

English Pharmacy Board 6 February 2008

PUBLIC BUSINESS

Practice Based Commissioning

Purpose

To agree the attached paper entitled 'Practice Based commissioning: A guide for primary care pharmacists'

Strategic objective domain

Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care

Action required

The English Pharmacy Board is asked to agree the attached paper.

1. Background

Practice Based Commissioning (PBC) is starting to become a reality and engagement of pharmacists in the process is essential for the future of the profession. The Society is discussing how this process can be aided at a national level with a number of organisations including Department of Health, Improvement Foundation (IF), Primary Care Contracting (PCC) and the other pharmacy bodies.

2. Risk Implications

If the Society did not support pharmacists to become engaged with PBC there is the possibility that they will lose vital opportunities to provide services at a local level.

3. Resource Implications

There are no resource implications – the work around PBC is contained within the existing PQI budget

Heidi Wright
Head of Practice



Practice Based Commissioning: **A resource for primary care pharmacists in England**

1. Introduction

Practice Based Commissioning (PBC) is the hot topic within primary care but what does it actually mean for pharmacists and what resources are there to help understand this new way of working? For many pharmacists, involvement in PBC will have been limited to date and many of the documents related to PBC do not recognise the valuable input that pharmacists can make in both the commissioning and the provision of services.

At a national level many representative bodies are lobbying for the involvement of pharmacists in PBC so now is a good time for pharmacists to get involved locally.

2. What is Practice Based Commissioning?

Practice Based Commissioning is a tool to improve the quality of services and access for patients. PBC supports the move of funding to frontline staff to enable the delivery of innovative system reforms, patient choice, plurality and investment. It supports the intent that commissioning should take place as close to the patient as possible to ensure cost-effective use of resources.

Under PBC, all practices will be given a minimum indicative budget which will be uplifted over time to enable the purchase of a range of services agreed with the PCT. A number of PCTs have already started the move to fair share budgets (the allocation of the practice spend on a capitation rather than historic allocation of practice budget basis) for 2007/08. Many practices have chosen to pool their budgets and operate as consortia, with shared responsibility and decision making.

PBC should involve a number of other healthcare professionals, voluntary organisations, private sector etc. The challenge of PBC will only be met if there is effective collaboration between all professional groups.

3. What are the benefits to you of getting involved with PBC?

- Linking the use of medicines into the commissioning process
- Working with commissioners on developing policies around high cost drugs
- Developing medicines management programmes
- Improving cost effective prescribing
- Providing medicines input into care pathways

- Linking into health economy policies and Area Prescribing Committees (APC)
- Providing links into the community pharmacy programme e.g. Medicine Use Reviews (MURs)

4. What are the risks of not getting involved in PBC?

As PBC develops, one of the initial aspects that commissioning groups tend to consider is how to reduce the prescribing budget and generally improve the use of medicines. As experts in the field of medicine's management and analysis of prescribing data, you are well placed to provide this service. If you do not engage with commissioners now there is a possibility they may gain this service from other providers.

It is a possibility that current PCT medicine management teams will devolve to PBC clusters. Alternatively, PCT medicines management teams could set up service level agreements with PBC clusters for the provision of defined services.

5. What needs to happen at a local level?

Both PCT heads of medicine management and medicine management teams, including practice based pharmacists need to:

- agree structures, service level agreements etc with the PBC cluster leads
- agree rules of engagement with PBC clusters
- support the development of PBC cluster prescribing policies and action plans
- ensure PBC clusters link into the development of health economy prescribing policy through area prescribing committees etc
- link the community pharmacy contract with the medicines management and prescribing agenda
- support the development of PBC prescribing incentive schemes or the devolvement of PCT schemes to PBC cluster level
- get involved in the development of care pathways and service redesign

6. Selling the benefits of Primary Care Pharmacy:

Medicines are the most frequent healthcare intervention in the NHS. Expenditure on medicines in primary care exceeded £8bn and 752 million prescriptions were issued in 2006. However at the same time, there remains the challenge of under-treatment, harm and waste from medicines use. These key issues need to be addressed to ensure that the quality of prescribing is improved and benefits maximised with no detriment to patient care.

Primary care pharmacists, largely employed by PCOs have played a significant part in managing medicines over the last fifteen years. The range of activities of primary care pharmacists has evolved over this period but in essence has retained a focus on maximising benefit and minimising risk of medicines.

A recent NAO (www.nao.org.uk) report highlighted that the potential for PBC to act as a lever for improving value in prescribing had yet to be fully realised. Primary care pharmacists can play a significant part in engaging practice based commissioners in the prescribing and medicines management agenda.

Primary Care Pharmacists have a potential role in both the strategic management of medicines and the provision of services such as the management of long term conditions and medication review. In addition the skills of primary care pharmacists in managing information and knowledge, and influencing changes in behaviour can be applied to an agenda beyond just medicines.

The benefits of the full range of medicines management support including provision from primary care pharmacists needs to be made clear to practice based commissioners including;

- Supporting the achievement of key NHS targets and optimising Quality and Outcomes Framework (QOF) outcome measures
- Ensuring patient pathways take account of appropriate, evidence based prescribing and medicines management.
- Helping to avoid unplanned admissions by supporting patients with long term conditions, optimise medicines.
- Reducing workload in general practice to release capacity to deliver PBC priorities
- Participating in or supporting medication review within clinics and where appropriate utilising independent or supplementary prescribing skills.

7. Useful links:

Department of Health:

The Department of Health have set up a separate section on their website which contains all the resources they have produced for PBC including frequently asked questions and the latest news.

<http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Practice-basedcommissioning/index.htm>

Improvement Foundation:

The Improvement Foundation are running the national PBC development programme that currently involves 70% of PCTs. The main programme consists of a collaborative, which is running in three waves. LPCs and pharmacists need to be aware of any teams within their area and either get involved or take away learning from these sites. Details of the centres and the programme are at

<http://www.improvementfoundation.org/View.aspx?page=/topics/health/practice/default.html>

The local centres are in the process of setting up PBC days for all PCTs and again pharmacists are encouraged to get involved in these.

Other resources include a 'Practice Based Commissioning Assessment Framework' (2005) which is available at <http://www.improve.nhs.uk>. This framework is designed to help practices and PCTs to undertake a diagnosis of their capacity and capability to meet the challenges of implementing PBC and to identify development needs.

The IF website also contains a great deal of information on PBC and also 'at a glance' guides as well as examples of service redesign.

The Improvement Foundation development programmes are also available to community pharmacists including the leadership programme; and quality improvement skills training can be delivered locally to teams. Further details are also available from the regional IF centres.

National Prescribing Centre:

The role of the NPC is to promote and support high quality, cost effective prescribing and medicines management across the NHS, to help improve patient care and services. A significant number of NPC outputs will facilitate engagement with PBCs and support implementation of prescribing and medicines management priorities. The NPC has recently launched NPCi, a new interactive web based educational resource to support prescribing and medicines management www.npci.org.uk

The Information Centre: Prescribing Support:

The Information Centre for health and social care www.ic.nhs.uk

The Information Centre's Prescribing Support Unit (PSU) produces reports and publications to help you see where you fit into the national picture: www.ic.nhs.uk/psu

- Hospital Prescribing, England, Annual Report
- Prescriptions Dispensed
- Prescription Cost Analysis
- National Prescribing Costs and Items monthly section level reports
- PSU National Prescribing Reports quarterly
- PSU Prescribing Monitoring Documents quarterly
- National Quality and Outcomes Framework Data

National Quality and Outcomes Framework (QOF) achievement data derived from the Quality Management Analysis System (QMAS), a national system that uses data from general practices to calculate individual practices' QOF achievement.

www.ic.nhs.uk/psu/services/QOF

NHS Comparators (NHSNet Site) is a national resource, focused on supporting Practice Based Commissioning. It supports comparisons at GP practice, Primary Care Trust, Strategic Health Authority and national levels, enabling users to investigate aspects of local commissioning activity, costs and outcomes. It is designed to supplement information available by local systems, not to replace local systems.

The comparators have been developed by the Information Centre, Connecting for Health and a panel of users / experts from across the NHS and can be found at

www.nhscomparators.nhs.uk/NHSComparators

The system, which was first launched nationally in June 2007, is continuing to be developed.

The system is available to all GP practices, in addition to SHAs, PCTs, Trusts, and other relevant organisations. For more information on how to register please email enquiries@ic.nhs.uk or call 0845 300 6016

Primary Care Pharmacists Association

The PCPA was founded in April 1999, primarily as a forum for the education, training and support for a national network of Pharmacists in Primary Care.

They offer a service to members to provide national and local peer support groups, to provide a series of local education events throughout the UK, to allow members to publish research and to present work at educational events.

www.pcpa.org.uk

NHS Alliance:

The NHS Alliance have 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

It has a number of useful documents for member commissioners and providers, many of which are related to PBC including "Prescribing support and pharmaceutical advice for practice-based commissioners". www.napc.co.uk

Primary Care Contracting:

This organisation has provided a wealth of information around PBC and have developed a bulletin on Pharmacy and PBC. They also have regional advisers which may be a useful resource locally.

<http://www.primarycarecontracting.nhs.uk/99.php>

Health Policy Forum

This forum is made up of representatives from 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?'

<http://www.rpsgb.org.uk/worldofpharmacy/workingwithotherbodies/healthpolicyforum/>

Commissioning toolkit for long term conditions

This website brings together information and resources to help commission effective patient centred services.

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