**Shropshire Local Pharmaceutical Committee**

**Annual Report 2020/21**

**Introduction**

The committee has met on 10 occasions during 2020/21 all virtual meetings on the Zoom platform because of the pandemic restrictions preventing face to face meetings. Whilst enabling normal agenda items to be considered, the meetings were functional and businesslike, and the committee looks forward to returning to face-to-face meetings as soon as Covid guidelines permit. The committee continued to work to represent and support contractors in all matters that impact on their practice. 2020/21 will be remembered by everyone for “the year of the pandemic” and the impact it had on every single person, at home and at work. In the 23 years, I have been a community pharmacist, this was the toughest year ever. Having said that the community pharmacy contractors and their teams in Shropshire can be enormously proud of what they did and what they achieved in very challenging circumstances. At times, the entire health service was under intense pressure and community pharmacy kept their doors open and provided fantastic care and advice to patients and customers who were finding access to other facilities incredibly difficult. At the peak (worst part) of wave 1 never seen before queues formed outside pharmacies as social distancing, control of numbers inside the pharmacy together with huge demand even led to the local police to change their beat patrols to ensure good order was maintained outside pharmacies. The Shropshire LPC members would like to register its appreciation to everyone providing pharmaceutical care and advice in your localities: pharmacists, technicians, dispensers, trainees, counter staff, delivery drivers and volunteers. Thank you.

I would also like to thank the all members of the committee and the officers who have worked throughout the year to support local contractors and continue to maintain the relationships in the wider healthcare community.

**Membership**

* Chief Officer Lynne Deavin
* Secretary Lindsey Fairbrother
* Chair Kath Briscoe
* Vice -chair Yogesh Patel
* Treasurer Jane Davies

The 13-member committee was made up of 4 independent members, 7 CCA members and 2 AIMp members, although one AIMp vacancy arose during the year which has remained unfilled.

**Ways of Working**

Shropshire LPC works to the standard LPC constitution supporting contractors who operate in the Shropshire Health and Wellbeing Board and Telford and Wrekin Health and Wellbeing board geographies which, is co-terminus with the amalgamated Shropshire, Telford and Wrekin Clinical Commissioning Group boundaries. PSNC commissioned Prof Wright to undertake a review of the PSNC’s and LPCs’ function and this was presented during the pandemic and the work to take Prof Wright’s 33 recommendations forward is ongoing as we move into the new year. Contractors will see that the committee thought it was appropriate to act early and a change needing contractor approval have been proposed (see EGM documents) and to be considered at the same time as the AGM (approval of the LPC accounts for 20/21). This is for contractors to agree to an extension of the term of this committee so any Prof Wright changes agreed avoid potential changes to the committee in what would be the first year of the next 4-year term.

**National Issues**

The NHS Funding announcements made in Dec 2016 continued to have significant impact on contractors in 2020/21 as the “flat financial settlement” continues to challenge many contractors’ viability as costs of running the businesses continue to rise. This was exacerbated by significant distortions in volumes and costs starting in the spring of 2020 and continuing. Nationally, PSNC negotiated a £370m “advance” to support cash flow in April – July 2020. This was always provided with HM Treasury expecting it to be paid back once the pandemic pressures subsided. And the gloom and uncertainty around how and when this loan would need to be repaid remained for the rest of the year adding to contractors’ stress in already very stressful circumstances. In order to maintain staff and patient safety, contractors invested in PPE, infection control measures, additional hours especially around delivery of medicines and changed working practices to maintain service and care to patients. And during the peaks of the pandemic, the challenges cannot be understated nor the costs.

The LPC deliberately reduced communications as the national organisations and the local NHS increased their communications to contractors and with the additional workload and pressures in the pharmacies, the LPC did not want to increase work through duplication and repetition, choosing to update only on specific local issues not being shared by other routes. Contractors have continued to maintain uninterrupted supplies to patients wherever possible and this needs to be highlighted in this year’s report.

The 5-year CPCF funding settlement, planned to introduce new advanced service to compensate for the demise of MURs. Although NHS 111 CPCS was commissioned in 2019, the activity reduced as NHS changed its ways of working during the pandemic; minor illnesses needed to be triaged differently so potentially Covid positive patients were not presenting in the pharmacy. Towards the end of the year, GP referrals into CPCS was launched and this provided some additional routes for patients to be referred to the community pharmacist to be clinically assessed and care provided. This continues to be slow for the network as GPs’ focus remains elsewhere.

The same can be said for the newly commissioned Discharge Medicines Service (DMS) – the successor service to TCAM, as the local acute trusts were overwhelmed with Covid patients and normal planned care reduced meaning very few patients were referred to their community pharmacy at the point of discharge in this year. The LPC continues to have dialogue with both the CCG and the acute trust so referrals into both services are increased.

The NHS advanced ‘flu service delivered through community pharmacy contractors in Shropshire demonstrated an increase in patient uptake and a small number of contractors successfully provided Covid vaccinations as this year closed.

**Local Services**

Chief officer Lynne Deavin has worked continuously throughout the last 12 months to maintain our local relationships and progress the local enhanced services (LES) contracts , these include Community pharmacy extended care service , Joint pain in pharmacy and the Atrial fibrillation screening a brief summary is given below

**Community pharmacy Extended care**

Now no longer known as Pharmacy First but as Community Pharmacy Extended Care Services with a whole family of services commissioned by NHSE&I across the whole of the Midlands Regional footprint. The service has two tiers, **Tier 1 services** can be offered by any interested pharmacy and includes the relaunched UTI service.

**Tier 2a skin services** are available for offer by any interested pharmacy provided that they also deliver Tier 1 service.

Tier 2b ENT service SLA and PGD is currently being reviewed by NHSE&I.

**Joint Pain in Pharmacy**

The Community Pharmacy Enhanced Joint Pain in Pharmacy (JPIP) is still being commissioned on behalf of the LPC by NHSE&I and is available for Community Pharmacies in Shropshire.

**Atrial Fibrillation screening**

The Atrial Fibrillation Screening service is also still being commissioned on behalf of the LPC by NHSE&I and is available to contractors in Shropshire and Telford & Wrekin

**Future**

All NHS organisations are planning for restoration and recovery from the pandemic although the virus keeps challenging these plans. We are all going to have to get used to living with the virus and this presents the community pharmacy network with opportunities to further demonstrate its value to commissioners and great care to patients. The seasonal vaccination program will need huge volumes of flu and Covid vaccines to be administered and community pharmacy is being asked to step into this space. And this is happening at a time of further change to the NHS organisations as CCGs are replaced with ICSs (Integrated Care Systems) and locally there will be the Shropshire ICS formed out of the previous two CCGs. And as primary legislation passes through parliament commissioning authority will move to the ICS and it is expected that the Community Pharmacy Contractual Framework will be managed by the ICS although the framework will continue to be negotiated nationally between PSNC and NHSE.

Combined with prof Wright’s recommendations being agreed by the contractors in England during 21/22, there will be continued rapid change to the community pharmacy landscape in 21/22 which the LPC looks forward to supporting contractors to navigate through.

**Accounts**

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The annual accounts have been attached to this report for contractors approval