

Pharmacy Representation Review (LPC Survey) (FINAL)

Response ID	Completion date	
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1	Please tick 'yes' below to say that you agree to us using your data for the purposes of analysis. You will need to say you agree to our using the data in the analysis to take part.	Yes
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2	Which LPC are you?	Devon
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3	How many voting committee members do you have?	11
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4	Have all committee members contributed actively to the completion of all survey responses?	Yes
4.a	If NO, please explain. If YES, please describe the process.	Yes. A half day was set aside at the scheduled February daytime meeting. The management executive team of the LPC completed a draft version to prompt discussion which was circulated to all members approximately 12 days before the meeting for their consideration. Any member not attending the meeting was asked to complete and return their own

		<p>views to the Chief Officer so that their response could be taken into account. The LPC meeting to discuss the survey responses was held on the 26th February 2020 and the collective responses to each question were discussed and agreed at the meeting. For an opinion to be considered the majority view of the committee, at least two thirds of the members, was required to agree. Where there was a split both views were be recorded with the number of members who held each view. Employees of the LPC were also present at the meeting, and contributed to the discussions.</p> <p>Members were circulated with the position papers published by AIMp and the NPA, and CCA members were circulated with the CCA position paper prior to the meeting.</p>
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5	Does your committee have a current PSNC member on it?	Yes
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6	Does your committee have a previous PSNC member on it?	No
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7	What are your views on the size of your committee?	<p>The LPC considered the appropriate size of the committee two years ago. It was resolved at that time to reduce the size from fifteen to eleven members, after carrying out an exercise to take into account the appropriate representation of the independent, CCA and AIMp members and the geography of Devon. We think the current structure takes into account the needs and requirements of the members. When this decision was made we consulted with all members and there were no objections.</p> <p>The current size of the Devon LPC is 11</p>
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		<p>members, seven CCA, 1 AIMp and three independents. The committee size was determined by reviewing the committee structure to ensure it was run cost effectively and efficiently, and the committee size enables us to achieve proportional representation fairly across our contractor mix. It also ensures that the LPC is quorate when meeting. If the number of members is lower than 11 this does not allow for the competing priorities faced by our members whether they are CCA or independent members, meaning that they are not able to attend every meeting. It also takes into account the geographical footprint of the Devon LPC that is both rural and urban across the county of Devon, to ensure that the representation is adequate. (Devon = 2600 square miles). When the committee reviewed its' membership calculations were carried out to ensure that we had a good mix of contractor representation, any smaller leads to a reduction in the independent voice.</p>
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8	What is maximum period of time a committee member has been on your LPC (Years)?	15
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9	Should there be a maximum number of terms of office for committee members?	No
9.a	If YES, what should inform the decision as to whether the term of office be renewed? If NO, please explain your answer.	<p>The engagement and effectiveness of the members is more important than the length of time that the members have served on the committee. It takes a considerable amount of time for new members to come up to speed with the committee matters and to make a meaningful contribution. In addition the value of the members' collective experience and maturity in the LPC role cannot be under estimated, as</p>

		<p>well as the “organisational memory”. Committee members should be nominated and elected based on certain competencies and criteria; as well as local relationships with key stakeholders in much the same way as it is expected that employed staff are recruited.</p>
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10	How frequently does your committee meet?	Every six weeks. The meetings run on a cycle of two evening meetings, followed by one day time meeting.
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11	How long has your Chief Officer been in role within your LPC (in years)?	19
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12	Should there be a maximum length of time for Chief Officers?	No
12.a	If YES, how long should this be? If NO, please explain your answer.	<p>No, on the same basis as the LPC wouldn't want a maximum term of office for LPC members; provided the person has the right skills and competencies for the role and has also developed an understanding of the local commissioning environment and developed relationships with key stakeholders.</p> <p>There does need to be an appropriate performance management and review process in place to manage the person in line with correct human resources processes.</p>

13	Can the Chief Officer be a member of the committee?	No
13.a	Please explain your	If the Chief Officer was a member of the

	answer	committee, this would not be good governance and could have a negative impact on how people are held to account, leading to potential conflicts of interest.
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14	Should the process for selecting Chief Officers be standardised?	Yes
14.a	If YES what would you like to see included within the Person Specification? If NO, please explain your answer.	<p>Standardisation of roles would lead to higher quality and consistency across the country and lead to a more effective delivery of responsibilities. This would assume that each LPC follows a standard model of operation against the model constitution. There will of course be local or regional variation in the commissioning environment outside the control of the LPC relating to Integrated Care Systems and commissioning responsibilities which would require LPC Chief officers to have an appropriate focus which may differ from other LPC Chief Officers.</p> <p>What should be included in the person specification?</p> <p>Essential experience, personal qualities and attributes</p> <p>Leadership and interpersonal skills with the ability to form positive relationships at all levels</p> <p>Educated to degree level preferable to Masters.</p> <p>Proven record of achievement in a senior position for at least three years</p> <p>Knowledge and experience of working at Board level</p> <p>Experience of negotiating and influencing at a strategic level with the ability to build trusted stakeholder relationships and wide support networks</p> <p>Experience of successfully working in and delivering priorities in a partnership/collaborative environment</p>

		<p>Understanding of the wider health and social care agenda</p> <p>Strategic understanding of changing political landscape around health and social care</p> <p>Experience of strategic thinking and planning, business development and decision making skills</p> <p>Ability to work independently on own initiative and to contribute as part of a team</p> <p>Strategic thinker, having drive and commitment</p> <p>Change management experience</p> <p>Experience of managing support staff</p> <p>Self-awareness and able to drive own personal development and development of others</p> <p>Having excellent written communication skills and the ability to produce reports; including ability to deliver presentations to groups of stakeholders</p> <p>Being able to demonstrate capabilities to manage own workload, make informed decisions working to right and often changing timescales</p>
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15	<p>What are your thoughts on the inclusion of non-contract holders on the LPC?</p>	<p>The LPC is there to represent the interests of contractors. In principle, the LPC can see the benefits that could come from the inclusion of observers from bodies representing other local healthcare providers and professionals; it would depend on the purpose of having non contract holders included. For example, a lay member would contribute perspectives of patients, or people who use pharmacy services to the work of the committee. However, this would also bring with it associated costs.</p>
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16	<p>Is it important that the LPC reflects the diversity within its constituents with</p>	<p>Yes</p>
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	respect to gender and ethnicity?	
16.a	If you answered NO please explain. If you answered YES please provide your thoughts on how this could be encouraged/achieved.	LPCs exist to represent community pharmacy contractors (businesses). It needs to contain the best people for the role of representation, whilst being mindful of diversity. LPC members should be elected or nominated against a strict and standardised set of competencies and criteria and to have policies in place to prevent discrimination. If the LPC membership is to reflect gender equality and ethnicity, given that Devon has seven CCA members then the CCA would need to apply principles of gender and ethnicity when nominating its members. LPC members are self selecting so when the LPC is running elections there would need to be criteria put in place to ensure that diversity of its' constituents is ensured.

17	What are your thoughts on current number of contractors represented by your LPC?	The Devon LPC has 235 contractors. Given the geographical spread of Devon this feels about the right number.
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18	How do you see the size (number of contractors) of LPCs changing in the future?	The LPC considers that LPCs on average will become larger circa 300 contractors which feels about the right size for a LPC to represent. This would provide the scale and resource to have the necessary impact whilst still retaining the local relationships required. The Devon LPC is mindful of the emerging structures within the NHS in England, and in particular the development of primary care networks. Primary Care Networks are becoming increasingly important and will be requiring to work with local leaders. Therefore, the LPC Chief Officers and teams will need to work closely with them and their contractors to ensure integration as set out in the NHS Long Term Plan, the Pharmacy Quality Scheme and
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		<p>the Primary Care Network. It would make sense for an LPC to share the footprint of the local STP which will have the important system stakeholders engaged.</p> <p>The larger the number of contractors represented by a LPC, the more vulnerable and open to challenges it will be around resourcing, local relationships and trust.</p>
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19	Do you currently share people and functions with another or other LPCs or have plans to do so?	No
19.a	If YES please describe the current arrangements.	We do not share any resource currently with neighbouring LPCs. However, we do share resources with the Devon Local Medical Committee and the Devon Local Optical Committee which drives efficiencies.

20	Which of the following are routinely monitored within LPC members for up to date training completion?	
20.1	Equality and diversity	No
20.2	Recruitment and appointment	No
20.3	GDPR and data protection	No
20.4	Other	No
20.a	Please explain your answer.	The LPC does not currently monitor LPC members for up to date training on the above processes.

21	Which of the following training roles do you believe LPCs should be providing from contractor levy funds?	
21.1	Implementation and delivery of locally	Yes

	commissioned services	
21.2	Implementation and delivery of nationally contracted services	Yes
21.3	Changes to contract	Yes
21.4	Clinical skills	Yes
21.5	Management skills	No
21.6	Leadership skills	Yes

22	Is there any other training which LPCs could provide from levy funds?	<p>In general, levy funds might be used for training that applies to all contractors, e.g. for locally commissioned services. LPCs should support contractors and pharmacy teams with training for commissioned services that are either locally developed or locally adopted from a national service specification. The LPC has insight into the local needs overall. The move towards local service development and implementation via collaboration with the Primary Care Networks means there is a need for local leadership skills development and ensuring consistent delivery by all pharmacy teams.</p> <p>In Devon we are seeing opportunities for contractors to be commissioned to provide enhanced access to primary care and integrated within pathways for the new medicines services and medication reviews. We are given opportunities to secure local funding through the Devon Training Hub and the pharma industry to support such services which will require clinical updates and increasing knowledge and confidence that may not be available at the right time through the CPPE. Bids have to be submitted for Health Education England funding – community pharmacy does not automatically get included in local training opportunities.</p>
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		<p>In our experience community pharmacy teams whether they are working in independent contractors or CCA member companies have taken advantage of local training and CPD opportunities around new contractual requirements which are very much valued by our members. (70% of our contractors attend local training events).</p> <p>System leadership skills are particularly relevant for pharmacists and technicians who are working collaboratively with primary care networks. but this could and probably should be part of a standard programme for all PCN pharmacy leads, led by the PSNC or CPPE.</p> <p>The Devon LPC does not offer support or training in relation to private services or running a business.</p>
22.a	Please explain your answer to questions 21 and 22.	Please see box above.

23	Which other roles do you think are important for LPCs to provide from the contractor levy funding?	
23.1	Resolving and supporting contract breaches and remedial notices	Important
23.2	Negotiating and setting up contracts for local services	Very important
23.3	Supporting innovation and initiatives within the delivery of community pharmacy services	Very important
23.4	Supporting evidence collection to inform PSNC negotiations	Fairly important
23.5	Representing	Important

	community pharmacy in the local media	
23.6	Community pharmacy representation in PCNs	Very important
23.7	Ensuring that the Community Pharmacy voice is heard in all relevant local health bodies and initiatives	Fairly important
23.8	Presenting the voice of the contractor to the PSNC	Very important
23.9	Working with other local committees to ensure that contractors are appropriately represented	Important
23.10	Providing timely information to optimise contract delivery and remuneration	Important
23.11	Supporting contractors to implement new national guidance	Important
23.12	Sharing good practice with other LPCs	Important
23.13	Ensuring that contractors are maximising their contract claims	Not at all important
23.14	Regulation and monitoring of contract implementation	Not at all important

24	Please list any other roles which LPCs could provide from levy funding.	Pastoral Care and conflict resolution Designing and supporting the implementation of new services Local digital integration agenda, for example, ensuring the inclusion of
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		community pharmacies in local health and care record systems Providing contractors with insight to support contract delivery
24.a	Please explain your answer to questions 23 and 24.	We think that the role of the LPC is to maximise opportunities for contractors; it is not the role of LPCs to regulate contractors' compliance or to maximise revenue. We still think that local innovation and engagement with stakeholders is important – to ensure successful delivery locally the LPC has a role. The role of the LPC is to support and guide contractors.

25	Thinking about the last few years, please provide a list of additional non-levy income/resources.	<p>Health Education England funding to support pharmacy integration £50,000</p> <p>Health Education England Healthy Living Pharmacy training funding £120,000</p> <p>Plymouth Public Health funding to support Healthy Living Pharmacy development £50,000</p> <p>Devon County Council funding to support Healthy Living Pharmacies £30,000</p> <p>AHSN funding to support pharmacy care navigation £17,000</p> <p>Development of MUR tool kits with funding from Media pharm £15,000</p> <p>NHSE funding to support implementation of DMIRS pilot and NUMSAS pilot £8.500 (to fund Chief Officer's time)</p> <p>Contractor support to provide Domicillary MURs £20,000</p> <p>NHSE funding to support Pharmacy First service implementation as NHSE pilot £15,000</p> <p>Improving access pilot £5.5k to LPC £15k to contractors</p> <p>Devon Training Hub Leadership development training for PCN Pharmacy Leads £50,000</p> <p>Prime Ministers Challenge Fund Pharmacy First project £454,253</p> <p>Pharma Industry Sponsorship £30,000</p>
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		<p>Backfill for Chief Officers' time to support various project developments £10,000</p> <p>Digital integration with primary care £25,000</p> <p>Total: £915,253</p>
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26	<p>Do you have any examples of good practice with respect to support provided by your LPC to contractors which you would like to share?</p>	<p>Support and co-ordination of the Primary Care Network domain of the pharmacy quality scheme which will bring just under £400k into the pharmacy network</p> <p>Collaborative clinical update and Primary Care Networking</p> <p>Primary Care Network leadership development</p> <p>Survive drive and thrive workshops</p> <p>Achieving alignment of Emergency Hormonal Contraception service across three local authority commissioners</p> <p>Achieving commissioning of pharmacy first services as mainstream service after running a pilot with NHSE funding</p> <p>LPC golden pages newsletter with local news highly valued by all pharmacy teams when surveyed</p> <p>Putting together the local pharmacy response to a local practice closure in Plymstock and an anti-viral service at Christmas; both turned around very quickly because of our local leadership.</p> <p>A collaborative approach to providing flu vaccinations in a locality in Devon which benefited from local leadership.</p> <p>Support for the CPCS and GP CPCS with pharmacy visits even though the former is a national service - Pharmacy staff on the ground still need local input.</p> <p>AGM and Pharmacy Awards – sharing great local best practice</p> <p>Supporting failing dispensing doctors practice with community pharmacy support</p> <p>Inhaler Use Review pilot extended to rest of County and nationally</p> <p>Providing contractors with insight into contract compliance</p>
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		Identifying opportunities for community pharmacy offer for Improved Access and getting local services commissioned Pharmacy system integration with SystemOne
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27	What things do you think that the LPC may have to do differently to support contractors in the future?	<p>To work collaboratively with the PSNC to provide consistency and governance</p> <p>LPCs will need to collaborate and coordinate effectively with other LPCs to ensure that all contractors across the country are getting the best support and value possible. We would expect LPCs to actively seek ways to gain economies of scale and we would also like to see more sharing of best practice at a national level.</p> <p>LPC will need local flexibility and agility to be able to react to local needs, particularly with Primary Care Networks focussing on local service commissioning and sub-contracting.</p> <p>LPCs will need to reduce duplication of effort; activities should be done where they can be done most effectively, either nationally or locally, but they shouldn't be duplicated.</p> <p>LPCs will need to support the PCN pharmacy leads locally, feeding back outcomes from local delivery of services and local innovation to PSNC for wider dissemination and feeding into contract discussions. The move towards more devolvement of local funding means LPCs have to be in a position to maximise the opportunities.</p>
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28	How often do you use the following methods to communicate with contractors?	
28.1	Newsletter	Bi-monthly

28.2	Website	Weekly
28.3	Telephone	Other
28.4	E-mail	Other
28.5	Social Media	Other
28.6	Network events	Quarterly
28.a	Any other methods?	<p>The LPC tends to contact contractors by telephone, email and social media as required but generally 2-3 times a week rather than weekly.</p> <p>Telegram Basecamp Contractor visits, surveys and contractor calls by LPC members Regular contractor events/networking</p>

29	What could be done to further enhance the effectiveness of communication with contractors?	<p>Webinars on local services Annual conference Less repetition Enhancing our use of more modern ways of communication Actively invite contractors to attend LPC meetings</p>
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30	What are your thoughts on the current governance of LPCs?	<p>Our LPC spend a lot of time reviewing, amending and approving policies prior to actually being able to use and implement them. A national framework would be more cost effective and efficient in terms of saving time and money.</p>
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31	What do you think a governance framework for LPCs should include?	<p>Constitution Codes of Conduct Standard Procedures and policies for example expenses, finance and Human Resources Risk registers</p>
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		<p>Business case model(s)</p> <p>All of the above should have simple review processes and action plans as a result.</p>
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32	What could be measured to enable appropriate and fair benchmarking between LPCs to be undertaken?	<p>An audit against items listed in our response to question 31</p> <p>Contractor survey (both quantitative and qualitative questions can be asked)</p> <p>Scrutiny of budget and delivery against budget</p> <p>Additional non levy income or value added to contractors</p>
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33	As autonomous bodies LPCs are currently accountable to themselves with no external oversight. Is this appropriate?	No
33.a	If YES please explain. If NO what are your thoughts on what external oversight may look like.	<p>There should be either direct oversight from a national representative body (LPCs becoming regional offices of a single organisation) or there should be a national council proportionally representing contractors that reviews the performance of LPCs. We believe that PSNC has a role in this but if so then PSNC would also need to be held to account.</p>

34	Should there be a code of conduct for LPC members?	Yes
34.a	If YES, what should it include? If NO, please explain your answer.	<p>Nolan principles of public office – Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; Leadership. The Devon LPC already operates under a code of conduct which includes the Nolan principles and also declarations of interest that are open to public scrutiny..</p>

35	How should LPCs/PSNC be funded? Please explain your answer.	There should be a national standard system of payment of levy funding, based on total NHS income not just items. Funding should flow first to a central national representational body and then to LPCs/Regional Offices. However, there should be a transparent and equitable distribution model of funding to both LPCs and PSNC.
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36	To what extent do you agree with the following statements.	
36.1	The PSNC has a clear vision for community pharmacy	Disagree
36.2	The PSNC has a clear vision for the community pharmacy contract	Agree
36.a	Please explain your response to the above questions.	PSNC is in a state of transition but is clear about the new contract and the move towards a services based contract Because of the lack of vision it could be argued that the function of PSNC should focus on negotiation only; the vision needs to be articulated and signed off across all pharmacy bodies. The PSNC has a vision for the community pharmacy contract but this appears to be driven by other bodies.

37	To what extent do you agree with the following statement.	
37.1	The PSNC has a strategic plan which informs national negotiations	Neither disagree nor agree
37.a	Please explain your response to the above question.	PSNC does have a strategic plan published on its' website, but it is more of a work plan rather than a strategy; there is no vision.

38	To what extent do you agree with the following statements.	
38.1	The PSNC is transparent in how it makes decisions	Neither disagree nor agree
38.2	The PSNC is accountable for the decisions it makes	Neither disagree nor agree
38.a	Please explain your response to the above questions.	There is an overall lack of clarity about who the PSNC is accountable to.

39	To what extent do you agree with the following statement.	
39.1	The governance of the PSNC is clear and appropriate	Neither disagree nor agree
39.a	Please explain your response to the above question.	There is a review and audit panel at PSNC which reviews the work of the PSNC and its operational structures at specific intervals – we wouldn't be in a position to say whether it is appropriate or not.

40	To what extent do you agree with the following statement.	
40.1	The PSNC understands what it is like to be a community pharmacy contractor	Agree
40.a	Please explain your response to the above question.	the PSNC Committee is made of direct representation from contractors; Simon Dukes does seem to be genuinely engaged and takes time to properly understand the issues being faced on the ground.

41	To what extent do you agree with the following statement.	
41.1	The PSNC effectively represents LPC views at a national level	Disagree

41.a	Please explain your response to the above question.	We do not see any clear line of communication regarding activity that is happening within the LPC (s), or feedback the other way either. There appears to be a lack of understanding about the way the local health systems are functioning.
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42	To what extent do you agree with the following statement.	
42.1	The PSNC provides support that is appropriate for our needs	Agree
42.a	Please explain your response to the above question.	Recently more of this has been seen coming pro-actively from PSNC which is welcome, but it has always been there when we ask (for instance relating to issues around setting up a provider company; queries on control of entry; specific enquiries where support is good when we ask for it).

43	To what extent do you agree with the following statement.	
43.1	The PSNC provides value for money	Neither disagree nor agree
43.a	Please explain your response to the above question.	<p>Pharmacy contractors are facing swinging funding cuts and finding it hard to make ends meet because of the contract negotiated by PSNC and it is difficult to show how it is providing value for money? We don't know what "good" would look like for a contractor but surely it must be about having a properly resourced pharmacy where there is capacity to cope with the workload.</p> <p>During discussion at the LPC on this question the majority of the members considered that the PSNC did provide value for money. However, two members and two</p>

		members of staff strongly disagreed with this position and did not feel that PSNC provided value for money.
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44	Should there be a code of conduct for PSNC members?	Yes
44.a	If YES, what should it include? If NO, please explain your answer.	Yes – based on the Nolan principles of public office – Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; Leadership. Other things to include could be training and personal development and declarations of interest As far as the LPC is aware, PSNC does operate under a Code of Conduct almost with the same headings

45	Please describe what the PSNC does well with respect to national representation.	The committee felt that this was unknown in general.
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46	Please provide suggestions as to how the PSNC could improve its effectiveness with respect to national representation.	We believe that the national negotiating body needs to be able to expand the work it does regarding modelling changes in the CPCF and contractor reimbursement. It needs more people with a service focus to develop new and existing services to national specifications for either national or local adoption. We would expect the executive team to have clearly defined roles and responsibilities that will enable them to have a clear focus on what is important only to their role.
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47	How can the relationship between LPCs and the PSNC be enhanced?	By placing PSNC as the lead organisation with appropriate governance in place . The current situation makes it impossible for LPCs to collectively lead PSNC and so both
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		<p>structures can become rudderless, in relation to one another. Improved communication and collaboration between both LPCs and PSNC; including governance checks and balances from LPCs would be necessary.</p>
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48	<p>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?</p>	<p>We would expect the review to also focus on the PSNC's promotion of the work and potential of pharmacy and it's negotiation functions, to ensure that they have the right oversight, structure, processes and capabilities to deliver to a high standard. For example, we believe that the PSNC committee should be proportionately representative of the sector and the right size to be able to represent all contractors and to enable delivery and growth. In addition, the skills of those who sit on the committee should be better utilised to benefit the organisation and the sector." As we have mentioned above regarding LPC structures (Q 15) we feel that PSNC would benefit from the ability to have non-pharmacist observers which could include representatives from contractors. There is considerable expertise within pharmacy contractor businesses that could be of benefit to PSNC, such as in finance, commercial and legal arenas. There is no evidence to demonstrate that being a pharmacist makes individuals better suited to sitting on a national negotiating body committee</p>
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49	<p>How should the PSNC and LPCs decide on which recommendations from the review they should implement and the timescale for implementation?</p>	<p>We believe that any recommendations should be put to a national contractor vote, following national debate and discussion. Timescales for change would vary depending upon the recommendations made. The sector needs effective representation at national and local levels now and so change should be implemented</p>
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as soon as is practicably possible, whilst taking into consideration the impact that any changes may have on any individuals affected and support needed for transitional change.