

Review of PECs: consultation opens

Consultation on a review of primary care trusts' professional executive committees (PECs) began last week. Dawn Connelly looks at the outcomes of the review, and suggests why pharmacists should respond to the consultation and be prepared to become involved

There is no question that professional executive committees (PECs) need to change in order to reflect the developing roles of primary care trusts in England. The debate now is what these new PECs should look like and what will be their roles and functions.

The outcomes of a review "Fit to lead", which was carried out by the NHS Alliance on behalf of the Department of Health, were published last week in the form of a consultation document. The alliance collated and analysed the opinions and experiences of key stakeholders, including PEC chairmen and members, chief executives and their management teams, health professionals and external stakeholders, to produce the document, which will be out for public consultation until February 2007.

Over 60 per cent of PECs have appointed a pharmacist since 2004 and several of these pharmacists have gone on to become PEC chairmen and vice-chairmen. Mark Bulmore, a pharmacist and chairman of the professional executive committee at South East Essex Primary Care Trust, told *The Journal* that pharmacists must be represented on the new PECs in order for primary care trusts to fully implement the Government's White Paper "Our care, our health, our say". "Pharmacists have been for years part of communities where they understand patient needs and can deliver health care in an easily accessible manner. They know how to design and deliver services that patients want," he says.

The review makes it clear that a one size fits all approach is not desirable. New PCTs vary hugely in the populations they serve, so there is a need to set principles but allow local variation, it says.

In terms of membership, most contributors believe that this should remain multiprofessional, but should be smaller, with four to eight professional members. The review says that professional bodies representing allied health professionals, dentists, nurses and pharmacists all put forward convincing arguments why their professions should be represented on the PEC. However, it adds: "A balance needs to be reached between multiprofessionalism and the benefits that brings, with maintaining a size that is functional and able to operate in a focused way." It suggests that rather than representing a professional group, PEC members should be appointed on the basis of their likely contribution and skills, have clear job descriptions, key lead areas and tasks, and should be accountable for their delivery.

The review highlights that the PEC represents one part of the spectrum of clinical engagement within a PCT rather than the sole means for professionals to be engaged.

Contributors to the review are clear that clinical members should be practising profes-



sionals with a caseload. Many believe that a poor level of appropriate skills among PEC members has contributed to their poor performance in the past. "The focused strategic role, together with functions such as developing and managing the market, requires professionals who, rather than representing their own professional constituency, can draw on their professional perspectives and blend them with other skills including leadership," it says. The review adds that the selection process should be more rigorous and appointment should be by interview. Most stakeholders also believe that remuneration must reflect the responsibility and importance of the posts and must be equal for all members.

Pharmacy bodies' views

The Association of Independent Multiple Pharmacies, the Company Chemists' Association, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society produced a joint response to inform the review. In it, they highlight the inherent conflict of interest in many practices taking on both a commissioner and a provider role under practice-based commis-

sioning and argue that the new PEC could play a key role in scrutinising decisions made within commissioning groups.

They contend that one of the reasons why PECs have not delivered more innovation is because they have been, for the most part, dominated by one professional perspective and focused on the existing model of service delivery. "As far as the pharmacy bodies can see, PBC may simply replicate this problem at local level. It is for this reason that the PCT has a duty to put in place a strong PEC that can effectively scrutinise the decisions of commissioning groups." To be effective in this new role, they say, the PEC should be a cross professional and sectoral forum involving providers and frontline clinicians rather than PCT employees. No one profession should be in the majority. "Likely members would be generalists and include representatives from relevant sectors who command the confidence and support of their peers." They suggest that where commissioning plans for more specialist services are being assessed, representatives from these specialties could be seconded to the PEC.

In areas where there have not been pharmacist members on PECs, Mr Bulmore sees the consultation as a clear opportunity to promote their worth. In areas that have had pharmacist representation, pharmacists should respond to the consultation in order to ensure that this valuable role continues in the future as it has done in the past, he says.

Before the recent reconfigurations, Essex had 13 PCTs, all of which had pharmacist representation on their professional executive committees. "It is almost certain that we will have pharmacist representation on the PECs of the five new reconfigured PCTs, three of which will be at PEC chairman level." This, says Mr Bulmore, is down to the efforts of individuals who have worked to build relationships locally and through the local pharmaceutical committee, which has been proactive in engaging with PCTs to promote the benefits of pharmacy involvement in PECs.

Other themes in the review

Stakeholders agree that the PEC needs to shed some of its broader roles so that it can focus on strategy and the core business of the PCT. However, they believe that the new PEC should play a strategic role wherever it is able to add value and should not be restricted to clinical issues. There is wide agreement that it should have a decision-making rather than an advisory role. Key functions will be: setting and communicating the vision and strategic direction of the PCT; commissioning and managing the market; clinical effectiveness and clinical governance; and leading communication with partners and stakeholders.

Contributors also say that new PECs must harness the factors that have made some of the current models a success, one of which is good relationships with the senior management team. There is also agreement that the new PEC is key in facilitating and driving practice-based commissioning, a role which is likely to change as PBC matures. Many stakeholders say that the future of the PEC will depend upon establishing a clinical leadership career structure within the NHS.