Supporting the development of primary care networks: Working with Pharmacy

Chair: Bruce Warner, Deputy Chief Pharmaceutical Officer

29 May 2019

Agenda

Introduction
– Bruce Warner, Deputy Chief Pharmaceutical Officer, NHS England and NHS Improvement

Supporting the Development of Primary Care Networks
– Ian Biggs, Regional Director of Primary Care and Public Health Commissioning, NHS England and NHS Improvement

Collaborative Working in a PCN
– Katherine Gough, Professional Lead Pharmacist, Dorset Integrated Care System
– Ravi Sharma, Director for England, Royal Pharmaceutical Society

Q&A chaired by Bruce Warner

Introduction

Bruce Warner, Deputy Chief Pharmaceutical Officer

NHS Long Term Plan sets the context and themes for us all for 2019-2029

The NHS Long Term Plan is about integrating services around the patient more effectively, and making inroads into the major 'killer' diseases and causes of ill health. Its three main ambitions:

1. Making sure everyone gets the best start in life

2. Delivering world class care for major health problems

3. Supporting people to age well

Ambitions underpinned by action to overcome specific challenges:
Personalised care, Prevention and health inequalities, Workforce, Data and digital technology, Delivering better value

Proposed vision for the integrated clinical pharmacy team

- Clinical pharmacists and pharmacy technicians a central part of multi-professional teams in PCNs
- Community pharmacy teams deliver consistent, high-quality minor illness care and support the public to live healthier lives
    - Community pharmacists have capacity to deliver more clinical care
- Hospital and mental health pharmacists continue to be part of specialist teams and extend their practice into primary care, including providing consultant pharmacist support
- CCG pharmacy teams leading on population health
- Consistent delivery of these goals will require clinical and professional leadership across the health and care system, by Regional Chief Pharmacists and proposed Clinical Directors of Pharmacy and Medicines in each ICS

Next steps:

- PCN recruitment / transition of clinical pharmacists from July 2019
- Publish framework for Integrating Pharmacy and Medicines Optimisation across an ICS
- Further develop governance framework for IPMO and evaluate
- Regional chief pharmacists continue to lead
- Pilot project to continue for two years and roll-out to other STP/ICS

Role of the clinical pharmacy team in a PCN

Clinical pharmacists:

- 18-month training programme to ensure competence and confidence to consult directly with patients, working in a multi-professional team
- Supported to become independent prescribers
- Undertaking structured medication reviews, improving medicine optimisation and safety, improving antimicrobial stewardship, supporting care homes, as well as running practice clinics
- Advocates of medicines optimisation and safety and support their PCNs to have safer prescribing systems, identify high risk people and embed principles of shared decision-making
- Contract reimbursement for clinical pharmacists conditional on enrolment on NHSE/NHSI training or previous attainment of competencies

Clinical pharmacy technicians:

- Developing the future role of clinical pharmacy technicians in PCNs

- Provide a focal point for collaborative working across the different pharmacy providers including hospital, mental health and community pharmacy
- Teams will be supervised by a senior clinical pharmacist, to support professional and career development at a network level
- Posts are clinical and person-facing
- Will receive support and supervision to allow them to do the job safely and confidently

Role of the clinical pharmacy team in a PCN: Community pharmacy

- Community pharmacy will focus more on its clinical role managing the minor illness aspects of urgent care, and supporting patients to prevent ill health
- It will need to have strong links with PCN clinical pharmacists and pharmacy technicians

Under the network contract DES:

- Increased clinical role could include a delivery role in parts of the GP contract service requirements in areas such as CVD early detection and prevention and awareness of cancer symptoms
- Some community pharmacists could be recruited to work in PCN clinical pharmacist roles, for which they would do the additional 18-month training, and which would not involve dispensing
- Groups of community pharmacy providers could be providers of clinical pharmacists to PCNs

Key areas of focus:

- Urgent care and minor illness
- Prevention and public health
- Supporting medicines optimisation and safety

Workforce planning and development are top priorities

NHS Long Term Plan: Continue to increase the NHS workforce; training and recruiting more professionals

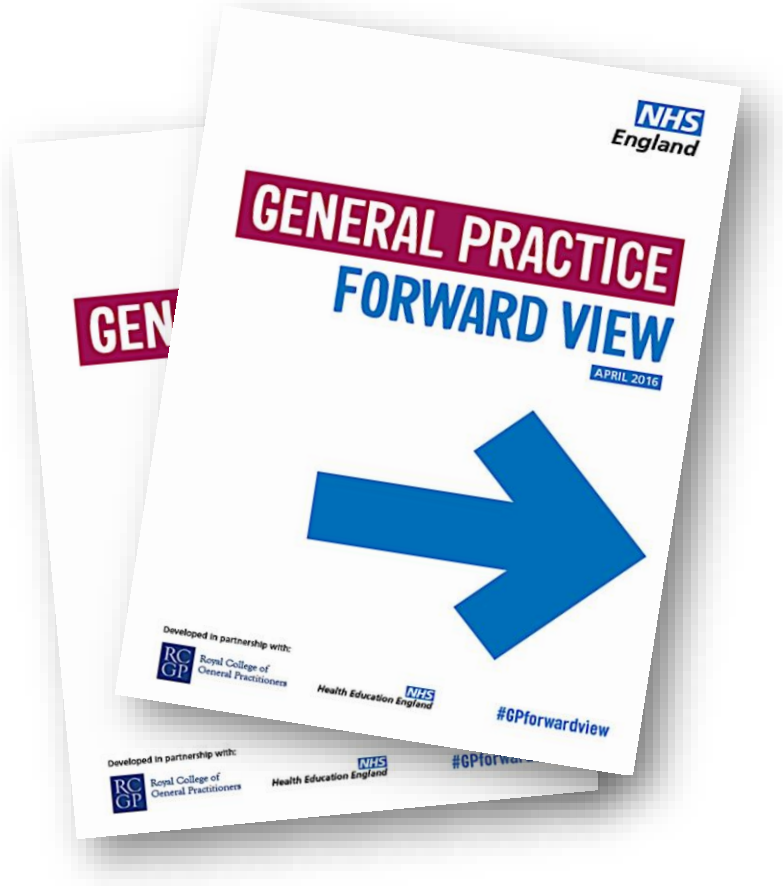
- New People Plan will set out the proposals, with an interim People Plan due out soon
- Challenge is ensuring sustainability and consistency for clinical pharmacy services, whilst ensuring workforce supply and development
- Underpinned by education and training to deliver a workforce that can adapt to increasingly complex health and care system, and respond to technology and data advances
- As pharmacy professionals provide more clinical care to patients, the NHS will need to be clear what we expect with regard to training and competencies
- Health Education England undertaking a review of current model of postgraduate education and training for the pharmacy workforce, part of the wider People Plan development
- GPhC has consulted on initial education and training standards for pharmacists, reflecting the expanding clinical role of pharmacists, and HEE likely to be developing a professional framework for pharmacy technicians

Supporting the development of primary care networks

Ian Biggs, Regional Director of Primary Care and Public Health Commissioning

NHS England and NHS Improvement

General Practice Forward View lay the foundations for change in general practice…



GPFV published in 2016:

- Represented a turning point in investment in general practice – committing an extra £2.4 billion a year to support general practice services by 2020/21
- Ambition to strengthen and redesign general practice
- Vision built on the potential for transformation in general practice:
  - Enabling **self care** and direct access to other services
  - Better use of the talents of the **wider workforce**
  - Greater use of digital **technology**
  - **Working at scale** across practices to shape capacity
  - **Extended access to general practice** including evening and weekend appointments.

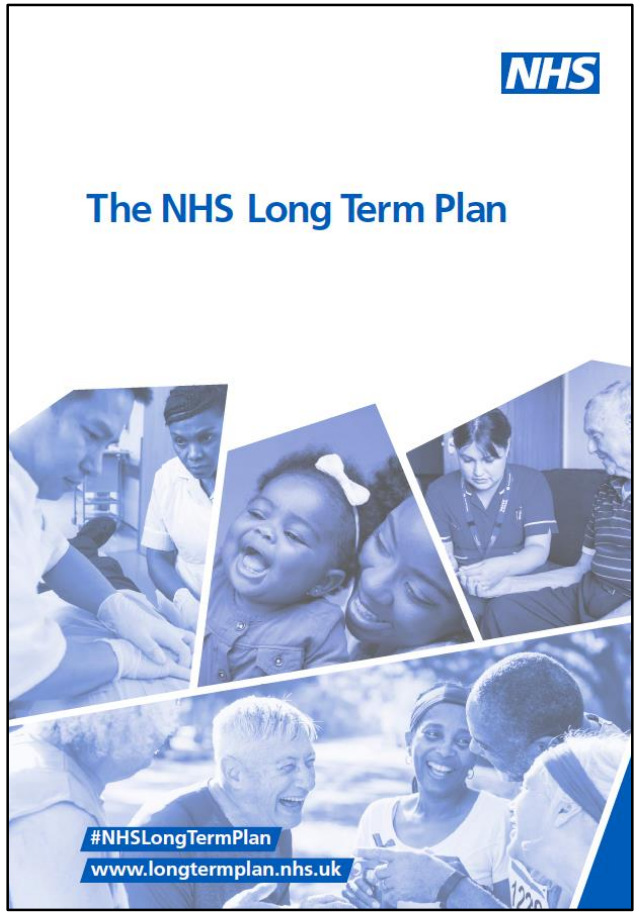
Continuing with primary care at the heart of the NHS Long Term Plan…

Aims:

- Everyone gets the best start in life
- World class care for major health problems
- Supporting people to age well

How:

- **Primary care networks as the foundation for Integrated Care Systems**
- Preventing ill health and tackling health inequalities
- Supporting the workforce
- Maximising opportunities presented by data and technology
- Continued focus on efficiency



What do we mean by primary care networks?

A primary care network consists of **groups of general practices working together with a range of local providers**, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

Networks would normally be **based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000**. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.

What are we trying to achieve?

- **Seamless care (for both physical and mental health) across primary care and NHS community services**, and remove the historic separation of these parts of the NHS
- **Care as close to home as possible**, with networks and services based on natural geographies, population distribution and need rather than organisational boundaries
- **Integration across primary care networks and secondary care/place-based care** with more clinically-appropriate secondary care in primary care settings
- Assessment of population health - **focusing on prevention and anticipatory care** - and maximise the difference we can make operating in partnership with other agencies
- Promote and **support people to care for themselves** wherever appropriate
- **Build from what people know about their patients and their population**
- Make a **tangible difference for patients and staff alike,** with:
  - improved outcomes for patients and an integrated care experience for patients;
  - more sustainable and satisfying roles for staff, and development of multi-professional teams; and
  - a more balanced workload for all.

How will that look within a local system?

Individual	Each person can access **joined up, proactive and personalised care,** based on 'what matters' to them and their individual strengths, needs and preferences
Neighbourhood c.30k~50k	**Practices** continue to provide core services Network Contract DES provides practices opportunity to work collaboratively with other practices health, social care and voluntary partners to deliver services Practices and other health, social care and voluntary partners collaborate as **primary care networks,** providing additional services that can't be delivered on a smaller scale
Place c.250-500k	Primary care **interacts with hospitals**, **mental health trusts, local authorities and community providers** to plan and deliver integrated care In some systems, **federations** support efficiencies of scale and provide a voice for primary care
System c.1+m	Primary care participates as an **equal partner in decision making** on strategy and resource allocation Action is taken to ensure **collaboration** across hospitals, community services, social care and other partners, helping to join up and improve care **Data is used to deploy resources** where they can have the maximum impact

What are the core characteristics of a primary care network?

1. **Practices working together and with other local health and care providers** around natural local communities that geographically make sense, **to provide coordinated care through integrated teams.** GP practices will be at the heart of a PCN, but PCNs are more than a collection of practices.
2. **Typically, a defined patient population** of at least 30,000 to 50,000.
3. **Providing care in different ways to match different people's needs**, including joined up care for those with complex conditions.
4. **Focus on prevention of illness and personalised care**, supporting patients to make informed decisions about their care and look after their own health, by connecting them with the full range of statutory and voluntary services.
5. **Using data and technology** to assess population health needs and health inequalities; deliver care; support clinical decision making; and monitor performance and variation.
6. **Making best use of collective resources across practices and other local health and care providers** to allow greater resilience, more sustainable workload and access to a larger range of professional groups.

The journey of development for primary care networks in a health system – maturity matrix

Our learning to date tells us that primary care networks will develop and mature at different rates. Laying the foundations for transformation is crucial before taking the steps towards a fully functioning primary care network. This journey might follow the maturity matrix below.

Foundation

Plan: Plan in place articulating clear vision and steps to getting there, including actions at network, place and system level.

Engagement: GPs, local primary care leaders, patients' representatives, and other stakeholders believe in the vision and the plan to get there.

Time: Primary care, in particular general practice, has the headroom to make change.

Transformation resource: There are people available with the right skills to make change happen, and a clear financial commitment to primary care transformation. The network is taking the opportunities that GP network contract affords

There is a **clinical director** is for the network.

Step 1

Practices identify PCN partners and develop shared plan for realisation. There is joint planning underway to improve integration with community services as networks mature

Analysis on variation in outcomes and resource use between practices is readily available and acted upon.

Basic population segmentation is in place, with understanding of needs of key groups, their needs and their resource use

Integrated teams which may not yet include social care are working in parts of the system. **Plans are in place to develop MDT ways of working**, including integrated rapid response community teams.

Standardised end state **models of care** defined for all population groups, with clear gap analysis and workforce plan

Steps taken to ensure **operational efficiency** of primary care delivery and support struggling practices.

Primary care has a **seat at the table** for system strategic decision-making.

PCNs are **engaging directly with population groups**, and with the wider community

Step 2

Functioning i**nteroperability within networks,** including read/write access to records, sharing of some staff and estate.

All primary care clinicians can access **information to guide decision making**, including risk stratification to identify patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system.

Early elements of **new models of care** in place for most population segments, with **integrated teams** throughout system, including social care, mental health, the voluntary sector and ready access to secondary care expertise. Routine peer review.

Networks have sight of resource use and impact on system performance, and can pilot new incentive schemes.

Primary care plays an **active role in system tactical and operational decision-making,** for example on UEC

Networks are developing an extensive culture of authentic **patient partnerships**

Step 3

Fully interoperable IT, workforce and estates across networks, with sharing between networks as needed.

Systematic population health analysis allowing PCNs to understand in depth their populations' needs and design interventions to meet them, acting as early as possible to keep people well.

Fully integrated teams throughout the system, comprising of the appropriate clinical and non-clinical skill mix. MDT working is high functioning and supported by technology. The MDT holds a single view of the patient. Care plans and coordination in place for all high risk patients.

New models of care in place for all population segments, across system. Evaluation of impact of early-implementers used to guide roll out.

PCNs take **collective responsibility for available funding.** Data is used in clinical interactions to make best use of resources.

Primary care providers full decision making member of ICS leadership, working in tandem with other partners to allocate resources and deliver care.

The PCN has built on existing **community assets** to connect with the whole community.

Primary care networks already established in some areas…

Case study 1 : Thinking creatively about primary care in Luton

In Luton, practices are working together in groupings covering 30,000 - 70,000 patients, joining up different types of clinicians and bring together community services, social care, and mental health services around the practices to provide better care for patients.

You can find further case studies on the FutureNHS platform, please email england.pcn@nhs.net to gain access.

Watch this case study at https://www.youtube.com/watch?v=YLntGo-BhPc

Funding for primary care networks

- The Network Contract DES will provide funding for practices to form and develop networks, as well as for additional workforce and services to be delivered by the network.
- Networks will cover a typical population of 30-50,000 patients. There will be flexibility if required over or below this in exceptional circumstances (for rurality).
- Networks can be structured in a number of ways depending on how the network members wish to employ staff and work together
- All Networks will have a Network Agreement. It will outline how the practice will work together, how funding will be allocated and how services and workforce will be shared. A template has been provided for this.
- CCGs and Integrated Care Systems will play a role in approving the formation of networks and commissioning services they will provide as well as providing ongoing support.
- CCGs will provide £1.50/head in cash to support PCN development from the general allocation

Additional workforce

"£4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices" *NHS Long Term Plan*

- Through a new ***Additional Roles Reimbursement Scheme***, networks will be guaranteed funding for an up to estimated 20,000+ additional staff by 2023/24:
  - **Clinical pharmacists** (from 2019/20)
  - **Social prescribing link workers** (from 2019/20)
  - **Physiotherapist** (from 2020/21)
  - **Physician associates** (from 2020/21)
  - **Community paramedics** (from 2021/22).
- The scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, physiotherapists, and community paramedics; and 100% of the costs of additional social prescribing link workers.
- Each network appoints a Clinical Director, chosen from within the network. Funding will be provided for this role based on the network size; 0.25 WTE funding per 50,000 population size.
- Funding will be set nationally based on Agenda for Change scales, but there is no requirement locally to employ on the AfC contract.
- The network can agree how the new workforce is employed and deployed across practices.

New network workforce arrangements

Clinical pharmacists

Scheme will meet a recurrent 70% of the actual salary plus on-costs (NI and pension) of additional clinical pharmacists, physician associates, physiotherapists, and community paramedics; and 100% of additional social prescribing link workers

Network can agree how the new workforce is employed and deployed across practices

Strict additionality criteria apply: Workforce baseline agreed with CCG

Transitional year 2019/20:

- The Clinical Pharmacists in General Practice Scheme is closed
- Reimbursement for 1 WTE Clinical Pharmacist and 1 WTE Social Prescriber. Can substitute between them with CCG agreement
- Practices/PCNs can transfer existing clinical pharmacists on the NHS England national schemes from 1July 2019 to claim ongoing 70% reimbursement but staff must transfer by 30 September 2019 and be a network resource (those recruited with a signed contract of employment during April do not have to be transitioned by September)
- The Medicines Optimisation in Care Homes Scheme will come to end on 31 March 2020
- From 2020 each network will be able to draw down in a flexible way from a total reimbursement sum available to them under the scheme, calculated according to weighted population

New Network Contract DES service requirements

National Service Requirements
1) Structured medications review and optimisation
2) Enhanced Health in Care Homes
3) Anticipatory care (requirements for high-need patients, joint with community services)
4) Personalised care
5) Supporting early cancer diagnosis
6) CVD prevention and diagnosis
7) Locally agreed action to tackle inequalities

- The service requirements will be co-designed and finalised as part of GP contract negotiations
- Many will include direct involvement of clinical pharmacists and collaboration with providers, including community services and community pharmacy, to deliver
- The service requirements will evolve over time

Timeline for establishing networks

By 15 May 2019	**All primary care networks submit registration information to their CCG**
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early June 2019	NHSE/NHSI and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract goes live across 100% of the country
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: • Year 1 of the workforce funding • Ongoing support funding for the Clinical Director • Ongoing £1.50/head from CCG allocations

Development and support

- Based on feedback from engagement events, a decision has been made ‘not’ to procure a national development offer. This recognises that ‘one size’ does not fit all given PCNs are at different stages of maturity and enables local flexibility.

- Instead, it has been agreed to co-develop a PCN development support prospectus with systems, PCNs and stakeholders that sets out a consensus view and description of ‘good’ development support. The prospectus will therefore set out an agreed consistent view for regional and local teams to use and build upon to ensure any support put in place meets local needs.

- Development support funding is expected to flow through ICS/STPs. Regions will want to work with their systems and PCNs to agree the most effective way to ensure PCNs can easily access good development support.

  Seven modules of support are described in the draft prospectus:
  - Module 1: PCN set-up
  - Module 2: Organisational development support
  - Module 3: Change management quality and culture
  - Module 4: Leadership development
  - Module 5: Collaborative working (MDTs)
  - Module 6: Asset based community development and social prescribing
  - Module 7: Population health management

- Additionally, it has been agreed to co-develop a PCN clinical director development support syllabus to help ensure appropriate support is put in place for these new leadership roles.

Where to find further information

- Contact the national PCN team at england.PCN@nhs.net
- The FutureNHS site includes a highly active discussion forum and a range of PCN resources – you can request access to the site by emailing england.PCN@nhs.net
- Webinars and events are helping to share best practice and advice. Full details at www.england.nhs.uk/pcn
- FAQs and other materials are available to help explain what a primary care network is. You can also watch a short animation giving further details about primary care networks at www.england.nhs.uk/pcn
- Listen to our latest #primarycarenetworks podcast online at www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/primary-care-network-podcasts
- Join our next Twitter chat with Dr Nikki Kanani, Acting Director of Primary Care, on 18 June at 8pm and tweet **#primarycarenetworks** to join in the conversation.

NHS Dorset Clinical Commissioning Group

Developing Pharmacy and Medicines Support for Primary Care Networks

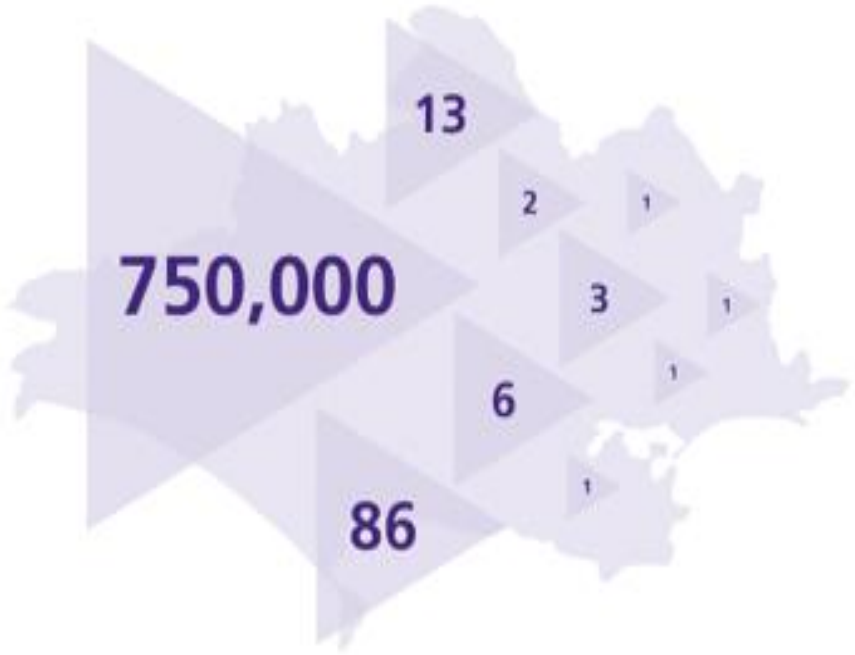
Katherine Gough
Head of Medicines Management Dorset CCG
Professional Lead Pharmacist Dorset ICS



About Dorset

Over **750,000** people

- **86** GP practices
- **13** community hospitals
- **3** district general hospitals
- **2** unitary local authorities
- **1** county council
- **6** district councils
- **1** community and mental health provider
- **1** ambulance trust
- **1** clinical commissioning group - £1.2bn
- **18** Primary care Networks





About Pharmacy in Dorset

- Early Integrated Care System (ICS) site
- Started with a Clinical Services review in 2014
- Working together in Pharmacy as part of the system for several years
- One of the NHSE 7 pilot sites for integrating pharmacy and medicines optimisations since Autumn 2018
- Five chief pharmacists and LPC chief officer working together to ensure pharmacy and MO linked into the ICS
- Have agreed ICS medicines and pharmacy governance reporting structure
- Aligned pharmacy & MO activity to ICS priorities



NHS Dorset Clinical Commissioning Group

Integrated Care System Priority areas

One Acute Network

- System-wide Pharmacy Transformation Plans (HPTP) & Carter 2
- Biosimilars savings
- Specialised Medicines CQINs
- Service reconfiguration & out of hospital medicines transformation

Integrated primary care & community services (ICPCS)

- Enhanced Health in Care Homes & Care home pharmacists
- Pharmacy in MDT for Long term conditions MH & LD
- Engagement of pharmacy with Primary Care networks
- MH supervised medicines

Prevention at Scale

- Community Pharmacy & healthy living pharmacies
- Signposting and self care
- Community pharmacy access
- Health ageing interventions

Leading and Working differently

- Recruitment and retention of pharmacy team
- Pre-registration plans
- Education and training of pharmacy team
- Pharmacist networks
- Consultant pharmacist programme

Digital Dorset

- Single Medicines Record
- Dorset Formulary integration
- Electronic Transfer of Care medicines
- ePMA roll out across inpatient care
- ERD in pharmacy and general practice
- Chemotherapy prescribing

Urgent Care

- PURMS, NUMSAS
- Refer to Pharmacy Schemes
- Urgent Care Pharmacist integration programme
- Access to medicines & pharmacies out of hours

Polypharmacy & Deprescribing

Controlled Drugs

Financial Savings Plans

Waste Reduction

Medicines Safety

Antimicrobial resistance strategy

Efficiency

Medicines optimisation work stream mapping: current

Pharmacy investment in primary care

- System invested in integrated primary care and community services (ICPCS) in 2018, approximately 15 new pharmacist/pharmacy technician posts created.
- This includes the NHSE funded Care homes posts
- Led to a workforce challenge in Acute trusts as people moved to new posts.
- Great feedback coming through from practices about the outputs of these pharmacy professionals now they are settling in



Primary Care Networks

- Plans submitted for 18 primary Care networks
- Pharmacy and medicines optimisation offer developed to send to the new clinical directors once approved
- Most networks keen to progress with further pharmacist recruitment
- Working on how many of the ICPCS (non MOCH) count as part of the contract baseline
- Mapping existing pharmacist workforce in community based roles, practices and community pharmacies against the networks to paint full picture



Engaging with new PCNs

- Offer from pharmacy leads will include encouraging collaboration and working with existing providers
- Linking with leads in primary care to manage expectation re available workforce
- All of the acute and community NHS providers keen to work jointly with PCNs
- Exploring & encouraging community pharmacy collaborations
- Facilitating the linking of interested networks with the providers



Engaging and developing pharmacy workforce

- Full pharmacy workforce plan in development
- Recruitment and marketing plan underway
- Already have range of joint posts at pre-reg, student pharmacy technician and band 5 technician level. Many more joint/rotational posts planned
- Engagement events for whole pharmacy workforce planned for July and September
- Training and development framework to support career progression and development



Leading and working differently with PCNs

- New GP contract & NHS Long term plan implementation plan for pharmacy & MO
- Plans to change how CCG MO team work and link with networks
- Objectives aligned to the ICS priorities
- Assurance and governance arrangements for medicines safety & drug decision making reviewed and aligned to ICS
- Work underway to re-shape what can be done once across the system, what sits with Primary Care networks, CCG MO team, providers etc.



ROYAL PHARMACEUTICAL SOCIETY

RPS Case Study on Collaborative Working in a PCN

Ravi Sharma

Director for England, RPS

Leading the way in Bury, Greater Manchester

- As part of the sustaining and transforming programme, neighbourhood teams are being established in Bury, within the Greater Manchester STP

Acknowledgements:
Juliet Bell – Bury GP Practices Limited
Fin McCaul - Prestwich Pharmacy / GMLPC

Why work differently?

- As part of the sustaining and transforming programme, neighbourhood teams are being established in Bury, within the Greater Manchester STP
- Their **aims** are to
  - Develop current and build **new working relationships**
  - Support the **development of partnership** working across multiple organisations
  - Engage and enable health and social care professionals to deliver ***the right care at the right time in an integrated manner***
- Their **joint purpose** is to
  - Prevent **admission and readmission** to hospital
  - Reduce **A&E attendance**
  - Reduce calls to the **NW Ambulance Service (NWAS)**
  - Prevent **admission to nursing homes**
- **Enabling patients to stay free from ill health in their own home for longer, whilst also saving time, money and resources to the NHS.**

Pharmacy in the Multidisciplinary Team

- The multidisciplinary team includes
  - Team lead
  - GP
  - District Nurse
  - Pharmacist
  - Social worker
  - Representatives from NWAS, Reablement, Drug and Alcohol services, Housing Association and Specialist Nursing as appropriate when the case indicates their involvement

- Patients can be **referred to the team from any health or social care professional**, based on the following criteria
  - Complex health and social care needs
  - **One or more risk factors** regarding: frailty, alcohol excess, cognitive impairment, falls, functional impairment, mood problems, physical inactivity, polypharmacy, multi-morbidity
  - Poorly controlled long-term conditions
  - High demand users of services: NWAS and A&E

Case findings and review…

- Cases are reviewed by a core team which includes a Pharmacist to **identify any medicine related issues** at the point of referral
  - Adherence issues
  - **Over / under-ordering** of medication
  - Review of **polypharmacy** and the patient's co-morbidities
  - Ensuring **drugs and doses are appropriate** for the patient's condition
  - Identifying where there may be **misuse of medication**, particularly for opiates and other medicines with potential for abuse

- **Working in this way highlights**:
  - **Medicines-related issues** to wider health and social care network
  - Sharing 'soft intelligence' on **over supply of medicines** in patients homes
  - Medicine **overuse and abuse**

Joint Working with Community Pharmacies

- The multidisciplinary team have worked with Community Pharmacy to **share the purpose** of this way of working
- Established better **working relationships**, encouraging better **communication** between GP practices and community pharmacies
  - They have shared information regarding the collection of prescriptions and poor adherence
  - Community pharmacy assists in the monitoring of the patients' prescriptions
- By working together and sharing their knowledge, they educate each other on the **drivers that affect how a patient accesses health care**
  - They can tailor their own consultations to reflect this way of working
- Highlighting **medicine-related issues** in this forum benefits the patient, the household and the local neighbourhood

Useful resources

- **RPS 'Pharmacy in a changing NHS' website for updates** – https://www.rpharms.com/recognition/working-with-government/our-work-in-england/nhs-transformation

- **RPS Polypharmacy Guidance** – https://www.rpharms.com/recognition/setting-professional-standards/polypharmacy-getting-our-medicines-right

- **RPS Professional Standards for Public Health Practice for Pharmacy** - https://www.rpharms.com/recognition/setting-professional-standards/professional-standards-for-public-health

- **RPS Pharmacy Informatics Hub** - https://www.rpharms.com/resources/pharmacy-guides/pharmacy-informatics-hub

- **Pharmacy System Leadership for Medicines Optimisation** – resource launch on 8th June

Any questions?

Email: england.pcn@nhs.net

Visit www.england.nhs.uk/pcn for more information

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