# Devon LPC meeting
# held on
# 10 November 2021
# at Exeter Court Hotel, Kennford

# Developing the LPC Strategy

**Attending the meeting;**

David Bearman, Pedro Carvalho, Mike Charlton, Rachel Fergie, Andrew Howitt, Sian Retallick, Rob Skornia.

In attendance: Kathryn Jones, Sue Taylor and Anna White

**Apologies were received from:**

Ali Hayes, Tom Kallis, Ron Kirk, Raphael Korona & Matt Robinson

**The meeting started with feedback from the members to share the following:**

**Highlights from the last meeting:**

- Walk – Relaxed, talking and meeting each other, some for the first time. It felt this laid the foundations to make people more open to provide feedback during the afternoon session and helped to build relationships
- Ice breaker (and smarties!)
- Collective view of what we want to achieve
    - Changes
    - Recognising Work force issues
    - LPC role in workforce
    - Recognise and acknowledging what the LPC has achieved over the last year
- Feedback session
    - Neutral ground
    - Can give opinion
- The creative elements of the meeting for example, (SWOT), facilitated sessions
- Being Face to face! New start 

**Where are we now?**

- Continue open conversations
- To set the scene of LPC
- Big things are in front of us. The Integrated Care System (ICS) and how do we fit?
- How do we support contractors with change?
- Important “stuff” to focus on?
- Better understanding of politics.
- The Management Executive – queries about the make up of the group and transparency.

**Jo Turl, Director of Commissioning NHS Devon CCG gave a presentation to the meeting (Appendix A attached)**

**This was followed with a presentation given by David Bearman (Appendix B attached)**

Jo Turl offered to support with removing current barriers which seemed to exist with practice managers in General Practice. There is a Winter Task Force that has been set up to ensure patients are going to the right place to create capacity in the system; daily Primary and Community Care cell meetings are taking place. There was an offer of funding to support a small number of people to work collaboratively in the system to increase capacity; the key question is where community pharmacy gets connected.

Having highlighted the communication issues between community pharmacies and GPs. David highlighted that some of the collaborative board membership can be hostile towards community pharmacy and that there were some inter-professional behaviour issues that needed to be addressed. It was felt that there were opportunities available to support creating capacity but there remained resistance to taking advantage of those opportunities.

Jo Turl suggested we go with the "willing" – She offered to support the LPC working with this concept of developing some areas of excellence; identifying PCN and Collaborative Boards where changes are working; focus on them and create spots of excellence.

Sian Retallick posed several questions regarding the Flu vaccine figures and the brilliant response that had been made by community pharmacy in delivery of the flu vaccine; also Covid vaccinations by community pharmacy – all this was provided whilst community pharmacies still maintaining all essential functions. Capacity is not a problem to pharmacies. If PCN pharmacists could work jointly with community pharmacy, they would integrate better working relationships.

Jo offered to act as an advocate to lobby for walk in patients wanting to use the CPCS service. She commented that the community pharmacy response to the vaccination programmes has been exceptional during the pandemic. She mentioned that there could be an opportunity for community pharmacy as she understands that GPs will not be providing COVD vaccines by Christmas. She would also like to explore how to build relationships and build up trust in PCNs also with the possibility of joint training initiatives being held with the aim of improving joint delivery.

**Jo Turl Debrief Session – Issues raised**

- How is the LPC going to work with the ICS?
- Workforce issues – need to work around them
- Closer working with PCNs?
- Long term plans – IPMO, workforce strategy
- There are services – how can we support pharmacies to deliver;
    - Locums, workforce – day to day operations
- Opportunities:
    - Influence
    - Deliver
    - Investment and remuneration

Ways of Working – LPC push back accountability to Committee re: closures and complaints

Funding – have money, need collaboration within ICS – how do we do this?

**NEXT STEPS**

- Communications to bring grass roots pharmacists up to speed with forthcoming changes and improve their level of understanding of the political landscape.

  Could this be done via Podcast? You tube channel?

**Who represents pharmacy? It is important for the LPC to reflect and think about whether representation is carried out by pharmacists – then need to think about the politics, relationships and working with the collaborative boards.**

**The Pharmacy Quality Scheme offers opportunities to work differently with PCNs.**

**Overview of the roles and responsibilities of the LPC**

- What does the LPC do (including statutory functions)
- What does the Management Executive do?
- What does the Secretariat Team do?

Sue gave a short presentation to the meeting (Appendix C attached)

There was a brief discussion about the role of the Management Executive, membership of which is made up of the Chair, Vice Chair, Treasurer, One Independent LPC member, Sue Taylor (CEO) and Kathryn Jones (Office Manager).

The main functions dealt with are: Human Resources for the employed staff; Governance of finances; monthly report scrutinized, immediate issues, and month by month workplans. Preparation and content of LPC meeting agendas is also agreed.

AIMp would like to be represented in Executive meetings and there was a general query as to the purpose and transparency of executive meetings, and whether an Exec is needed.

The members then split into two groups to review the Priorities aligned to the LPC vision, to discuss three questions, What do we stop; What do we start; What do we continue?

**What do we STOP?**

1. Developing our own service pilots (Temporarily for the next two years)
2. Undervaluing ourselves in terms of monetary value and true cost of service delivery
3. Our own Headquarters
4. Evening face to face meetings
5. Basecamp

**What do we START?**

1. Communications to practices and PCNs on opportunities presented through working jointly with community pharmacy
2. ICS work involvement – (Strategic – Board) (Tactical – PCN)
3. Geographical/locality working (relationships) and nominate members for the five localities in Devon – Northern, Eastern, Southern, Western and Plymouth
4. GP CPCS Developing relationship at PCN level
5. Locum Engagement and development
6. Support to Secretariat as required
7. Improving understanding of system changes

8. Focus on the nationally commissioned service to maximise the opportunities and facilitate integration
    a. New Medicines Service
    b. Discharge Medicines Service
    c. Hypertension Case Finding Service
    d. Seasonal Flu Vaccination Service

**What do we CONTINUE?**

1. Relationships with contractors and representation
2. Communication to contractors
3. Committee member relationship
    a. Financial control
4. Resilience and adapt to future
    a. Change
    b. Educational role (Tom Kallis)
5. PCN Relationships and Ways of Working
    **a.** Core functions

**LPC PRIORITIES**

1. Strong and effective LPC and Secretariat to benefit all contractors in Devon
2. Interact and engage with the ICS and five localities (Local Care Partnerships)
3. Identify and create five exemplar PCN sites to develop the spots of excellence

**Organisational Structure**

There was a short presentation (Appendix 4) on behalf of Tom Kallis on the Charles Handy Model of Organization Culture. The aim was to ask the members to review the committee organisational structure and a review of the framework; with the aim of demonstrating what the Committee does now, and what are alternative options.

**WAYS OF WORKING**

LPC Constitution states we must have the following Officers;

- Chair, Vice Chair, Treasurer and Chief Officer.

The three priorities will be the focus of attention, plus Governance.

Working Groups to be established as follows (these will also set a standard LPC agenda for each meeting).

1. Integrated Care System (Proposed membership: Mike Charlton, David Bearman)
2. Primary Care Networks (Task & Finish) (Proposed Membership: Mike Charlton, David Bearman, Sian Retallick, Pedro Carvalho)
3. Communication & Engagement (Proposed Membership: Rachel Fergie, Rob Skornia, Andrew Howitt)
4. Governance & Finance (Proposed Membership: Andrew Howitt, Ron Kirk)
5. AOB

**NEXT STEPS:**

- Write up and circulate outputs from today
- Sue, Rachel and Andrew – Update those who were unable to attend and gain agreement to proposed ways of working, and preferred working groups.
- Set up Governance Group – consisting of Chair, Treasurer, Sue and Kathryn
- Secretariat to agree how the team will slot into the Ways of working.
- Follow up meeting to be arranged with Jo Turl

**Any Other Business**

LPC Expenses Policy – Due to current increases in locum rates the LPC has revised the Expenses Policy; to reimburse actual costs incurred. Effective until the 31st March 2022 at which time it will be reviewed. A copy of the revised policy has been posted on Basecamp.

A vote was taken on the proposal to adopt the revised policy.

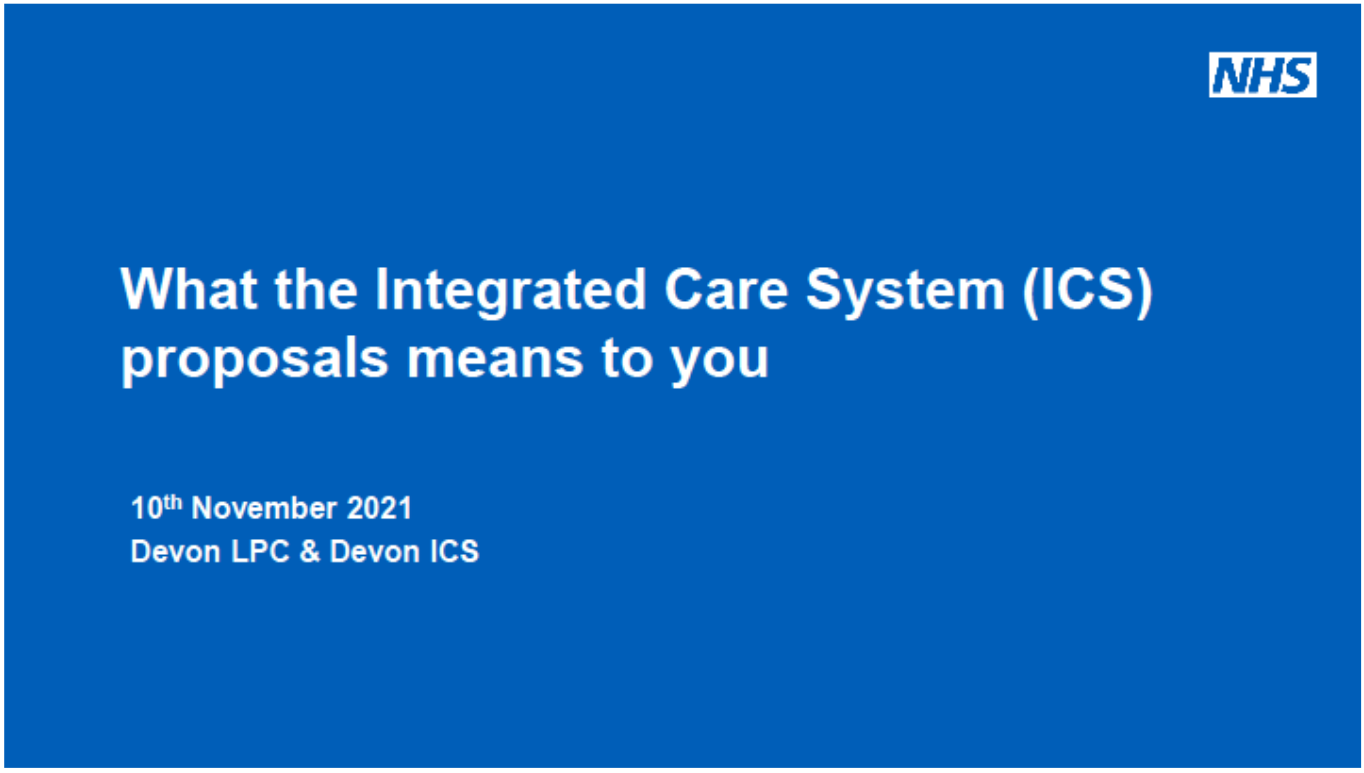
Proposed: Andrew Howitt, Seconded: Rachel Fergie – All in favour.

**Date of next meeting 13 December 7.30 pm (MS Teams)**


Devon Local
Pharmaceutical
Committee

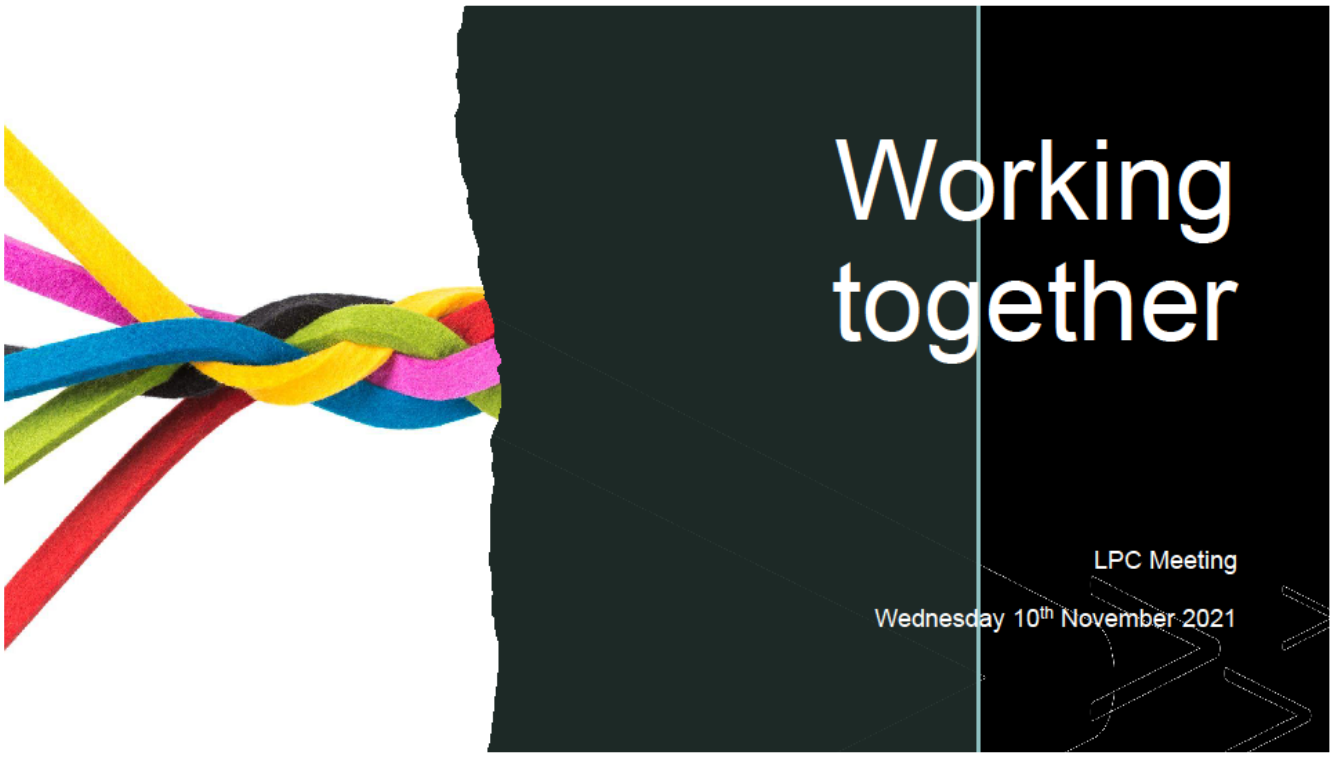
Devon Local Pharmaceutical Committee

**Appendix 1 (double click to open)**



Devon Local Pharmaceutical Committee

**Appendix 2**



Devon Local Pharmaceutical Committee

**Appendix 3 (double click to open)**

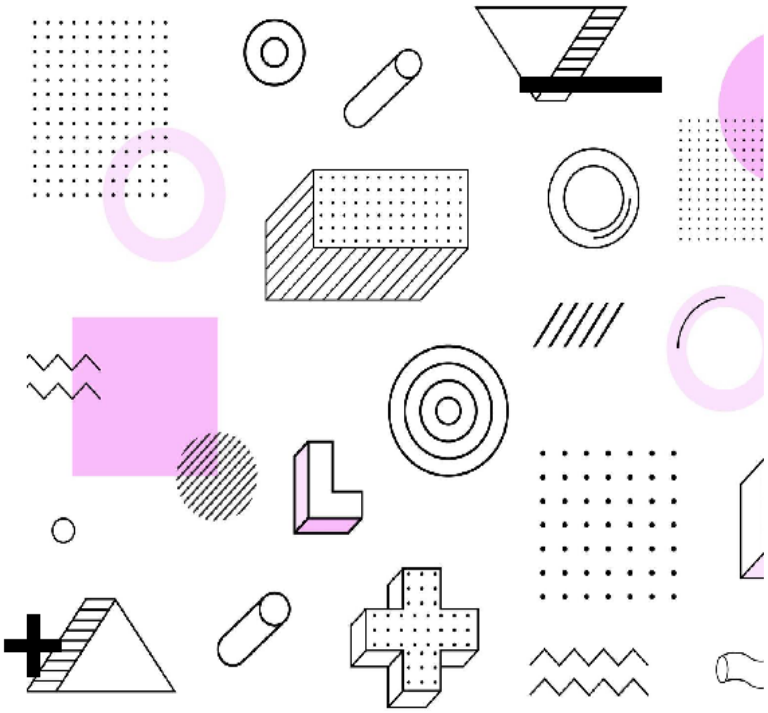
Devon Local Pharmaceutical Committee

**Appendix 4 (Double click to open)**

# Organisational Structures

Tom Kallis

Devon LPC Nov 2021

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