



## **Community Pharmacy Surrey and Sussex**

### **LPC focus - Case Study – Creating a federated administrative structure**

Three LPCs across the South East have set up an overarching structure to deliver the management and administration of East Sussex, West Sussex and Surrey LPCs.

The decision to re-structure the LPCs was taken to better align themselves to the national agenda, whilst maintaining local decision making. This also achieved operational efficiency whilst collaborating across the LPCs to reduce duplication and share intelligence.

Several factors led to this decision including the retirement of chief officers, a more complex commissioning environment, a changed NHS footprint and a recognition of increased demand for resources and support for contractors. The decision was taken to use existing resources and funding to better effect.

The LPCs felt that they had already started working closely and this felt like a natural progression. The move allowed the operational model to become more balanced and flexible to enable adaption to the emerging changes in the NHS and bring a greater level of support to contractors.

#### **What they did do?**

Surrey and Sussex LPCs combined forces to set up a central administration and operations team. This has helped them to support contractors more effectively and better meet the expectations of external NHS stakeholders and other local organisations.

The constituent LPCs remain the legal entities but the new overarching team uses the trading name 'Community Pharmacy Surrey & Sussex' and all communications and business is delivered through the central office.

A collaboration agreement was drawn up between the three LPCs with one organisation becoming the employing authority. It is important to note that the LPCs did not lose their status or powers as outlined in the constitution and the NHS act. This is a mechanism to allow more effective collaboration between LPCs to pool resources and share costs as well as implementing initiatives of shared interest in common areas. Overall, there are some compromises that need to be made but the agreement is sought from all parties to achieve consensus agreements and will to proceed before initiation.

#### **The process**

All three LPC Chairs and Vice Chairs, with support from their Treasurers, met several times over a 12-month period to;

- i) Establish consensus on next steps and ways of working
- ii) Agreeing the overarching arrangements
- iii) Agree decision making and governance processes
- iv) Determine how it should be facilitated (i.e. with a legal agreement)
- v) Define an approved process for appointing staff
- vi) Consulting with LPC members and contractors in the area



- vii) Defining a clear scheme of delegation
- viii) Decide the priorities across all LPCs, joint projects and operating plan
- ix) Establish clear roles and accountabilities
- x) Develop collective governance arrangements
- xi) Arrange oversight of the central team

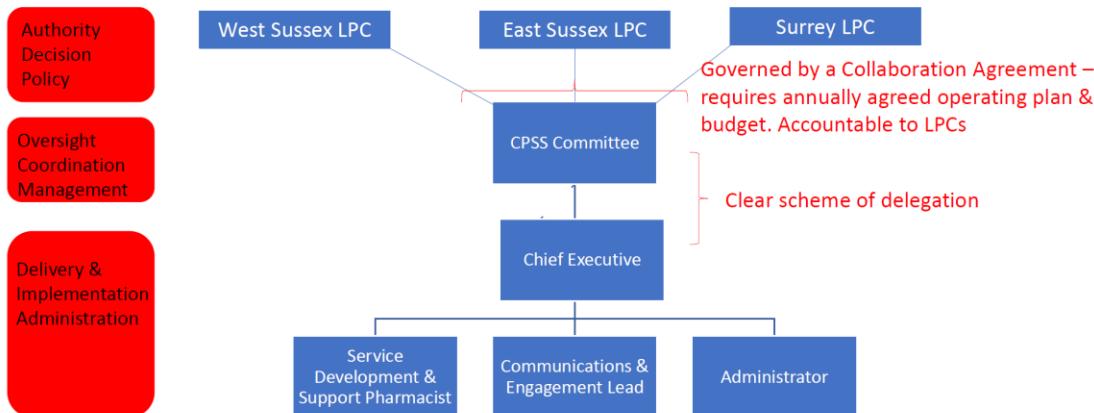
The central operations team consists of a:

- Chief Executive Officer (CEO)
- Service Development and Support Pharmacist
- Communications and Engagement Lead
- Administrator (to support operational day to day management)

Based in an office shared with the Local Medical Committees (LMCs), the team utilises technology to facilitate field-based working and employs a virtual receptionist.

### **A summary of the structure is outlined below**

## Structure



[www.communitypharmacyss.co.uk](http://www.communitypharmacyss.co.uk)  
On behalf of East Sussex, West Sussex and Surrey LPCs

### **Top Tips**

The CEO of the joint Community Pharmacy Surrey and Sussex group, James Wood, has provided the following pointers for other LPCs considering this type of re-structuring.

1. Establish a consensus and a will to progress the initiative.
2. Ensure all parties are committed for a set period.
3. Establish clear expectations for all parties concerned through the development of a scheme of delegation. This should include decision making processes as well as clear roles and accountabilities.



4. Establish good working relationships and trust between the Chairs and Vice Chairs of the LPCs.
5. Ensure legal advice is available for progressing the initiative.
6. Once the federated structure was established; HR, Health and Safety and IT outsourcing arrangements were considered and agreed to support the new central operations team
7. Ensure employment processes were agreed clearly
8. Co-ordination of the CEO, operations team and leadership team

James told us:

"This was a cultural change in working practices and it was important to take LPC members with us on that journey. We had to ensure they were willing and comfortable to allow the central operations team to perform the functions agreed. It is advisable to take the necessary time to establish consensus and agreements, so all parties are comfortable and agree to the changes.

We created a Leadership Oversight and Scrutiny Team of Chairs and Vice Chairs to provide the strategic steer and oversee progress of the agreed workplans and priorities on behalf of the three LPCs."

### **Challenges**

However, James also warns LPCs to be aware of possible barriers, for example:

1. Getting Commitment and agreement from all parties to progress with the initiative
2. Ensure everyone remains committed to the agreed outcomes
3. Planning joint meetings of LPCs, regular meetings between the Central operations team and the Leadership team to allow efficient use of time but frequent enough to ensure all parties were updated on developments. It is important to ensure all were involved in the decision-making process. This required good reporting and transparency regarding any developments.

### **Outcomes**

Surrey and Sussex LPCs' goal was to achieve greater efficiency to increase the capability and capacity of the LPCs within existing funding levels. The level of external engagement has increased and relationships with Sustainability and Transformation Partnerships (STPs) and other NHS stakeholders at Senior level has improved.

James said:

"The main objective was to provide the resources and expertise to represent, advise and support contractors in the best possible way, without increasing the overall cost to contractors. Funds released as a result of changes to contribute to the additional resources, so being cost neutral for contractors but with good value from levy income."

Most importantly; the changes have enabled the LPCs to better navigate the upcoming changes, responding quickly to opportunities. This in turn has improved commissioned service delivery through central support for contractor engagement.

This has provided an excellent foundation to ensure we can support and add value to contractor as well as ensure pharmacies can integrate within local NHS structures and



emerging Primary Care Networks (PCNs) and align to the aims and objectives of the NHS Long Term Plan.

Surrey and Sussex LPCs are keen to develop their central team further in the coming months by taking on a specialist communications lead and a dedicated service engagement and development manager. They are also consider setting up a Provider Company.

### **Key Resources**

Community Pharmacy Surrey and Sussex have kindly shared a set of slides to support this case study. Thank you to James Wood and the team in Community Pharmacy Surrey and Sussex for co-developing this resource.

These are available on the page: <https://psnc.org.uk/lpc-focus-creating-a-federated-administrative-structure-cpss/>