

## **Primary care networks: A briefing for pharmacy teams**

### **Introduction**

- Around 1,000 [primary care networks](#) (PCNs) will be set up across England by 1 July 2019. Each PCN will have a boundary that makes sense to: (a) the local community; (b) constituent GP practices at its core; (c) community-based health and social care providers, including pharmacy, who configure their teams accordingly.
- PCNs will be responsible for delivering joined-up health and social care services through multi-professional teams to patients in the community. This may involve pharmacy professionals from all sectors, working collaboratively.
- Community pharmacy providers will need to find a way to work more closely with each other locally, to enable PCNs to engage effectively with the sector.
- In addition to their existing teams, GPs will have access to new funding to employ healthcare professionals under the new [Network Contract Directed Enhanced Service \(DES\)](#), namely clinical pharmacists, social prescribing link workers, physiotherapists, paramedics and physician associates.

### **What is the vision for patients?**

1. The vision is for integrated out-of-hospital care for patients, which will be achieved by putting in place new capability and capacity in primary care. This is set out in the [NHS Long Term Plan](#) which provides increased funding for primary medical and community care and includes an intention to make greater use of community pharmacists' skills and opportunities to engage.
2. To deliver the plan, the GP practices at the core of PCNs will receive reimbursement for 20,000 more staff. The new clinical pharmacists, physiotherapists, paramedics, physician associates and social prescribing link workers will improve access for patients and ensure that patients can see the professional that is most appropriate for their needs. It means PCNs will be able to take further action on serious conditions such as cancer and heart disease as well as doing more to tackle obesity, diabetes and mental ill health, and support older people at home and in care homes.

### **What are the core characteristics of a PCN?**

3. These are defined by NHS England and NHS Improvement (NHSE&I) as:
  - Practices working together and with other local health and care providers (e.g. hospital, mental health or community trusts, community pharmacy) around

natural local communities that geographically make sense, to provide coordinated care through integrated teams. GP practices will be at the heart of a PCN, but PCNs are more than a collection of practices.

- Typically, a defined patient population of at least 30,000 to 50,000.
- Providing care in different ways to match different people's needs, including joined up care for those with complex conditions.
- Focusing on prevention of illness and personalised care, and supporting patients to make informed decisions about their care and look after their own health, by connecting them with the full range of statutory and voluntary services.
- Using data and technology to assess population health needs and health inequalities; deliver care; support clinical decision making; and monitor performance and variation.
- Making best use of collective resources across practices and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups.

### **What are the contractual arrangements?**

4. For the purposes of the network contract, a PCN is defined as GP practice(s) (and other providers) serving an identified network area with a minimum population of 30,000 people.
5. The network contract is held by GP practices as it is a variation to their core contract. It supports constituent practices to work collaboratively and the [network agreement](#) outlines how practice(s) and other partners work together, how funding is allocated and how services and workforce are shared.
6. The network contract starts from 1 July 2019. CCGs, working with local medical committees (LMCs), must ensure all patients are covered by a PCN in their area. Reimbursement via the Network Contract DES only applies to demonstrably additional posts, not existing capacity. Additional posts will be those over and above the baseline to be agreed between PCNs and CCGs for each of the workforce roles.

### **Who is involved in a PCN?**

7. General practice takes a leading role in PCNs and every PCN must have GP practices at its core, but the PCN concept is wider than general practice and incorporates a range of providers involved in delivering co-ordinated health and social care to patients. This may include community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers and local government.
8. The network contract will be held by one or more GP practices and there is an expectation they will work collaboratively with others, dependent on the needs of the local population. To support this, the network contract will be amended from 2020/21 to include collaboration with non-GP providers as a requirement. The network agreement will support the delivery of the individual and collective responsibilities of the network contract and support the ways in which general practices and local primary and community health care providers agree to work together to deliver more integrated services to their populations.

### **What will PCNs do?**

9. Under the Network Contract DES, PCNs will deliver extended hours services as well as NHS Long Term Plan commitments set out in seven new network service requirements. Five start from April 2020: Structured medications review and optimisation; enhanced health in care homes; anticipatory care (with community services); personalised care; and supporting early cancer diagnosis. Two more start from April 2021: cardiovascular disease diagnosis and prevention; and locally agreed action to tackle inequalities.
10. Service requirements will be co-designed and finalised as part of the GP contract negotiations during 2019/20. Many will include direct involvement of clinical pharmacists and collaboration with providers, including community services and community pharmacy, to deliver. The service requirements will be developed over time to improve the services provided by the PCN and align with the increase in participation by PCN members other than GPs.

### **What is the role of the clinical director?**

11. The network contract requires that every PCN must have a named, accountable clinical director, who must be a practising clinician but does not have to be a doctor, and who is responsible for providing leadership to the PCN and supporting delivery of network services.

### **What will clinical pharmacy in PCNs look like?**

12. Numbers of clinical pharmacists will be expanded and, by 2023/24, a typical PCN of 50,000 patients could choose to have its own team of approximately six whole-time-equivalent (WTE) clinical pharmacists.
13. A dedicated team will make it possible to create varied and tailored roles, which will be primarily patient facing and clinical in nature:
  - Undertaking structured medication reviews
  - Improving medicines optimisation and safety
  - Improving antimicrobial stewardship
  - Supporting care homes
  - Running practice clinics
  - Linking in with pharmacist colleagues in other sectors.
14. Teams of clinical pharmacists will be supervised by a senior clinical pharmacist, and through this model it will be easier to support pharmacist professional and career development at a network rather than practice level.
15. Clinical pharmacists in PCNs will be working in a consistent way across the country; and all will complete the 18-month additional training requirement. The role will operate at the level of a PCN, as part of a multidisciplinary team, and pharmacists will see patients wherever it makes sense. It may be in a patient's own home or in a care home or GP surgery. It will involve working as part of a multi-professional team and will provide a focal point for collaborative working across the different pharmacy providers including hospital, mental health and community pharmacy.

16. As community pharmacy focuses more on its clinical role of managing the minor illness aspects of urgent care; helping to improve safety, outcomes and value from medicines; and supporting patients to prevent ill health, it will need to have strong links with PCN clinical pharmacists. It is also likely that some community pharmacists could be recruited to work in PCN clinical pharmacist roles, for which they would also need to do the additional 18-month training, and which would not involve dispensing. Under the GP contract arrangements, community pharmacy providers could offer suitably qualified clinical pharmacists to PCNs as a service separately to their work under the community pharmacy contractual framework, ensuring any conflicts of interest are managed appropriately. Community pharmacy will also signpost and refer to the social prescribing link worker, and other clinical professionals in the PCN.
17. Integration across the system means that PCNs will have access to specialist advice from hospital and mental health pharmacists who will extend their practice into primary care, including providing consultant pharmacist support. For instance, when reviewing a patient with learning disability who is taking a powerful antipsychotic medicine that is no longer needed, the clinical pharmacist will be able to access specialist colleagues.

#### **What will the arrangements be for existing clinical pharmacists?**

18. The Clinical Pharmacists in General Practice Scheme is closed and NHSE&I has published a [briefing on clinical pharmacists and the GP network contract](#) which outlines what it means for those still completing the Clinical Pharmacist in General Practice and Medicines Optimisation in Care Homes (MOCH) schemes.
19. Practices can transfer existing clinical pharmacists on the NHS England national schemes from 1 July 2019 but staff must transfer by 30 September 2019 and be a network resource (those recruited with a signed contract of employment during April do not have to be transitioned by September). The MOCH scheme will come to end on 31 March 2020.

#### **What is the role of CCG medicines management teams in supporting the PCNs?**

20. CCGs retain responsibility for the primary care prescribing budget and so it is important that PCNs are aware of the prescribing activity and costs for their population. Medicines management teams will have the expertise and knowledge to support efficient prescribing and to help the new multidisciplinary workforce deliver medicines optimisation for patients. Across an ICS, CCG pharmacy teams will work closely with the PCN pharmacists to lead on population health and maximise the care pharmacy can offer patients.

#### **What skills and training do PCN clinical pharmacists need?**

21. The following key principles from the original schemes will be rolled over into the network contract:
  - The posts are clinical and person-facing in nature.
  - Pharmacists will undertake structured medication reviews to help people get the best outcomes from their medicines.

- Pharmacists will be advocates of medicines optimisation and safety and support their PCNs to have safer prescribing systems, identify high risk people and embed principles of shared decision-making.
  - All pharmacists will receive support and supervision to allow them to do the job safely and confidently.
22. Clinical pharmacists employed through the network contract funding will either be already undertaking, need to enrol in or have qualified from an accredited training pathway that equips the pharmacist to be able to practise and prescribe safely and effectively as part of the PCN multidisciplinary team. NHSE&I and Health Education England (HEE) have arranged a new Primary Care Pharmacy Education Programme to allow all clinical pharmacists in PCNs to access and complete an accredited training pathway if required.
23. All appointed will undergo a robust learning needs assessment with their education supervisor to plan their 18-month development. While some will have done other qualifications, this content may not align fully with the outcomes required of a PCN pharmacist, so it could be expected they would need further training. This is most likely in areas of acute illness, clinical examination and assessment, general practice systems and orientation, specific priority areas such as learning disability and antimicrobial resistance, and long-term condition management in primary care. There will be no need to repeat education but the NHS will need to be assured, e.g. a person who gained a prescribing qualification some time ago, but has never prescribed, would be expected to revisit this learning (not the qualification) and develop a plan and portfolio to build these skills. Learning and development will be undertaken in the workplace as well as through courses.

#### **How will the NHS fill the new pharmacy roles?**

24. NHSE&I is working with HEE to explore workforce demand and supply modelling, and to develop a new NHS People Plan which ensures the NHS has the right people to fulfil the roles needed to deliver the [NHS Long Term Plan](#). An [Interim NHS People Plan](#), which sets out the vision, was published in June 2019; and the full People Plan is due in Autumn 2019. The interim plan includes a summary about [The Future Pharmacy Workforce](#).
25. The challenge for the pharmacy workforce is ensuring sustainability and consistency across the country, whilst ensuring workforce supply and development, so the NHS has pharmacists and pharmacy technicians where they are needed with the right skills and support. This means the NHS needs a model of education and training that delivers the right pharmacy workforce; one that can adapt to the complex health and care system and respond to technological and data advances and changing patient needs.
26. HEE has carried out a review of the current model of education and training for the pharmacy workforce and its Advancing Pharmacy Education and Training Report will include a range of recommendations based on an analysis of existing evidence and reflecting best practice across the career stages.

27. NHSE&I will develop a system wide board to oversee the delivery of the pharmacy workforce plans, to enable a focus on the key activities, and ensure engagement with stakeholders. Consistent delivery of these goals throughout the NHS will require clinical and professional leadership across the health and care system. Appointment of senior and experienced NHS pharmacists as clinical directors of pharmacy and medicines in each ICS is likely to be an important part of the clinical and professional leadership system and NHSE&I will pilot and evaluate these roles to develop a sustainable approach. These important roles will then be responsible for overseeing NHS-funded pharmacy services, enhancing medicines optimisation and value, and overseeing the development and deployment of clinical pharmacy staff.

#### **How does indemnity apply?**

28. If pharmacy professionals deliver primary medical services directly to patients then this will be covered under the new arrangements for indemnity that came into effect from 1 April 2019.

#### **Can hospital pharmacists working for acute, mental health or community trusts provide services into PCNs?**

29. NHS trusts are already providing clinical pharmacy services under both the Clinical Pharmacists in General Practice and MOCH schemes. The PCN model allows secondary care pharmacists to work across primary and secondary care, which will encourage a system wide approach to pharmacy service provision. Under a contract with a PCN, an NHS trust could recruit additional pharmacists and fully or partially deploy them into primary care – with the reimbursement via the Network Contract DES being only for the time the clinical pharmacist works for the PCN.

#### **What should pharmacy do to engage with PCNs?**

30. The expectation is that PCNs will work collaboratively with others, dependent on the needs of the local population. In many areas these relationships already exist, in others PCNs are currently developing and engagement with pharmacy is likely to take place from July 2019 onwards.
31. Pharmacy will need to engage with PCNs in a coherent way to discuss how they can work with the PCN and how this relationship could be reflected in the content of the network agreement and PCN governance structures. For community pharmacy this means working through the local pharmaceutical committee (LPC) which would work with the LMC to enable and facilitate community pharmacies to develop and negotiate a coherent offer. Community pharmacies will want, before engaging with PCNs, to have strengthened the collaboration between themselves; this will ensure the most productive discussions, focused around how all the providers in a PCN will contribute to improving patient care. Further details are available in the [Guidance for Local Pharmaceutical Committees – How to help contractors get involved with Primary Care Network](#).
32. Chief pharmacists in NHS trusts and CCGs should begin talking to CCG heads of primary care and PCN clinical directors, while clinical pharmacists who are transitioned into PCNs and new PCN clinical pharmacists are encouraged to work with other pharmacists in general practice and community pharmacy teams.

1. At a national level, NHSE&I is talking to the national pharmacy bodies and British Medical Association and will ensure that pharmacy professionals are involved appropriately in the development of the PCN service requirements.

**Further information:**

- NHSE&I is continuing to support the development of PCNs through a [series of webinars](#) aimed at those working within primary care and the wider NHS. To see recordings of the webinars and access other PCN resources on the Future NHS website, please email [england.PCN@nhs.net](mailto:england.PCN@nhs.net)
- NHSE&I has launched a [monthly podcast](#) focusing on PCNs.
- The NHSE&I website has a set of [frequently asked questions](#) and a useful [PCN animation](#).

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