

# Collaboration is key for community pharmacists to succeed in PBC world

Pharmaceutical adviser Sue Carter is locality lead for practice-based commissioning within her PCT. Dawn Connelly finds out what this involves

With all the changes that have taken place in primary care over the past few years, many pharmacists may feel that practice-based commissioning (PBC) is one area that they have not yet got to grips with. Sue Carter, a pharmaceutical adviser at Adur, Arun and Worthing Primary Care Trust, is ahead of the game. She was appointed locality lead for PBC within her PCT a year ago.

PBC is about service redesign. It is not about rationing or cost savings, it is about developing care pathways to make sure that the right patient has the right care in the right place at the right time, explains Mrs Carter. Essentially the aim is to stop unnecessary referrals to hospital and try to provide more services for patients in the community.

## Collaboration

If community pharmacists are to grasp the opportunities inherent in PBC, they may need to start collaborating on the types of services they wish to provide, according to Mrs Carter.

Practice-based commissioners can reinvest the money they save through reducing unnecessary hospital admissions in local services. The Department of Health has specified that, of any resources freed against the practice budget under practice-based commissioning, 30 per cent should be given back to PCTs and the remaining 70 per cent can be used to commission local services. This is where the opportunities for pharmacy will come in.

"In the PBC-centred world, ideas will need to be about things that affect care closer to home — things that prevent patients going to hospital unnecessarily." To be successful in the competitive provider market pharmacists may have their comfort zones stretched, Mrs Carter says. When looking at potential services, commissioners need to ensure that there is equity of access for all patients in their locality. This means that independent pharmacists would benefit from getting together in groups, Mrs Carter explains. "It will be quite difficult for a single pharmacy or a single chain to say that it will provide a service but it does not want anyone else to do it. Pharmacies will need to work together in each locality to provide services."

Areas that have pharmacy development groups, or something similar, will be in an ideal position to determine what services are needed and work together to propose solutions.

There are three localities within Adur, Arun and Worthing PCT and the locality that Mrs Carter represents covers 12 practices. She

spends about one day per week on her role as PBC lead but predicts that this will increase as PBC becomes established and the need for pharmacy input becomes clearer.

"Much of the role so far has been working with colleagues covering other localities, and with the director of commissioning and GP leads, to work out what the national guidance on PBC means for local services and processes. It has also involved facilitating local understanding of the guidance and local service development," explains Mrs Carter.

## Referral data

A key driver for PBC is referral data. Mrs Carter says that her role as locality lead is not dissimilar to that as pharmaceutical adviser. A lot of the role is about influencing and changing behaviour but instead of prescribing behaviour it is referral behaviour, she explains. It involves collecting and analysing data from hospitals on referrals and translating those data into information that is useful and illustrates differences in behaviour.

"Not only is there a huge variation in referral behaviour between different practices but there is often a variation between GPs within a practice," explains Mrs Carter. The data highlight patterns that suggest a service in one area is not as accessible as it is in another. In other words, you can identify where a new service is needed, she explains. Comparing data year-on-year also helps to identify areas where a service may be lacking. For example, if data for dermatology outpatient appointments show that they are increasing at a rate of 50 per cent per year, you may decide that these patients could be treated as effectively by a dermatology service provided in the community, she says.

The other way that commissioners can determine how to redesign services is to gather



**Sue Carter: pharmacists need to work together to provide local services**

intelligence from the frontline. "By talking to staff who are close to the ground, such as pharmacists, GPs, nurses, community nurses and social workers, you get a more useful and realistic picture of what services are needed," says Mrs Carter. She organises regular meetings with these professionals, which, so far, she says, have mainly been about coming up with ideas, getting used to new ways of working and breaking down barriers.

The referral data and local intelligence help practices within the locality to come up with a business plan. This plan is then used by the PCT to commission the right level of services from hospitals.

Mrs Carter stresses that PBC is still in its infancy and community pharmacists should not be worried if they are not yet involved in it. She advises that, for now, they should be aware of developments, keep making relationships with GPs and make it clear that, when the time is right, pharmacists need to be included in service redesigns.

## Resources on practice-based commissioning

- Practice-based commissioning: achieving universal coverage. Department of Health, January 2006, available at [www.dh.gov.uk](http://www.dh.gov.uk)
- Practice-based commissioning: early wins and top tips. Department of Health, February 2006, available at [www.dh.gov.uk](http://www.dh.gov.uk)
- Primary Care Contracting is publishing a series of practice-based commissioning bulletins, which, so far, include: Preparing for PBC; PBC and governance; and PBC and multi-professional involvement. Bulletin 4 will focus on community pharmacy and PBC. The bulletins are available to download from the PCC website ([www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk))
- The National Pharmacy Association has published guidance on PBC for its members and local pharmacy leaders. It includes examples of emerging models of community pharmacy engagement in East Sussex Local Pharmaceutical Committee and Hampshire and Isle of Wight LPC. It can be obtained by e-mailing [m.mcdonald@npa.org.uk](mailto:m.mcdonald@npa.org.uk)