

Professional executive committees: why should pharmacists get involved?

Pharmacists who chair professional executive committees (PECs) of primary care trusts are on the rise, and seven are known to *The Journal*.

Dawn Connelly finds out what the role entails and how pharmacists' involvement in PECs benefits the profession

Almost two-thirds of PCTs in England now have pharmacist members of their professional executive committees (*PJ*, 28 May, p639) and *The Journal* knows of seven PECs that are chaired by pharmacists.

John Carr is chairman of the PEC at East Staffordshire PCT. He took on the role in December 2002 after being elected by the committee, of which he has been a member since it was established in June of that year.

Mr Carr's background is in community pharmacy and, until last summer, he was employed by Boots The Chemists, where he latterly became involved in working with primary care trusts. He now works as a practice pharmacist and spends about two and a half days a week on his role as PEC chairman. "I chair the monthly PEC meetings, but of course it is far more than being just a meeting chair. I am responsible for ensuring that each of the subgroups that report to the PEC are developing activities to meet the PCT targets — both local and national standards of performance," explains Mr Carr. He adds that he also chairs the IT subgroup of the PCT and is involved in the clinical governance and prescribing subgroups.

Mr Carr regularly participates in the weekly executive meetings and provides clinical input. In addition, he meets monthly with the chief executive and the chairman of the trust board. "These meetings are really important in terms of making sure the three major arms of the PCT are operating in a similar manner and driving towards the same key objectives," explains Mr Carr. He is automatically a member of the trust board and together with the associate medical director and the public health director, provides clinical representations to the board.

Another key part of his role is to go out into the community and meet contractors, including pharmacists, GPs, dentists and optometrists. "The purpose of these meetings is to listen to the issues and find out what is going on out there, and to explain how the PCT works," he says. East Staffordshire PCT is currently working hard to develop relationships with the local hospital and local council. "Public health is really important to us and it is important to recognise that public health is not just a health agenda, it is an environmental agenda as well."

Developing the PEC

Brian Jolley, a community pharmacist, was appointed PEC chairman at Waveney PCT in May. He has been a member of the PEC for two years and is the PCT's lead on the new pharmacy contract as well as the clinical governance lead for community pharmacy. "I am looking to develop the PEC into an effective committee to advise the board on all clinical issues within the PCT. What we are trying to do is to empower clinicians so that we have a more effective PEC," he explains.

Mr Jolley says that Waveney, like a lot of PCTs in the area, has financial problems. He hopes to address this. "We are tending to look at possible solutions, and the clinicians are going to be driving this so that the base service is affected as little as possible but we get the maximum savings," he explains.

The PEC chairman is the link between the management side and the clinical side of the PCT, explains Mr Jolley. "Decisions made at the PEC are fed into the operations managers meetings. The PEC chairman is also a member of the PCT board so I am expected to comment on various issues that the PEC is involved in." Mr Jolley believes that having a



John Carr: PEC involvement increases understanding of how NHS works

pharmacist in this key role has improved communication between local pharmacists and the PCT. Mr Jolley is chairman of the local pharmacy development group, which meets twice monthly and is used as a discussion forum between the PCT, local pharmaceutical committee and pharmacists. "I can highlight issues that are important to pharmacy at high levels. I think that has probably made people more aware that pharmacy is there and it is able to offer services, particularly the enhanced services in the new contract."

Carol Charlton is PEC chairman and pharmacy representative at Darlington PCT. She was appointed in May this year after serving on the committee for about two years. Mrs Charlton has worked as a community pharmacist for over 20 years and believes that it is important that she maintains her "day job" so that she can see how decisions made at PCT level and higher affect pharmacists. Like Mr Carr, she is also on the prescribing and clinical governance subcommittees.

She perceives that her role as PEC chairman is to ensure professional involvement in PCT decision-making and encourage clinicians to drive forward agendas that will benefit patients. "I am trying to engage with all professionals within the primary care setting, including pharmacists, doctors, nurses, physiotherapists, dentists and optometrists," she explains.

Primary care trust leadership structure

Primary care trusts are led by three key people: the chairman of the professional executive committee, the chairman of the PCT board and the chief executive. Their roles are as follows:

- The PEC focuses on the clinical and health agenda and evaluates performance. It prioritises bids for future work and establishes a local delivery plan
- The PCT board provides strategic oversight and verification to the work of the PEC. Being largely made up of non-executive directors, the board looks to the PEC to advise it on clinical issues
- The management team, accountable to the chief executive, ensures implementation of the decisions made by the executive committee and the board, and looks after the day-to-day management of the trust

Mrs Charlton says that Darlington has a large PEC which has representatives from all professions. "It works very well. We have seminars at the PCT, which allow professionals to talk with the PCT managers about their professions and their capabilities." Mrs Charlton believes her involvement in the PEC has led to better communication and improved relationships between GPs and pharmacists in the area. "Through my work on the prescribing subgroup we now have improved telephone access via which community pharmacists can contact GPs with prescribing queries," she says.

Her role has also enabled her to raise the profile of pharmacy and show the PCT how pharmacists can be involved in improving public health. A community pharmacy facilitator was appointed at the PCT about a year ago, and the two pharmacists have set up a local pharmacy development group, which has led to the initiation of a minor ailments scheme and a co-ordinated schedule of public health promotion that all community pharmacies within the PCT will follow for the next year.

Becoming a member

Mr Carr says that, although pharmacists do not need to aim for the position of PEC chairman, it is important that they are members of PECs. "By being involved, pharmacists are likely to understand how the NHS

works and the opportunities that exist. They are also in a better position to demonstrate how pharmacy can contribute to the overall working of the PCT and the health of the public." Mr Carr admits that, in some respects, it is not as easy being PEC chairman. "I have to take a balanced view. I have to represent nurses, GPs, physiotherapists, etc, in just the same manner as I would pharmacists," he says. However, he believes that if people see pharmacists taking on the role of PEC chairman then they recognise that pharmacists are willing to contribute.

Many pharmacists have management experience that would be invaluable for the role. "Pharmacists are often used to managing fairly large businesses, and they gain a lot of skills and knowledge from working in these larger organisations. It is often harder for clinicians to have this experience because they have not had the opportunity to manage an environment with a lot of people in it."

Mr Jolley is optimistic about the future but says that more pharmacists need to get involved. "Pharmacy has got a wonderful opportunity to be integrated into the existing system. If we do not take this opportunity, we are going to lose more and more services — the supply function alone will not be enough to keep pharmacy going." He adds that more and more PECs are realising the value of having a pharmacist on the committee.



Carol Charlton: better communication between pharmacists and GPs

Mrs Charlton concludes: "The board at Darlington PCT very much welcomed the involvement of a pharmacist and is confident that the GPs have seen the benefits in having me involved."

Communication with primary care trusts will be key to the development of the profession as the new contract is implemented. The message from these lead clinicians is "get involved".

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