



Pharmacy PCN Lead Progress Report 2022

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In partnership with:





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This has been the best training programme I have been on.. ever!
PCN Lead, Dorset



Service Growth

PCN Leads have valuable insights to share on how they have influenced the growth and embedding of services such as GP-CPCS and Hypertension Case Finding Service



Collaborations

PCN Leads have influenced and led productive, collaborative partnerships between PCNs and pharmacies on services, vaccinations programmes, and more...



Leadership Development

This report details examples of how PCN Leads have shown their growth and development of leadership skills which has influenced change within PCNs and community pharmacy.



Impactful Learning

PCN Leads have shared their stories of how the Leadership Development Academy has had a profound impact on their personal and professional development.

About

This report reflects on the progress of PCN Community Pharmacy Leads from the South West Region as they pass the half-way point of their journey to develop their own personal leadership styles so that they are empowered to forge collaborative, engaged connections between community pharmacies and other PCN stakeholders.



In spring 2022 funding was secured by NHSE&I to support the Community Pharmacy PCN Leads from the 7 Local Pharmaceutical Committee's (LPC) in the South West Region. The funding has two key elements:-

1

Leadership Development Academy

designed to enable the PCN Leads to develop their capabilities and effectiveness in their role so they could become the change leaders of their network.

2

Release capacity of the PCN Lead

Reimbursement is proportionate to the overhead costs of each pharmacy employee.

Each Community Pharmacy PCN Lead started their leadership development journey at different stages of maturity and each working within Primary Care Networks (PCNs) that were also at varying levels of maturity.

This report explores the leadership skills the PCN Leads have been developing, the growth and progression they have achieved, the challenges they have faced, and the opportunities that lie ahead with the ambition to embed collaborative engagement within their PCN.

BACKGROUND

Defining the role of a Pharmacy PCN Lead

In the infancy of the role of Pharmacy PCN Lead one of the key responsibilities revolved around the PCN-focused requirements of the Pharmacy Quality Scheme (PQS). However, unlike previous years, PQS 2022/23 no longer has a domain for the Pharmacy PCN Lead role, therefore there is no funding. This has left Pharmacy PCN Leads with concerns that the role will be phased out.

The role of Pharmacy PCN Lead has evolved within the South West Region where we are seeing the emergence of more change leaders who want the role expanded and funded. This would help embed the new nationally commissioned Advanced Services whilst simultaneously forging collaborative, cohesive relationships that would deliver better patient care and tackle health inequalities.

As the role of Pharmacy PCN Lead evolved, some Leads reported on having a lack of clarity and direction regarding the expectations of the role which had previously been very focused on specific topics. In the pre-implementation phase of the Leadership Development Academy, Pharmacy PCN Leads were invited to a joint strategy meeting with their peers and LPCs to discuss and decide on responsibilities, objectives, strategies and how to measure progress and success in the role moving forward.

On signing a Memorandum of Understanding, the following was agreed as indicators of progress and success within the role:

Provide leadership for the community pharmacies in the PCN to help them develop and implement a collaborative approach to engagement with the PCN

Develop relationships with key stakeholders within the PCN. Identify and map stakeholders within your network and develop an engagement strategy.

Support the embedding of the nationally commissioned suite of Advanced Services such as GP-CPCS, Hypertension Case Finding Service (HCFS), NMS, DMS.

Work closely with the network of pharmacy teams to support the PCN to achieve local targets, aligned to the ICS priorities

Develop relationships with fellow Pharmacy PCN Lead peers through a buddy network to enable the sharing of best practice and insights.

Provide regular and timely reports on relevant developments within the PCN to Community Pharmacy contractors in the PCN area.

BACKGROUND

Leadership Development Academy

The PSNC specifies that one of the obligations of the role of Pharmacy PCN Lead is to "Provide leadership for the community pharmacies in the PCN to help them develop and implement a collaborative approach to engagement with the PCN". To be successful in the role of Pharmacy PCN Lead requires development of leadership skills. Therefore, NHSE&I South West has secured funding to deliver a bespoke Leadership Programme designed to enhance Pharmacy PCN Lead capabilities while exploring and elevating their individual leadership styles.

The 7 Local Pharmaceutical Committee's (LPCs), in conjunction with NHSE South West, chose Captivating Training Solutions as their preferred training partner to design and deliver the Leadership Development Academy.

Captivating Training Solutions, headed by Lynette Roberts, designed the following training model delivery and curriculum



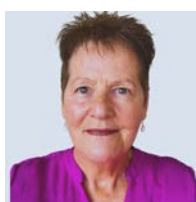
Time Management Exploring strategies to deliver time efficiencies to expand capacity for new Advanced Services.	Building Relationships Maximising stakeholder engagement by opening communication, being curious, and building trust.	Communication Skills Identifying and overcoming communication barriers. How to apply advanced communication principles.
Self-Leadership Become an emotionally intelligent leader. Learn to master own emotions and read emotions of others.	Conflict Management Explore difference between functional & dysfunctional conflict. How to manage & resolve conflict positively.	Influencing Skills Develop an understanding of behaviours and conditions for creating influence and impact.
Competitive Collaboration From silos to integration. How to turn competing stakeholders into cohesive, collaborative teams.	Leading Change Identifying opportunities for positive change, how to gain stakeholder buy-in and overcome resistance.	Negotiation Skills How to effectively prepare and conduct negotiations. Explore negotiation strategies & techniques.
Population Health Management Insights How Pharmacy is a source of intelligence to support the understanding of local population health needs.	Pitching & Facilitation Understand difference between presenting, facilitating, and pitching to varied PCN audiences.	Commissioning Services Be able to construct and present a business case for pharmacy services of the future to stakeholders.

An award-winning team heads up the Leadership Development Academy:



Lynette Roberts

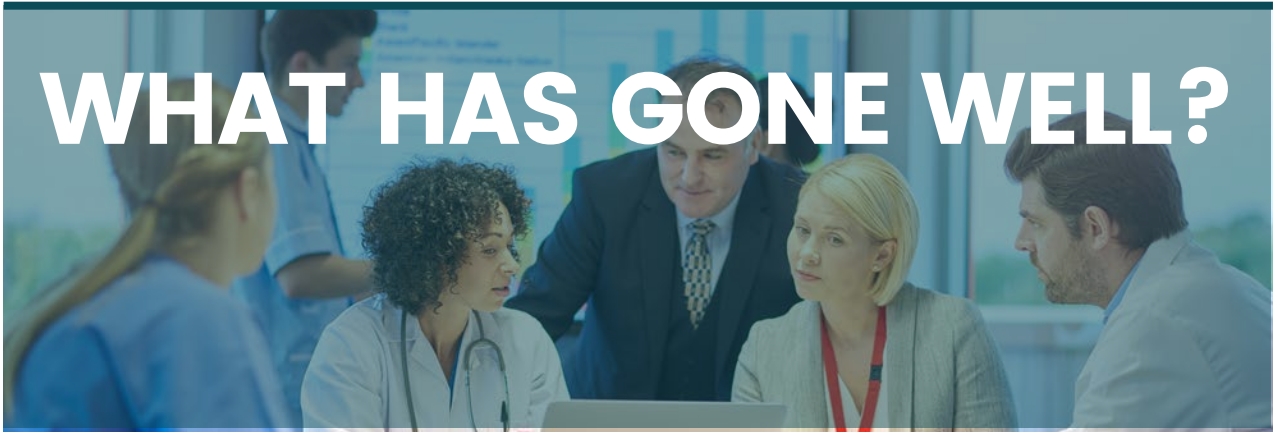
A resourceful training strategist and architect, renowned for creating and executing transformative award-winning learning programs.



Trish Mullen

Military intelligence veteran who achieved the highest rank possible for a non-commissioned officer. A transformational leader and coach who champions operational efficiency and effectiveness.

WHAT HAS GONE WELL?



Relationships with stakeholders

The PCNs were introduced with the stated aim of stabilising general practice and dissolving the historic divide between primary and community health services - establishing relationships is key to closing the gap. Pharmacy PCN Leads are the conduits who connect general practice and community pharmacy, and many Leads have developed cooperative, collaborative partnerships that have transformed patient care through their relationships with stakeholders.

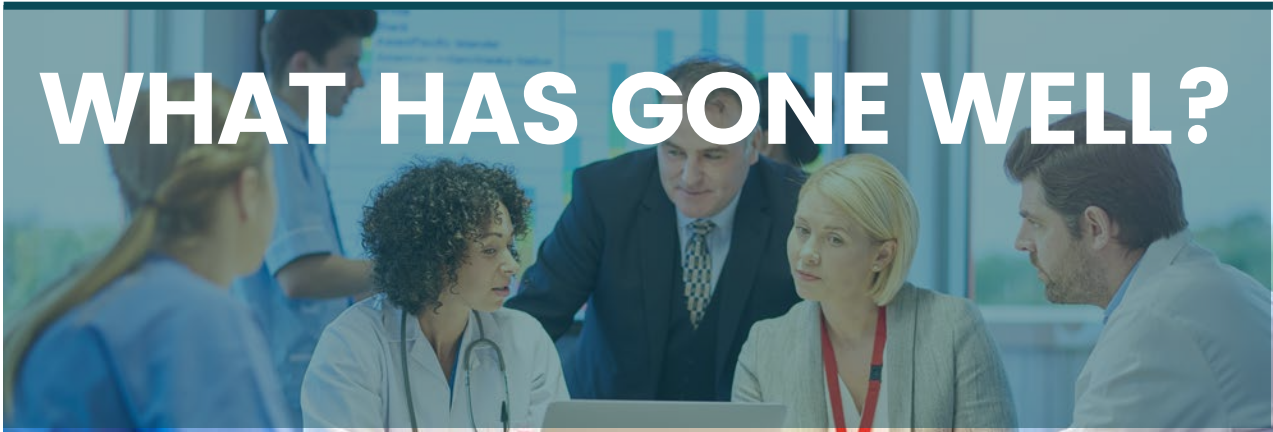
Collaboration, cooperation & communication

Collaboration and partnership working is key to improving population health, delivering high-quality care, and reducing health inequalities. Pharmacy PCN Leads in the South West have shared great examples of collaborative partnerships from the joint delivery of vaccination programmes, cooperative coordination and communication between general practice and pharmacy on medicine shortages, and growing buy-in and local implementation of nationally commissioned services.

Enabling workforce capacity

The PSNC's Pharmacy Pressures Survey has confirmed that unsustainable pressures on community pharmacies are having an impact on pharmacy teams' wellbeing, affecting patient services negatively, and putting businesses at risk. Capacity was a key challenge that was evident through benchmarking surveys conducted at the start of the program. In order to free the Lead's time to devote to their role as well as expand the capacity of the pharmacy team so that they could deliver new nationally commissioned services, operational efficiency and time management were prioritised as a key development area. Those who adopted new ways of working and identified inefficient practices have reported significant improvements in their team's and their own operational efficiency.

WHAT HAS GONE WELL?



Services success

Whilst the successful embedding of nationally commissioned services like GP-CPCS and Hypertension Case Finding Service (HCFS) have been sporadic, it has given us valuable insights into the ingredients essential to the success or failure of these services. Some Pharmacy PCN Leads have reported significant growth in referrals for CPCS from both NHS 111 and local GP practices. We have also reports of successful collaborations aimed to improve community cardiovascular health with the Hypertension Case Finding Service. Additionally, we will share insights into what makes collaborations successful on these services, as well as what roadblocks have been preventing progress.

Professional Leadership

A key element of the funding secured by NHSE&I South West was designed to help develop the leadership styles and capabilities of the Pharmacy PCN Leads in the South West. There are exceptional examples of leadership from many of the Leads participating in the Leadership Development Academy. There are leads who have mentored the growth of their peers. Some leaders have instilled a culture of collective leadership in their network where stakeholder needs are prioritised over their component's success. Leaders have identified future pharmacy services, commissioned pilot programs, and tested them.

Workforce development

Pharmacy PCN Leads are little over half-way through their Leadership Development Academy curriculum but have already demonstrated a marked improvement and impact on their capabilities in role. As a result of the Academy, leaders report that they have gained insights, ideas, and tools that have improved operational efficiency. They have also built relationships with key PCN stakeholders, improved communication and engagement within their networks, assisted them in overcoming challenging conversations with resistant stakeholders, and influenced buy-in for services and collaborative partnerships.

RELATIONSHIP CASE STUDIES



Ellen Wood, Dorset: Walk in my shoes

The PSNC 'Walk in my Shoes' project was designed to bring together community pharmacy teams and GP practice teams to help each other understand their roles, improve working relationships and ultimately provide better care for their patients.

As a consequence of the pandemic, Ellen reported that the momentum for collaborative working relationships had stalled in her areas, so she utilised the 'Walk in my Shoes' programme to help reinvigorate the relationships in her PCN.

Ellen Wood is the Pharmacy PCN Lead for Weymouth and Portland PCN in Dorset.

Ellen says the 'walk in my shoes' experience was eye opening for her and the other participants and consequently helped forge a more cohesive, cooperative culture between community pharmacy and PCN stakeholders in Weymouth and Portland.

Ellen claimed the most compelling experience for her whilst shadowing the PCN Clinical Pharmacist was observing that more than a third of the duty doctor calls were unnecessarily being wasted on patients calling for urgent repeat prescription requests. Additional insights were gained as her PCN counterparts observed the complexities of medicine dispensing, gaining a greater understanding of community pharmacy pressures.

Ellen reports that there have been many positive outcomes in response to the 'walk in my shoes' project such as:

- **Repeat dispensing process streamlined** to reduce urgent repeat prescription requests and reduce unnecessary appointments with duty doctor
- New systems, processes and communication between practices and community pharmacy to **improve patient pathways**
- **Patient communication** from GP practices has evolved to better **manage patient expectations** on dispensing thereby reducing pressures on pharmacies and giving the patient a better journey.



To really understand the positive impact of the 'walk in my shoes' project has had on relationships and ultimately patient care, you can scan the QR code above to or click [here](#) listen to Ellen telling her story.

RELATIONSHIP CASE STUDIES



Andrew Hobson, CPSW: Nurture PCN relationships

Andrew Hobson is Pharmacy PCN Lead in Wiltshire. Andrew has seen great growth and collaboration with the GP practices in his PCN.

Andrew says the key to success in his PCN is "**nurturing relationships with surgeries and delivering to patients a focused, common sense approach to healthcare**". Andrew also says the key to his success is getting to know his local GPs and dealing with them on an equal footing. Andrew has such good relationships with his local GPs that they often catch up 1-2 days a week and have even started meeting more informally to build their relationship over coffee or lunch. Andrew also has a good relationship with the lead PCN pharmacist.



The 'Building Relationships' training from the Leadership Development Academy helped Andrew to reflect on the quality of the relationships he had with key PCN stakeholders and how to improve them. As Andrew struggled to communicate with his local GPs through email and phone calls, he decided to meet them at a Practice Based Learning opportunity where they could have equal footing and begin to establish relationships. As a result of Andrew's commitment to building relationships with his PCN stakeholders, a collaborative delivery of services such as GP-CPCS and Hypertension Case Finding Service has been enhanced.

Scan the QR code or click [here](#) to listen to Andrew tell us how relationships make all the difference to his success and engagement within his Primary Care Network (PCN)

Keith Ndlovu, Dorset: Stakeholder Engagement Strategy



Keith Ndlovu is the Pharmacy PCN Lead for Poole Central in Dorset.

Keith reports that the Leadership Development Academy has had a positive impact on his effectiveness in role. He shared with his peers at a recent Academy conference that his relationships with PCN stakeholders has improved significantly as a result of the learnings he took from the 'Building Relationships' training module.

To maximise stakeholder engagement, the module discussed how to map out stakeholders and build an engagement strategy.

Keith applied these ideas and tools and as a result has forged new relationships, including his PCN clinical director who he speaks with twice a week. The relationships Keith has built with his PCN stakeholders has also resulted in improved collaborative approaches to vaccination programs such as flu. Keith reports how his local GP practices, rather than being combative over flu, are directing patients to pharmacy.



Scan the QR code or click [here](#) to hear more about Keith's progress in his role you - Andrew Irwin (Pharmacy PCN Lead, Avon) tells Keith's story. Andrew & Keith had a peer discussion review and were tasked to tell each other's progress stories.

COLLABORATION CASE STUDIES

Jennie Edmonstone, Somerset : Reciprocal Cooperation



Jennifer Edmonstone is a Pharmacy PCN Lead in Somerset. She is fortunate to split her time between 2 jobs, one in community pharmacy and one as a part-time clinical pharmacist in her PCN. This gives Jennie perspective from both a community pharmacy and PCN point of view which makes it easier for her to be the conduit and build bridges between sectors. Jennie has shared insights with her peers on how inter-PCN politics can sometimes create barriers to building relationships within the PCN. This can be down to the surgeries within the PCN not engaging or aligning with each other and if they are not aligned it can make it difficult for us, PCN Leads, to get engagement.



As part of the Hypertension Case Finding Service (HCFS), Jennie described the reciprocal cooperation between general practices and community pharmacies. One surgery in the PCN asked local pharmacies to halt the service for a period of time due to capacity issues. Pharmacy businesses are struggling to be financially sustainable, so this pause on HCFS delivery would have an impact on their revenue. Through collaborative discussions between LPCs, ICBs, surgeries, and pharmacy area managers, a pause on the service was agreed upon. HCFS is now being pushed hard by the surgery due to the Impact & Investment incentives for cardiovascular health; Jennie's PCN is driving more patients to community pharmacies for blood pressure checks now that the surgery has been able to establish an infrastructure to handle referrals.

Scan the QR code or click [here](#) to listen to Jennie share her insights at the recent Leadership Academy conferences.

Multiple PCN Leads: Cooperative, collaborative comms

As we emerge from the other side of the pandemic both pharmacy and GP Practices within PCNs are feeling the pressure. A survey of 157 PCN stakeholders (89 Clinical Directors & 49 PCN Managers) revealed that **more than 9 in 10 respondents said their workload was greater than expected**. The consistently high workload is derailing PCNs programmes. The PSNC pressures survey, of 1550 pharmacy contractors, reported that **pressures were negatively impacting patient care in 92% of respondent pharmacies**. Yet, despite these pressures Pharmacy PCN Leads in the South-West have reported some great stories of cooperative and collaborative communication among stakeholders:

- **Elizabeth Hall, PCN Lead Dorset** – Successful **collaborative communication** via WhatsApp focusing on Pharmacy Quality Scheme (PQS), stock shortages, closure contingencies.
- **Peter Whitaker, PCN Lead Somerset** – I have observed a real sense of **camaraderie** and **collaborative communication** among pharmacy and PCN peers on handling medicine shortages, coping with the surge in appointments and referrals for flu & strep A concerns. There is additional improved communication between surgeries, pharmacies, and patients when a pharmacy unexpectedly has to temporarily close their doors.

COLLABORATION CASE STUDIES



Karen O'Brien, Devon: PCN Pharmacist Partnership

Karen O'Brien is Pharmacy PCN Lead for Brixham & Paignton Primary Care Network. Karen, unlike many of her Pharmacy PCN Lead Peers, works as a PCN Clinical Pharmacist. This gives her insight into the inner workings of GP surgeries, PCNs, and the role of a Clinical Pharmacist. During a peer discussion at the most recent series of conferences as part of the Leadership Development Academy, Karen shared some valuable insights with her peers on how they could grow referrals for services such as Hypertension Case Finding Service (HCFS) and GP-CPCS by building relationships with their PCN Pharmacist(s) and their teams. Karen shared her own experience as a PCN Pharmacist and talked of the opportunities for collaboration between community pharmacy and the PCN Pharmacy team. She focused on areas such as blood pressure checks for patients on HRT and the contraceptive pill, as well as patients who had been identified by the surgery as needing both blood pressure and BMI reviewed for their QOF (Quality Outcomes Framework) indicators. She also spoke of the daily minor ailment consultations she conducts on behalf of the practice and how many of these would be appropriate for referral for GP-CPCS. In fact, Karen has played an integral role in the growth of collaborative partnerships between community pharmacy and her PCN for both GP-CPCS and HCFS due to her wider knowledge of both surgery and community pharmacy. Karen is a firm advocate of seeing patients face-to-face and as this is not always possible with the volume of calls triaged into her service as a Clinical Pharmacist, she strongly believes in the value of GP-CPCS. Karen advises her Pharmacy PCN Lead peers to start by exploring the capacity of the local community pharmacies before agreeing a referral pathway with the surgeries. Previously, there has been instances of overpromising and under-delivering which has resulted in PCN surgeries losing faith or interest in the service.



The insights Karen has shared have been invaluable to her Pharmacy PCN Lead Peers with many of them reporting how her advice has had a positive impact on their relationships and the growth of pharmacy services within their PCN.

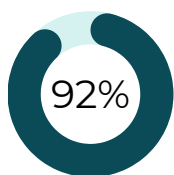
To hear more about Karen's progress in the role of Pharmacy PCN Lead and the insights she shared with her peers you can scan the QR code or click [here](#) to watch a short 5 minute video.

CAPACITY CASE STUDIES



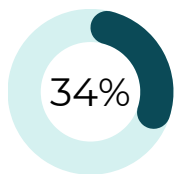
Workforce shortages

Respondents reported that workforce shortages were impacting their teams such as retention issues and locum availability. More than 20,000 pharmacy closures reported in last year due to staff shortages.



Patient care impacted

- 90% reported less time to spend with patients
- 87% prescriptions taking longer to dispense
- 67% forced to reduce services offered to patients
- 94% of patients impacted by medicine shortages



Capacity for new services

Some pharmacy business have no capacity to take on new services in both the short and long-term. This will negatively impact on the range of services that patients and the public can expect to receive from pharmacies in the future.

PSNC PHARMACY PRESSURES SURVEY

PSNC's Pharmacy Pressures Survey has confirmed that unsustainable pressures on community pharmacies are having a serious impact on pharmacy teams' wellbeing, affecting patient services negatively, and putting businesses at risk.

As part of the Leadership Development Academy curriculum, PCN Leads were encouraged to use their collective experience to debate and explore solutions to the pressures and capacity issues impacting community pharmacy. The PCN Leads were discussing effective methods of managing their time, delegating and developing their pharmacy teams, and managing patient expectations. Read on to see case studies of how PCN Leads put their ideas into action.

Jackie Lewis, Devon: Enabling Pharmacy Capacity

Background

During PCN Lead workshop discussions Jackie talked about how her pharmacy team were struggling with their dispensing workload which was having a knock-on effect on their ability to have time for new services. The following ideas were explored:

- Jackie and her team reevaluated their priorities and responsibilities in the **dispensing processes** to identify inefficiencies around:
 - Team skill mix - ineffective delegation
 - Time audit - is time spent on priorities
 - Managing medicine shortages
- **Staff shortages** were impacting service delivery. Jackie and her team explored the following issues:
 - **Team morale, health, and resilience**
 - **Team spirit** - flexibility to learn other skills and rotate roles
 - **Pharmacy continuity plans** for staff sickness

Case Study Outcomes

- **Dispensing processes streamlined**
 - Training and empowering team members in the dispensing process released Jackie's time to dedicate to the delivery of new pharmacy services such as CPCS & HCFS
 - Jackie and her team reduced dispensary backlog from 3-days to half-a-day. This helped reduced the volume of patient queries and reduced time pressures on the team.
- **Engaging Community Pharmacy Network to support each other with medicine shortages**
 - Jackie's engaged her local pharmacy network in a WhatsApp group created to communicate, share best practice, and share stock.
 - Clinical Director has engaged over antibiotic shortages and is now more proactive in identifying medicine shortages - this releases pharmacy capacity from having to ring surgeries searching for alternatives
- **Pharmacy continuity plans**
 - 'Walking in each other's shoes' has helped Jackie's team appreciate one another's roles as well as give them the skills to cope with different roles in case sickness strikes
 - In order to build her team's resilience, Jackie has adapted her management style to improve engagement, morale, and team spirit.



“

The concepts, ideas, and tools I have gained through the Leadership Development Academy has revolutionised my working life (and therefore my home life), the dispensary running and my approach to staff. It has also given me direction in the PCN role - Jackie Lewis

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CAPACITY CASE STUDIES

Neil Kyle, Somerset: Delegating & developing team



Background

During PCN Lead workshop discussion Neil revealed the struggles he faced in his own pharmacy, like many of his community pharmacy peers. The following ideas were explored:

- How Neil & his team were **managing their time** (team time audit).
- How effectively the **team skill mix** is utilised (team skill matrix).
- **Staff training needs** to help enable team members to take on additional role and responsibilities.
- **Team readiness for change and transformation** - current pharmacy model needs to adapt to enable capacity for new services (team muster)
- **Pharmacy continuity plans** for staff shortages and pressures caused by other local pharmacy closures.

Case Study Outcomes

- Neil and his team had **identified inefficiencies** leading to time wastage. Through effective **prioritising, delegation, and streamlining processes** Neil and his team report they are **better managing pharmacy pressures**.
- Effective delegation and time management also resulted in:
 - **more time for services** (CPCS, NMS)
 - more time for Neil to dedicate to PCN Lead role
- Neil **identified gaps in his team skill mix**. He put measures in place to empower staff members to adapt to other roles through **training & mentoring** which **helped unlock more capacity within the team** and equipped them to handle staff shortages.
- Neil had transparent and open discussion with his team about the need for change and their willingness to transform their pharmacy for the future.



SERVICE SUCCESS CASE STUDIES

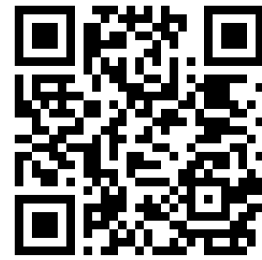
Avon
LPC

Ashish Mehta, Avon: GP-CPCS Growth

Ashish Mehta is a PCN Lead for the Stokes Primary Care Network. Ashish has influenced the growth of GP-CPCS in his PCN by 500%. Earlier in the year, GP-CPCS referrals came in drips and drabs (around 15-20 per month). With the help of the PCN Clinical Pharmacist, Ashish approached the GP partners within the PCN to discuss the benefits of embedding the service.

Ashish helped identify any current barriers to the delivery of the service, such as lack of GP buy-in, staff training issues, IT issues, or a lack of capacity/infrastructure.

Ashish recommends persistence when looking to embed GP-CPCS in your PCN. He admits progress did not happen overnight. By understanding PCN stakeholders' pain points and how the service could alleviate pressure, Ashish was able to get buy-in behind the service. There were misconceptions about why pharmacy wanted/needed to provide this service, so he talked about how open, transparent, and vulnerable conversations were important to build trust. As a community pharmacy, Ashish spoke candidly about their vulnerable financial position and why there is a genuine appetite to make this service successful. Once the GP partners agreed to the service, they helped train reception staff to drive referrals for the service by identifying the patients who would be suitable for it.



Scan the QR code or click [here](#) to hear more about Ashish's progress - Suzanne Myers tells his story - Ashish & Suzanne had a peer discussion review and were tasked to tell each other's progress stories.

Avon
LPC

Mohammed Ramzan, Avon: GP-CPCS Growth

Mohammed (Mo) Ramzan is Pharmacy PCN Lead for North & West Bristol. In August this year Mo shared with Trish Mullen, Leadership Development Academy Coach, and his peer group that the uptake of GP-CPCS was disappointingly low. Trish and Mo's peer group debated ideas on how Mo could influence his PCN stakeholders to grow interest and referrals for this service. Following his coaching session, Mo took action and had productive meetings with local pharmacy managers, local surgeries, and the reception staff at the health centres as they would be key to driving referrals. Mo is now reporting significant uptake of GP-CPCS in his PCN with over 100 referrals per month. He shared that in a recent week there were as many as 12 referrals in 1 day. He advised his peers on how to make GP-CPCS successful in their PCNs by aligning and getting buy-in from the right stakeholders, in his case the reception staff and GPs. Keeping the service to five or six minor ailments is what Mo recommends agreeing on with stakeholders. As a result, triaging for reception staff was simplified and referrals were increased significantly. To evolve and improve the collaboration and implementation of the service, Mo recommended regular review meetings to reflect on what was working and what wasn't.



Scan the QR code or click [here](#) to hear more about Mohammed's progress - Matt Robinson tells his story - Mo & Matt had a peer discussion review and were tasked to tell each other's progress stories.

SERVICE SUCCESS CASE STUDIES

Avon
LPC

Andrew Irwin, Avon: GP-CPCS

Andrew Irwin is Pharmacy PCN Lead for Bristol Inner City Primary Care Network. Andrew has helped influence significant growth of GP-CPCS within his PCN. In a recent peer review discussion, Andrew shared how his pharmacy was completing over 100 consultations per month from referrals as part of GP-CPCS. When Andrew was asked by his PCN Lead Peers what was key to his success he shared two key elements:-



- **Enable pharmacy capacity to deliver on services:** Andrew is a forward-thinking pharmacist who has hired a second pharmacist in his business in order to create the capacity to manage current dispensing volumes and make way for new services.
- **Build relationships with key stakeholders:** The key stakeholders central to the success of GP-CPCS in his area was to get buy-in from the PCN Pharmacy team (Clinical Pharmacist and PCN technician) as well as the surgery receptionists.

Andrew really is leading change by investing in building the right skill mix for his pharmacy team to meet the demands of a changing NHS landscape.

Scan the QR code or click [here](#) to hear more about Andrew's progress - Keith Ndlovu tells his story - Andrew & Keith had a peer discussion review and were tasked to tell each other's progress stories.

Andrew Lawson, Devon: GP-CPCS Working out the kinks

Andrew Lawson is Pharmacy PCN Lead for the Nexus Primary Care Network in Devon. In his time as a PCN Lead Andrew has forged great relationships with both his Pharmacy and GP PCN stakeholders.

Because he has such good relationships with surgeries and pharmacies, a lot of proactive communication has taken place regarding medicine shortages so that surgeries are aware of what medicines are unavailable so they can preemptively write prescriptions with appropriate alternatives instead of having pharmacies contact them later. Both surgeries and pharmacies benefit from this, but more importantly, patients benefit from it.



Working together on GP-CPCS, Andrew has also demonstrated good collaboration with his surgeries and pharmacies in the PCN. In addition to helping identify inappropriate referrals, Andrew has simplified the triage of patients when they call the surgeries for appointments. In recent months, Andrew has observed a significant growth in referrals, especially since local practices are struggling with staffing issues and can really appreciate the service's benefits.

Scan the QR code or click [here](#) to hear more about Andrew's progress - Phillip Bush tells his story - Andrew & Phillip had a peer discussion review and were tasked to tell each other's progress stories.

SERVICE SUCCESS CASE STUDIES

Avon
LPC

Lisa Fisher, Avon: Hypertension Case Finding Service

Lisa Fisher is Pharmacy PCN Lead for South Bristol Primary Care Network as well as chairperson for Avon LPC. Lisa is one of the top performing PCN Leads for GP-CPCS within the South-West and has demonstrated great leadership through the mentoring of other PCN Leads as they strive to embed nationally commission pharmacy services. Lisa has also recently qualified as an Independent Pharmacist Prescriber and so has taken on key roles in managing minor ailments. Lisa has not only had inspirational success with GP-CPCS but she is also a great mentor and champion for the embedding of the Hypertension Case Finding Service (HCFS).



Lisa recently shared her progress and **tips for success with HCFS** during a peer discussion at a Leadership Development Academy Conference. Lisa's tips for her fellow PCN Leads:-

- **Seek to understand stakeholder motivations:** Lisa recently attended a meeting to discuss the Impact & Investment Fund (IIF) so she could understand the driving motivations for PCNs to engage with community pharmacy services and get buy-in.
- **Establish local pharmacy capacity to deliver service:** Lisa reached out to her pharmacy network to understand which pharmacies had the training, capacity and equipment to deliver the service so that when she approached the PCN she'd be prepared for talks.
- **Collaboratively identify target patients:** Lisa worked with her PCN Pharmacy team and GPs to identify 1500 patients who would be ideal for the service (patients on HRT/pill, etc)
- **Agree referral pathway:** Lisa has established an email and text referral pathway for patients that would be communicated in batches so as not to overwhelm both community pharmacies and surgeries.

Scan the QR code or click [here](#) to hear more about Lisa's progress - Verity Durman tells her story. Lisa & Verity had a peer discussion review and were tasked to share each other's progress stories.

Avon
LPC

Phillip Bush, Avon: Hypertension Case Finding Service

Phillip (Pip) Bush is Pharmacy PCN Lead for Bath Primary Care Network in Avon. Through building strong relationships Pip has influenced the buy-in and implementation of both GP-CPCS and the Hypertension Case Finding Service (HCFS) in his PCN. Pip demonstrated great leadership skills when he recently shared a story with his fellow PCN Lead peers regarding the improvement of referral pathways for HCFS. Through engaging and listening to his PCN Lead stakeholders, regarding their feedback on the efficiency and impact of the service, Pip uncovered an inefficient referral pathway where the surgeries were not getting the clinical results from the pharmacies so patients were being missed. Pip worked with the GPs, PCN Pharmacy team and his local pharmacy network to establish a more efficient referral pathway. This shows key leadership skills such as tenacity, listening, communication, collaboration, and critical thinking.



Scan the QR code or click [here](#) to hear more about Pip's progress - Andrew Lawson tells his story. Andrew & Pip had a peer discussion review and were tasked to share each other's progress stories.



Phillip Yelling, Cornwall Walk in consultation service (WICS)

Phillip Yelling is a Pharmacy PCN Lead for 2 Primary Care Networks in Cornwall. He also serves as the Support & Engagement Officer for Cornwall LPC.

After completing many leadership programmes in his years of experience, Phillip confessed that he was sceptical about participating in another. Phillip, however, shared that he has gained a lot from the Leadership Development Academy, not only from the course content, but also from his peers. Developing oneself and others is the sign of a true leader.

As well as leading the development and implementation of the Walk-in Consultation Service (WICS), which is funded locally by Kernow CCG, Phillip has demonstrated he is a change leader for pharmacy and the NHS. The ability to gather insights and identify pharmacy services of the future shows great leadership abilities. His walk-in service has inspired so many of his PCN Lead colleagues, many of whom are envious. A referral from a GP or NHS111 is not required for the WICS, which is designed for self-referral by patients.

We asked Phillip how he helped influence the funding and implementation of the Walk-in Consultation service in Cornwall:

- **Relationships:** Working with the local Medicine Optimisation Team, LMC, LPC and pharmacy teams was key to getting buy-in and funding for this service.
- **Build a business case:** Phillip built a business case study for the local CCG to demonstrate the need for this service and get buy-in.
- **Build awareness of the service:** Phillip talked about local awareness campaigns and PR which helped drive engagement with the service.
- **Improve & evolve:** gathering feedback on the service has helped demonstrate its effectiveness and benefits to stakeholders - this has also help secure funding for another year for the service



The Walk-in Consultation Service in Cornwall has been so successful that funding has been secured for another year. 7000 consultations have been successfully completed. Despite the perception that this service competes with GP-CPCS, Phillip is working with his PCN and pharmacies to find synergies.

Scan the QR code or click [here](#) to hear more about Phillip's progress - Andrew Hobson tells his story. Phillip & Andrew had a peer discussion and were tasked to share each other's progress stories.

CHALLENGES

Community Pharmacy Challenges

PSNC reports that pharmacies are facing unprecedented and critical pressure with vital patient services and support now at risk of serious deterioration. Below is a summary of some of the key challenges impacting community pharmacy and their capacity to collaborate on patient services:

The recruitment of PCN Clinical Pharmacists has led to a **critical shortage in Community Pharmacists** which has resulted in spiralling staff costs (locum costs have risen by 150–200%)

Medicine shortages are impacting service consistency, resulting in frustrated patients and increased workload pressure on staff (75% of pharmacies reported experiencing aggression from patients due to medicine supply issues).

Unplanned pharmacy closures have impacted patients, surgeries, and their neighbouring pharmacies. Closures are often a result of staff shortages, unavailability of locums, and financial issues. 24,601 unplanned temporary pharmacy closures in England in last 12 months

83% of pharmacy businesses from PSNC pressures survey reported they were struggling to manage **increasing workload** demands. **90%** reported significant **increase in patient phone calls** about prescriptions

97% of pharmacies surveyed are **struggling financially** due to rising costs. Staff costs are main driver, with rising bills, and loss making dispensing is leading some pharmacies to make difficult decisions about reducing hours or closing.

Pharmacy staff shortages and burnout. Pharmacies are struggling to recruit and retain staff. 90% of pharmacy business owners are concerned about staff mental wellbeing (RPS survey report 89% at risk of burnout, 70% due to inadequate staffing).

Primary Care Network Challenges

According to the report 'Primary Care Networks – Two years on' there are several challenges and pressures limiting the progression and goals of PCNs. Below is summary of the 4 key challenges identified in the report and is continuing to limiting the PCNs in the South West:

Workload

96% of PCN staff surveyed reported that their **workload is greater than expected.** PCN management activities, core practice clinical activities, increased clinical demand, and backlog from the pandemic has resulted in capacity issues, fatigue, burnout, and a lack of time.

Lack of clarity

Clinical directors are reporting a lack of clarity surrounding the **purpose of their role.** Some clinical directors are unable to articulate their PCN vision, develop operational plans and lead staff. Staff surveyed report concerns that they are likely to lose sight of the PCN founding objectives.

Infrastructure

Many PCNs report a lack of infrastructure as a limiting factor in their development. This includes estates and IT, data, and business intelligence. There is no provision for PCN-infrastructure, which results in a lack of uniformity across PCNs

NHS Partner Relationships

Although local relationships are improving in many respects, some relationships within the NHS have been challenging. Some NHS stakeholders do not view PCNs as equal partners. Pandemic backlogs and competition for the provision of vaccination programmes has led to tension.

CHALLENGES

Pharmacy PCN Lead

Despite the accomplishments and success stories shared in this report, Pharmacy PCN Leads have reported that pressures facing both Community Pharmacies and Primary Care Networks have been limiting the progress they can make in building relationships and embedding services. Below we explore how the pressures facing both PCNs and pharmacies are limiting PCN Lead progress:

Pharmacist Shortage

A critical shortfall of Community Pharmacists due to PCNs recruiting pharmacists for ARRS. This has led to pharmacies struggling to recruit permanent pharmacist staff and locum costs have more than doubled.

The funding secured by NHSE&I for the PCN Leads allotted £245 per day to cover overhead costs. The critical shortage of pharmacists within the community has led to locum costs more than doubling to over £500 per day. This has resulted in PCN Lead employers being reticent to release them to do their role as it is a financial loss to their business.

Increasing workload

Both Community Pharmacies and PCNs have reported that workload is greater than expected. Both sectors have experienced pressures as a result of a backlog from the pandemic and increased patient expectations.

The increasing workload facing both sectors has had an impact of Pharmacy PCN Leads being available to commit time to their role and their respective PCN stakeholder counterparts being available to build relationships. The increasing workload has significantly impacted the embedding of commissioned services.

Relationships

PCN staff surveyed reported they felt NHS stakeholders do not view PCNs as equal partners, whereas Pharmacy PCN Leads have reported the same when they engage with PCNs. There have been tensions within PCNs between surgeries as well as friction between GP practices and pharmacies.

Pharmacy PCN Leads report that they often feel like "outsiders" when engaging with Clinical Directors and their PCN stakeholders. PCN Leads report that they are often excluded from PCN meetings. Vaccination programmes have also led to combative attitudes between GP practices and pharmacies. The relationship challenges have restricted progress.

Lack of clarity

Both Clinical Directors and Pharmacy PCN Leads have reported feeling a lack of clarity around the purpose of their role. Both also communicate a lack of certainty for PCNs beyond 2024. Pharmacy PCN Leads are especially unsure as the funding and direction for their role is diminishing from PQS.

At the start of the Leadership Development Academy PCN Leads reported feeling lost. Leads fed back that they had clearer purpose and direction following a joint strategic meeting. However, despite feeling clearer on their purpose and goals, they have found their progress being limited as their PCN partners are unsure of their priorities and goals.

Unplanned closures

The critical shortfall in community pharmacists caused by ARRS recruitment, stress related illnesses, and general workforce issues has led to pharmacy businesses struggling to retain and recruit permanent staff or afford locum costs.

Unplanned closures in community pharmacy has piled on the pressure in neighbouring pharmacies but it has also had a detrimental effect on the credibility of pharmacies. PCN Leads have reported that their PCN partners have concerns that community pharmacy do not have the capacity to consistently deliver on GP-CPCS or the Hypertension service.

GP-CPCS CHALLENGES



Ellen Wood, Dorset: GP-CPCS Decline

Ellen Wood is the Pharmacy PCN Lead for Weymouth and Portland PCN in Dorset. Ellen's Primary Care Network took part in a successful pilot scheme for GP-CPCS. Ellen shared that during the pilot scheme there was a lot of enthusiasm for the service and that referrals were "absolutely flying". However, since the pilot of GP-CPCS in her PCN, Ellen reports that there has been a significant decline in engagement and referrals for the service. When asked the reason for this decline, Ellen reported that it was due to:



- **Staff turnover and sickness** within GP practices which resulted in untrained staff who don't know how to identify and refer appropriate patients for GP-CPCS
- **Lack of patient education:** Patients do not understand the service so when trained staff attempt to refer them the patient complains and insists on a GP appointment
- **Referrals are time consuming:** trained or untrained staff both report that it takes too long to complete a referral for the service and it is easier to either just give a patient a GP appointment or verbally signpost them to their local pharmacy
- **Loss of stakeholder buy-in:** GPs and PCN stakeholders are struggling to see the benefit of the service (what's in it for them) and so they have lost their enthusiasm and willingness to collaborate

Due to recent concerns about Strep A and flu, Ellen reports an incredible growth in referrals coming through NHS 111 despite the significant decline in GP-CPCS referrals. The local NHS111 team recently thanked the community pharmacies in Dorset for successfully handling a huge surge in consultations, demonstrating that they are capable of delivering this service well.

Scan the QR code above or click [here](#) to watch a 4 minute video with Ellen sharing her insights

Insights from Patient Participation Groups

Ellen demonstrates great leadership qualities as she goes above and beyond by engaging with her local Patient Participation Groups. Ellen shows great leadership because she is curious and listens intently to all her stakeholders to truly understand how to deliver the best service for patients. When asked what she thinks would help GP-CPCS succeed Ellen shared that she thought there were 3 key elements:-



- Buy-in from local pharmacies: do they have the capacity and enthusiasm to deliver the service consistently?
- Buy-in from GP/ PCN stakeholders: do they have the willingness to collaborate? Can they work with pharmacies to identify the right people for the service and refer them accordingly?
- Most importantly, buy-in from the patients: can the patients accept change and move beyond the outdated way of engaging with health services? When patients haven't been educated on the service and the benefits to them it has caused friction with staff in both surgeries and community pharmacy.

To hear Ellen share her insights, scan the QR code or click [here](#) to watch a 5-minute video

RECOMMENDATIONS

Enable Pharmacy PCN Lead Capacity

Funding has been critical to releasing Pharmacy PCN Leads time and capacity to dedicate toward their role. It is the funding that was secured by NHSE&I South West that helped enable many of the Pharmacy PCN Leads to make good progress with embedding services and building relationships with stakeholders. The Pharmacy PCN Lead role needs protected time. Funding would enable the Pharmacy PCN Leads to continue to build on the foundations and progress they have made.

Joint Learning Opportunities

According to the [ICB Leadership principles](#) there needs to be a '**culture of shared learning**'. Pharmacy PCN Leads have just started their journey to developing their Leadership skills. We recommend continuing their leadership development journey in collaboration with their PCN partners. This could be an extension of their current programme where PCN stakeholders are invited to joint learning events and coaching sessions.

Clarity on purpose and future of PCNs

There is uncertainty from both Community Pharmacies and PCN stakeholders on the future of Primary Care Networks beyond 2024. PCN Leads have expressed concern that the funding for their role is diminishing which has led to doubt in the longevity and purpose of the PCN Lead role. Both PCN Leads and their respective PCNs are just beginning to make progress since the pandemic limited their progress. More time is needed to demonstrate the outcomes and benefits of collaborative partnerships and PCN projects. Both Clinical Directors and PCN Leads would benefit from direction and funding from their respective ICBs.

Recognising the pipeline of Leaders

According to [ICB Leadership principles](#) we need to adopt a transparent approach to **identifying** and **recruiting leaders** which promotes equity of opportunity and creates a professionally and demographically diverse talent pipeline. We have shared great stories of accomplishment and progress despite unprecedented challenges, yet many of these PCN Leads who go above and beyond are underfunded and under-recognised. We recommend a programme which recognises and rewards the change leaders of the future.

TESTIMONIALS

Pharmacy PCN Lead, Devon LPC

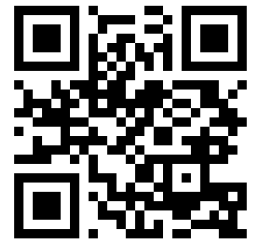


I have to say – the training has revolutionised my working life (and therefore my home life), the dispensary running, and approach to staff. It has given me better direction in the PCN Lead role. The training has equipped me with skills and tools to enable me to deliver more pharmacy services and spend more time with patients. The programme has also helped me forge better relationships with my PCN and pharmacy networks which has resulted in collaborative communication.

PCN Lead, Dorset LPC



I really enjoyed the training day in Exeter and found it a great way to meet others. I think we all learned some really valuable skills. I also really liked the more interactive approach you have with the training and found it more engaging than previous training I have attended. I have already started looking at things from a different perspective and using some of the resources in my working day! This is the best training programme I have been on... ever!



PCN Lead, Somerset LPC



I've found it really useful to meet other leads and share experience and reassured that we've all got the same challenges. It has also made me realise that we need to change how we operate, something that came out of the training day...as pharmacists we do tend to do everything for everyone else and not think about ourselves and the reality of the current situation, pharmacy and primary care is changing!

PCN Lead, Swindon & Wiltshire LPC



'I thought it was a really inspiring day - networking was really useful and formulating a plan and how to deliver it. I'm looking forward to the follow up in September. Already started to chat more to the local pharmacy teams. The take home workbooks were very glossy, not what we normally get from the NHS. Their appeal helps with encouraged usage though so thumbs up. The exercises we completed were both fun and useful for personal development and encouraged lots of discussions. There were a number of exercises in the book which we didn't have time to do and I did them in my spare time as I was enthused. I really enjoyed the day.

Get In Touch



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