

IF LOCAL PROFESSIONAL NETWORK IS THE ANSWER, WHAT IS THE QUESTION?

KEY MESSAGES:

- Local Professional Networks (LPN) are important for the future of a vibrant community pharmacy sector. It is important that all LPCs start ensuring that LPNs are forming in their locality.
- LPNs are part of the NHS commissioning system. LPNs are not part of the provider network.
- The Health and Social Care Act has now passed into law and 2012 is about the whole transition of developing the new commissioning structures.
- The NHS Commissioning Board, four Regional Directorates and potentially fifty Local Area Teams are emerging.
- LPNs for dentistry, optometry and pharmacy are being piloted.
- From April 2013 the NHS CB takes on its full statutory powers. The new commissioning organisations will be in place and Strategic Health Authorities and Primary Care Trusts will be abolished.
- The development of local health and social care commissioning means that different approaches will emerge. It is important that unacceptable variation does not occur and sharing learnings and agreeing principles of engagement can help to reduce fragmentation and uncertainty.
- Community pharmacy is a valuable and under-utilised resource that should be part of the solution to reduce health inequalities and improve the wellbeing of our communities.
- We need commissioners to realise the potential community pharmacy leaders can add to the commissioning agenda.
- This briefing is a call to action for your LPC to:
 - engage with your PCTs to form an LPN.
 - discuss how community pharmacy can engage, shape and influence the emerging Local Area Teams.

INTRODUCTION:

Several LPC leads came together to share their experience of testing Local Professional Networks (LPNs) for pharmacy. This brief is the output of their discussions with the clear message to community pharmacy to step up and identify clinical leaders who can contribute to emerging commissioning teams.

There was a consensus, at this early stage, that effective LPNs for pharmacy should have the following elements:

- Shared purpose
- General principles
- Understanding of the competency requirements for community pharmacy leaders

In addition, the group has set out how community pharmacy through their Local Pharmacy Committees (LPCs) can take the initiative to engage with LPNs testing and emerging Local Area Teams.

WHY LPN ARE IMPORTANT TO PHARMACY:

LPNs will be an integral part of the NHS CB field team with links to national clinical networks and clinical senates. For the 3 independent contractor groups (dentistry, optometry and pharmacy) local professional networks will be embedded into the local teams to provide local intelligence and expertise into the quality improvement work for primary care.

All LPNs will

- Provide clinical leadership and facilitate clinical engagement at grass roots
- Be a feeder mechanism into other clinical networks/senates and national strategy
- Support and advise the NHSCB in the commissioning of these services
- Advise the Health and Well Being Boards (HWB)
- Engage with local representative committees
- Maximise quality and performance

IF LPN IS THE ANSWER, WHAT IS THE QUESTION?

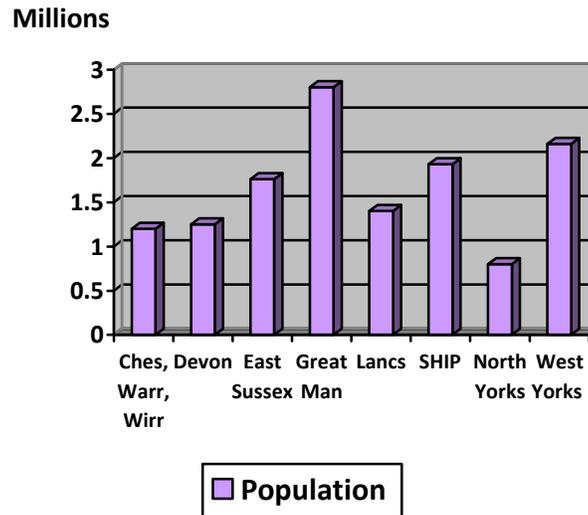
- How do we ensure pharmacy is engaged when clinical commissioning decisions are being made?
 - In the future where GPs have Clinical Commissioning Groups what has pharmacy got?

EARLY ADOPTERS OF LPN FOR PHARMACY

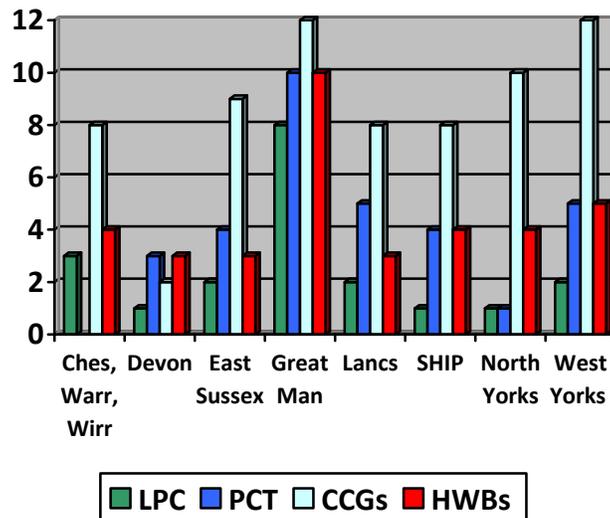
Testing of LPNs for pharmacy is being carried out in 12 areas. LPC leads from 8 areas share their early experiences.

THE SIZE OF POPULATION COVERED

The average size of the population being covered by these 8 LPNs is 1.66million



THE NUMBER AND TYPE OF ORGANISATIONS INVOLVED IN LPN



THE CORE MEMBERSHIP OF PHARMACY LPNS

In seven pharmacy LPNs being tested, the core membership includes PCTs senior executives, commissioning and contract managers, LPC representatives and other pharmacy representatives from community pharmacy grass roots, medicines management leads, prescribing leads and pharmacy advisers.

These LPNs differ in who takes the role of chair. Some have opted for Medical Directors or PCT assistant directors with others choosing a community pharmacist as chair.

Various other members are represented on the seven pharmacy LPNs. Please see below.

Core membership/representation	Pharmacy LPNs						
	1	2	3	4	5	6	7
Primary Care Trusts -commissioners	Green	Green	Green	Green	Green	Green	Green
Local Pharmaceutical Committees	Green	Green	Green	Green	Green	Green	Green
Other Pharmacy representatives	Green	Green	Green	Green	Green	Green	Green
Secondary Care & Chief Pharmacists	Green	Green	Green	Green	Green	Green	Red
Public and patient groups	Green	Green	Green	Green	Green	Red	Red
Public Health	Green	Green	Green	Green	Green	Red	Red
Clinical Commissioning Groups-GPs	Green	Green	Green	Green	Red	Red	Red
Health and Wellbeing Board	Green	Green	Green	Green	Red	Red	Red
Higher Education Institutes (+CPPE)	Green	Green	Green	Red	Red	Red	Red
Field Force -pharmacy contract	Green	Green	Red	Red	Red	Red	Red
Mental Health Trusts	Green	Green	Red	Red	Red	Red	Red
Pharmacy Technicians	Green	Red	Red	Red	Red	Red	Red
Dispensing Doctors	Green	Red	Red	Red	Red	Red	Red

Green	Represented on the core pharmacy LPN
Red	Not represented on the core pharmacy LPN

The testing of pharmacy LPNs will involve developing “Task and Finished” projects .This requires identifying clinical pharmacy leaders who can contribute to the commissioning agenda of quality improvement, pathway re- design, and strategic development. These people will represent pharmacy across all sectors and not just community pharmacy.

THE TERMS OF REFERENCE FOR PHARMACY LPNS

The setting up of a pharmacy LPN is the responsibility of a senior executive of cluster PCTs. Identifying members and agreeing the terms and reference (TORs) of the LPNs are the next step. The pharmacy LPNs are progressing and below are some key tasks that are taking place:

- **Ensure Business Continuity and manage risks including** Standardisation of enhanced services to eliminate variance and support performance
- **Advise on and lead the implementation of medicines optimisation initiatives to include** Maximising the outcomes of the New Medicines Service
- **Advise and support the implementation of HWB initiatives to support self-care by** Supporting the implementation and maximising the impact of Healthy Living Pharmacies
- **Workforce and Leadership** Development of workforce and clinical leaders across the pharmacy sector
- **Undertake and recommend a pharmaceutical needs assessment (PNA)** to the Chief Executive
- **Advise on service specifications for enhanced services.**
- **Regular Attendance or at least initial presentations to each Health and Wellbeing Board**

Please contact any of the group if you are interested in seeing the details of the TORs (contact details on the last page)

THE PURPOSE OF A LPN:

- Being a professional cross sector pharmacy resource for CCGs and HWBs and contribute to effective commissioning decisions
- Support the Cluster PCT Board (or Local Area Teams) in discharging their responsibilities for Community Pharmacy and associated Pharmaceutical Services delivered through the National Pharmaceutical Contract
- Develop and implement a Community Pharmacy Strategy for the Cluster advised by the Joint Strategic Needs Assessment and specifically the Pharmaceutical Needs Assessment
- Support the development of a Pharmacy Local Professional Network for the cluster to ensure clinical leadership

THE PRINCIPLES OF PHARMACY LPN

- Engage with HWB/CCG/Local Area Teams, Regional Directors
- Provide strategic clinical leadership
- Improve quality and make best use of resources
- Identify, resolve and discharge issues of safety, and have regard to quality improvement
- Contribute to the commissioning agenda specifically embedding and implementing commissioning decisions.
- Ensure that pharmacy is considered as part of the solution when redesigning care pathways

THE COMPETENCIES REQUIRED:

The challenges for effective commissioning include:

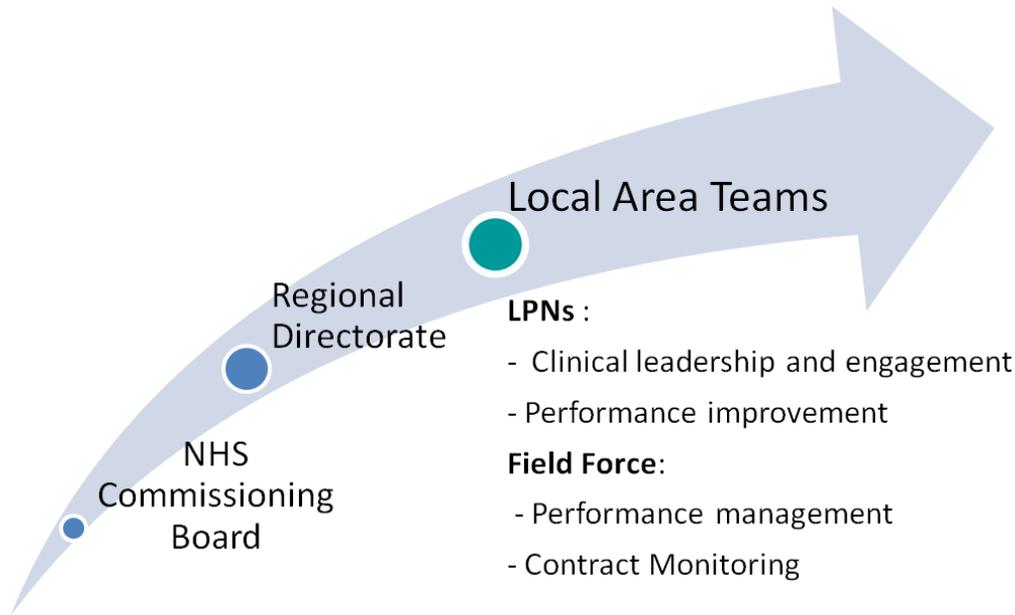
- Analysing and responding to the needs of a community
- Designing pathways of care
- Specifying and procuring services that will deliver and improve agreed health and social outcomes.

All of these activities need to be carried out within the resources available. Good commissioning places patients at the heart of the process and is community orientated and collaborative.

The two key elements concern implementing and embedding the strategy. The specific competencies that members of Local Pharmacy Networks require:

- Strategic thinkers understanding national, regional and local strategies
- Politically aware of barriers, tensions and vested interests
- Financial and analytical acumen
- Stakeholder relationship management to support transformation
- Knowledge management
- Articulate and excellent communication skills

STRATEGIC DIRECTION FOR COMMISSIONING



This year sees a speedy transformation of existing health and social care organisations into the NHS Commissioning Board and the setting up of regional and local area teams responsible for commissioning. At the same time some Clinical Commissioning Groups will go through the authorisation process to allow them to commission services on behalf of their patients and Local Authorities will develop Health and Wellbeing Boards with responsibility for commissioning public health services.

Community pharmacy has a great opportunity to shape the future of local commissioning by engaging now as LPNs are being tested. We call upon community pharmacy and Local Pharmaceutical Committees to act now. Below are some suggestions about what you can do over the next 3 -6 months at your LPC meetings:

CALL TO ACTION	
1.	Discuss the following questions:
	<ul style="list-style-type: none"> If there is a pharmacy LPN in your area, what is being tested? What might get carried forward? What will LPN actually do if rolled out further how does this link in to the overall NHS structure in a practical sense? How will the LPN and LPCs work together? What would success look like for LPNs ie effectively shaping the commissioning agenda What would success look like for community pharmacy ie delivering more quality care Pharmacy LPNs want grassroots people to have an input. If this model is taken forward what might be the role of LPCs in the future? Where do Clinical Senates and Clinical Leaders Network fit in with what is happening locally and what is the role for community pharmacy? What is emerging from new Local Education and Training Boards (LETBs) and how do they impact on pharmacy?
2.	Invite key leads to LPC meeting before July
3.	Contact LPC neighbours to discuss and agree joint working over the next 6 months
4.	Share learnings with other early adopter LPC LPNs

CONTACT DETAILS OF LPC LEADS IN LPN FOR PHARMACY

LPN pharmacy pilots	Names	email address
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