

# Practice Based Commissioning

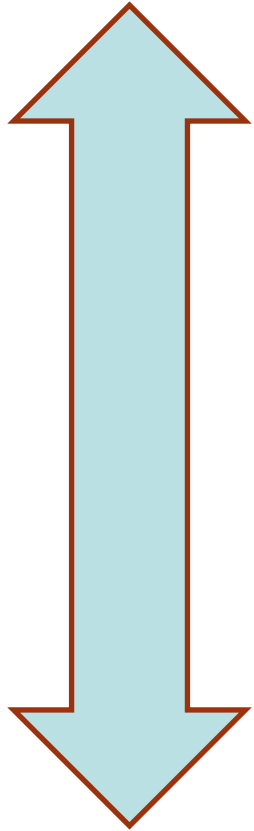
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# Where are we?

- We know that PBC is important – pharmacists should be “doing something”
- GPs become influential stakeholders in the deployment of primary care resources
- Pharmacist/GP relationships not well developed in relation to services
- Is PBC a better fit with the role of practice / primary care pharmacists?

# PBC opportunity or threat?

Opportunity



Threat

- Pharmacy a **provider** under PBC?
- Pharmacy **works for** the provider?
- Pharmacy **enabling** the provider?
- PCT retreat from purchasing role
- Risk to existing services

# The task: Embedding pharmacy into PBC

**Focus**  
Appropriate referral  
Primary care pathways  
Avoidable admissions  
Follow ups

Diabetes

A&E Attendance

Dermatology

Community Services

Prescribing

Rheumatology

**What is the potential Contribution of CP?**

**Embedding the new contract**

Essential services

Advanced Services

**Targeting local commissioning**

Enhanced Services

**Developing PBC commissioning**

New Services

# The opportunities

- Pharmacists have unique knowledge of patients and medicines – not just what is prescribed but how it is used
- Premises and infrastructure – modern, open longer hours, no appointment, more time
- New contract:
  - Repeat dispensing / Electronic prescription service
  - Medicines Use Review
- Business background – familiar with setting up new services, private sector and competition

# Challenges

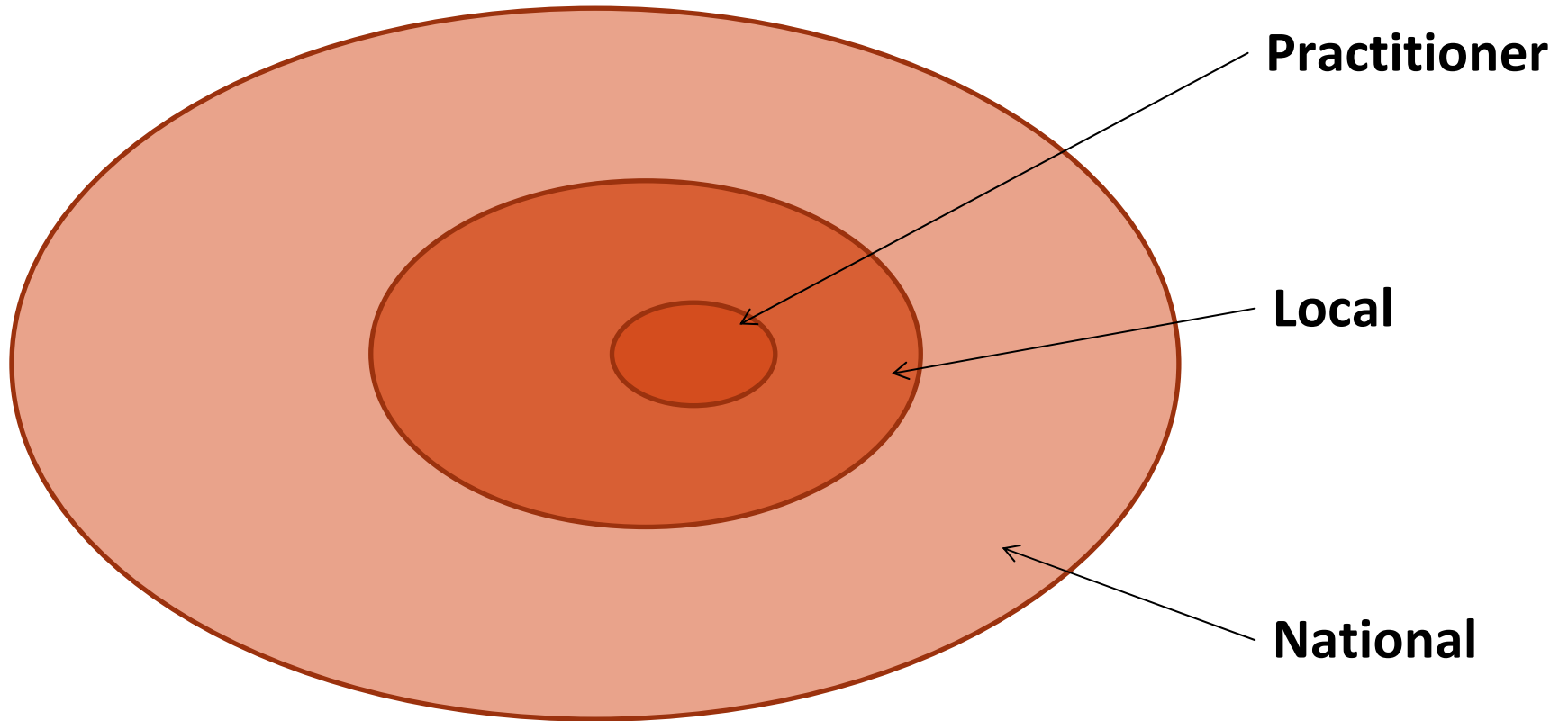
- Cooperation: mapping pharmacies to PBCs/GPs
  - Overlapping and competing providers – pharmacists need to balance co-operation with competition
- Being accepted by GP stakeholders – sharing the risk/accountability as well as the rewards
- Poor track record of integration between GP and pharmacy
- Should pharmacy work “for” or “with” GPs?

# Integration between GP and Community Pharmacists (CPs)

- 80% of CPs report no change in relationship with GPs since new contract
- Least satisfaction with *respect from GPs* (3.8) and *relationship with GPs* (3.9) [Score 1 – 7]
- MUR has had little impact on relationships (82% stayed the same)
- Communication about MUR is paper based – rarely F2F
- CPs feel greater affinity with PCO

(Blenkinsopp et al, 2007)

# Integrating pharmacy's contribution to PBC



# Integrating pharmacy's contribution to LTCs

Practitioner: Positive experiences, building trust between practitioners GPs and pharmacists at an individual level

Local: Product champions engaging effectively with local movers and shakers on the local stage

National: Unified leadership, speaking with one voice, making a compelling case and showcasing the evidence on the national stage

**(RPSGB 2006)**

# Over to you?

- What action are you going to take at:
  - Personally – clinician/manager/leader
  - A local level –  
representative/committee/organisation

# Thank you

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