

PSNC LPC and Implementation Support Subcommittee Agenda

for the meeting to be held on Tuesday 14th July 2015

at Park Inn by Radisson Palace, Church Road, Southend-on-Sea, SS1 2AL

starting at 11.30am

Members: Christine Burbage (Chair), Mark Collins, Raj Morjaria, Kirit Patel, Umesh Patel, Rupen Sedani, Anil Sharma, Faisal Tuddy.

Apologies for absence

Anil Sharma and Kirit Patel send apologies for absence.

Minutes of previous meeting and matters arising

The minutes of the meeting held on 12th May 2015 were shared with the subcommittee for approval and can be downloaded from PSNC's website.

Agenda and Subcommittee Work

Below we set out progress and actions required on the work plan areas for the year. The subcommittee is asked to consider the reports; to address any actions required; and to comment on the proposed next steps. The next steps identified at the last meeting with passed target dates remain as a reference.

1	Assist LPCs to promote pharmacy service provision to local commissioners	Status
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Report:

Think Pharmacy events

Think Pharmacy events typically bring commissioners and opinion formers together for a few hours during the day at a local venue when there are presentations to promote pharmacy services to commissioners and showcase local successes. Sometimes that meeting is followed by an evening meeting for contractors. PSNC has provided a guide to LPCs on organising a Think Pharmacy event and offers support and a PSNC speaker.

From the July LPC survey 75% of LPCs have either already held or are considering a Think Pharmacy event. The subcommittee is asked to consider if PSNC should organise a Think Pharmacy event in those areas where there has not been such an event and it is unlikely that one will be organised by the LPCs. Several could be held in the North East, North West, East Anglia, Midlands, London, South East and South West. Based on room hire, buffet lunch, equipment (PA etc.) the estimated average venue cost is £3,000 for each (with 50 attendees) for a daytime event, with additional costs if an evening contractor meeting is added. Another significant additional cost would be PSNC administration and organisational support in the run up to the event and on the day.

Services database

The office has now populated the online services database with all the information that LPCs have supplied on locally commissioned services. Information is continuing to come in and to be added, and we have almost 800 services on the database. The usefulness of the database was stressed at the LPC Chairs and Secretaries meeting, and we continue to ask for information and updates at regional LPC meetings.

Service prospectuses and other resources

The Health Service Journal/Local Government Chronicle supplement on community pharmacy services has now been published and copies will be available for Committee members at the meeting. This was written by a freelance journalist but took a considerable amount of work from the office to provide and summarise

information on services and to suggest contacts and offer comments.

LPCs have now been sent a number of copies of the supplement for use in conversations with their local commissioners. In a survey sent before LPCs had received their copies more than 30% said they had already found the supplement useful and a further 55% said they hoped it would be useful in the future (the remaining respondents were not aware of the supplement). We have received positive feedback from some LPCs and we will pull all this together as well as assessing impact more formally later in the summer once we and LPCs have had more opportunity to use the supplement.

We have published the first two prospectuses on alcohol identification and asthma management and will continue to publish these over the summer.

Commissioner emails and website page

The commissioner section of the PSNC website has been launched (see psnc.org.uk/commissioners) and we have set up the commissioner emails. The webpage includes general information on community pharmacy, inspiration on services (including the prospectuses), and links to more detailed information on each service. We are working on a campaign to market the commissioner emails to LPCs, using them to help us to get commissioners signed up to the emails, and we expect to launch this later in July. Once we have launched that we will update the mapping spreadsheet to see which local organisations we have represented and where there are gaps.

Subcommittee Action:

- The subcommittee is asked to consider PSNC organising Think Pharmacy events as set out above.

Next Steps:

Now a critical mass of services database entries have been added, work is commencing to distil key information about each service type on the database in order to provide useful information summaries to support LPC discussions with commissioners. A spread sheet detailing services by LPC and commissioner has been created alongside the population of the database, which will allow the Committee to monitor changes in local service commissioning	The spread sheet has been published and work to populate the database is ongoing
Complete the service prospectuses	Ongoing; publication every other week
Revise the Think Pharmacy materials developed by a number of LPCs for use in all areas	Ongoing (documents to be aligned with the prospectuses)
Set up and maintain the commissioner section of the PSNC website	Page launched; updates ongoing
Send regular updates to commissioners via the new emails; early emails will cover repeat dispensing, flu service results, clinical audit and the urgent care toolkit	Ongoing
Promote commissioner emails more widely via LPCs and following analysis of our subscribers to identify any NHS England local teams/LAs/CCGs who are not yet receiving them	July promotion to LPCs; and ongoing analysis
Work on any additional support needs agreed by the subcommittee at the March meeting for implementation or further consideration at the next meeting	May and ongoing
Create email lists for LAs, CCG and NHS England local team email subscribers and design targeted email newsletters for each group	Analysis of email lists to follow marketing campaign
Review communications to local commissioners to highlight the urgent care	Plan complete

resilience toolkit produced by NHS England and, if needed, develop a plan for further communications	
Contact each LPC for material produced by LPCs to promote community pharmacy services to commissioners to contribute to the library of good practice on the PSNC website	Complete
Discuss with a group of LPC Chief Officers and Chairs any additional support needs and include reference to support for work with local commissioners	Complete

2 Promote models of efficient and successful LPCs	Status
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Report:

PharmOutcomes self-evaluation

43 LPCs have now completed the LPC self-evaluation on PharmOutcomes with 33 still to do so (there were 48 at the last LIS meeting). There are three levels for each element of the assessment: Amber - potential concerns; Green - good; Purple - exemplary. Those LPCs with assessments where all the elements were either good or exemplary were highlighted at the LPC Chairs and Chief Officers meeting to recognise their success and motivate others to progress with the assessment. This was followed by further congratulations to the LPCs in LPC News.

The Chief Officers of those LPCs have been interviewed to share how the LPCs completed the assessment and the benefits of doing so.

Encouragement to those LPCs that have still to complete the assessment continues. A further report will be given at the meeting.

LPC mergers

Herefordshire and Worcestershire LPCs are planning to merge and the office is providing support.

LPCs in the Spotlight

Essex LPC has been interviewed and will be next in the series which promotes good LPC practice.

Subcommittee Action:

- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

Review existing support material and update as necessary	Ongoing
Ensure LPCs are aware of HR matters when restructuring	Ongoing
Consider impact on LPCs and PSNC regions of changes to NHS England local team geography	Ongoing
Identify and congratulate publicly LPCs rated highly by the PSNC self-evaluation tool – celebrate success at the LPC Chairs and Chief Officers meeting	June and ongoing
Continue the LPCs in the Spotlight series	Ongoing
Continue to encourage LPCs to report successes and share good practice	Ongoing
Support as required LPCs planning to merge using each as a case study on the process, structure, ways of working and benefits from the reorganisation	Ongoing
Give examples of good LPC structures	Ongoing

Report:

National provider company

A task and finish group set up by PSNC, NPA, CCA and AIMp met on 4th June 2015 to prepare proposals for a national provider company for community pharmacy. The members of the group are representatives of each of the four organisations plus two LPC representatives. The draft paper resulting from the meeting is attached as **Appendix LIS 02/06/15**.

This paper has been circulated to the members of the task and finish group for comment to produce a final document for September 2015.

Start-up funding is needed to establish the new company and begin its operations. The Task and Finish group propose that to make rapid progress with start-up the NPA and PSNC provide sufficient funding and each appoints four directors. LIS is asked to recommend that PSNC contributes £50,000 (this request is also being considered in RDF). This will provide £100, 000 funding to get the company up and running. The Task and Finish group paper gives a higher figure for the short term running of the company but whilst this includes start-up it also includes further costs beyond that phase which the company once established will incur and will need to fund itself.

There was an update for LPCs on the plans for a national provider company at the LPC Chairs and Chief Officers meeting in June which was well received.

Local Provider companies

So far there are provider companies in Humber, Essex and North Yorkshire; there is an independents only company in Leicester and an LLP in the Bexley, Bromley and Greenwich area. Areas in the process of setting up a provider company include London, Greater Manchester and Thames Valley.

Subcommittee Action:

- Provide comments on the draft paper in **Appendix LIS 02/06/15** and consider the proposal for PSNC to provide £50,000 funding for start-up; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

Update guidance based on experiences with early adopters	Complete
Provide support for LPCs involved with third party provider companies (e.g. Virgin Care)	Ongoing
Review at the LPC Chairs and Chief Officers meeting	Complete
Share good practice and experiences of LPC involvement with provider companies	Ongoing
Work on a one-to-one basis with LPCs considering facilitating the setting up of a provider company	Ongoing
Monitor commissioning trends to tailor support needs	Ongoing
Progress work jointly with the NPA to set up a national provider company for community pharmacy	October

Report:**PSNC Leadership Academy**

The LIS work plan includes preparing a proposal for leadership training. The subcommittee is asked to consider the proposal for a PSNC Leadership Academy set out in **Appendix LIS 03/06/15**. The proposal was presented and supported at the LPC Chairs and Chief Officers meeting and there has been subsequent interest from LPCs keen to be involved.

The proposals include PSNC funding of £8k, which has been discussed with the RDF chair, for the first wave of successful applicants, to include course preparation, delivery, one to one support outside contact days and venue costs.

LPC Chairs and Chief Officers meeting

A national meeting of LPC Chairs and Chief Officers took place on 9th June 2015 in central London chaired by the PSNC Chairman. There were 112 attendees. This event discusses current issues affecting LPCs and share good practice.

The day opened with an update including the latest news on any contractual changes and the landscape after the General Election. There followed discussions on the National Contract – the next steps, and local commissioning – the challenge of integrating health and social care.

The proposal for an LPC Leadership Academy was presented and discussed with strong support from LPCs for the initiative. There was an update on provider companies, discussion on direction of prescriptions and the support for LPCs including the HSJ/LGC Supplement, Services Prospectuses, Think Pharmacy and the services database. The pharmacy press were not present at this meeting.

The feedback from the meeting is set out in **Appendix LIS 04/06/15**.

Follow up on recent training events

Delegates attending the *Preparing bids and business cases* seminar and *Getting your message across workshop* were contacted 6 weeks after each event to gauge the value and impact of the training. The report is attached as **Appendix LIS 05/06/15**.

Recently added training

Following the recent training needs survey, media skills training for LPCs will be held on 27th November 2015 and LPC website administration on 17th September 2015. Other seminars to be held later in 2015 include *Preparing bids and business cases*, *Regulations Master Class*, *LPC new members day* and *LPC financial management*.

LPC Conference 2015

The LPC Conference is being held on 4th November 2015 in Birmingham. Regional meetings of LPCs are now underway to agree topics for discussion to submit by 17th August 2015. The outcome of the discussions will be taken into account at the PSNC November planning meeting and LPCs are encouraged to address their topics with this in mind. Consideration is also being given to a possible external speaker to include in the agenda.

At the LPC Chairs and Chief Officers meeting it was suggested and fully supported by LPCs that the first part of the Conference excludes the pharmacy press. Unless the subcommittee has any objections this will be introduced this year.

Additional national meeting of LPC Chairs and Chief Officers

As last year, a further national meeting of LPC Chairs and Chief Officers will be held on the afternoon prior to the LPC Conference. This will be the 3rd November 2015 in Birmingham. The press will not be present for this meeting.

LPC communications help and websites

Following the results of the LPC survey on website developments we are progressing discussions on options including the addition of poll functionality, contractor log in and pop ups to their websites. Once we have acceptable costings for these we will proceed with the development work. The updated guidance will be launched at the same time as these developments, we hope in the next 2-3 months.

We have also had requests from LPCs for help with radio adverts and for a training day on social media so we will work on both of these with the LPCs in question.

Following the election we worked with Pharmacy Voice to update the pharmacy manifesto resources for LPCs to help them to engage with any returning or new MPs. The RPS was unfortunately not able to agree to co-badgany any of these resources but we will continue to try to work with them on this topic.

Subcommittee Action:

- To review the reports and consider the proposal for a PSNC Leadership Academy;
- To consider if the first part of the LPC Conference should allow some reports and discussions without the pharmacy press being present; and
- Review the proposed next steps and suggest additional activities, if appropriate.

Next Steps:

Promote use of the LPC self-evaluation tool on PharmOutcomes, get feedback from existing users, then identify LPCs who have not completed the evaluation and encourage participation. Target LPC members to highlight benefits and encourage completion. Feature in CPN. Encourage publishing on LPC website	Ongoing
Identify from the self-evaluation LPCs needing additional support , discuss with PSNC regional representative and discuss support needs with LPC	June
LPC Viewer Dashboard – aggregating locally commissioned services, MURs, NMS: identify and contact LPCs that have not signed up; promote heavily to LPCs and action that can be taken by LPCs when needed, emphasise governance	June
In consultation with a group of LPC Chairs and Chief Officers prepare proposals for a PSNC LPC Leadership programme include CPPE programme	Presentation of proposal to July 2015 meeting
Consider LPC support needs in the implementation of the 2014/15 settlement and mandate for 2015	Ongoing
Review uptake and feedback on PSNC resources and follow up LPC training to monitor the impact and reinforce learning	Ongoing
Expand the Best Practice Library with HR material developed by LPCs and LPC business and administration material	June and on-going
Continue to highlight LPC news and good practice in PSNC communications	Ongoing
Following analysis of costs and survey results; begin development work on LPC website improvements	To commence in July
Update LPC website guidance on Google Analytics and event system	Tbc – launch dependent on progress of development work
Re-launch LPC website guidance to include new developments; and plan any required training	Tbc – dependent on progress of development work; training planned for 17 th September

Produce top tips emails to help LPC website managers to get the most out of their websites	Ongoing
Plan LPC social media training event	Timing of event tbc
Issue guidance for LPCs on radio advertising	September
Highlight examples of LPCs getting local press coverage to help them with this task	Ongoing
Highlight examples of successful local services as identified from the services database	Ongoing
Produce risk register for LPCs based on discussions at LPC financial management seminar	Complete
Produce communications guidance for LPCs to help them to use social media	Complete
Survey LPCs on support and training needs including additional options for the delivery of training and LPC administration that could be provided nationally by PSNC	Complete

5	Provide the best possible information and support to contractors and pharmacy teams	Status
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Report:

PSNC Briefings

The office regularly publishes PSNC Briefings to provide information and guidance for contractors and LPCs on topical issues. The PSNC Briefings published since the last subcommittee meeting are set out in **Appendix LIS 06/07/15 (page 26)**. They can all be downloaded from psnc.org.uk/briefings.

User-friendly communications, resources and news

We have continued to implement the plans to make our communications more user-friendly as outlined in the March 2015 LIS agenda. In particular we have been focusing on CPN which now has a number of new features to highlight news and reminders to pharmacy teams, provide additional factsheets to help teams to offer services such as MURs, and showcase service successes to LPCs. Melinda Mabbutt is taking on much of the editing of CPN with training from Zoe Smeaton.

Communications have covered updates and responses to key NHS news (such as the Summary Care Record roll out and announcement on publication of medicines prices); guidance on smartcard access and EPS business change workshops; articles to promote LPC good practice; promotion of the HSJ/LGC supplement; and a reminder of the additional payment made to pharmacies. Working with Pharmacy Voice we also responded to national media coverage of minor ailments services after patients were reported to be visiting pharmacies asking for free Calpol; a statement and suggested messages for pharmacies were posted online and sent to LPCs to help them to deal with this situation.

We have not yet progressed the series of interviews in CPN with the PSNC Subcommittee Chairs to further promote our messages and work but we will consider this over the next few months.

We continue to implement the plans to make the website as user-friendly as possible and a short statistics report on use of the PSNC website and our newsletters is included in **Appendix LIS 07/07/15**. This includes some guidance on how to interpret the figures. In the coming months we plan to update our photo library to improve the ways in which we can illustrate the website and CPN, and we are looking to refresh the design of our newsletters with the help of a designer.

Endorsing and submission good practice webinar

On June 30th Harpreet Chana and Komal George hosted a live workshop on endorsing and submission good practice. Despite some technical issues in the run up, the event was a big success with more than 1,350 people logged in on the night. Participants asked a range of questions and the feedback so far has been very

positive with 97% of people saying they found it useful or very useful and several emailing or phoning in to say how useful they had found the event.

More than 2,000 people registered for the event so we hope that many more will now access the on-demand recorded version of the event which we are continuing to promote on newsletters and the website. Harpreet and Komal are also going to review the questions we were not able to answer on the night and if needed we may produce further written FAQs to help pharmacy teams. We have sent a survey to all attendees and will collate the responses to assess the feedback. We are in discussion with our webinar provider company to ensure the technical issues are not repeated in future; and we are considering possible future webinar topics. We will share an updated summary of the feedback from the webinar with the committee at the meeting.

Press work

We have continued to work constructively with the pharmacy press, answering queries and providing proactive comment on a range of topics relevant to PSNC's work. Comments in the past two months have covered ESP LPS issues, Government announcements, substance misuse services and Check34. Following a meeting with C+D we are beginning work on the local service success stories with them as well as the features to support dispensing and to stress the importance of service provision. The Pharmacist Magazine has published the article from the Dispensing and Supply Team on exemptions (which was based on our existing resources and highlighted these) and the team are now working on another one on endorsing. We will consider additional press articles once we have agreed a settlement.

Social media

In June the PSNC twitter account had 3,859 followers and this continues to steadily increase. We sent an average of 5.8 tweets per day, up from 2.3 in January. These continue to be focused on promoting PSNC news, resources and information; directing people to the PSNC website.

Following the launch of some staff member twitter accounts we have continued to use these to engage with key stakeholders, promote pharmacy services and encourage people to visit PSNC's website. We also tweeted during the webinar as another way in which to engage with our audiences. As discussed by LIS in May 2015 we will consider ways to better track this activity and to tailor our content to a wider range of stakeholders including local commissioners. We will report back on this in October.

2015/16 settlement communications (Confidential)

Settlement 2014/15 Communications

There have been no real activities since the last PSNC meeting and outstanding actions are listed below.

Repeat dispensing	We will promote the service and GP resources via the targeted commissioner newsletters.
Patient safety incident reporting	We will continue to tweet reminders and encouragement (including the reasons to do this) to pharmacy teams.
Emergency supply audit	When we have the audit results we will consider communications on these to include briefing CCGs via the commissioner newsletters.
Medicines Use Reviews	We will consider the need for any further work when the RPS has carried out its project on improving engagement with the public about pharmacy services.
New Medicine Service	We will promote the NMS to GPs via the new commissioner emails.

Subcommittee Action:

- The subcommittee is asked to review progress and next steps; and
- The subcommittee is asked to consider any additional webinar topics that may be of use to pharmacy teams.

Next Steps:

Over the summer proactive communications and press work will cover: <ul style="list-style-type: none"> • Dispensing and supply (dispensing point guide and A-Z) • Services and the need to engage with them • PSNC's work • EPS • Check 34 • Settlement – once agreed • NHS England prescription direction poster 	Ongoing
Continue to focus on user-friendliness in our communications applying all the principles identified previously (e.g. use of infographics and Committee member comments) to communications	Ongoing
Review newsletter design and update website photo library	September
Continue applying the updated style guide and principles to the website	Review is ongoing
Review the feedback from the endorsing webinar and plan the next PSNC webinar	September
Continue to use and review achievements on social media	Report in October
Use the new commissioner emails to promote: <ul style="list-style-type: none"> • MURs • The NMS • Repeat dispensing • The clinical audit • HSJ supplement 	Ongoing
Produce some new PSNC video content on recent work, beginning with prescription direction, and produce a plan for PSNC videos this year	Prescription direction video to be published in line with NHS England poster; and ongoing
Produce draft press releases and template letters for LPCs on the repeat dispensing service	Complete
Work to plan a webinar on endorsing requirements for later this year	Complete

Any other Business

LPC reports to LIS – the subcommittee is asked to review the results of the Survey Monkey report in **Appendix 08/07/15 (included separately at the end of the agenda pack)** not already considered and agree any action to be taken. The report in the agenda will be sent to all LPCs following the meeting.

DRAFT

A national provider company for NHS community pharmacy

Background

The leaders of the national pharmacy organisations (AIMp, CCA, NPA and PSNC) met in April 2015 as a policy group to discuss possible solutions to the current and future local commissioning challenges: commissioners wanting to contract with a single provider, community pharmacy losing services due to an inability to respond to commissioning opportunities and non-pharmacy lead providers controlling subcontracting to pharmacy.

There are a very small number of local contractor provider companies but barriers are preventing most from flourishing – The larger pharmacy contractor company governance arrangements prevent the company from becoming a member / appointing directors and where standard contracting methods are used, the absence of a trading history could be a barrier. In most areas there is little enthusiasm amongst contractors for establishing local provider companies.

The policy group concluded that a proposal should be prepared for the establishment of a single national provider company that would operate at two levels:

Central Services Support

Examples - screening for tenders, contract scrutiny, expressions of interest, general advice.

This 'Tier One' service would be most likely to be used by established provider companies seeking local commissioning opportunities.

Full Service

Central services support plus working with the local contractors before submitting a bid, holding the main contract, subcontracting to local pharmacies and managing performance / delivery.

This 'Tier Two' service would be more likely to be used where there are no local provider companies for a particular area, or where the geography did not fit the local company boundaries. It is not the intention that a Tier Two service would be provided if there is already a local pharmacy contractor established provider company, but in such a case the Tier One service may be of value.

Task and Finish Group

The policy group commissioned a Task and Finish group consisting of representatives from the four organisations plus two LPC representatives from LPC areas where there is already enthusiasm for provider companies, to prepare proposals for such a national provider company.

The policy group authorised the Task and Finish group to develop the structures for lawyers to prepare the draft company Memorandum and Articles of Association and asked that the proposal and legal documents should be prepared in time for the Boards of the four organisations to consider by late summer.

The Task and Finish group completed its work and this document sets out the proposal.

Proposed company structure

The company objectives are to support pharmacy contractors and local provider companies in securing local contracts for the provision of services through community pharmacy and holding contracts to subcontract locally to pharmacy contractors: after set-up the company will be funded from income from the provision of these services.

The company should be limited by guarantee – this provides a convenient corporate structure that includes limitation of liability. This is the same type of corporate vehicle as the one recommended by solicitors for the PSNC template provider company for use at local level.

Although as a start-up company it will have no trading history – a requirement for responding to some tenders - the involvement of the NPA as a member of the company may satisfy the need to evidence a trading history. The other potential members – AIMp, CCA, PSNC and LPCs do not have trading histories and so their involvement as members in the national provider company is not so critical.

The company should have a main board consisting of 8 directors.

It is proposed that to make rapid progress with start-up NPA and PSNC provide sufficient funding and each appoint 4 directors. Once the company is up and running new members can be admitted and directors appointed accordingly.

Each organisation that becomes a member will be entitled to appoint directors. The LPCs will not become a member of the company but two LPC members or officers will be appointed by the existing directors, to represent the interests of LPCs and pharmacy contractors.

Membership of the national provider company will require the guarantees together with payment of an appropriate contribution to the costs of establishing the company, and any ongoing costs which would be incurred which are not covered by income from providing the Tier One or Tier Two services. These contributions may be made by way of a loan, to be repaid from the income of the company.

The Board will form an Advisory Board which may include nominees from the member organisations, LPC members of officers elected or appointed by LPCs and pharmacy contractors.

The Board will appoint a Chairman.

Once in place the Directors will prepare a business plan and risk assessment for the company before it begins trading.

Company operation

The most practical option is for the company to locate its office at the NPA.

It is envisaged that initially the company will establish a resource to offer the Tier One chargeable central commissioning support to local provider companies with the services included as set out above.

Minimum staffing at this stage would include a contracts manager, accountable to the Board, with a small team of contract officers. The team would review all tenders and alert local provider companies where they have commissioned this service, offering support as needed to respond to the tender, due diligence and to support delivery of the service if successful.

The national company will also be in a position to offer a template company shell to the LPCs / contractors should a local provider company be preferred and, if needed, support its establishment.

Funding

Set up and initial running costs

Legal costs to set up company (legal advice and incorporation to include company secretarial services): Est. £10,000

Directors meeting costs, expenses and administrative support

Insurances

Premises and facilities

Staff (Est. contract manager £40k; 3 contracts officers at £25k): £115K

Source of initial funding

For start-up fund of £250k

Options:

- All LPCs provide funding on the basis of a loan
- A loan from NPA at commercial rates
- Mix of the two
- PSNC and NPA fund the set up

Once established the company will trade on income from local provider companies and contractors purchasing services, management fees and income from holding head contracts. Loan repayment will be as priority.

Miscellaneous points to be addressed once company is established

It will be necessary to communicate with LPCs, pharmacy contractors and any existing local provider companies, to gain buy-in.

As commissioners seek to minimise their administrative overhead, the national provider company may wish to explore any IT solutions. Obtaining licences for the use of the PharmOutcomes platform has been beneficial in some areas, but the Board will want to check whether this or an alternative provider may be useful as the company extends into the Tier Two services.

Before the company extends into the provision of Tier Two services, a framework underpinned by Rules will be needed to establish to performance manage pharmacy contractors and others that are providing services for which the national provider company holds the contract.

There are some exemptions from requirements in the NHS Standard Contract for smaller businesses. Depending on the level and type of business conducted, CQC registration may be required. VAT and other financial aspects will also need to be considered.

PSNC LPC Leadership Academy

The LIS work plan includes a strand of work to develop proposals for a PSNC LPC leadership programme. At the March LIS meeting it was reported that following a review of national providers of leadership training including the NHS, RPS and CPPE it was felt a more bespoke program would be better suited to the needs of LPCs. A potential provider was identified and a sample of LPC Chairs and COs are have been consulted on LPC leadership and possible ways of providing the training.

The approach was outlined at the recent meeting of LPC Chief Officers and Chairs and there was encouragement to proceed from attendees.

Delivering the programme

The proposed provider of the leadership development programme is Rachel Harrison. Rachel runs a consultancy specialising in management and leadership and has written and delivered a successful range of training programmes endorsed by the Institute of Leadership and Management. She has a Masters degree in education and training and extensive experience of designing and delivering learning in business contexts, higher education and in the healthcare industries.

She specialises in helping organisations and people to make change and move forward. Since 1997 Rachel has been consulting, coaching and training, researching and writing on management and leadership, organisational development, cross cultural communications, performance management, working with change and conflict resolution. She has an international portfolio and in the last 15 years has worked in 31 countries across Europe, USA and Africa.

Rachel has worked with LPCs having run four training days under PSNC training programme: 'Coaching and Mentoring' and 'Getting your message across'. Feedback was outstanding.

Programme approach

Following discussions with LPCs the aim of the programme is to develop new leaders, to identify the 'movers and shakers' in LPCs with leadership potential and use the programme to develop them as leaders through coaching, peer support, networking, and leadership skills. This can make a significant contribution to the continued development of a national network of persons who demonstrate active leadership in community pharmacy.

The proposed programme approach:

A place on the programme is by invitation only following a selection process to be determined.

All LPC members and officers may apply but will need to be aware of selection criteria.

The first wave will be a group of no more than 12 successful applicants

Following pre-course assessments the group will meet for the first of two day to explore effective leadership in the LPC context, develop foundation skills and individual action plans, and bond and network as a group.

There will be an eight to ten week gap before day two and in that period the individuals will undertake self-identified structured leadership tasks. There will also be one-to-one coaching sessions with Rachel via Skype. The second day will consolidate the learning and focus on leading and managing change to take an organisation forward. Although the formal part of the programme will finish after the second day the group will be encouraged to keep in contact, continue peer coaching and put what they have learnt into action and inspire others through their leadership.

The attached draft prepared by Rachel provides more detail. The programme will be mapped and cross referenced to the NHS leadership competencies.

Programme funding

The PSNC LPC Leadership Academy would be a powerful demonstration of PSNCs commitment to develop LPCs for the benefit of contractors at a time of need for strong local leadership to move community pharmacy forward. Those involved with the programme can inspire and encourage others at PSNC events and we can work with them to promote good leadership in LPCs. PSNC can continue to develop and strengthen an LPC leadership network integrating established LPC leaders.

The cost to complete the course design, prepare the materials, deliver the two days, and provide structured one-to-one coaching to all delegates outside the contact days is £5½ k ex vat, plus expenses.

An additional cost is the venue for the two contact days at £1k; giving an estimated total cost of £8k.

The subcommittee is asked to consider recommending that the first wave through the PSNC Leadership Academy is sponsored by PSNC.

Subject to approval of the proposal at the July meeting, the preparation of the programme resources can begin; the announcement of the Academy can be made inviting applications to join the programme, followed by selection of the successful first intake for the programme to begin in late January/early February.



LPC: leadership Course.

Draft. For discussion

What are we aiming to achieve?

- ✓ **Clarify and debate the leadership function of the LPC within the changing landscape of developing local provision.**
- ✓ **Review what this means for individual roles and contributions to the work of the LPC, and to other professional roles associated with leading and developing local provision.**
- ✓ **Explore what effective leadership means in practice .Make a critical assessment of individual strengths and areas for development.**
- ✓ **Create an individual plan of action that will further individual's positive development and impact as leaders in the locality.**
- ✓ **Evaluate the impacts of change and discuss ways of dealing with these as leaders**
- ✓ **Practice and develop peer coaching skills.**
- ✓ **Build and strengthen peer support, working relationships and networks.**

Course structure

A two day programme, designed for 10/12 people. Days take place approximately 10 weeks apart. Participants will be encouraged to undertake some self identified structured leadership tasks between days one and two, the outcomes of which will be reflected on during day two. There will be an opportunity in the afternoon of day two for participants for work together to create practical strategies for the leadership challenges they face in their LPC work.

Adding value and extending the learning

Participants can be offered a coaching session (via Skype?) between days one and two and one coaching session six weeks after day two. The focus of this will be on their leadership development, as individual professionals and as members of LPCs and to support them in undertaking the leadership tasks that they have identified. An 'output coaching' approach will be taken here.

Course methodologies

This course involves a range of exercises and activities including, case studies, questionnaires, peer coaching and debate, working as individuals, in small groups and in plenary.

Prior to the course: participants will be given a bespoke questionnaire which asks them to think about a series of questions about leadership and about themselves as leaders. There are no right or wrong answers; it is simply to encourage some focused and critical thinking beforehand.

The programme will be supported by a comprehensive written resource for each candidate.

Day One

9.00 Registration	
9.30 Welcome and introductions	<ul style="list-style-type: none"> ✓ Introductory activity
Leadership and the LPC	<ul style="list-style-type: none"> ✓ What is the leadership function of the LPC? ✓ How does the LPC exercise this role in practice? ✓ How do we know when provision is well led? ✓ Clarifying contributions to overall LPC leadership
You and Leadership	<ul style="list-style-type: none"> ✓ Establishing the core principles and practices of leadership that works: practical <ul style="list-style-type: none"> ✓ Models of leadership ✓ Situational leadership ✓ Your style, your beliefs, your values ✓ Emotional intelligence and leadership
12.30 Lunch	
13.30	<ul style="list-style-type: none"> ✓ Leadership and communication: what's important?

The leader as communicator	<ul style="list-style-type: none"> ✓ The strategic communicator ✓ Leadership and responsibility ✓ Communicating in challenging situations: guidelines for good practice and pitfalls to avoid: practical ✓ The management is the message? ✓ Demonstrating leadership
The leader as coach	The Key principles: a review
Leading yourself	Action planning and next steps
Peer coaching	Practical
16.30	Review and close

Day Two

9.30 Welcome back, Q and A, introductory activity	
What did you plan/What actually happened	<ul style="list-style-type: none"> ✓ Group and peer review
Leading and managing through change	<ul style="list-style-type: none"> ✓ Types of change Responses to change ✓ Impact of change on individuals, teams and organisations ✓ Making changes: What stops us? ✓ The Seven Dynamics of Change and the leadership task throughout the change process ✓ Cultivating change:

	✓ Guidelines for managing in change and pitfalls to avoid
12.30 Lunch	
Action learning	Working with challenging scenarios Creating practical strategies
Next steps	✓ Practical action planning
16.30 review and close	

LPC Chairs and Chief Officers meeting feedback report

Annual Meeting of LPC Chairs and Chief Officers June 2015 - Feedback

	1	2	3	4	5	N/A	Total
Content of today's event	0	1	10	29	29	1	70
	1	2	3	4	5	N/A	
Venue	1	3	10	26	30	0	70
	Yes		No			N/A	
Was there sufficient opportunity to contribute to this event?	67		2			1	70
	1	2	3	4	5	N/A	
Overall rating for the day	0	0	11	35	23	1	70
Comments							
More details on key issues - funding especially. Outline of plan							
Content was not new, have heard most of it before. Offer vegetarian option at breakfast							
Room acoustics poor. Food pleasant but weirdly presented. Room a bit crowded, difficult to move between chairs.							
Venue - variable sound quality. Food service poor for availability at lunch. Missing salads and sandwiches, hot food was warm not hot. Room a bit small for numbers attending.							
All topics were very relevant to the development of our service - role of LPC's etc. Good, very informative update on the state of many initiatives. Felt all areas very relevant.							
Circulate the agenda a week before. Sessions reflected the changing needs of LPC's at the rate of change needed. E.g. national provides. A step change in providing tools to help us. Rosie's session was excellent, she has worked hard on this.							
Room too cold							
Good opportunity to hear first hand what other LPC successes there has been							
Have 15 mins less for lunch and add a natural break into morning.							
Explain issues ?? And no speakers using roaming microphones. Also 'popping'							
Development of committee members and leaders. More time to network							
Well done, keep it up!							
The discussion group in the morning didn't work well. Meeting was well chaired and kept to time as usual. Feels like too much going over old ground. PM session felt like 'teach granny to suck eggs'. If we don't know this info we are failing in our role/ Had high hopes for an announcement today but sadly disappointed.							
good opportunity to network							
Great venue and food thanks!							
Very good day - excellent content, delivery and opportunity to be included and ask questions.							
Hold it further north							
Very interesting and thought provoking - especially the morning sessions							
Enjoyed the long Q&A session. Need to provide the hand-outs at the event to save on note taking. NHS policy part was poor and not relevant to most people. Quite depressing.							
Room a little too small to move around but good for atmosphere. Excellent agenda - good mix of update and feedback. Excellent lunch - good that you could serve yourself. Room although good was difficult to see the front as tables very close to it.							
Very useful informative update day and opportunity to participate.							
Very good content and good mix of content, discussion and Q&A							
More discussion groups at table. Consider spreading innovator LPC's around the room in a seating plan. Rather too much being talked at. Afternoon session a bit scrappy							

Getting your message across – seminar follow up

Q1 LPCs responding: Walsall, Humber, Cheshire and Wirral, Cambridgeshire and Peterborough, PSNC delegate, Cambridgeshire and Peterborough (second delegate), Lancashire, Salford and Trafford, Bury and Rochdale, Oldham Tameside and Glossop

Q2 What I learnt on the day is beneficial to my LPC work

Strongly agree 7, Mildly agree 2, Neutral 0, Mildly disagree 0

Q3 Did you brief your LPC colleagues on the content following the seminar?

Yes a full report 0, A summary of the key points 6, Not yet plan to do so 1, Not planning to do so 0

Q4 Tell us about the impact of the seminar?

As a result of the day I have made changes /done something's differently to improve my skills 5

I have not yet had the opportunity to use my new skills but will do so 3

I don't think I will use any of the skills 0

Q5 Would you recommend the 'Preparing bids and business cases' seminar to other LPC members?

Yes 9

No 0

Q6 If no please say why

Q7 Any other comments?

Excellent session reinforcing effective communication methods

Speaker was excellent.. a very enjoyable event

Seminar was utilised for personal development within my LPC role and elements of key learning has been shared with other members

Great seminar, mainly because of the presenter. Rachel is superb!

This event helped me to identify a couple of key weaknesses and I have begun to address them. I've made a couple of presentations since and felt far more confident.

Preparing bids and business cases – seminar follow up

Q1 LPCs responding: Swindon and Wiltshire, Rotherham, North Yorkshire, City and Hackney

Q2 What I learnt on the day is beneficial to my LPC work

Strongly agree 3, Mildly agree 0, Neutral 0, Mildly disagree 1

Q3 Did you brief your LPC colleagues on the content following the seminar?

Yes a full report 1, A summary of the key points 3, Not yet plan to do so 0, Not planning to do so 0

Q4 Tell us about the impact of the seminar?

As a result of the day I have made changes /done something's differently to improve my skills 2

I have not yet had the opportunity to use my new skills but will do so 1

I don't think I will use any of the skills 1

Q5 Would you recommend the 'Preparing bids and business cases' seminar to other LPC members?

Yes 3

No 1

Q6 If no please say why

Because I did not learn anything - The examples would be very challenging to work with

Q7 Any other comments?

Excellent course and expertly delivered

As an LPC we did not think it was value for money as the trainers did what worked for them and they were doing this full time. We at the City & Hackney LPC are working full time and devoting resources full time we do not have that resources

PSNC Briefings issued since the last subcommittee meeting

All the PSNC Briefings listed below can be downloaded from psnc.org.uk/briefings.

PSNC Briefing 026/15: Contracts and Service Level Agreements

Many services provided by community pharmacists are commissioned locally according to the needs of the area. As a result of commissioning, a written document, often incorporating a Service Level Agreement (SLA), will be agreed between the parties. This PSNC briefing provides information on Service Level Agreements.

PSNC Briefing 027/15: Contracts and the NHS Standard Contract

Many services provided by community pharmacists are commissioned locally according to the needs of the area. NHS Regions, Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) commission services from individual pharmacies. This PSNC briefing provides information on the NHS Standard Contract and also on the Public Health Services Contract (non-mandatory contract).

PSNC Briefing 029/15: Update on the Health and Care Landscape (May)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy.

PSNC Briefing 030/15: Services & Commissioning Factsheet: National Target Groups for MURs

Community pharmacy contractors must carry out at least 70% of their Medicine Use Reviews (MURs) within any given financial year on patients in one or more of the national target groups. This Briefing outlines the requirements for patients to fall into the different target groups.

PSNC Briefing 031/15: Engaging commissioners with a Think Pharmacy event

Think Pharmacy is a brand that has been successfully used by many LPCs to engage their local commissioners to think differently about the provision of services – to ‘Think Pharmacy’ as a solution. Several LPCs have run Think Pharmacy events and this pack provides the material other LPCs will need to get started.

PSNC Briefing 032/15: Update on the Health and Care Landscape (June)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy.

May 2015: PSNC communications statistics report

PSNC Website

	May 2015	May 2014
Number of unique visitors (site entrances)	99,621	75,826
Number of unique page views	195,04	161,089



Pages	Views
Generic Shortages (NCSO & Price Concessions)	6,072
Medicines Use Review (MUR)	6,016
Controlled Drug Prescription Forms & Validity	5,067
National target groups for MURs	3,895
New Medicine Service (NMS)	3,868

News stories	Date published	Views
MHRA Class 2 Recall: 50mg Tramadol capsules	6 th May	3,403
Minor ailments queries: PSNC and PV statement	19 th May	1,701
Contractor update: direction of prescriptions	19 th May	707
Statement: Minor Ailments Service Discussions	7 th May	622
Revisions to SLS list (Drug Tariff Part XVIIIB)	6 th August 2014	586

PSNC Briefings	Views
016/14: Advanced Services (MURs and the NMS)	1,049
021/15: Submission of emergency supply audit results to NHS England	514
023/15: Providing pharmacy services at a distance	424
027/15: Contracts and the NHS Standard Contract	297
018/15: Dispensing Factsheet – Checking Prescription Exemption Status	240

Videos	Date posted	Plays
Emergency supply audit 2015	20 th March 2015	953
London pharmacy flu scheme (Kenny Gibson interview)	23 rd June 2014	18
AR Pharmacy: flu vaccination service	14 th April 2014	17
An Introduction to PSNC's Prescription Pricing Audit Centre	23 rd September 2014	12

PSNC Emails

PSNC Newsletter	May 2015	May 2014	Other health newsletters
Open rate	36%	38%	26%
Click rate	8%	7%	3%
Clicks to opens	21%	19%	10%

LPC News	May 2015	May 2014
Open rate	39%	41%
Click rate	3%	4%
Clicks to opens	7%	10%

PSNC Twitter Account

	May 2015	April 2015
Number of followers	3,731	3,636
Tweets per month	73	110
Tweets per day	3.2	5.0
Link clicks	693	654
Retweets	226	253

June 2015: PSNC communications statistics report

PSNC Website

	June 2015	June 2014
Number of unique visitors (site entrances)	105,603	75,596
Number of unique page views	213,732	164,256



Pages	Views
Generic Shortages (NCSO & Price Concessions)	7,424
Controlled Drug Prescription Forms & Validity	7,114
Medicines Use Review (MUR)	5,264
Register your interest in our webinar	4,407
Disposal of Unwanted Medicines	4,165

News stories	Date published	Views
Changes to Temazepam prescription requirements	1 st June	3,253
Update: Schedule 2/3 Controlled Drugs and EPS	23 rd June	902
Summary Care Record access for community pharmacies	23 rd June	745
Problem with medicines supplies from Movianto	18 th June	682
New Repeat Dispensing resources published	19 th June	633
PSNC Briefings		Views

016/14: Advanced Services (MURs and the NMS)	1,091
030/15: Services Factsheet – MUR National Target Groups	766
018/15: Dispensing Factsheet – Checking Prescription Exemption Status	251
015/14: Changes to Contractual Requirements 2014/15	184
023/15: Providing pharmacy services at a distance	168

Videos	Date posted	Plays
Emergency supply audit 2015	20 th March 2015	88
An Introduction to PSNC's Prescription Pricing Audit Centre	23 rd September 2014	19

PSNC Emails

PSNC Newsletter	June 2015	June 2014	Other health newsletters
Open rate	32%	40%	26%
Click rate	4%	11%	3%
Clicks to opens	15%	27%	10%

LPC News	June 2015	June 2014
Open rate	36%	39%
Click rate	5%	4%
Clicks to opens	15%	10%

PSNC Twitter Account

	June 2015	May 2015
Number of followers	3,859	3,731
Tweets per month	140	73
Tweets per day	5.8	3.2
Link clicks	790	693
Retweets	351	226

Understanding the communications statistics reports

We have used 'unique' statistical measurements which mean that multiple views/visits from the same computer are only recorded as one view/visit as this gives more realistic data.

Additionally, we have included publishing/posting dates for our news stories and videos so that you can more accurately see the success of that communication depending on the date of its original publication.

Key Terms

Unique visitors (site entrances): this refers to the number of people who have visited the PSNC website. The regular drops in visitor numbers we experience are due to weekends.

Unique page views: this refers to the number of times individual pages on the website have been viewed.

Open rates: this is a measure of the number of email recipients who open (that is, view) an email, divided by the total number of emails sent. The emails are tracked through the rendering of an included image pixel. Since images are almost always downloaded on mobile devices but are often blocked on desktop email programs such as Outlook, it can be a difficult metric to interpret. Across all industries it is thought that average open rate performance is typically in the range of 10-15%, with high performers achieving 15-20%.

Click rates: this is a measure of the number of unique clicks on links in emails, divided by the total number of emails sent. A click is recorded when a subscriber clicks on one or more links in the email. As it requires a conscious action by the email recipient, click rates generally provide a better measure of campaign engagement.

Click-to-open rates: this is a measure of the proportion of opened emails that had a link clicked. They are calculated by dividing the number of unique clicks by the number of opens. Click-to-open rates give a deeper insight into campaign performance because they look at actions performed after a campaign has been opened; they provide a basic but effective measure of campaign engagement.

Overview of the May 2015 report

May was a typical month for our communications with the regularly popular topics of Drug Tariff changes and price concessions rating high. However, the rumours and social media discussions around the Minor Ailments Service saw an increased interest in this area.

Our briefings regarding how local service contracts work were also of interest to some website visitors.

Our largest peak in website numbers was on Thursday 7th, which was the date of announcing we are in discussion with NHS Employers about a national community pharmacy minor ailments service.

Overview of the June 2015 report

June was a very successful month, largely due to the promotion of our Endorsing and Submission Good Practice Workshop which was held on the last day of the month. The registration page was very popular and the workshop itself generated a large number of tweets. We put a lot of work into promoting it through various channels and we received a fantastic response with over 2,200 registrations and over 60% of those attending.

The beginning of the month saw a change in prescription writing requirements for Temazepam and, as expected with a change such as this, this news encouraged a large number of people to visit the website to find out more about it.

Our largest peak in website visitor number was on Tuesday 23rd, the day we announced that Summary Care Record access is to be rolled out to community pharmacies.