

Briefing for PCN Clinical Directors- Pharmacy PCN Leads and the Pharmacy Quality Scheme Autumn 2020

Background

As part of the national community pharmacy contractual framework (CPCF), pharmacies are being encouraged, via the Pharmacy Quality Scheme (PQS), to come together within their PCN footprints to work more collaboratively both between themselves and with their PCNs on the delivery of priority patient services and local system resilience.

You may recall that under the previous PQS initiative in early 2020, pharmacies came together to identify a single Community Pharmacy Lead (CPL) for each PCN. This Lead then made an initial contact with our Clinical Directors. Unfortunately, due to COVID the “next step” was delayed, but the aims and requirements of the next phase of PQS have recently been announced.

PQS this time seeks to progress collaborative working with a focus on the delivery/target attainment of flu vaccinations to the over 65s, and on improving local resilience by pharmacies working together on business continuity planning and sharing these plans with PCNs, and for PCN/practice business continuity planning to be shared with pharmacies.

For our pharmacies, this collaborative work will be championed by our identified Community Pharmacy Leads. The names of these Leads will be confirmed to you in due course, as there may have been some changes since January.

The funding for this role remains limited, so while it is hoped that their interactions with PCNs will foster greater ongoing mutual understanding, dialogue and co-production on a range of matters, initially there will understandably need to be a clear focus on the requirements of the PQS.

PQS Requirements for Interaction with PCNs and Clinical Directors:

Prevention: Flu vaccination for the over 65s:

- The Pharmacy Lead has engaged with the Clinical Director to agree how community pharmacies in the PCN will collaborate with general practice to increase the overall vaccination uptake in the over 65s.

Suffolk LPC will be working with all partners to facilitate these interactions, and to perhaps propose what such collaboration may involve. It may be that sharing and discussing some basic information on how pharmacies and practices are planning to overcome the challenges faced in service delivery this year for this cohort would be a sensible approach, so that the overall “offer” to patients is better understood by all.

For more information on this PQS requirement please see: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pqs-2020-21-part-2/> (domain 4)

Business Continuity

The pharmacy PCN Lead must:

- Facilitate discussions between pharmacy contractors that wish to complete the requirements of this domain, with the aim of ensuring all participating contractors understand the high-level business continuity plans each pharmacy contractor has in place should they need to temporarily close the pharmacy and can adopt a collaborative approach to support those plans, where appropriate and necessary. The discussion must similarly include, where available, the sharing of information on the plans of general practices within the PCN, should they need to temporarily close (see the following point). All these discussions, and the resultant improved understanding of all participating contractors regarding local business continuity planning, should help the smooth enactment of individual business continuity plans across the PCN, should the need arise; AND
- **Liaise with the PCN Clinical Director (or their appointed lead)**, and other relevant individuals, to gain an understanding of the business continuity plans for the general practices within the PCN, should one or more have to close or be severely compromised in the services it can provide. Appropriate details of the high-level business continuity plans for the general practices should be shared with the pharmacies in the PCN, so that in the event that a general practice needs to temporarily close, pharmacy contractors can adopt a collaborative approach to support the plans of the general practice, where appropriate and necessary; AND
- Collate the following information from each participating contractor and share this with all the contractors within the PCN, **the PCN Clinical Director**, the Local Pharmaceutical Committee and the NHSE&I regional team: contractor contact details for use in an emergency, the names of the pharmacies and general practices that are most likely to be significantly impacted by a temporary closure of each pharmacy (as a result of patient flows) and the high-level details of any arrangements that have been put in place with them which will be activated in the case of the contractor needing to temporarily close their pharmacy.

For more information please see: <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/pqs-2020-21-part-2/> (domain 5).

Clearly the inclusion by NHSE&I of these requirements within the community pharmacy contract seeks to progress the inclusion and integration of the community pharmacy network and services within the developing PCN landscape. We hope that all our Clinical Directors will feel able to support this engagement.