

COMMITTEE MEETING MINUTES

Thursday 18th June 2020

12noon – 1.00pm

Venue: Online meeting (Due to Covid 19 restrictions)

LPC MEMBERS PRESENT:

Raju Malde (RM)
Carolynne Freeman - Vice Chair (CF)
Veronica Horne (VH)
Matthew Armstrong (MA)
Kishor Shah (KS)
Amrit Minhas (AM)
Aimee Mulhern (AMu)
Has Modi (HM)
Anil Patel (AP)

OTHERS IN ATTENDANCE:

Anne Marie King – Chief Officer (AMK)

APOLOGIES

Sue Snelling – Chair (SSn)
Rishi Hindocha (RH)
Lakminder Flora (LF)
Hansa Bi (HB)
Daljit Poone (DP)
Amir Ismail (AI)

Independent Review of Community Pharmacy Contractor Representation and Support

The meeting was arranged to discuss this report and to decide which questions would be submitted to the virtual meeting with Professor Wright on 8th July 2020.

The report is available to view on the PSNC website.

<https://psnc.org.uk/wp-content/uploads/2020/06/PSNC-Briefing-020.20-Summary-of-the-Independent-Review-into-Contractor-Representation-and-Support.pdf>

Points of discussion

The committee members had been given access to the summary of the review document on 17th June 2020 and concentrated discussions around the list of recommendations. The list has been added below for reference.

The main discussion points were as follows:

7. Limit membership for all committees to 12 years (three terms of four years)

It was agreed that more information is required regarding this recommendation. HM was in favour of the recommendation as it would give opportunities others and would bring in fresh ideas. We are unsure at

this point when the term of '12 years' would commence and some LPCs may suddenly find themselves without continuity if most of their committee members were replaced. CF pointed out that if members were to leave it may be difficult to fill the space, as was the case in Northants MK LPC when we had a vacancy for an 'Independent' committee member during the last election process.

Q. Will the 12 year term be retrospective for current committee members, or will it start at a defined point in order that there is continuity for the committee going forward?

10. Create a national vision and strategy for Community Pharmacy in England

MA pointed out that Community Pharmacy does not always fit with the needs of the NHS. It was agreed that it would be interesting to see how such a strategy would develop and who would lead on the vision. HM pointed out that the sector needs a strategy. HM also expressed that we should have a negotiating team of professionals with the right knowledge for example health economists, finance and business skills. MA and AP suggested that we should form a body similar to Pharmacy Voice.

Q. How will the new vision and strategy be developed?

13. Replace the current PSNC with a CPE Council (CPEC) constituted by Chairs from CPLs each representing an agreed minimum number of contractors.

The committee discussed the fact that we do not have 200 contractors and may not be able to put ourselves forward for the new council. We discussed the possibility of merging with other local areas, however if MK were to join with a neighbouring LPC more aligned to the current STP area, Northants would have even fewer contractors. MA stressed the importance that if we were to cluster with other LPCs, we would need to consider local healthcare and services. AMK expressed that this would be difficult. The committee discussed the fact that the LPC chair would be taking on a different role and may need additional training and skills to do this.

Q. Is this figure mandatory, and if necessary, how could the LPC increase in size to a minimum of 200 contracts?

19. Significantly increase funding to CPE to support the negotiation processes and LPCs.

AM as treasurer wanted to know more about the specifics for this to happen and asked where the money would come from. AM pointed out that we would need to know what this would mean for the LPC budget going forward. AMK pointed out that we would probably have more questions regarding the finance going forward as we understand more of the detail of the report.

Q. We need to know more detail as to where the money would come from, and how this would affect the LPC budget.

21. Create a CPE transformation fund.

AM said that he would like more information. The committee discussed the fact that LPCs may be holding too much money. HM questioned whether we would be happy for more funds to go to the new central committee and said he would be happy for the funding to flow directly through the new CPE. MA pointed out that finance needs to be consistent within each LPC. It was agreed that reducing the committee size would reduce costs.

Q. How would the transformation be funded?

33. Negotiate and set up new services only where there is a reasonable profit margin.

The committee discussed this point and we all agreed on the recommendation. AM said there should be a proper business plan for each new service. MA pointed out the differences in services throughout the country eg with EHC, and how services could be standardised. HM stated that we should not be afraid to use the word 'profit' when new services are planned.

28. Allow pharmacy employees and patient and public representatives to have non-voting membership of CPLs

HM expressed his support for this recommendation as it can benefit the pharmacy agenda and facilitate engagement with others.

General

- In regard to governance within the new CPE and CPL organisations, AM discussed the fact that we would need to know more about the KPIs and how we will be measured going forward.

Q. What are the KPIs that we would need to work to as a committee?

- It was agreed that we need to understand the planned timescales for these big changes. To have control and consistency would be very difficult. HM expressed that there would need to be large support for the change in order for the restructure to happen.

Q. How will the changes happen and how will relationships be managed within PSNC and LPCs in what could be a very difficult process.

- The committee discussed the diversity in pay for the Chief Officer (CO) position as it exists at present. Some COs are paid handsomely perhaps for historical reasons. Contractors should have value for money and there should be consistency within LPCs. The committee agreed that there should be a pay scale for COs and this could relate to the number of contracts and workload covered by the LPC. AMK pointed out that the role of the CO is very different from a pharmacist and the pay should not simply be aligned to that of a pharmacist. MA pointed out that there is an NHS pay scale and perhaps this could be used.

Q. The document mentions the fact that the COs should be paid according to a standard pay scale. What will this look like?

Brief summary

Overall the committee were in favour of the report and agreed that once the report was approved there would be a lot of further work and decisions to be made in order to make the suggested changes. As a committee we need to decide if we are in favour of accepting the report.

Questions to submit to the meeting on 8th July 2020

It was decided that other members of the committee would be given opportunity to read the report before submitting their questions and comments to AMK. A decision would then be made regarding the questions that would be raised by this LPC to the meeting on 8th July.

The committee will decide which 2 LPC members will take part in the meeting.

Any Other Business

None

The meeting was closed at 1.00pm



Sue Snelling
Chair

Independent Review of Community Pharmacy Contractor Representation and Support: 'Providing best value for contractors'

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Names

1. Rename PSNC committee and executive as 'Community Pharmacy England (CPE)'
2. Rename all LPCs to "Community Pharmacy [locality] (CPL)".
3. Remove the term 'Chemist' from all documentation where possible and replace with 'Community pharmacy or pharmacist' as appropriate Governance
4. Create an independent Community Pharmacy England Governance and Strategy Board responsible to contractors for oversight of CPE and CPL
5. Develop a governance framework to include a code of conduct for all members, Key Performance Indicators, expectations regarding transparency and communication
6. Constitute for a regular independent review of whole system
7. Limit membership for all committees to 12 years (three terms of four years)
8. Ensure that the Chair and employee roles are separated
9. Only allow elected contractors and nominated contractor representatives to have voting rights Community Pharmacy England Non-Executive
10. Create a national vision and strategy for Community Pharmacy in England
11. Develop and implement a national communication strategy to enhance external perception of Community Pharmacy
12. Create a Negotiating team (NT) consisting of contractors and contractor representatives which is employed and extensively trained by CPE
13. Replace the current PSNC with a CPE Council (CPEC) constituted by Chairs from CPLs each representing an agreed minimum number of contractors.
14. Create negotiation policy development groups from CPEC designed to consider all aspects of community pharmacy within the negotiation process
15. From the CPEC create a smaller Negotiation Strategy Committee (NSC) to respond to day to day negotiation questions from the Negotiating team
16. Develop strategies for including patient and public representatives in all elements of CPE Community Pharmacy England Executive
17. Create support centres for CPLs and CPE including a human resources department, finance team, external facing communications team, national provider company and Community Pharmacy Integration Centre.
18. Develop an effective network for CPL Chief Officers to enable sharing of good practice and to provide peer support.

Finances

19. Significantly increase funding to CPE to support the negotiation processes and LPCs
20. Arrange for the levy to be directly paid to each of CPE and CPLs
21. Create a CPE transformation fund

22. Seek external funding, where appropriate, to support PSNC transformation to CPE and the set-up of proposed support bodies Community Pharmacy Local
23. Review CPL size with respect to number of contractors represented, considering value for money to contractors, size required for a place on CPEC, local knowledge/relationships and NHS geographical footprints.
24. Reduce CPL committee sizes to maximum of 10 members whilst maintaining local proportional representation.
25. Increase the use of virtual technology to improve value for contractors
26. Identify and implement effective approaches to engaging with local contractors.
27. Provide honoraria for all members of CPL committee to compensate for time taken to deliver roles effectively and improve engagement
28. Allow pharmacy employees and patient and public representatives to have non-voting membership of CPLs
29. Provide on-line training to all CPL members on their roles and responsibilities, GDPR, Equality and Diversity and recruitment and appointment as appropriate
30. Review processes and create strategies to ensure that all employee appointments are fair and transparent and that CPL are equal opportunity employers.
31. Develop strategies to ensure that engagement by all CPL committee members is equal
32. Focus levy funded activities on representative rather than support related activities
33. Negotiate and set up new services only where there is a reasonable profit margin