

A resource to help pharmacists in England get the best from involvement in practice-based commissioning

What does practice-based commissioning mean for pharmacists? Heidi Wright, head of quality improvement at the Royal Pharmaceutical Society, outlines the benefits of becoming involved and points to the various resources available to help community pharmacists

Practice-based commissioning (PBC) is a hot topic within the English NHS, but what does it actually mean for pharmacists and what resources are there to help understand this new way of working? For many pharmacists, involvement in PBC will, to date, have been limited and many of the documents related to PBC do not recognise the valuable input that pharmacists can make in both the commissioning and the provision of services.

At a national level many representative bodies are lobbying for the involvement of pharmacists in PBC so now is a good time for pharmacists to become involved locally.

This guidance, produced by the Royal Pharmaceutical Society, in association with the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee, the Company Chemists' Association and NHS Primary Care Contracting, is intended to help pharmacists understand what PBC is and explain what needs to be done to extract maximum benefit from it.

What is practice-based commissioning?

PBC is a tool to improve the quality of services and access for patients. PBC supports the move of funding to front-line staff to enable the delivery of innovative system reforms, patient choice, plurality and investment. It supports the intention that commissioning should take place as close to the patient as possible to ensure cost-effective use of resources.

Under PBC, all practices will be given a minimum indicative budget which will be increased over time to enable the purchase of a range of services agreed with the PCT. A number of PCTs have already started the move to fair share budgets for 2007/08. (The allocation of the practice fair share budget is based on capitation rather than historical spend.) Many practices have chosen to pool their fair share budgets and operate as consortia, with shared responsibility and decision making.

PBC should involve a number of other health care professionals, voluntary organisations, private sector organisations etc. The challenge of PBC will only be met if there is effective collaboration between all professional groups.



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Pharmacists should talk to PCT commissioners and PBC consortia leads to offer pharmacy advice and involvement in commissioning groups

There are several benefits for community pharmacists who are involved with PBC:

- Integration into primary care
- Retention of existing income streams and gaining new ones
- Increased patient loyalty and footfall
- Opportunity to develop new clinical roles including pharmacists with special interests, prescribing etc
- Improved services and access for patients and the local community

Likewise there are risks for community pharmacists of not getting involved in PBC:

- Potential loss of profitability to reinvest in skill-mix, premises and opportunities as new services that pharmacies could provide are awarded to other organisations or professions
- Potential loss of patient loyalty and footfall
- Failure to be involved in the design and delivery of new patient care pathways
- Isolation from other primary care providers

- Lack of credible recognition from other health professionals and commissioners

What needs to happen at a local level?

At a local level, local pharmaceutical committees should:

- Find out how many PBC locality groups there are in their area and who their clinical and commissioning leads are
- Talk to PCT commissioners and PBC consortia leads and offer pharmacy advice and involvement to PCT-based commissioning groups
- Work with local PCT heads of medicines management teams to develop a team approach to tackling medicines and pharmacy-related issues with PBC consortia and PCT commissioners
- Make links with the Improvement Foundation regional leads (see Panel)
- Encourage pharmacy representation on professional executive committees as these will be responsible for approving expenditure plans and will have significant input into commissioning decisions

- Encourage LPC representation on the PBC delivery group or PBC steering group at PCT level to ensure an opportunity to contribute to service redesign and an overview of progress across all localities
- Actively promote the benefits of optimising the community pharmacy contractual framework and accessible resources
- Get involved in the design of care pathways locally and ensure pharmacy has a foothold
- Gain access to locality-based data relating to current referral and admissions costs to identify opportunities
- Encourage collaborative working wherever possible
- Work with pharmacy development groups, where these are in place, to take PBC forwards
- Learn how to write bids, tenders and business cases in the format that is required locally (there may be a template available); PSNC guidance to local pharmaceutical committees contains resources for preparing bids and the NPA has published a suite of PBC business case templates which are intended to be tailored for local use (see Panel)
- Increase the knowledge of PBC among LPC members and constituent contractors and pharmacists

Community pharmacists should:

- Talk to their GP colleagues to find out what their plans are around PBC
- Ensure clinical governance is an integral part of all the services they offer in order to demonstrate and improve the quality and the safety of all services that are currently offered
- Evaluate their existing services to secure continued funding and ensure evaluation is included in any new services
- Gather information from their customers and patients to see what services they would like to see provided within the PCT
- Talk to PCT and practice-based medicines management pharmacists to understand how they can work together
- Talk to their LPCs and check their websites for information on PBC

Community pharmacists need to discover what the local needs are and then approach the PBC consortia or PCT with solutions to their problems.

Selling the benefits

Community pharmacy is already involved in service redesign in a number of areas such as sexual health, smoking cessation, weight man-

agement and prescribing. Under PBC, community pharmacists could offer:

- Improved access to services and improved capacity, eg, minor ailment schemes
- Support for the management of long-term conditions, including repeat dispensing schemes, medicines use reviews, etc
- Reduction of avoidable hospital admissions and bed days, through repeat dispensing schemes, medicine use reviews, etc
- Reduction of waste, through repeat dispensing schemes, medicines use reviews, etc
- Cost-effective prescribing, through supporting PCT initiatives to help make prescribing savings
- Reduction in accident and emergency costs
- Involvement of public and patients in service planning
- Reduction of health inequalities and improvement of public health

Community pharmacists do not need to compete with other health care professionals for these services but they can look for opportunities where they can work in collaboration with others for the overall benefit of patients.

Sources of useful information on practice-based commissioning

Department of Health The Department of Health has set up a separate section on its website which contains all the resources it has produced for practice-based commissioning (PBC), including frequently asked questions and the latest news. It can be found at www.dh.gov.uk.

Improvement Foundation The Improvement Foundation is running the national PBC development programme, which currently involves 70 per cent of primary care trusts. The main programme consists of a collaborative, which is running in three waves. Local pharmaceutical committees and pharmacists need to be aware of any teams within their area and either get involved or learn from these sites. Details of the centres and the programme are at www.improvementfoundation.org. The local centres are in the process of setting up PBC days for all PCTs and, again, pharmacists are encouraged to get involved in these. Other resources include a "Practice based commissioning assessment framework" (2005), which is available at www.improve.nhs.uk. This framework is designed to help practices and PCTs to undertake a diagnosis of their capacity and capability to meet the challenges of implementing PBC and to identify development needs.

The Improvement Foundation website also contains a great deal of information on PBC and also "at a glance" guides as well as examples of service redesign.

The Improvement Foundation development programmes, including the leadership programme, are also available to community pharmacists and quality improvement skills training can be delivered locally to community pharmacy teams. Further details are available from regional Improvement Foundation centres.

National Pharmacy Association The National Pharmacy Association has produced a "Practice based commissioning resource" (March 2006), which explains PBC and demonstrates what it means for community pharmacy. It includes a number of key messages for pharmacists about how they can get involved at a local level and how they can put the case forward for pharmacy involvement.

The NPA has also published a suite of PBC business case templates, which can be tailored for local use. See www.npa.co.uk.

NHS Alliance The NHS Alliance has published a number of really useful documents, which are available at www.nhsalliance.org. However, these are only available to download for members of the organisation.

National Association of Primary Care The National Association of Primary Care has a number of useful documents for member commissioners and providers, many of which are related to PBC. See www.napc.co.uk.

Pharmaceutical Services Negotiating Committee The Pharmaceutical Services Negotiating Committee has produced "PBC: a practical guide for LPCs" (2007) and regularly updates LPCs in PBC developments. Its website has a page dedicated to PBC that includes action points for LPCs. See www.psn.org.uk.

Primary Care Contracting Primary Care Contracting has provided a wealth of information around PBC and has developed a bulletin on pharmacy and PBC. They also have regional advisers who may be a useful resource locally. See www.primarycarecontracting.nhs.uk.

Health Policy Forum Health Policy Forum is made up of representatives from the Company Chemists' Association, the NPA, the PSNC and the Royal Pharmaceutical Society. In December 2006, the forum published "Making commissioning effective in the reformed NHS in England" which sought to determine what makes for good or effective commissioning. See the "working with other bodies" page of the "world of pharmacy" section at www.rpsgb.org.uk.

Pharmacy Management *Pharmacy Management* published an article entitled "Commissioners' corner: practice based commissioning" in July 2006. This paper defines PBC, sets it in the context of the overarching system reforms programme within the NHS and identifies opportunities for pharmacists. It is available online at www.pharman.co.uk.

Commissioning toolkit for long term conditions The commissioning toolkit is a website that brings together information and resources to help commission effective patient centred services. See www.commissioningforthelongterm.org.uk.