[Insert date]

The Pharmacy Manager

**[Address line 1]**

**[Address line 2]**

**[Address line 3]**

**[Town]**

**[Postcode]**

**Tel: 0113 272 7560**

**www.cpwy.org**

«Trading\_As»

«Address\_1»

«Address\_2»

«Address\_3»

«Town»

«Postcode»

Dear Colleague

**Primary Care Networks – Update and request for community pharmacy representatives**

|  |
| --- |
| Requested action:   * Read this letter and briefing for an update on Primary Care Networks in [insert locality]. * Consider if you would like the opportunity to be the Primary Care Network community pharmacy representative in your area. * Complete and submit the enclosed form and return to [insert LPC name] as soon as possible. |

Primary Care Networks (PCNs) are multi-disciplinary teams of healthcare professionals working together at a local level to deliver joined up patient care. Each Primary Care Network will cover around 30-50,000 patients registered with constituent GP practices.

The enclosed PSNC Briefing provides additional information about PCNs and what they aim to achieve.

Across [insert LPC name] there are [insert number of PCNs] PCNs (see Annex B for GP practice and local community pharmacy alignment]. Your pharmacy is within the [insert PCN name]PCN. If you believe this is not a correct alignment, please let the LPC know by emailing [insert LPC email].

**Getting involved with the work of your PCN**

Although general practice will be at the heart of PCNs, NHS England has said that it wants clinical pharmacists (employed by the networks) and community pharmacists to be engaged in the work of the networks.

It is important that community pharmacy teams are fully engaged in the work of PCNs, to optimise their provision of services to patients and because the future development of locally commissioned services will be influenced by PCNs.

**We need to identify a community pharmacy representative to act as a community pharmacy lead in each network and we are looking for individuals within community pharmacy to come forward to work in the [insert PCN name] PCN.**

If you are interested in being involved with the local PCN and are willing to represent community pharmacy, please let us know by adding your details onto the enclosed form and returning as soon as possible.

**Please note: [Insert information on whether back-fill funding is available for this role or not].**

If you have any queries, or if you wish to discuss this role, please do not hesitate to contact us.

Yours sincerely

**[Name]**

**[Job title]**

**[Name of LPC]**

Encl: - PCN Community Pharmacy Representative Form

Annex A: PCN locality information

PSNC Briefing on PCNs

**PCN Community Pharmacy Representative Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy name:** | «Trading\_As» | | | |
| **Address:** | «Address\_1»  «Address\_2»  «Address\_3»  «Town» | | | |
| **Postcode:** | «Postcode» | | **ODS (F) code:** | «ODS\_Code» |
| **Pharmacy email:** | |  | | |
| **Pharmacy’s PCN:** | |  | | |

**Contact Details**

|  |  |  |
| --- | --- | --- |
| I am interested in representing community pharmacy within my Primary Care Network.  I understand that [insert LPC name] will contact me to discuss this further. | |  |
| **Name** |  | |
| **Job Title** |  | |
| **Email address** |  | |
| **Telephone number** |  | |

**Completed forms should be returned as soon as possible to:**

[Insert name and address]

By email to [insert email address]

By Fax on: [insert fax number if available]

**Annex A: PCN locality information**

**GP practice alignment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice code** | **Practice name and address** | **PCN** | **Postcode** |
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**Local pharmacy alignment**

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| --- | --- | --- | --- |
| **ODS code** | **Pharmacy name and address** | **PCN** | **Postcode** |
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