



**Devon LPC meeting  
held on  
15<sup>th</sup> September 2021  
at Exeter Race Course**

**Developing the LPC Strategy**

Following a presentation given by David Bearman on the current landscape and scene setting, members and staff embarked on a scenic stroll along the Spicer Trail in Haldon Forest, a walk of around 3 miles. During the walk the following questions were discussed and feedback given on the return to the RaceCourse.

**Q1. How do we deal with the need for national consistency vs local variation – national service development vs local commissioning and population health responses?**

**Q2. What do we expect to change in the stakeholders we need to interface with and link into?**

**Q3. How do we link into developing integrated care providers?**

**Q4. What are the implications for local commissioning of services?**

**Q5. What are the implications for the LPC?**

**Q6. What is your role as a LPC member?**

The following responses were given to the above questions using the PESTLE framework.

**PESTLE**

<b>SOCIOLOGICAL</b>	<b>ECONOMIC</b>
<p>Aligned Priorities – Population Health Management PCN Leads and relationships Consistency of service offer by Community pharmacies to the public Reputation of community pharmacies vis a vis closures and continuity of service Perception/attractiveness of the South West for pharmacists to work Workforce pressures Understanding by community pharmacy of the journey(?) – direction of travel for the profession</p>	<p>Service alignment National services <u>delivered</u> locally – enablement ICS Commissioning? Funding via PQS for PCN leads – incentives for CDs/PCNs through IIF) Pharmacy First – Offer of expansion?  <ul style="list-style-type: none"> <li>Continuity of offer</li> </ul> GP CPCS – Continuity of offer Inhaler Use Review Service Pharmacy Closures Business continuity -v- protection of business Locums LPC funding?</p>
<b>POLITICAL</b>	<b>TECHNOLOGICAL</b>
<p>What is our aim? Identify Priorities for LPC Agree Process Consistent LPC Message Message put forward to ICS Stakeholders LPC &amp; LMC Relationship CCG Meds Op relationship Wright Review</p>	<p>Anecdote -v- intelligence Meetings – Virtual -v- face to face? Referrals to community pharmacy if a pharmacy is closed – DOS? How do we communicate closure information to practices? Data regarding service provision – barriers from other stakeholders</p>

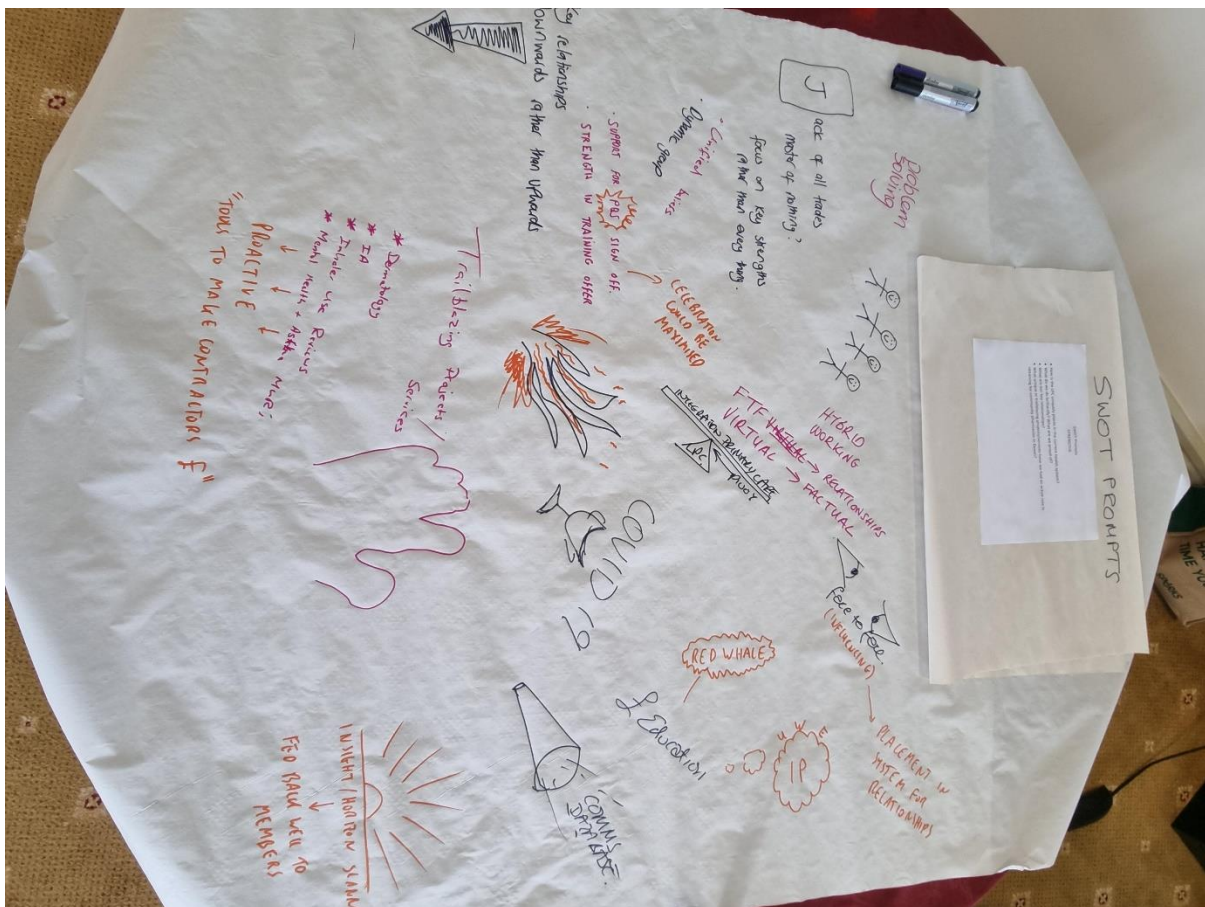
<p><b>POLITICAL (Continued)</b></p> <p>Communications (PSNC -v- LPC -v- contractors/Primary Care networks Consistency of message – priorities National and local Priorities Can organisations and LPC priorities/messaging align regarding value for community pharmacy? PCN Leads as local leaders (?) CD Interface Key players – Do we have intelligence? Stakeholder Management IPMO – Driving integration with pharmacy workforce Maturity? Chief Pharmacist for Devon – all sectors</p>	<p><b>TECHNOLOGICAL (continued)</b></p> <p>Disparity between LPCs? Contractor level data available withing pharmacy organisations Clinical system mix – system enablement (?) EMIS/S1 View/digestion of NHSBSA data Contractor engagement with clinical platforms</p>
<p><b>LEGAL</b></p>	<p><b>ENVIRONMENTAL</b></p>
<p>Co-commissioning by ICS (?) PCNs as smallest block of ICS PQS as a new contract component Tier 2 visas “Ownership” of community pharmacy at a system level by the new ICS National contract delegation Consultation/Review of LPC Statutory functions (?) Aims (Wright Review)</p>	<p>Stakeholder expectations (1° Care) Workload/system pressures as acute/ongoing barriers – recognition this can impact on LPC member contribution Primary care/community pharmacy barriers Maturity of PCNs and CDs: Reflection that these are evolving organisations and roles Increased OOH demand and training COVID-19 Networks/Comms in Community pharmacy networks re pressures/closures – Is this known? Workforce</p>

## SWOT to 2023

Photos of the World Café were taken, although one of the drawings on the Weakness table is perplexing Kathryn – Try explaining what that picture means!



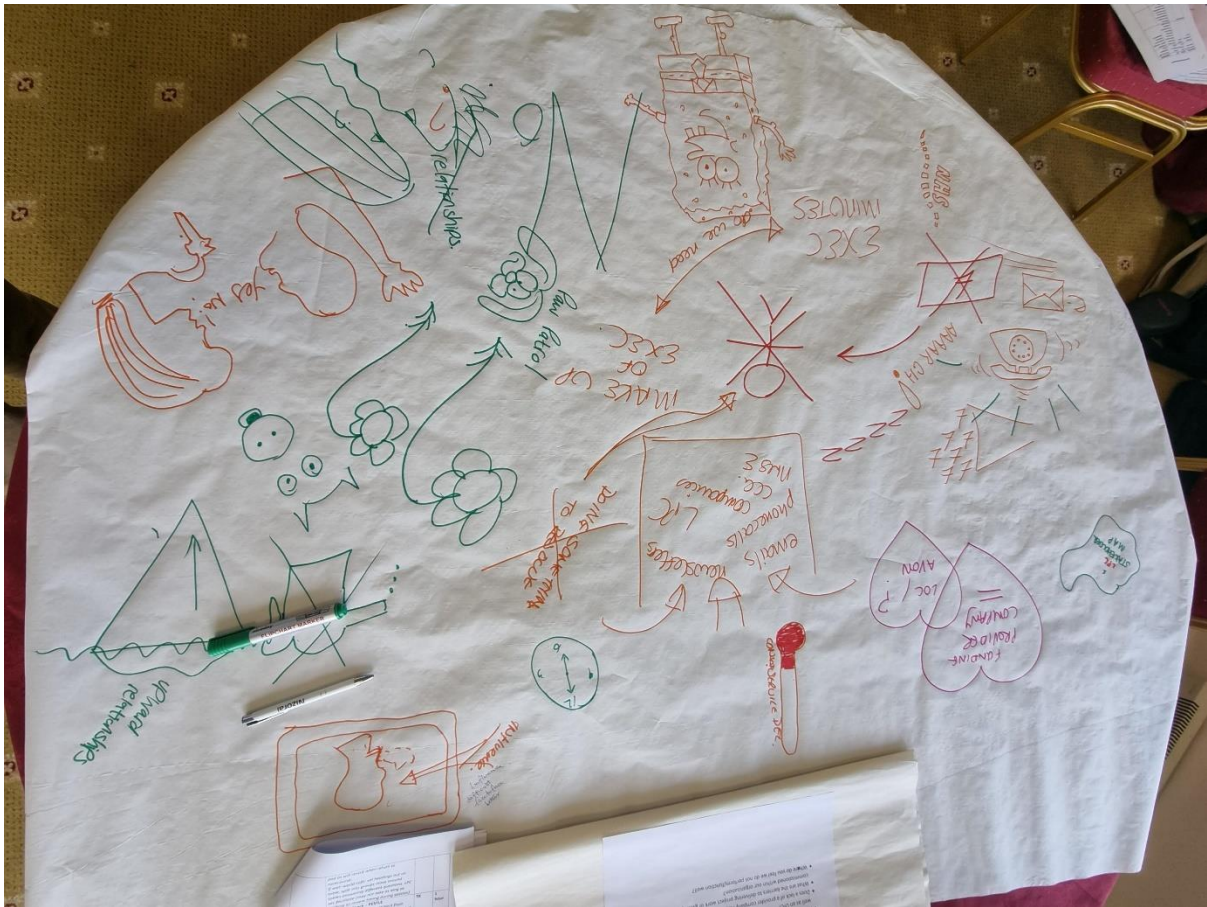
## Strengths



- Trailblazing projects/services, including dermatology, IA, mental health NMS
- The LPC is a key pivot point for integrating community pharmacy with primary care
- Committee member relationships
- Good 'downward' relationships with contractors and those we represent
- Resilience under pressure
- Contractor support and maintaining functionality over COVID-19
- Good communications database of contractors
- Track record of winning education grants e.g. Red whale, independent prescribing grants for community pharmacists

- Face to face influencing
- Providing hybrid contractor events
- Skills as generalists (jack of all trades)
- Good insight to future directions of travel for the profession

## Weaknesses

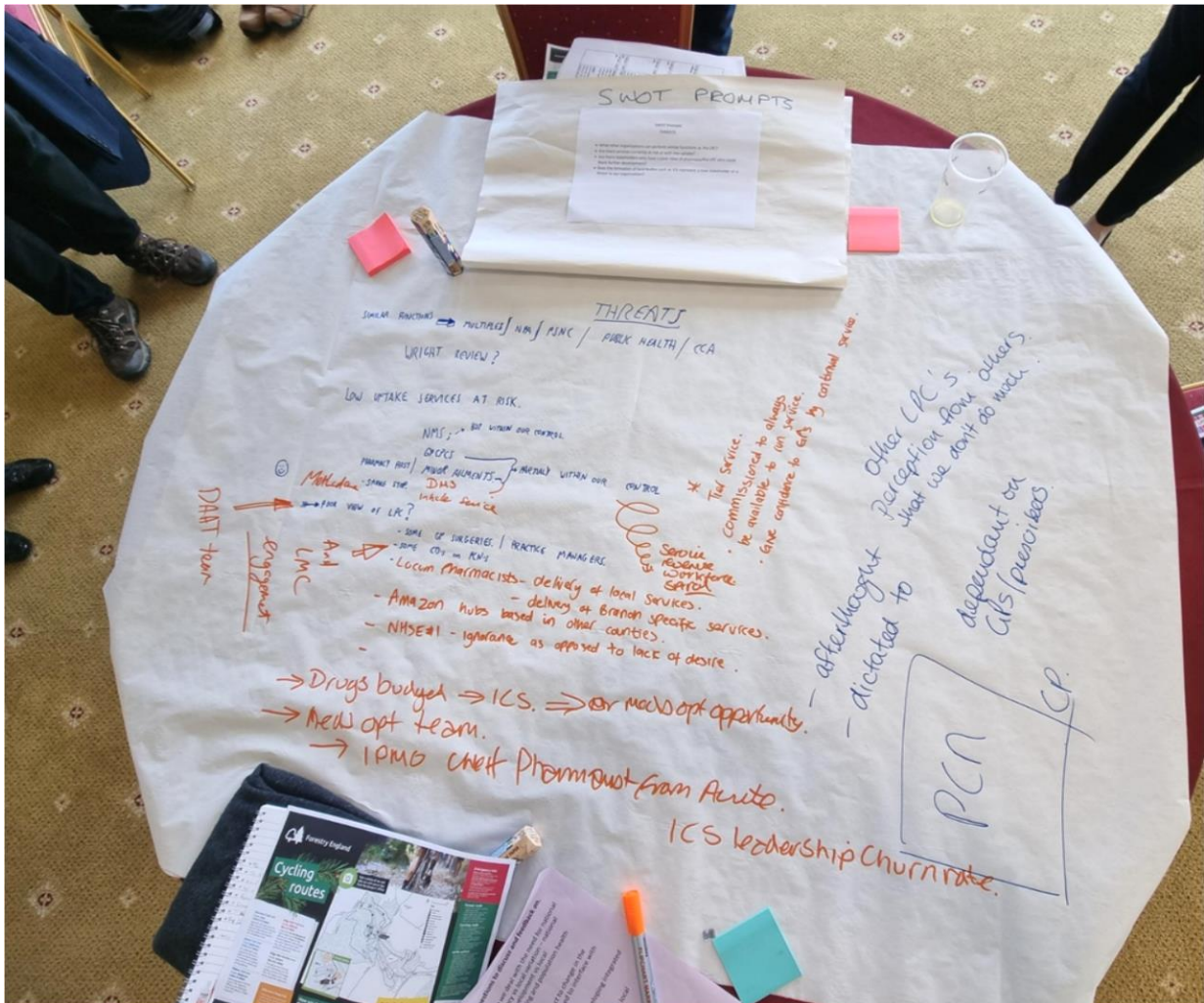


- Influencing ability of the LPC (reflection that face to face is more effective than virtual/zoom)
- Provider company
- Workload
- Pressures
- Time (as a committee)
- Lack of understanding about the Executive make up – what are the functions of the management exec and who is best placed to perform this role?
- Not making best use of skills of committee make up
- Connectivity
- Do we really want to deliver a service or not?
- Lack of Stakeholder map





## Threats



- Similar functions: PSNC/NPA/PSNC/CCA
- Low uptake services at risk: NMS; GP CPCS; Pharmacy First.
- Poor service continuity puts commissioning at risk
- Lack of community pharmacists available to deliver services
- Poor view of LPC? DAAT (Methadone service), Some GP surgeries/managers, some CDs, LMC, NHSE&I (some ignorance?), Amazon-type dispensing hubs in other counties
- Drug budget held by ICS
- IPMO pharmacist from acute setting
- ICS Leadership churn rates
- Meds Op team
- Perception from other LPCs that we do not deliver



## VISION & MISSION

### THINK TO 2023

#### As a stakeholder

What do you see?	What do you hear?	What do you feel?
<ul style="list-style-type: none"> <li>▪ Co-operation</li> <li>▪ Integration</li> <li>▪ Approachable</li> <li>▪ Reliability</li> <li>▪ Relevant qualifications</li> <li>▪ Understanding us</li> <li>▪ Consistent delivery</li> <li>▪ Faster speed of implementation (with pharmacies informed)</li> <li>▪ Actual pharmacists</li> <li>▪ Broader skills mix in pharmacies</li> <li>▪ Effective partner</li> </ul>	<ul style="list-style-type: none"> <li>▪ Positivity</li> <li>▪ What more can we do?</li> <li>▪ Yes, we can deliver</li> <li>▪ Evidence base/data?</li> <li>▪ Exceed their expectations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Valued</li> <li>▪ Delivering results</li> <li>▪ Confidence in dealing with pharmacies</li> <li>▪ Better patient outcomes</li> <li>▪ Fast, efficient services</li> <li>▪ Aligned to our goals</li> <li>▪ Trusted partner</li> <li>▪ Added value</li> <li>▪ First port of call to support in delivery or discuss a new service</li> </ul>
<b>A P P R E C I A T E D</b>		

#### As an LPC Member

What do you see?	What do you hear?	What do you feel?
<ul style="list-style-type: none"> <li>▪ People working together using our skills effectively as a committee</li> <li>▪ Better working relationships</li> <li>▪ Better upward relationships</li> <li>▪ Improve revenue returns</li> <li>▪ See fully completed projects</li> <li>▪ Upskilling staff to embrace contract changes</li> <li>▪ Improvement of IT use.</li> <li>▪ Key stakeholders face to face (WIMS)</li> <li>▪ Contractors embracing the changes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Voices from PCNs, CDs, LMC, ICS etc. and we are part of the discussion</li> <li>▪ "Speak with one voice!"</li> <li>▪ Hear other stakeholders asking us to get involved.</li> <li>▪ Thank-you</li> <li>▪ Feeling contractors view us positively</li> <li>▪ From each committee member – "Who have you met, what have you been up to last month?"</li> </ul>	<ul style="list-style-type: none"> <li>▪ Positive contribution to change in way pharmacy operates</li> <li>▪ Part of system</li> <li>▪ Less pressured</li> <li>▪ We have added value</li> <li>▪ Ready to take on new projects</li> <li>▪ Smugger than Somerset and Avon</li> <li>▪ Making a difference</li> </ul>



<ul style="list-style-type: none"> <li>▪ Contractors making the change not just reacting to change forced upon them</li> <li>▪ Stakeholder map and guest speakers at meetings</li> </ul>		
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**As a contractor**

<b>What do you see?</b>	<b>What do you hear?</b>	<b>What do you feel?</b>
<ul style="list-style-type: none"> <li>▪ Happy teams</li> <li>▪ Engaged workforce</li> <li>▪ Higher attendance at LPC event</li> <li>▪ Smiling pharmacy teams</li> <li>▪ Patients being signposted to us as a first port of call in a structured way</li> <li>▪ Opportunities for joint education with practice staff</li> <li>▪ Unified working methods</li> <li>▪ Better patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>▪ We are coping/flourishing</li> <li>▪ We are informed</li> <li>▪ We know the goals of the LPC</li> <li>▪ We feel supported by the LPC</li> <li>▪ No moaning</li> <li>▪ Patients' compliments</li> <li>▪ GPs understanding how community pharmacy functions and asking for help and advice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Successful</li> <li>▪ Valued – and wanting to be in community pharmacy</li> <li>▪ Less stressed</li> <li>▪ Engaged locally with other pharmacies and PCN</li> <li>▪ Fulfilled in daily work</li> <li>▪ Playing our role within Community Pharmacy Devon</li> </ul>



### **WHAT DO WE NEED TO DO NEXT?**

- Write up on today's meeting to reflect upon and approach November meeting with prepared options for ways of work/communication.
  - Agenda Sessions in November
    - Ways of Working; who should do what and how we will communicate
    - Strategy Streams - prioritisation
    - Change – future and management e.g. ICS Implications
- What will we focus on – Less is More
- Invite Jo Turl, ICE Director of Integration, as a guest speaker at the November meeting – accepted.

### **ROLES AND RESPONSIBILITIES**

- What we currently do? Map out who does what.
- How do we currently do it? Develop an understanding of the current processes and the platforms that could be utilised effectively.
- Does it work? Explore the current situation.
- Options for improvement
- Roles and responsibilities - organisational structures for external organisations and where the LPC fits.

### **COMMITTEE VS EXECUTIVE VS SECRETARIAT**

- Transparency... all members of priorities, meetings, outcomes and next steps.
- How is the environment different?
- Who has the ultimate say?
- Setting SMART Objectives and priorities.
  - What can get done quickly?
  - Keep it simple (stupid) KISS
  - Realistic with end results
  - Strategy and work plan completed by end of November meeting