for effective commissioning
- finance, efficiency gains and supporting recovery plans
- added value
- the contracting process
- governance arrangements
- monitoring and effective audit
- reconfiguration of PCTs/SHAs – impact of *“Commissioning a Patient Led NHS”*

Pharmacy and Service Development/Redesign

- potential service provision
- working in partnership with GPs, nurses and allied healthcare professionals (AHPs)
- the management of long term conditions (LTC)
- A&E/admissions avoidance, unscheduled care
- the role of supplementary and independent prescribing
- effective medicines management
- patient and public involvement (PPI)
- sharing information and examples of best practice

Best Practice Examples

Working examples of effective commissioning/service development already implemented by Pharmacists.

Appendices:-

Top Tips for Effective Engagement

(Summary of points for effective engagement of Pharmacy in practice based commissioning)

Engagement Checklist

(Checklist for PCTs and Pharmacists to measure engagement)

Context

Effective and efficient primary care commissioning is essential to improving the quality of and access to services for patients. The White Paper *Our Health, Our Care, Our Say* sets out a range of key priorities for the NHS as a whole. These include:

- improving health and wellbeing
- reduction in health inequalities,
- more effective management of long term health conditions
- improving access to services
- moving services from hospitals into the community
- improving quality standards
- working closely with all stakeholders within both primary and social care and the independent sector.

These challenges will only be met if there is effective collaboration between all professional groups. Pharmacists have specific strengths and clinical expertise to contribute to commissioning and planning services. Community pharmacists can provide patient and population intelligence to inform commissioning decisions, deliver innovative services to meet identified needs and inform and support patients so they get the best from services. PCT and practice pharmacists have wide ranging experience including management of prescribing and other budgets; improving medicines management; primary care contracting and service redesign; influencing clinicians; using data and clinical messages to change behaviour; undertaking needs assessment and providing strategic and operational pharmaceutical advice to primary care, community health and social services colleagues.

“Effective relationships and partnership will be needed if commissioning is to ensure the maximum benefit for the health and well-being of local populations” (“Health Reform in England – Update and Next Steps”, DH, 13th December 2005).

Whilst the main aim of *“Practice Based Commissioning – “Achieving Universal Coverage”* is to engage fully with general practice, this is just one cornerstone of effective commissioning. Through PBC, all primary care professionals will address such questions as “is this service needed?” “Is it needed in this form?” “Where should the patient be treated?” “Can it be in primary care?”.

Prescribing, alongside PbR tariff services are the minimum scope of services that must be included in the indicative budgets taken on if practices choose to engage in PBC. Pharmacists have a significant role to play in engaging in PBC as they will likely be involved in the part of the budget that covers prescribing. Practices, if they are to be effective in their own aims and objectives, should engage with clinical colleagues, especially pharmacists, to assist in the planning, redesign and commissioning of services. Whilst pharmacists must be active in efforts to engage, PCTs should also support this process so that better relationships and involvement are cemented. Engaging with pharmacists early will mean a better identification of quick wins as well as a better sense of the overall direction and vision for improved care in the community for patients.

The new community pharmacy contractual framework provides opportunities to support PBC in both planning and provision. Pharmaceutical needs assessment and control of entry decisions enable PCTs to influence pharmacy provision to reflect the needs of the population. Essential services, which all pharmacies are expected to provide, such as support for self-care, signposting and advice on healthy lifestyles, can improve health and reduce demand on local health services. Pharmacists managing repeat medication through repeat dispensing can free up GPs to treat patients with more serious conditions, who might otherwise have been referred to hospital. Through Medicines Use Reviews and clinical medication reviews, pharmacists can identify problems that patients are having in taking their medicines and help resolve them before they become more serious, preventing unnecessary hospital admissions. As pharmacists with a special interest develop in parallel with all other clinicians with special interests, they can play an active role in bringing services out into primary care that have historically required patients to travel to a hospital.

These, and other developments, may be commissioned as local Enhanced Services under the community pharmacy contractual framework, or provided in other ways such as by NHS-employed practice support pharmacists. Local groups such as Pharmacy Development Groups are well placed to facilitate pharmacists working in all fields of practice, including community, hospital and primary care, to work together across a locality and be active in the Practice Based Commissioning agenda.

Commissioning and Pharmacy – Developing a Strategic Approach

Engaging Pharmacy in Commissioning

Understanding of commissioning in community pharmacy, and the implications and opportunities for pharmacy businesses is still evolving. The active involvement of pharmacy within strategic commissioning has been significant in some areas. This has been in the form of:-

- active leadership and involvement in all forms of medicines management within PCTs;
- enabling informed multidisciplinary decisions at PCT boards and professional executive committees (PECs) as PEC members, PEC chairs and pharmaceutical advisers;
- supporting the identification of gaps in service provision. There are examples at the end of this bulletin where there has been active engagement in service redesign, but it is important to see how these sit within the context of commissioning;
- inclusion of a community pharmacy representative in locality PBC groups;
- joint working between LPCs and LMCs;
- involving hospital pharmacists in service redesign planning, considering how best to use their specialist skills in redesigned care pathways, and considering the effect of service changes on the hospital pharmacy team.

The opportunities provided by the new community pharmacy contractual framework, pharmacy needs assessment processes, and governance should be included in the wider strategic commissioning plans of PCTs, locality groups and PBC consortia or cluster groups.

To begin with all must recognise what is meant by commissioning in the context of pharmacy and how this can support improvements to patient care. Commissioning is the prerequisite to the identification, procurement, and monitoring of health services, bringing about effective service development and change. PCTs need to continue their collaborative working approach to include Pharmacists in looking at commissioning options:

- are these to be locality based, consortia based, clinically led or individualised care pathways,
- how will contracting routes be established (eg setting service specifications),
- how will service integration be assessed

Examples where a collaborative approach works is in development of multi-disciplinary enhanced services; pharmacist-run clinics in GP practices; minor ailment schemes contributing to local demand management; etc

Strategic Planning

PCT Pharmacy teams possess many skills and knowledge bases vital to PBC, including influencing skills to change referral behaviour; highly developed data & information management skills for presenting referral and activity data; ability to actively identify where medicines and pharmaceutical care is needed in each care pathway; service redesign; integrate PBC related data and messages into practice prescribing visits and practice support activity; and many more. Strategic planning for PBC must take this resource and opportunities into account and use them.

PCTs should collate and review the information they already have across their organisation in relation to pharmacy. PCTs will currently be monitoring the implementation of the community pharmacy contractual framework, including visits to pharmacies. In addition to the valuable information from the Pharmaceutical Services Needs Assessment (PNA), this provides an ideal opportunity to consolidate knowledge between PCT management teams, including pharmacy demographic locations, staff information, premises capacity and any development plans, and current and potential service provision.

PCTs will wish to identify the particular skills amongst the local pharmacy community and add these to their corporate skills directory (see “PBC – Early Wins and Top Tips” February 2006)

PCTs should share strategic visions for PBC with pharmacists through formal documentation and local dialogue. Where available, strategic pharmacy leads (PEC representatives/locality pharmacy

leads/pharmaceutical advisors/LPC representatives) should be included to inform this process. Similarly, PCTs should consider how best to use the local implementation of the community pharmacy contractual framework to further integrate community pharmacy into PBC.

Once prepared, PBC business plans, as outlined in PCT and PEC board papers, should be shared with local pharmacists supported by awareness raising of commissioning principles, terminology, strategic vision, ensuring that awareness is raised with more potential stakeholders. PCT led planning meetings, open discussion forums and consortia/locality group meetings should include pharmacy representation. PCTs should aim to improve communication and joint working with Local Pharmaceutical Committee (LPC) representatives and pharmacy development groups.

Skills for Effective Commissioning

PCTs should discuss with pharmacists what they can offer to the planning process. GPs and PCT Commissioning teams are already working together on analysis and validation of activity data, analysing health services capacity, looking at the patient journey and care pathways, assessing the impact of new technology and mapping commissioning to performance targets. Pharmacists can be actively involved in all of these processes – using their particular skills and knowledge to provide local and patient specific information about the key role of medicines and pharmaceutical care.

Finance – Efficiency Gains and Supporting Recovery Plans

Although indicative budgets currently can only be held by providers with registered lists, pharmacists with the necessary skills can add value to the restructuring of PCT business and local delivery plans. They can give specific attention to related prescribing costs, assessing the financial opportunities and implications of medicines management initiatives and contributing to performance management targets. PCTs can also consult with Pharmacists in terms of the provision of information and thereby make recommendations for services which actively promote value for money and cost saving initiatives. PCTs remain the accountable body for provision of services and for ensuring financial balance but can accept, where they meet certain criteria, and agree business cases from primary care stakeholders for consideration of investment where there are predicted and actual efficiency gains.

Added Value

In addition to fully using the skills of pharmacists employed within PCTs and practices, PBC groups should start working with Community Pharmacists to focus on short term actions that can be the building blocks of sustained, long term involvement and the successful implementation of PBC. PCTs should ensure that there are dividends for investing in Community Pharmacy's contribution to PBC.

PCTs and PBC Consortia groups/practices should be setting out what they feel Community Pharmacy's added value is to strategic priority areas such as demand management, out of hours service provision and the management of patients with long term conditions. In addition, service redesign planning should include consideration of any effect on the hospital pharmacy workforce, and use their specialist skills and advice as appropriate. For example, a study at Guys and St Thomas' (Bednall R, McRobbie D, Duncan J and Williams D. Identification of patients attending Accident and Emergency who may be suitable for treatment by a pharmacist. *Family Practice* 2003; 20: 54-57.) showed that 8% of A&E admissions could be dealt with by Community Pharmacists. PCTs may wish to support the development of Pharmacists with Special Interests (PHwSIs) to undertake extended roles and support specialist areas of chronic disease management. A national framework for PHwSIs will be published shortly on the PCC website.

The Contracting Process

PCTs should ensure that PBC is implemented transparently, fairly and with utmost probity, including any involvement of community pharmacy.

There should be awareness of any potential conflicts of interest and commercial sensitivities that may arise when considering the fair and equitable commissioning of Community Pharmacy provided services, and it is essential to work in partnership with LPCs at every stage. All healthcare professionals should declare their interest if they have involvement in service procurement and hold positions of authority within the PCT (PEC/Board/Locality groups etc) and appropriate procurement governance measures should be systematically built in (see procurement toolkit at the NHS Purchasing and Supply Agency (PASA) website www.pasa.nhs.uk which outlines the legal process for purchasing health care services). Directions in

relation to Primary Care procurement are awaited from the Department of Health and will be available via the DH and PCC websites shortly.

Governance Arrangements

PCTs are currently undertaking contract monitoring and governance reviews as part of their overall contract monitoring process. Recently governance requirements have been revised and updated in line with new requirements. Pharmacists are in an ideal position to inform the clinical governance agenda for PBC locality groups and to support practice integration into PBC locally.

Monitoring and Effective Audit

PCTs need to monitor how Community Pharmacy integrates into the PBC process – one way is to link this to the Strategic Tests for the new contractual framework (www.psn.org.uk/contract www.dh.gov.uk www.primarycarecontracting.nhs.uk). SHAs could consider including PBC as an indicator in the assessment of delivery against the Pharmacy Strategic Tests, especially given the focus within those tests on integrating community pharmacy through effective commissioning and encouraging innovative service provision. Monitoring tools for PBC are under development and should be applied locally to include assessment of the contributions and efficiency gains potentially made by Community Pharmacy services and be linked to the wider existing pharmacy assessment tools.

PCTs should consider a measurement of multidisciplinary engagement on locality boards and ensure that there is equity of access for patients and the public to Community Pharmacy provided services throughout the locality and wider PCT area, supporting the White Paper challenge to ensure equity and access for all.

It is paramount that commissioning plans fulfil local patient needs as described in the overall population health needs assessment, pharmacy needs assessment and public health agenda.

Reconfiguration of PCTs/SHAs – Impact of “ Commissioning a Patient Led NHS”

Bulletin 3 refers in detail to considerations that PCTs should give to the management of change and uncertainty as PCTs adopt the recommendations of *Commissioning a Patient Led NHS* (DH, 26/8/2005) www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/CommissioningAPatientledNHS and reconfigure. At a time when management within PCTs is changing, and financial budgets and infrastructure are being reviewed, it is too easy to lose momentum. Full engagement of all key stakeholders is needed to deliver the early wins from PBC.

Pharmacy and Service Development/Redesign

Service Provision

The pharmacist, as a community-based clinician, can strengthen patient engagement with service planning by providing care at the most appropriate point of contact, helping to identify gaps in patient care pathways, providing pharmaceutical, practice-based and other services that contribute to demand management and admission avoidance, and supporting the choice agenda.

In order to support this, PCTs should ensure that their information strategy includes proposals for full engagement of pharmacy. The development of the electronic patient record, and NHS Connecting for Health's agenda for Electronic Prescription Service, should be utilised by Pharmacists to support service redesign and provision, especially for potential independent prescribers.

In addition to the proper utilisation of essential and advanced pharmacy services, the range of enhanced services which could be developed or integrated within or alongside PBC includes:-

- screening
- monitoring including anticoagulation, blood pressure, and blood-glucose ,
- medicines management
- immunisation
- patient education
- community pharmacy services such as minor ailment or stop smoking schemes
- practice-based services such as pharmacist-run clinics, switch programmes for maximum quality and cost-effectiveness, etc

Working in partnership with GPs/Nurses and Allied Healthcare Professionals (AHPs)

Partnership approaches to PBC add considerable value to effective planning and service improvement. Partnership maximises use of existing resources and skills, pooling of experience influences, contributes to effective health promotion and helps to improve and enhance governance. Pharmacists bring different and valuable skills to the multidisciplinary team, including expertise on medicines use, compliance and concordance, prescribing effectiveness and ensuring that medicines are properly considered at all parts of care pathways and service redesign.

Management of Long Term Conditions (LTC)

PBC brings an opportunity to build on work already achieved through the implementation of the new community pharmacy contractual framework in providing services for people with long term conditions. Pharmacists can make a significant contribution to the care of patients with long term conditions at population management, disease management and case management levels of service provision, through support for admissions avoidance and in effective medicines management.

Pharmacists should be included in locality/practice commissioning decisions when designing new services, including unscheduled care and long term condition care pathways. Community Pharmacists support access in a number of ways; patients appreciate the longer opening hours that they provide during the evening and at weekends. They can also assist with disability discrimination act (DDA) standards and where appropriate carry out DDA assessments, provide reasonable adjustments to support medicines taking , which in turn supports patients remaining well at home..

Pharmacists actively support patient involvement via self care initiatives such as health promotion, minor ailment schemes, and the delivery of medicines use reviews (MURs) in partnership with GP colleagues.

Pharmacists can liaise effectively with secondary care pharmacy colleagues in developing patient and carer understanding of medicines following discharge from hospital. This can be supported by Pharmacist-led long term condition clinics. In March 2006 the Royal Pharmaceutical Society of Great Britain launched a Strategic Plan for Pharmacists titled "*The Self Care Challenge*" (www.rpsgb.org.uk) which not only provides advice for Pharmacists but can also support PCTs in their self care management processes.

A&E and admissions avoidance/unscheduled care

Prevention of A&E attendance can be supported by minor ailment services provided by community pharmacists - national evidence suggests that up to 8% of A&E attendance could be avoided by use of a minor ailment service.¹ Many people attending A&E require treatment for minor ailments, pain relief or urgent medication – all of which can be managed by pharmacists. As the vast majority of GP practices have closed at weekends this potential workload has increased. With direct access to support from Community Pharmacists, through arranged service programmes, there can be savings via admissions avoidance and unscheduled care provision.

Unscheduled care can be commissioned as part of the overall PBC Strategy. There are existing examples of Community Pharmacists providing emergency Primary Care Services. In Harrow PCT 20 Community Pharmacists are on a rota to supply a pre-determined list of medicines (including palliative care medication) from midnight to 9.00 am seven days a week. Medication is made available within one hour of a request from the OOH provider.

Effective Medicines Management

There is a wealth of pharmacy expertise in PCTs, including PCT medicines management and prescribing teams, who have skills in analysing and advising on:

- the cost effective use of medicines;
- improving medicines use by patients;
- medicines in care pathways and service redesign;
- management of prescribing budgets;
- commissioning of community pharmacy services;
- effective use of information and data to support commissioning;
- supporting early discharge, reduced readmission and admission avoidance by effective use of medicines;
- engaging with secondary care clinicians to address interface prescribing and medicines issues
- liaison on medicines issues with social services and intermediate care.

These experts should be included and actively engage in the development of services and patient care pathways. PBC consortia groups and practices should work closely with pharmacists on all of the above and more. Ongoing pharmacy input into public health and liaison with wider community health services and social services should be encouraged.

The role of Supplementary and Independent Prescribing by Pharmacists

National legislation has enabled an increasing number of pharmacists to gain accreditation as supplementary prescribers following robust training. These trained pharmacists can, in partnership with the GP and patient, play a far larger role in the care of long term conditions through practice or pharmacy-based clinics, domiciliary care, and care home visits. Supplementary prescriber pharmacists can be community pharmacists, General Practice-based, or hospital pharmacists, but all can only prescribe in partnership with both GP and patient and within the constraints of an agreed Clinical Management Plan. National legislation and professional regulatory changes will soon allow pharmacists to become independent prescribers and broaden the possibilities for using the whole range of pharmacists' skills. Use of such skills could have enormous potential for demand management and effective community-based services, and should be considered as part of Practice Based Commissioning service redesign. .

Patient and Public Involvement (PPI)

PCTs appreciate that public involvement in the procurement and commissioning of primary care services is essential. Community pharmacists already have a close relationship with the public and can be used to capture patient input and opinion in relation to the commissioning and delivery of services. Pharmacists can also provide a strong communication link with patients and support needs assessment within the community. Involvement of community pharmacists within patient representation forums (PPI groups) is already working successfully in some PCT areas and is to be encouraged.

¹ MeReC Briefing October 2004 'Community Pharmacy Minor Ailment Schemes' www.npc.co.uk

Sharing information and examples of Best Practice

PCTs are advised to look to examples of implementation where pharmacy has been actively integrated into strategic commissioning planning (see appendix B). The recent White Paper encourages PCTs to integrate their commissioning vision with neighbouring bodies such as social services and local councils in order to realise maximum benefit. An example of this is to be seen in the London *Older People's Development Programme* www.london.nhs.uk/olderpeople/medicines-management where London PCTs have incorporated medicines management into the Single Assessment Process (SAP). Community pharmacists prepare a pharmaceutical care plan in consultation with the patient, monitor progress and maintain contact with social services care team.

Involvement of the LPC in promoting examples of good practice already working in locality areas should be encouraged. PCTs need to look at how networks share experiences and understanding, looking wider at social services commissioning processes and joining these models together where they are effective. Examples of implementation are available both locally and nationally, for example via PCC website www.primarycarecontracting.nhs.uk

Implementation Examples

- Community pharmacists in Hillingdon deliver a primary care diabetes management service, available to all adults taking medication for the condition. Each patient has a consultation with the pharmacist at least six times a year. Pharmacists agree referral criteria with GPs for problems, such as intolerable side-effects, that cannot be resolved in the pharmacy.
Further details: www.medicines-partnership.org/projects/current-projects/diabetes-programme. A review of the 12 month outcome data is available at 'Pharmacy diabetes scheme benefits patients. PJ news 2005 274 671'. www.pharmj.com
- A pharmacy-based anticoagulant clinic (blood-testing, supply and associated support) has been running in the North East of England for many years. Before the clinic, all patients had to travel to the general hospital. This severely inconvenienced patients who often spent half a day on what is now a ten-minute appointment. Audits have shown that therapeutic control in the pharmacist-led service is at least as good as that previously provided by the hospital.
Contact: Noel Dixon, Dixon and Spearman Pharmacy. Tel: 01207 235281.
- "High Street Testing" pilot in 22 pharmacies in Manchester. These are providing clinical services and point of care diagnostic blood tests for diabetes and cardiovascular disease. This is part of a DH sponsored push to move testing from hospital labs into the community as highlighted by Lord Warner -
http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4118780&chk=wSUs6%2B
- In Sutton & Merton PCT community pharmacists run a holistic lifestyle health care management programme for individual clients who attend three community centres as part of the Merton Horizons HLC. The pharmacists provide a range of services including screening, lifestyle advice (including stop smoking advice) and support to improve medicines compliance. The service is specifically aimed at addressing health inequalities.
Contact: Dinesh Patel, Merton Sutton and Wandsworth LPC Secretary. Email mswipc@compuserve.com.
- The Pharmaceutical Care for Vulnerable Elderly scheme in Hull and East Yorkshire: Patient hospital discharge information is faxed to community pharmacists for high risk patients – such as those aged over 75 or on complicated dosage regimens – if hospital admission has been due to medication problems. The community pharmacist visits the patient at home for a medication review, produces a care plan and continues to monitor the patient.
Contact: Graham Hill, Professional Development Pharmacist, East Riding and Hull LPC. Email ghill@tinyworld.co.uk.
- In Camden, the Greenlight pharmacy provides an outreach diabetes service to the Bangladeshi population with type-2 diabetes. It includes a review of patients medication, blood-pressure monitoring and group education sessions
Contact: John Foreman, Green Light Pharmacy. Email john.foreman@lineone.net.
- In Richmond community pharmacists provide care for patients with mental health problems, following the closure of the Richmond Royal hospital pharmacy. It enables patients to receive a treatment path designed specifically for them which may include monitored dose systems, instalment dispensing at pre-agreed intervals and regular dispensing process. A rapid response system enables community pharmacists to access consultants or nurse specialists, should additional issues need to be discussed.
Contact: Terry Silverstone, Kingston Richmond and Twickenham LPC Secretary. Email TPSCPS@aol.com.
- Community pharmacists in Harrow provide counselling, support and the provision of NRT to people wanting to quit smoking. The PGD for NRT covers everyone within the product license and other high risk groups – pregnant women, young people 16 and over and those with CHD. Community pharmacists also outreach the service to large employers and the local hospital. The service is community pharmacy led and from April 2004 GPs have no longer had to prescribe NRT on NHS prescription.
Contact: Riaz Esmail, PEC Pharmacist. Email Riaz@fairviewpharmacy.co.uk.

- A community pharmacist in Dorset educates people about diet, nutrition and weight management, referring them to a GP when appropriate. A weight management programme includes Lipid, Blood Pressure and Diabetic Screening as well as dietary and lifestyle counselling. The service also provides education programmes in schools.
Contact: Roger King Email: r.king.lpc@btconnect.com
- In Adur, Arun and Worthing PCT, the Head of Prescribing and Pharmacy is one of the PBC locality leads. All 3 locality PBC groups have access to PCT pharmaceutical support, and have included community pharmacists in facilitated PBC planning & implementation events. One locality has voted to also include a local community pharmacist LPC member on the PBC Steering Group.

Additional Information

The following Documents will give additional information in relation to Pharmacy and Primary Care Commissioning:-

"Our Health, our care our say: a new direction for community services" (DH, January 2006)
www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf

"Health reform in England: Update and next steps" (DH, December 2005)
www.dh.gov.uk/publications

Practice Based Commissioning: Early Wins and Top Tips (DH, February 2006)
www.dh.gov.uk/publications

Practice Based Commissioning and Community Pharmacy (NPA Spring 2006, Issue 19)
www.npa.co.uk

"Practice Based Commissioning: Delivering Universal Coverage" (DH, January 2006)
www.dh.gov.uk/publications

"New Contractual Framework for Community Pharmacy" (DH, April 2005) for England and Wales
www.psn.org.uk/contract www.dh.gov.uk www.primarycarecontracting.nhs.uk.

"Creating a Patient-led NHS: Delivering the NHS Improvement Plan" (DH, January 2006)
www.dh.gov.uk/publications

"The Self Care Challenge – A Strategy for Pharmacists in England" (Royal Pharmaceutical Society of Great Britain, March 2006)
www.rpsgb.org.uk

"New Contractual Framework for Community Pharmacy" (DH, April 2005) for England and Wales
www.psn.org.uk/contract www.dh.gov.uk www.primarycarecontracting.nhs.uk.

"Long Term Conditions: Integrating Community Pharmacy's Contribution" (RSPGB, March 2006)
www.rpsgb.org

Reference should also be made to the Primary Care Contracting PBC Bulletin 3 – Multi-professional involvement in PBC which links to the information within this Bulletin
www.primarycarecontracting.nhs.uk

Next PCC Bulletin: PBC and the Public

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Top 10 Tips for PCTs

Helping PCTs and Commissioning Groups to get the most out of Pharmacy in Practice Based Commissioning

Don't forget Pharmacists contribute both to Commissioning and Service Delivery

1. **Strategic Planning** – Link your pharmacy strategy with your commissioning strategy, this includes reference to knowledge obtained through the new pharmacy contractual framework, including the pharmaceutical needs assessment, skills audit of pharmacy staff, location of pharmacies and local intelligence held by community pharmacists.
2. **Effective Communication** - Make sure people know how to find out about your PBC Plans. For example Public and Patient Involvement Forums and local contractor groups (*NB: PBC is not an exclusive activity – GP Fund holding. Its about patient- focussed clinically led commissioning in partnership with Patients, Carers, Primary Care Health Care Professionals, PPIF and PCTs*)
3. **Stakeholder Awareness** - Ensure that PBC stakeholders know who each other are and support them in establishing a contact network. Are your meetings planned at a time convenient for all?
4. **Collaborative Working** - PCTs need to work collaboratively with stakeholders on setting out, in their plans:-
 - Commissioning options (Locality based, Consortia based, Clinically led, individualised care pathways)
 - Contracting routes (eg setting service specifications)
 - Services planned (How do these fit into the new pharmacy contractual framework and locally commissioned enhanced services? Look for early win/wins – lipids, EHC)
5. **Added Value** – Look at the local development plan and set out where community pharmacy can add value. In other words, “How can pharmacy contribute to strategic priority areas such as demand management, out of hours services, management of long term conditions and accident and emergency admissions?”
6. **Implementation Success** - Making it happen – start small, think big – focus on achievable short term actions that can be built on and lead to more encouraging greater community pharmacy involvement in PBC (ensuring PCTs get dividend for investing in Community Pharmacy's contribution to PBC)
7. **Spreading Best Practice** – What local PBC networks are there? Is the LPC involved? How do networks share experience and know how (*for example East Sussex and Hertfordshire SHAs, Watford and Brent PCTs*).
8. **Effective Partnerships** - Think outside the box for new partnerships – specifically looking at areas such as Social Care (*eg Social Services commissioning process*). Examples of Best Practice should be easily accessible)? (*eg PCC website*)
9. **Contracting** - Ensure PBC acts transparently, fairly and with utmost probity. PCTs should be alive to potential conflicts of interest that might arise when considering commissioning of pharmaceutical services. Those involved in PBC should declare any interests and conform at all times to the PCT's governance standards (see PCC Bulletin 2 “*Governance Issues*”. December 2005). PCTs should note that commissioning of pharmaceutical services remains their responsibility under NHS legislation.
10. **Monitoring and Audit** – how are you going to know that PBC embeds community pharmacy contribution (see also Strategic Tests for new community pharmacy contractual framework)

Understanding Practice Based Commissioning Guide for PCTs when Engaging Pharmacists

This questionnaire aims to serve as a tool to support PCTs in assessing the levels of involvement of Pharmacists in the Practice Based Commissioning (PBC) agenda. It aims to assess the level of knowledge and engagement with PCTs and other constituent stakeholders in the strategic aims of the local commissioning agenda to improve access to services for patients.

PCTs and Pharmacists can jointly complete the following checklist to assess their levels of knowledge and engagement in the PBC process and to identify areas where value could be added.

Knowledge and Engagement with PCTs

Are you aware of the DH initiatives around Practice Based Commissioning?	Yes	No
Have you read the DH guidance?	Yes	No
Have you been contacted by your PCT in relation to PbC?	Yes	No
Do you have any current involvement in commissioning:-		
Via your PEC	Yes	No
Via the LPC	Yes	No
Via links with Practices or PBC Groups?	Yes	No
If your PCT is involved in the NPDT PBC programme- are you connected to the Local Improvement Team and the plans for service re-design?	Yes	No
Other (Please describe):-		

(Continued/...)

Community Pharmacists – How to add value within a Reconfigured Commissioning Environment

How/where do you feel you could add additional value to service commissioning and extended provision?
What levers would support increased involvement?

Access to Local Commissioning Groups

Do you have involvement in local commissioning groups? <i>(If "Yes" please give brief details)</i>	Yes	No
Has remuneration for backfill been an issue? <i>(If "Yes" please give brief details)</i>	Yes	No
Does your PCT have a PbC/Pharmacy sub group?	Yes	No
Has there been Community Pharmacy Involvement in discussions with Acute Trusts? <i>(If "Yes" please give brief details)</i>	Yes	No