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PSNC Briefing 035/20: Guidance for LPCs and Pharmacy PCN Leads on the role of a lead and the support that should be offered

The aim of this document is to describe how an appointed Pharmacy Primary Care Network (PCN) Lead should carry out this role. This Briefing outlines the principles leads should follow in the discharge of their role, as well as providing guidance for Local Pharmaceutical Committees (LPCs) and Pharmacy PCN Leads on additional aspects of the role, including support that should be provided, appointment terms, funding for the role and providing clarity on the role's remit.

The role should be a conduit to encourage NHS community pharmacies in the PCN and the LPC to collaborate and work together, to engage effectively with PCNs, while assisting contractors to meet the PCN-focused requirements of the Pharmacy Quality Scheme (PQS). NHS community pharmacies in the PCN includes community pharmacies that have determined that they are aligned to the PCN, due to the flow patients, for example, by way of arrangements under the PQS.

Focus of the role

The Pharmacy PCN Lead has an important role in shaping engagement between pharmacies in the PCN and will:

- provide a single channel of engagement with the PCN, building collaborative working relationships with relevant PCN members; and
- identify opportunities for pharmacies in the PCN area and assist the LPC, and other relevant LPCs, with the development of community pharmacy service proposals to meet local population health needs.

Obligations when in role

The Pharmacy PCN Lead must:

- a. Act in good faith, for the benefit of all NHS community pharmacy contractors in the PCN;
- b. Provide leadership for the community pharmacies in the PCN to help them develop and implement a collaborative approach to engagement with the PCN;
- c. Work closely with the key members of staff of the other pharmacies in the PCN to discuss and describe how community pharmacy can support the PCN to achieve local targets, aligned to national NHS priorities;
- d. Develop relationships and work closely with the PCN Clinical Director, other Pharmacy PCN Leads, clinical leaders of other primary care providers, health and social care providers, local commissioners and the LPC;
- e. Manage and declare any conflicts of interest and maintain the confidentiality of any PCN information, as appropriate;
- f. Provide regular and timely reports on relevant developments within the PCN to contractors in the PCN area and the LPC;
- g. Adhere to any general guidance on the role of the Pharmacy PCN Lead issued by PSNC and/or NHS England and NHS Improvement; and
- h. Only make decisions on behalf of other community pharmacy contractors in the PCN area with the agreement of all those contractors.

LPC support and monitoring

LPCs play a central role in the set up and development of Pharmacy PCN Leads. LPC involvement with the role is multifaceted and includes:

- a. supporting the nomination and appointment/election of a lead;
- b. developing the lead within their role to best support both the contractors in their PCN area and the PCN;
- c. providing an overarching guide for contractors in relation to the governance for the role; and
- d. working with stakeholders at a more senior level to potentially confirm the future of the role as an integrated part of PCN working practice.

Without LPC support, many contractors may struggle to organise themselves locally to achieve the PQS requirements and future involvement within PCNs. LPC engagement and support for Pharmacy PCN Leads is therefore of critical importance to contractors.

Nomination and appointment/election

Guidance to support LPCs with the highlighting of lead vacancies and supporting contractors with the selection of leads can be found in [PSNC Briefing 030/20: Pharmacy Quality Scheme – Guidance for LPCs on the Primary Care Network domains \(October 2020\)](#).

Development of Pharmacy PCN Leads

Ongoing support provided by LPCs may include assisting 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.

As a minimum, LPCs should provide Pharmacy PCN Leads with support to contact the Clinical Director in their PCN and have an initial communication or meeting with the PCN Clinical Director. This may include:

- i. a general introduction;
- ii. indicating the number of pharmacies in the PCN that the appointed Pharmacy PCN Lead represents;
- iii. a short introduction to community pharmacy and the opportunities for integrated working with PCNs, such as maximising the use of electronic Repeat Dispensing (as outlined in the GP contract);
- iv. the elements of the PQS with relevance to the PCN and general practice; and
- v. other elements of the 5-year Community Pharmacy Contractual Framework of relevance to GPs, particularly the introduction of GP referrals to the Community Pharmacy Consultation Service (CPCS) and the Discharge Medicines Service (DMS).

Subject to the agreement and resources of the LPC, ongoing support could also be provided, through:

- i. relevant meetings, networking, learning from other Pharmacy PCN Leads, training and development;
- ii. support to assist with the development of community pharmacy service proposals to meet local population health needs; and
- iii. other support as practicable including support with communications with pharmacies in the PCN area.

LPCs are encouraged to include as part of their strategies a plan of ongoing support and development for Pharmacy PCN Leads. The more informed and aware that leads are, the more effective they are likely to be in discussions within PCNs. Where their input is valued, they are more likely to be included within the PCN team structure.

To support the PQS 2020/21 PCN domains, a suggested engagement event agenda is available to support LPCs build the knowledge level of their leads with regards to PQS and potentially other topics that may be of interest to PCNs including CPCS and the DMS.

Governance and the role

Contractors within a PCN area are responsible for agreeing the selection of a Pharmacy PCN Lead for their PCN. The role of the LPC starts with support for contractors to provide guidance and structure in facilitating the identification

of potential individuals. It includes organising contractor discussions to help with selection and where there may be multiple candidates, to organise an election and act as an independent election adjudicator.

Once a lead is appointed, LPCs should provide an initial briefing and can support leads to understand their responsibilities while in the role and the principles they should seek to adhere to, including appropriate contractor communications and LPC updates. These updates will allow the LPC to facilitate a degree of monitoring of the impact the role is having and any additional support that may be needed.

Should there be a time when contractors in a PCN feel there is a concern in relation to the performance of a lead, or in all circumstances, a need by the contractors in a PCN to seek a new lead, the LPC can provide independent advice and support to understand and review the concerns and to ensure that an appropriate process is followed.

From a financial perspective, LPCs should additionally ensure, as part of their normal LPC accounting transparency principles, that details of any financial contributions made to support a Pharmacy PCN Lead (this does not include entitlement/payments to any pharmacy contractor under the PQS) are declared.

Working with stakeholders to integrate the role

The only national funding for PCN activities currently available is the funding within the PQS. LPCs can legitimately use their levy funding to support contractors' engagement with PCNs and the work of Pharmacy PCN Leads; PSNC supports this approach. As the PCN structure matures and the role of community pharmacy broadens, PCNs are likely to wish to engage with Pharmacy PCN Leads on other topics. Key to supporting this transition locally will be the need to identify that additional local funding will be required to support Pharmacy PCN Leads to facilitate continuing engagement with the PCNs.

The [Integrating NHS Pharmacy and Medicines Optimisation \(IPMO\)](#) programme that LPCs will be seeking to engage with, may also prompt additional approaches to Pharmacy PCN Leads from PCNs as part of their engagement efforts at a local level to work with their pool of pharmacy professionals. Once the system leadership group for pharmacy and medicines optimisation is in place, LPCs could potentially utilise the Pharmacy PCN Leads to support work to take forward the community pharmacy-focused priorities identified by NHS England and NHS Improvement.

Managing conflicts of Interest

The Pharmacy PCN Lead will be a contractor or a person employed by a contractor within or linked to the PCN. There is a potential conflict of interest linked to their main role. Should a different potential conflict of interest arise, pecuniary or otherwise, generally or in any subject under discussion, the Pharmacy PCN Lead should ensure this is made known to the LPC and, as appropriate, to any other relevant person (an individual or an organisation) within, or as relevant, associated with the PCN at the time the Pharmacy PCN Lead becomes aware of the conflict, pecuniary or otherwise.

Pharmacy PCN Leads should be guided by the following principles:

- a. Selflessness - act in the interests of all contractors in the PCN area;
- b. Integrity - not be under any obligation that might adversely influence decision-making as the Pharmacy PCN Lead or give the appearance of this;
- c. Objectivity - in making decisions, act fairly and with the best evidence available;
- d. Accountability – be accountable to contractors in the PCN area and the LPC for decisions and actions as the Pharmacy PCN Lead;
- e. Openness – be open with contractors in the PCN area and the LPC for decisions and actions as the Pharmacy PCN Lead;
- f. Honesty – act with honesty and truthfulness in all activities; and
- g. Leadership - promote and support the above principles by leadership and by example.

Confidentiality

The nature of the Pharmacy PCN Lead role means that leads will from time to time be presented with confidential information. The term 'Confidential Information' relates to all confidential or proprietary information (however recorded or preserved) that is disclosed or made available, directly or indirectly, by any contractor, LPC or PCN to the lead.

Pharmacy PCN Leads need to agree to keep the Confidential Information secret and confidential; not use or exploit the Confidential Information in any way, except for, or in connection with the their role as a Lead; and, not to disclose any Confidential Information without the prior written consent of the person who provided it. This includes disclosure to the lead's employer where they are an employee of a pharmacy contractor.

These obligations will not apply, or will cease to apply, to Confidential Information which becomes generally available to the public, other than as a direct or indirect result of the information being disclosed by a lead in breach of their requirement to maintain information as confidential.

Term of appointment

LPCs and contractors within the PCN should seek to agree a term of appointment for the Pharmacy PCN Lead. Contractors may subsequently 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.

Where a Pharmacy PCN Lead needs to step down from the role, it would be good practice to provide both their fellow pharmacy contractors within the PCN and their LPC with an appropriate notice period. This could allow time to identify a new Lead to take over the role and therefore allow continuity for contractors within the PCN, the PCN and the LPC. The suggested notice period is a minimum of a month, unless a lesser period can be supported locally, or notice is not practical, e.g. if a lead is dismissed by their employer.

Funding for the role

The current funding for the Pharmacy PCN Lead is through the PQS points funding increment. This has the potential to vary each year depending on the requirements of the domains agreed within PQS. It is recognised that PCNs may want to engage with community pharmacy via the Pharmacy PCN Leads on topics beyond the criteria within the PQS. While PSNC is supportive of these conversations and potential collaborations, additional local funding may be required if activities are required beyond the scope of the PQS requirements. The content of future schemes has not yet been determined, so ongoing funding for Pharmacy PCN Leads via the scheme should not be presumed.

Engagement versus representation

The Pharmacy Lead role provides a single point of contact for the PCN to pharmacy contractors within the PCN. However, Pharmacy PCN Leads must be careful not to be mistaken as the representative for community pharmacy. LPCs are the representative body for community pharmacy contractors within an area.

If a Pharmacy PCN Lead is presented with the suggestion of a new service as part of discussions with their PCN, the Pharmacy PCN Lead needs to ensure they share this information with their LPC in the first instance. The LPC will review the opportunity for viability and suitability. Viable service opportunities will then be discussed with pharmacy contractors in the PCN to gauge potential provision by local contractors. This could then allow the LPC to support the Pharmacy PCN Lead with any further conversations with the PCN about the opportunity.

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