

Leicestershire and Rutland LPC

LPC Mission

“To lead the development and facilitate the delivery of professionally rewarding, safe, quality community pharmacy services through innovation, collaboration and inspiration, whilst protecting and serving the local community.”

LPC Purpose and Objectives

- Ensure LPC Structure supports its mission and purpose
- Proactively develop new services (leading to new income streams) for contractors
- Support contractors to implement quality community pharmacy services which are ultimately financially and professionally rewarding,
- Support and guide contractors to comply with new regulations and operate with good clinical governance
- Develop effective relationships with appropriate healthcare commissioners and PCOs to ensure the right to be consulted on pharmacy matters
- Facilitate closer working relationships between community pharmacists and other healthcare professions
- Develop an effective communication strategy with contractors and other stakeholders
- Engage with PCOs at a regional level and contractors at a local level to ensure pharmaceutical needs assessments are prepared in a clear and fair manner
- Ensure LPC members' awareness of NHS changes, impact on community pharmacy and influence local interpretation and implementation

Chairman's Annual Report

This last year has been influenced by what can be described as a tidal wave of constitutional changes within the NHS compounded by periods of austerity and 'uncertainty' within the NHS and for community pharmacy. This has been further compounded by the long awaited introduction of the new NHS re-organisation and with that, changing regulations. The changes within the local NHS architecture continue and it will be essential that Community Pharmacy has an integral role in the development of local care pathways and delivery of health solutions. This LPC strongly believes that the NHS must use the skills and expertise of all professional working within the service and that pharmacy must be an integral part of the solution. As the NHS seeks to improve quality within a shrinking financial budgets and periods of austerity, I strongly believe that this can be done through the commissioning of innovative services, whilst protecting the services we have already established and achieved, and to serve our patients in a safe environment where their health can flourish.

During April 2012-April 2013, the LPC was sorry to lose the contributions of Divyesh Shah, Gareth McCague, Ketan Patel, Rafica Ahmed and Philip Keighley. We would like to thank them for their contribution to the Committee. We extend a big welcome to Rosemary Plum our new Secretary and Chief Operating Officer, Anita Bagga (CCA representative), Shezad Alimohammed (CCA representative) and Rajesh Vaitha (independent), who have joined to maintain a balance of multiples and independent contractor representation within the committee. Since April 2013, the strategic direction, financial and governance processes of the LPC have been appraised and revised in light of the recommendations of the contractual guidelines recommended by the PSNC. The number of meetings LPC meetings have been reduced, and the LPC has engaged in more pragmatic collaboration with our stakeholders. This has been a very busy year and we must end by thanking our administrative staff, including John Hind and Judith Lacey for all their effort in making the transitions successful.

The current LPC structure and the locality sub-groups will give us flexibility to adapt to the different ways of working with our 3 CCGs, our local area team, public health departments and local Healthwatch representatives, and their representatives are invited to attend our LPC meetings. In addition, we have strong links with secondary care via the LMSG which has been very fruitful in raising awareness about important medicines strategy decisions across the interface.

In the new NHS structure, the core pharmacy contract is now being managed by the NHS Commissioning Board and its Local Area Teams. However, legislation dictates that some community pharmacy *enhanced* services can be commissioned through the CCGs, but need to be under the approval of the Local Area Teams. However, there is an opportunity for some innovative pilots to be locally commissioned, and the LPC must seize this opportunity to demonstrate that community pharmacy can and will make a difference. With effective collaboration, this LPC believes it can make significant progress and produce the evidence for our efforts. The word "evidence" is something we need to adopt rapidly as there will be no free lunches in the reformed leaner NHS!

Such services have to be appropriately managed, and the outcomes appropriately evaluated to demonstrate our worth. It is for this reason we need to engage with other

stakeholders who could add value to this 'evidence'. We are fortunate to have the support of our service users and the expertise and educational support of our higher education institutes here in Leicester, including our School of Pharmacy. Such alliances could add value to our services. GPs and Local Authorities will need to engage directly with Pharmacy in order to meet their outcome targets and provide evidence that an integrated approach to health care is the most cost effective solution for quality care at point of delivery.

With such a visionary approach, I am delighted and very encouraged at the progress that has been made since April 2013. We have already started to engage with key stakeholders. We currently have a representation on the CCG medicine optimisation and medicines strategy groups and public health meetings. Engagement and communications with contractors has been productive and the LPC has been very proactive in organising training and forum meetings across all areas of Leicestershire. Throughout the year we have held several contractor meetings of which covering specific training sessions on topics including NMS, diabetes and the management of respiratory conditions. The introduction of healthy living pharmacies in certain pharmacies in Leicestershire and Rutland Since April 2013 was an exciting initiative. We are also pleased to announce the launch of two exciting pilot services, including supporting patients to effectively use blood glucose testing strips (commissioned by Leicester West CCG) and the SIMPLE COPD pharmacy intervention (led by Dr Anna Murphy). We are already committed to working with CCGs to develop services to reduce waste and make our MUR and NMS initiatives more meaningful by improving communication with practices and educating patient adherence. We are also launching a new website whereby our contractors will have access to all the important information they will need for support, and be informed of the LPC's progress and actions.

Going forward, we will t make every effort to work collaboratively with key stakeholders, including service users to endorse our services and have proper governance structures in place so that we are effectively engaged with our stakeholders to ensure that we have the evidence and the credibility of the excellent work we already do and aspire to do better. Through integrated working, the LPC pledges to inspire community pharmacists to rise to the challenges. We can work smartly, have a more coherent approach in our projects through effective collaboration. I have to say, however, that Community Pharmacy is emerging in a stronger position than its historic subservient position. Our voice has strengthened and this can only improve our position in the long term. . It is not going to be plain sailing, but it has never been. But, we need to have this sustained vision, and I am quietly confident that we have made much progress in the last few months to make our vision a certain reality.

The LPC has undergone a tremendous period of change between April 2012 and September 2013. In all fairness, this would be an understatement, but I am confident that it is a platform for the LPC to visualise its mission to **inspire, innovate, protect and serve** to our contractors. This LPC seeks to 'think outside the bubble', and to support its pharmacies to do more than just their best, but strive to deliver excellence.

Dr Neena Lakhani
16th September 2013