



# Contractor Engagement Strategy v1

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## SUMMARY & OVERVIEW

### Introduction

Greater Manchester LPC was created to represent our members: community pharmacy contractors in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan. We are funded by members' levies and wouldn't exist without them. We owe it to them to communicate well and involve them so we provide the services and representation they need and want from us.

This strategy sets out how we will achieve this over the next two years:

**Our ambition is to make Greater Manchester LPC the best in the country when it comes to contractor communications, engagement and satisfaction levels.**

### Aims

1. Listen to contractors' views and ideas on what they want GMLPC to deliver for them, including how we represent them to commissioners.
2. Keep contractors informed about GMLPC's services and activities so they know what we are doing for them and the value we deliver.
3. Provide ongoing two-way communications and engagement so contractors feel in the loop, supported, and know who to contact about what.

### Remit

This strategy spans three key areas of work, all of which impact on contractor morale and engagement levels. They overlap and draw on the skills of different members of the GMLPC team, working together:

- Communications and engagement
- Training & events
- Customer care

### Responsibilities

**Committee:** Fin Mc Caul (Contractor Engagement Lead) has committee responsibility for strategic oversight of contractor communications, engagement, training & events, and workforce development.

Aneet Kapoor (Chair) and all committee members are responsible for the LPC's overall strategy and work programme, and for ensuring it is aligned to contractors' needs and priorities.

**Office:** Emer Scott (Communications & Engagement Lead) is responsible for advising on and chief delivery of communications and engagement with contractors and pharmacy teams. She is also responsible for the format and content of contractor engagement events.

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Judith Goodwin (Business Support Manager) is responsible for overseeing general office liaison with contractors, and for managing business support with the organisation of training and engagement events.

Claire Dickens (Service Development Manager) is responsible for developing a training programme linked to service development, quality improvement and clinical skills.

Adam Irvine (Chief Executive Officer) has overall responsibility for delivery of the LPC's strategy and work programme, and for leadership of the office team.

All staff are responsible for supporting delivery of the communications and engagement strategy.

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## SECTION 1: CONTEXT & INSIGHT

### Introduction

Greater Manchester LPC was created to represent our members: community pharmacy contractors in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan. We are funded by members' levies and wouldn't exist without them. It is therefore vital for us to have excellent engagement with contractors so we provide the services and representation they need and want from us.

This strategy sets out how we will achieve this over the next two years.

### Context

Greater Manchester LPC was created on 1<sup>st</sup> October 2016 from the merger of six smaller organisations: Ashton, Leigh & Wigan LPC; Bury & Rochdale LPC; Manchester LPC; Oldham, Tameside & Glossop LPC; Salford & Trafford LPC; and Stockport LPC. It also replaced a former federation, Community Pharmacy Greater Manchester.

Contractors in the six predecessor LPCs voted in favour of merger to harness the benefits of being part of a larger organisation with a single voice and cohesive strategy for the future of community pharmacy in Greater Manchester. This was seen as particularly important given the opportunities presented by health and social care devolution in Greater Manchester, and the new partnerships being formed to improve health outcomes and wellbeing, transform services and ensure long-term sustainability.

Since its creation, GMLPC has firmly established itself in these debates with a seat at the table in all the key forums. Community pharmacy is better represented than ever before, and is welcomed by Greater Manchester commissioners as a key primary care partner and valued part of the solution. Although Bolton contractors opted not to join GMLPC, we have a good working relationship with Bolton LPC, as witnessed in the Healthy Living Pharmacy programme.

At the same time, however, community pharmacy has faced significant funding cuts with the introduction of a new contract. There may be further reductions and revisions in future years. GMLPC has sought to support contractors, both by promoting the value of community pharmacy (including MP liaison) and through training and resources to help them maximise their income.

The new LPC has also inherited the legacies of its predecessor organisations, which means contractor expectations and stakeholder relationships vary across the different localities. Some GMLPC committee members and staff have long-standing relationships and contacts in some areas due to previous roles. All staff and committee members are also building new relationships, however, in a LPC that covers a much broader area. Contractor expectations and past experience of LPCs also vary across localities.

This communications and engagement strategy needs to explain how we will involve, inform and support contractors and their teams against this backdrop and the opportunities and challenges that emerge over the next two years. In doing so, it is mindful that it is building on the legacy of predecessor organisations.

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## Contractor information

There are 628 contractors in the nine boroughs covered by Greater Manchester LPC. Of these, 47% are large multiples (CCA), 40% are independents and 13% are from small- to medium-sized chains (AIMp). This mix varies significantly across the boroughs, however, with just 35% of Bury pharmacies in the CCA compared with 55% in Tameside. Pharmacy representation type will impact on the nature of their engagement with the LPC – for example, a small independent pharmacy with one or two shops is likely to have different needs than those that are part of large chains providing in-house training and resources.

The number of pharmacies in each locality also varies from 43 in Bury to 138 in Manchester. The breakdown by locality is shown below. More detailed charts showing pharmacies by locality and representation type can be found in Appendix 1.

## SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Genuine commitment to comms &amp; engagement with contractors</li> <li>• Expertise and dedicated resource within LPC (staff &amp; members)</li> <li>• Range of channels now in place (eg Mailchimp, website, QP, social media). Compare well with other LPCs</li> <li>• Covering almost all of Greater Manchester – LPC is seen by key commissioners and stakeholders as the ‘single front door for pharmacy’</li> <li>• Access to webinar platform via NPA (and potentially via Skype for Business)</li> </ul>	<ul style="list-style-type: none"> <li>• Software and connectivity issues</li> <li>• Loss of organisational memory in some areas</li> <li>• Small team covering large area with c630 contractors</li> <li>• One phone. Office space not ideal for team-working</li> <li>• Need to build new relationships with contractors</li> <li>• Need to build new relationships with local commissioners/partners (eg CCGs, LAs) so we can represent contractors</li> <li>• No CRM</li> <li>• NHS England hold main contractor list. Errors / time lag when details change</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• New spirit of partnership including contractor commitment to GM-wide working</li> <li>• Sense of optimism and new opportunities through devolution eg more consistent pharmacy commissioning / equity of access</li> <li>• Building on legacy of predecessor organisations – learning from strengths and weaknesses</li> <li>• Need for community pharmacy to raise its voice and profile – stronger together</li> <li>• Digital and social media mean it is easier and cheaper to communicate and engage</li> </ul>	<ul style="list-style-type: none"> <li>• LPC budget constraints</li> <li>• Contractor funding cuts / possibility of future threats could damage morale and engagement levels</li> <li>• Potential for disappointment/disillusionment if contractors feel let down by devolution</li> <li>• Risk of future splits, retrenchment, silo working eg if market becomes even more competitive and contractors/companies retreat rather than collaborating</li> </ul>

## PESTLE analysis

Political	Economic	Sociological
<ul style="list-style-type: none"> <li>• Mayoral elections in May 2017. Mayoral remit over healthcare still unclear</li> <li>• General election in June 2017. Purdah restrictions mean slight delay to GM health transformation plans</li> <li>• Post-devolution evolution of health and social care. New service models &amp; organisations. Potentially new funding models in future</li> <li>• Community pharmacy has become political issue due to funding cuts. Most GM MPs Labour &amp; supportive of community pharmacy</li> <li>• DH view there are ‘too many’ community pharmacies and committed to increasing distance-selling pharmacies (DSPs) and pharmacists in GP practices</li> <li>• Brexit – impact unknown but potential to affect ability to recruit, regulation (eg DSPs), economic climate etc</li> </ul>	<ul style="list-style-type: none"> <li>• LPC budget is tight – deliberately set up as ‘lean’ following merger</li> <li>• PSNC legal action has brought additional costs and temporary additional levy for contractors</li> <li>• Potential for more funding cuts in community pharmacy. May impact on contractor morale and collaboration</li> <li>• Wider NHS and social care funding pressures/deficits</li> <li>• Ongoing austerity &amp; uncertainty over Brexit</li> <li>• Funding climate may also affect ability to increase levies if required</li> </ul>	<ul style="list-style-type: none"> <li>• High health needs and inequalities. Disease incidence and early mortality above national average. Health outcomes among worst nationally for cancer, lung disease etc</li> <li>• Population continues to get older and sicker</li> <li>• Ongoing increase in long-term conditions, including those with multiple LTCs</li> <li>• Rising obesity levels, but reductions in smoking</li> <li>• Growing public concern over NHS funding</li> <li>• Potential for greater individual ownership eg self-care, taking responsibility for own health &amp; wellbeing</li> </ul>
Technological	Legislative	Environmental
<ul style="list-style-type: none"> <li>• Ongoing emergence of new comms/engagement channels eg WhatsApp, Slack</li> <li>• DataWell GM records-sharing means better access to patient information</li> <li>• Increased data access brings potential governance / reputation risks e.g. if pharmacies don’t check</li> </ul>	<ul style="list-style-type: none"> <li>• New pharmacy contract Dec 2016 – further change likely</li> <li>• Reviews of health profession regulation underway</li> </ul>	<ul style="list-style-type: none"> <li>• LPC covers large geographic area with high population density</li> <li>• Wide social and demographic variations with considerable deprivation. Includes many of the most deprived wards in England, but also some of the most affluent</li> </ul>

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<p>patient data for simple OTC sales (as is common practice)</p> <ul style="list-style-type: none"> <li>Point-of-care testing, patient apps etc mean easier for pharmacies to support patient care – scope for new services? Potential additional risks?</li> </ul>		<ul style="list-style-type: none"> <li>High health needs &amp; inequalities (as above)</li> <li>Ethnically and culturally diverse patient populations</li> <li>PhAS not designed for high-population, high-need areas &lt; 1 mile from nearest alternative pharmacy</li> </ul>
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### Contractor survey findings

To gain insight into contractors’ communications preferences and priorities, we did a survey in November and December 2016. While the majority of responses were from attendees at our contractor engagement event (Nov 2016), the survey was also promoted via our weekly Mailchimp newsletter and Twitter so all contractors could take part.

We asked pharmacies what the LPC’s priorities should be, how they preferred to be communicated and engaged with, what they thought of our existing communications channels, and what we could learn from how predecessor LPCs had communicated and engaged with them.

The following key findings emerged:

#### ***Priorities for the LPC***

Although the number of responses was small (64), it was highly informative. When asked what the LPC should focus on, the most common responses (based on individuals’ top 3 ranked from a list of 8 choices) were:

- Training & support for contractors
- Representing community pharmacy in (local) negotiations with NHS and social care
- Details of income opportunities and business management
- Training & support for pharmacy teams
- Community Pharmacy Forward View: pilots giving pharmacy a greater role

**Action point:**

- **Ensure our communication and engagement with contractors demonstrates what the LPC is doing for them on these five areas.**

#### ***Preferred channels***

Email was the most popular choice (64% selected it as their first choice), followed by the weekly Mailchimp newsletter (45% first choice) and WhatsApp (21% first choice). When second choices were included as well, the LPC website and Facebook were also popular.

WhatsApp was 71% of responders’ preferred social media channel, with Facebook next at 43%, then LinkedIn (20%) and Twitter (18%).

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When the survey was carried out, GMLPC was not using WhatsApp or Facebook to communicate with contractors but we have now added these channels to the mix.

**Action points:**

- **Promote the new WhatsApp broadcasts and Facebook page to contractors and their teams.**
- **Continue to use a range of channels and monitor engagement and response rates over 6-12 months before refining our approach further.**

***Training and events***

The survey asked pharmacies for their views on the best format, frequency, topics and locations for training and events that we run. There was considerable consensus on the following areas:

- A preference for regular face-to-face events in easy-to-access locations over less frequent, smaller events in each locality.
- Webinars and teleconferences were also more popular than holding locality events less often.
- Weekday evenings were the preferred time for training and events, with weekends second most popular. Weekdays were the least popular choice.
- HLP and safeguarding were the topics most commonly highlighted as priorities for training and events. There were also requests for support around business analysis and development.

**Action points:**

- **Organise training in a selection of easy-to-access locations around Greater Manchester rather than worrying we need to offer smaller sessions in each locality.**
- **Complement face-to-face training with webinars, teleconferences, how-to guides, website information and short films etc.**
- **Choose weekday evenings and weekends for events and webinars etc.**
- **Promote training available through other sources e.g. CPPE safeguarding, as well as GMLPC**
- **While QP-linked training may be our initial focus, we should also consider how to meet contractors' business development training needs as well. Webinars could work well for this, and there may be opportunities for shared learning between pharmacies.**



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## SECTION 2: STRATEGY

### Aims

1. Listen to contractors' views and ideas on what they want GMLPC to deliver for them, including how we represent them to commissioners.
2. Keep contractors informed about GMLPC's services and activities so they know what we are doing for them and the value we deliver.
3. Provide ongoing two-way communications and engagement so contractors feel in the loop, supported, and know who to contact about what.

### Remit

This strategy spans three key areas of work, all of which impact on contractor morale and engagement levels. They overlap and draw on the skills of different members of the GMLPC team, working together:

- Communications and engagement
- Training & events
- Customer care

### Progress since October 2016

We have made good progress with contractor communications and engagement since the new LPC was established in October 2016, including:

- GMLPC website creation and content population e.g. service information, locality sections, committee details and contacts, Quality Payments
- Successful contractor engagement event in November 2016
- Series of training events focusing on contractors' priority areas e.g. Healthy Living Pharmacy
- Monthly webinar series launched on 27<sup>th</sup> Mar 2017
- Funding secured from sources including Health Education England and interest from potential sponsors
- Quality Payments resources including weekly tip guides, web content and short films
- Responding to contractor feedback by creating WhatsApp and Facebook communications
- Issues resolved for contractors e.g. clarity on process for SCR registration
- Plans for an academy and programme of training events

**Our ambition for the next two years is to make Greater Manchester LPC the best in the country when it comes to contractor communications, engagement and satisfaction levels.**

### Approach

- We have used the insight gained from our contractor survey, contact with contractors and feedback on our work to date to inform this strategy, but we will be responsive and flexible. We will closely monitor feedback and take-up of communications and engagement and adapt our work accordingly.

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- We will work hard to build relationships with contractors in new areas and to demonstrate the added value of being part of a larger organisation working across Greater Manchester.
- We will do this by reflecting the priorities contractors highlighted in our survey. Communications and engagement activity will focus on these areas.
- Our initial focus has been establishing core communications channels for the new organisation. This has included the new website. We have also responded to contractor preferences for WhatsApp and Facebook by establishing these channels.
- For the next six months, we will continue to increase communications and engagement through these channels and launch a programme of webinars. We will then do a stock-take and review which channels are proving most effective before deciding whether to retain them all.
- We will build on the training and events carried out to date with an annual programme focusing on priority areas, including HLP and business skills.
- Resources permitting, we will also launch a customer care programme supported by a CRM that enables us to capture contact and engagement with individual contractors.
- Activity will be monitored and evaluated so we understand what we are doing well and where we need to improve.
- We have a baseline for our contractor communications and engagement from our Nov-Dec 2016 survey. We will carry out further surveys at six-month intervals to measure change and satisfaction levels. A SurveyMonkey link will be sent to all contractors, with a repeat for non-responders. In addition, we will carry out a smaller number of phone interviews with a representative sample.

The rest of this strategy describes in more detail how we will put this into action.

## **1. Communications and engagement** (office lead: Emer Scott)

### **Key messages – keeping contractors informed**

Pharmacies that responded to our Nov-Dec 2016 survey highlighted the following areas as their priorities for the LPC:

- Training & support for contractors
- Representing community pharmacy in (local) negotiations with NHS and social care
- Details of income opportunities and business management
- Training & support for pharmacy teams
- Community Pharmacy Forward View: pilots giving pharmacy a greater role

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**ACTIONS**

Our communications and engagement will ensure contractors know what Greater Manchester LPC is doing in each of these areas:

- We will arrange and publicise training for contractors and their pharmacy teams. Action to date includes HLP leadership and champions training, arranging CPPE safeguarding workshops, etc, and our first webinar.
- We will produce and publicise resources and other support for contractors and their pharmacy teams. Action to date includes Quality Payments tip guides & videos, publicising CPPE training, sharing PSNC & PharmOutcomes resources, etc.
- We will publicise income opportunities and support around business management. Action to date includes service specifications, NUMSAS, pilots, Quality Payments, etc. We plan to arrange training/support around business management skills after the April 2017 Quality Payments review date has passed.
- We will publicise pilots and new opportunities for community pharmacies. Pilots in the pipeline include AF in Trafford and the revised adult inhaler service. We will also publicise progress with those that are underway e.g. school inhalers, Pharmacy Care Plans.

**Channels – ongoing two-way communications and engagement**

The table below summarises our communications and engagement channels with contractors. The status refers to the degree to which the channel has been developed. Green = well developed and working well. Amber = Developed but needs further refinement and work. Red = Needs further work and improvement before we are satisfied it is an effective channel.

We have already responded to contractor feedback that WhatsApp and Facebook are their preferred social media for communications from Greater Manchester LPC by creating these channels. Take-up so far has been slow but we will continue to promote them and review again in six months.

Channel	Description	Status	Actions
Website (1-way)	New GMLPC website developed and populated. Old sites closed down. Website updated regularly. Extensive info & resources incl services, QP, locality info. Compares very favourably with other LPC sites.  Steady increase in visitors since October.		Continue to update and enhance. Review content regularly and remove out-of-date resources and information.
Mailchimp (1-way)	Weekly GMLPC newsletter issued via Mailchimp every Wed lunchtime. Additional newsletters issued as appropriate, e.g. for key updates, Quality Payments guides, etc.  Two distribution lists: GMLPC contractors & Newsletter subscribers. Open rates are		Continue to refine content.  (Template has been redesigned & simplified with our new branding.)

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	<p>generally 40-45% for subscribers and 20-25% for contractors. Committee have highlighted some may be on both lists, which could impact on analytics. These rates are above the industry average, according to Mailchimp. We’ve investigated cases where contractors have said they’re not receiving it. May be blocked by internal firewalls in some cases.</p> <p>The newsletter is well established and has reasonable engagement rates, although we want to improve them.</p> <p>Special newsletters eg HLP training, surveys, Quality Payments get higher opening rates.</p> <p>We’ve used feedback from the contractor survey e.g. adding locality info and reducing content pharmacies will have received from other sources.</p>		<p>Review lists to cross-check for multiple entries. (Roll-out of NHSmail may impact on timing for this.)</p>
<p>WhatsApp</p> <p><i>Broadcast list: 1-way                  WhatsApp messages: 2-way</i></p>	<p>Broadcast list created in Feb 2017 following feedback from contractor event. Currently 18 on list incl 4 LPC staff. Sending out links to Mailchimp, info on events etc. This is easy to manage and doesn’t take much time but could be a good way of ensuring key info doesn’t get lost in email inboxes.</p>		<p>Continue to use this. It’s not time-consuming so worth doing even if it’s small numbers, then measure in 6 months</p>
<p>Facebook</p> <p><i>(2-way)</i></p>	<p>Page created in Jan 2017 following feedback at contractor event. Began posting 9<sup>th</sup> Jan. Still rough and ready – only 12 page likes currently. Most popular post so far was AMR dancing pills video, followed by news on Fin Mc Caul joining PSNC.</p> <p>Have been promoting via newsletter. Now promoting via pop-up on website too. Will include in mailout to pharmacies.</p>		<p>Continue promoting and posting content &amp; seeing what proves popular. Contractors said they like getting info this way but we need them to like our page. May be worth investing in some promoted posts.</p> <p>If numbers don’t increase, we need to consider if it’s worth the time involved or whether we should</p>

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			focus on other channels instead.
Twitter <i>(2-way)</i>	<p>This is one of our more established channels. We now have around 730 followers on Twitter (about 145 more than Sep 2016). Contractor feedback that Twitter is not their preferred social media. Followers include key stakeholders &amp; influencers, public, other areas etc as well as pharmacies. Twitter is another useful comms channel but shouldn't be relied on for contractors.</p> <p>Our most popular posts have been political ones (e.g. MPs and pharmacy cuts), where we tweet from events (e.g. GM primary care / LPC conference), Fin Mc Caul joining PSNC, pharmacy opening times over Christmas, and sharing general health info (e.g. AMR / meningitis)</p>		<p>Share info aimed at contractors as well but ensure it's supported by other channels incl newsletter.</p> <p>Continue using Twitter primarily for public-facing material, health promotion, general awareness of pharmacy. Continue to monitor follower numbers, engagement levels. Ensure we tweet as GMLPC from key meetings/events. Take part in #Pharmacyhour, #Wepharmacist Twitter conversations.</p>
LinkedIn <i>(2-way)</i>	<p>Again, this is a newer channel. We currently have 31 followers including a small number of local pharmacists, plus some managers in CCA chains. It is not a major channel for communicating with contractors – it is more suited to thought leadership in the sector.</p>		<p>We're posting info on LinkedIn but see this primarily as a way of sharing blogs and thought leadership pieces with other stakeholders and influencers.</p>
Slack <i>(2-way – led by contractors initiating &amp; peer discussions)</i>	<p>This is a new channel being trialled to provide peer support and discussion around pharmacy issues. There are two conversation channels currently: General pharmacy issues, and Quality Payments. So far 66 pharmacists have signed up to the QP channel and 73 in the general channel. However, there haven't been any conversations in either channel since January.</p>		<p>Need to consider whether it's worth pursuing. The idea is pharmacists will post their own queries, responses etc but they aren't doing that. Is it worth pursuing? If so, do we have capacity to lead this at the moment?</p>
SurveyMonkey <i>(2-way)</i>	<p>This is well developed and frequently used, both to gain contractor feedback and to</p>		<p>Continue to use surveys. Carry out annual</p>

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	enable them to provide information e.g. registrations of interest.		communications, engagement & GMLPC satisfaction survey. Carry out less comprehensive comms 'temperature check' survey 6 months between annual surveys. Consider bimonthly mood check re pharmacy morale in Greater Manchester & satisfaction with LPC.
YouTube <i>(1-way)</i>	We've recently made some very basic short vlogs focusing on Quality Payments. The first film got 120 views. The others have got between 35-40 views.		Continue developing our film skills while bearing in mind time constraints given the relatively low number of views. Seek to increase views by trialling different formats and topics.
Google+ <i>(n/a)</i>	This is not actively used as a channel for engaging with contractors. We post content and links here primarily to increase our SEO on Google.		Copy items from Facebook etc for SEO purposes. We will not use this as a channel for contractors or spend too much time on it.
Emails <i>(2-way)</i>	Direct emails – as opposed to Mailchimp – are used for some targeted communications e.g. those for particular localities. This also enables us to cross-check the accuracy of our contractor database (from NHS England).		Continue to use direct emails where appropriate. Update and amend list where anomalies flagged up.
Direct mail <i>(1-way)</i>	We have done occasional hard-copy mailouts to contractors, e.g. to promote the November contractor event. However, this is not a prime channel due to cost, time-intensity and the likelihood that many people don't read information they receive by post.		Use very occasionally for batches of info / resources. We do not envisage mailouts more than two or three times a year. Use mailouts as an opportunity to

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			promote our other channels.
Face-to-face training and events <i>(2-way)</i>	<p>Our face-to-face training and events have generally had a good response. They include the November contractor event and the HLP training run jointly with Bolton LPC. We are also working with other providers to publicise opportunities to GMLPC contractors e.g. CPPE safeguarding and NHS Digital’s SCR mop-ups, and NHSE briefing in March.</p> <p>We plan to run further HLP events (subject to HEE funding). A major contractor event is also pencilled in for later this year. Sponsorship support is being sought for this and for other training &amp; events.</p> <p>The themes for training reflect those highlighted as priorities by contractors i.e. HLP, Quality Payments, safeguarding etc. We have not forgotten, however, that contractors were also interested in business development training/support.</p> <p>Budgets will restrict the number of events we can hold if sponsorship is not forthcoming. Events are being held in easy-to-access locations across Greater Manchester and we are reflecting contractors’ preferred times.</p>		<p>Continue to seek sponsorship and develop forward plan once funding is confirmed.</p> <p>Future sessions on business skills, as well as QP, HLP, etc and other support for contractors and their teams.</p>
Webinars <i>(2-way)</i>	<p>We now have access to webinar technology thanks to NPA. Our first webinar took place on 27<sup>th</sup> March 2017 and this is a format we aim to use monthly.</p>		<p>Monitor participation, feedback and post-event access on 27<sup>th</sup> March webinar.</p> <p>Develop a monthly programme including business skills as well as clinical / contractual areas.</p>
Teleconferences <i>(2-way)</i>	<p>We haven’t used teleconferences yet as a way of engaging with contractors but could consider this as a way of engaging directly (committee and contractors on the call) and discussion on key issues. For example, a</p>		<p>Seek views on whether there is demand for this, either on and ad hoc basis (e.g. when</p>

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	teleconference might be an option in the event of a further unexpected announcement on contracts.		issues / key news arise) or more regularly.
Committee meetings and AGM <i>(2-way)</i>	Committee meetings are open to contractors and dates are publicised on the website, with agendas and approved minutes. No contractors have attended to date.  We need to hold a AGM by 30 <sup>th</sup> September and to publicise it to contractors at least 30 days in advance.		Set a date and format for the AGM. For cost and resource purposes, it may be worth combining the AGM with the September 2017 committee meeting (e.g. meeting in PM, AGM that evening).
Locality leads <i>(2-way)</i>	Although not a communications channel in the traditional sense, the locality leads play an important role as points of contact and relationship managers in their areas. Some locality leads have long-standing relationships with contractors in the area they represent. Others are establishing contacts in new areas.		Continue building relationships where locality leads are new to an area.

## Listening to contractors

The majority of our communications channels are two-way and we are in regular contact with pharmacies – for example, those completing routine surveys, attending training events or calling the office with queries. We cannot solely rely on these channels, however, if we are to have real insight into contractors’ views, priorities and satisfaction with Greater Manchester LPC.

We will take the following actions to listen and evaluate contractor views, in addition to the insight gained via our usual communication and engagement channels.

### **Contractor events:**

Our contractor event in November 2016 was well attended and enabled us to meet and speak to pharmacy teams from across Greater Manchester. We are now planning another event for 2017 and will use this opportunity to listen to contractors and seek their views on a range of issues, including priorities for the LPC, satisfaction levels, issues they are facing and need support with, and feedback on their experience of us (including our communications channels).

We will also make full use of all events, training and opportunities to meet contractors and pharmacy teams. Wherever possible, Greater Manchester LPC staff and/or committee members will be there so we can chat to attendees, get to know them, hear their views and update them about the LPC.



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We will also measure engagement in the following ways:

- Booking speed and attendance – this indicates interest & engagement levels with what is being offered
- Event evaluation surveys – gauging satisfaction and their priorities/suggestions for future events

#### ***Six-monthly priorities and satisfaction surveys:***

In addition to routine and ad hoc surveys on particular topics, we will conduct a comprehensive survey every year to gather contractor feedback on their views of Greater Manchester LPC, key priorities and areas of interest/concern, and the quality of our communications and engagement with them. We will do a less comprehensive 'temperature check' to gain feedback on our communications and engagement six months between the annual surveys. We envisage the first one in May or June 2017.

While we will promote these surveys electronically – including social media, Mailchimp and website pop-ups – response rates to surveys like this tend to be low. For that reason, we will also trial a hard-copy mailout for the first one. We will also issue the survey at events as we know people are more likely to complete surveys when prompted in this way. It will be accompanied by telephone surveys of a small representative sample. The first survey will coincide with a mailout of information about GMLPC, activity so far, and details of new web content and social media channels.

## **Locality communications and engagement**

The business support team have done a lot of work developing locality-specific information, including segmented contractor lists and mapping pharmacies by ward/neighbourhood (including links to GP practices and other local health services).

We have developed locality sections on the website, including pharmacy needs assessments, health profiles, CCG contacts, details of integration programmes, etc. We add local news and information to the website. We also have locality sections in the weekly Mailchimp newsletter.

Locality-specific information is sent to contractors in that area by email and special Mailchimp newsletters, followed up by phone calls where appropriate. The locality leads have been in regular contact with commissioners, contractors and other stakeholders in their area, and this work will be continued.

So far, the volume of information that is specific to a locality rather than Greater Manchester pharmacies more widely does not warrant the creation of additional locality-specific channels such as newsletters. The vision is for greater equity in community pharmacy provision across Greater Manchester, with commissioning across a wider footprint. However, individual localities are also developing local care organisations and neighbourhood plans. This means it is not possible at the moment to know whether the level of locality-specific information will increase or decrease. We will continue to monitor the level of locality-specific information, and adapt our strategy as appropriate.

## 2. Training & events (leads: Claire Dickens / Emer Scott)

We have been very active since October 2016 in arranging training, events and other resources to support contractors, based on their priorities, including the following:

- Contractor engagement event – 27<sup>th</sup> Nov 2016
- Healthy Living Pharmacy leadership training – 29th Jan, 6th Feb, 2nd Apr, & 10th May 2017
- Healthy Living Pharmacy Health Champions training – 9<sup>th</sup> & 10<sup>th</sup> Feb, 27<sup>th</sup> & 28<sup>th</sup> Mar, 4<sup>th</sup> & 5<sup>th</sup> Apr, 27<sup>th</sup> & 28<sup>th</sup> Apr, and 22<sup>nd</sup> & 23<sup>rd</sup> May 2017
- Healthy Living Pharmacy resource pack
- EPS Repeat Dispensing pilot – 15<sup>th</sup> & 22<sup>nd</sup> Feb, 18<sup>th</sup> Apr 2017
- Training for Pharmacy Care Plan pilot
- Safeguarding training – arranged with CPPE
- Quality Payments vlogs

### **Webinars**

Through Fin Mc Caul, we have recently secured webinar facilities using the NPA's platform. The first webinar took place on 27<sup>th</sup> March 2017 and we plan a programme of monthly sessions. This will enable us to provide training and support on topics of interest to contractors without the costs of a face-to-face event.

It will also create a repository of training resources that contractors can access any time, even if they have not been able to take part in the live webinar. Initial intentions for the first webinars are:

- 27<sup>th</sup> March – Ultimate guide to Quality Payments
- 15<sup>th</sup> May – Patient safety
- 19<sup>th</sup> June – NMS / Healthy Living Pharmacy

### **Funding**

We are mindful that Greater Manchester LPC does not have unlimited resources and there is great demand for training, especially on areas linked to Quality Payments. Places on the Healthy Living Pharmacy leadership and Health Champions courses have been snapped up almost immediately.

We have been proactive in seeking external funding and have already submitted successful bids which enabled much of the training listed above. In addition, we have been exploring sponsorship opportunities. The response has been encouraging and we will build on these early conversations and continue to be proactive in bidding for funding and sponsorship to supplement the funds available within the Greater Manchester LPC budget.

### **Contractor engagement event**

Our next large contractor engagement event will take place in autumn 2017. We have developed a proposal for a full-day event for 250 delegates, supported by sponsorship. It would be an opportunity to present our vision for the future in Greater Manchester, 'Realising the potential of community pharmacy'. The proposed format would comprise a plenary session in the morning followed by a range of one- to two-hour training workshops such as inhaler technique, safeguarding level 2, sexual health, smoking cessation, atrial fibrillation, and EPS repeat dispensing.

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We intend to run at least two events on this scale each year, subject to funding, in addition to the wider programme of training. Our Annual General Meeting in September is also an opportunity for informing and networking with contractors. It may make sense to combine the AGM with an engagement event.

### ***Training programme***

Claire Dickens has compiled a detailed calendar of training opportunities for contractors and their teams including those provided by CPPE. This is published in the training section of our website. As mentioned previously, we have already scheduled a wide range of training for early 2017 with the funding that is in place. A broader annual training programme is being developed so we can formally approach sponsors and other potential funding sources.

Other areas including West Yorkshire have developed their own academies as vehicles for the delivery of training, including multi-professional training. We will explore whether it is worth developing an academy on behalf of contractors in Greater Manchester. We are particularly interested in the concept of a centre of excellence that would focus on bringing new ways of working to life. Our vision would be to deliver it at net zero cost to our body of contractors, although there may have to be a fee-per-event to achieve this.

### ***Locality engagement***

Contractors have indicated that a choice of training and events in easily-accessible locations across Greater Manchester is more important to them than being able to attend a more limited selection in their own locality. We are ensuring that training and events take place right across Greater Manchester in places with good transport links and at times that enable people from other areas to travel there (e.g. in the evenings after work). This approach seems to be working well with events being booked up rapidly in venues including Leigh, Worsley, Bury, Stockport, Oldham and Rochdale.

Our larger events provide an opportunity for the committee members to meet a wide range of contractors face to face. Budgets permitting, it may be worth considering smaller locality networking and training events once or twice a year. However, our main training and engagement events have to be the priority given the increased demand around Quality Payments and funding changes.

## **3. CUSTOMER CARE (leads: Judith Goodwin / Emer Scott)**

Now that we have established our main communications channels and training/events programme, we plan to develop the third arm of our contractor engagement strategy: customer care.

The office team already supports contractors who contact us with queries. The volume of calls and emails being received has increased since October, partly due to Quality Payments but also because contractors are becoming more familiar with the new LPC and responding to information they have received from us.

Over the next two years, we would like to enhance the service we provide contractors by introducing a broader programme of customer care. Our ambition is to make Greater Manchester LPC the best in the country at communicating, engaging and supporting our contractors.

At the moment, however, we are somewhat limited by the lack of a CRM (customer relationship management software) or similar system for logging information, queries and contact with contractors,

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along with outcomes, insight gained (e.g. their views) and other details that would help us serve them better. It would enable seamless working across the team – whoever takes a call or email would be able to log in and see records of past conversations and contact with that contractor, check whether their details are still correct, make them aware of relevant information (e.g. alerting them to SCR training if we know they are not already HLP Level 1), and so on.

**We will explore costs and options for a CRM with a view to ensuring a system is in place by the end of 2017.**

We will also develop proposals for an annual programme for proactively contacting each pharmacy in the Greater Manchester LPC area. This could be done via phone calls from the office team, enabling us to introduce the LPC, listen to the contractor's ideas and views, find out about any issues or concerns, and so on. It will be crucial to follow up on suggestions, queries and issues that contractors raise, and then to respond to them so the contractors know what action we have taken.

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## CONCLUSION

This strategy sets out a two-year proposal for communicating and engaging with contractors, with the aim of becoming the best LPC for this in the country. As a new LPC with a number of new staff and committee members, covering almost 630 contractors, it is perhaps inevitable that some parts of this strategy are more developed than others and we recognise that the landscape for community pharmacy is changing rapidly.

This is therefore an iterative document and will be reviewed and revised as necessary throughout the next two years.

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## Equality impact assessment

This strategy has been assessed for the risk of disproportionate impact on individuals on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. No detrimental impact was identified.

Appendix 1: Contractor information by borough and representation type (correct April 2017)





