



Primary Care Contracting

Building PBC capacity through community pharmacy

Key messages in this bulletin

Community pharmacy can support practice based commissioning (PBC) by informing health needs assessment, helping to redesign services for local populations and by delivering some of those services.

PBC provides a mechanism to mainstream pharmacy's contribution to reducing hospital admissions, reducing time to treatment, addressing health inequalities, bringing care closer to home and building capacity in primary care.

Enabling community pharmacy to support PBC will require active and effective local engagement and communication between stakeholders.

Practice based commissioners should review their current and planned collaboration with local pharmacy stakeholders to ensure that the contribution of pharmacy to PBC is realised and that it contributes to the overall commissioning process.

PCTs should use the Strategic Commissioning Tests¹ to review the level of local engagement between practice based commissioners and pharmacy and to identify actions to create an enabling environment to support local collaboration.

Practice based commissioners should be involving pharmacy in their needs assessment and service redesign activities to ensure that medicines management is considered and addressed.

Practice based commissioners and PCTs should ensure that the knowledge and experience of pharmacy stakeholders is taken into account in determining local needs and redesigning services.

Practice based commissioners and PCTs should invite community pharmacy representatives to discuss commissioning plans and to identify complementary pharmacy activities

The benefits of collaboration between practice based commissioners and community pharmacy include:

- **Supporting the redesign of patient pathways by contributing to expert advice on medicines and support to patients**
- **Helping to avoid unplanned admissions by supporting patients with long term conditions**
- **Reducing time to treatment by releasing capacity and supporting patients to get the best from their medicines**
- **Reducing workload in general practice to release capacity to deliver PBC priorities**
- **Getting best value from NHS resources invested in medicines**
- **Support the achievement of other key NHS targets (such as 18 weeks) through improved service redesign**

¹ *Strategic Commissioning Tests for Community Pharmacy (<http://www.primarycarecontracting.nhs.uk/114.php>)*

Introduction

This bulletin provides PCTs, practice based commissioners and pharmacy stakeholders with an opportunity to take stock of local clinical engagement between practice based commissioners and pharmacy and suggests ways in which practice based commissioners could benefit from closer working with pharmacy.

Background

Practice based commissioning (PBC) is a key enabler in the delivery of local NHS services as clinicians and front line staff have greater control over how NHS resources are used and how services are provided.

Community pharmacy provides NHS services in local communities where patients live and on high streets where they shop and socialise. A highly skilled pharmacy team is available without an appointment, many operating from modern health focused premises, often during times when other health services are not available. Community pharmacists are experts in medicines who have an important role in ensuring that patients and the NHS gets the most from the £8bn invested in medicines in primary care each year.

Community pharmacy can support PBC by informing health needs assessment, helping to redesign services for local populations and by delivering some of those services. PBC provides a mechanism to mainstream pharmacy's contribution to reducing hospital admissions, reducing time to treatment, addressing health inequalities, bringing care closer to home and building capacity in primary care.

To make the most of this opportunity practice based commissioners and PCTs will need to assess how community pharmacy is involved in local PBC plans and attend to four specific areas:

- Involve pharmacy stakeholders in the needs assessment process
- Provide information from the needs assessment activities to pharmacy stakeholders and invite them to contribute to the commissioning process
- Ensure that existing community pharmacy services are embedded in patient care pathways
- Invite community pharmacy to consider how it could provide additional services to support local priorities and targets.

What has been achieved?

Whilst the uptake of PBC has been progressing, practices and PCTs are now building on this work to embed and operationalise PBC in order to:

- Redesign services to make best use of resources
- Provide more choice and convenience for patients
- Make better use of NHS resources
- Achieve improvements in quality and value for money

PCTs and practices are also getting to grips with their respective roles under PBC. For many practices this has meant collaborating to form consortia in order to share the task of preparing and managing PBC.

The role of the practice based commissioners is to work with their PCT to review the needs of their population and to identify how existing services could be redesigned to bring faster, more convenient access for patients and better value for the NHS.

The role of the PCT is to support their practice based commissioners to ensure that they have the data with which to plan services. PCTs will also be responsible for procuring services prioritised by practice based commissioners and monitoring progress against local priorities.

To date the focus for practice based commissioners and PCTs has been to put in place the building blocks for successful commissioning. These include:

- Reviewing how services are currently commissioned and provided
- Devolving budgets for services to local clinicians
- Ensuring that practices, PCTs and trusts have useful, timely and accurate information on which to base their plans
- Developing the capacity and competence to manage PBC at practice and PCT level
- Providing support to practice based commissioners to maximise the potential of PBC
- Putting in place arrangements to ensure that there is shared responsibility for achieving financial balance and gaining value for money

The focus of practice based commissioners and PCTs has been to get these changes embedded and understood and to ensure that individual clinicians are engaged. With this work now in hand it is time to broaden local engagement to other stakeholders such as pharmacy.

Harnessing the potential of pharmacy to support PBC.

In April 2005 a new contractual framework was introduced for community pharmacy, this new contract² builds on the unique skills and location of community pharmacists and their healthcare team, to support patients to get the most from their medicines, to reduce waste in prescribing and to enable the population to independently manage their health.

Community pharmacists and PCTs have a long established history of working together to identify innovative ways in which community pharmacists' skills and accessibility can be used to address local priorities. The contract and best practice examples of innovative community pharmacy services provide practice based commissioners with a range of opportunities to embed community pharmacy in their plans.

The challenge

There is limited engagement between pharmacy and practice based commissioners, consequently PBC has registered to a limited extent with pharmacists. Unless steps are taken to broaden engagement there is a risk that the benefit that community pharmacy can bring to reducing unplanned admissions, reducing time to treatment, achieving effective and cost-effective health outcomes and improving quality will be lost.

The new community pharmacy contract presents an opportunity for practice based commissioners and pharmacy to think about how they can use the contract and work together towards objectives which support PBC and community pharmacy.

Harnessing the full potential of the contract will require practice based commissioners to:

- Involve community pharmacy in their health needs assessment activities
- Ensure that community pharmacy is included in local planning processes

² There is no contract in the usual sense between community pharmacy contractors and the NHS for national elements of the contractual framework. In practice the contractor works to the terms of service that are set out in regulations. Throughout this document we refer to this Community Pharmacy Contractual Framework as the community pharmacy "contract". This terminology is commonly used in practice and understood.

- Understand and integrate the work of community pharmacists into care pathways for their patients
- Engage with pharmacy stakeholders to understand where community pharmacy services may have the greatest impact in the objectives for practice based commissioners

Developing this shared understanding is the responsibility of the PCT who should use the Strategic Commissioning Tests³ to bring the stakeholders together in a structured process to discuss and agree ways of working at a local level. The PCT should also review the Pharmaceutical Needs Assessment (PNA) to ensure that this is informed by the priorities and plans for practice based commissioners.

Contributing to health needs assessment

Community pharmacists can support PBCs to identify unmet need and gaps in current services. For patients with a long term condition the community pharmacist has regular and ongoing contact with the patient or their carer around the dispensing of medicines. This regular contact and the pharmacist's knowledge of the patient and how they use their medicines puts them in an excellent position to identify potential issues which could be addressed through service redesign.

COPD – Identifying needs – reducing admissions

Devon Local Pharmaceutical Committee has been working with local PBC stakeholders to identify and address the needs of “low risk” COPD patients. Data collected suggested that while high risk and medium risk patients were more likely to be admitted to hospital, the absolute number of patients in these groups is small as low risk patients contribute the greatest volume of admissions due to their greater numbers. Services are focussed on managing high risk (22% of admissions) and medium risk (11% of admissions). Patients considered low risk (67% of admissions) are not routinely managed in primary care. Having identified this gap the PCT has agreed to commission a service to build capacity to manage these patients through a community pharmacy based management service which identifies at risk patients in the low risk group. The community pharmacists will use the same mechanism to provide information back to practices as is used by the respiratory nurse team managing medium risk patients. This will help to ensure that practices have up to date and relevant information about their low risk patients. Each admission that is avoided will save approximately £2,500. Two avoided admissions will cover the cost of this service.

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Managing medicines in PBC

The challenge of managing the use of medicines in primary care has, over the last 10 years, led to the development of highly skilled and motivated teams at PCTs. These teams have supported prescribers to understand the impact of prescribing decisions across the health economy and have sought to develop robust prescribing policies that safely deliver best value for the NHS.

Under PBC, practices are incentivised to ensure that they achieve the right balance between savings resulting from service redesign and cost effective prescribing. PBCs will want to ensure that they have access to a full range of prescribing support services including, strategic advice and policy development, performance management, analysis and reporting, and implementation.

Medicines are the most frequently used healthcare intervention in the NHS. Primary care spends £8bn on medicines each year and issues 752 million prescriptions. However there remains the challenge of under-treatment, harm and waste from medicines use. The recent National Audit

³ Strategic Commissioning Tests for Community Pharmacy (<http://www.primarycarecontracting.nhs.uk/114.php>)

Office (NAO) report⁴ cautiously estimates that around £100m of prescribed medication is wasted each year in the NHS. Up to 50% of hospital admissions relate to medicines, with an associated cost of around £500m to the NHS in extra hospital bed days. Some estimates suggest that almost 10% of all prescribed medicines are wasted.⁵

Waste can be addressed directly by attending to systems for repeat prescribing in general practice, by implementing repeat dispensing for patients on stable treatment for long term conditions and by ensuring that patients are fully engaged in their treatment through, for example, Medicines Use Reviews (see advanced services below).

The NAO also highlighted the scope for the NHS to make further savings in the use of medicines. Indeed around £200m could be saved without affecting clinical outcomes through more efficient prescribing of Statins, ACE inhibitors, PPIs and Clopidogrel.

Community pharmacists and PCT medicines management teams have worked together in the past to develop programmes to support the practical implementation of prescribing policies through, for example, prescription intervention schemes. (See asthma service below) These initiatives capitalise on the community pharmacist's unique position as the last person in the primary health care team that the patient sees before they take their medicine. They are ideally situated to bring to bear their expertise on medicines and their knowledge of their patients to identify and address problems and concerns.

Embedding community pharmacy essential services

At the core of the community pharmacy contract is the **essential services** which all pharmacies have to provide. They are designed to develop the role of the community pharmacist as an accessible healthcare professional, an expert on medicines and a source of support for self-care and healthy living, working within a robust system of clinical governance. Practice based commissioners and PCTs should consider whether they are making the most of the essential services that community pharmacists provide through the new contract.

The benefits of fully utilising essential services include:

- ✓ Reducing waste in prescribing by moving to repeat dispensing
- ✓ Reducing workload in general practice through the accelerated introduction of the Electronic Prescription Service (EPS)
- ✓ Providing support for self care, including through public health campaigns and brief advice

Releasing capacity in general practice through repeat dispensing

A significant amount of practice time and interaction is taken up with dealing with and resolving repeat prescribing issues. Good systems of repeat prescribing can reduce waste and improve safety and quality. In a typical PCT area around 20,000 patient visits to practices each month are to collect a repeat prescription.

Under repeat dispensing, which all community pharmacies need to be ready to provide as an essential service in the new contract, the GP provides stable patients on long term therapy with a prescription to cover a period of typically six or twelve months which is then dispensed at regular intervals by the pharmacist. The patient does not need to return to the practice during the period of the prescription but collects regular supplies of their medicines from the pharmacy. The pharmacist checks that a further supply is needed and the patient is not experiencing any problems.

⁴ *Prescribing costs in primary care*, Report by the Controller and Auditor General, National Audit Office, HC 454 Session 2006-2007, 18 May 2005, (<http://www.official-documents.gov.uk/document/hc0607/hc04/0454/0454.pdf>)

⁵ Department of Health, *Management of Medicines: A resource to support implementation of the wider aspects of medicines management for the National Service Frameworks for Diabetes, Renal Services and Long-Term Conditions*, July 2004, available at <http://www.dh.gov.uk/assetRoot/04/08/87/55/04088755.pdf>

Pharmacies and GP practices in Bristol PCT (formerly Bristol North PCT) have been working together to drive the uptake of repeat dispensing. Around 15% of all prescriptions are issued using the repeat prescription system. This is more convenient for patients, reduces the administrative workload for GP practices and makes the dispensing of repeat medicines easier for pharmacies. This directly contributes to a reduction in workload for GPs and practice staff while allowing pharmacies to plan a significant part of their workload.

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Community pharmacists' location and accessibility also puts them into daily contact with the healthy or "worried well". This provides opportunities to reach people who do not use other healthcare services or who may otherwise be harder to reach. The community pharmacist is in an excellent position to support self care and deliver health promotion messages to this population.

Targeting hard to reach communities with public health messages

Getting health promotion messages to the right people can be challenging. People who are well do not typically visit health centres, clinics and hospitals so the NHS must look to other outlets to convey messages.

Community pharmacists in Lambeth and Southwark are taking part in a local campaign to raise awareness among hard to reach groups, particularly men and people from ethnic minorities, about the dangers of untreated hypertension. The campaign uses direct interventions by the pharmacist backed up with leaflets and posters to explain how lifestyle changes can reduce the risk of hypertension and to sign post at risk patients to local services.

The initiative was prompted by research that showed that people in Lambeth and Southwark were 33% more likely to suffer from hypertension than the rest of the population. The initiative capitalises upon the core knowledge and skills of community pharmacists, their premises and the access that they have to the "healthy" population and hard to reach groups.

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Optimising community pharmacy advanced services

Alongside essential services community pharmacists can also provide advanced services. Currently the only advanced service is the Medicines Use Review (MUR) and prescription intervention service. Pharmacists providing this service must demonstrate competence and must operate from approved premises (or, as exceptions, reviews can be done in other locations such as a patient's home). Patients are invited to have a discussion about their medicines with their community pharmacist. Through this structured consultation the pharmacist reviews with the patient their understanding of their medicines, addresses any gaps in knowledge, answers questions about side effects and provides reassurance and signposting, where appropriate. Significant issues arising in the consultation are referred to the patient's GP. PCTs can agree with local pharmacists which patients should be targeted for these reviews.

To date 4,500 pharmacies, approximately half of all pharmacies in England, are providing advanced services and in 2006/07 over 557,000 patients had a review with their pharmacist. In 2007/08 there is the potential for community pharmacists to provide around 4 million reviews funded through their contract. Through local collaboration it is possible to focus this effort to support the work of practice based commissioners, for example, to support recent prescribing campaigns or to support better use of medicines by patients with specific long term conditions. It is important, therefore, that PBCs, working with their PCTs, should review the development of

advanced services locally, and that they should discuss with pharmacists how the service could be best used to support local health needs and their objectives.

Practice based commissioners and PCTs should consider whether they are making the most of the advanced services provided by their community pharmacies. Furthermore practice based commissioners will want to consider how advanced services could be integrated with service redesign, for example:

- ✓ **Discharge management:** Undertaking reviews of recently discharged patients to check understanding and identify potential medicines problems early in their time out of hospital in order to reduce avoidable re-admissions.
- ✓ **Initiating new therapy:** When a new therapy is initiated by the prescriber then a review with the pharmacist provides an ideal “second chance” for patients to ask questions and raise concerns that they have. This can be particularly important where services formerly delivered in hospital have been redesigned to be provided in a community setting.
- ✓ **Long term conditions:** Targeting patients with long term conditions who would benefit from a review with the pharmacist, for example reviewing symptom control in patients with asthma

Supporting the management of patients with asthma through the Asthma Medicines Support Service

Primary care makes considerable effort to manage patients with asthma through, for example, nurse led clinics. However, we know that there are some patients who do not engage with these services and some patients who are not aware that their asthma is sub optimally controlled. For these patients this may mean an unplanned admission or visit to A&E. In City and Hackney PCT admissions data showed that respiratory symptoms were among the most frequent causes of unplanned admissions and that prescribing of preventative treatment was low compared to other PCTs.

The Asthma Medicines Support Service (AMSS) is a focused medicines use review delivered by community pharmacists through a structured consultation with the patient.

The service aims to opportunistically identify patients who are experiencing difficulties with controlling their asthma. The AMSS uses a short series of questions related to asthma control. Initially the Royal College of Physicians three questions with additional compliance questions and subsequently the Asthma Control Test (ACT) score was used. Evaluation of the service found that:

- 4% of patients were under control. 63% of patients may not have been controlled during the past 4 weeks. 33% of patients were reasonably controlled during the past 4 weeks.
- 52% of patients reviewed required further patient education. 22% needed help with inhaler technique. 25% had concordance issues. 38% were identified as having poor control due to therapeutic inefficiency. Of those patients who were identified as having an issue with their asthma and subsequently invited for a review, 26% were referred to their GP.
- 42% were prescribed add on therapy in line with BTS (British Thoracic Society) guidelines. 14% had a change in therapy. 14% had their inhaler type altered, 30% received changes to their directions.

This service demonstrated how the community pharmacist could make a direct and meaningful contribution to the management of patients with asthma using the resources invested in the new contract.

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Community pharmacy – a potential provider

There is a long history of developing and commissioning local services from community pharmacy to reduce inequalities, improve access, release capacity in general practice and make better use of resources. Most PCTs commission one or more local services and on average each PCT will commission six enhanced pharmaceutical services.

Most locally commissioned community pharmacy services have built on the pharmacist's convenient location and expertise in medicines in order to improve access to services and to encourage self care, for example minor ailments services (see examples below).

From recent experience it appears that new services are now being commissioned to address the needs of patients with long term conditions using the flexibility that community pharmacy has to offer, coupled with the expertise of community pharmacists in medicines management.

Releasing capacity in general practice

Lincolnshire PCT commissions a community pharmacy minor ailments service.

Patients with minor or self limiting conditions who are eligible for free prescriptions can only receive their medication free of charge by obtaining a GP's prescription. This drives demand for GP appointments from patients who would otherwise purchase an over the counter remedy or who simply need reassurance and advice.

This initiative was intended to address the need for a GP appointment for self limiting conditions and to develop an integrated role for the pharmacist in the management of minor illnesses.

The service involves offering patients with a minor illness the option of seeing their community pharmacist as an alternative to a GP appointment. The community pharmacist can both assess the patient and issue medication that is free for those who do not pay prescription charges.

By the end of 2005 around 4000 patients had elected to go to the pharmacist with their minor illness. In some practices over 150 patients per month access the service. Evaluation of the service shows that many of these patients would have sought an appointment with their GP.

By releasing capacity general practices can focus capacity on redesigning services and reducing the time to treatment (18 weeks) for patients.

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Reducing unscheduled care demand and A&E attendance

Minor illnesses account for between 100 and 150 million GP consultations per year, for conditions that are potentially self-treatable. Research from the Proprietary Association of Great Britain (PAGB) suggests that up to 40% of GP time is taken up dealing with patients suffering from minor illnesses.

Central and Eastern Cheshire PCT commissions a minor ailments scheme from community pharmacies. The scheme was established to coincide with the transfer of Out of Hours care from GPs to a PCT-led service. The intention was to provide easy access to advice and treatment to patients presenting at weekends and in the evening, although the service is available throughout the day.

Community pharmacy-led minor illness management services have been developed in order to address demand in general practice by providing an alternative pathway for patients who would otherwise make an appointment with their GP. The pharmacy-led service operates with a defined set of conditions and agreed local treatment protocols. Treatment is free of charge for those patients who are exempt from standard NHS prescription charges.

The Cheshire service undertakes around 800 consultations each month during the out of hours period diverting demand that may otherwise put pressure on A&E and the unscheduled care service. A recent study of A&E presentations showed that pharmacists could deal with 5% of patients presenting at a busy inner city A&E. (1)

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1 Ahmed S, Collignon U Osborne CA. The application of explicit criteria to identify accident and emergency patients suitable for management solely by a pharmacist The Pharmaceutical Journal. 2007;279:73-76

Reducing admissions through tailored medicines management support

Medicines are often implicated in unplanned admissions. Patients with multiple morbidity and polypharmacy (i.e. taking a number of medicines together) are most vulnerable to admission due to a medicines related issue.

The medicines management team at Bournemouth and Poole PCT provides a tailored support service to vulnerable patients in their own home. The team develops pharmaceutical care plans, which enable patients with long term chronic diseases to administer their own highly complex treatments safely. The team accepts referrals from all health and social care professionals and from any member of the public who encounters an older person who is unable to medicate correctly unaided. The service is supported through a local Service Level Agreement with local community pharmacies who provide enhanced pharmacy services to support patients with medicines taking aids such as organisers and reminders.

The benefits of the service include:

- Patients remain in their own home avoiding admissions to hospital or long term care
- Patients receive education about their medicines and long term conditions, which contributes to compliance with therapy, and hence better outcomes.
- Reduction in wasted medicines as patients own drugs are utilized before new scripts are issued.
- Pharmacies take over the ordering of medicines on a 28 day cycle preventing patients from stockpiling medicines.
- Pharmacies all work to an agreed quality standard so patients receive the same level and type of service.
- Support for patients on high risk medicines such as warfarin.
- Prevention of overdose using secure supply methods and assistive technology

Data for 2004 and 2006 shows that there was a reduction in emergency admissions of 18% and 25% respectively amongst the client group. In 2006/07 annual prescribing cost savings for the service were £25,631. The annual cost per patient for the service in 2006/2007 was £430; the service only needs to prevent a 2 day stay in hospital for each patient in order to cover its running costs.

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Reducing prescribing costs and improving outcomes through a medication support service for care homes

Patients in care homes are typically frailer and have more complex morbidities than patients at home. Consequently, they generate greater demand for care and resources.

The medication support service for care homes aims to maintain and improve the quality of clinical care for residents by providing clinical advice and support relating to use of medicines and to ensure maximum benefit and minimisation of harm for residents, relatives and staff.

The initiative involves a local pharmacist reviewing medication ordering and administration procedures at the care home and working with the practices involved to improve the accuracy of records, processes for ordering and to reduce the use of inappropriate treatments.

- Managing over-prescribing costs can save up to £500 per average patient
- Potential costs for excessive inexpensive dressings = £1,500 per resident per year.
- Appropriate use can reduce sip feed costs by 25% and catheter costs by 75%
- Less use of potentially inappropriate medication may avoid hospital admissions
- Supplying the right medicine to the right resident at the right time in the right way will also contribute to admission avoidance
- Inclusion of minor ailments provision will result in reduced workload for GPs.

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Community pharmacists are looking for opportunities to support practice based commissioners by providing locally commissioned services that meet the needs of their patients.

Practice based commissioners should invite community pharmacists to discuss the commissioning plans and to identify complementary pharmacy services. To respond to these opportunities, community pharmacists will need to organise in new ways in order to provide PBCs with a uniform and coherent provider network. PBCs will be looking for consistent and accessible services irrespective of the provider's background. This will require multiple and independent pharmacies to work together to address the needs of commissioners. The Local Pharmaceutical Committee (LPC) has an important role to play here, in developing local leadership and championing the potential of community pharmacy. The LPC should also communicate with PCTs to understand how local processes will work. The LPC and PCT medicines management team should be working together to identify the opportunities and addressing the barriers that prevent the greater involvement of community pharmacy in PBC. Together, they could suggest where having a LPC / community pharmacist member available to or on certain groups within the PCT structure might be most supportive and effective e.g. a PBC Delivery Group.

Next steps

It is important that PCTs work with their PBCs and community pharmacy leaders to create an environment in which collaboration is encouraged and where the stakeholders can engage in an informed discussion about the potential that pharmacy has to offer PBC.

To achieve this objective so that the benefits to the NHS may be realised will require action by all the stakeholders involved:

	Actions	Benefits
SHA	Measure and assess wider clinical engagement including between PBC and pharmacy	Realise the potential of community pharmacy (see Strategic Commissioning Tests)
PCTs	Review local engagement and develop an enabling environment to support PBC and pharmacy. Develop clear communications channels. Facilitate strong local engagement between PCT medicines management teams, community pharmacists and PBC and PCT commissioners. Prepare and equip pharmacy champions to engage with PBC leads locally.	Develop a shared set of priorities and focus for PBC and pharmacy.
Practice Based Commissioners	Share priorities, plans (including PwSIs) and data with local pharmacy stakeholders. Discuss local progress with essential and advanced pharmacy services with pharmacy leaders	Promote better informed engagement with community pharmacy. Harness the benefits of the community pharmacy contract for PBC e.g. signposting patients to new services, aligning key messages to priority patient groups e.g. health promotion, concordance / compliance, creating savings by reducing waste, etc.
LPCs	Working with local PCT Heads of Medicines Management and Professional Executive Committee pharmacists, bring this bulletin to the attention of PBC and PCT leads. Prepare and equip pharmacy champions to engage with PBCs locally. Understand how PCT/PBC processes will work and communicate this to all contractors. Ensure that PBC information i.e. priorities, plans, data, etc. can be accessed by all contractors.	Promote engagement and shared understanding. Create opportunities for joint working.
GPs	Discuss local progress with essential and advanced services with local pharmacists.	Harness the benefits of the community pharmacy contract for the practice e.g. sharing workload through repeat dispensing; identifying groups of patients who may need more support.
Pharmacists	Engage with local GPs, to discuss progress with essential and advanced services. Organise into groups to mirror PBC structures. Read LPC websites and newsletters to understand local progress and/or talk to LPC members.	Better integration of GP and pharmacy working. Enhance and secure existing roles and revenue.

Further resources

Primary Care Contracting:

This organisation has provided a wealth of information around PBC and has developed a bulletin on Pharmacy and PBC: <http://www.primarycarecontracting.nhs.uk/99.php>

Department of Health:

Information on all aspects of PBC can be found at the Department of Health Practice based commissioning website at

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en>

Improvement Foundation:

The Improvement Foundation is responsible for delivering the national PBC development programme that currently involves 70% of PCTs. The main programme consists of a collaborative, which is running in three waves. The Improvement Foundation is also running PCT PBC days in nearly all PCTs and many events through its ten regional centres. The IF website also contains a number of useful resources.

<http://www.improvementfoundation.org>.

NHS Alliance:

The NHS Alliance has published a number of really useful documents available at <http://www.nhsalliance.org/documents.asp?subsection=pbcc>. However, these are only available to download if you are a member of the organisation.

National Association of Primary Care

The NAPC represents and supports the interests of healthcare professionals, both clinicians and managers, working in primary care. The NAPC website includes publication and news information for those involved in PBC including some best practice case studies.

<http://www.napc.co.uk/>

National Pharmacy Association:

The NPA have produced a 'practice based commissioning Resource' (March 2006 – update scheduled for Sept 2007) which explains PBC and demonstrates what this 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 for pharmacy involvement forwards. The NPA has also introduced for its members a suite of PBC business case templates, which can be tailored for local use.

<http://www.npa.co.uk>

Pharmaceutical Services Negotiating Committee

PSNC has published a comprehensive guide to PBC for Local Pharmaceutical Committees. *PBC – A Practical Guide for LPCs*. <http://www.psnc.org.uk/pbc>

Royal Pharmaceutical Society or Great Britain

The RPSGB has prepared a guide for pharmacists to get the most from PBC. http://www.pharmj.com/pdf/articles/pj_20070728_commissioning.pdf

Health Policy Forum

This forum is a collaborative venture between the CCA, NPA, PSNC and RPSGB. In December 2006 the forum published 'Making commissioning effective in the reformed NHS in England' which sought to answer the question 'what makes for good or effective commissioning?' The document is available from any forum member.

Commissioning toolkit for long term conditions

<http://www.commissioningforthelongterm.org.uk/index.php?page=home>

National Prescribing Centre

The NPC provides support, advice and resources to promote cost effective, evidence based prescribing and medicines management for PCTs, practice based commissioners and community pharmacists.

<http://www.npc.nhs.uk>

Centre for Postgraduate Pharmacy Education (CPPE)

An extensive range of learning programmes and assessments to support the development of advanced or enhanced community pharmacy services. Increasing support for pharmacists with special interests.

http://www.cppe.manchester.ac.uk/NHS_plan/pharmacy_contract/