**Shropshire Local Pharmaceutical Committee**

**Annual Report 2021/22**

**Introduction**

The committee has met on 10 occasions during 2021/22 with a blended approach of face to face and meetings on the Zoom platform because of the pandemic restrictions. The committee continued to work to represent and support contractors in all matters that impact on their practice. 2021/22 will be remembered as the year “lockdown ended” and the impact of the pandemic has been felt every single person, at home and at work. 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. The pressure in the NHS, community pharmacy workforce, remuneration margin challenges have a seen pressure on contractors.

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. 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,

**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 integrated care system (ICS)

PSNC commissioned Prof Wright to undertake a review of the PSNC’s and LPCs’ function and this was presented during 2020/21 and the work to take Prof Wright’s 33 recommendations forward was undertaken by the RSG during 2021/22 . The LPC committee will work with PSNC and local contractors throughout 2022/23 on the proposals for the transformation of pharmacy representation.

**National Issues**

The NHS Funding announcements made in Dec 2016 continued to have significant impact on contractors in 2021/22 as the “flat financial settlement” continues to challenge many contractors’ viability as costs of running the businesses continue to rise.

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, activity is variable across the county .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 increase gradually with the support of our LPC support officer Stephanie Green and the local NHS team.

The same can be said for the newly commissioned Discharge Medicines Service (DMS) – the successor service to TCAM, as the local acute trust. 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.

Hypertension case finding service is newly commissioned in 2021/22 and the participation by contractors is steadily increasing

Smoking cession referrals from NHS trusts are an area of focus of the LPC and again there is an on -going dialogue with NHS trusts and the ICS to engage and embed this service. The LPC also has some funding to support Pharmacist training for the service

**Local Services**

* Community Pharmacy Extended care

Now no longer known as Pharmacy First but as Community Pharmacy Extended Care Services with a whole suite of services commissioned by NHSE&I across the whole of the Midlands Regional footprint. The service now has three tiers . **Tier 1 service services** can be offered by any interested pharmacy and include the simple UTI service for females age 16-64 years and the acute bacterial conjunctivitis (ABC) service for children under 2 years. **Tier 2 skin services** available for offer by any interested pharmacy provided that they also deliver Tier 1 service. Tier 3 Ear service is due to be commissioned in the upcoming financial year and the LPC will support contractors with training for this service

* 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. Also due to addition funding from LPN the service is now available to Community Pharmacies in Telford & Wrekin once the online training via Keele University has been completed.

* Atrial Fibrillation screening

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

* Virtual Outcomes

The LPC has continued to support the Virtual Outcomes programme through to August 2022 and will again be supporting this with other Midlands LPC through to August for 2023. The LPC continue to believe that this is relatively low -cost good value online training.

* GP CPCS

This became a national service on 1st November 2021. To support the implementation and rollout of the service the LPC appointed a GP CPCS Implementation Lead with effect from March 2022 for a period of 8 months to support and train Community Pharmacy contractors and GP Practices.

**Future**

All NHS organisations are working on restoration and recovery from the pandemic. 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. 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.

Following the RSG vote outcome there will be continued rapid change to the community pharmacy landscape in 2022/23which the LPC looks forward to supporting contractors to navigate through.

**Accounts**

Shropshire LPC is funded by levies collected from contractors via NHSBSA. These are then used to fund the PSNC, the day-to-day operation of the committee as set out in the constitution, and the provision of the Virtual Outcomes training platform.

Shropshire LPC also holds funds on behalf Health Education England, NHS England, and Shropshire County Council. The funds can only be used cover expenditure in accordance with a memorandum of understanding agreed with the relevant authority. This year funding has been to support training for Independent Prescribers and delivery of a “Joint Pain in Pharmacy” and an “Atrial Fibrillation Detection” service.

This year we have also used contractor levies to support the Wright Review into PSNC/LPC Representation to give contractors the best value for money, as well as funding PCN Leads.

The PSNC recommends that LPCs maintain a reserve equivalent to 6 months expenditure. The actual expenditure is reviewed at every meeting against the budget. This years Balance Sheet shows an increase of surplus cash. To further support contractors the Finance Committee has agreed to suspend collection of the levy until the recommended reserve is achieved.

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