

2013-14: The Year in Summary

2013 has been a year of change with the reconfigured healthcare system commencing April 2013. PCT's have disappeared, to be replaced by Local Area Teams and Clinical Commissioning Groups (CCG's), and public health responsibility has transferred to local Councils.

For the LPC, this has presented real challenge as we navigate our way through an exceedingly different landscape, familiar faces gone and new relationships to develop. Whereas we previously engaged with 2 PCT's, we now engage with 2 Councils, 2 CCG's, 1 Area team (covering North Staffordshire, South Staffordshire and Shropshire), and a wide range of new stakeholder bodies, including Shropshire HealthWatch and Telford and Wrekin HealthWatch, the new statutory bodies representing patient's interests.

Lynne Deavin has supported the LPC since April 2013, and has worked tirelessly in developing local relationships and lobbying for community pharmacy engagement and inclusion. Her wealth of experience in primary care has been invaluable in navigating the system, identifying key contacts and opening up dialogue. Taking on service development responsibility has enabled Lindsey Fairbrother to redefine her focus on regulatory affairs, including contracts, performance screening and relationships with the Area Team, along with LPC Secretary and LPC Returning Officer functions.

Three separate LPC's represent pharmacy contractors across the Area Team footprint. All have been actively involved in the initiation of the Pharmacy Local Professional Network (LPN). The LPN has NHS England (NHSE) accountability, with Manir Hussain appointed as LPN Chair for Shropshire and Staffordshire Area Team. The LPN brings together all elements of the pharmacy workforce, from academia to primary care and secondary care. Collaborative working has become essential, with representatives of the 3 LPC's meeting regularly. Within the LPN, there are currently 5 workstreams (selfcare, mental health, respiratory, pharmacy interface, professional leadership and workforce development). Lynne sits on the selfcare workstream and the LPN steering group, and Lindsey sits on the pharmacy interface and mental health workstreams.

The main focus throughout 2013-14 has been to identify who are the key stakeholders within both Shropshire and Telford and Wrekin organisations, to network and promote community pharmacy, lobbying for inclusion within developing processes and pathways.

We have been public observers at CCG Board meetings to understand key priorities. We have presented to Telford and Wrekin Health and Wellbeing Board health sub-group and Shropshire Health and Wellbeing Board, engaged with local HealthWatch, met with Carers Associations, Directors of Public Health and Health Improvement Programme leads, service commissioners, new service providers, Shropdoc and the newly formed GP federation (and many others).

In March 2014, Shropdoc and the GP Federation submitted a bid for the Prime Ministers Challenge Fund (£50M for innovative ways of providing primary care services). The LPC submitted with it a letter of support for the proposal which would involve local health system stakeholders, including community pharmacy, working in partnership. As we end the financial year, we await the outcome in anticipation (though with the benefit of foresight, we can reveal the bid was unsuccessful, but dialogue continues).

Service development discussions remain high on the agenda. From the commissioning perspective, the majority of locally commissioned service level agreements (SLA's) have rolled over from the previous 12 months, giving everyone the breathing space to settle into new commissioning landscapes. The exception to this has been smoking cessation services, for which tenders have been published by both Councils. For contractors within Shropshire Council area, service provision has continued with little change, the tender having been awarded to Help2Quit who, following successful negotiation by the LPC, have continued to subcontract to community pharmacies via SLA. Following the Telford and Wrekin Council tender process, the LPC entered into very robust discussion on a sub-contractual specification with the two companies each awarded elements of the tender. We were happy to endorse the proposed arrangements with one organisation around smoking in pregnancy services. Amid concerns of financial risk to contractors, we reluctantly had to advise Telford and Wrekin contractors to look at the other proposals very closely, within their own business models, before making their own business decisions to sign sub-contract paperwork.

A stark lesson in the complexities of the new commissioning landscape!

On a really positive note, the Primary Eye Care Assessment and Referral service (PEARS) scheme commenced September 2013, jointly with Optometrists and endorsed by both CCG's. This is a fantastic illustration of partnership working alongside other health professionals on the High Street.

This was followed not long after by the success of the LPN in getting commissioned Winter Pressures Emergency Supply and Minor Ailments Services throughout Staffordshire and Shropshire, new innovative service income streams. As we end the year, we hopefully anticipate extension of the Minor Ailments Service for another 3 months, as the LPN leads try to identify further financial resources. This is a recurring short-term government fund, to enable services targeted at relieving pressures on service access points during the winter months. Although time limited, it is hoped that if community pharmacy shows successful outcomes, it will be re-commissioned in future years.

Sharing resources is vital as the health landscape gets more complex. A flu vaccination service proposal has been jointly submitted by the 3 LPC's to the Area Team. Although not commissioned in 2013, we have been told it will be considered for 2014. A joint bid has also been submitted to the PSNC 2013 awards on "The Dementia Challenge", again unfortunately not successful, but the groundwork for future discussions.

On the regulatory side we have responded to eight new contract applications or relocations and one serious difficulty application. We held our LPC elections in January for election to the Committee of independent contractor representatives, who hold office for four years. We would like to thank Joan Neather, Janet Gentle and Popat Bains who all stood down and welcome back those candidates re-elected. We have gained new faces to represent the Company Chemist Association.

We also voted upon the new LPC Constitution, laid before contractors to recognise the new NHS bodies that we now deal with. During this year of change we also had a change of officers on the LPC Committee following the retirement of Terry Harte, our former Chair, from pharmacy. We welcomed Nicky Roe as Chair and Joanne McMurray as Vice Chair, with Jane Davies continuing as Treasurer.

During times of such unprecedented change, it is vital the LPC has strong governance and is fit-for-purpose. Roles and responsibilities must reflect need. Our business plan is continuously reviewed

and updated. Learning development gaps have been identified and addressed. Committee members have attended PSNC regulatory update events, getting to grips with the practical implications of the revised market Entry Regulations. PSNC procurement and commissioning event has given an insight into the new commissioning landscape. Attending the PSNC Chairs and Secretaries conference has been important to gain learning from the shared experience of other LPC's and to enable the LPC to benchmark itself.

Finances of the committee have been audited and there are adequate reserves. Benchmarking, against other LPC's, highlights that we still have one of the lowest levies and still have some of the lowest budget reserves. Prudent housekeeping means that we are delighted to announce yet again no increase in LPC levies to our contractors. A copy of the financial report is attached giving further details of expenditure.

Strong contractor communication is vital, never more so than in such times of change. In July, the LPC website changed over to the new PSNC hosted site, with the website now a key conduit for sharing information. On this website you can also access LPC minutes, information on locally commissioned services, and links to other sites. LPC representatives have attended the PSNC West Midlands Regional LPC forum and the PSNC conference. In the autumn the PSNC Committee meeting was held in Birmingham. Shropshire LPC Chair attended along with 5 other LPC chairs from across the region, to meet with PSNC Committee members and engage in a discussion session during the afternoon. Issues raised on behalf of contractors have included CoSI, branded generics, manufacturers supply issues, and wide ranging discussion on PSNC levy increases.

We have taken the decision to change the format of the LPC AGM and for 2014 we will hold the AGM in the evening, linked to a contractor engagement event. As you read this, you will already have been given details of the event, and I hope as many of you as possible will be attending, and will take the opportunity to ask questions and give feedback.

Throughout 2014-15, the LPC will continue to work tirelessly to build on the really successful year of this report, and will strive to integrate community pharmacy further into the new health landscapes.

We encourage all pharmacists and contractors to engage with the LPC and feedback to us about concerns and issues, as we actively continue to represent local contractors.