

LPC Survey

- This independent review of structures, processes and roles in LPCs and PSNC is being carried out by a team at University of East Anglia and University of Bristol
- The questions in this survey were compiled following a series of eight regional focus groups and interviews with LPC members and contractors.
- There are seven sections to the survey: about your LPC, LPC roles and responsibility, LPC communication, LPC performance, governance and accountability, financing LPCs and PSNC, about the PSNC, about the review.
- You will need to complete all the questions in one session (which is why we have attached a Word/PDF version if you wish to use this to gather opinions from your committee in advance of completing it online).
- We ask for demographic data to enable reporting of the breadth of responses; however, you will not be personally identified in the survey and all results will be anonymised.
- **The survey will close on Saturday 29th February 2020 at 23:59.**
- **The survey contains a significant number of open-ended boxes for you to convey your opinion. Please ensure that these are written in as succinct a way as possible as this will facilitate analysis and interpretation.**

1. Please tick the box below to say that you agree to us using your data for the purposes of analysis.

Please note the question numbers may be slightly different on the online version. Don't worry about this, the questions still run in the same order.

Section 1: About your LPC

2) Which LPC are you? [Drop down box]

Community Pharmacy Surrey & Sussex on behalf of
East Sussex LPC
West Sussex LPC
Surrey LPC

3) How many voting committee members do you have? (Free text number)

Each committee has 9 voting members

4) Have all committee members contributed actively to the completion of all survey responses?

Yes all committee members have had the opportunity to contribute and have done so. The process that we followed to make this response was as follows:

1. Holding a broad discussion with all committee members at our January 2020 meeting to outline consensus positions based on the broad questions that the review is tasked with answering . This helped to shape the response to the questionnaire and provided a steer to the CEO who was interviewed as part of the LPC influencers/innovators;
2. The survey was circulated to all committee members by email and to hold telecons with each committee;
3. Option of follow up phone call to members to obtain detailed answers;
4. CEO drafted a response to the questions based on responses and themes from 1,2&3 above and circulated to all committee members to approve before responding to the survey

5. Does your committee have a current PSNC member on it?

No (regional representative is on Kent LPC)

6. Does your committee have a previous PSNC member on it?

No

7) What are your views on the size of your committee?

Nine (9) members is the optimum number to balance costs, to be representative and to allow for manageable high quality and focussed discussions at committee meetings.

The three LPCs across Surrey & Sussex moved from the more traditional number of thirteen (13) committee members to nine (9). This was done to co-inside with the LPC elections in 2017-18 as the end of the term of office of the previous committee. It was felt that this point in the lifecycle was

a good time to make changes. This was the time when the three LPCs collaborated to set up a shared administration and operations team, Community Pharmacy Surrey & Sussex. Whilst the primary driver of this move was to release funds to be able to invest into a team of employed personnel, the experience has been generally well engaged committee members; the reduction in numbers has not had a negative impact on the outputs, or the governance of the LPCs.

Under the current constitution, it is for the LPC to decide how many committee members it should have. However, we recognise it would be useful for there to be a more formal network-wide standard or range with regard to committee size.

8) What is maximum period of time a committee member has been on your LPC (Years)? [Free text number]

24 years is the maximum (an independent member). A range of between 3 months and 24 years, with the average being of 8.

9) Should there be a maximum number of terms of office for committee members YES NO
If YES, what should inform the decision as to whether the term of office be renewed?
Please explain your answer

No

LPC committee members are either elected (independent owner representatives) or appointed (AIMp and CCA representatives). It should be for the nominating bodies to determine the most appropriate people to the positions that they are proportionately allocated. Similarly, for elected positions it is for the constituents to determine who they wish to represent them through the established electoral process. To ensure best possible equality and diversity it would be helpful for organisations that appoint to work with the LPC to understand committee composition to help inform the appointment process.

In considering this question, members recognised that one argument for maximum term limits can lead to healthier refreshed committees as governing bodies – and in other sectors this is often seen as good practice. However, in reaching the view against maximum term limits for LPC members, it was felt that there was currently a wide range of experience and length of service, ranging for 3 months through to 24 years. Knowledgeable and experienced LPC members were seen as a vital part of a self-improving system and a rich source of local sector and NHS system organisational memory; with a range of newer members able to bring new thinking and challenge.

It could be beneficial for experienced LPC members particularly those representing owners with a regional or national footprint to consider moving onto another LPC close-by, if they hold a contract and where practicably possible. This could happen after completing of a term(s) of office when appointments are confirmed and would be for the appointing body, working in collaboration with LPC Chief Officers, as effective succession planning would need to be co-ordinated. This could potentially help to share expertise across the network and help to keep committees refreshed.

Several challenges were articulated, including:

- the churn that sometimes occurs from CCA members, having longer serving members with others who come and go around them is potentially not healthy. However, more comprehensive and frequent LPC member induction, along with ongoing mandatory training was recognised as critical to ensure members understand the task and are fully engaged from the start; governing is a corporate activity and it is strongest when all are engaged. Locally we have implemented a more robust local induction process this year
- the relatively small pool of willing and able members available to serve on LPCs. Given that term limits often force organisations to develop and identify potential new leaders, the review may want to consider how better succession and development could be achieved within the sector and across the network, whilst maintaining the freedom that unrestricted number of terms bring.

10. How frequently does your committee meet?

5 times per year daytime meetings and an evening AGM meeting

11) How long has your Chief Officer been in role within your LPC?

2 years

12) Should there be a maximum length of time for Chief Officers YES NO
If YES, how long should this be?

No

This question must be considered rolled up with question 13. As the Chief Executive Officer should not be a member of the committee, it was generally felt that as an employee, it would be inappropriate for the committees to determine a maximum length of employment and that compliance with employment law and good practices was paramount.

It was recognised that robust performance management by a sub-committee and led by the chair was important. Across the federated structures of East Sussex, West Sussex and Surrey LPCs this was done through the Community Pharmacy Surrey & Sussex Executive Committee – comprising of officers from each of the LPCs. This potentially avoids an overly strong axis between the chair and the Chief Executive Officer at the expense of other LPC officers / members. There is a scheme of delegation sets down the authority delegated to the Chief Executive Officer and matters reserved for the committees.

13) Can the Chief Officer be a member of the committee? YES NO

No – it is important for the Chief Executive Officer (and all members of staff) to be independent of the committee and impartial and objective in their advice to the committee and how they deliver the committee strategy and day to day LPC operations, including support and representation. It was identified that this was an area of the constitution that needs further development to strengthen and reflect this position.

14) Should the process for selecting Chief Officers be standardised? YES NO.

If YES what would you like to see included within the Person Specification?

Please explain your answer

Yes – this should build on the national template job description that exists and use the LPC network wide HR support package, using good practices around selection, which also consider experience, qualifications, skills and behaviours. An LPC manual could be developed to guide various operational elements of running an LPC that should be standardised across the network, such as this.

15) What are your thoughts on the inclusion of non-contract holders on the LPC?

This question was open to various interpretations; however, this response is on the assumption that this relates to non-contractors (lay or other sector) as committee members. There were strong views that at heart, an LPC is a committee of contractors, which exists to represent and support the general body of local contractors.

It was recognised that diversity in the widest sense, is essential for LPCs to stay well informed and responsive, also to navigate the many changes and complexities of the local NHS, local government and commissioning opportunities. Sometimes this could be achieved through employed teams, but there was recognition this also applied to the LPC committee as a governing body. There was support for greater contributions from guests or observers from patient groups, as well as other local health and social care providers and professionals, providing their purpose for attending was clear.

16) Is it important that the LPC reflects the diversity within its constituents with respect to gender and ethnicity? YES NO

If you answered NO please explain. If you answered YES please provide your thoughts on how this could be encouraged/achieved.

Yes – however it was noted the LPCs exist to represent contractors (pharmacy owners, which in the main are business larger than sole traders). The composition of the committees is based on ownership type, that proportionally reflect the diversity of pharmacy ownership type in area. Beyond that there was a feeling that a deeper level of diversity understanding was needed to reflect the teams of people from those contractors.

It would be helpful to standardise a set of competencies and criteria for LPC members to avoid discrimination, and more transparent and open process of how members who are appointed onto LPC are selected. For those who are elected, more could be done across the network of LPCs and national pharmacy bodies to encourage and inspire future local leaders, focused on increasing the supply of aspirant candidates from under-represented groups.

17) What are your thoughts on current number of contractors represented by your LPC?

West Sussex LPC = 161 contractors

East Sussex LPC = 163 contractors

Surrey LPC = 209 contractors

However, the three LPCs have a collaboration agreement to fund a single overarching team, creating a federation as such supporting 533 contracts across Surrey & Sussex, of which 8 are distance selling premises.

The general view of the committees was that the current number is “about right” recognising that there isn’t a “one size fits all” approach, and that the federated approach balances up scale but retaining sufficient “local” elements in the LPC. There were differing views about merging the LPCs across Surrey & Sussex; some keen to see a single merged LPC and others happy with the status quo. The principles that members agreed on was that local structures need to be of sufficient size to have the scale and resources to deliver the role and priorities of the LPCs, balanced again the need to It was recognise local alignment is important e.g a footprint which fits with the most important local health and care commissioning structures – that may be the Health & Wellbeing Boards (local authorities) or another body such as NHS developing ICS.

There was a recognition of the continued policy of HM Government and the NHS localisation agenda and the current commissioning landscape, where NHS England commissions the CPCF but significant opportunities will lie locally. The NHS has begun to move decisively in the direction of commissioning for population health needs at a local level and there will need to capacity for even more local support and representation at Primary Care Network level.

18) How do you see the size (number of contractors) of LPCs changing in the future?

A trend to larger LPCs or LPCs coming together to form more collaborative arrangements (such as federations) such as Community Pharmacy Surrey & Sussex – see response to question 19.

On numbers of contractors more broadly, we expect the number of contractors to reduce over time through a combination of closures, mergers and consolidations. This may be driven by reforms lead by HM Government, including the strengthening of the protections offered to pharmacies wishing to consolidate under Regulation 26A of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and by the enabling hub and spoke dispensing for all contractors through the Medicines and Medical Devices Bill expected later this year.

19) Do you currently share people and functions with another or other LPCs or have plans to do so?

Yes. Like some other LPCs in England who have decided that merging is not the best option for them, the three LPCs across East Sussex, West Sussex and Surrey have formed and funded a single overarching team, creating a federation as such, covering over 530 contractors. This also achieved operational efficiency whilst collaborating across the LPCs to reduce duplication and share intelligence.

The decision to re-structure the LPCs was taken to better align themselves to the national agenda, whilst maintaining local decision making. Several factors led to this decision including the retirement of chief officers, a more complex commissioning environment, a changed NHS footprint and a recognition of increased demand for resources and support for contractors. The decision was taken to use existing resources and funding to better effect.

The LPCs felt that they had already started working closely and this felt like a natural progression. The move allowed the operational model to become more balanced and flexible to enable adaption to the emerging changes in the NHS and bring a greater level of support to contractors.

The constituent LPCs remain the legal entities but the overarching team uses the trading name 'Community Pharmacy Surrey & Sussex' and all communications and business is delivered through the central office.

A collaboration agreement was drawn up between the three LPCs with one organisation becoming the employing authority. It is important to note that the LPCs did not lose their status or powers as outlined in the constitution and the NHS act. This is a mechanism to allow more effective collaboration between LPCs to pool resources and share costs as well as implementing initiatives of shared interest in common areas. Overall, there are sometimes compromises that need to be made but the agreement is sought from all parties to achieve consensus agreements and will proceed before initiation.

The process

All three LPC Chairs and Vice Chairs, with support from their Treasurers, met several times over a 12-month period to;

- i) Establish consensus on next steps and ways of working
- ii) Agreeing the overarching arrangements
- iii) Agree decision making and governance processes
- iv) Determine how it should be facilitated (i.e. with a legal agreement)
- v) Define an approved process for appointing staff
- vi) Consulting with LPC members and contractors in the area

- vii) Defining a clear scheme of delegation
- viii) Decide the priorities across all LPCs, joint projects and operating plan
- ix) Establish clear roles and accountabilities
- x) Develop collective governance arrangements
- xi) Arrange oversight of the central team

The central operations team consists of a:

- Chief Executive Officer (CEO)
- Service Development and Support Pharmacist
- Communications and Engagement Lead
- Administrator (to support operational day to day management)

Based in an office shared with the Local Medical Committees (LMCs), the team utilises technology to facilitate field-based working, and includes a virtual receptionist.

Further information is available here <https://communitypharmacyss.co.uk/about-us/your-lpcs/> and through a PSNC LPC focused case study – Creating a federated administrative structure, available on request.

20) Which of the following are routinely monitored within LPC members for up to date training completion?

- Equality and diversity – yes
- Recruitment and appointment – yes
- GDPR and data protection – yes
- Other

PSNC has traditionally provided training for LPC members and it was felt that more should be done to develop training around equality and diversity specifically for LPC members in their role. It was currently not part of a national LPC new members day.

Locally we have introduced a local induction for new members to compliment the PSNC new members days.

Section 2: LPC Roles and responsibility

21. Which of the following training roles do you believe LPCs should be providing from contractor levy funds? (Tick all that apply)

- ✓ Implementation and delivery of locally commissioned services
- ✓ Implementation and delivery of nationally contracted services
- ✓ Changes to contract – *for local contracts and where there are local elements relevant to the national CPCF*
- Clinical skills – no can be done elsewhere
- Management skills - no can be done elsewhere
- ✓ Leadership skills - no can be done elsewhere – *although the needs around PCNs were highlighted and that there should be a co-ordinated offer throughout the LPC network, tailored locally.*

22. Is there any other training which LPCs could provide from levy funds?

Support and development of PCN community pharmacy leads was identified as priority in the years ahead.

Please explain your answer to questions 21 and 22.

There was a strong view that LPCs should support with training for commissioned services that are either locally developed or locally adopted from a national service specification. Previously we have worked with others to collaborate around clinical skills training, working with commissioners (such as HEE and local training hubs) and providers like UKCPA and CPPE . In future this could be more closely carried out with the national representative bodies and / or head offices.

23. Which other roles do you think are important for LPCs to provide from the contractor levy funding? (tick all that apply)

Options: Not at all important, Slightly important, important, fairly important, very important

- ✓ Resolving and supporting contract breaches and remedial notices – important

- ✓ Negotiating and setting up contracts for local services – very important (***wherever possible to work with local commissioners to use a national template specification***)
- ✓ Supporting innovation and initiatives within the delivery of community pharmacy services – very important, ***especially where there is a local element***
- ✓ Supporting evidence collection to inform PSNC negotiations – very important. ***This needs to be better co-ordinated and leveraged through the LPC network***
- ✓ Representing community pharmacy in the local media – important
- ✓ Community pharmacy representation in PCNs – very important, ***however we believe the LPC role is around facilitation, co-ordination, ongoing support. It is for groups of local contractors at PCN level to appoint a lead and represent at PCN level.***
- ✓ Ensuring that the Community Pharmacy voice is heard in all relevant local health bodies and initiatives – yes very important
- ✓ Presenting the voice of the contractor to the PSNC – important. ***The regional representative structure should be examined to improve the effectiveness of this mechanism. The annual conference could be best in a better way to listen. PSNC should also have other channels for contractor voice and feedback.***
- ✓ Working with other local committees to ensure that contractors are appropriately represented – important
- ✓ Providing timely information to optimise contract delivery and remuneration – slightly important – ***it was felt this could be done nationally for most services, however the LPC may have a role for local aspects e.g deadline tracker,***
- ✓ Supporting contractors to implement new national guidance – slightly important. ***However, very important where there is a local element of where the NHS implements a national service locally or regionally. E.g Community Pharmacist Consultation Service required significant local effort from the LPC to co-ordinate with commissioner and contractors***
- ✓ Sharing good practice with other LPCs – very important.
- ✓ Ensuring that contractors are maximising their contract claims – not at all important
- ✓ Regulation and monitoring of contract implementation – important ***in the context of support, for example, representing with breach notices as the relationship with NHSE is held at a local /regional level.***

24. Please list any other roles which LPCs could provide from levy funding.

- Local service innovation
- Local digital projects e.g local health care records programme

Re 23, there were strong and differing views from some committee members that the delivery against the national contract framework is for businesses to address individually, with the support of national trade bodies such as AIM, CCA & NPA. However, it was recognised currently some of this crucial work is undertaken by LPCs – especially, but not exclusively to support independents. All agreed that it is an important function, not least for the

wider sector reputational risk and needs to be more clearly described and defined nationally. There was concern that not all contractors are affiliated to a trade body, and only PSNC and LPCs, due to the unique way in which we are funded, can represent and support all pharmacies with an NHS Contract.

25. Thinking about the last few years, please provide a list of additional non-levy income/resources.

Various sources, contributing up to 5% of income – further described around Sponsorship and corporate investment on our website

<https://communitypharmacyss.co.uk/healthcare-landscape/partnershipworking/>

- Consultancy, providing professional or expert advice to organisations or individuals: we provided **event management and PR support** to UKCPA for their anticoagulation roadshow ((£3,750)
- Investigated a '**consultancy**' relationship with Pharma for service development and support
- Income generation: are talking to several pharmaceutical companies about **providing 'training'** and / or networking opportunities on community pharmacy for their locally based teams.
- **Consultancy / secondment one day a week** to support the implementation and management of a Blood Pressure & AF service at a ICS level
- **In kind funding** eg printing by ESCC print room (equiv £100)
- **In-kind funding** eg: several free places at a locally significant conference in return for help with networking into pharma
- **Health Education England funding** – various to fund and manage local development initiatives

26. Do you have any examples of good practice with respect to support provided by your LPC to contractors which you would like to share?

- **Media relations** - guidance on what to say to the media in certain situations, helping empower contractors and providing a press office function to independents. Eg
 - **Lines-to-take** are produced and distributed to chairs and committee members, as required to help with local media relations and locally contentious issues **Media attention on XXX** remains high and most enquiries received by us lately have not been about matters we can comment on. If you receive any enquiries from the media (on any subject) you, of course, have authority to comment, but be sure to consult your organisational policy first! However, you might prefer to refer them on to us, or contact us to help you decide on a course of action and/or agree a statement. Email lpc@communitypharmacyss.co.uk
- briefing notes for all contractors to help them in topical situations locally

- Strong consistent application of (refreshed) clear visual identity across all communications channels, mostly used in conjunction with the following 'clarifying text': on behalf of East Sussex, West Sussex and Surrey Local Pharmaceutical Committees helps contractors and stakeholders understand the function and reach of our LPCs
- Website A-Z to help contractors manage their contracts and access information quickly
- Reducing the number of emails sent to contractors from <stakeholders>. By rounding-up everything up into a *News from* Section in our fortnightly news letter

27. What things do you think that the LPC may have to do differently to support contractors in the future?

LPCs will need to focus on local leadership and representation, including support for the implementation and local integration of new national contract services (many between now and 2024) as well as local service innovation. Support and co-ordination for effective representation at PCN level is a new and likely to be an ongoing role. In doing so, we feel that this will require greater need to collaborate and coordinate effectively with other LPCs for economies of scale, similar to our model in Community Pharmacy Surrey & Sussex, to ensure that all contractors are getting the best support and value possible.

There needs to be more co-ordination of the network of LPCs around local service innovation and development, especially to engage most effectively with contractors with a national footprint.

More specific points include:

- Think very clearly about their expected outcomes, rather than focus on inputs and outputs. Eg: one well written briefing note can provide more and better results than many emails and phone calls.
- Speak for itself and not let others speak for it eg: kick-back and stand firm to get community pharmacy representation on local project teams and Strategic Boards and Partnerships.
- Work more closely with professionals outside the profession for a common purpose eg: Surrey Health & Wellbeing Board Winter campaign.
- Source and write up more human interest stories about every aspect of community pharmacy to promote the work of the profession. Train people in what makes a good human interest story!
- More campaign work in the public domain – eg: why Dossette Box is not a good idea for most people
- More use of professional design – to project a professional image

Section 3: LPC Communication

28. How often do you use the following methods to communicate with contractors?

Newsletter - Fortnightly

Website – Daily (this is an ambiguous question as website is open access). Our website is actively managed.

Telephone – **Daily**

E-mail - **Fortnightly**

Social Media- **daily**

Network events (If yes, how often) **at least 2 per year** (NOTE: we actively encourage participation a partners events which equates to at least 2/month across the patch)

Any other methods:

- Ad hoc ‘special edition’ newsletters, as required. Eg: [learning recommendations](#), PCN specials 1,2,3 and 4 and [PCN news](#)
- Webinars (go to <https://communitypharmacys.co.uk/training-development/> and scroll to the drop-down called ‘organised by XXX on behalf of your LPCs’) and video
- Blogs – but overall we find it more effective to secure guest blogs in others’ publications

29. What could be done to further enhance the effectiveness of communication with contractors?

Invest in the proper skills required for good internal comms, and remunerate to attract top talent from this specialism. In doing so, we would expect to agree what can be done at scale (nationally, regionally) and what needs to be done locally. Consider an ‘agency’ model for national and regional comms and engagement – eg: CSU’s (albeit on smaller scale) where skills and resources are drawn down and duplication is avoided.

How much do LPCs across the country spend on writing, design, print, event management, web design and support, mailchimp and other communication aids) There is duplication and different standards between LPCs in this area and the aim should be for better standardisation, consistency and value for all contractors across the network.

- Decide on the brand and ensure better brand awareness – *what’s the LPC? What’s community pharmacy?*
- Consider its target audience segments – contractor (owner), contract (pharmacy team), millennials v’s Gen X, Y and Z’s

- Invest in the right technology (and support to use it properly)
- Have clear communications objectives and kick-back on anything that does not adhere to them – *we have two comms and engagement objectives which work across both our internal and external comms: present as a professional, well-managed organisation and ensure easy access to information* . In addition we have agreed to focus on local matters, and generally only communicating on national matters where there is a local element (e.g DSP toolkit – local emergency contacts), to avoid repetitive “me too” communications.
- Evaluate communications outcomes, not inputs or outputs as one well written and targeted piece can achieve so much more than several other methods.
- Walk the walk
- Give recognition and reward
- Find and use others to advocate on our behalf
- Spark innovation and share knowledge (*this may improve with the advent of PCNs*)
- Inter-LPC collaboration – to avoid duplication of effort, especially along our geographical borders – and better co-ordination of projects across the LPC network
- Use enthusiastic PCN leads to be ‘brand ambassadors’
- **Be aware of the difference between engagement and communications and not confuse to very different things.**

Section 4: LPC performance, governance and accountability

30. What are your thoughts on the current governance of LPCs?

We have listed below aspects of current LPC governance, some of which we feel needs to be updated and this should be done once nationally, such as a more formal code of conduct and more modern practices such as registering and monitoring risk.

The LPC Constitution is a key document setting out the membership of the committee and the constitutional rules under which it operates. It needs to be approved by contractors and the NHS Area Team from which the LPC is seeking recognition. Adherence to the constitution is a fundamental governance requirement.

Current LPC governance beyond the constitution includes various policies and procedures, while these factors are important, they are ineffective if the people responsible for leading the organisation are ignorant of them, or unable or unwilling to adhere to them. It is essential that all LPC members understand their duties, abide by the LPC governing document (constitution) and act in accordance with the Nolan principles.

Some members believe that there could be more oversight of the work of LPCs at a national level and this was something that would be broadly welcomed. However, this was balanced up with some members recognising that under the current structure of LPCs, this shouldn't be at the expense of this being done by the LPC. It is important for LPCs as individually constituted unincorporated associations to review their own performance and governance and to be able to assure themselves and others of this.

While the national organisations have a formal role in the appointment and removal of some LPC members, which can indirectly shape culture, it is ultimately for LPC members collectively to set the organisation's vision, mission, values, and culture in partnership with the Chief Executive Officer.

As the role of the LPC has developed over the years and many now have employed executive teams, questions sometimes arise around the role of a committee member is and how this enables them to have a two-way relationship with their constituents. We have established a clear scheme of delegation between the committee and the Chief Executive. It is for the committee to hold the Chief Executive as responsible and accountable for the staff employed by LPC and to be assured that they have clearly defined roles and responsibilities. In effect, the committee members key role is to hold Community Pharmacy Surrey & Sussex to account for delivering a service that the committee wishes to see on behalf of contractors.

Current examples of LPC governance in practice include:

Committee Procedures

- LPC Governance Principles agreed and adopted at an LPC meeting, minuted and document annotated with date of agreement
- LPC Governance Principles accompany all LPC meeting papers
- LPC Governance Principles posted on the LPC website
- Check decisions or actions are within the powers of the LPC provided in the constitution
- Have Declarations of Interests available for inspection at all LPC meetings
- Make LPC meeting agendas and minutes available to contractors via our website
- Keep contractors informed of committee business via communication methods described above
- Consult contractors when appropriate before significant decisions e.g survey before each LPC meeting
- When delegating responsibility set remits and conditions e.g the Community Pharmacy Surrey & Sussex Exec committee)
- Minute LPC meetings clearly and fully.
- Provide an induction procedure for new LPC members to include LPC governance (currently use PSNC materials)
- Hold an AGM each year in accordance with the constitution
- Prepare an Annual report to contractors
- Appoint a member or to monitor governance.
- Chairman to rule on dealing with conflicts of interest

- Chairman to conduct meeting in accordance with standard meeting procedures – review at the end of each meeting
- Scheme of delegation between the Committee and the Chief Executive Officer, in addition to a well-defined job description

LPC Members

- Read the PSNC Governance guide
- Be aware of and conform to duties of the LPC set out in the LPC constitution
- New members read the PSNC Governance guide and sign to accept the LPC Governance Principles
- New members read the PSNC new members Induction pack and local equivalent
- Complete and keep updated Declaration of Interest form
- Sign confidentiality agreement
- Declare any conflicts of interest at LPC meetings as appropriate
- Adhere to corporate responsibility
- Ensure members have relevant training to discharge their role. PSNC provides training on issues relating to LPC business

Finance

- Separate the role of secretary and treasurer
- Prepare annual accounts with sufficient detail of income and expenditure
- Accounts audited by professional with practising certificate
- Ensure levy is used for administrative purposes only
- Members scrutinise budgets and annual and regular management accounts as part of their duty to ensure contractors funds are being managed properly

Governance and NHS England local team

- Provide the NHS E with a copy of the LPC constitution and, as a matter of good practice, the LPC governance principles
- Seek recognition from the NHS England regionally

31. What do you think a governance framework for LPCs should include?

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Most LPCs adopt the PSNC developed model constitution. An important point about the constitution is that it sets out the powers of the LPC and LPCs can only act within the powers that the constitution provides. The constitution also gives explicit duties that bind the LPC such as the need to hold an AGM and provide services to contractors.

We would urge the review to examine of any changes are required to the constitution in light of recommendations around future roles and responsibilities. Any changes to the constitution must be made in accordance with the terms of the current constitution. A framework may include monitoring how LPCs comply with the constitution and other governance aspects,

It would be helpful for any framework to described LPC committee behaviours. The people, personalities and conduct in the committee and beyond via its operations, along with values and culture of the organisation established by its Chief Executive Officer, are of equal importance to policy and procedures in a modern well-governed entity. A framework might provide examples of positive behaviours that should LPC committee members to make constructive challenge and good decisions that further the constitutional objects and lead to positive changes.

32. What could be measured to enable appropriate and fair benchmarking between LPCs to be undertaken?

The LPC self-evaluation tool could be developed to include wider measures and standard metrics for benchmarking, some of this work had been started with the development of an LPC dashboard co-ordinated by PSNC, which we had been involved in. This could be peer reviewed by another LPC for example, or externally audited.

33. As autonomous bodies LPCs are currently accountable to themselves with no external oversight. Is this appropriate? YES NO
If YES please explain, If NO what are your thoughts on what external oversight may look like.

No, however the question is somewhat misleading. Below we explained what current external oversight looks like.

LPCs are bodies recognised under NHS legislation with a duty to represent the NHS pharmacy contractors in the LPC area. The LPC is funded by the contractors it represents and is **accountable to those contractors for the work that it does on their behalf and for the effective and economical use of LPC funds**. High standards of corporate and personal conduct are a requirement for the LPC and its members and all aspects of the LPC's operations must be open to critical scrutiny, as described in section 30.

The NHS Act 2006 provides that the National Commissioning Board (the nomenclature in the NHS Act but usually referred to as NHS England) may recognise a committee formed for an area, which it is satisfied is representative of persons providing pharmaceutical services from premises in the area for which the committee is formed (or an LPS chemist who has notified the Board that he wishes to be represented).

Examples of accountability and oversight routes include:

- Annual reports of activity and financial statements publicly available and sent to contractors
- Annual general meeting of contractors and voting to accept financial statements
- Annual budgets and financial statements must be shared with the NHS area team and PSNC (as required by the constitution) for oversight
- Regular updates on the work of the committee in our communications
- Committee members are appointed or elected by their constituents

Despite all of this, our view is that as community pharmacy at last begins to take its proper place in NHS primary care, we need to be able to demonstrate that local representative bodies for community pharmacy adopt the highest standards. There are a variety ways in which this can be done, including by some form of greater external oversight or audit.

34. Should there be a code of conduct for LPC members? Yes/No.
If yes, what should they include? If no, please explain your answer.

Yes – members already agree LPC governance principles agreed and adopted at the first LPC meeting of the term office, which are minuted and the document annotated with date of agreement. These includes the Nolan principles of public office – Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; Leadership. A code of conduct could be extended to cover all other governance elements such as competition law, anti- anti-bribery and corruption, training and development

Consideration should also be given to the introduction of a code for all LPC employees including the Chief Executive Officer. Employees are a key part of the LPC network, helping to develop and implement the LPC strategy and operations. It is important that employed individuals carry out their role with integrity, impartiality and objectivity, acting solely in the interests of all contractors equally, regardless of ownership type.

Section 5: Financing LPCs and PSNC

35. How should LPCs/PSNC be funded? Please explain your answer.

Currently, the NHS Act 2006 provides that NHS England may recognise an LPC committee formed for an area, which it is satisfied is representative of persons providing pharmaceutical services from premises in the area for which the committee is formed (or an LPS chemist who has notified the Board that he wishes to be represented).

The Act provides that the NHS England may, on the request of any committee [LPC] so recognised, allot to that LPC such sums for defraying the committee’s administrative expenses as may be determined by the NHS England. Any sums allotted shall be out of the monies available to the NHS England for the remuneration of the contractors represented by the LPC, and the amount of which shall be deducted from the remuneration of those contractors in a manner that may be determined by NHS England.

Members agreed that within the current legislation (applicable to all Local Representative Committees – Medical, Optical, Dental and Pharmaceutical) it would be helpful for the network of LPCs to have and agree with NHS England a standard method of calculating and collecting levy and that it would be fair to collect based on all NHS income.

Some members were of the view that funding should flow first to a central national representational body and then to LPCs, there was not a consensus agreement around this proposal; this would be more fundamental reform, potentially requiring exploration with NHS England, changes to the NHS Act and a move away from precedent, custom and practice with the other NHS recognised local representative committees.

Section 6: About the PSNC

We are interested in your thoughts on leadership within PSNC. Please provide your view by ticking the box which best reflects your opinion to each of the following statements.

36.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC has a clear vision for community pharmacy				✓	
The PSNC has a clear vision for the community pharmacy contract		✓			

Please explain your response to the above questions

Members recognised that there was a vision described for community pharmacy, however felt that there wasn't a well described, or an achievable negotiating strategy for the contractual elements to see it delivered.

37.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC has a strategic plan which informs national negotiations	•				

We have not been sighted on a long-term strategic plan

38.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC is transparent in how it makes decisions	•				
The PSNC is accountable for the decisions it makes				•	

Please explain your response to the above question

Members expressed frustration about the apparent lack of transparency and would wish to see more meaningful dialog between PSNC, LPCs and the wider contractor base. Whilst the need to respect confidentiality of negotiations was noted, we would urge PSNC to explore how safe spaces can be created to keep contractors informed, or to better help the contractors (and the contracts i.e their teams) understand the process, when

Our regional representative doesn't sit on Surrey & Sussex LPCs and therefore we have limited exposure to this channel. We would recommend that the regional representative role and structure is re-examined, to use those individuals and their time, to the best effect. It appears that there is a wide range in approach taken by the regional representatives; there also appears to be limited infrastructure to support them in their role e.g PSNC office support for standard slide decks, briefings, admin etc.

There was understanding about the accountability of PSNC via appointed or elected representatives in a similar way to that of LPCs. However, the relationship between the PSNC executive team and the committee in terms of accountability was less clear.

39.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The governance of the PSNC is clear and appropriate			•		

Please explain your response to the above question

Members felt that they didn't know enough to answer this question, however some of the points raised in our response to questions 30 / 31/ 32 should be also considered in the context of PSNC also.

The question has been raised about what the role of a PSNC committee member is and how this enables them to have a two-way relationship with their constituents. In addition, some will question how the PSNC office team is accountable to community pharmacy contractors. If not already in place, we would expect that the committee, as the governing body holds the CEO as responsible and accountable for the staff employed by PSNC and that they have clearly defined roles and responsibilities.

40.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC understands what it is like to be a community pharmacy contractor		•			

It was noted that PSNC governed by a committee of 31 contractors/contractor representatives, despite this there appears to be a perception that there is a lack of understanding for what it is like to be a contractor. There was also a view about the disconnection between pharmacy teams (employees), contractors and PSNC.

41.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC effectively represents LPC views at a national level		•			

This was an area identified for improvement – there is no formal way for LPC views to be captured by PSNC. We would recommend that

- The annual conference of LPCs is better used to understand LPC views and opinions
- The network of LPCs is better leveraged to utilise valuable local intelligence and information for the collective good of the whole sector, for contract negotiations, issue identification and resolution etc .
- The role of the PSNC regional representative is re-examined to better use this channel
- Feedback is provided back to individual LPCs and the network of LPCs

Our respective employed executive teams work together and on a number of occasions we have shared local intelligence with PSNC. Most recently this has included local intelligence and work on pharmacy security and Inspired PSNC CEO most recent blog, and quotes used (unattributed), following a local response in Brighton and feedback from pharmacies re Coronavirus (COVID-19)

42.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC provides support that is appropriate for our needs				●	

There was agreement for this, but questions around if PSNC was the right organisations to be providing these elements, or indeed if PSNC is the right name for the organisation. Negotiating committee is what it says on the tin but, the reality is support, representation, campaigning(?) and appearing to be trying to be all things to all people. There is disparity between the name and the functions it is undertaking.

43.	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree
The PSNC provides value for money				●	

Currently contractors invest £3.4m in PSNC to negotiate a £2.6bn national contract, however it was recognised that it could provide event better value. There was an expectation that if PSNC was to request further funding via the levy, this would need to be linked to clear deliverables

44. Should there be a code of conduct for PSNC members? Yes/No.
If yes, what should they include? If no, please explain your answer.

Yes as per question 34 for LPCs

45. Please describe what the PSNC does well with respect to national representation

Some of the work around drug tariff and reimbursement was called out, as was national support.

46. Please provide suggestions as to how the PSNC could improve its effectiveness with respect to national representation –

We believe that that PSNC needs to be able to expand the work it does regarding reimbursement – price concessions and wider reform was cited here. In addition CPCF development over the coming years was identified as being highly important, to support the develop of new and existing services to national specifications for either national or local adoption.

47. How can the relationship between LPCs and the PSNC be enhanced?

- The annual conference of LPCs is better used to understand LPC views and opinions
- The network of LPCs is better leveraged to utilise valuable local intelligence and information for the collective good of the whole sector, for contract negotiations, issue identification and resolution etc .
- The role of the PSNC regional representative is re-examined to better use this channel
- Feedback is provided back to individual LPCs and the network of LPCs
- PSNC meetings to be open to contractor, LPC member and staff observers
- A reset of the relationship to one based on trust and where PSNC takes a leading role in co-ordinating the network of LPCs. We would expect the review to comment on both the nature and the tone of our joint working in the future

48. Is there anything else you would like to say about the PSNC which you have not said already and you believe may help us in making our final recommendations? –

No

Section 7: About the review

49. How should the PSNC and LPCs decide on which recommendations from the review they should implement and the timescale for implementation?

We are of the view that we are entering a new and important phase in how PSNC and the network of LPCs will need to work together. A good starting point would be to discuss, agree and described a more collaborative approach to working together, using the annual conference, or annual meeting of LPCs to start this discussion.

We would welcome the opportunity for PSNC and for LPCs to consider any recommendations together, to be able question, challenge and understand these . There will then need to be a phase of collective views and ideas on how these are moved forward with a enough time for reflection and discussion at LPC level. Depending on the recommendations, along with their priorities and timescales, it may be that indicative or binding votes of LPCs or of all contractors should be considered.

Thank you for taking the time to contribute to this review.