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Evaluation of the Community Pharmacy Hertfordshire (Hertfordshire LPC) PCN Pharmacist Community Pharmacy Provider Model

Background

In 2019 with the announcement of the recruitment of pharmacists within Primary Care Networks (PCNs), CPH explored whether it was possible for community pharmacies to provide the PCN pharmacists. A model was explored and agreed with the Committee as set out in appendix one.

There was also interest from Herts Valleys CCG and the Herts One federation to explore a model with CPH. This proposal was developed and shared with Watford PCNs initially as attached in appendix two.

It should be noted that some of the progress of the model was delayed due to the Chief Officer's maternity leave and the advent of the COVID-19 pandemic in March 2020.

Activities and outcomes

1. Interest was received from four PCNs to take forward the model: Harpenden, Central Watford, Hertsmere Five, Ware and Rurals and Hertford and Rurals.
2. A process was developed as to how to recruit potentially interested pharmacists within existing community pharmacies. The initial aim was at those community pharmacies within the CCG locality that were linked to that PCN and for the Senior Clinical Pharmacist within a PCN. The locality area was widened where no interest was received to other localities. An example of the FAQs developed to support the application process is attached in appendix three.
3. The Harpenden model was the most progressed with three community pharmacies and their nominated pharmacists appointed to position. They were selected from two independents and one CCA company. Some community pharmacists were unsuccessful in their application. These three pharmacists are still in post although the model is no longer supported due to issues with developing a contract and service specification.
4. Central Watford and Hertsmere Five held recruitment processes with local pharmacies but none were selected. In the case of Central Watford, one pharmacist was selected but they decided to turn down the position and stay within their remaining place of work. A number of community pharmacists were unsuccessful in their applications in the above two PCNs.
5. In Ware and Rurals and Hertford and Rurals, despite an expression of interest sent out to all pharmacies within these localities, no community pharmacies expressed an interest.

What we learned

- The senior pharmacist position is not best suited to a part-time position although a job share with clear responsibilities could be a potential.
- The senior pharmacist position is not best suited to the CPH model as the funding is very low when you include HR on-costs and does not appeal to more senior and experienced pharmacists which is what the PCN require in the initial post.
- GP practices and PCNs all work in different ways and had different expectations of what the PCN pharmacist could achieve.
- Some pharmacies are unwilling to support applications from interested community pharmacists understandably due to the impact on the business and potential additional responsibilities.
- Despite developing a very carefully worded contract and service specification, the service incurs VAT as it is considered supply of staff. PCNs and GP practices are not generally registered for VAT and were unwilling to pay the additional cost because it would have set a precedent and meant other roles incurred VAT. The community pharmacy could not absorb the VAT cost as the reimbursement for the service is already low.
- Support from CPH to ensure the model is successful in each PCN is considerable. As the model was not implemented fully, we cannot assess exactly what resources are required from CPH but from the initial support, the work to support one PCN could include:
 - Seeking and identifying expressions of interest.
 - Managing expectations of the PCN and the community pharmacy contractor organisation.
 - Facilitating service contract and service specifications with different parties.
 - Supporting pharmacists in post and trouble shooting issues either with the PCN or other pharmacies in the PCN.

Recommended next steps

- Develop a very simple brief on a potential community pharmacist non-senior pharmacist option that PCNs can choose to use if and when the VAT issues are resolved. Remove any support from CPH in the process.
- Consider the exploration as part of the CPH workstreams for 2022/23 of a Structured Medication Review (SMR) service delivered by community pharmacists in their community pharmacy that could be a service option for PCNs.
- Influence a way in which community pharmacy PCN Leads can be fully resourced for their role that encourages collaborative working amongst all community pharmacies within the PCN and ensures that all PCNs include community pharmacy as a key partner.