

ROYAL  
PHARMACEUTICAL  
SOCIETY



SEPTEMBER 2019

# Primary Care Networks and Community Pharmacists



Royal College of  
General Practitioners

**Primary Care Networks (PCNs) are groups of GP practices coming together across England to share resources and deliver place-based care to their patients and population. Collaboration will not be limited to GP practices as PCNs also present an opportunity for community pharmacists to better engage with primary care colleagues at an early stage. Pharmacists, in whichever setting they work, have a wealth of knowledge and expertise around medicines.**

**PCNs provide an opportunity for services to be delivered in a complementary way across general practices and community pharmacies.**

## How can PCNs and community pharmacists work together?

Community pharmacies are easily accessible particularly in areas of higher deprivation. They are trusted local points of contact at the heart of the community, with different opening hours to local practices. They enable people to walk in without an appointment and have access to the skills of a pharmacist. They often interact with vulnerable populations such as the frail, elderly, homeless or substance misusers. PCNs should consider harnessing these connections to inform the development of services focusing on their local patient populations at the earliest opportunity.

Community pharmacists may be involved with local quality improvement projects, such as reducing Antimicrobial Resistance (AMR), recognising early signs of sepsis and some are also involved in practice / real world research. As well as the safe supply of medicines and providing advice and support, pharmacists and their teams also have a role in signposting to other local services, referring to link workers and providing advice and services around healthy lifestyles. This can help with workload for practices and services across the NHS, ensuring patients are able to access the right services at the right time. Pharmacists and PCNs can work together to build on this work and nurture new services for the benefit of their local population.

Community pharmacists provide medicines optimisation services which need to be integrated into local care pathways to ensure that care provision is joined up across the system and to avoid duplication of effort. Community pharmacists can support their colleagues in PCNs to deliver

structured medication reviews (SMR) by supporting patient understanding of long-term medicines, supporting patients when they are prescribed new medicines, identifying and addressing inappropriate polypharmacy and identifying patients who may benefit from a SMR. Community pharmacists have a clear role to play in supporting people who have recently been discharged from hospital, ensuring any changes to medicines are continued in primary care and thereby preventing readmissions. The Academic Health and Science Networks (AHSNs) are moving this work forwards with the Transfer of Care around medicines (TCAM) project, which has demonstrated lower admission rates and shorter hospital stays for patients who receive community pharmacist follow-up consultations / reconciliation post discharge. This is now included as a medicines reconciliation service within the community pharmacy contractual framework (CPCF).

One of the major roles that pharmacists can play is in supporting the health and wellbeing of the population covered by a PCN. By 2020 all community pharmacies will be accredited as healthy living pharmacies (HLPs) and offer a range of preventative / public health services. They already can offer advice on healthy eating, stop smoking, sexual health and physical exercise and can support people to stay well. Community pharmacists are well placed to assist in the management of long term conditions, supporting self-care and improving person centered outcomes. As PCNs develop this can be developed into more innovative models that explore other prevention and public health services.

Community pharmacists are supporting urgent and emergency care, for example, those who require an urgent supply of a medicine to help relieve the pressure on general practice and wider NHS teams. Community pharmacies should be the first port of call for minor ailments with GP practice staff and NHS 111 referring people to their local community pharmacy for such conditions but in time people will go directly to the community pharmacy. Currently 20.4 million GP consultations are for minor ailments so using community pharmacists in this way will free up time in GP practices. This type of service is currently being piloted via the NHS Community Pharmacist Consultation Service (CPCS). Alongside this, there are opportunities to explore how community pharmacies can contribute to PCN extended hours DES.

How delivery of the seven new network service specifications will happen needs to be explored with the potential to look at how non-GP providers can support this delivery. For example, community pharmacists can support by identifying early signs and symptoms of cancer and CVD. A hypertension case finding service will be piloted as part of the CPCF.

PCNs offer the opportunity for pharmacists across the network to support and mentor each other and for the professions to promote both inter-professional and intra-professional working. This could be enhanced via training hubs, which are being developed across the country, providing multidisciplinary training and education for all professionals working in an area

## How can community pharmacists engage with PCNs?

The BMA, RCGP and the RPS encourage collaboration between community pharmacies and PCNs to deliver optimum local population health. We encourage all PCN clinical directors to consider how community pharmacists can be partners in supporting the health and wellbeing of the local population, including helping to address current workload pressures within PCN services. In order to maximise the potential of the PCN contract, joint partnership and collaborative provider models should be considered.

Currently some community pharmacists are qualified as independent prescribers but are unable to fully utilise their prescribing qualification. We would like to encourage the greater use of pharmacist prescribers across the PCN with appropriate clinical support, so they can better support the delivery of care and care closer to home.

NHS England have developed the Primary Care Network (PCN) contract and have provided guidance for Local Pharmaceutical Committees (LPCs) to help facilitate engagement with the PCNs. All PCNs will need to engage with the non-GP providers, including community pharmacies, by April 2020, but many are likely to do so before this date.

Community pharmacies within a PCN boundary should begin by considering how they might engage with the network and what their offer to their PCN could be. This could be facilitated by the LPC and involve working with the Local Medical Committees (LMCs), Clinical Commissioning Groups (CCGs) and PCN clinical directors. PCNs may find it helpful if there is a single point of contact to engage with in relation to the community pharmacies within the area, although this may depend on local circumstances. This is being encouraged via the new Community Pharmacy Contractual Framework (CPCF).

[The community pharmacy: A guide for general practitioners and practice staff](#)

[Guidance for Local Pharmaceutical Committees \(LPCs\) – How to help contractors get involved with Primary Care Networks](#)

[A short summary of The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan](#)

# Enablers to make this happen:

---

- Community pharmacists need support with infrastructure to help PCNs even further, in particular:
- Access to relevant electronic patient information in order to deliver seamless care for patients and to the ability to share information on intervention they make as community pharmacists. This needs to include the delivery of interoperable systems across networks.
- Mechanisms and clinical standards to make referrals from community pharmacies to GP practices so that systems are joined up and share relevant information.
- Local training hubs will need to work to cultivate a sustainable, flexible, effectively skilled workforce with the potential to develop team members to deliver care across different parts of the system.
- Support for pharmacists within a network to cooperate and work collaboratively to provide effective and sustainable services across a PCN.

## Next Steps

---

The RPS will work with the BMA, RCGP as well as other key stakeholders such as NHS England / Improvement to promote the community pharmacy workforce to GP practices and PCNs. We will provide assistance and advice to both GPs and pharmacists, respectively, to ensure that PCNs engage with community pharmacy and integrate community pharmacists into PCNs. We are all healthcare professionals that want to work across the systems to provide the best care we can to patients and the public and ensure they get the best outcomes from the interventions and treatments provided.