

Potential roles for LPCs in supporting the implementation of the CPCS



1. Initial comms to contractors to highlight CPCF changes, service developments and to encourage sign-up to the PSNC email newsletter, attendance at the PSNC Roadshows and listening to the original PSNC webinar;
2. Promote signing up to access the NHSBSA Manage Your Service (MYS) platform to contractors, as they will need to be registered on MYS before they can sign up to provide CPCS;
3. Attend regional NHS events, which are being organised by NHSE&I, with CCGs, urgent care colleagues and NHS 111 providers. Use this opportunity to explore the creation of a local NHS/LPC group to support communication and collaboration regarding the rollout of CPCS, in many cases linked to the geography of the NHS 111 providers. This group could include, among others, local urgent care commissioners/leads, NHS 111 providers and DoS leads;
4. Plan local contractor events on the CPCS, potentially jointly with other LPCs, and with LPNs, NHSE&I Regional Teams, CCGs and NHS 111 providers. These events would ideally provide key learning on how the service operates and the role of community pharmacy in the wider urgent care system etc. A standard presentation will be provided to LPCs, with speaker notes, FAQs and other relevant materials to help you organise contractor events;
5. Promote service sign-up to contractors. Assuming local sign-up data is made available, monitor sign-up rates and work with local stakeholders to maximise it;
6. Support NHSE&I provision of training at local NHS 111 providers on the service and the wider role of community pharmacy;
7. Issue comms to contractors on the launch of the service at a local level;
8. Brief the LMC and Clinical Directors of Primary Care Networks on the service developments within the CPCF, including the CPCS;
9. Subject to availability of data, monitor for referrals which are not being completed and prompt contractors to complete them, providing additional support and guidance where necessary and working collaboratively with multiples dependent on whether they wish to handle this internally or would like the support of the LPC. PSNC will seek a head office view on this from the large multiples, so conversations don't have to be repeated across the country at local level;
10. Maintain regular comms to contractors in the early stage of service rollout to maintain interest in the service and knowledge on how to provide it. Template comms will be provided to LPCs to help them with issuing these messages to contractors;
11. Provide guidance to individual contractors where necessary and support them and NHS colleagues where incidents occur;
12. Promote sign-up to provide the service in any areas where there are gaps in provision;
13. Brief key local stakeholders within the NHS and beyond, such as Regional Chief Pharmacists, MPs, senior LA officials, councillors, local Healthwatch on the service developments within the CPCF, including the CPCS;
14. Report to PSNC (services.team@psnc.org.uk) any issues with the service, positive stories/case studies and any gaps in resources for contractors to support provision of the service, so these can be considered and addressed centrally wherever possible.
15. Undertake regular communications with NHS 111 providers and urgent care commissioners to maintain strong local relationships.