



**Engaging with
primary healthcare
professionals to
improve the health of
the local population**

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This guide has been produced with input from the:

- British Dental Association
- British Medical Association
- Optical Confederation
- Pharmaceutical Services Negotiating Committee
- Pharmacy Voice
- Royal Pharmaceutical Society

This guide has been produced by the professional bodies representing dentistry, eye care, pharmacy and general medicine, to support local authorities in identifying good local sources of clinical information.

The NHS is undergoing significant change at the moment, the outcomes of which are still unclear. Local structures will need to respond to these changes as they occur and eventually, will need to shape themselves around a new commissioning structure.

Although there is still significant unknown detail on the future shape of local NHS structures, there is much that can be done at local authority level to smooth the transition. This guide outlines the key steps to take in order to build, develop and maintain relationships with local representative committees. It will be invaluable to both clinician representatives and local authorities, to begin to build comprehensive relationships within local areas.

This guide cannot provide local detail, nor can it indicate the local structures that will be developed for the NHS. It does, however, provide a tool for local authorities to use in accessing clinical advocates and representatives at a local level. Local clinical leadership and a joined-up approach with local government are clearly intended to form a central part of the NHS reforms.

Introduction

Over the next few years, there will be significant reforms in the way public health and social care services are delivered. They will be contracted nationally but delivered locally, according to local need. There is significant new legislation progressing through Parliament which will underpin new powers and responsibilities for health improvement and provision, such as:

- The Health and Social Care Bill
- The Localism Bill

In light of these changes, this guide aims to provide advice and information to emerging health and wellbeing boards undertaking local commissioning of public health and social care services, and scrutiny on the provision of health services. It aims to assist them in developing joint strategic needs assessments (JSNAs) by demonstrating how primary healthcare professionals in the community have expertise and capability to deliver the change needed to support local populations.

Dental, optical, pharmacy and general medicine organisations seek early partnership working to ensure that the JSNAs support robust joint health and wellbeing strategies and commissioning plans. We would encourage health and wellbeing boards to take advantage of the wealth of experience and information available from dental, optical, pharmacy and general medicine organisations to provide local solutions to key local health challenges.

A changing NHS architecture

Dental, optical, pharmacy and general medicine services in primary care are largely provided by independent practitioners (contractors) who contract their services to the NHS, with contracts currently held by PCTs. Changes to the NHS architecture and the abolition of PCTs mean that dental, optical, pharmacy and general medicine contracts will soon be held centrally by the NHS Commissioning Board, and are due to transfer in 2013.

New responsible bodies are emerging from the NHS reorganisation, and local authorities will soon be working with health and wellbeing boards, local professional networks, local representative committees and clinical commissioning groups.

The value of local representative committees

Local representative committees (LRCs) already exist and have existed since the inception of the NHS. They exist to support clinical professionals to do their jobs, advocating on behalf of professionals and, increasingly, working with the NHS to coordinate local service provision. Committees are formed for each of the four primary care contractor professions:

- Local dental committees (LDCs)
- Local optical committees (LOCs)
- Local pharmaceutical committees (LPCs)
- Local medical committees (LMCs)

LRCs have three core functions relevant to local authorities:

1. Accessing the clinicians:

An LRC within a local authority's boundary is an immediate and ready-made access point to facilitate making contact with the primary care contractor professions in the area.

2. Understanding context:

An LRC is a hub of clinical expertise and knowledge of the local NHS which can be drawn on in the planning and delivery of local healthcare services.

3. Legitimacy:

LRC members are elected by their fellow professionals. Their democratic selection and accountability provide them with the legitimacy necessary to represent their contractor profession and the professionals who provide that service¹.

¹ As most community pharmacies are owned by bodies corporate, the members of the Local Pharmaceutical Committee are generally pharmacists that are elected or appointed to represent the owners of community pharmacies in the local area, from the single independent pharmacy owned by an individual pharmacist through to the national chains of pharmacies.

Why should health and wellbeing boards work in partnership with primary healthcare professionals?

Every day people visit dental, optical, pharmacy and general medical services in the community. These interactions provide opportunities for health interventions that do not exist elsewhere in the NHS. If genuine public health improvements are to be made, engaging with primary healthcare professionals (through LRCs) will be of paramount importance.

- Statutory responsibilities:**
 Health and wellbeing boards within local authorities will take responsibility for the Joint Strategic Needs Assessment (JSNA) and the Pharmaceutical Needs Assessment (PNA). Local authorities will require support from clinicians to provide such assessments.

- Understand the problems:**
 Local healthcare professionals are best placed to describe the local issues affecting the delivery of services. Only when the problems are fully understood can appropriate solutions be adopted.
- Supporting the solutions:**
 The responsibility for the delivery of any proposed solutions will inevitably lie with primary healthcare professionals. Engaging them from the outset is therefore essential to ensure that they are both willing and able to fulfil the demands placed upon them.

How do health and wellbeing boards engage with primary healthcare professionals?

Local representative committees

Local representative committees provide a ready-made access point for local authorities seeking clinical expertise. The committees are supported by national representative bodies such as the respective trade unions and professional associations. They are recognised in primary

legislation, most recently in the National Health Service Act 2006, and provide expertise on the commissioning of local health services.

Committee representatives for each of the professions can be contacted through their respective website:

	Website	Number of committees in England
Local Dental Committee (LDC)	www.bda.org/ldc-contacts	90
Local Optical Committee (LOC)	www.loc-net.org.uk/	82
Local Pharmaceutical Committee (LPC)	www.lpc-online.org.uk/	84
Local Medical Committee (LMC)	www.bma.org.uk/representation/local_representation/local_med_committees/lmcengland.jsp	100

Why contact the local representative committees?

The committees can provide valuable insights into the development of clinically appropriate services and what is feasible, locally. The committees and local authorities have the same goals and intentions: better health for the local population.

The committees can also provide local authorities with advance notice of the concerns of the contractor professions and the impact that these may have on the provision of services. Local representative committees can bring practical expertise and experience to the development of any local health messaging that the local authority wants to engage in.

Are local representative committees coterminous with local authority areas?

Most committees are coterminous with local authority boundaries. With the forthcoming NHS reforms the geographical divisions of some committees is likely to change. Please see the contact details section to check the relevant committees for your area.

What can you expect from the local representative committees?

The forthcoming NHS reforms will require much closer local working relationships between all primary healthcare professionals. Health and wellbeing boards will be responsible for producing a joint strategic needs assessment for its population, which will help inform the NHS Commissioning Board's decisions on what services to commission in each area. Local representative committees will have a role in supporting this effort. They can provide valuable clinical advice to support the local authority in securing funding for services.

How do I make the best use of the local representative committees?

Members of local committees will be happy to answer any questions and provide what help they can.

They will welcome interest in their committees, so if you are interested in attending a meeting on a regular basis to hear their concerns about local issues and any plans they have for improving services, just ask. Alternatively, it may also be beneficial to invite a member of the relevant committee to your health and wellbeing board to ensure that the profession is being represented when services are being discussed.

Clear communication and mutual support will be key to ensuring that local services continue to be provided to the highest level and working with your local representative committees and communicating regularly will help provide this.

Checklist for health and wellbeing boards

- Coordinate and liaise with the PCT cluster lead for each of the four primary care contractor professions. These individuals will have local networks of experts and contacts with national organisations which it will be essential to maintain during the transition and beyond. Issues of national significance should be raised with the professional associations. Many have local or regional staff or representatives and would be useful sources of further information and support.
- Meet representatives from each of the local representative committees to help facilitate future joint working on projects to understand and improve health and healthcare services across the local population.
- Identify the boundaries of each of the local representative committees (some of the local representative committees may be coterminous with a single local authority, whilst others may work with more than one authority). It is useful to know the size and coverage of the local representative committees so that lessons can be shared across authorities, where there is reason to do so.
- Identify how local representative committees can advise the health and wellbeing boards and contribute to the JSNA, the PNA and other local planning exercises. Engagement between local authorities and LRCs should also be taken as an opportunity to explore and discuss the new structures for health services at the local authority level and any specific local structures that are relevant to primary care (i.e. the configuration of local authority departments and how to work with them in the commissioning and provision of services).
- Use the local representative committees to communicate to their local primary healthcare professionals, particularly when designing new local initiatives (e.g. discuss the design of local public health interventions with local representative committees and share information with their members regularly).
- Ensure that local representative committees are represented either directly or indirectly, on health and wellbeing boards. There must be clear lines of communication from the health and wellbeing boards to the local representative committees, to enable the co-ordination of services.

Useful links

- British Dental Association – www.bda.org
- British Medical Association – www.bma.org.uk
- Local Optical Committee Support Unit (LOCSU) – www.loc-net.org.uk
- NHS Choices – www.nhs.uk
- Optical Confederation – www.opticalconfederation.org.uk
- Pharmaceutical Services Negotiating Committee (PSNC) – www.psnc.org.uk
- Pharmacy Voice – www.pharmacyvoice.com
- Royal Pharmaceutical Society – www.rpharms.com

