

## LEICESTERSHIRE & RUTLAND PHARMACEUTICAL COMMITTEE MEETING

**Monday 22 June 2020**

**Zoom call due to COVID-19 Meeting restrictions**

**08.00am to 10.00am**

<b>Present:</b>	<p>Rita Patel (RP) - Chief Officer          Altaf Vaiya (AV) – Vice Chair          Mohammed Bharuchi (MB) – Treasurer          Satyan Kotecha (SK)          Shezad Alimahomed (SA)          Jane Lumb (JL)          Meyur Patel (MP)          David Evans (DE)          Clare Kerr (CK)          Hasmukh Vyas (HV)          Vinay Mistry (VM) – Service Development Lead          Ailsa Garner (AG)–Administrator</p>	
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### CLOSED SESSION

<p><u>Welcome</u>          AV welcomed everyone to the meeting, Gurikbal Singh was not present at the meeting and AV said he would catch up with him later to confirm the discussion and agreed next steps.</p> <p><u>Minutes of meeting held on Monday 8 June 2020</u>          The minutes had been circulated by email to the committee on 12 June and AV asked if everyone had read them and had any comments to make.</p> <p><u>amendments made as below</u></p> <ul style="list-style-type: none"> <li>• Amending of HK to HV (Hasmukh Vyas)</li> </ul> <p>With the above change made, AV then asked for agreement of the minutes for the meeting held on Monday 8 June 2020; proposed by SK and seconded by MP.</p> <p>AV signed the minutes as a true record, as vice chair; these will be uploaded to the LPC website within the next few days</p> <p><u>Matters Arising –</u></p> <ul style="list-style-type: none"> <li>• Governance documents have been reviewed by AV and updated by AG, all are up to date and correct</li> <li>• AG is currently working on a calendar to highlight key activities month by month.</li> </ul>	<b>Action</b>
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### Independent PSNC/LPC pharmacy review – Update

On Wednesday 17 June, Professor David Wright has released his recommendations for the future of community pharmacy contractor representation and support to PSNC and LPC Members. This was 2 days earlier than released to the public to allow time to consider the report. At the LLR LPC meeting on Monday 8 June, the committee agreed to meet today via ZOOM to discuss the report and its recommendations.

Key dates to consider as part of discussions:-

LPCs will have until COP Friday 3rd July to submit initial questions about the report to Professor Wright. These should be sent as one list, as agreed by the LPC.

LPCs will be asked to have up to two attendees each at a Digital Meeting to be held on the morning of Wednesday 8th July – the committee agreed on 8 June that RP & SK would attend this meeting.

Another LLR LPC meeting should be held after 8 July – RP & AG will look at the diary and suggest a suitable date.

At the digital event on July 8th, Professor Wright will talk through his recommendations, explaining why he made them and addressing the questions submitted by PSNC and LPCs. In addition, Professor Wright will hold a webinar for contractors to hear and ask questions about the review on Monday 29th June.

MP updated the committee that the Company Chemists Association (CCA) was holding a webinar on Tuesday evening -23 June 2020, and it was likely they would publish their findings in due course. AV commented the NPA would also be considering the findings and publishing their comments.

AV then handed over to SK to support the committee with the discussion and agree next steps in response to the report.

#### Key findings of the review – 33 recommendations summarised below

Elected PSNC committee replaced with a council of LPC chairs

Improved governance for LPCs & PSNC with independent scrutiny / oversight

More centralised functions – HR, Provider company integration & service development, guidance & support

Optimal size of LPCs 10 members representing min 200 contractors, focus on representation rather than support

Rebranding – Community Pharmacy LLR, Community Pharmacy England etc

#### Recommendations from review

What representation and support is needed by contractors now – and what is the future requirement likely to be?

What is working well in LPCs and PSNC and what could be improved?

What are the most effective structures for current and future demand?

What is the best structure to ensure all contractors are represented well?

What, if any, changes are needed now and over the life of the new Contractual Framework and beyond?

How should the representation and support for contractors be financed?

#### What next

Committee(s) will consider recommendations

PSNC & LPC to meet to discuss best way forward

PSNC always intended to take on board and implement recommendations

PSNC / LPC to work together on interface

LPCs will be encouraged to take on board recommendations  
Timeline is 2 years with a few immediate actions

#### LPCs

Independent Governance

Reduced variation, focus activity on representation

Use levies equitably across all contractors

KPIs for LPCs

LPC Chair to be a member of the National Council

Next steps for LPCs to become Community Pharmacy Local

Review Size to c200

Maximum 10 members

Use technology better to deliver better value

Honoraria for all members

Non-voting membership

On-line training for all members

Review process for employing

Engagement by all CPL members

Focus Levy funded activities on representation not support

PSNC

Need for better performance in negotiation outcomes

Development of a national vision for Community Pharmacy

Better support for LPCs and contractors

Funding of the recommendations

LPC reserves to initiate changes

Apportionment of levies between PSNC & LPC

PSNC levies paid directly to PSNC

Other sources of funding – Pharmacy integration fund

£1.5-£2m per annum (£21-£32.5k per LPC)

SK then asked the committee to consider the following 3 questions.

Has the Review Missed Anything?

Do we as LLR LPC agree with the findings?

What are the implications for LLR LPC/ Contractors?

Members were also invited to send written responses and comments, the points below are a consensus of the full committee whose response overall was positive. We were impressed with many aspects of the review albeit they felt there was a need for more detail in certain areas. Below is a collective set of questions that the committee would like to ask the review team with particular reference to the recommendations.

#### Questions

1. There was no reference to DSPs, we assume that Community Pharmacy (Local) will continue to represent these as will CPE, can this be clarified?
2. There is no guidance on optimal / minimal resource that each CPL office should have or structures – Chief Officer, admin, treasurer, exec etc, or benchmarking of salaries hours of resource etc – please can this be considered?
3. Timescales- when will the next steps be revealed for each CPL office (for those in employed roles) - what is the risk of destabilising LPCs now as if roles become vacant how feasible is it to fill them ?

4. The PSNC summary mentions '*PSNC always intended to take on board and implement recommendations*' and '*LPCs will be encouraged to take on board recommendations.*' This doesn't show any real commitment to progress and the LPC wanted to know how we can ensure that the recommendations are progressed at pace with commitment from all stakeholders?
5. The review recommends a maximum of 3 terms for elected members, does that start from when the recommendations are implemented or from when members first joined? Either case will have implications: i.e. large numbers of members with expertise leaving at the same time, loss of expertise, should there be an option to extend tenure of members where it is felt they add value? The 12year suggested term will be easier to implement for multiples rather than for independents simply due to resource and turnover in positions. This could potentially cause some destabilisation to the proportionality of the council and also capability on the CPLs. How this is implemented could also lead to a future skills gap (what is the average time served on PSNC now?? If the starter all counts from now then potentially lose large proportion in one go).
6. The payment of honoraria – how will this affect the IR35 / employed status of members? is this honorarium in addition to or in place of backfill, will the amounts be standardised, who will receive it? The employing organisation (multiples, AIM) or the individual (independent contractors)?
7. How do you envisage proportional representation of the various contractor groups (Independent Multiple AIM) on CPEC being achieved under the current proposal?
8. (a)LPC chairs may not have envisaged the enhanced role when elected, and may also find capacity an issue, is there scope for the committee to select a member that is not the Chair?  
(b)Why are you proposing that the Council is made up exclusively of Chairs of CPLs? Surely you need individuals that have the requisite skills experience and knowledge to represent?
9. What assurance and transparency will there be that opinions expressed at CPEC will be those of the whole committee and of the contractors and not the individual chair and or the organisation they represent?
10. How will we ensure that the strategy aligns with what the NHS wants / needs and not just what community pharmacy wants / needs? Will our monopoly paymaster be involved in shaping the strategy?
11. There is duplication of Strategy both in Governance & Strategy Board and also in the strategy Group – should strategy really sit with Governance? what is the rationale?
12. How will the void left as LPCs no longer have a support function and only a representation function be filled? What specifically is meant by representation?
13. May we have clarity that CPE members working in one workstream or subgroup cannot work in another to avoid confusion and loss of focus? Can we have more information on the roles and responsibilities of the Governance and Strategy Board?
14. How will people be appointed to the Governance and Strategy Board?
15. To ensure good governance should members of the Council be excluded from membership of the Governance and Strategy Board?
16. The proposal is for Chairs of CPLs to make up the Council and subsequently populate the policy group and NSC – is there not going to be a capacity issue for these individuals?

17. It is clear from the report that the need for financial transparency across all areas is needed. Many of the recommendations are funded from 'theoretical savings' some of which are based on the published accounts for only circa 62% of LPC. Is there a plan to better identify this at LPC levels and properly cost out the proposed changes? Will this information be shared with LPCs to allow LPCs to consider benchmarking our expenditure on salaries now as well as income from Levies?
18. The whole report does require proper costings applying- so what is the cost of rebranding PSNC? What is the cost of rebranding LPCS?
19. In the report the ideal figure of 200 contractors was discussed- but again from the report LPCs did not state how many contractors they represented. In addition, some LPCs currently have federated and represent in excess of 500 contractors. In order to get a fair and representation for all what is the plan for ensuring that changes are implemented (as many LPCs will not want to change whether upwards or downwards)? What implications does this have on some?
20. Many questions surround timescales for the next steps- what are the transformation timescales? Waiting on the basis that our currently negotiated contract is in place for a further period could be detrimental to contractors- certainly the work on the strategy needs to commence ASAP and be driven by contractors?
21. PSNC reported that LPCs currently are seen as the 'head offices of independents'. How this work is pulled away from the LPC is a key part of the success or failure of the proposed changes. Part of this means LPCs become very reactive and also end up defending contractors in local negotiations rather than pushing for opportunities. How can this workload be removed or what alternate support network could step in for contractors if needed? (the GP federations were partly set up to ensure that all contracts delivered- put pressure on peers). Perhaps for the local support in delivery for independent contractors then an organisation such as the NPA needs to step in to offer that local operational support rather than the LPC- that would also fit with the CPEGS strategy and Governance board- CCA and Aim and NPA for independents). Funding for this would need to not form part of levies for parity- this could equally potentially.
22. Community pharmacy is measured by the weakest link, removing support infrastructure will weaken the LPCs negotiating power for local service commissioning – how and who will support this? Can a national body support local service delivery?
23. The LPCs are valued by contractors as they support them in service delivery and development, this in turn gives good engagement between LPCs and Contractors, if the service delivery element is removed, what value will contractors see in CPLs?
24. As we move towards a representation role there is a possibility that 200 contractors are no longer the optimal size, if we move towards larger CPLs this will dilute the CPEC with fewer chairs, potentially leading to the CPEC not being representative of all contractors in an area, how can we safeguard against this?
25. Capability and measurement of effectiveness of CPLs and representatives- so what measures would a good CPL member be reviewed against? Same then for Chairs etc. We question the capacity of Chairs but what about the capability?
26. The Review recommends patient voice, and on the webinar Professor wright mentioned potentially pre regs etc also attending meetings and having a voice, we would like to better understand the true purpose of the LPC as the review recommends we only represent contractors, having multiple stakeholders having

a voice at LPC meetings would potentially dilute the voice of contractors and distract the committee, furthermore having a voice would lead to an expectation, we appreciate there are no voting rights for these individuals but having associate membership locally could further dilute contractor voice. With multiple references to GPC I would ask do the LMCs invite patients to have a voice? If LPCs or CPLs are only representation we don't represent patients, we represent contractors, so can the patient voice be considered in the national structures?

27. On the subject of proportional representation – whilst LPCs are proportionately representative of contractors there isn't a mechanism to ensure this filters through to CPEC- please advise how this can be managed as we have concerns that the best contract for Independents will not be the best contract for multiples that have economies of scale and vertically integrated businesses where margin (for example) can be delivered in various parts of the business, if this filters into negotiations due to disproportionate representation on the CPEC then this could prove detrimental to certain elements of the network.
28. It was clear both in the report and webinar for the need of one voice for community pharmacy, on the question of DSP the suggestion was a separate committee / body to represent them – please can we have clarity as this creates further divisions. Please can we have evidence that there isn't one voice for pharmacy negotiation at present?
29. The webinar mentioned LPCs don't work as a network – I suggest it's the commissioners too – for example they can't take services with evidence from one area and commission as it is, always a few tweaks, negotiation etc
30. The Centre needs more money and is underfunded please can we have a budgeted workplan that would apportion any additional / reapportionment of funding both now and in the future? *For clarity the review mentions that the PSNC is currently underfunded, please may we have detail of this underfunding to better understand what level of funding could be apportioned immediately to properly fund the current workload of the national team if indeed there is an evidenced funding gap, together with how these funds would be used to benefit contractors.*

The above questions were submitted by email to Professor David Wright on Friday 3 July from Rita Patel, Chief Officer with the following comments - Leicester Leicestershire & Rutland LPC would like to take this opportunity to thank the review team for the significant piece of work and welcome any comments or responses to our questions / comments above. We look forward to working with the review team and other organisations to progress the recommendations of the review.

Rita Patel, Chief Officer LLR LPC

An acknowledgment was received the same day –

Dear Rita

Thanks very much for these. Much appreciated that the committee has considered the report so carefully.

Have a good weekend

David

	<p><u>Agreed next steps</u></p> <ul style="list-style-type: none"> <li>• Details of contractors' webinar 29 June to be sent as a reminder (will have received direct from PSNC)</li> <li>• Meet PSNC virtually</li> <li>• LLR LPC need to elect a chair as a matter of urgency – considering the role going forward as detailed in the review findings. AV confirmed that elections will take place at next LPC meeting and Chair should be in place by August</li> <li>• Set up a working party from within committee to implement changes – comprised of independent contractors and CCA</li> <li>• All questions from committee should be sent by email to AG by 25 June to allow time for them to be collated and sent off in good time</li> <li>• Resource in the office team should be looked at.</li> </ul>	
	<p>Meeting closed at 10.10am by AV who thanked everyone for their contribution and reminded the committee to forward their questions to AG by Thursday 25 June so they could be collated</p>	

**Date of next meeting is to be confirmed ( will be after Wednesday 8 July) and subject to COVID-19 meeting restrictions conducted via Zoom**

Signed ..... (Vice Chair)

Name .....

Date.....

Acceptance of minutes proposed by .....

Seconded by .....