



LPC BRIEFING

World Class Commissioning – Improving Pharmaceutical Services

As part of a wider programme of support for PCTs to assist with the development of World Class Commissioning competencies, the Department of Health has published a practical guide to support PCTs in the commissioning of pharmaceutical services.

World Class Commissioning – Improving Pharmaceutical Services has been developed for senior managers responsible for commissioning primary care and community pharmaceutical services, and forms part of a rolling programme to improve general primary care services, including those of GPs and dentists.

The guide focuses on improving the quality of commissioning pharmaceutical services in primary and community care, and says commissioners (PCTs) will need to develop and strengthen their commissioning of these services if they are to maximise the opportunities for contributing to their population's health that pharmacy can offer.

The guide provides practical advice on how PCTs can:

- assess their current performance;
- identify their vision for the future; and
- commission services that meet the needs of their local communities.

Within the document it is recognised that building on the strengths of pharmacy forms an important part in the overall strategy to ensure safe, effective, fairer and more personalised patient care, as set out in the Pharmacy White Paper. The document looks at all aspects of pharmaceutical services provided across primary and community care settings, and identifies the expanding range of clinical services provided by community pharmacy.

Whilst commissioning pharmaceutical services effectively is as important to PCTs as commissioning other services, there are distinctive features and complexities that are unique. This guide is intended to build awareness and capability within PCTs and sets out the steps of the commissioning process as they apply to pharmaceutical services.

The guide provides commissioning levers and tools for use at local level to deliver change in the most effective way, and is divided into eight sections:

- **Section 1** sets the scene for the guide and emphasises the key areas for developing the role of pharmaceutical services;
- **Section 2** describes the application of world class commissioning to primary care;
- **Section 3** provides key information about pharmaceutical services, how they are delivered and describes the distinctive features of commissioning pharmaceutical services;
- **Sections 4 to 6** set out the steps of the commissioning process as they apply to pharmaceutical services, from establishing the baseline and developing the vision to the levers and tools available to make change happen;
- **Section 7** contains a series of questions that are pertinent for PCT Boards in respect of their commissioning of pharmaceutical services; and
- **Section 8** describes what achievement at Level 4 of the world class commissioning competencies might look like in relation to commissioning pharmaceutical services.

The following are key issues within the guide:

Mapping the Baseline

Before improvements to pharmaceutical services can be made, the current baseline must be established through a three stage approach:

1. Pharmaceutical Needs Assessment (PNA)

A comprehensive, well researched and up to date PNA will be crucial to the effective commissioning of pharmaceutical services, allowing specific local needs and priorities to be targeted. Clear links will also need to be established between the PNA, the joint strategic needs assessment (JSNA) and other PCT commissioning decisions to ensure that commissioning of pharmaceutical services is not carried out in isolation and effectively reflects need.

2. Mapping and Benchmarking Existing Service Provision

An understanding of which services are currently being provided, and benchmarking these services by comparison with similar PCTs will be the first approach to identifying gaps that can be addressed by commissioning new or different services.

PCTs will also need to collect local data on capacity, access, patient experience, premises, quality and Advanced and Enhanced services.

3. Identifying what needs to change

Comparison of the PNA with current provision analysis will identify areas for change, such as poor access, gaps in existing service provision or areas which require additional services targeting specific health needs.

Developing Future Services

Every PCT is expected have a clear vision of what pharmaceutical services should look like in the future, informed by their five year strategic plan, known national priorities and the baseline mapping exercise and input from local partners, clinicians and patients.

The range of services offered to patients and minimum acceptable standards should be set out in the strategic plan mapped against a strategic service model of how this will happen, including choice and access, promoting integrated delivery of care and promoting self care.

Service Quality and Performance

The world class commissioning programme has been developed to support the commissioning of high quality services, therefore standards and quality improvements are essential elements of this guidance, along with performance support. PCTs will be expected to develop a performance cycle which sets out what will happen and when, and to support all providers to develop further. As part of the approach to effectively managing performance, PCTs will need to develop close working relationships with their LPC.

As every PCT is expected to implement a comprehensive approach to assessing and managing performance, providers and PCTs should work together to develop and agree a clear performance framework for managing services, enabling providers to answer the following questions:

- What standards are to be met?
- How and when will performance be reviewed?
- How will good performance be incentivised?
- What happens if performance is below agreed standards?
- What support is available to help with improvement?
- What action will be taken if there is no improvement?

Public and Patient Information

PCTs will work with patient groups to determine what information is most useful to local people. This may include location and access, opening hours, languages spoken, and services offered. The information will need to be presented in an accessible way to local people and kept up to date to enable people to compare pharmaceutical providers and decide which one to use.

Developing the Market

PCTs will need to have a quantitative and qualitative understanding of the provider market including all potential providers, and a strategy to ensure that the market can meet identified present and future needs. Workforce, viability of the provider, mechanisms for contracting and premises will require consideration to establish the sustainability of the services required. Market development and the potential for commissioning additional capacity will also need consideration.

PCT Board level responsibility

Following on from a recent PSNC, CCA, RPSGB and NPA meeting with the Minister organised by the All Party Pharmacy Group, the guide highlights that to support world class commissioning, PCTs will need to ensure that there is appropriate pharmacist input at Board level whenever decisions about commissioning pharmaceutical services are taken, and that PCTs should have a named Board member with responsibility for pharmaceutical services, and to support strong and effective leadership for pharmacy.

The guide also provides 13 questions for the PCT Board to assess the PCT's approach to world class commissioning of pharmaceutical services.

Moving to World Class Commissioning of Pharmaceutical Services

The guide provides the steps for PCTs to follow to become competent strategic commissioners of pharmaceutical services, and using these skills to achieve significant improvement in the quality and availability of services, health improvements in the local population and a reduction in health inequalities. The final section illustrates more wide ranging and innovative techniques which would be possible at the highest competency level in world class commissioning.

The Department of Health has published a letter from Phil Hope, the Minister of State for Care Services, to CEOs of PCTs highlighting this commissioning guide, and asking PCTs to consider the stage they have reached in developing the necessary capability and capacity to be world class commissioners of pharmaceutical services.

Actions for LPCs

The following is a list of points which LPCs should now be considering:

1. Meeting with your local PCTs to follow up the Minister's letter to PCT CEOs.
2. Stress the links to the White Paper commitments and the statement in the Operating Framework for the NHS in England 2009/10 when PCTs are developing pharmaceutical services.
3. Use the opportunity to discuss with your PCTs:
 - a) what stage it considers that it has reached in developing the necessary capacity and capability to be a world class commissioner of pharmaceutical services;
 - b) what its vision is for pharmaceutical services and how this will be developed;
 - c) the challenges of and solutions for the distinctive features of commissioning pharmaceutical services (p25);

- d) how the regular engagement with providers of pharmaceutical services will take place (p36);
 - e) what support it is going to provide to ensure the development of strong and effective clinical leadership for pharmacy across the PCT;
 - f) whether the PCT has yet identified a Board member with responsibility for pharmaceutical services. Are they currently a champion for pharmacy and do they have the requisite knowledge? Does the LPC have a good relationship with this person or do they need to develop one?
 - g) what additional input at the Board will be made available when decisions on pharmaceutical services are being made. How suitable is it?
 - h) whether the PCT will be investing more resources in their pharmaceutical commissioning teams (p37);
 - i) how the LPC can provide expertise in pharmaceutical services;
 - j) the 13 questions for the PCT Board (p47).
4. Further strengthening collaborative working with the PCT, LMC and practice based commissioners especially around:
- a) PNAs, their links to JSNAs and how the commissioning strategic plan will be developed to address the PNA's priorities. The document states *'Pharmacy needs to have a clear voice in key commissioning decisions with unambiguous links made between the PNA and JSNA.'*
 - b) Development of local quality measures (p37) – LPCs should be aware that work is being undertaken nationally to develop pharmacy quality metrics and the document refers to the Assurance Framework for Essential services and the work PSNC and NHS Employers are currently undertaking on MURs. PSNC will also be undertaking further work with DH and NHS Employers to embed the forthcoming 'Quality Account' requirements into the contractual framework. LPCs should try to ensure local discussions on quality measures are limited to locally commissioned services.
 - c) The document states *'As world class commissioners, PCTs will need to invest considerable time and effort in developing close working relationships with their pharmaceutical providers, their Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). These relationships are vital to effective management of the system.'*(p38) The PCT will be developing a performance cycle (p39) and considering its use not only to further support providers of pharmaceutical services but also in:
 - decommissioning Enhanced services;
 - issuing breach or remedial notices;
 - withholding payments; and
 - terminating arrangements.
5. Establish regular progress review meetings with the PCT.
 6. Including the documents on the next LPC meeting agenda for discussion and planning, and provide progress reports at subsequent LPC meetings.
 7. Providing a progress report at LPC Regional meetings.

The full DH guidance can be downloaded at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097408