

# PSNC LPC and Implementation Support Subcommittee Agenda

for the meeting to be held on Tuesday 8th May 2018

in the Orchard Room, Mercure Bristol Holland House Hotel, Bristol, BS1 6SQ

commencing at 1.30pm

**Members:** Sam Fisher, Peter Fulford, Kathryn Goodfellow, Jas Heer, Jay Patel, Umesh Patel, Anil Sharma, Fin McCaul.

## Apologies for absence

At the time of preparing the agenda, no apologies for absence have been received.

## Minutes of previous meeting and matters arising

The minutes of the meeting held on Tuesday 13th March 2018 are set out in [Appendix LIS 01/05/18](#).

## Agenda and Subcommittee work

Below we set out progress on the workplan for LIS in 2018. In some areas of the plan there is common ground with other subcommittees, in particular SDS. The role of SDS is to develop the products (such as a new service); LIS is concerned with supporting the implementation of that service by the provision of guidance, training and communication for LPCs and contractors.

Note: the activity in the workplan is what LIS aims to deliver but is subject to PSNC's financial and resource constraints.

## Support on the contractual framework and local commissioning

- 1 Provide support and work to engage contractors on the CPCF, pharmacy funding, the changing NHS environment and local commissioning, and all other NHS matters relevant.

### Actions

Ensure PSNC is using social and digital media to best effect to engage with contractors and their teams	Ongoing
Meet with pharmacy press to look for ways to work together to support community pharmacy contractors and their teams in 2018, and write a plan	Complete and ongoing
Provide guidance and support to contractors on changes to the CPCF and funding	Ongoing
Monitor the ongoing development and impact of the STPs/Accountable Care Organisations (ACOs) and the changing commissioning environment on community pharmacy, to inform support and guidance to contractors, and highlight success and shared learning	Ongoing
Support contractors to engage and adapt to the changing environment for community pharmacy	Ongoing

## Report

### Digital and Social Media

A report on PSNC's digital communications to contractors is included as [Appendix LIS 02/05/18](#). We are pleased with the addition of the headline news category to the website and this is being used well, and the GDPR webinars were very well received.

The communications team have considered the need to repeat the communications survey which we last ran in 2016, reviewing the questions and the feedback we received (see LIS January 2017, [Appendix LIS 07/01/17](#)). Given the broad positivity of the results last time, and the fact that we have made some changes based on the feedback (e.g. relaunching the newsletter as a weekly summary, promoting the RSS feeds, and making CPN a digital only publication), there does not seem to be a need for a repeat survey at this point. We will review this decision again in October.

The office is continuing to work to gain access to the list of pharmacy NHSmail accounts so that we can contact contractors with important NHS and PSNC news directly. This has been agreed in principle by NHS England and we have confirmed to them how we will use the NHS email addresses; so, we hope to receive the database soon. After that, we will email contractors let them know that they will receive PSNC News going forwards, and we will ask our existing subscribers to confirm that they still wish to receive PSNC emails. The communications team have worked with Gordon Hockey to ensure GDPR compliance.

### Press and Media Work

A summary of recent work with the pharmacy press and coverage is included as [Appendix LIS 03/05/18](#).

Following conversations and meetings with the pharmacy press, we have developed a plan for proactive work with them over the next few months. Key points from this are included as [Appendix LIS 04/05/18](#). Also included in this paper are some ideas for possible articles in the GP press, as previously requested by the subcommittee.

### Contractor Support

A summary of the PSNC Briefings published over the past two months is included as [Appendix LIS 05/05/18](#).

The services team have provided extensive support to contractors following the changes made to the Quality Payments Scheme. [PSNC Briefing 027/18: Quality Payments – PSNC resources \(April 2018\)](#) summarises the different resources on Quality Payments that are now available for contractors. New resources for 2018 include:

- A six-minute recorded presentation to highlight the changes to the scheme. This is intended to provide a quick reference guide to the changes;
- PSNC Briefing 026/18: Quality Payments – Evidence checklist. This was created to help contractors retain appropriate evidence of meeting the various criteria, should they subsequently be requested for evidence by the NHS BSA. The list is not exhaustive, but it has been agreed with NHS England and the NHS BSA.
- Existing FAQs have been fully updated and new ones drafted, based on feedback/questions received.

Work is ongoing with NHS England and NHS Digital to finalise guidance on the revised DoS update and to ensure there is clear guidance on the business as usual processes for NHSmail. The

PharmOutcomes recording module for QPS has been updated by Pinnacle Health partnership, working with the Services Team and this has now been made live for use by pharmacy teams.

The joint guidance and toolkit for contractors to help them to comply with the GDPR was published on 28th March 2018.

#### **Subcommittee Action**

To consider the reports and to offer feedback on the completed actions and proposed next steps.

### **LPC development and operational support**

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| 2 | Provide resources for LPCs to promote the local commissioning and effective implementation of evidence-based services. |
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#### **Actions**

Produce resources for LPCs to help them to promote services	Ongoing
Provide guidance, based on the Ashridge report, on how to run local meetings with commissioners to identify and overcome barriers to local commissioning	May
Provide training and support for LPCs on each of the steps in the commissioning cycle	November
Consider conducting further research to understand the impact, priorities and directions of STPs and ACOs, as recommended in the Ashridge report (considered at the March meeting and deferred to October).	October
Provide support to LPCs involved in the setting up of a local provider company, and the ongoing relationship and governance between the LPC and the provider company, once established. Support local provider companies set up with LPC involvement, as appropriate.	Ongoing

#### **Report**

As part of the training and support for steps in the commissioning cycle, two training days on preparing bids and business cases have been set up: 6th June in London and 12th June in Manchester. This training is open to contractors and provider companies as well as LPCs. The days include the local commissioners – who they are, how they work, what they want and how to engage with them; what services community pharmacy can offer to local commissioners, how they commission and contract, and where to get and present data; and how to prepare bids and business cases for Clinical Commissioning Groups, Sustainability and Transformation Partnerships (STPs) and the emerging care organisations. The training is provided by BRR Consulting which has provided similar (well received) courses for LPCs.

On provider companies, dialogue continues with Greater Manchester on the legal structure and governance of CPGM Healthcare Ltd, the local provider company. We are also seeking a meeting with CCA to discuss their difficulties with the current PSNC model Articles for provider companies and see if an alternative approach is possible. The provider company paper from the last meeting is attached as [Appendix LIS 06/05/18](#) for further discussion (see subcommittee action below). LPC supported provider companies have also been invited to the preparing bids and business cases training days.

The office has supported a regional meeting of North East LPCs in Newcastle in April to review and plan engagement with STPs in the region.

### **Subcommittee Action**

Provider companies: to consider the action points and conclusions in the document in [Appendix LIS 06/05/18](#), in particular the possibility of PSNC taking legal advice at this stage.

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| 3 | Promote collaboration and the sharing of knowledge, skills and resources across the LPC network. |
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### **Actions**

Follow up the discussions at the LPC Conference 2017 on how PSNC and LPCs can collaborate more on the production of support material and make greater use of the expertise in LPCs	February and ongoing
Create a database of individuals in LPCs with expertise/special interest	March and ongoing
Share information from regional meetings across the LPC network	Ongoing
Consider additional channels for a wider LPC audience to share knowledge and information across the LPC network	February
Consider a networking event for LPCs Members and staff involved in communications and public affairs work	November
Survey of LPCs to assess current engagement with STPs and the development of ACO/ACS, to inform the LPC network and PSNCs support plans	Survey completed
Use the national meeting of LPCs in March to progress this workstream	Meeting held in March

### **Report**

A report on the national meeting of LPCs held on 21st March is set out in [Appendix LIS 07/05/18](#). One of the discussions at the meeting was on developing the collaborative working approach initiated at last year's LPC Conference. The summary of the table discussions at the national LPC meeting is attached as [Appendix LIS 08/05/18](#). The collaborative working approach will initially be used for the development of commissioning toolkits, as described in the SDS agenda.

A call for contributors to a database of individuals in LPCs with a particular expertise or special interest has had few responses and promotion of the database continues. The results so far will be reported at the next meeting.

Additional channels for a wider LPC audience to share knowledge and information across the LPC network has progressed with the setting up of Google groups for the LPC Leadership network and LPC media leads. We are setting up a similar group for LPC treasurers which will be launched at the meeting of LPC Treasurers in June.

Last year the PSNC Leadership Academy organised a day for LPC leaders facilitated by Rachel Harrison. It was a valuable day and LPCs have asked PSNC to organise another forum this year. LPCs are being consulted on a date and the event will be funded by the attendees.

LPC Secretaries Yahoo group: following technical problems with the Yahoo group and doubt over the future of Yahoo groups we have been exploring alternative platforms. The conclusion is to opt for Gaggle groups. We have tested the system in the office and it works well. [Appendix LIS 09/05/18](#) sets

out how it works and the benefits. Subject to any comments from the subcommittee we will transfer over to the new platform later this month.

Currently the group is just for LPC Secretaries/ Chief Officers to have their own space to discuss issues and exchange information and views. However other LPC employees (often supported by their LPC Chief Officer) have asked to join the group as much of the traffic on the group relates to their role. Moving over to a new platform replacing the Yahoo group gives the opportunity to consult on whether to rename the group (maybe LPC Officers Group so it is kept to appropriate LPC employees) An expansion of the group could add value to the exchanges, perhaps subject to LPC Chief Officer requesting the membership for another member of their team.

There is a meeting of LPC Treasurers is on 14th June in central London and there will be an update on the meeting agenda at the LIS subcommittee, in particular what advice, if any, is given to LPC Treasurers following the presentation on HMRC guidance to LMCs at the national meeting of LPCs; the text of the slides from the HMRC presentation at that event are attached as [Appendix LIS 10/05/18](#).

On sharing information; following the end of the current round of regional meetings a summary of some of the initiatives and information is being collated as a regional roundup for LPCs.

#### **Subcommittee Action**

To review the plans for PSNC/ collaborative working, move to Gaggle, and the LPC Treasurers meeting agenda.

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| 4 | Work with LPCs to get clarity and agreement on their changing role, and support them to improve their effectiveness, communications and structures in response to the changing needs of contractors, local commissioners and other bodies in the evolving local NHS environment. |
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#### **Actions**

Update PSNC's self-evaluation framework to reflect the changing NHS environment	Complete
Develop PSNC's mentoring network to support the effectiveness of individuals in LPCs	March
Run training days for new LPC members following the LPC elections	May
Build on the PSNC's 'LPC size and structure document to identify how LPCs need to adapt to the changing NHS environment	May and ongoing
Continue to encourage LPC members to review the LPC structure and support those LPCs looking to make changes such as mergers or federation	Ongoing
Consult LPCs on training and other support needs to progress this workstream	March
Provide further templates for key areas of LPC work	Ongoing
Consider the additional support needs of the large LPCs that are resulting from mergers	March
Use PSNC's LPCs in the Spotlight feature to highlight success and inspire change	July

#### **Report**

##### **Self-evaluation**

PSNC's self-evaluation framework has been updated involving several members of the office team, an LPC member and an LPC Chief Officer and will be shortly be available on PharmOutcomes. The latest

PharmOutcomes version will be circulated to members when available. Once the updated self-evaluation is online we will promote and encourage LPCs to complete the new version. LIS will be kept updated on LPC engagement.

### **Mentoring**

We have contacted the six mentors who offered their services and the next step is to make an announcement to invite mentees. The proposed next steps for mentors are set out in [Appendix LIS 11/05/18](#).

### **New members days and other training**

Training days for new LPC members following the LPC elections: three have been held so far (in London, Coventry and Wakefield – 74 delegates), a further one is planned for Bristol (15th May) and following a demand from LPCs an additional date is being planned for Runcorn (date tbc). Feedback has been good so far and we will report at the next meeting. At the meeting we suggest to the new members things that they should raise with their LPC at the next meeting – for example: when was the LPC self-evaluation last reviewed, when was the last time a ZBB completed, has the HMRC test for employment status been assessed by the committee for any self-employed personnel. A ‘Top 10’ check list of these points flowing from the meetings is being prepared for circulation to delegates.

The days included: LPC management, structures and ways of working; role and responsibilities of the LPC member; NHS regulations; LPC constitution; local commissioning; provider companies; current hot topics including GDPR, changes to the contractual framework, and funding.

LPCs were consulted on any additional training needs and in-depth training on regulations affecting LPCs was requested by several. We are therefore planning two such training days for September. LPCs website development was also requested by one LPC and minute taking by another. We will gauge the demand to see how best to respond to the requests.

### **LPC structure**

LPC size and structure: we identify in the presentations at the LPC members days that a key role for an LPC member is to scrutinise the LPC structure and ways of working and explore possible changes. This message is reinforced in the PSNC self-evaluation tool. The new CEO of Community Pharmacy Surrey and Sussex, James Wood, has been interviewed for an’ LPC in the Spotlight’ on the benefits of the new federated structures of the three LPCs, hopefully giving food for thought to other LPCs. A follow up document on how LPC structures need to adapt to operate in the changing commissioning environment is underway with input from LPCs.

We have responded to requests from some LPCs for advice on the pros and cons of the LPC forming a separate limited company to hold contracts of employment and other contracts to protect LPC members in the event that, for example, an unfair dismissal claim is made, and members personal liability is exposed. There have also been discussions about whether an LPC itself should be incorporated.

### **Support for large LPCs**

Additional support needs for large LPCs: a report is set out in [Appendix LIS 12/05/18](#). See Subcommittee action below.

### **Templates for LPCs**

Templates for the following LPC subcommittees have been prepared and are now available on the PSNC website: Governance, Finance, Communications. A Service Development subcommittee template will follow. PSNC’s template LPC Chief Officers job description has been updated with input from LPCs including an LPC member and an LPC Chief Officer.

### Managing possible conflicts of interest

Some LPC Chief Officers not working full time for the LPC will work for others. In the main this doesn't cause conflicts of interest but recently there have been concerns about individuals working for NHS England and at the same time engaged as an LPC Officer. PSNC has been asked for guidance. The paper in [Appendix LIS 13/05/18](#) sets out the planned direction of the guidance for the subcommittee's consideration. See subcommittee action below.

### Complaints about Wholesalers

At the last LIS meeting concerns raised by an LPC over deteriorating levels of service from wholesalers were discussed, particularly in terms of deliveries. It was suggested that the issue should be directed through the Healthcare Distribution Association. Since the meeting, concerns raised with the PSNC office prior to the LIS meeting have been collated and with further examples sent to the office. The proposed action is to write in the first instance to the wholesalers concerned.

### Subcommittee Action

- The subcommittee is asked if PSNC should issue guidance to LPCs on conflicts of interest when LPC officers work for others, and if so the content of such guidance.
- The subcommittee is asked to review the additional support needs identified by larger LPCs and suggest other support that should be considered.

### Building support at a time of change: communications and public affairs

- 5 Use PSNC communications, media work, lobbying and wider engagement activity to build broad support for community pharmacy and support for its changing role in the evolving NHS.

### Actions

Produce resources to help LPCs to engage with local stakeholders	Ongoing
Produce a guide to community pharmacy for STPs and ACOs/ACSSs	Complete
Seek a meeting with the LGA with the aim to follow up with joint work	April
From the results of the LPC survey, consider how local and national lobbying could help enhance engagement with STPs	June
Review options for and select a Parliamentary monitoring service	Complete
Review and maintain a rolling contacts list of key target peers and MPs	Ongoing
Review and respond to Parliamentary inquiries relevant to community pharmacy	Ongoing
Work with other pharmacy organisations to promote pharmacy in Parliament	Ongoing
Produce a year planner to support LPC local engagement and public affairs work	Complete
Produce further resources promoting the PwC work and Care Plan service	April
Identify key national media targets and provide a briefing for them	October
Review opportunities to exhibit at events in 2018 and agree plan with other pharmacy organisations	Complete
Create a rolling list of key target healthcare contacts and produce a briefing to help them to promote community pharmacy	August

## Report

### STP and Local Councillor Engagement

The Chair of the All-Party Pharmacy Group (APPG) plans to write to STPs to encourage them to engage with community pharmacy. A draft of this letter is currently being reviewed and it will be sent out later this month. We continue to share examples of best practice with LPCs. We have also shared the Care Plan proposals with the Local Government Association (LGA) and requested a meeting to discuss possible ideas for joint work to help local Councillors to engage with and understand community pharmacy.

### Parliamentary Work

A report of Parliamentary work from the past two months is included as [Appendix LIS 14/05/18](#).

We are continuing to work closely with the other pharmacy organisations on engagement with MPs and Peers, and this has included some joint meetings with MPs and shared briefings. The cross-pharmacy Communications Group are currently working to update the set of shared community pharmacy messages for external audiences, which will further help joined up work.

### LPC Support and Resources

A year-planner for LPCs, listing national events and engagement days around which they might be able to plan local media and public affairs work is available on the LPC Members area of the website. The Communications Team is also working with Helen Musson to produce a template communications strategy for LPCs, which they could use alongside PSNC's existing guidance document.

LPC Communications and Public Affairs emails continue to highlight new resources for LPCs. Recent resources have included a new infographic on community pharmacy, a presentation on the Care Plan, and a page of resources on branded generics, bringing together previous materials with briefings from the Pharmacy Funding Team.

The infographics on the Care Plan are now available on the website, and we are working to update the MP Visit Guidance to include this information. Plans for further work with the PwC report include making this a focus for a possible APPG meeting to involve local authorities and consider what progress has been made since its publication. We are working with the NPA to produce resources to help LPCs to engage with local Councillors following the local elections on May 3rd.

### Events

We have now booked a stand at the RCGP Conference, working together with the other UK pharmacy negotiators. The Communications and Services teams are working together on a new set of banners and materials for use at this and the upcoming Primary Care and Public Health Conference in May. At the latter we were offered a free exhibition stand and we will use this to try to engage with commissioners and GPs to promote the value and potential of community pharmacy.

We have not been able to secure any speaking slots at the Health + Care conference this year, but Lucy Pitt at Closer Still (which runs the show, as well as the Pharmacy Show) has agreed to meet with the Head of Communications and Public Affairs at the show to start planning how community pharmacy can have a bigger part in the show's agenda for 2019.

### Subcommittee Action

To consider the reports and to offer any feedback on work to date or next steps.

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Oversee all operational aspects of the PSNC rebrand and build support for the rebranded organisation.

### Proposed Actions

Engage designer/font foundry and work up logo and colour scheme options	July
Draft brand guidance document	July
Draft internal launch plan to cover domain changes, website, emails etc.	July
Draft communications and external launch action plan	July
Write options paper for new CEO and Committee	July
Finalise brand guidance	tbc
Implement internal launch action plan	tbc
Implement communications and external launch action plan	tbc

### Report

The subcommittee agreed in March that this item should be pushed back and next discussed by PSNC in July.

### Subcommittee Action

None – the next step will be to discuss the existing plans and progress with the Chief Executive and to give an update at the July meeting.

We have used 'unique' statistical measurements which mean that multiple views/visits from the same computer are only recorded as one because this gives more realistic data. Additionally, we have included publish dates for our news stories so that you can more accurately determine their success.

**Unique visitors (site entrances)** refers to the number of people who have visited the website. Regular drops in visitor numbers are due to weekends.

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

**Open rates** measure the number of email recipients who open (that is, view) an email divided by the total number of emails sent. They 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. It is commonly quoted that average open rate performance is typically in the range of 10-15%, with high performers achieving 15-20%.

**Click rates** measure 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 an email recipient, click rates generally provide a good measure of engagement.

**Click-to-open rates** measure 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 engagement.

**Reach** measures how many users saw a tweet or post on social media.

**Interactions** measure the number of times users engage with a social media post, e.g. by clicking a link, sharing, 'liking' or commenting on it.

### Overview of the March 2018 report

March saw interest in a range of topics as pharmacies prepared for the end of one financial year and the start of another. Clinical governance deadlines and Quality Payments declaration data were popular for the closing year, while our 2018 Prescription Charge Card and incoming changes to proof of exemption gained attention for the year ahead.

Our largest peak in website numbers was on Tuesday 27th, the day the interim funding arrangements for 2018/19 were announced. There were similar peaks on Tuesday 13th (when the declaration date for Quality Payments was published) and Thursday 22nd (when an email newsletter containing the link to download the Prescription Charge Card was sent).

### Overview of the April 2018 report

April marks the month in which the NHS prescription charge increases so there was naturally some interest in what the new price was, including downloading PSNC's 2018 Prescription Charge Card. Our guidance for community pharmacy contractors on the General Data Protection Regulation (GDPR) was also very popular.

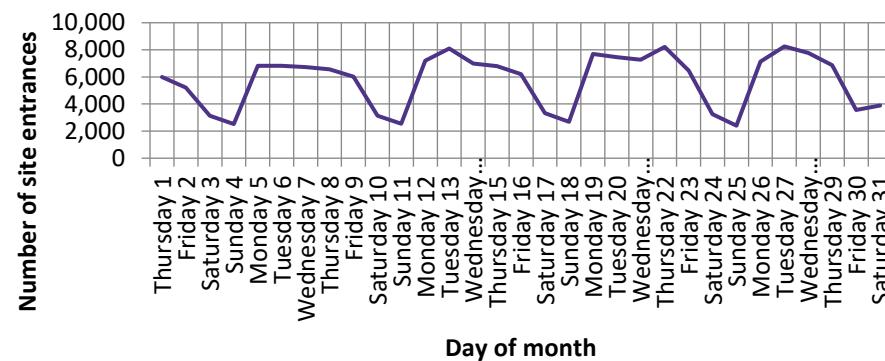
Our largest peak in website numbers was on Tuesday 3rd, which was the first working day of April (after the Easter bank holiday weekend). It was also the day we sent out an email newsletter which led with an important update for contractors on orders for the 2018/19 Flu Vaccination Service.

## March 2018: PSNC Digital Communications Report

### PSNC Website

Audience	March 2018	February 2018
Number of unique visitors (site entrances)	177,051	161,556
Number of unique pageviews	314,800	276,877

### Number of people visiting the website each day



Pages	Views
Price concessions and NCSO	19,009
EPS Prescription Tracker	14,140
Exemptions from the prescription charge	5,414
Medicines Use Review (MUR)	4,891
Controlled Drug prescription forms and validity	4,874

News stories	Date	Views
Clinical governance deadlines fast approaching	9 Jan	2,888
Download the 2018 Prescription Charge Card	19 Mar	2,071
Changes to proof of exemption	26 Feb	1,677
March edition of CPN magazine now available	19 Mar	1,596
QPS: final 2017/18 declaration data published	13 Mar	1,117

### PSNC Briefings

	Views
016/18: A summary of changes to Quality Payments Scheme 2018/19	1,130
001/18: Upcoming clinical governance deadlines – actions to be completed by 31 March 2018	1,063
030/15: Services Factsheet – National Target Groups for MURs	1,005
033/15: Services Factsheet – NMS Medicines List	430
016/14: Advanced Services (MURs and the NMS)	386

### Webinars

	Plays
VIDEO: Flu Vaccination Service 2017/18	26
VIDEO: Quality Payments: November 2017 review point	4

### PSNC Emails

PSNC Newsletter	March 2018	February 2018	Other health newsletters
Open rate	32%	33%	25%
Click rate	5%	7%	3%
Clicks to opens	17%	21%	10%

LPC News	March 2018	February 2018
Open rate	37%	37%
Click rate	4%	3%
Clicks to opens	11%	8%

### Social media

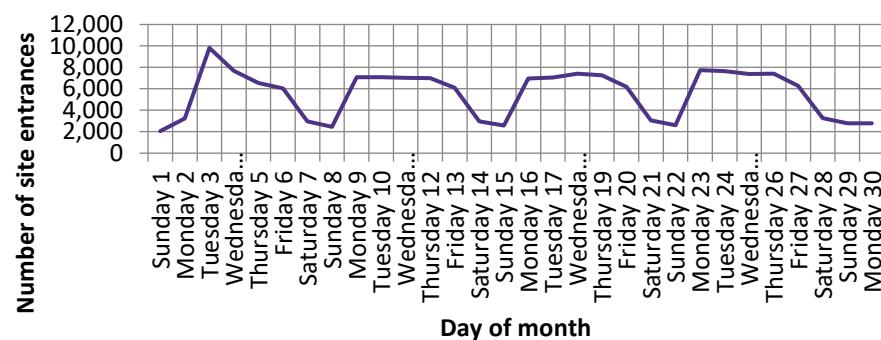
	March 2018	February 2018
Twitter reach	159K	148K
Twitter interactions	2,561	1,744
Facebook reach	25,535	1,571
Facebook interactions	1,645	178
LinkedIn reach	15,931	12,931
LinkedIn interactions	250	237

## April 2018: PSNC Digital Communications Report

### PSNC Website

Audience	April 2018	March 2018
Number of unique visitors (site entrances)	166,502	177,051
Number of unique pageviews	303,293	314,800

Number of people visiting the website each day



Pages	Views
Price concessions and NCSO	14,081
EPS Prescription Tracker	13,254
Medicines Use Review (MUR)	4,989
Exemptions from the prescription charge	4,778
Controlled Drug prescription forms and validity	4,629

News stories	Date	Views
PSNC publishes GDPR guidance for pharmacies	28 Mar	2,779
Download the 2018 Prescription Charge Card	19 Mar	2,308
Prescription charge to rise to £8.80	22 Feb	2,003
Trimovate cream supply issue	28 Mar	1,981
NHS England issues final OTC guidance for CCGs	29 Mar	1,244

PSNC Briefings	Views
030/15: Services Factsheet – National Target Groups for MURs	1,074
018/18: Flu Vaccination Service 2018/19 – important update	1,050
016/18: A summary of changes to Quality Payments Scheme 2018/19	1,00
033/15: Services Factsheet – NMS Medicines List	531
016/14: Advanced Services (MURs and the NMS)	374

Webinars	Plays
VIDEO: Flu Vaccination Service 2017/18	16
VIDEO: Quality Payments: November 2017 review point	15

PSNC Emails	April 2018	March 2018	Other health newsletters
PSNC Newsletter			
Open rate	32%	32%	25%
Click rate	5%	5%	3%
Clicks to opens	16%	17%	10%

LPC News	April 2018	March 2018
Open rate	38%	37%
Click rate	5%	4%
Clicks to opens	13%	11%

Social media	April 2018	March 2018
Twitter reach	155K	159K
Twitter interactions	1,100	2,561
Facebook reach	2,464	25,535
Facebook interactions	177	1,645
LinkedIn reach	5,583	15,931
LinkedIn interactions	120	250

## **Webinars and Videos**

PSNC held 'Complying with GDPR' webinars on the 4th and 10th April, hosted by Director of Operations and Support Gordon Hockey. 292 people attended the first, whilst 336 tuned in to the second. Feedback surveys found that 99% of attendees found the webinar useful and 93% would recommend watching it to others. We also received a lot of generally positive comments saying that the webinars had been useful and well-presented, and people were grateful to Gordon for doing it. The on-demand version was made available the day after the second webinar which 277 people have watched so far.

The Dispensing and Supply Team have begun preparations for a webinar on endorsing prescriptions which will be held on Tuesday 12th June. Promotion will begin in early May and the Communications Team will assist with a feature for the pharmacy press to follow on from the webinar. This topic has previously proved to be our most popular, with more than 3,000 people registering for a webinar in 2015, and C+D reporting that an online feature on the topic had been its most popular ever.

The services team have produced a short video presentation to explain the two changes made to the Gateway Criteria for the Quality Payments scheme.

We are in discussion with the PharmacyTALK forum about producing another set of PSNCTALK videos for the website. Possible topics being discussed are FMD, the Drug Tariff and making the most of the PSNC website.

## PSNC Press Coverage: A Summary Report

In the past two months the Communications Team have provided comment to the pharmacy press on a range of topics including price concessions and drug shortages, the 2017/18 Quality Payment reconciliation payment, the rollout of EPS to urgent care prescribers and PSNC's Care Framework proposals. The pharmacy press were naturally also very interested to hear about the interim community pharmacy funding arrangements.

### Price concessions and drug shortages

PSNC has been keen to highlight the pressure being put on pharmacies due to the continuing generic supply situation and this concern was picked up by the [Pharmaceutical Journal](#) and [Pharmacy Business](#).

[Chemist+Druggist](#) was interested in the MHRA's extension of Bristol Laboratories licence suspension which had triggered some of the initial generic medicine supply problems, whilst both [Chemist+Druggist](#) and the [Pharmaceutical Journal](#) wrote about the new price concessions system being trialled by the Department of Health and Social Care (DHSC).

The ongoing situation also caught the attention of [The Sunday Telegraph](#) who, after discussions with the team, wrote a very balanced article, highlighting the impact on pharmacies and PSNC's views on how the concessions system needs to change.

### Interim funding arrangements

Details of the funding for 2018/19 was always going to be of interest, and when an interim agreement was made the pharmacy press were quick to cover it with stories in [Chemist+Druggist](#), the [Pharmaceutical Journal](#), [Pharmacy Magazine](#) and [Pharmacy Business](#). PSNC's communications were sufficient for most as we had proactively published a briefing and quote.

### The Care Plan

Towards the end of April, the All-Party Pharmacy Group (APPG) received a letter from Pharmacy Minister Steve Brine which referenced PSNC's proposals to better support people with long-term conditions. PSNC published a statement along with the details of its proposals, and the story was covered by [Chemist+Druggist](#), the [Pharmaceutical Journal](#), [Pharmacy Magazine](#), [Pharmacy Business](#), [The Pharmacist](#) and [P3 Magazine](#).

### GDPR guidance

We were pleased to see how the [Pharmaceutical Journal](#) and [Today's Pharmacist](#) helped promote the Community Pharmacy GDPR Working Party's guidance documentation. [The Pharmacist](#) went one step further and wrote a two-part article based on the 13 steps covered in the guidance.

### Other topics

In other news, PSNC was mentioned in articles relating to the statistics and subsequent reconciliation payment relating to the 2017/18 Quality Payments Scheme, as well as the DHSC's review of the 2013 pharmacy regulations and the rephasing of flu vaccination deliveries for the 2018/19 season.

## Proactive Media Work

### Pharmacy Press

Following meetings and discussions with members of the pharmacy press, we are working on a number of article for the next few months, linked with our PSNC comms calendar. These will include:

- GDPR: The PSNC website has featured a series of articles written by Gordon Hockey to provide further support for contractors and to accompany the GDPR guidance and contractor workbook. We are writing articles for P3 and C+D to further promote all of these materials.
- NUMSAS: We are working on an article for Pharmacy Magazine linked to the recent extension of the NHS Urgent Medicine Supply Advanced Service (NUMSAS). This will cover tips on how to make the most of the service as well as addressing some common queries.
- PharmOutcomes: We are supporting Pinnacle Health in writing an article for C+D on how to make the most of PharmOutcomes.
- Endorsing: Following the webinar we hope to work with The Pharmacist on a feature to highlight some of the key pieces of information shared and to highlight the on-demand version on the website.

We are also looking at whether pharmacy teams could take part in some of the national health days (eg World Asthma Day) and if we could produce press articles that would support this activity.

### GP Press

In general, the GP press have not in the past been particularly receptive to article ideas from PSNC. For example, we have pitched ideas around the New Medicine Service and top tips for GPs to help them to get the most from community pharmacy, and not had any take-up.

As PSNC is now in more regular contact with the RCGP and BMA (eg over flu vaccination issues and discussing the Care Plan) a better route to gaining coverage may be to seek their support for articles, and to pitch either jointly or through them. In particular, the Services Team are working with the GPC on our shared guides to the professions and publication of those documents could offer a good opportunity to discuss wider joint communications opportunities with them.

Ideas we would like to discuss with the GP representatives are:

1. **Walk in my Shoes toolkit:** An article that re-packages the 'Walk in my Shoes' toolkit to make it more appealing for GPs and encourages them to get involved. This could be featured as a comment article from a GP who took part in the scheme... eg Five things I learned from spending a day in a community pharmacy.
2. **Working together on local services.** This would be a best practice article describing examples (taken from the PSNC services database or LPCs) of joint working at a local level that has proved successful. Case studies could include the Devon flu vaccination promotion programme.
3. **E-Repeat Dispensing: How does save you time?** An article explaining the benefits of e-repeat dispensing, to include comment from GPs who are engaged and have found it useful.
4. **Are you making the most of pharmacies to help your patients?** Focusing on MURs and the NMS, this would remind GPs about community pharmacy medicines optimisation services.

## PSNC Briefings (March and April 2018)

### PSNC Briefing 013/18: DHSC's Working Group on reducing medication-related harm

This PSNC Briefing summarises a recent report by the Department of Health and Social Care's (DHSC) Working Group on reducing medication-related harm to highlight the most pertinent issues to community pharmacy.

### PSNC Briefing 014/18: Dispensing & Supply monthly update (March 2018)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply.

### PSNC Briefing 015/18: Dispensing & Supply Factsheet: Changes to proof of exemption

In this PSNC factsheet our Dispensing and Supply Team explains how changes to certificates proving exemption from the prescription charge affect community pharmacy teams.

### PSNC Briefing 016/18: The interim Quality Payments Scheme 2018/19 – A summary of changes to the Scheme

As part of the interim funding arrangements, the Quality Payments Scheme will continue with a June 2018 declaration. This PSNC Briefing outlines the small number of minor changes that have been made.

### PSNC Briefing 017/18: What can pharmacy do to help transform local care? – a leaflet for STPs

PSNC has produced a draft leaflet which LPCs may wish to use as a discussion aid when engaging with local STPs. A Word version has also been made available, so that LPCs can edit and align it with their STPs' specific healthcare priorities.

### PSNC Briefing 018/18: Flu Vaccination Service 2018/19 – important update for contractors

Earlier this year, NHS England wrote to community pharmacy contractors and general practices to advise them that for the 2018/19 flu vaccination campaign, adjuvanted trivalent influenza vaccine (aTIV) (Fluad, Seqirus) should be offered to all those aged 65 and over, whilst adults aged under 65 in clinical at-risk groups should be offered a quadrivalent influenza vaccine (QIV). This PSNC Briefing provides an important update for contractors.

### PSNC Briefing 019/18: Update on the Health and Care landscape (March 2018)

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 020/18: Quality Payments – referrals for asthma reviews

This PSNC Briefing provides contractors with updated guidance for the June 2018 review point on meeting the 'referrals for asthma review' quality criterion.

### PSNC Briefing 021/18: Quality Payments – How to become a Dementia Friend

This PSNC Briefing provides an overview of how to achieve the Dementia Friends criterion of the Quality Payments Scheme.

### **PSNC Briefing 022/18: Building a business case for a Minor Ailment Service**

As part of PSNC's work to support LPCs to get local services commissioned and to ensure services are costed correctly, PSNC is developing template toolkits for a range of locally commissioned services, the first of which is for Minor Ailment Services. The toolkit contains a number of resources to assist with the commissioning of a service, for example, a costing toolkit; a business case; service specification; implementation plan; and resources to notify local GP practices about the commissioning of a new service.

### **PSNC Briefing 023/18: NHS mandate 2018/19**

Every year, the Department of Health and Social Care (DHSC) issues a mandate to NHS England, to set out the Government's objectives and requirements for NHS England to deliver, as well as its budget. It helps to set the direction for the NHS and to ensure the NHS is accountable to Parliament and the public. PSNC has published a briefing summarising the elements of the NHS mandate 2018/19 that are of most relevance to community pharmacy contractors and LPCs.

### **PSNC Briefing 024/18: Dispensing & Supply monthly update (April 2018)**

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and pharmacy teams on monthly Drug Tariff changes, commonly asked questions and articles regarding dispensing and supply.

## Local Provider Companies

### Introduction

1. PSNC provides guidance to LPCs setting up and working with local provider companies, as well as model articles of association for a provider company limited by guarantee and having no share capital. The model articles of association involve or envisage membership of the company by local contractors.
2. Initial work has been undertaken to seek to establish whether the model articles of association work in practice and what more PSNC could do to support LPC involvement with provider companies. In addition, there have been some specific questions from Greater Manchester LPC on its provider company.

### The reason for provider companies

3. In brief, provider companies enable local contractors, acting together, to tender more efficiently for locally commissioned services. While an LPC may be involved in developing services, it should not act as a provider of services. PSNC guidance states:

*As a representative body recognised by NHS England, LPCs cannot be a provider of services. Under the model LPC constitution an LPC may facilitate the setting up of a provider company if all contractors in the LPC area can join or otherwise engage with the company.*

*Whilst LPCs and local provider companies will liaise and support each other - the LPC promoting community pharmacy, creating commissioning opportunities, and generating and developing services – the provider company must be, and seen to be, a separate entity.*

4. In 2009, PSNC provided a template for a limited liability partnership (2009) as a suitable contracting vehicle. In 2014, in response to demand from LPCs, the model articles of association for a company limited by guarantee were developed.
5. The involvement or membership of local contractors in such contracting vehicles is relevant and important, for financing the company (after initial funding from the LPC), and delivery of the services; a provider company can bid for services only with resources and with confidence it can deliver the services.

### Enquiries

6. The PSNC office has had several discussions with LPC representatives: Lancashire LPC and North of Tyne LPC and Greater Manchester LPC (GMLPC). The provider companies for these

LPCs and other LPCs have been discussed. The office has also met with the Chief Operating Officer of the Local Optical Committee Support Unit (LOCSU). LOCSU supports Local Optical Committees and helps community optometrists and opticians work with local commissioners.

7. The discussions suggested:

- LPCs have an important role in developing local services for subsequent delivery by contractors.
- There are various models of provider company currently being used by LPCs, some of which have LPC membership only.
- CCA companies are not as involved in provider companies as they could be – the indication being that this is due to the current structure of the PSNC model articles of association that requires membership and directors.
- The opportunities for provider companies to bid for locally commissioned services varies between areas.
- Some provider companies are successful, and some are not, regardless of structure;
- PSNC might want to evaluate in more detail the various provider company structures in use and offer more options to LPCs; or revise its current model.
- PSNC may wish to provide additional guidance notes or practical tips to help provider companies to be successful whatever the governance structure.

8. The action points from the last meeting with GMLPC representatives were broadly that:

- GMLPC should seek legal advice on its provider company which has bespoke articles of association.
- PSNC may seek legal advice on the broader issues, depending on how this is progressed by LIS and PSNC.

9. GMLPC also raised a concern that its accountable care organisation only permits representation by those who provide services, not those who represent service providers, such as GMLPC; and, therefore, whether its representation could be through its provider company.

### Conclusion

10. In brief, the PSNC articles of association work in practice, but other options may be equally suitable and potentially better at engaging all contractors, particularly members of the CCA.
11. This may be an area for PSNC to work with selected LPCs to offer options for all LPCs.
12. Any additional guidance or model structures for provider companies must ensure appropriate separation between LPCs and provider companies.

## Report on national meeting of LPCs 21st March 2018 The Bloomsbury Hotel

### Agenda

1. Welcome
2. PSNC CEO update and discussions; including presentation and table discussions on Community Pharmacy Universal Care Framework and Care Plan proposals, and HMRC and payments to LPCs

1pm Lunch

3. LPC/PSNC collaborative working – table discussions
4. GDPR – introduction and table discussions on implications for LPCs
5. Advanced Service post-payment verification – feedback from and for LPCs - Graham Mitchell, Service Development Lead, NHS BSA

4pm Close of meeting

### Delegates

90 delegates from 60 LPCs

### Delegate feedback (1=very poor; 5= very good)

	1	2	3	4	5
<b>Value of presentations</b>		1	8	35	10
<b>Value of discussions</b>		3	7	32	13
<b>Overall rating for the day</b>		1	9	32	11
<b>total:</b>	0	5	24	99	34

## PSNC/LPC collaborative working – briefing for table discussions facilitators

Facilitator name: Faye Owen

### How do we decide the size of our group and identify who can support us?

- Skills/attributes for service, determine who can match this
- Scope who has done work already and share expertise
- Yahoo group to determine who is working on what
- Charities involvement
- Regional reps to share info

### How do we recruit colleagues to provide input?

- Use willing participants
- Use knowledge to engage those who can help
- Need all shareholders, commissioners, patients etc for multidisc approach

### How is the work allocated?

- Identify LPC lead for each project

### How much support do we need from PSNC?

- PSNC database for services offered/working on, named contact for info
- Site for links for rebuses (services database)

### How do we manage additional workload when we are all so busy already?

- Already may be work we are doing anyway
- Look to 'local' model

### What resources are already available to help us develop our toolkit? On your table is a list of available resources to consult if needed

- Public health stats/resources/links to help my local area

### Other considerations and solutions in addition to above?

- Need '\_ added' to determine proper valuing of service for bids
- Need contractor interest/engagement to ensure delivery
- Got to be financially viable
- Need engagement at 'market warning' events to get engagement at service design level

### Other areas the group suggests for collaborative working – this could be services, LPC admin or other issues affecting LPCs

- Info to have access to portals for services one to tender

### Concerns:

- Timescales will be different

- Engagement will be different
- Local data will be different
- Commissioners and input will vary also
- Maybe have PSNC/LPC collaborative work/output on contractual work/legislation change rather than serviced??

**Facilitator name: Ruth Buchan**

**How do we decide the size of our group and identify who can support us?**

- ID stakeholders – ensure rep a from multiple/independent
- Those current experience of service. Starting/implements/tight productive
- Willing volunteers who are prepared to do some work

**How do we recruit colleagues to provide input?**

- Ask for volunteers

**How often do we formally catch up?**

- Group to decide
- suggest 2 weekly needed as project progresses

**What are the best means for communication for planned meetings / intermittent catch up?**

- Email/teleconference/skype

**How is the work allocated?**

- According to skillset – taking each section and allocated lead

**How much support do we need from PSNC?**

- Basic template
- feedback on progress / content / peer review
- initial knowledge on which other LPCs are undertaking similar work
- guidance on how PSNC would go about toolkit
- formatting final toolkit

**How do we manage additional workload when we are all so busy already?**

- Needs to be something we are already doing

**What resources are already available to help us develop our toolkit? On your table is a list of available resources to consult if need be**

- PSNC docs as on list as a suite of resources
- Template timeline

**How do we validate the content?**

- Peer review – PSNC, other LPCs, external group to share non-LPC contacts

### **Other considerations and solutions in addition to above?**

- How to cost a service
- Need feedback from the wider system
- Patient involvement view in development

### **Other areas the group suggests for collaborative working – this could be services, LPC admin or other issues affecting LPCs**

- Payroll
- Sola – do we do a toolkit – can we not just share work already done?
- Qtry report from each LPC – set template – PSNC database  
PO – portal to record and capture
  - What have we done
  - Currently working on
  - Papers useful to share challenges faced

**Facilitator name: Sam Fisher**

### **How do we decide the size of our group and identify who can support us?**

- RATs in Boots – never more than 8 or less than 6
- Less than 6 = too few, more than 8 = unruly discussions

### **How do we recruit colleagues to provide input?**

- Good relationships with other LPCs
- Need a PSNC person
- Identify cross-functional skills
- List of skills – skills matrix
- Clinical expertise, operational, strategic, training and development
- Comms engagement
- Clear missions – charter: why are we here etc...
- Breath of experience from independents and multiples
- Commissioner experience

### **How often do we catch up?**

- Make it easy to catch up
- Work remotely, close down face to face
- Visual shared space
- Conference call facility

### **How is the work allocated?**

- Racey model
- Work in themes

### **How much support do we need from PSNC?**

- \_ overview of what good looks like

- Timeline process – to ensure all is consistent and look the same
- 3 to start with to test the concept
- Conference call facility that can be used by all

**Other considerations and solutions in addition to above?**

- Who is the audience? – should be limited to 2-3 audiences
2. Racey model
- Be specific about what info you need, who has that and how much time you'll need. Nice to do us need to no
  - Using the networks that we've got
  - A lead person to manage the project

Facilitator name: Vicki James

**How do we decide the size of our group and identify who can support us?**

- Find out who has been involved before
- Anything that can be pinched and used need to be in a repository – PSNC
- No more than 6 people
- First task – allocate leader
- PSNC to sense check bringing the right people together

**How do we recruit colleagues to provide input?**

- Pay/reimbursement – encourages commitment
- If you want the right person you have to recompense

**How often do we catch up?**

- More regularly initially
- Then just for reviews

**What are the best means for communication for planned meetings / intermittent catch up?**

- Skype for business /webex
- Need to consider transport costs for face to face – do we therefore consider ‘local’ group

**How much support do we need from PSNC?**

- Better search engine for interrogating ‘national’ data to identify key individuals
- Locus – support unit – anything we can learn from this?
- Will PSNC will provide funding for these groups? Needs central funding - four and equitable may need extra money from LPCs)
- Admin support – infographics, it, website content etc

**How do we manage additional workload when we are all so busy already?**

- Reimbursement
- Mindful of pulling on the same resource for multiple workstreams

### **How do we validate the content?**

- Using academia

### **Other considerations and solutions in addition to above?**

- Will need to test the process before rolling out

**Facilitator name: Zoe Long**

### **How do we decide the size of our group and identify who can support us?**

- Need expertise for every task: clinical/business case writing/commissioning/costing
- Could look for expertise outside pharmacy e.g. Commissioners
- Database to see people who have done this
- Possibly 5 people
- Commitment important?

### **How often do we catch up?**

- Telecons good
- Some electronic exchanges
- Depends on circumstances e.g. distance etc

### **What are the best means for communication for planned meetings / intermittent catch up?**

- Whatsapp (for quick decision)
- Emails
- Trello to manage workload

### **How is the work allocated?**

- Need project manager to ensure it happens and facilitate
- Group to agree \_ and work allocating

### **How much support do we need from PSNC?**

- Rooms as venues
- Generic template
- These people in place?
- Format type
- Need step by step guide
- Help doing cost benefits analysis
- Resource to get data for us
- Access cost calculator (inc. marketing budget)
- Help to train when we get to implementation
- Checklist to achieve

### **How do we manage additional workload when we are all so busy already?**

- Persuade LPCs of the short-term investment needed to get long term savings

- Big concern: should we spend all this time on toolkits when key block is that commissioners have no cash to fund services?

**What resources are already available to help us develop our toolkit? On your table is a list of available resources to consult if needed.**

- PSNC website
- Local documents
- PSNC to support gathering data
- NHS statistics
- PSNC employ someone to gather data and LPCs pay for their team

**How do we validate the content?**

- Final check to PSNC for approval stamp
- Would have someone with commissioning knowledge to check this is in the right language to appeal to them
- GP to look; or charities

**Other considerations and solutions in addition to above?**

- As above: PSNC search data/ LPCs pay for time

**Other areas the group suggests for collaborative working – this could be services, LPC admin or other issues affecting LPCs**

- Each product should have a PGD
- Pharmoutcomes to be tied in

**Facilitator name: Mark Stephenson**

**How do we decide the size of our group and identify who can support us?**

- Look at five areas where it's already working
- Key people from these areas
- Experience from other group areas
- 5/6 – blend – number of years – experience
- For early expertise
- Plus from an area with no expertise and what they need – LPC rep from an area – admin support – PSNC admin

**How do we recruit colleagues to provide input?**

- Willing and engaged
- Volunteers – as identified in one?
- Look at response from survey, mix, they must be on other LPCs
- Operational staff – maybe hospital staff – breadth of role

**How often do we catch up?**

- Conference call – PSNC – taking notes
- Initial face to face to meet people if worthwhile?

- and follow up virtually. Establish relationships and aims
- skype
- yahoo chat group

**How is the work allocated?**

- One/two people have initial role – give the work to the group
- Big group - \_\_\_ finish tasks.
- And given out to LPCs for contractor round up \_

**How much support do we need from PSNC?**

- Admin – they bring the work together, \_ and takes to LPCs
- IT support / webinar
- PSNC still need to ‘hold’ the work ?

**How do we manage additional workload when we are all so busy already?**

- Allocating of work \_\_ members of the group –
- Working smart – PSNC - \_\_ - to submit work – work submitted – don’t silo work – spread the work

**What resources are already available to help us develop our toolkit? On your table is a list of available resources to consult if needed**

- Source spec – SLA – may not exist
- GP brief
- COs in areas \_ where this is working - \_ us your input

**How do we validate the content?**

- Hand it to someone who has already used the process – does this work/make sense
- Independent review
- Give toolkit to other working groups to check flow

## Gaggle trial

### Sending messages

- Both members and administrators can send group messages
- All messages include the group name in the ‘from’ field as well as the subject line
- Replies can be sent to the whole group (not just the sender)
- The sender can also receive the email they have sent (to help them know it’s gone)
- Individuals’ email address are not shown in any messages
- There’s no mention of whether attachments will be scanned or not, but they are accepted up to a 10MB size limit which is fairly generous – Word and PDF documents were tested as the most common types that will be sent (and both worked)
- An online message archive will be created, but the default setting only allows admins to view

### Membership

- Members can use any email address, and they are not required to create a specific account
- Adding members:
  - There’s an option to add by CSV file so we could bulk add people (i.e. when we switch from the Yahoo Group)
  - We can also have an online sign up form – it will automatically add people but only people with the link would be able to find and fill it in
  - Newly added members receive a welcome message explaining how the group works, how to change their settings, and the contact details of the administrator
- There’s a separate way to add other administrators, but they are invited to be an administrator rather than just added
- Admins can remove members
- The list of members is only visible to admins
- Members can edit their own settings to:
  - Change their name (as displayed on messages)
  - Change the email address used to send group message
  - Receive emails immediately, as a daily digest, or pause all messages

### Settings

- We can moderate of messages (other than those sent by admins)
- We have the option to use a custom domain for emails (i.e. using @psnc.org.uk instead of @gaggle.email), but as we may rebrand soon and we want LPCs to feel like it’s ‘their’ group, I don’t think we need to do it

### Cost

- On 14-day trial at the moment, but then payment is per member
- It’s cheaper to pay per year - \$0.40 per member per year (about 29p)
- We currently have 110 members in the Yahoo group so that’s **\$44 (about £31.50)**

## Payments to LPC members and staff – HMRC guidance to LMCs

### Expenses

Exemptions:

- Reimbursement of actual costs – e.g. receipted train fares, or parking
- Car mileage at authorised flat rate (e.g. 45p per mile)
- Overnight expenses, meals should be similar – can be subject to a cap

LPC does not need to report payment of receipted actual expenses to HMRC

### Day/Attendance Allowances - tax

HMRC Guidance on tax treatment of payments by LMCs to committee members

“ ...because of the way LMCs are set up HMRC considers that elected committee members are office holders”

“Where the LMC fee is retained as personal income of the Committee member it should be taxed as employment income under PAYE”

“...where a member of a GP partnership provides his or her services as a member of a LMC [subject to conditions] payments to a part time member of a LMC can be taxed as trading income as part of partnership profits.”

### Day/ Attendance Allowances - NIC

“Where committee members are paid for providing their services as office holder to the LMC the payments are liable for Class 1 NICs.”

“Where the payment is remuneration calculated to include an amount to cover the cost of providing a locum the whole amount is subject to Class 1 NICs.”

### Executives

“LMCs may also employ a full time chief executive and other staff... which should be taxed as normal.”

We are taking further advice, and the Treasurers meeting in June will discuss this in detail. To get the best advice, good to understand the different arrangements in place.



**PSNC mentoring scheme - encouraging the sharing of professional knowledge, skills and experience with colleagues.**

Thank you for putting yourself forward as a Mentor. With thanks to consultant Rachel Harrison who leads PSNC's Leadership Academy and who is experienced in setting up mentoring programmes, we have prepared this briefing on the next steps, which are:

1. PSNC collates short biographies provided by each mentor in their own words, based on the attached questions (no more than 200 words). Any edits will be agreed with the mentor. We will include the mentor's name and contact details. It will be made clear that mentees are to approach mentors via PSNC. This is so we can help co-ordinate the programme and support the mentors in the PSNC mentoring scheme.

Please send your completed biography to [mike.king@psnc.org.uk](mailto:mike.king@psnc.org.uk)

2. The scheme is publicised with its aim to encourage the sharing of professional knowledge, skills and experience with colleagues.
3. Potential mentees looking for a mentor will first contact PSNC with an outline of what they are looking for in a mentor.
4. PSNC will send to the potential mentee the biographies of possible mentors (if any) that generally fit with the mentee's needs.
5. The onus will then be on the mentee to contact the mentor to arrange a time for an initial discussion.
6. If the potential mentee contacts the mentor, the mentor may wish to speak to Rachel Harrison ([rachel@rachelharrison.org](mailto:rachel@rachelharrison.org); mobile 07957 418180; [www.rachelharrison.org](http://www.rachelharrison.org)) for a confidential conversation before the discussion with the mentee. This is entirely optional, but some mentors may find it helpful when thinking about the approach to the introductory discussion with their potential mentee.
7. Mentor and mentee have an initial discussion and the mentor/mentee relationship develops or otherwise.
8. 6 months into the start of the programme – all mentors and mentees active during that time will be sent a short feedback form asking them to comment on the usefulness of the programme.

**PSNC LPC mentoring scheme - encouraging the sharing of professional knowledge, skills and experience with colleagues.**

**Mentors biography**

In no more than 200 words please provide a statement on what would you like potential mentees to know about you:

What you do now?

Your geographical location?

Previous relevant LPC experience?

Your skills and areas of interest?

Which of the following you would you be available by:

Telephone

Skype/facetime

Other – email etc.

Face to face meeting if mentee is in similar geographical area to you?

*Please add email address and/or phone number that we can send to your potential mentee.*

## Support for large LPCs

The Chief Officers of LPCs representing more than 300 contractors (Birmingham, Cheshire & Wirral, Essex, Hampshire and Isle of Wight, Kent, Lancashire, Greater Manchester, NEL, West Yorkshire) were asked about additional support needs (as per LIS plan). The email acknowledged that those LPCs may be employing more staff, providing a wider range of services, have increased exposure to risk, may have additional support needs, beyond the 'average' size LPC. We asked if the LPC because of their size of your LPC, has additional support needs that we are not meeting adequately now. For example, it may be around HR/legal support, training, structural, administrative, IT, strategic planning, to name a few.

Two substantive replies were received:

### **Adam Irvine Greater Manchester LPC**

I'm going to focus on what's missing or lacking to help plug gaps – please don't take this as a one-sided rant, it's not designed that way.

I think the main bit we're missing or that builds frustration within the LPC is where there are larger issues with matters that will occur across the nation – such as legal issues to do with the provider company then the LPC is generally advised to seek their own legal advice and find their own course rather than having gone through the advice once nationally. Comparing this with the approach taken with the opticians for the PECs and it's easy to understand why there's such variation regionally in the structure, purpose and activity of these companies.

IT support I'm not aware what is available / offered – it's an area we've bumbled through on our own thus far, providing IT to our team and I'd be really keen on discovering if there are shared plans (could we club together and get an office 365 discount for example or access to the IT procurement that PSNC uses?).

HR and whatnot, we have the Irenicon link and we've utilised them, but there's a practical element that isn't always covered – the health and safety necessity of running an office, staff handbook, etc.

Finance is an issue we are currently struggling through – running the accounts at this scale is another challenge and we're about to move onto QuickBooks to help us – again some structure / templates / help available in an off the shelf nature would really help.

I think there is more that could be done regarding the strategic planning – this is a conversation we have had with another large LPC recently around how you perform such a task in a larger organisation and could you use some of the material we have developed for this purpose to help the others – the difficulty is that it's not just providing the materials, it's the practicalities of how to use it, what conversations to have and its general implementation.

### **Ruth Buchan Community Pharmacy West Yorkshire**

We've discussed in the office and with LPC officers and have the list below where we feel that the PSNC providing support to larger LPCs in these areas will avoid duplication / reduce risks.

- HR advice (more than current offer which is a contact who certainly know how to charge for advice)
- Guidance on incorporation matters
- Provider arm (inc why can't we have one national provider arm which contains all the expertise?)
- Support / advice on contracts
- VAT / taxation advice / guidance
- Access to webinar facilities (ie we can create our own content)
- Supporting LPCs with items on their risk register to gauge the risk to LPC members as part of an unincorporated association; to identify and prioritise the risks, how to mitigate the risks not already covered by insurance and consider if incorporating the LPC would be an appropriate course of action.

### **HR and health and Safety support**

PSNC currently partners with Irenicon but we are looking at alternative providers to offer a wider (and possibly less expensive) service covering some of the above requests, including contracts, staff handbook, H&S and conducting disciplinary interviews.

## Managing potential conflict of interests when LPC officers work for others

It is not uncommon for LPC officers to work for others as part of a portfolio of roles. This may be being a Chief Officer or Chair of another LPC, or working in a GP practice, or a community pharmacy for example. Usually this doesn't create problems but recently concerns have been raised about LPC officers also working for NHS England. The potential conflict of interest in such a case can mean, for example, that a PSNC regional representative when reporting on national negotiations at an LPC meeting feels that a confidential briefing and open discussion is not possible.

However, the LPCs, who are fully aware of the situation when appointing the officer, may feel that the dual appointment is beneficial to the work of the LPC and the outcomes for contractors.

Another scenario could be that an LPC officer takes on other employment after being engaged by the LPC.

LIS is asked if PSNC should give guidance to LPCs on dealing with such potential conflicts of interest, both when the LPC is aware of when an appointment is made or it arises subsequently.

### Contract of employment

One option may be to advise LPCs to adopt a policy of not employing or engaging officers who have certain other conflicting roles. Otherwise guidance could be given on the safeguards that should be in place. On the latter, the below are extracts from the template contract of employment that PSNC offers to LPCs through Irenicon:

#### **ETHICS/CONFLICT OF INTEREST:**

- a. *We aim to conduct our business in a climate of honesty and fairness, and we expect all employees to act accordingly.*
- b. *You should avoid any situation in which there could be a conflict between your personal interests and our interests, and if such a situation arises you should discuss it with your manager without delay.*
- c. *You should not use your authority or position for any secret personal gain (whether for yourself or others).*
- d. *In relation to any function of a public nature, any activity connected with our business, or any activity performed in the course of your employment:*
  - *you must not, directly or indirectly, offer, promise or give a financial or other advantage to another person*
    - *attempting to induce that person or another to perform improperly a function or activity, or*
    - *to reward that person or another for performing improperly a function or activity.*
  - *you must not, directly or indirectly, request, agree to receive, or accept a financial or other advantage (whether for yourself or another person) as an incentive to the improper performance of any function or activity.*

- you must not, in anticipation or in consequence of your requesting, agreeing to receive or accepting a financial or other advantage
  - perform or request that another person perform a function or activity improperly; or
  - assent or acquiesce in the improper performance by another person of a function or activity.

**OTHER WORK:**

- e. You must notify your manager, in writing, in advance, if you are or intend to become involved in any other job or business as well as working for us. If that other work could damage our reputation or credibility or could damage your own capacity or credibility in doing your job for us, or could lead to a conflict of interest, we reserve the right to require you to choose between your employment with us and that other work.
- f. You must not, during your period of employment with us, be involved in any way in any business which competes or conflicts with any aspect of our business.

**CONFIDENTIALITY:**

- g. All information about or relating to us and our business and the business and affairs of pharmacy contractors that is not explicitly authorised by your manager for disclosure should be treated as confidential. Your obligation to keep our information confidential applies during your employment and after it ends.
- h. "Confidential information" includes:
  - financial information;
  - information about security arrangements;
  - future organisational or promotional plans;
  - salaries and personal information about past and present colleagues;
  - information about any pharmacy contractor (past and/or present), including contractor details and lists;
  - any supplier (past or present), including supplier details and lists, terms of business, discounts;
  - work processes, techniques, technical know-how, research and development projects and results;
  - our business methods;
  - computer access codes or procedures
  - computer programs, program flow charts, file layouts, source code listings;
  - our policies and procedures; and
  - any other information not generally known to the public at large.
- i. Information about pharmacy contractors and other companies and organisations (including commissioning organisations) which you acquire in the course of your work is also confidential information. Information entrusted to us by any pharmacy contractor or any supplier is also "confidential information". Information about any living individual that you acquire in the course of your employment is "personal data" and is part of "confidential information". As well as the restrictions placed on the disclosure and/or use of such information by this contract, there may be restrictions on your use and/or disclosure of such information applying as a matter of law under the Data Protection Act or otherwise.
- j. You may only disclose or use confidential information within our business AND as your duties specifically require. Otherwise, both during your employment and

*afterwards, revealing or using this information is prohibited unless the information lawfully becomes public knowledge other than through you.*

### **Managing the risk**

Whilst an LPC may have this contract in place for an employed chief officer it may not have the provisions in a self-employed contract. For other officers such as an LPC chair there may be no contract at all.

In either case the LPC should make sure that the LPC governance rules are adequate and reflect some of the above provisions.

Should PSNC guidance be appropriate, then an additional appendix could be drafted for PSNC's LPC governance guide to cover this situation ( we have recently added an appendix on governance when working with a provider company) which would cover all LPC members and officers. Separate general guidance could be provided on considering the risk of conflicts of interest when engaging LPC officers and ensuring, in the case of employees, a contract with the above or similar clauses is in place.

## Public Affairs Report

This report summarises the national public affairs work that has been carried out since the March PSNC Meeting, in line with the LIS workplan.

### Minister's Letter to the APPG

Subcommittee members will have seen that on April 23rd the All-Party Pharmacy Group (APPG) made a statement on community pharmacy funding, following a letter to the group Chair Kevin Barron MP from the Minister. The Minister said he had been very interested in the APPG's work hearing evidence on community pharmacy and the management of long-term conditions and he noted PSNC's proposals for the development of community pharmacy services. However, no detail was given on the specifics of the upcoming negotiations. The Minister's letter had been prompted by an invitation from Sir Kevin for him to give evidence to the APPG – this was declined.

PSNC made a statement on the letter, and at the same published details of its proposals (the Universal Community Pharmacy Care Framework and the Community Pharmacy Care Plan) to the NHS. These can be viewed at: <https://psnc.org.uk/our-news/psnc-statement-on-community-pharmacy-funding-negotiations/>

### MP Engagement

Now that details of PSNC's proposals for the development of community pharmacy services are publicly available, we will start briefing supportive MPs, offering a meeting to discuss the proposals.

A number of Parliamentary questions on community pharmacy have been asked in recent weeks including:

- Martin Vickers MP, asking on the availability of chain/supermarket pharmacies;
- Norman Lamb MP, asking on GP appointments for minor ailments that could have been treated by pharmacy;
- Nic Dakin MP, asking on the timetable for EPS to be made available in dispensing GP practices;
- Anne Marie Morris MP, asking on specials pricing and the Drug Tariff;
- Ruth Cadbury MP, asking on the effect of charging VAT on the affordability of medicines;
- Kevin Barron MP, asking on the decriminalisation of dispensing errors; and
- An oral question from Steve Double MP on addressing the pressure on GPs by enhancing the role of community pharmacists.

Vince Cable MP made reference to pharmacy in a debate on technology, and it seems that the Liberal Democrats may be supportive of any concerns about the Amazonisation of pharmacy. Baroness Lister Of Burtersett asked what assessment had been made of the impact of NHS England's consultation on conditions for which over the counter items should not routinely be prescribed in primary care on groups protected by the Equality Act 2010.

A significant amount of work has been done by Gordon Hockey, working with the other primary care representative organisations, to press for removal of the requirement for community pharmacies to appoint a Data Protection Officer. This is reported in the HPR Agenda.

## **House of Lords Debate**

On April 18th Lord Clark of Windermere tabled the following question:

*To ask Her Majesty's Government what assessment they have made of the effectiveness of their plans for the NHS in dealing with the pressures during the winter of 2017-18.*

The public affairs team had briefed a number of supportive Peers beforehand, and there were several interventions related to pharmacy on the day, including:

Baroness Jolly (LD): My Lords, community pharmacies are a hugely undervalued resource and could help alleviate pressure. They could do that by helping people who have already been discharged from hospital avoid readmission and by being first port of call for patients, offering advice and treatment to those with minor health conditions. Will the Minister tell the House whether the Government are having a conversation with NHS England about future commissioning of community pharmacy services?

Lord O'Shaughnessy: I agree with the noble Baroness that we need to beef up the role of pharmacies. Primary care is an area of investment within the five-year forward view. There are, I believe, nearly as many pharmacists as there ever have been, if not more, so their role is increasing all the time and that is part of our conversations for the future.

The full transcript is available here: <https://hansard.parliament.uk/Lords/2018-04-18/debates/3F079CE6-3B60-4290-9B55-6265E5350CE3/NHSWinter2017-18>

We have also provided a briefing to Baroness Jolly on community pharmacy funding ahead of a debate on the sustainability of NHS funding.

## **All-Party Pharmacy Group (APPG)**

On Monday April 30th the Group held its final roundtable to explore the role of community pharmacy in helping people with long-term conditions with patient representatives. Diabetes UK, the British Lung Foundation, IBS Network and the National Rheumatoid Arthritis Society were all represented, and Colleen Fletcher MP attended. The group had a good discussion, and all attendees were broadly supportive of a greater role for community pharmacy in helping people with long-term conditions, although there were some cautions that further training would be needed for pharmacists.

The Group is now producing its written report on the topic and planning for a meeting with the pharmacy organisations on May 14th.

The Chief Executive will meet with Kevin Barron MP later in the month as an introductory meeting, and this may lead to further discussions on the group's future work plan.