

**PSNC LPC and Implementation Support Subcommittee Agenda**  
**for the meeting to be held on Tuesday 10th July 2018**  
**in the Drawing Room, Crewe Hall, Weston Rd, Haslington, Crewe, CW1 6UZ**  
**commencing at 13:15**

**Members:** Sam Fisher, Peter Fulford, Fin McCaul, Lucy Morton-Channon, Umesh Patel, Jay Patel, Sian Retallick, Anil Sharma

**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 8th May 2018 can be viewed on the PSNC website.

**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 the Service Development Subcommittee (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.

**Appointment of Subcommittee Vice Chair**

The subcommittee is asked to appoint a Vice Chair.

**LIS Subcommittee remit**

The revised remit for LIS is set out in **Appendix LIS 02/07/18**. This, along with revised remits for other PSNC subcommittees, was presented to PSNC its last meeting. LIS is asked to review the changes and to approve the adoption of its revised remit.

**Support on the contractual framework and local commissioning**

- |          |   |
|----------|---|
| <b>1</b> | 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

### Electronic Repeat Dispensing (eRD)

The Services team is updating resources for contractors regarding the eRD service to create an eRD toolkit. This is work being undertaken via an EPS/eRD implementation group (NHS Digital, PSNC, NHS Business Services Authority (NHS BSA) and NHS England – GP representation is still being sought). The group is meeting in Wakefield on 3rd July 2018 to scope out current work streams, seek alignment of the different organisations' eRD strategies and to focus on communications, regarding what resources are already available and the opportunities for collaboration, alignment, reduction of duplication, and joint working.

The draft eRD toolkit is awaiting internal review, following which it will be shared with LIS and SDS members before the views of LPCs are sought. It is anticipated that the toolkit will be published by September 2018.

### Digital and Social Media

A report on PSNC's digital communications to contractors is included as [Appendix LIS 03/07/18](#).

### Webinars and Videos

PSNC held an Endorsing Webinar on 12th June, hosted by Suraj Shah, Mitesh Bhudia and Sarah Welbourne from the Dispensing and Supply Team. 385 people attended the webinar, out of 915 registered (a conversion rate of 42%\*). A feedback survey found that 95% of attendees thought the webinar was useful and 89% would recommend watching it to others. The on-demand version was made available the day after the live webinar, along with a copy of the slide pack, and 326 people have so far watched this. This can be watched at [psnc.org.uk/webinar](http://psnc.org.uk/webinar)

A webinar on the 2018/19 Flu Vaccination Advanced Service is scheduled for August (date TBC) and there will be a second webinar from the Dispensing and Supply Team on submitting prescriptions for payment later in the year.

The Communications Team is working with PSNC Regional Representative Sunil Kochhar, who runs the pharmacyTALK forum, to produce another set of PSNCtalk videos for the PSNC website. Topics will include: how to determine if an item is allowed on an FP10 prescription, a guide to requirements under the Equality Act, and details of PSNC's digital communications.

\*Industry experts suggest that a conversion rate of anywhere between 35% and 45% is a strong result.

## Press and Media Work

A summary of recent work with the pharmacy press and coverage of PSNC is included as [Appendix LIS 04/07/18](#). The Communications Team has also had constructive meetings with Chemist+Druggist and the new editor of the Pharmaceutical Journal in the past two months to discuss potential other collaborative work.

The first editorial from Chief Executive Simon Dukes appeared in [May's CPN magazine](#). In this article, Simon gave his first impressions of community pharmacy and identified the opportunities that lie ahead for the sector. Simon has also now given interviews to [Chemist+Druggist](#), Pharmacy Magazine and the Pharmaceutical Journal.

The Chief Executive has had a number of introductory meetings with national press journalists including Hugh Pym, Health Editor at the BBC, who is aware of our proposals for future pharmacy services.

Working with the policy leads, the Communications and Public Affairs Team has developed a set of documents which outline PSNC's position on various pharmacy and healthcare topics. The documents include background information, potential risks, and comments previously given to the media. The Chief Executive has been able to refer to the documents, and we would also like to make them available to help Committee Members with any media or other representative work that they undertake as part of their role as a PSNC Member. An outline and sample of these documents has been included in the [Confidential Appendix LIS 05/07/18](#) for the subcommittee to consider.

As part of our work to engage with contractors, the Communications Team plans to interview all PSNC Committee Members to produce articles to appear both in our monthly magazine (CPN) and on the website. The team will contact Committee Members individually about this, and will feature two interviews in CPN each month.

During the summer of 2018 the Communications Team will also trial a monthly podcast for community pharmacists (with LPCs and pharmacy teams as possible secondary audiences). The podcasts will be 5-10 minute recordings that will aim to provide useful and informative content for contractors, while also highlighting the work that PSNC does and the value we are delivering. A plan for the podcasts is included as [Appendix LIS 06/07/18](#).

## Subcommittee Action

- To consider the documents setting out PSNC's positions on topical issues and their suitability for Committee Members.
- To offer feedback on the PSNC Podcast plan and share any ideas on future podcast content.

## LPC development and operational support

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

## 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

### Provider company support

Further to the discussions at the last meeting of LIS, which followed suggestions from PSNC CCA members, it was felt that rather than a meeting with the CCA CEO, CCA member companies should be asked about any barriers their company has with involvement in local provider companies. The questions ask if their company would permit employees to be directors, if their company could be a member of a provider company, and whether their company would be willing to be a subcontractor, and we invite suggestions for alternative structures for a provider company that may overcome any difficulties. In a note to the LIS chair, Greater Manchester LPC has set out its difficulties with the current model provided by PSNC – in the main, this is the difficulty of funding the provider company on a membership subscription basis.

For further background information, [Appendix LIS 08/07/18](#) includes the paper prepared by the Director of Operations and Support from the May LIS agenda.

Subject to the results of the questionnaire, the proposed next step is to organise a meeting of PSNC, NPA, CCA and some LPC provider companies to determine, if possible, how the current structure can be used to work for all sectors, or what revisions need to be made, with the aim that all contractors in an area can work together to secure and deliver locally commissioned services.

### Primary Care Home

NHS England continues to encourage GPs to be part of local primary care network, which will involve working more closely with community pharmacy. One way of achieving this is through Primary Care Homes (PCHs). The National Association of Primary Care (NAPC) has published a new guide to inspire further integration of community pharmacy within PCHs.

The NAPC asked a forum of clinical leaders within community pharmacy to examine ways in which further collaboration between PCH sites and community pharmacy could be encouraged to ensure pharmacies are integral to supporting the health and care needs of patients within PCHs.

The new guide [Primary care home: community pharmacy integration and innovation](#) looks at ways Local Pharmaceutical Committees, community pharmacies and PCHs can make greater use of pharmacists' skills as part of a PCHs' whole population health management approach.

PSNC is promoting the publication at regional LPC meetings and encourages discussion on successes with primary care networks and how PCHs can be a vehicle to maximise the potential of integrating community pharmacy.

A PSNC webinar on PCHs is also being planned.

### Training on steps in the commissioning cycle

Following on from the preparing bids and business cases workshops, the negotiation and presentation skills sessions needed for the next steps in the commissioning cycle training programme will be delivered at a workshop on 11th October.

### PSNC MyCoach Podcast

A new PSNC podcast on influencing skills has been added to the suite of PSNC podcasts for LPCs and contractors, supporting their work in commissioning and other areas. The podcasts can be found here: <https://psnc.org.uk/podcast/> and are also available on iTunes by searching PSNC in the App Store.

### Subcommittee Action

- To agree the next steps on provider companies.

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

### 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   | 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  | Ongoing               |
| 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

#### PSNC/LPC collaborative working

A report set out in the SDS agenda on the development of a services toolkit provides an update on the collaborative working approach initiated at last year's LPC Conference.

#### Gaggle group

The move from the LPC Secretaries Yahoo Group to the new Gaggle platform for LPC Chief Officers went smoothly and the group is working well. A similar Gaggle group is being set up for LPC Treasurers.

### LPC Conference 2018

To approve the plans set out in [Appendix LIS 09/07/18](#).

### PSNC Leadership Academy

Last year the PSNC Leadership Academy organised a day for LPC leaders facilitated by Rachel Harrison. It was a valuable day and LPCs asked PSNC to organise another forum this year. The meeting is on 12th July in London and there will be a report at the next LIS meeting.

### National meeting of LPC Treasurers

The national meeting of LPC Treasurers was held on 14th June in central London and a report is set out in [Appendix LIS 10/07/18](#). This paper also includes proposals for enhancing our HR support for LPCs, which the subcommittee is asked to review.

### Subcommittee Action

- To review the plans for HR support to LPCs set out in [Appendix LIS 10/07/18](#).
- To review the plans for the LPC Conference 2018 and approve the plans for 2019 set out in [Appendix LIS 09/07/18](#).

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.

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

### Report

### Self-evaluation

PSNC's self-evaluation framework has been updated and is now on PharmOutcomes. [A pdf of the self-evaluation framework can be found here](#). We are promoting and encouraging LPCs to complete the new version. LIS will be kept updated on LPC engagement.

### New members days and other training

A report on recent training events is set out in [Appendix LIS 11/07/18](#).

LPCs were consulted on any additional training needs and in-depth training on regulations affecting LPCs was requested by several. We are planning two such training days for the autumn.

### LPC Spotlight

The new CEO of Community Pharmacy Surrey and Sussex (CPSS), James Wood, has been interviewed for an 'LPC in the Spotlight' on the benefit of the new federated structures of the three LPCs, hopefully giving food for thought to other LPCs. The CPSS Spotlight is set out in [Appendix LIS 12/07/18](#).

### Role of LPC Chair

A new guide has been issued to help LPC Chairs understand and carry their role, this is set out in [Appendix LIS 13/07/18](#).

### LPC Ltd

At the recent regional meeting of Yorkshire and East Midlands LPCs there was a request for PSNC to provide advice on the pros and cons of converting an LPC from an unincorporated association to a limited company – mainly to protect LPC members from personal liability. As part of that advice the LPCs asked if PSNC would set out the reasons why it considered incorporation and why it decided against converting PSNC to a company with limited liability.

### Subcommittee Action

- To consider the request for PSNC to provide information about its reasons for considering incorporation and why it decided against it, for LPCs to take into account when considering LPC incorporation.
- To consider the reports and to offer feedback on the completed actions and proposed next steps.

## 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/ACSS          | 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  | Complete |
| 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

We have not got anywhere with our request for a meeting with the Local Government Association (LGA) but the Chief Executive has now also written to the association seeking an introductory meeting.

### Parliamentary Work

A report of Parliamentary work and community pharmacy mentions from the past two months is included as [Appendix LIS 14/07/18](#). We are continuing to work closely with the other pharmacy organisations, in particular to organise the drop-in briefing session for MPs on July 17th which Sam Fisher, Andrew Lane and Fin McCaul will attend on behalf of PSNC.

A considerable amount of work has been done with the Public Accounts Committee who have launched two inquiries of interest – one regarding Capita’s PCSE services, and one regarding generics medicines pricing. The office sought permission for two Committee Member, Mark Burdon and Fin McCaul, to give oral evidence to the generics inquiry, but in the end only Mark Burdon will do so on July 4th.

### LPC Support and Resources

A local communications strategy template has been included as [Appendix LIS 15/07/18](#). This guidance has been developed with the help of Helen Musson from Hertfordshire LPC, to assist LPCs in thinking about their target audiences and considering the best ways of reaching out to them.

LPC Communications and Public Affairs emails continue to highlight new resources for LPCs. Recent resources have included new resources on branded generics, bringing together previous materials with briefings from the Pharmacy Funding Team, updated MP guidance, and resources to help LPCs to engage with local Councillors following the local elections in May.

## Events and Engagement Work

The Communications and Services teams worked together to produce a new set of banners and materials for use at events. These were trialled at the Primary Care and Public Health Conference that PSNC exhibited at in May. The conference proved to be a useful opportunity to showcase community pharmacy to other healthcare professionals and to patient groups, and a short report was included on the website: <https://psnc.org.uk/our-news/psnc-sets-out-vision-for-pharmacy-at-national-public-health-conference/>

Preparations for the RCGP Conference, working together with the other UK pharmacy negotiators, continue.

The Chief Executive has written to a number of MPs, charities, policy think tanks and other stakeholders seeking introductory meetings. These letters have been well received so far, with meetings confirmed with, among others, the King's Fund, Baroness Jolly, Dr Sarah Wollaston, the RCGP and Asthma UK. The Chief Executive also wrote, along with the Chief Executives of AIM, CCA, NPA and RPS, to NHS England to highlight community pharmacy and ask for the sector to have input into the NHS Assembly. The letter was reported on our website and in the pharmacy press. See: <https://psnc.org.uk/our-news/pharmacy-ceos-offer-support-for-nhs-assembly/>

## Subcommittee Action

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

|   |   |
|---|---|
| 6 | 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 Chief Executive will pick this topic up in his update to PSNC in the plenary session on Wednesday 11th July.

## Subcommittee Action

None.

## PSNC Subcommittee Remits

### Remit of the LPC and Contractor Support subcommittee

1. Ensure PSNC provides appropriate support for contractors and LPCs;
2. Oversee PSNC's communications to contractors and LPCs, including media work;
3. Monitor LPC and contractor satisfaction with PSNC's services;
4. Develop programmes for providing training, conferences and other support services;
5. Support collaborative working with other bodies; and
6. Oversee local and national public affairs work, providing support for contractors and LPCs.

## PSNC Digital Communications Reports

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 pageviews** 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's 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 a link in the email. As it requires a conscious action by an email recipient, click rates generally provide a better 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 May 2018 report

May saw a significant amount of interest in information, guidance and resources on the incoming General Data Protection Regulation (GDPR). As details of the interim Quality Payments Scheme began to emerge, new resources developed on this also proved popular.

Our largest peak in website numbers was on Thursday 24th, the day we sent an email newsletter leading with a final reminder of PSNC's GDPR support and resources.

## Overview of the June 2018 report

As the June review point of the Quality Payments Scheme approached, we saw a spike in interest in guidance and resources related to the criteria. News on continuing generic supply issues and our Endorsing Webinar also proved popular this month.

Our largest peak in website numbers was on Monday 25th, the day we sent an email news alert out reminding contractors of the upcoming deadline for the 2018/19 CPAF screening questionnaire. #PharmacyHour may also have had an effect – this is a weekly Twitter event where participants share the latest pharmacy news and useful resources.

## May 2018: PSNC comms statistics report

### PSNC Website

| Audience                                   | May 2018       | April 2018 |
|--|----------------|------------|
| Number of unique visitors (site entrances) | <b>173,733</b> | 171,298    |
| Number of unique pageviews                 | <b>311,225</b> | 310,499    |



| Pages   | Views  |
|---|--------|
| Price concessions and NCSO                      | 15,798 |
| EPS Prescription Tracker                        | 14,684 |
| The General Data Protection Regulation (GDPR)   | 8,252  |
| Controlled Drug prescription forms and validity | 4,801  |
| Medicines Use Review (MUR)                      | 4,602  |

| News stories                                      | Date     | Views |
|---|----------|-------|
| PSNC publishes GDPR guidance for pharmacies       | 28 Mar   | 3,032 |
| GDPR Action: Appointing a Data Protection Officer | 10 May   | 2,589 |
| May edition of CPN magazine now available         | 18 May   | 1,327 |
| Trimovate cream supply issue                      | 28 Mar   | 1,182 |
| Quality Payments: SCR calculator now available    | 11 April | 1,074 |

| PSNC Briefings  | Views |
|---|-------|
| 026/18: Quality Payments – Evidence checklist                   | 1,520 |
| 027/18: Quality Payments – PSNC resources                       | 1,056 |
| 030/15: Services Factsheet – National Target Groups for MURs    | 946   |
| 016/18: A summary of changes to Quality Payments Scheme 2018/19 | 493   |
| 033/15: Services Factsheet – NMS Medicines List                 | 459   |

| Webinars   | Plays |
|--|-------|
| Complying with GDPR webinar                        | 340   |
| VIDEO: The interim Quality Payments Scheme 2018/19 | 545   |

### PSNC Emails

| PSNC Newsletter | May 2018   | April 2018 | Other health newsletters |
|-----------------|------------|------------|--------------------------|
| Open rate       | <b>33%</b> | 32%        | 25%                      |
| Click rate      | <b>6%</b>  | 5%         | 3%                       |
| Clicks to opens | <b>17%</b> | 16%        | 10%                      |

| LPC News        | May 2018   | April 2018 |
|-----------------|------------|------------|
| Open rate       | <b>37%</b> | 38%        |
| Click rate      | <b>2%</b>  | 5%         |
| Clicks to opens | <b>5%</b>  | 13%        |

### Social media

|                       | May 2018      | April 2018 |
|-----------------------|---------------|------------|
| Twitter reach         | <b>147K</b>   | 163K       |
| Twitter interactions  | <b>896</b>    | 1,200      |
| Facebook reach        | <b>4,446</b>  | 2,654      |
| Facebook interactions | <b>412</b>    | 210        |
| LinkedIn reach        | <b>17,041</b> | 6,340      |
| LinkedIn interactions | <b>508</b>    | 154        |

## June 2018: PSNC comms statistics report

### PSNC Website

| Audience                                   | June 2018      | May 2018 |
|--|----------------|----------|
| Number of unique visitors (site entrances) | <b>171,555</b> | 173,733  |
| Number of unique pageviews                 | <b>312,747</b> | 311,225  |



| Pages   | Views  |
|---|--------|
| Price concessions and NCSC                      | 15,236 |
| EPS Prescription Tracker                        | 11,405 |
| Quality Payments                                | 6,426  |
| Controlled Drug prescription forms and validity | 4,047  |
| Exemptions from the prescription charge         | 3,906  |

| News stories   | Date   | Views |
|--|--------|-------|
| Quality Payments: SCR calculator now available           | 11 Apr | 2,045 |
| June edition of CPN magazine now available               | 15 Jun | 1,247 |
| Trimovate cream supply issue                             | 28 Mar | 986   |
| CPAF screening process begins                            | 4 Jun  | 982   |
| Generic medicines pricing issues: NAO publishes findings | 8 Jun  | 619   |

| PSNC Briefings  | Views |
|---|-------|
| 026/18: Quality Payments – Evidence checklist                   | 1,188 |
| 027/18: Quality Payments – PSNC resources                       | 851   |
| 032/18: CPAF screening questionnaire changes                    | 828   |
| 030/15: Services Factsheet – National Target Groups for MURs    | 723   |
| 016/18: A summary of changes to Quality Payments Scheme 2018/19 | 456   |

| Webinars   | Plays |
|--|-------|
| Endorsing Good Practice Guidance – LIVE            | 385   |
| Endorsing Good Practice Guidance – On-DEMAND       | 326   |
| VIDEO: The interim Quality Payments Scheme 2018/19 | 125   |
| Complying with GDPR webinar                        | 22    |

### PSNC Emails

| PSNC Newsletter | June 2018  | May 2018 | Other health newsletters |
|-----------------|------------|----------|--------------------------|
| Open rate       | <b>29%</b> | 33%      | 25%                      |
| Click rate      | <b>4%</b>  | 6%       | 3%                       |
| Clicks to opens | <b>13%</b> | 17%      | 10%                      |

| LPC News        | June 2018  | May 2018 |
|-----------------|------------|----------|
| Open rate       | <b>35%</b> | 37%      |
| Click rate      | <b>3%</b>  | 2%       |
| Clicks to opens | <b>10%</b> | 5%       |

### Social media

|                       | June 2018    | May 2018 |
|-----------------------|--------------|----------|
| Twitter reach         | <b>103K</b>  | 147K     |
| Twitter interactions  | <b>685</b>   | 896      |
| Facebook reach        | <b>1,820</b> | 4,446    |
| Facebook interactions | <b>450</b>   | 412      |
| LinkedIn reach        | <b>5,205</b> | 17,041   |
| LinkedIn interactions | <b>226</b>   | 508      |

## PSNC Press Coverage: A Summary Report

In the past two months the Communications Team has provided comment to the pharmacy press on a range of topics including unlicensed specials, investigations into generic medicines prices and PCSE/Capita as well as information given in PSNC's May meeting summary. The pharmacy press were naturally also very interested to hear the arguments being brought before the judges at the Judicial Review Appeal hearing.

Proactive media work includes work with Pinnacle Health to write an article for Today's Pharmacist explaining STPs and the other new commissioning structures, plus an opinion piece about the Care Plan for Pharmacy Magazine.

### National press: costs for unlicensed specials

In May, a number of community pharmacy contractors were contacted by *The Times* about an investigation into the costs to the NHS of unlicensed specials. We supported contractors in responding to the journalist's queries and updated our [guidance for LPCs](#) on answering media queries about specials. When approached directly, we issued a statement outlining the requirements on pharmacies to dispense specials and how pharmacies are reimbursed for supplying them. The comment also said that PSNC supports an extension of the tariff and does not support excessive pricing.

[The specials report](#) made the front page of *The Times*. In the article, Boots was accused of exploiting the system by ordering overpriced specials from suppliers owned by the same parent group, but the implication in the majority of the cases reported was that pharmacies have no option but to buy these medicines, rather than that they are profiting from the high prices themselves. Pharmacy Minister Steve Brine was quoted as having referred the matter to the Competition and Markets Authority. [A follow-up story](#) on contained some comments from outraged MPs on the Health Select Committee and PSNC's comment.

### Judicial Review Appeal

Chemist+Druggist covered the appeal hearing in PSNC's Judicial Review case in a lot of depth with live stories on each day's events, followed by a [fuller article](#) leading with a comment from one of the judges that the data used by the Department of Health to make its decision had been "very weak". Similar reports of what happened in court appeared in the [Pharmaceutical Journal](#), [The Pharmacist](#), [Pharmacy Magazine](#) and [Today's Pharmacist](#).

### Capita/PCSE

PSNC's Gordon Hockey commented that he was not surprised by the findings of a National Audit Office (NAO) investigation into Primary Care Support England (PCSE)/Capita, which was reported by [Chemist+Druggist](#) and [Today's Pharmacist](#). Shortly after this, PSNC submitted evidence to a Public Accounts Committee (PAC) inquiry into the issues, details of which were reported by [The Pharmacist](#). The [Pharmaceutical Journal](#) reported that PSNC said community pharmacy faced additional workload with no compensation.

### Generic medicine prices

As well as the usual stories about PSNC being disappointed about the concessionary prices agreed, PSNC was also cited in a few articles about another NAO investigation, this time looking at generic price hikes. Both [Pharmacy Magazine](#) and [Today's Pharmacist](#) quoted Simon Dukes saying that

pharmacies have been “caught in the middle”. Whilst the [Pharmaceutical Journal](#) reported that he described the generics supply situation as “unprecedented”.

### About PSNC

Chemist+Druggist were particularly interested in our summary of the May PSNC meeting for contractors; this led to several stories. Firstly there was an article about how pharmacy teams should expect “[logistical challenges](#)” when delivering the flu vaccine for over-65s this year and describing what PSNC is doing to manage the situation behind the scenes. Then there was a story about how it is still “[unclear](#)” what will happen to Category M reimbursement prices in August, which indicated that PSNC said it was too early to make predictions about whether there will be a further reduction in prices. Finally, there was an [article on PSNC’s proposed changes to the pharmacy contract](#), leading with the ‘repurposing’ of the New Medicine Service.

Also of note is an article which appeared in [Independent Community Pharmacist](#) which discussed the change in CEO at PSNC. This was positive about PSNC and suggested that a corner may have been turned in the negotiator’s relationship with the Department of Health and Social Care.

### Other topics

In other news, PSNC was mentioned in articles relating to the perceived rush for pharmacies to appoint a Data Protection Officer to meet the requirements of the General Data Protection Regulation (GDPR) and its associated UK legislation. We also shared advice with P3 Magazine which helped them to write an [article on unlicensed specials](#).

An article about PharmOutcomes which appeared in Chemist+Druggist required PSNC to request an amendment as it failed to differentiate between the original PharmaBase provided by Crimson and the newly improved system as managed by Pinnacle Health.

## PSNC Podcasts: Strategy and Principles

### Aim

To provide a useful tool for community pharmacists (with LPCs and pharmacy teams as possible secondary audiences) that helps to highlight the work that PSNC does and the value we are delivering.

### Format

This will begin as a monthly podcast, but we will review to see if it can become fortnightly or weekly after an initial trial period over the summer of 2018.

Each podcast will be around 5-10 minutes long initially, and this will be made up of short recordings from across PSNC, of around 90 seconds to three minutes each.

### Responsibilities and Monthly Tasks

1. In advance of podcast production, the Communications Team will ask Directors and their teams for an update on work going on in their departments so that together we can identify possible topics for the podcast.
2. The Communications Team will then finalise the topics for each podcast and request input from across PSNC, offering any support needed to help people to record their sections of the podcast.
3. The Communications Team will thread the various sections of content together, including recording any intros etc for the podcast, and then publish and promote the podcast.

## Content Guidance

### Principles

- The podcasts must be useful to listeners, so the vast majority of recordings for each podcast should give community pharmacists a take-away of some kind.
- This 'take-away' could be a direct action (such as to read/watch/do something), or a reminder about something important, or it could be reflective (perhaps encouraging them to think about or consider some element of their practice).
- Where we are highlighting PSNC resources, we should make those as interesting as possible, for instance by giving snippets or tips from the resources so that they have instantly learnt something and want to go away and find out more.
- We should also use podcast recordings to make pharmacists feel positive about their practice and PSNC. This might include, for example, sharing positive data or reports. These sections in particular might feature presenters from beyond the executive team, e.g. Committee Members.

### Tone

- Keep the podcasts positive! While we must be careful to let contractors know that we understand the difficulties they are facing, this is a forum to make them feel good and to highlight the support we are offering and opportunities, rather than to focus on negativity.
- Presenters should be accessible – the Communications Team will include contact details for all presenters on the stories launching the podcasts, but you may like to highlight the fact

that you can be reached for questions in your recording. This is really important to show that we are listening to pharmacists as well as talking to them.

- Where you can, mention conversations you have had or feedback you have heard from contractors and LPCs – you may like to invite them to offer more as part of your recording.
- While the tone will be fairly relaxed and informal, the podcasts do need to remain professional and we must ensure that all content is accurate. Imagine that you are giving a presentation to or talking to a contractor on the phone.
- We want the podcast to be interesting and authoritative, and this should be reflected in the content and the tone of the presenters. The podcast should focus on facts rather than gossip!
- To keep the podcasts short, this will be the place for broad reflections rather than for detail; where detail is needed, we should direct to shortlinks on the website (Mindy can help you create these if you need to).

### Format

- The ideal length for each topic covered on the podcast is around 90 seconds. These topic recordings will be tied together with a short introduction from a presenter, as well as an introduction at the start of the podcast and a sign off at the end.
- The podcast will just include an audio recording – you don't need to worry about slides or visuals.
- The examples given below should help you get an idea of what we could cover and how content can be delivered.

### Example Script for Podcast Section

Did you know that missing pack size is one of the most common reasons for referred back prescription items? Each month some xx prescriptions are sent back to pharmacies for clarification by the BSA, because pharmacies have forgotten to endorse the pack size they used to dispense certain items. This creates additional workload for pharmacy teams, and delays the payments to pharmacy owners.

The easy way to avoid this is to make sure that you endorse the quantity dispensed over pack size used, unless there is only one pack listed in the Drug Tariff.

As PSNC's Drug Tariff and Reimbursement Manager, part of my job is to help you to reduce such issues, and we recently held a webinar to talk you through this and many more similar issues. For more tips on endorsing prescriptions from PSNC's Dispensing and Supply Team, watch our webinar at [psnc.org.uk/endorsingwebinar](https://psnc.org.uk/endorsingwebinar)

## PSNC Briefings (May and June 2018)

### [PSNC Briefing 028/18: Update on the Health and Care Landscape \(April and May 2018\)](#)

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

### [PSNC Briefing 029/18: Dispensing & Supply Monthly Update \(May and June 2018\)](#)

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

### [PSNC Briefing 030/18: Dispensing & Supply Factsheet: Prescription Submission \(May 2018\)](#)

PSNC has created this factsheet to highlight the key things to remember when endorsing and submitting prescriptions for payment, as well as sharing some top tips.

### [PSNC Briefing 032/18: CPAF Screening Questionnaire Changes \(June 2018\)](#)

Community pharmacy contractors in England are being asked to complete the Community Pharmacy Assurance Framework (CPAF) screening questionnaire for the fourth year, as part of NHS England's contract monitoring process. This PSNC Briefing explains the changes for 2018/19 and provides clarification on record-keeping relating to prescription-based interventions (question 6), signposting (question 7) and locums (question 9).

### [PSNC Briefing 034/18: Information and disclosure regulations \(June 2018\)](#)

The Health Service Products (Provision and Disclosure of Information) Regulations 2018 (the Regulations) give the Department of Health and Social Care (DHSC) greater powers to request information about the prices and costs associated with the distribution and supply of medicines and other products for the NHS in England. This briefing is directed at NHS community pharmacy contractors in England (contractors) but also includes brief details on the requirements relating to wholesalers, as some community pharmacies have wholesale dealer's licences.

## 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.

## LPC Conference 2018/19

*This paper sets out the arrangements for the LPC Conference 2018 and a proposal for 2019 for the subcommittee's approval.*

### Background

The PSNC Constitution provides the following:

#### *13. Conference of Representatives of Local Pharmaceutical Committees*

##### *13.1 Annual Conference*

*A Conference of Local Pharmaceutical Committees shall be called by the PSNC normally at least once in each calendar year.*

##### *13.2 Special Conference of Representatives of Local Pharmaceutical Committees*

*The PSNC shall, if requested in writing, by not less than 25 Local Pharmaceutical Committees, call a Special Conference of Local Pharmaceutical Committee Representatives.*

##### *13.3 Representation*

*13.3.1 Subject to the provisions of paragraph 13.3.2 below, Local Pharmaceutical Committees shall be entitled to appoint representatives to attend Conferences of Local Pharmaceutical Committees as follows:*

| <i>No of Chemists</i> | <i>Number of Representatives</i> |
|-----------------------|----------------------------------|
| <i>Up to 100</i>      | <i>2</i>                         |
| <i>101 up to 200</i>  | <i>3</i>                         |
| <i>201 up to 300</i>  | <i>4</i>                         |

*One additional representative may be appointed for every 100 or part thereof of Chemists in the Local Pharmaceutical Committee area.*

##### *13.3.2*

*A Local Pharmaceutical Committee shall not be entitled to appoint representatives to attend a Conference of Local Pharmaceutical Committee Representatives if at the date of the Conference, there are any amounts due under paragraph 14.3 that have been outstanding for more than six months.*

##### *13.4 Quorum*

*The number of Committees which shall form a quorum of a Conference of Representatives of Local Pharmaceutical Committees shall be 25 Local Pharmaceutical Committees.*

## **Format for 2018**

The LPC Conference 2018 takes place on 26<sup>th</sup> September at the McDonald Burlington hotel Birmingham, starting at 10.30am. It is proposed that the format will be like 2017 with an agenda finalised nearer the time, to make it as up to date as possible, with discussions based on the latest information. The final agenda will be issued in early September.

The day will include an update from the PSNC CEO with Q&A; pharmacy minister Steve Brine has been invited to address conference; NHS BSA has expressed an interest in presenting on digitalisation.

As 2017 there will be no 'motions' from LPCs but LPCs will be invited to suggest topics for discussion. Voting will only occur in the unlikely event that a poll is required and will be by a show of hands.

LPCs may send the number of representatives based on the number of contractors as set out in the PSNC constitution. PSNC will cover the venue costs of LPC representatives, travel and all other expenses are the responsibility of LPCs.

PSNC members attend in their PSNC capacity only (not in an LPC capacity) and may claim allowances and expenses in accordance with PSNC's expenses policy applies.

## **LPC Conference 2019**

The LPC Conference currently moves around the country – this year Birmingham, last year Manchester, London the year before that.

It is proposed that the LPC Conference 2019 is held in London in the autumn.

## National meeting of LPC Treasures

Held in London on 14<sup>th</sup> June.

Agenda:

Morning: JR finances – income and expenditure report; Benchmarking - results from the survey of LPC Treasurers; HMRC and LPCs; Scenario discussion; LPC Lloyds bank accounts– what are the options? HR support – reducing the financial risk.

Afternoon: Financial risk register (including GDPR); Creating an asset log; Measuring an LPCs value for money – discussion; Treasurers finance reports to LPC meetings – discussion; Treasurers Gagggle group launch; Any other support needs.

The results of the survey benchmarking LPC payments such as to LPC COs and honoraria are available [here](#).

Following the meeting, we are using the feedback to develop a template for LPCs to measure the value for money committee provides for its contractors.

56 attendees. Feedback good mainly 4/5 and 5/5.

### LPC treasurers meeting – HR support

As reported at the last LIS meeting we are expanding the options for LPCs seeking HR support beyond the current service offered by Irenicon. Following the survey of larger LPCs we are looking for a package that gives core services including staff policies and a handbook with optional greater support for large LPCs; also one that doesn't tie in LPCs for a long contract. Discussions have been held with Clyde and Co who presented the resulting package to the LPC Treasurers – [PowerPoint here](#).

In summary for smaller LPCs there is an Option1 which provides: Contract of Employment, Staff Handbook (including Policies and Procedures), weekly update email on workplace law developments, access to advice from Clyde and Co employment law team at 30% reduced rates. Cost is £150 for a year if 30+ LPCs signup (or £500 if not).

Option 2: Contract of Employment, Staff Handbook (including Policies and Procedures), Inclusive advice (5-15 hours) at more than 30% reduced rates, weekly update email on workplace law developments, annual workplace law training session, contracts and policies audit each year. Cost is £1000 which includes 5 hours of legal advice.

*Other HR providers were contacted:*

*Irenicon*- advice only standard £345 per hour; if prepay time (“prepay” meaning that time is paid for before it is used), then there is a discount on the standard rate. The minimum prepay amount is two hours. This gives a ‘net’ rate of £275. Bigger discounts if LPCs ‘bulk buy’ time in advance of using it. Buy 10 hours at the ‘net’ rate of £245 per hour or 20 hours at the ‘net’ rate of £195 per hour. LPCs get an additional 8% off all these rates.

*Xact*- access to online policies and templates, unlimited telephone advice per year on any Health & Safety or HR / Employment Law issue. Cost £3000 a year and covers all LPCs, PSNC must pay and re-charge from LPCs.

*Ellis Whittam* – details to follow.

*Over 30 LPCs expressed an interest and others are consulting their LPCs. The Treasurers liked the package. It is proposed that we continue to offer Irenicon, in addition to Clyde and Co.*

## LPC Training and Events report

### LPC Members Days

Held on five dates in London, Coventry , Wakefield, Bristol, Runcorn. The days covered:

- Discussions on the practical implications of some areas of the NHS regulations that LPCs need to understand to advise contractor including market entry, common reasons for breach notices and the procedures NHS England must follow; and post payment verification and the overpayment procedures;
- Areas of the LPC constitution that are most encountered in practice;
- Local commissioning- making sense of the local structures and the opportunities for community pharmacy; provider companies
- Current hot topics including GDPR, changes to the contractual framework, and funding
- LPC management, structures and ways of working

Leading the day: Gordon Hockey and Mike King.

104 attendees. Feedback – good mainly 4/5 and 5/5.

### Preparing bids and business cases

Held in London (6<sup>th</sup> June) and Manchester (12<sup>th</sup> June). The days covered: 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, where to get and present data;
- How to prepare bids and business cases for Clinical Commissioning Groups, STPs and the emerging care organisations; and
- Sources of funding.

Leading the day Richard Brown BRR Consulting.

26 attendees. Feedback excellent all 4/5 or 5/5.



June 2018



## LPCs in the Spotlight – Resourcing your LPC for the Future, A South East Experience - Community Pharmacy Surrey and Sussex

In this Spotlight we look at Community Pharmacy Surrey and Sussex (CPSS) a new overarching administrative support tier for three LPCs: West Sussex, East Sussex and Surrey LPCs.

Three years ago, the then Chief Officers of the three committees Vanessa Taylor (East Sussex and Martin Mandelbaum (West Sussex and Surrey LPCs) had both decided that they would retire with effect from April 2018. This triggered the LPC Chairs, two Chief Officers and Treasurer to form a management committee to scope the future structure – the outcome was an agreement of the three LPCs to form an overarching administrative tier with one Chief Officer with a small team to support the three LPCs.

LPC leaders also recognised that local support for contractors and their teams had never been so important, with the growing complexity of local commissioning; wider changes to the Community Pharmacy Contractual Framework and continued funding pressures.

The key to getting agreement, say's Vanessa, was a clear and transparent process which all LPC members agreed and bought into; Vanessa added that one element that helped assuage any concerns about each LPC getting its fair share of support from CPSS, was a Collaboration Agreement, legally drafted, agreed and signed by each LPC.

With go ahead from the LPCs work began on implementing the plans.

### Building the team

CPSS was formed in April 2017 and the LPCs secured an office for CPSS in Leatherhead Surrey, sharing a building with a similar federated structure, [Surrey & Sussex LMCs](#), supporting LMCs - like the LPCs in the area the LMCs did not merge.

The LPCs formed a small group to lead the recruitment of CPSS staff and drawing up job descriptions. An advertisement for a Chief Officer was published and competency-based questions prepared for interviews and selection. An open and transparent process to secure the best person for the job.

James Wood, a former LPC Chief Officer for Sheffield LPC, independent contractor and NPA Board member was appointed as Chief Officer. The office team was completed with Communications Engagement Senior Officer Penny Woodgate, Service Development Senior Office Hinal Patel and Business Administrator Michaela Cassar.

### **Governance**

Whilst CPSS is not an LPC (the LPCs remain accountable to contractors and cannot delegate any responsibility), CPSS can be and is the unified local voice for community pharmacy for Surrey, East Sussex and West Sussex Local Pharmaceutical Committees (LPCs), steered by a governance structure headed up by the LPCs.

Based on the collaboration agreement the three officers from each LPC (Chair, Vice Chair and Treasurer) form an Executive committee, meeting six times a year overseeing CPSS governance, management, priority setting and strategy. The Executive Committee also manages James.

The three LPCs have each reduced the number of LPC members from thirteen to nine (which has helped fund the new structure) with James and his team attending all LPC meetings. James explains that before each LPC meeting, the LPC's contractors are surveyed by CPSS for current issues and items they would like raised at the LPC meeting ([link](#) to survey example), after the meeting CPSS provides formal minutes for contractors and a digest for a more conversational style of report.

### **Contractor engagement**

One of the challenges of any federated administration is making sure all contractors across, in this case the CPSS footprint, feel involved with their local views and issues recognised and considered.

This is a priority for CPSS. James explains that whilst much core information is common across the three LPCs, it's important that the individual LPCs specific needs are addressed. So, for example the [CPSS website](#) has pages dedicated areas for each of the three LPCs. There is a similar approach to the [CPSS Newsletter](#) and CPSS is developing core strategy applicable to all LPCs but with separate arms to tailor the strategy to local needs.

To maintain a more personal contact across a large geography, the CPSS team will be running webinars for Surrey and Sussex contractors in addition to local training and contractor visits. A license has been agreed with the provider WorkCast and the template format can be viewed [here](#).

### **Launch events**

James joined the CPSS team in February this year, allowing a couple of months to work with Martin and Vanessa before their retirement. In February and March CPSS held a roadshow for contractors and their pharmacy team in six venues across the CPSS area. This gave James a chance to introduce himself and CPSS's aims and aspirations, as well as updating contractors on current issues.

90% of delegates surveyed after the events now understand how Community Pharmacy Surrey & Sussex can support them and their teams, with 93% more likely to get in touch with one of the team

The PowerPoint and other material from the events can be found [here](#).

### **The impact on contractors**

Through excellent communications, Surrey and Sussex contractors were kept informed throughout the creation of CPSS, culminating in contractors giving an enthusiastic endorsement of the plans and promises given by James and his team at the launch events.

The formation of CPSS is an excellent example of how to bring several LPCs together through a single administrative support team. The existing LPCs continue, but removing duplication of work and resources through CPSS, means that for the same levy, contractors will benefit from enhanced resources, support and representation; building on the great work of Vanessa and Martin.

Mark Donaghy, Chair of West Sussex LPC, recently commented:

*“Not only have Martin and Vanessa superbly represented and served the profession for many years but they have been instrumental in developing CPSS as an overarching structure across the three LPCs. These have the potential to be both difficult and exciting times for community pharmacy. CPSS will represent community pharmacy locally whatever happens and will be a legacy, that they should be rightly proud of.”*

To find out more about CPSS visit the website at [communitypharmacys.co.uk/](http://communitypharmacys.co.uk/) or for specific information about the Collaboration Agreement, job descriptions and launch event materials, please contact James Wood, CEO by email [jameswood@communitypharmacys.co.uk](mailto:jameswood@communitypharmacys.co.uk)

### **Related PSNC resources**

[LPC sizes and structures briefing](#)

[LPCs options for restructuring](#)

[Checklist for merging LPCs](#)

For more information about the LPCs in the Spotlight series contact [mike.king@psnc.org.uk](mailto:mike.king@psnc.org.uk)

## Role of the LPC Chair

### Role Purpose

The role of an LPC chair is to:

- direct and control the LPC meeting by maintaining rules and meeting etiquette;
- participate in meetings as one of the LPC members (if appointed as an LPC member); and
- ensure LPC business is conducted in a proper manner.

The LPC chair (like the LPC Chief Officer) is accountable to the committee.

### Skills and Personal Qualities

In appointing a chair, the committee will be looking for an individual who:

- is ideally an LPC member;
- conducts themselves with a degree of confidence and diplomacy;
- can be assertive;
- has good people skills, in particular active listening skills; and
- has excellent time management skills.

Under the LPC constitution, the committee may appoint a chair who is not a member of the committee. LPC governance must dictate that such a chair is completely impartial and does not inappropriately influence views or decisions or engage in activity outside of the LPC meeting without the committee's approval.

PSNC has skills training material available on its website:

#### *Chairing skills*

A PSNC MyCoach podcast on chairing meetings can be found at:

<https://psnc.org.uk/podcast/chairing-meetings/>

This accompanies PSNC's facilitation skills podcast – an additional skill that sometimes need to be employed by an LPC chair:

<https://psnc.org.uk/podcast/facilitation-skills/>

## LPC Chair Responsibilities

### 1. LPC Meetings

In running an LPC meeting the chair will ensure that:

- together with the Chief Officer the meeting is properly planned - agreeing the agenda with the Chief Officer, checking that the agenda isn't overloaded relative to the time allowed for the meeting;
- the chair controls the meeting but does not dominate it;

- all remarks are addressed through the chair (this is usually with a light touch but can be enforced if the meeting starts getting out of hand);
- members are respectful towards one another, for example do not interrupt each other
- discussion flows smoothly and involves all members present;
- one or two people are not permitted to dominate the meeting;
- the meeting is paced and runs to time;
- discussions are facilitated such that members reach a consensus wherever possible;
- a vote is taken if consensus is not reached; and
- the majority wins the vote and all members accept the majority decision.

At appropriate points during a meeting, the chair will need to summarise the discussion to:

- indicate progress, or lack of;
- refocus discussion that has wandered off the point;
- conclude one point and lead into the next;
- highlight important points;
- assist the minute taker if necessary;
- clarify any misunderstanding; and
- identify clear actions and timescales.

The chair may, at the end of the meeting, summarise key decisions and recommendations made during the meeting, remind LPC members what they have achieved and thank them for their contributions before closing the meeting on time.

## **2. New Members**

The chair should support new members by providing background information if necessary to help understanding and decision making; also check that acronyms are understood.

## **3. Communication**

The chair will work closely with the LPC Chief Officer liaising in-between meetings to ensure updates from meetings / local insight is shared. The LPC chair is often (but not necessarily) the point of contact for the LPC Chief Officer in between meetings and it is important that the LPC Chair and Chief Officer work well together. This will include agreeing the LPC meeting agenda and the opportunity to talk through issues as they arise.

## **4. Additional duties**

Subject to the agreement of the committee, the LPC chair may be asked to take on additional responsibilities such as attending external meetings as authorised by the committee and in accordance with the LPCs expenses policy (or the honorarium may include an element to fund such work, however the committee should still manage the meeting attendance).

The PSNC provides an LPC Chairs Job Description which is a checklist of some additional duties the chair may be asked by the committee to oversee, and reminders of standing items that the committee needs to manage, which the chair can ensure are dealt with.

## **5. Accountability & work allocation**

Strictly speaking, as the Chief Officer is accountable to the committee, the LPC chair does not 'line manage' but may be asked to conduct appraisals and guide and support the Chief Officer on behalf of the committee.

The primary role is to chair the LPC meeting and consideration should be given by the committee as to how additional work is allocated to make sure it is the most appropriate person, for example, that attends a meeting if the committee has agreed that the LPC should be represented.

## **6. Payment**

For conducting the core role of the LPC chair as above, the LPC may agree to recognise the contribution with an honorarium. Some LPC chairs are happy not to receive an honorarium whilst others may receive a modest amount. PSNC can give information on the levels of honoraria paid to LPC chairs.

PSNC June 2018/mike king

## Public Affairs Report

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

### MP Engagement

We have continued to brief supportive MPs about our PSNC's Care Plan and Care Framework proposals, and will be able to do this once again at the upcoming Parliamentary briefing event, which form a focus point for engagement with MPs ahead of the summer recess. The Chief Executive has also met with Kevin Barron MP and has meetings arranged with other APPG Officers and supportive peers. On 24th July, Health and Social Care Questions is taking place in Parliament, so we will be working on trying to get an MP to pose an oral question to the Secretary of State. We have also briefed Peers ahead of an upcoming Question on Hepatitis C and we will continue to work with MPs on any topical issues related to community pharmacy.

### Parliamentary Drop-In Briefing Event

On Tuesday 17th July, PSNC will host a drop-in briefing event in Parliament along with the NPA, CCA, Aimp and RPS. The aim of the event is to showcase to MPs the role that community pharmacy does and could in the future play in helping people with long-term conditions. We have worked closely with LPCs to promote the event, as this offers an easy way to engage with MPs for LPCs, who are welcome to attend and can also brief MPs on any local issues.

As of 27th June, we have 22 MPs planning to attend the event, in addition to Steve Double MP and Kevin Barron MP who are sponsoring the event. The MPs are:

- Andrew Selous (South West Bedfordshire)
- Sir Patrick McLoughlin (Derbyshire Dales)
- Neil Parish (Tiverton and Honiton)
- Dame Rosie Winterton (Doncaster Central)
- Sir David Amess (Southend West)
- Royston Smith (Southampton Itchen)
- Anne Main (St Albans)
- Diana Johnson (Kingston Upon Hull North)
- Sir Roger Gale (North Thanet)
- Mark Menzies (Fylde)
- Julie Cooper (Burnley)
- Edward Argar (Charnwood)
- Alex Norris (Nottingham North)
- John Healey (Wentworth and Deane)
- Ann Clwyd (Cynon Valley)
- Andrew Gwynne (Denton and Reddish)
- Caroline Lucas (Brighton Pavilion)
- Stephen Lloyd (Eastbourne)
- Huw Merriman (Bexhill and Battle)
- Stuart Andrew (Pudsey, Horsforth and Aireborough)
- Tracey Brabin (Batley and Spen)
- John Grogan (Keighley)

We also have a number of LPC Chief Officers attending to meet with their MPs. And we will be joined by three members of the PSNC Committee: Andrew Lane, Fin McCaul and Sam Fisher.

We hope to build on existing relationships with some of our supportive MPs and to create new ones with those who we haven't had much contact with. We will encourage MPs who attend to consider visiting a local community pharmacy over the summer recess period, and will provide updated resources for LPCs to help them to facilitate these visits.

### Parliamentary Questions

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

- A written question from Bim Afolami MP, asking what steps the Government is taking to implement the recommendations of the independent review of community pharmacy clinical services commissioned by the NHS;
- A written question from Julie Cooper MP, asking for what reason the Government has not encouraged the national roll-out of the pharmacy minor ailments scheme with CCGs;
- A series of questions from Julie Cooper MP asking on the Pharmacy Integration Fund and how it has been spent, and also on the burden of the GDPR on primary healthcare providers;
- A written question from Sir Kevin Barron MP, asking what assessment the Department of Health and Social Care has made of the potential contribution of community pharmacies to building long-term value in the health and social care system at the (a) local and (b) primary care level; and
- An oral question from Bim Afolami MP, asking Steve Brine how and when the community pharmacy sector will gain access to the pharmacy integration fund.

Bim Afolami asked a question including a reference to the upcoming funding negotiations, and this was answered by the Minister as follows:

**Bim Afolami (Con):** *To ask the Secretary of State for Health and Social Care, what assessment he has made of the merits of proposals to permit community pharmacists to identify and manage uncomplicated cases of hypertension as part of the forthcoming community pharmacy funding negotiations.*

**Steve Brine:** *Ministers recognise the value and skillset of community pharmacists and their teams with several programmes of work, supported by the Pharmacy Integration Fund, already investigating how we can better utilize their knowledge and expertise in a wide range of primary care settings. The Department is unable to comment on the specifics of the forthcoming negotiations. However any suggested amendments to services delivered under the Community Pharmacy Contractual Framework, brought forward by the Pharmaceutical Services Negotiating Committee, will be discussed and considered carefully.*

On 12th June, Steve Brine spoke in a Westminster Hall debate about Hepatitis C. The Minister told of a visit to a London pharmacy in April, where he heard the successes of a Hepatitis C testing pilot. He told MPs he was 'anxious and impatient...to see the peer-reviewed results of that work and to see where we can scale it out more'.

Prime Minister Theresa May also made two references to community pharmacy in June. The first during her speech about the future of the NHS and ensuring patients don't end up 'waiting to see a GP

when they could be at a pharmacy'. The second was made during Prime Minister's Questions on 20<sup>th</sup> June, in response to an oral question from Ian Paisley MP:

*Ian Paisley (North Antrim) (DUP): Today, 123,000 individuals will visit community pharmacies across Northern Ireland. As the Prime Minister knows, the pharmacies are the front door and shop window of the health service, so telling them that the best way to solve their problem when they have a shortfall of more than £20 million is to write to a defunct Assembly is not an answer to their problem. What is she able to do for community pharmacies across Ulster today?*

*The Prime Minister: I recognise the value of community pharmacies. I think everybody across this House recognises the valuable work they do in communities, and indeed we have recognised it with our £100 million contribution to a health transformation fund. We have done and will continue to do what we can in the absence of an Executive to protect the delivery of vital public services, including the Northern Ireland health service, and she will be bringing forward legislation to put the budget position on a legal footing. I know that she will be more than happy to meet the hon. Gentleman to discuss this issue further.*

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

The Group is finalising its written report exploring the role of community pharmacy in helping people with long-term conditions, following the series of roundtable discussions held this year. We expect the report to be published ahead of the Parliamentary briefing event on July 17th.

On Monday 14th May the Group held an additional roundtable event with the pharmacy organisations. Evidence was heard from PSNC, the NPA, PDA, CCA and RPS. Sir Kevin Barron MP and Steve Double MP chaired the meeting and Julie Cooper MP also attended. The group had a good discussion, including talking about PSNC's service development proposals, and MPs were supportive of a greater role for community pharmacy in helping people with long-term conditions. Steve Double asked about the appetite for a wide clinical role for pharmacies from patients. Julie Cooper felt the Minister needed more convincing about the potential of pharmacy.

### **Public Accounts Committee**

PSNC has submitted evidence to two Public Accounts Committee inquiries. The first was to the inquiry into NHS England's contract with Capita, which was a seven-year contract for primary care support services. This included payments to GP practices, opticians and pharmacies. PSNC submitted written evidence detailing the issues that arose as a result of the outsourcing of these primary care services. The second piece of evidence was to the inquiry into price increases for generic medications. Mark Burdon, on behalf of PSNC, is due to submit oral evidence to the Committee of 4th July.

### **LPC Support**

The Communications and Public Affairs Team have continued to provide advice to LPCs hosting MP visits, which have led to local press coverage and Parliamentary Questions, including those asked by Frank Field. The team have updated the guidance and suggested key messages for LPCs hosting MP visits, moving away from the 'winter pressures' rhetoric and focusing on promoting our new service proposals.

## LPC Communications Strategy Template

### How to get the most out of this template

This document has been designed to help you to develop your LPC communications strategy. You can work through it considering the questions for each section, then you can delete the guideline text and complete the sections with your conclusions. This template will help you to ensure that all the key elements of a communications strategy have been captured.

## 1. Strategy Overview

### Introduction

Your introduction might read: This strategy describes how [insert name of LPC] can effectively engage with community pharmacy contractors and their teams; and develop working relationships with key stakeholders for community pharmacy. [Enter dates the strategy will cover]

Before you map out where you want your communications strategy to take you, you need to find out where you are now. What has been accomplished so far from a communications point of view? How effective have your previous communications been?

### Communications Objectives

Use this section to list your external and/or internal communications objectives. What do you hope to achieve as a result of your communications activities/efforts?

Clear, specific, and measurable objectives are key to the success of any communications strategy. Objectives should be as concrete as possible, so you can measure your success. When setting these objectives, whether your communications will be external or internal, or both, you should:

- Be realistic within the timeframe, budget and resources; and
- Ensure the objectives are measurable.

The following are examples of some communications objectives you could consider:

- Build awareness and support of community pharmacy among a defined group of audiences.
- Secure the commitment of a defined group of stakeholders to the LPC's aims.
- Influence specific local policies or policymakers around key aspects.
- Encourage engagement with community pharmacy contractors.
- Promote the LPC and its work to community pharmacy contractors.

List your objectives in order of priority.

The following resources, produced by the PSNC Communications and Public Affairs Team, may also be helpful in developing the strategy.

### [LPC Communications Guide](#)

This guide is intended to support LPCs in better managing their external communications, focusing on planning, including information on how to better target communications to your audiences.

### [PSNC Briefing 023/16: Engaging with local stakeholders](#)

This briefing sets out some actions that LPCs may wish to consider as well as guidance on writing a convincing case study and organising a local event.

### [Creating a Digital Strategy](#)

This brief guide may be useful to any LPCs starting to think about developing a digital media strategy.

### [Template social media policy](#)

We have developed a template guide to help you become a good advocate for your organisation whilst also steering clear of some of the common pitfalls.

### [LPC communications and marketing page](#) (LPC Members Area login required)

This page has links to a variety of guidance, information and resources created specifically for LPCs.

### **Target Audiences**

Review PSNC's [template LPC stakeholder map](#) and make it applicable to your LPC.

### **Desired Action**

Use this section to list your external and/or internal communications objectives. What do you hope to achieve as a result of your communications activities/efforts?

When engaging contractors and their teams, consider:

- Whether the LPC is providing enough news, guidance, training and resources on key topics.
- How that information is presented – think about using different formats (e.g. lists, FAQs, charts, infographics).
- What else the LPC could be doing to further support contractors in both the day-to-day running of their pharmacy, and in the longer-term? Consider developing support packages through guidebooks and locally organised training events (these could be created with nearby LPCs or run as webinars to save costs), as well as pointing to PSNC resources.

## **2. Communications Platforms**

How do you want to get the message across? Whether you're preparing a 12, 24 or 36-month communications plan, what tools will you need to use during this timeframe? Your choice will depend on what you want to achieve, the level and type of message you want to communicate, and the profile of your audience. Remember to periodically review your primary means of communication to consider how you could improve.

### **Press** (including press releases, radio interviews, opinion editorials, features)

| <b>Benefits</b>   | <b>Things to consider</b>  |
|---|--|
| <ul style="list-style-type: none"><li>• Can help promote services to public.</li><li>• Utilises those who already work in communications.</li></ul> | <ul style="list-style-type: none"><li>• When attempting to sell a story to the media, make it sound exciting (why is it different? why would the reader care?)</li><li>• Avoid using terms only a pharmacist would understand – note, the average UK reading age is that of a nine-year-old.</li></ul> |

### **Online** (including LPC website, social media, videos, other related websites, email newsletters)

| <b>Benefits</b>  | <b>Things to consider</b>  |
|--|--|
| <ul style="list-style-type: none"><li>• Simple and effective way to reach people.</li><li>• Can reach a lot of people quickly.</li></ul> | <ul style="list-style-type: none"><li>• LPC website: Is your site up-to-date?</li><li>• Email newsletters: Keep them short and not too frequent.</li><li>• Social media: Are you telling people about your accounts? (If you're still new to social media, take a look at PSNC's <u><a href="#">Social media guide</a></u>.)</li></ul> |

### Print (including brochures/leaflets, posters, letters)

| Benefits  | Things to consider  |
|---|---|
| <ul style="list-style-type: none"><li>• Good way to summarise key messages.</li><li>• Provides a more official touch which is harder to ignore than an email.</li></ul> | <ul style="list-style-type: none"><li>• Hard copy letters: Are these still required in the digital age?</li><li>• The need to evaluate any costs for printing large volumes of materials against the potential benefits.</li><li>• Plan when messages are being sent – will it reach your audience in time?</li></ul> |

### Advertising (including print, radio, television)

| Benefits  | Things to consider   |
|---|--|
| <ul style="list-style-type: none"><li>• Could help target your audience more effectively.</li></ul> | <ul style="list-style-type: none"><li>• The need to evaluate any costs for advertising against the potential benefits.</li></ul> |

### Public relations (including conferences/events, endorsements, telephone calls)

| Benefits   | Things to consider   |
|--|--|
| <ul style="list-style-type: none"><li>• Good networking opportunities.</li><li>• May help stakeholders to remember pharmacy.</li></ul> | <ul style="list-style-type: none"><li>• The need to actively engage with local charities or organisations that have an interest in pharmacy or health, balanced with how much capacity the LPC has to carry out this work.</li></ul> |

## 3. Messaging

Your messaging will vary depending on which of your audiences you are looking to reach. How are you going to ensure that your communications will align to LPC strategy? Presenting your LPC message correctly is crucial. This means being coherent with key messages through using consistent communication tool applications.

When reaching out to external stakeholders, it is worth noting the key messages currently being used by PSNC at a national level listed below but remember to add in your own local messaging as well.

- **Community pharmacies contribute huge value:** Refer to the [PwC report](#).
- **This value must not be lost:** Community pharmacies are currently facing huge financial pressures. We are concerned for the impact on patients, local communities and the wider NHS and public sector, if community pharmacy services are lost or reduced.
- **We need to make more use of community pharmacies:** Faced with congestion in A&E departments, busy GP surgeries and rising demand for health and social care, it is more important than ever that we make best use of the network of community pharmacies on our high streets to keep people healthy and out of hospitals.
- **To make that happen, we must develop the Community Pharmacy Contractual Framework:** Refer to the [Care Plan and Care Framework proposals](#).

### Campaigns

Campaigns are critical for harnessing all the time you've invested in your communication strategy. People don't take action on an issue unless you motivate them so, schedule campaigns in advance whenever possible, and make sure to launch one regularly. The more campaigns you run, the better you'll understand your audience and improve your results over time.

### Reactive communications

There will inevitably be times when LPCs must react to a breaking story that relates to or affects community pharmacy, either at a national or local level. You need to develop a plan on how to handle

spontaneous queries from journalists. Make sure you know who needs to have the final sign-off on comments and which committee members are media trained.

The [Communications support for LPCs](#) webpage on the PSNC website contains details of support for LPCs on the pharmacy and healthcare stories currently in the news. The PSNC Communications and Public Affairs Team add advice as and when relevant news stories break, but LPCs should get in touch via [commsteam@psnc.org.uk](mailto:commsteam@psnc.org.uk) if they are unsure or need guidance on something not yet covered.

#### 4. Key Dates and Timelines

It is important to consider the timing of your communications. To be most effective you must strike the right balance by actively maintaining the relationship without overloading your audience.

Consider contacting stakeholders (including local media) when:

- You have a new service to promote;
- There is a story of national interest (either directly affecting pharmacy or where pharmacy could help);
- At certain times of the year, linking to pharmacy's role (e.g. pharmacy services in winter); or
- *[Politicians]* They gain (or return to) office.

Consider using a rolling contacts list of stakeholders to help you manage these communications.

Use this section to record key dates and develop timelines for your communications so that the LPC can coordinate its efforts with those dates. The *Comms planning calendar* on the [Communications support for LPCs](#) webpage may help with this.

#### 5. Evaluating Success

This is one of the most important parts of the communication plan. Here's where you measure the impact of all your communication efforts.

Be sure to:

- Identify your baseline (where are you starting in terms of your social media community size, website traffic volume, email subscribers, total members, etc?)
- Set some goals (where do you want to be in 12 or 18 months?)
- Monitor, analyse and report your findings.

##### How to do it

**LPC website:** Google Analytics is a web program that can help analyse website visitor traffic. PSNC's [Google Analytics guide](#) will show you how to find out what people are looking for on your site and what they find interesting which will help you tailor your content for maximum impact.

**Email newsletters:** If you're using a mass mailout program, such as MailChimp, they should provide you with some data such as open and click rates to tell you the percentage of people on your mailing list who are opening and/or clicking links in your emails.

**Social media:** PSNC's [Social media guide](#) contains a section on 'Analysing your impact' which outlines the analytics that are available for the main social media platforms.

[ENTER REVIEW DATE]