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PSNC Briefing 047/19: Pharmacy Quality Scheme – Guidance for community pharmacy contractors on the Primary Care Networks domain

The development of Primary Care Networks (PCNs) across England is a key part of implementing the NHS Long Term Plan (LTP) and it is of great importance that community pharmacy is a fully integrated part of the networks. The [Pharmacy Quality Scheme \(PQS\) 2019/20](#) includes a domain which seeks to encourage pharmacies to collaborate and work together to engage effectively with PCNs. This PSNC Briefing contains guidance for community pharmacy contractors on how they can achieve this element of the scheme.

Introduction

The NHS LTP described the development of PCNs. They are the new ‘building block’ of local healthcare systems and generally cover local populations of 30-50,000.

Ambitions for PCNs over the next five years include systematically delivering new services to implement the LTP, including seven new service specifications, and achieving clear, positive and quantified impacts for people, patients and the wider NHS. This will be achieved by dissolving the divide between primary and community care, with PCNs looking out to community partners not just inwards to the core general practices. Over 1,200 PCNs have been set up across England.

The intention of PCNs is to be wider than general practice, incorporating a range of community providers, including community pharmacy. The Network Contract Directed Enhanced Service (DES) will, from April 2020, require general practices, as part of their PCN, to collaborate with non-GP providers, such as community pharmacy.

NHS England and NHS Improvement (NHSE&I) expect to see this collaboration reflected in the Network Agreement, which is agreed by all PCN member general practices, with community pharmacy being a key partner in PCNs. During 2019/20, the expectation is for general practice to be increasingly working with other non-GP providers as part of being a member of a PCN.

PCNs will be critically important to the development of primary care services over the next few years and it is therefore essential that community pharmacy is fully engaged in PCNs; this is the reason that PCN engagement has been included in the PQS and why PSNC believes all contractors should get involved in their local PCN.

Further information and resources on PCNs can be found on the [PSNC website](#).

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 is worth:

- 12.5 points (a minimum value of £800) for a non-Pharmacy PCN Lead; or
- 12.5 points plus 10 extra points (a minimum value of £1,440) for a Pharmacy PCN Lead.

On the day of the declaration, the pharmacy must be able to demonstrate that their pharmacy, and all of the other pharmacies within the PCN footprint who wish to engage with a PCN, have agreed a collaborative approach to engaging with their PCN.

This approach must include agreement on a single channel of communication by appointing a named lead representative for all of the community pharmacies who wish to engage with their PCN in the PCN footprint. The Pharmacy PCN Lead must have provided their name to the Local Pharmaceutical Committee (LPC) in which the PCN lies and must have demonstrable evidence that they have started the engagement process with the PCN, i.e. they have made initial contact with the Clinical Director for the PCN either by contacting them through correspondence (post/email) or by arranging a meeting with them or by meeting them.

All pharmacies claiming for this domain must submit the name of their appointed Pharmacy PCN Lead and the pharmacy name and ODS code for the Pharmacy PCN Lead as will be described in the NHS England and NHS Improvement Pharmacy Quality Scheme 2019/20 Guidance.

The Pharmacy PCN Lead must declare:

- that they are the appointed Pharmacy Lead for that PCN;
- the name of the PCN;
- that they have notified this to the LPC in which the PCN lies; and
- that they have evidence of having started the engagement process with the PCN, as outlined above.

Additional information on the requirement can be found in the [NHS England and NHS Improvement \(NHSE&I\) PQS guidance](#) (section 4.4).

The Pharmacy PCN Lead will be a person who is themselves a pharmacy contractor or an employee of a pharmacy contractor. The PQS points funding increment is available in 2019/20 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. This funding will be claimed by and paid to the contractor at the pharmacy premises within the PCN area, where the Pharmacy PCN Lead is based or attached (in the case of individuals who have a job that involves working across several pharmacies owned by the same contractor).

The role of LPCs in supporting achievement of this domain

Since the formation of PCNs, most LPCs have been working to ensure they 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 provide a good foundation on which to support engagement of contractors with their PCN.

LPCs will play a central role in supporting their contractors to achieve this PQS domain and wider engagement with their PCN by initiating and facilitating discussions between contractors within each PCN, to determine how they will work collaboratively and who they will choose as their Pharmacy PCN Lead. PSNC has provided guidance to LPCs on how they can support contractors to engage with PCNs and achieve this domain ([PSNC Briefing 048/19: PQS – Guidance for LPCs on the Primary Care Network domain](#)).

Your LPC should provide you with details on how they will assist you to achieve this domain; look out for information in their newsletter or on their website.

The role of the Pharmacy PCN Lead

The Pharmacy PCN Lead will play a critical role in shaping the engagement between community pharmacy and the PCN and they will provide a single channel of engagement with the PCN.

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 PCN Pharmacy 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.

The suggested key responsibilities of the Pharmacy PCN Lead are:

- provide leadership for the community pharmacies in the PCN to help them collaboratively develop and implement an approach to engagement with the PCN;
- work closely with the key members of staff of the other pharmacies in the PCN to discuss, understand and be able to describe how community pharmacy can support the PCN to achieve local targets, aligned to national NHS priorities;
- develop relationships and work closely with the PCN Clinical Director, other Pharmacy PCN Leads, clinical leaders of other primary care, health and social care providers, local commissioners, the Local Medical Committee and the LPC; and
- manage any conflicts of interest and maintain the confidentiality of any PCN information shared with them on a confidential basis.

The Pharmacy PCN Lead must be able to take an objective view and approach to potential opportunities for community pharmacy that they may become aware of or arise as the appointed lead and share this detail with the LPC and the rest of the pharmacies who have appointed them.

They must not use this information in a way that would lead to sole or preferential personal or business gain or gain by their employer. Opportunities for community pharmacy service development should be discussed with the LPC, which may wish to take forward discussions with the PCN, as the local representative body for pharmacy contractors.

Once a Pharmacy PCN Lead is appointed, the LPC will be able to support them to contact the Clinical Director in their PCN. The PQS requires that the Pharmacy PCN Lead must have made initial contact with the Clinical Director for the PCN either by contacting them through correspondence (letter or email) or by arranging a meeting with them or by meeting them.

An initial communication 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 elements of the PQS with relevance to general practice, particularly the medicines safety audits complementing the GP Quality Outcomes Framework (QOF) Quality Improvement (QI) prescribing safety module, reviews of asthma prescriptions, HLP Level 1 and the discussions with patients with diabetes about annual retinopathy screening and foot checks; and
- other elements of the 5-year Community Pharmacy Contractual Framework of relevance to GPs, particularly the Community Pharmacist Consultation Service and the post-discharge medicines reconciliation service.

How to achieve the PQS domain

Step 1 – Identify your primary PCN

Your LPC will share information on the mapping of general practices to PCNs and the geographical boundaries, which will then allow you to consider which PCN your pharmacy will align itself with. All pharmacies will need to decide this, including distance selling pharmacies¹. 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, you will need to decide a primary PCN with which you will align your pharmacy, but you may also wish to identify secondary or tertiary PCNs which you wish to maintain contact with (via the Pharmacy PCN Lead for those PCNs).

The flow of patients should determine which the primary PCN is for a pharmacy and the best proxy to assess this will generally be examining the total prescription items dispensed by your pharmacy from each local general practice and then calculating a total for the practices in each local PCN. The NHS Business Services Authority (NHSBSA) publish data on who dispenses the prescriptions issued by each general practice and PSNC has created a [spreadsheet](#) using this data which allows contractors to identify the top ten general practices for whose patients they dispense prescriptions. Note: this is a large file (37MB), so it is only available to download via Dropbox.

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 will be communicated to contractors to consider and confirm or challenge, as appropriate.

Step 2 – Talking to other pharmacies in the PCN and appointing a Pharmacy PCN Lead

Once pharmacies have identified their primary PCN, the LPC will be able to share information with contractors on which pharmacies are located within each PCN.

The LPC will then be able to help you and your fellow contractors to start to collaborate on identifying a Pharmacy PCN Lead. This could be facilitated in several ways, for example:

- organising a meeting for local contractors at PCN level;
- organising a video or teleconference for contractors at PCN level; or
- organising a larger meeting of contractors from multiple PCN areas, where group discussions can occur for contractors in each PCN.

Ahead of any such local meetings, LPCs could support contractors to identify suitable candidates to act as Pharmacy PCN leads, 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 should initially focus on how they may support the provision of pharmacy services to patients within the PCN, whilst recognising the ongoing competition which also exists between pharmacies.

¹ Distance selling pharmacies are expected to be able to provide services to patients across England, rather than focussing 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.

The PQS requirement includes the need for contractors to appoint a Pharmacy PCN Lead. This decision must be made by the contractors; it is not a decision to be made by the LPC.

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 meeting or 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 by email. Each contractor would have one vote for each NHS contract pharmacy in the PCN area.

Agreeing appropriate governance arrangements with the Pharmacy PCN Lead

Any candidates seeking to be appointed as a Pharmacy PCN Lead should be fully aware of the role and responsibilities of the position.

PSNC has published a template Memorandum of Understanding (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.

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 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 a 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 2019/20 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 may be required if workload is very significant. The content of the 2020/21 PQS has not yet been determined, so ongoing funding for Pharmacy PCN Leads via the scheme should not be presumed.

Step 3 – Making your 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 you will need to claim payment for the PCN domain of the PQS:

- the name of the PCN;

- the name of the appointed Pharmacy PCN Lead; and
- the pharmacy name and ODS code for the pharmacy where the Pharmacy PCN lead is based.

Further information on making your PQS claim is available at psnc.org.uk/pqs.

Frequently asked questions

Q. Could the LPC appoint an LPC representative as the Pharmacy PCN Lead for a PCN?

Contractors, not LPCs, must appoint the Pharmacy PCN Lead. All contractors in the PCN that wish to engage in the process should be able to nominate themselves or one of their employees to stand to be the Pharmacy PCN Lead. Contractors will then decide who should be appointed as the Pharmacy PCN Lead. This may be an LPC member, but there should be no assumption that an LPC member is a default lead.

Q. What happens if we do not have any suitable or willing candidates to be the Pharmacy PCN Lead?

If a Pharmacy PCN Lead cannot be identified, contractors in the PCN area will not be able to claim for this element of the PQS.

Q. By when does the Pharmacy PCN Lead need to be appointed?

In order to ensure that community pharmacy is embedded into the work of the PCN as quickly as possible, there is a need for Pharmacy PCN Leads to be appointed as soon as possible, ideally by mid-December 2019. Contractors need to make a PQS payment claim between 3rd February 2020 and 28th February 2020; contractors therefore need to have the information on the PCN, the name of the lead and the pharmacy name and ODS code of the pharmacy where they are based as soon as possible and by 2nd February 2020 at the latest.

Q. Can one-person represent and act on behalf of a multiple contractor when discussing the appointment of a Pharmacy PCN Lead or casting a vote?

Yes.

Q. If a local meeting of contractors is being organised to appoint a Pharmacy PCN Lead and a contractor within the PCN is not able to attend the meeting, can they still be involved in the collaborative working and choosing the lead?

Yes. If a contractor is not able to attend a meeting or send a representative, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. The LPC could provide an update to the contractor following the meeting.

If a vote is to be taken at the meeting on the appointment of a Pharmacy PCN Lead, the contractor could give another individual their proxy for the vote or where the candidates for selection are known in advance of the meeting, the LPC could be sent the votes of any contractors not able to attend the meeting in advance.

Q. Can an individual be a Pharmacy PCN Lead for more than one PCN?

The role of Pharmacy PCN Lead is likely to take time to undertake on a regular basis and this workload needs to be considered by anybody putting themselves forward for appointment. Due to the local focus of PCNs, PSNC believes that, wherever possible, it is appropriate that the Pharmacy PCN Lead works within a community pharmacy in the PCN area on a regular basis, providing services to patients. Considering both these factors, it is technically possible that an individual working across multiple pharmacies in two PCNs could be a Pharmacy PCN Lead, however it is unlikely to be a practical option in most cases.

If you have queries on this PSNC Briefing or you require more information, please contact the PSNC Services Team via: Services.Team@psnc.org.uk.