



LPC in the Spotlight

Case study: LPC Contractor Engagement and the need for change – Avon LPC

Avon LPC recently held an event to engage with local Community Pharmacies to help them understand the emerging landscape and help them understand the need for change and how to remain sustainable and fit for the future.

Rationale

Avon LPC felt that the community pharmacy network currently does not understand the potential risks to the network and the problems they could be facing in the foreseeable future.

It has become evident that contractors are struggling to remain sustainable and the NHS does not necessarily place Community Pharmacy at the centre of their strategic plans therefore there is an urgent need for Community Pharmacies to think about adapting and developing the current business model to ensure longer term sustainability.

It is essential that they understand that it is likely that funding from dispensing will no longer sustain pharmacy in the long term.

The LPC shared evidence of pharmacies closing to help them understand the need to start planning.

What were the Key objectives for the event?

- To raise awareness of the potential risks for the CP network
- To support contractors to understand the need for change
- To support contractors to review their current business model and plan
- To demonstrate engaging and delivering all existing commissioned services local vs national
- To prepare pharmacists for future commissioned services such as DMIRS,
- To ensure local pharmacists build relations with GP practice and other primary care stakeholders in preparation for emerging changes in the local NHS
- To legitimise Community Pharmacy charging for added benefit services such as compliance aids and deliveries
- To develop an action plan to implement in pharmacy with LPC support
- To help instil a positive mindset to equip them with tools and support to implement any changes



The session was facilitated with round table discussions to help contractors realise the risks by asking key questions such as;

- 1.What % of Pharmacies may survive in 5 years' time? How many of you will remain?
- 2.What % of your time do you spend undertaking Pharmacist duties e.g. clinical assessment, delivering a service, counselling and advising patients on referral. Currently attendees estimated 10-33% of the time is used for Pharmacist specific duties
- 3.How much time would you be using to undertake Pharmacist specific duties in the future. The attendees estimated 60-75% in the future, this highlighted the need to plan, review and implement key changes to be fit for the future.

The next session was helping them to understand the opportunities they currently have;

1. Maximising delivery of advanced and local commissioned services
2. Developing good working relationships with the local GP Practice
3. Urgent care and engagement with DMIRS
4. Compliance aid guidance co-written with local CCG to ensure provision to patients that require a reasonable adjustment in line with the Equality Act
5. Charging for services such as compliance aids and deliveries
6. Alternative income sources such as travel vaccination provision to ensure contractors do not continue to rely on the NHS as the sole source of income
7. Discussing a diversified business
8. The need for contractors to work together in locality areas to build relationships and work collectively.

Outcomes achieved to date:

1. Action plans developed at the meeting with follow up meetings arranged
2. 2 x 1-hour sessions that were held in the evening to allow all contractors flexibility to attend
3. Evidence of Pharmacies talking to each other in local areas
4. The LPC took photos of the actions plan to further support implantation and follow up
5. Attendance from 100 attendees representing 50 Pharmacies



Feedback from contractors

- Contractors were unaware of the potential risk to their future and have gained a better understanding of the need for change.
 - They are now more aware of changes in the NHS and how it could affect them
 - The session has prompted them to understand the importance of reviewing their business model and implement changes in the action plan
 - They were grateful for the LPC for arranging this event and personally engaging with contractors through the follow up visits
- Pharmacies have already started to work together
- Some pharmacies have stopped providing free services and some are now even charging for them.

What are the next steps for your area?

- 1.To follow up on actions plans with pharmacies through visits with the Pharmacy support manager
- 2.Hold further evening workshops to further explore different ways to manage change
- 3.To support contractors with how to carry out a disability assessment and how to make appropriate changes for that patient if its required
- 4.Supporting contractors with implementation of changes relating to the compliance aids and delivery services within their Pharmacies.

Overall, this initiative has demonstrated the need to engage with contractors and support them to understand and navigate the current changes, assess the potential risks and adapt their business model to ensure long term sustainability.

Thanks to Richard Brown from Avon LPC for providing his overview and insights for this area.

Resources (available in LPC Members Area)

[NHS Long Term Plan contractor roadshow presentation](#)

[Action plan for pharmacy](#)

[Assessment form for use by pharmacies](#)

[Assessment tool for compliance aids \(NHS North Bristol\)](#)

[Managing compliance aid requests \(BNSGG\)](#)

[Pharmacy letter - funding cuts April 2019](#)

[PSNC Briefing 060/17 Equality Act 2010 a quick reference guide](#) (updated September 2017)

This PSNC Briefing aims to confirm and clarify key aspects of our main guidance below.



[PSNC Briefing 001/16 Equality Act 2010](#) (January 2016)

This PSNC Briefing updates "PSNC Briefing 084/13: Equality Act 2010" on the Equality Act 2010 (incorporating its predecessor legislation the Disability Discrimination Act 1995).

[Compliance aids guidance](#) - This local guidance developed by Avon LPC, the CCG and Acute NHS trusts. Shared here with the kind permission of Richard Brown, Avon LPC.