

October 2020

## PSNC Briefing 032/20: Pharmacy Quality Scheme – Guidance for Pharmacy PCN Leads on the Primary Care Network domains

The continued development of Primary Care Networks (PCNs) across England remains 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 \(PQS\) 2020/21](#) includes two domains which seek to encourage pharmacies to collaborate and work together to engage effectively with PCNs.

This PSNC Briefing contains guidance for Pharmacy PCN Leads on how they can support the contractors in their PCN to achieve these elements of the scheme. Pharmacy PCN Leads should additionally read and refer to the [PSNC Briefing 031/20: Pharmacy Quality Scheme – Guidance for pharmacy contractors on the PCN domains](#) to ensure they are clear on what needs to be in place for their own pharmacy to successfully complete these domains.

### Introduction

Pharmacy PCN Leads were initially appointed as part of the 2019/20 PQS in response to the establishment of PCNs in 2019. The role includes being the first point-of-contact between pharmacies within a PCN footprint and the PCN Clinical Director to assist the PCN with incorporating and working with community pharmacy as one of the primary care providers within the PCN area.

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 continued to be included in the PQS and why PSNC believes all contractors should get involved in their local PCN. If community pharmacy is not an integrated part of the PCN, the system may bypass community pharmacy and opportunities to make better use of community pharmacy's unique benefits may be lost.

Further information and resources on PCNs can be found on the [PSNC website](#) and additional information on the PCN PQS requirements can also be found in the [NHS England and NHS Improvement \(NHSE&I\) PQS guidance 2020/21](#) (section 7).

A PQS points funding increment is available in 2020/21 for the contractor that is the Pharmacy PCN Lead, or employs the Pharmacy PCN Lead, to recognise some of the additional work the lead will need 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 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.

The suggested key responsibilities of the Pharmacy PCN Lead are to:

- 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 in neighbouring areas, clinical leaders of other primary care, health and social care providers, local commissioners and the Local Pharmaceutical Committee (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, 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.

For additional guidance on the role, Pharmacy PCN Leads can refer to [PSNC Briefing 035/20: Guidance for LPCs and Pharmacy PCN Leads on the role of a lead and the support that should be offered](#).

## How do I help contractors achieve the PQS PCN domains?

### Step 1 – Check in with your LPC

LPCs have been advised to assist contractors by confirming if there have been any changes to the makeup of PCNs and where there have been, to flag these changes to contractors. These may include movement of general practices from one PCN to another, mergers of PCNs or their dissolution.

LPCs may also be able to provide local information to support you in your role as a lead. LPCs may choose to provide this information and support via Pharmacy PCN Lead engagement events with an aim to:

- Re-engage Pharmacy PCN Leads on the roles, responsibilities and principles of being a Pharmacy PCN Lead;
- Providing an overview of the two PQS PCN domains for 2020/21 and the scope of their role;
- Provide an overview of system-level communications and/or discussions about arrangements or preparations to meet flu vaccination targets and any known PCN-level communications and/or discussions about arrangements or preparations to meet flu vaccination targets;
- Discussing the use of a contractor survey to efficiently obtain information necessary for completion of the PQS Domains ahead of contractor meetings;
- Helping leads consider their approach and engagement of PCN Clinical Directors on PQS and other topics, including sharing of best practice and feedback from Leads in the LPC where previous contacts have gone well and relationships have progressed;
- Helping leads plan for contractor meetings at PCN level, reviewing suggested agendas and discussion points;
- Helping leads think about how to formulate their PCN flu plans and business continuity plans;
- Building Lead's understanding of the support the LPC will provide; and
- Making Leads aware of the resources available via PSNC and other bodies.

### Step 2 – Check in with the contractors in your PCN

Having confirmed their contractor list from the LPC, leads should make contact with contractors in their PCN area to provide an overview of the activity that as a group contractors they will need to achieve and to introduce the use of a contractor survey to obtain information necessary for completion of the PQS domains. Newly appointed leads can also use this as an opportunity to formally confirm their appointment and provide a summary of the role.

Templates to assist both newly appointed and existing Pharmacy PCN Leads to contact their contractors are available on the [PCN resources page of the PSNC website](#), as is a template contractor survey which leads can use to collate information from their contractors.

Leads or the LPC should ensure all contractors in the PCN area are provided with the following information, which they will need as part of their declarations for the PCN domains of the PQS:

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

A template to assist LPCs or Pharmacy PCN Leads with providing this information to contractors is available on the [PCN resources page of the PSNC website](#). This template can then be kept by contractors as part of their evidence of completion of the PQS domains.

### Step 3 – Following up with your PCN Clinical Director

One of the suggested actions for all LPCs to undertake as part of the 2020/21 PQS, is to support the Pharmacy PCN Leads by initially contacting the Clinical Director to flag the pending approach of Pharmacy PCN Leads and to introduce the PQS PCN domains. The Pharmacy PCN Lead will then need to follow up independently by making direct contact with the PCN Clinical Director.

For newly appointed Pharmacy PCN Leads, 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; and
- 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).

For both newly appointed and existing Pharmacy PCN Leads, communications or a meeting with the Clinical Director is necessary to discuss the following:

- the elements of the PQS specifically related to the PCN (Flu Vaccination of the 65 years and over group and business continuity planning) including:
  - Getting an understanding of any PCN level flu vaccination plans, e.g. mass vaccination or drive-through clinics;
  - Getting an understanding of practice-level provision, e.g. scheduled vaccination clinic dates or weekend opening and stock availability;
  - What is the PCN plan related to provision of vaccination in care homes;
  - Understanding what collaborative support the Clinical Director thinks, or would like, community pharmacy to provide to increase flu vaccination uptake in patients aged 65 years and over; and
  - Getting an understanding of the individual practice-level contingency plans in the event that there is a significant service disruption or the closure of one or more of the practices;
- other PQS elements with relevance to general practice, including the antimicrobial stewardship criterion and the Prevention Domain (including the suicide prevention and weight management criteria); and
- other elements of the 5-year CPCS of relevance to GPs, particularly the CPCS which is due to include GP referrals from 1st November 2020.

Templates to assist both newly appointed and existing Pharmacy PCN Leads to contact their PCN Clinical Directors and provide the same introductory background that LPCs originally sent are available on the [PCN resources page of the PSNC website](#).

The PQS has also been highlighted to general practices in the NHS England and NHS Improvement (NHSE&I) Primary Care Bulletin on 29th September 2020.

There may be circumstances where the Pharmacy PCN Lead finds resistance from the PCN or practices to working collaboratively with community pharmacy to provide vaccination services. In these circumstances, it may help to explore whether there are arrangements that would provide benefit for all parties and still support achieving increased uptake targets. For example, where community pharmacies will be offering Saturday, Sunday and evening vaccinations to reach a wider section of the population. Equally, it would also be helpful for community pharmacy and general practice to agree mutual boundaries. This may include not vaccinating people who already have an appointment with the practice for vaccination and vice versa. Your LPC may also be able to support or advise if you are finding it difficult to get a conversation going.

Further to any discussions or virtual meetings, it will be important for the Pharmacy PCN Lead to provide a report on the discussion and any other activity within the PCN to the LPC and the contractors within the PCN. While the detail related to the flu vaccination plan and the business continuity plan should be brought to the contractor meeting, a short summary of this and of any other matters discussed should be sent to contractors. A template meeting report form is available on the [PCN resources page of the PSNC website](#).

#### **Step 4 – Follow up with contractors – Contractor surveys & a contractor meeting**

After an agreed period for return of contractor surveys, Leads should follow up any outstanding surveys to build an understanding of which contractors want to be involved in one or both PCN domains. Leads will need to consider whether they wish to have just one meeting for contractors to discuss both domains and consider the outputs to support PCN plans, or whether separate meetings are required to allow plenty of time for contractor discussions.

Leads should seek to confirm with contractors, a suitable date and time for the PCN contractor meeting / discussion. This should then be sent out as an invitation to contractors to confirm the agreed date and time for the discussion. Your LPC may wish to support you with this event and there is a template agenda that Leads can refer to to help them shape their contractor meetings available on the [PCN resources page of the PSNC website](#).

#### **Step 5 – Begin to summarise the information in the contractor survey**

Templates to assist Leads with summarising the information in the contractor surveys is available on the [PCN resources page of the PSNC website](#). This could then be used to help provide contractors with an overview of NHS flu vaccination provision from community pharmacies across the PCN. This coupled with the current PCN flu vaccination plan, should allow contractors discuss whether there are any additional opportunities to support general practice with vaccination provision and promotion in the PCN.

#### **Step 6 – Contractor PCN level discussion / meeting**

There are two PQS PCN domains that Leads will need to guide contractors through to ensure that the appropriate conversations between contractors are held and action points captured to help formulate the PCN Pharmacy plan for flu vaccination and business continuity planning.

Agendas can follow a similar line to those that LPCs may have used to engage Pharmacy PCN Leads. A suggested agenda template to assist Leads shape their meetings is available on the [PCN resources page of the PSNC website](#).

#### **PCN Prevention Domain - flu vaccination service.**

The Key considerations and elements for these discussions are:

- This is the first time there has been a joint incentive for community pharmacy and general practice to focus on the same topic in a collaborative manner;

- The outcome of the conversations amongst contractors at this discussion needs to be a clear pharmacy plan of how community pharmacy is supporting provision and promotion of vaccination. Also identifying where there is any additional capacity to provide vaccinations and where pharmacies could support more collaborative working with general practices. This draft plan should then be shared with the PCN Clinical Director;
- By engaging in the discussion / meeting with you as the Lead, contractors have fulfilled one of the requirements of the scheme;
- Although the bare minimum requirement to demonstrate support is the provision of one NHS vaccination to a patient in the 65 or over group, vaccinating as many eligible people aged 65 and over (including those becoming age 65 by 31 March 2021) as possible using the NHS flu vaccination service between 1st September 2020 and 31st January 2021 needs to remain a focus to maximise the uptake to protect patients and also increase vaccination levels to within the minimum and maximum thresholds for the awarding of PQS points. If the minimum threshold is not reached, neither pharmacy contractors or general practices will receive the respective payments under the PQS and the Investment and Impact Fund;
- As the Lead, share the outputs from your conversation with the PCN Clinical Director including any PCN flu vaccination plans that may further stimulate the contractor discussion;
- Share a summary of the contractor survey related to NHS flu vaccination provision; and
- Explore if there are any opportunities that contractors have not considered (a list of potential considerations is summarised in the appendix).

At the end of the meeting, summarise the outputs of the discussion and agree a timescale when the community pharmacy plan for the PCN will be completed and then implemented. Contractors should be encouraged to use this plan to support building the knowledge of their teams regarding flu vaccination provision in the local area and should retain a copy of the plan as part of their PQS evidence.

### PCN Business Continuity Discussions

The Key elements for these discussions are:

- The outcome of the conversations amongst contractors at this discussion needs to be a summary document to provide an understanding of the potential impact and escalation routes to support both other pharmacy contractors and the practices within the PCN in the event of an unplanned pharmacy closure. It will also provide pharmacies, where the information is available, with an understanding of the practice level plans for significant service disruption and or temporary closure of the practice;
- By engaging in the discussion / virtual meeting with you as the Lead, contractors will have fulfilled one of the requirements of the scheme;
- As the Lead, share the outputs from your conversation with the PCN Clinical Director including, where the information is available, the practice level plans for significant service disruption and or, closure of the practice. This may further stimulate the contractor discussion;
- As part of the discussions at the meeting, contractors should share their high-level business continuity plans and their buddy arrangements in the event of any unplanned closure;
- Leads should share a summary of the contractor survey related to business continuity planning if this helps stimulate the conversations further; and
- Explore if there are any actions that contractors intend to take as a result of these conversations, e.g. to update their business continuity plans.

At the end of the meeting, summarise the outputs of the discussion and agree a timescale when the summary document for the PCN will be completed. Contractors should be encouraged to use this document and any actions identified to review their business continuity plans and ensure their staff are appropriately briefed. The plan and any completed actions should be retained as part of their PQS evidence.

### Working with your contractors and your responsibilities as a Lead

For both domains, it is the responsibility of contractors that want to be able to achieve these domains to both provide the requested information and attend the contractor discussion or virtual meeting that the Lead organises. Leads should endeavour to support contractors to ensure they have captured the requested information, however where a Lead has made reasonable attempts to contact contractors, at least three times, by two different methods and the contractor has either not responded or not returned the requested information, then it can be assumed that the contractor does not want to be involved in these PQS domains.

Where a contractor is not able to attend the organised discussion / virtual meeting, or provide a representative to attend, this should not exclude them from ongoing collaborative working between pharmacies within the PCN. However, it is the responsibility of the contractor to contact the Pharmacy PCN Lead to obtain an update on the event and ensure that they can contribute to the plan following the meeting. Leads are encouraged to follow up any contractors who confirmed they would attend and did not, as well as any contractors that identified that they could not attend the agreed discussion.

### Step 7 – Communicate a summary of your plan and document to contractors and the PCN Clinical Director

Both the flu vaccination plan and the business continuity document should be shared with contractors in the PCN and with the PCN Clinical Director. A copy of the business continuity document should also be shared with the LPC and the NHSE&I regional team

Further information and resources on PQS and on making your PQS claim is available at [psnc.org.uk/pqs](https://psnc.org.uk/pqs).

If you have queries on this PSNC Briefing or you require more information, please contact the [PSNC Services Team](#).

## Annex A: Flu vaccination service models

Each contractor and practice will have a preferred way of providing flu vaccinations to patients. The table below lists some models along with considerations and opportunities. The list is not comprehensive and other considerations may be appropriate.

Information / consideration	Collaborative working opportunities
<i>Individual patients</i>	
<ul style="list-style-type: none"> <li>• Walk-in, appointments or both?</li> <li>• Is the practice also offering vaccinations in this way?</li> <li>• Is there capacity to administer more vaccinations in this way or would that impact other workload too much?</li> </ul>	<ul style="list-style-type: none"> <li>• Signpost patients to alternative providers or vaccination events off-site in the PCN using prescription headers / marketing material.</li> <li>• Encourage patients who have an appointment for a vaccination to keep it.</li> <li>• Advise patients about all options during a consultation or appointment booking.</li> <li>• Communication about availability of flu vaccine stocks to reduce delays in vaccination.</li> </ul>
<i>Clinics on premises</i>	
<ul style="list-style-type: none"> <li>• Limits disruption of regular services.</li> <li>• Could be carried out in other appropriate areas of the pharmacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote dates of clinics across the PCN.</li> </ul>
<i>Sub-contracted vaccinator</i>	
<ul style="list-style-type: none"> <li>• Pharmacist vaccinators could be provided on a sessional basis to practices to increase their capacity when providing vaccination clinics, with the employer being paid for the pharmacist's time.</li> <li>• The practice will provide the necessary equipment and claim for vaccines from NHSE&amp;I.</li> <li>• Consider insurance cover for such service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional vaccine-trained member of staff to support practices to increase throughput in a vaccination clinic.</li> <li>• Provide additional vaccination capacity without other involvement in the process.</li> </ul>
<i>Within an off-site multidisciplinary clinic setting</i>	
<ul style="list-style-type: none"> <li>• How will venue hire / PPE / cost / cold chain storage costs be met?</li> <li>• Will sufficient vaccinations be possible to cover the full costs of providing the service in this way?</li> <li>• Consider insurance cover for such service provision.</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy provider supplies flu vaccines and claims normal fees from NHSE&amp;I for those they administer.</li> <li>• IT considerations to record clinical information and send GP notifications.</li> </ul>

*To housebound patients or nursing homes*

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| <ul style="list-style-type: none"><li>• Pharmacy contractors will need to consider the additional costs which will be incurred, e.g. travel time and cold chain.</li><li>• Will sufficient vaccinations be possible to cover the full costs of providing the service in this way?</li></ul> | <ul style="list-style-type: none"><li>• Both care homes residents and staff can be vaccinated.</li><li>• Communicate across the PCN to reduce duplication of effort.</li></ul> |
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