



**Devon LPC meeting
held on
19th July 2023
at Exeter Court Hotel, Kennford**

Minutes



Present: Rachel Fergie, Andrew Jones, Ciaran McCaul, Kelly Holman, Robert Nsenga, Ron Kirk, Sian Retallick

In attendance: Sue Taylor, Kathryn Jones, Leah Wolf, Sascha Snowman, David Bearman

Sue welcomed everyone to the meeting, and introductions were made.

Apologies: Mike Charlton, Jackie Lewis, Matt Robinson

Minutes of last meeting approved by all who were present at the meeting.

1. Expectations of members of being a committee member (discussion and feedback)

Rachel opened the discussion by stating that there is a need to promote community pharmacy better than we do currently by using positive success stories such as the work done with medical students, happy customer feedback, and statistics that show how the service provided is improving year on year. There needs to be a big push on social media with this.

She suggested that going to the ICB etc with these 'good news stories' could potentially help with accessing more funding from them. She added that all parties (LPC, LMC etc) need to work together collaboratively for a more cohesive approach on this.

Ciaran stated that better promotion of the services pharmacies offer is crucial such as hypertension referrals from GP. Ron added that the stigma surrounding pharmacies needs to be removed and a more 'unified' and cohesive approach between GPs, pharmacies and secondary care would be helpful in ensuring a better service for patients.

Kelly highlighted the fact that a more seamless handover for locums upon entering different pharmacies (i.e., passwords given) would be very beneficial for creating a better service for patients visiting the pharmacy.

Andrew discussed representing pharmacy in Devon and that we need to maximise profit and revenue to enable contractors to get the best money for core contracts. He added that all parties need to be in ICB meetings and work locally with ICB alongside showing that we can support contractors in community services and represent the unique challenges of NHS England.

It was pointed out that the reputation of community pharmacy in Devon has been damaged by the workforce shortages and unplanned closure rates; but Rachel said that the emphasis needs to be placed on the positives and the successes, rather than the failures.



Leah stated how important it was that members show commitment in getting pharmacists out to training sessions regularly and Sian suggested the idea of loyalty cards that are stamped at each session with a reward scheme at the end of the year. This was agreed by all to be a good idea.

Action: Secretariat team to look into costs and designs for a loyalty card.

2. Role of the LPC and role of LPC members

Sue noted that recognition of LPCs has been delegated from NHS England and the ICBs are now required to consult with the LPC on all changes and updates. In Devon this would be carried out through the Commissioning Hub that had been set up across the South West for the seven ICB systems. She added that the LPC is funded by LPC levy and that we do have statutory rights although the LPC is not a statutory committee.

Sue then shared slides (appendix 1 and 2) with members showing the job descriptions within the LPC Secretariat team and outlining the role of the LPC in the wider community.

David added that we need to let the ICB know that the majority of 100 hour pharmacies have applied to reduce their opening hours to 72 hours per week rather than 100 hours. This has occurred since the new regulations allowing this had been introduced earlier in the year.

3. Role of the Secretariat Team and working relationship within the LPC Committee

Sue ran through the roles of individual members of the Secretariat team and the expectations of working together with the LPC Committee. She highlighted the following points that had been highlighted by the Secretariat Team as being important to them

- Having mutual trust and developing strong working relationships
- Committee to set the direction of travel for the committee and prioritise workstreams
- Having oversight of the Secretariat workplan with appropriate governance in place
- Encourage open and transparent representation
- Proactive support for e.g., training events and workshops
- Be active in sub committees/working groups if established by the LPC.
- Maintain open channels of communication between members and employed staff
- Committee members to act as a sounding board for the Secretariat team

There was general support for the feedback from the Committee members.

4. Identify gaps in ambition by members

There are some gaps between our aspirations and what the Committee member role allows. We need more support for community pharmacists becoming independent prescribers; IP prescribing along with more assistance for pharmacists and supporting them to find DPPs.



5. Appointment of Officers

With the new committee the officer roles of Chair, Vice Chair and Treasurer needed to be appointed. There had been one nominated received for each role.

Chair: Sian proposed that Rachel Fergie would be made Chair, this was seconded by Ron Kirk and agreed unanimously.

Vice Chair: Andrew Jones proposed that Vice Chair should be Matt Robinson, Ciaran McCaul seconded this and all were in favour

Treasurer: Rachel proposed Ron Kirk for Treasurer which was seconded by Sian Retallick and also agreed unanimously.

6. Community pharmacy in Devon – scene setting, local context and transforming pharmacy representation

David talked members through a presentation covering the following topics:

- Transforming pharmacy representation programme (TAPR) goals and what it has meant for the Devon LPC System overview
- What they say about us
- Practice relationships
- Integration
- Opportunities
- Workforce – ensuring our capacity and capability and Pharmacy workforce key developments
- Impact of integrating systems
- Healthwatch information

7. SWOT – Review of existing SWOT analysis and refresh

Leah talked members through the strengths, weaknesses, opportunities and threats identified at the last meeting. Members were asked to discuss whether these points still existed under the same heading or needed to be moved. See below table for updated the updated LPC SWOT.

Strengths	Weaknesses
The LPC is a key pivot point for integrating CP with primary care	Resilience under pressure
Good 'downward' relationship with contractors and those we represent	Influencing ability
Resilience under pressure	Provider company
Contractor support	Workload
Good communication database of contractors	Pressures
Track record of winning education grants eg. Red Whale, IP grants for CP	Time (as a committee)
Openness and free space, goodwill, respect	Lack of stakeholder map
Diversity	
Opportunities	Threats
Committee members relationships	Contractor support
Social media	Closures
Supporting PCN pharmacy leads	Similar functions: NPA/CCA/CPE
Local care partnerships	Low uptake service continuity puts commissioning at risk
Pre-reg pharmacy techs	Similar functions: NMS, GPCPCS, Pharmacy First
Meds op team relationship	Poor service continuity puts commissioning at risk
IPMO primary care team leading integration: clear line of comms needed	Poor view of LPC: DAAT, some GP surgeries/managers LMC, NHSE
Creation of network database with access to key people	Drug budget held by ICB/S
Workforce: tier 2 visas overseas	IPMO pharmacist from acute setting
Walk in my shoes	ICB/S leadership churn
Recruit comms lead for committee	Med op team
New contract	Perception from other LPCs that we do not deliver
Tech led services	Lack of bandwidth and funding – ICP capacity and lack of influence
Role of techs	New contract
Comms weekly	Workforce – movement to other aspects of NHS/ leaving completely
Relaunch	Succession planning, relationship.
Lack of community pharmacists available to deliver services	
Lack of understanding about executive make-up. What are the functions of management exec and who is best placed to perform this role	
Not making best use of skills of committee	
Connectivity	



8. LPC strategy 2023 – refresh

The committee gave consideration to the existing LPC strategy and made amendments collectively.

Members decided that our **“Mission”** should be changed to read:

“To inspire community pharmacy to become the first place in the community that people seek out for their Health and Wellbeing needs.”

It was then decided that number 3 of **‘Our Aims’** would be changed to:

“Develop and deliver seamless integrated services with Community Pharmacy at its heart to deliver the local health agenda.”

And that number 4 would be changed to:

“To be seen as a vital healthcare provider by the public, commissioners and partners.

It was also decided that a further aim should be added:

“Highlight the value of Community pharmacy in helping to address inequality in localities.”

Under the **‘What they say about us’** section members thought that **‘The public’** section should be changed to read:

“A readily accessible, professional place where I can get advice and help on my health and wellbeing.”

Under the **‘PCNs and Practices’** heading members elected to change the wording to:

“They are my partners of choice.”

All agreed the other sections didn’t require any amendment and remained valid.

9. Future way of working including utilisation of PCN community pharmacy leads

David opened the discussion by stating that we need to work out how PCN leads fit; they should be considered an asset as we are training and developing them but what is their longevity and how do we network with them? PCN leads had funding last year from funding secured through the regional pharmacy team at NHSE and for this year a further grant had been allocated.

Community pharmacy contractual framework offered limited funding for a community pharmacy PCN lead via the Pharmacy Quality Scheme. There is scope for limited funding in year 1 for flu planning and business continuity, and in year 2 for flu planning. It is expected that community pharmacy will be integrated as full partners within PCNs for extended roles. Local and regional NHS systems recognise the role of PCN lead and have funded development of a Leadership Academy and protected time across the Southwest during 2023-24 for the PCN Community Pharmacy leads.



Responsibilities of the PCN lead include:

- Building strong relationships with community pharmacies
- Creating regular communication channels between PCNs, GP practices and community pharmacies
- Improving communication and collaboration between PCNs, GP practices and community pharmacies
- Aligning priorities and agreeing on improved patient pathways
- Communicating with system partners to support implementation of changes and service development
- Reaching consensus on all decisions

There are 30 PCNs in Devon of which 19 have allocated leads, 11 have vacancies and in mid-Devon all are uncovered.

Community Pharmacy PCN Leads

Next steps:

- Review existing PCN leads and ensure they are currently active and interested in continuing via virtual catch-up session on Thursday 20th July 2023
- Where there are gaps, look at different models or approach, e.g., one lead to cover two or three PCNs with additional time factored in
- Possibly look at One “super” lead per LCP footprint (probably too big)
- Mail out for expressions of interest
- Support from the ICS with “opening the door” and ensuring that the system “buys” into the concept to improve and integrate pharmacy leadership within PCNs and networks
- ICB has yet to agree with NHSE how to devolve the funding (? £100k for Devon)
- Nominated PCN lead support via Kelly Holman and Sue Taylor

The committee agreed that part of Kelly’s time could be utilised in supporting the PCN leads.

10. Community Pharmacy local branding - for approval

All were in favour of the new branding. A new domain name has been purchased and brand use agreement still needs to be signed.



LPC Business Meeting

- Minutes of previous meeting and Matters arising Minutes agreed, no matters arising
- Finance Report

Finance report: verbal report given

Secretariat report:

Previously circulated. There were no specific questions and the committee agreed they would like to continue to receive these reports as it provided an overview of the meetings taking place and the discussions.

CPE report:

- NHSE; what can be delivered on
- New contract – ongoing discussions
- Problems/evidence to be sent out to A Buxton
- Lack of progress, closures etc

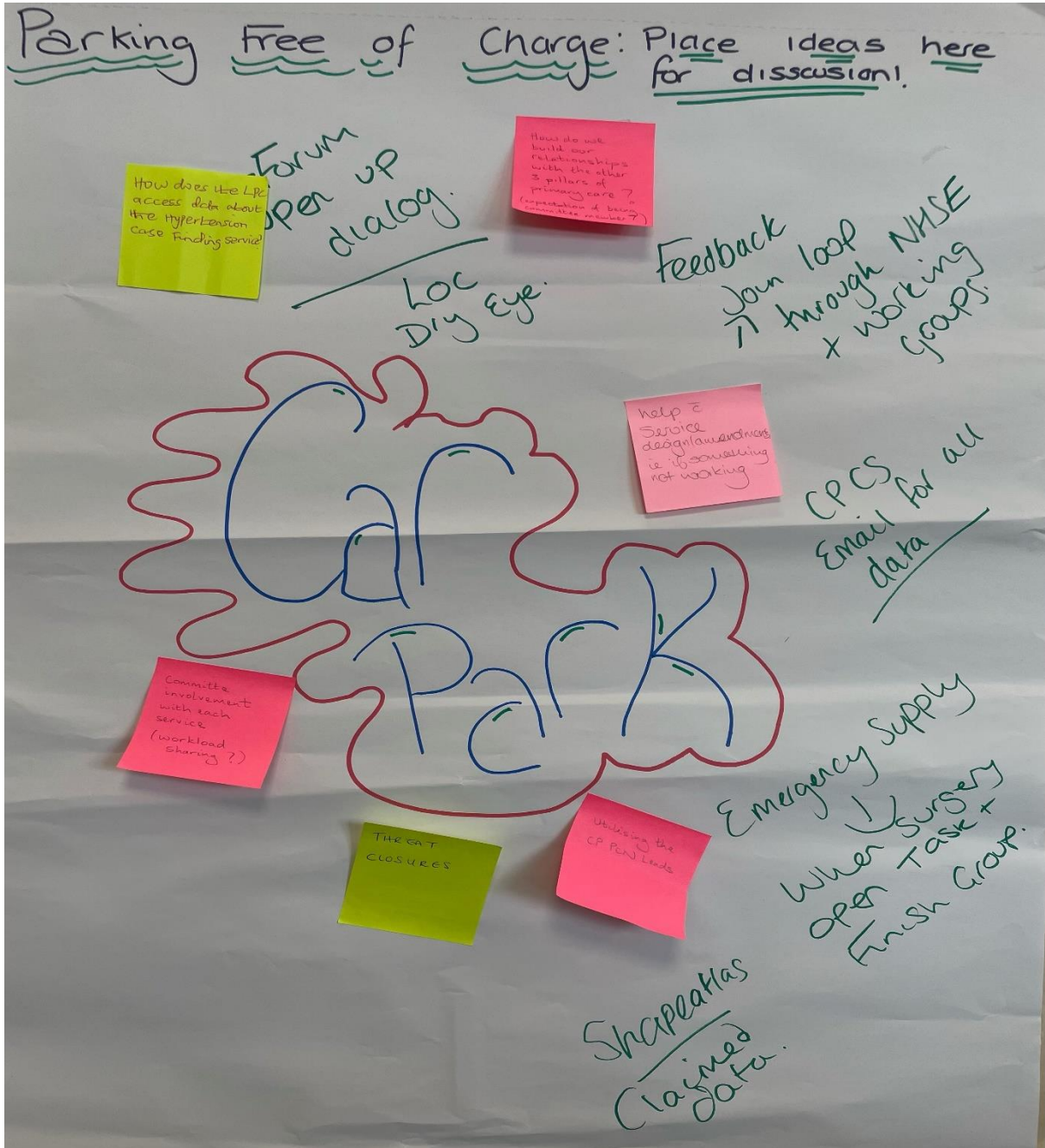
11. AOB

Rachel proposed that having photos on the website of members would be a good idea; all agreed. It was also suggested that email addresses for the Chair, Vice Chair and Treasurer would be helpful if possible. Members also agreed that a bigger room would be required for the next meeting.

Action: Photographs to be organised for the September meeting.

Date of next meeting: 20th September 2023. All day meeting to be held at the Exeter Court Hotel.

Members were invited to add any ideas or items for discussion to the 'car park'! See below picture:





12. Actions arising from the follow up discussions on the observations made above:-

Action:

- 1. To make contact with the other three representative committees. i.e., the Devon Local Medical Committee, the Local Optical Committee, and the Local Dentist Committee. The aim to touch base and if possible to start working collaboratively around the integration agenda. (Action: Sue, Leah, David)**
- 2. Explore all possible avenues to access service data to inform the LPC and other stakeholders of delivery e.g., Shape (Public Health), NHSE, NHSBSA etc. (Leah/Kelly).**
- 3. Invite Healthwatch to attend a future LPC meeting (ST)**
- 4. Circulate a list of Community Pharmacy PCN Integration Leads to the LPC members. LPC members to assist in identifying potential new leads to fill the gaps. (ST/LPC members)**
- 5. Invite James Wood, (CPE) to the September meeting for an update (ST)**
- 6. Circulate a link to the CPE survey on the draft community pharmacy vision (ST)**