

Chairman's Annual Report 2014

This last year has been influenced by what can be described as a positive change for this LPC, despite the tidal wave of constitutional changes within the NHS compounded by periods of austerity and 'uncertainty' within the NHS and for community pharmacy. Despite the many changes and regulations, the LPC has risen to the challenges and changes within the local NHS architecture and has made absolutely clear that Community Pharmacy has an integral role in the development of local care pathways and delivery of health solutions. This LPC has emphasised that community pharmacy cannot afford to be 'orphaned' from the planning of services and patient care pathways, and that local area teams, Public Health, CCGs and the local Council the importance of working collaboratively, using the skills and expertise of all professionals working within the service. Community pharmacy **must be an integral part of the solution**. Despite the NHS rhetoric of improving quality within a shrinking financial budgets and periods of austerity, I strongly believe that this LPC has shown resilience. We have engaged in innovative services and, in the short term, protecting the services we have already established and achieved.

During April 2013-March 2014, the LPC committee has undergone a great change. We have been served well with the amazing resilience and motivation of our Secretary and Chief Officer Rosemary Plum. 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 numbers of LPC meetings have been reduced, and the LPC has engaged in more pragmatic collaboration with our stakeholders. I would like to thank Rosemary for all her hard work over the last year. Our strategic direction has been strengthened and more targeted, driven by strong underlying principles of governance and ethics. Rosemary has made valuable allies in all strategic commissioning teams, and we continue to build on these relationships to take forward our actions in the right direction. This has not been easy, but I believe that we have now got a strong base to work from in the coming year. I would also like to thank Judith Lacey, our amazing administrative officer who has worked very hard to make sure that all the 'back office' functions have run smoothly.

Rosemary has been supported by the hard work of a very strong committee. As a returning Officer, she has been instrumental in conducting the LPC election in a fair and ethical manner. This was the last year for the committee members from the last 4 years. In April 2014 our contractors elected a new LPC committee. I would like to thank important members of our outgoing committee for all their hard work in the period 2013-4. Firstly, Rajni Hindocha, our past Chairman. Rajni has served on the LPC for over 15 years, and will be missed. He has guided the LPC well over these years and I am sure we will see him at our meetings and events going forward. Secondly, Danesh Gadhia, who served as our treasurer for the last 4 years. I would also like to thank Kehul Shah, our CCA representative, who stood in for Syma Raza during her maternity leave. I wish them all him well for the future. I would also like to personally thank Sue Hind for serving as our Vice Chairman for the last year.

Our new committee was elected in March of this year, and took office in April. They are Sue Hind, Jane Lumb, Veronica Horne, David Smith, Shezad Alimohammed, Sanjay Gadhia, Satyan Kotecha, Syma Raza, Sejal Gohil, Mukesh Lad, Altaf Vaiya and Rajesh Vaitha. I welcome Sejal Gohil as our new vice Chair and Mukesh Lad as our new treasurer.

The new committee has had a very good start and has set the strategic direction and targets going forward. The current LPC committee structure has been configured to give us flexibility to adapt to the different ways of working with our 3 CCGs, our local area team, public health departments. We have continued to embed strong alliances with the LMSG and the local CCGs where we attend and positively contribute to all meetings and initiatives. We have made valuable contributions to the Medicines Waste group meetings where we are working on projects such as MDS, discharge initiatives and helping reduce medicines waste through streamlining repeat ordering of prescriptions. We have engaged well with Swanswell looking at Drugs and Alcohol interventions, as well as the IT solutions for EPS. Rosemary has also made tremendous links and is part of the team looking at the new Pharmaceutical Needs Assessment. Rosemary has been instrumental in securing the EHC/Chlamydia contract until April next year, as well as the other current enhanced contracts to April 2015. More importantly, she has had to ensure that our current contracts are have been legally verified by the commissioners, which has protected our contractors from legal challenges.

We also pledged for the introduction of innovative services, and we have engaged with two very important initiatives. The SIMPLE COPD service, spearheaded by Dr Anna Murphy with the help of Almirall has had a brilliant start. This could only be done as a result of the successful SIMPLE Asthma service, and we are really turning some heads of the commissioners with these initiatives. Leicester City CCG pharmacies attended the SIMPLE inhaler technique training, and the LPC will continue this initiative for all community pharmacies in Leicestershire and Rutland. West Leicestershire CCG also commissioned a blood glucose testing strip initiative and this is being evaluated as we speak. The LPC has also been invited to contribute to the CCG PLT events. There are other initiatives being discussed and negotiated, and all this is looking positive and gathering pace. Community pharmacy can make a difference, and we now need to demonstrate that this is valuable. So it is now up to you all to rise to the challenge and show the commissioners why we are so worth it.

We have a brand new website! We believe that supporting our contractors is at the heart of our functions. I am sure you will agree that you have been receiving timely communications of important issues. We will also continue to provide pastoral support to contactors who need guidance. Satyan and I are also members of the Local Professional Network (LPN) where we can have some influence on the way clinical services are planned for the future. We are also working with other healthcare professionals such as dentists and optometrists with our Leicestershire Local Professions Group (LLPG)

With effective collaboration, this LPC believes it can continue to 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! With such a visionary approach, I am delighted and very encouraged at the progress that has been made since April 2013. Going forward, we will continue our efforts to work collaboratively with key stakeholders. We need to ensure that we have the evidence and the credibility of the excellent work we already do and aspire to do better. We have now started to work smartly, have a more coherent approach in our projects through effective collaboration. I am proud to say, that Community Pharmacy in Leicestershire 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 year to make our vision a certain reality.

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 continues to 'think outside the bubble', and to support its pharmacies to do more than just their best, but continue to rise to deliver excellence.

Dr Neena Lakhani

16th June 2014