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PSNC Briefing 066/13: Working with CCGs and GPs – a suggested checklist for LPCs

England's 211 Clinical Commissioning Groups (CCGs) are responsible for £65bn of the £95bn NHS commissioning budget. They plan and commission hospital care and community and mental health services for their local population. All GP practices have to be members of a CCG, and every CCG board will include at least one hospital doctor, nurse and member of the public. CCGs commission NHS services, but they cannot commission pharmaceutical services.

Developing relationships with CCGs is clearly a high priority action that all LPCs have been working on over the last year. Likewise enhancing relationships between local pharmacy contractors / community pharmacists and GPs continues to be a priority for many LPCs, as good local working relationships can support team working that improves patient care and helps support LPC work with CCGs.

This PSNC checklist for LPCs contains suggestions of the work that LPCs can undertake to develop their relationships with CCGs and to help local contractors/pharmacists build relationships with GPs.

We suggest this checklist is discussed by your LPC so members can:

- receive an update on relevant work already underway;
- agree a plan for future work with CCGs/GPs; and
- ensure execution of the plan is appropriately monitored by the LPC.

Contracts for local services

1. Make sure existing locally commissioned services (former PCT commissioned Enhanced services) that have been transferred to the CCG have been done so in line with NHS England guidance and that payment mechanisms are in place. Identify any which have been transferred to CCGs in error and work with the NHS England Area Team (AT) and the CCG to determine how this situation will be managed. *PCLS 030/13 CCG commissioning of community pharmacy services – an update* for more information on commissioning of services.
2. Typically contracts will have been transferred to the CCG and rolled forward for 6 to 12 months after which time the services will need to be re-commissioned or will be de-commissioned. Make sure service outcomes are being captured during this time to support a future decision on re-commissioning.
3. Make sure contractors understand the importance of delivering the services in line with the service specifications and to the desired quality and volume. Failure by contractors to deliver services to the required standard will virtually guarantee that other potential providers will be considered at the point of re-commissioning and could jeopardise future commissioning opportunities for years to come.
4. The standard NHS contract will be used by CCGs when services are re-commissioned. LPCs should have a good understanding of the contract and the clauses that need particular attention. To develop your understanding of the contract:
    - Review the PowerPoint presentation from the *CCG commissioned services - what and how* breakout at this year's PSNC Community Pharmacy Conference;

- If your LPC sent a representative to the PSNC's Procuring and Commissioning Seminars make sure they feedback to all LPC members and review the PowerPoint presentation from the event;
- Read the PSNC guidance on the NHS standard contract (to be issued soon); or
- Study the NHS standard contract and accompanying guidance.

5. Thoroughly review any contracts based on the NHS standard contract sent to the LPC for comment and take legal advice if necessary. See also *PCLS 039/13 NHS Standard Contract - NHS Protect requirements*.

Planning and preparation

6. Make sure all LPC members are familiar with the recent NHS changes and what the local landscape looks like in your area. There have been numerous articles and guides in the pharmacy press and from the pharmacy bodies on the new landscape. The recently published Department of Health Guide to the new healthcare system provides a helpful summary of the system and the new bodies operating within it. *PCLS 025/13 Briefing on the New Healthcare Landscape* provides an update on many recent developments.
7. Make sure all LPC members are familiar with the structure of the GP contract and recent changes that have been imposed by DH. In 2010 PSNC published jointly with NHS Employers and the BMA a guide for GPs on community pharmacy; there was a similar document for pharmacists *The GP practice - a guide for community pharmacists and pharmacy staff.* Both guides are still available on the PSNC website and an updated version of both documents will be published soon. The document on GP practices and the recently issued summary of the changes to the GMS contract (PCLS 047/13) is highly recommended reading prior to any discussions with GPs.
8. Study your CCG website in particular the CCG's priorities, commissioning intentions and plans.
9. Identify pharmacy friendly GPs who can act as allies and can influence the CCG on your behalf.
10. Identify GPs with a special interest or CCG Board members who are leading policy on clinical areas where community pharmacy can make a difference, e.g. diabetes or respiratory disease.
11. For community pharmacy, CCGs may wish to commission services such as minor ailments services, palliative care schemes, enhanced MURs and other medicines optimisation services. Based on your local knowledge, local needs and the priorities of your CCGs, identify services likely to be of interest to the CCG and GPs and research them on the PSNC Services Database to find examples of such services already commissioned and supportive evidence. LPCs may find it more effective to identify one or two services tailored to the local need and use these as a 'hook' for discussions rather than setting out a stall of everything that is possible and seeing if there is any interest. Make sure any proposed pharmacy service can be integrated as a part of a disease pathway rather than being a service provided in isolation from the rest of primary care. Discuss your initial proposals with the GPs identified in 9 above.
12. Have your key messages prepared: the accessibility of community pharmacy, pharmacist's local knowledge, and how community pharmacy can help GPs achieve local priorities. Be prepared to deal with challenges made on the benefits of MURs and NMS. Make use of the following resources: *The Community Pharmacy – a guide for general practitioners and practice staff GPs; Community Pharmacy Services – briefing for GP practices; PSNC PowerPoint presentation for briefing GP practices; CPPE NMS detailing card; Joint letter to LPCs and LMCs from PSNC, BMA and NHS Employers; PSNC community pharmacy PowerPoint presentation.*
13. Pick your moment - if CCGs and leading GPs are intensely focused on dealing with local problems, such as A&E waiting times or the contract with local hospitals, they may not see community pharmacy as a priority and a hard sell may not be appreciated and could be counterproductive. But do go to them - don't expect them to come to you – so you can get a first-hand understanding of what their current challenges are. With that information you may be able to open their eyes to how community pharmacies can help address some of their challenges in ways they may not have considered.
14. Make sure your contractors are willing to deliver any services you may propose, if your efforts are successful – see relationship building below.

Relationship building

15. Attend CCG meetings, where possible, to develop relationships with key players on the CCG Board and to network with others. Some may be pro-pharmacy and some may be sceptical, e.g. about the value of MURs or the role of the pharmacist. A presentation to the Board may be possible in order to sell community pharmacy services – see the PowerPoint's from PSNC's recent LPC Support seminars on Presentation Skills and Networking Skills.

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16. Some pharmacists are on the Boards of CCGs, others feel involvement with CCG subcommittees such as the prescribing or medicines management subcommittee is the most effective way to influence the CCG. LPCs report that the single most effective way of initially getting involved is by leveraging existing relationships with key GPs or personnel transferred across from the PCT to the CCG. Is your LPC working on those relationships?
17. One of the most important ways that the LPC can help is supporting contractors with their relationship with their local GPs. Encourage and if possible support local GP/ pharmacist meetings perhaps at the local practice. PSNC is preparing a case study on how such a meeting was set up and tips on making such a meeting a success.
18. Consider if and how you can use the Local Professional Network (LPN) as a vehicle to achieve your objectives, in particular enhancing relationships between community pharmacies and GP practices.
19. Make sure your pharmacy contractors are aware of the importance of enhancing their relationships with local GPs and know about the resources listed above which they can use in discussions with GPs.
20. In order to enhance local relationships, consider providing joint training sessions for community pharmacists, GPs and practice nurses on a topic of mutual interest, such as respiratory disease and inhaler technique. This could be organised with the LPN, CCG and the LMC.
21. Consider how you can support your pharmacy contractors to share examples of where their services, such as MUR and NMS, have made a real difference to patients with local GPs and CCG leaders.
22. Consider proposing the development of a local project focussed on a key issue for the CCG, GPs and community pharmacy which can use multi-disciplinary working to enhance local relationships. For example, a joint project to improve the care of people following discharge from hospital could be undertaken, making best use of the MUR and NMS services.
23. Use the LPC newsletter and website to keep contractors up to date on the work you are doing with GPs on their behalf and stress the need to engage with services and to deliver them to a consistently high standard to increase the chance of re- commissioning. Update them nearer the time on what will happen at the end of the roll forward period and what support is available from the LPC, as commissioners may want to deal direct with the contractor.

Governance

24. Research by the British Medical Journal indicates that 426 (36%) of the 1,179 GPs in executive positions on CCGs have a financial interest in a for-profit provider outside their own general practice. Stories in the national press have highlighted these potential conflicts of interest and many LPCs will be aware of issues locally. DH has introduced regulations to control the potential for problems. The NHS (procurement, patient choice and competition) (No.2) Regulations 2013 impose legal duties on NHS England and on CCGs to ensure good practice in relation to the procurement of health care services for the purposes of the NHS; to ensure the protection of patients' rights to make choices regarding their NHS treatment and to prevent anti-competitive behaviour by commissioners with regard to such services. LPCs should be alert to breaches of governance and can seek advice from PSNC if need be. Please report serious concerns to PSNC, as in addition to giving guidance on how to manage these situations, the examples are very helpful to use in our discussions with DH and NHS England.

Nationally

25. Please let PSNC know how your work with GPs progresses and use the LPC Secretaries Yahoo group so we can share learning with other LPCs and promote your successes nationally.

For more information or queries on this briefing please contact Mike King, Head of LPC and Contractor Support.

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