ROYAL PHARMACEUTICAL SOCIETY

Pharmacy Representation Review 2020 (Reforming LPCs and PSNC): Royal Pharmaceutical Society response

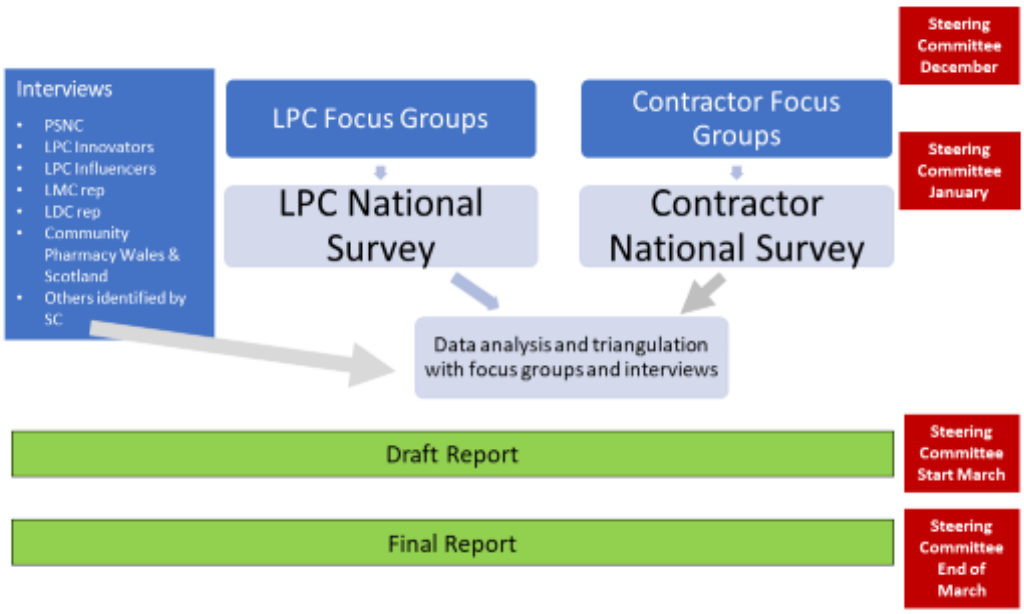
What's going on

Community pharmacy is changing and so is the NHS around us, which includes the advent of Primary Care Networks. As things continue to evolve, PSNC and Local Pharmaceutical Committees want to ensure they can effectively represent pharmacy contractors, now and into the future.

PSNC and England's 69 LPCs have therefore jointly commissioned an independent national review of pharmacy representation in England, led by Professor David Wright. It covers:

- What representation and support is needed by contractors now – and what is the future requirement likely to be?
- What is working well in LPCs and PSNC and what could be improved?
- What are the most effective structures for current and future demand?
- What is the best structure to ensure all contractors are represented well?
- What, if any, changes are needed now and over the life of the new Contractual Framework and beyond?
- How should the representation and support for contractors be financed?

By the end of March, the review team will produce a written report and recommendations.



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Why this matters

If the review succeeds in its stated objectives (see PSNC slide below), making effective recommendations that are comprehensively adopted, pharmacies will be better represented and supported because the sector's collective resources will be deployed more effectively than now. We must not miss this opportunity to improve community pharmacy's support and representation - the opportunity may not come again for a long time.

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The RPS response:

As this review rightly points out, the landscape of the NHS is changing. Recently there has been the formation of over 1,200 PCNs. This means that there must be engagement with community pharmacy at this local level for community pharmacy to be recognised and integrated into PCNs. There is now much more of a focus on commissioning for population health at this local level.

The community pharmacy contract currently focuses on services that will be delivered nationally and those that are commissioned via the NHS. Much innovation occurs at the local level and the systems and processes in place need to enable local services to be delivered according to local needs. Some local community pharmacy services are also commissioned outside of the NHS, for example, public health services commissioned by local authorities. There are currently some good examples of where this is happening e.g. West Yorkshire LPC and it is important not to destabilise where this is already working well.

The RPS believes that the structures surrounding the commissioning of community pharmacy need to adapt to enable and support innovation at a local level. We believe that PSNC must continue at a national level to enhance content in the national contract in the same way as the GPC does for the GMS contract for General Practice. It is important to have people with the right capabilities to negotiate at this level. So the role of PSNC should continue i.e. identifying the capability of community pharmacy delivery and negotiating on this basis. But other avenues should also be explored that will allow for local services to be delivered. This could also include services that are commissioned outside of NHSE/I. A proportion of the Pharmacy Integration Fund (PhIF) should be ser aside to support and develop local innovations that encourage the integration of pharmacy across a system, for example, PCN and community pharmacists working together to deliver the Enhanced Health in Care Homes service specification.

LPCs have both a representational and a support role which are currently delivered to varying degrees across England. This variability in LPCs is a major concern. Taking stock of what LPCs are currently doing and learning from the best will help to develop all LPCs to a similar level.

At a local level LPCs need to evolve to be much more supportive for those starting to take on the role of lead PCN community pharmacist. They should be supported and encouraged to develop local leaders. LPCs should be much more focused on coordination and supporting service development. Historically there have been issues about sharing costs and fee information based on competition law, but there is a role for LPCs here to ensure that funding is appropriate or at least take on an advisory role on the financial consequences of taking on a service. LPCs need to deliver in terms of business development, innovation and quality assurance team. They may require support from a regional structure to do this.

LPCs need to become more inclusive, as with LMCs, where there is representation from groups beyond contractors. So ideally there needs to be a shift from a focus on the current representational role to becoming much more project management led. However, there will always be a need to be there for contractors when there are issues with NHSE/I such as contractual issues.

In order for this to become a reality there needs to be wider investment in local leadership for pharmacists.