



Working Together with other LPCs

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Chief Executive, Community Pharmacy Surrey & Sussex

Purpose

- Provide further information on how LPCs can work closer together
- Describe the financial and governance model of the “federated” model
- Give a flavour for some of the benefits
- An opportunity for you to ask questions

Being clear about expectations

- Don't pre-judge the outcome of your discussions
- The need to enter into discussions and have a mandate with the other LPCs, if you resolve to move forward

Drivers for Surrey & Sussex

- Retirement of the previous Chief Officers
- Go further with support for contractors and their teams
- More complex commissioning environment
- Changing stakeholder footprint e.g NHS Reforms e.g England to KSS level
- Views from CCA / others & other established local representative committee structures e.g Middlesex Group of LPCs, Wessex Group of LMCs, etc

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An increase in resource and demand required from the LPC, at a time when value for money was very much the focus from the funding contractors

Constitutional Duties

- 3.1.2. The Committee shall ensure that the appropriate structures and resources are in place to discharge its duties efficiently and effectively and the Committee may set up subcommittees of the Committee for this purpose. The structures and resources may be part of pooled arrangements with one or more other Committees.
- 3.1.3. In considering whether the structures and resources mentioned in paragraph 3.1.2 are appropriate, the Committee shall consider whether this may be achieved by collaboration with other Committees as mentioned in 3.4.3.
- 3.1.4. The Committee shall maintain appropriate management and administrative structures to ensure the Committee's business is carried out efficiently and effectively. The management and administrative structures may be part of pooled arrangements with one or more other Committees.
- 3.1.5. The Committee shall respond to any request for an inquiry by a contractor who believes that the Committee or an officer of the Committee has acted unconstitutionally, by holding a meeting of the Committee to deal with the matter and to report to all contractors represented by the Committee.
- 3.4.3. The Committee shall have a duty to consider collaborating with other Committees, where this may benefit pharmacy contractors.

What was decided

- The three LPCS resolved to work together - required “political will” – partly driven by the retirement of CEOs
- Established an administration tier ‘Community Pharmacy Surrey & Sussex’
- Governed by a collaboration agreement & scheme of delegation stepping down to CEO
- Overseen by the Officers of each LPC
- Each LPC pays a proportion of the operating costs as a % of the number of contractors

Structure

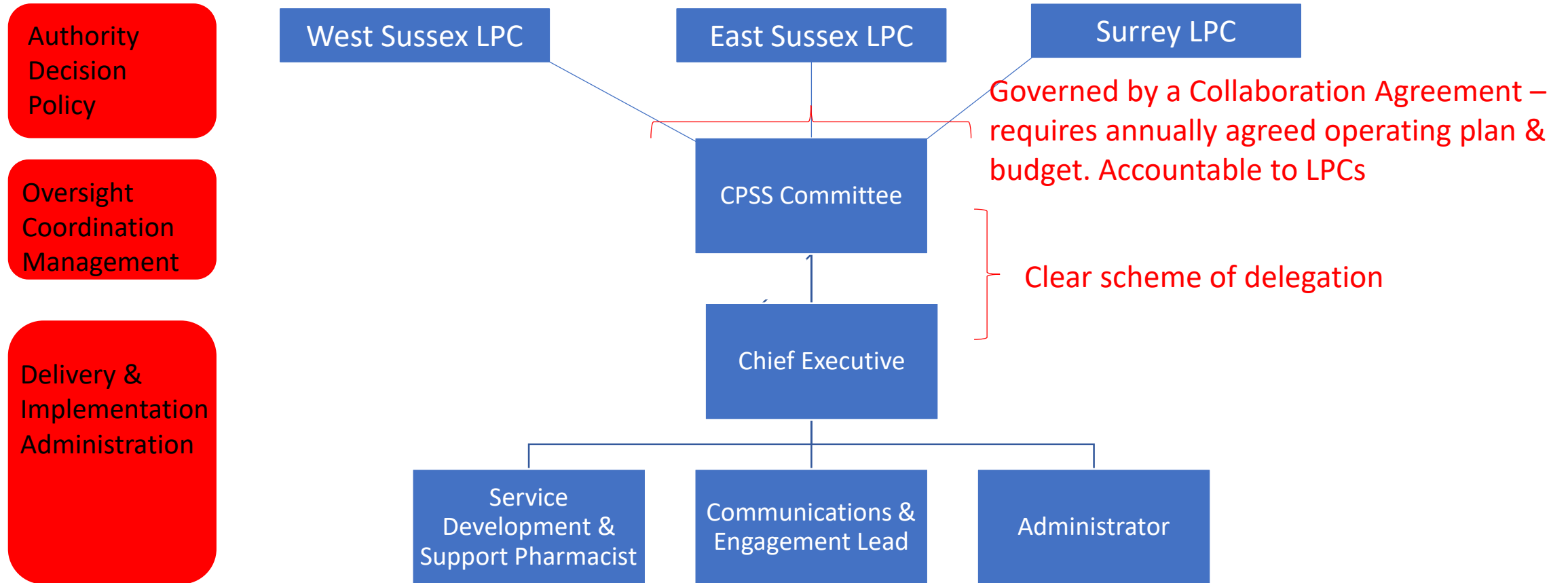
Team

- Chief Executive Officer
- Service Development & Support Pharmacist
- Communications & Engagement Lead
- Administrator inc operations

Base

- Shared office space with S&S LMCs – in Surrey
- Fully digitally enabled to facilitate a highly mobile & field based team
 - Office teams/Zoom/Skype for Business/ Webinar platform/Virtual receptionist

Structure



Governance

DATED _____ 201

West Sussex Local Pharmaceutical Committee
and
East Sussex Local Pharmaceutical Committee
and
Surrey Local Pharmaceutical Committee

COLLABORATION AGREEMENT

In respect of provision of
Community Pharmacy Services
in
Surrey, West Sussex, East Sussex

Community Pharmacy Surrey & Sussex
On behalf of East Sussex, West Sussex and Surrey LPCs



**CPSS Executive Committee
Scheme of Delegation**

This Scheme of Delegation sets down the authority delegated by the CPSS Executive Committee and the constituent LPCs to its Chief Executive/ others. It supplements the job description for the Chief Executive and addresses several areas more specific to delegation to facilitate fully accountable, effective and efficient delivery of the CPSS administration tier.

Within the constraints of the Collaboration Agreement and individual LPCs Constitution, the strategic direction of the LPCs, delivered through the administration tier of Community Pharmacy Surrey & Sussex, (including the spirit of its relationships with contractors and stakeholders, its policies, the setting of key objectives for achieving those aims and the handling exceptional situations/circumstances) are matters reserved to the CPSS Executive and the constituent LPCs.

This is the framework within which the Chief Executive Officer is required to manage the day-to-day operational activities for optimal performance, drawing to the attention of the Executive Committee any perceived need to update the framework from time to time.

Management	
General delegation of management decisions	The Chief Executive Officer is hereby delegated to manage the proper use of the operational, budgetary, property, staffing and other resources of the organisation within the above policy framework.
Staff/HR	Subject to the policies and procedures detailed in the Staff Handbook/contract of employment the Chief Executive Officer will be responsible for the guidance, support and supervision of staff employed by CPSS. Support and development of the Chief Executive Officer will be the responsibility of the CPSS Executive Committee HR/Performance Group, led by Sarah Davis. This includes the annual review of the Chief Executive reporting back as appropriate.
Staff Handbook and Employment Procedures	The Staff Handbook to be approved by the CPSS Executive Committee and reviewed annually
Recruitment	The recruitment of the Chief Executive will be the responsibility of the CPSS Executive Committee. Staffing changes only within the approved budget plan may be made during the year by the Chief Executive.

Operational Procedures	
Specific operational rules governing the purchasing?	Where possible, obtain 3 quotations from separate suppliers who can meet the requirements.
Authority to approve and sign contracts that CPSS enters	CPSS Executive Committee – devolved to the Chief Executive Officer and the signature of at least one Chair from the three LPCs, or his/her nominated deputy.

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In Numbers – an illustration

LPC	Contractors	%	Amount
East Sussex	168	31	£67,296
West Sussex	161	30	£65,124
Surrey	216	39	£84,660
Totals	545	100	£217,080

- The main objective was to provide the resources and expertise to represent, advise and support contractors in the best possible way, Vs reducing overall costs to contractors
- Funds released as a result of the changes to contribute to the additional resources, so being cost neutral for contractors but with greater value from levy income
- Establishing an administration tier for your LPCs would require careful financial and resource modelling – some fixed costs & variable depending on requirements, which would need to be agreed

Benefits of the model

Allows to pool some financial resource to better represent effectively in a cost effective way, importantly:

- Retaining the existing LPCs means there is a recognised LPC locally rather than a sub group: contractors and commissioners may prefer this authority as defined in the constitution
- Retaining existing LPCs could be seen as more democratic by contractors and a greater feeling that they have a local organisation with authority representing them
- The chairs, vice chairs and treasurers of the LPCs can be more involved in local discussions with central support which add authority due to statutory recognition
- More LPC members are involved in decision making it more representative vs other models, such as merged LPCs

Benefits – outputs 2018/19

- Local resources e.g essential guides, deadline tracker
- Targeted, segmented support e.g quality payments
- Centralised support & distributed leadership e.g APC resources, PCN
- Scale and spread across areas e.g TCAM, delivery of new services
- Attract & retain top talent e.g communications & engagement
- Contractor 1:1 support & case work without distracting from strategic work
- Representation at scale – greater influence with one voice at STPs/ICS - Surrey Heartlands IPMO
- Employed team with a variety of skills – level of resilience over sole CEO model

Benefits – some examples

Community Pharmacy Surrey & Sussex
On behalf of East Sussex, West Sussex and Surrey Local Pharmaceutical Committees



Annual Operating Plan for 2019/20

Support | Represent | Develop | Deliver |
For Community Pharmacies across Surrey & Sussex



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Community Pharmacy Surrey & Sussex
On behalf of East Sussex, West Sussex and Surrey LPCs



January 2019 Deadline Tracker

If you are part of a pharmacy group or multiple, please liaise with your company managers/head office.

Subject	Requirement	Deadline	Action and links	Tick when completed
MUR/NMS Quarterly Submission October to December '18	Contractual – risk of breach notice if not complete	Within the first 10 working days of January 2019	https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/medicines-use Help to do this available on our website here	
Flu Advanced Service	Pharmacy Income and Public Health	Ongoing till 31 st March 2019.	Community pharmacy contractors can claim payment monthly for NHS Flu Vaccination, via either the paper claim form or the webform provided by the NHS BSA (BUT NOT BOTH) Use PharmOutcomes to record data and notify GP practice.	
Drug Tariff distribution changes	Preference of Drug tariff book or electronic	Register by 10 th January 2019 if prefer a paper copy	Pharmacies will not receive a paper copy of the drug tariff from February 2019 unless: They opt-in to continue to receiving paper copies; the deadline for registration to receive monthly DT is the 10 th January by emailing DTBSurvey@nhs.net For contractors who choose not to opt in, they will continue to receive one copy of paper DT in January each year and will then need to access the PDF or Electronic versions available on NHSBSA website.	

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Essential Guide to Locally Commissioned Services in West Sussex

Public Health Services Commissioned by West Sussex County Council

Public Health Service	Training Requirements	Overview of Fees
Smoking Cessation Service	Completed Level 2 Smoking Cessation practitioner training in line with NCSCCT and signed up to Declaration of Competence on PharmOutcomes . In addition, CPPE in conjunction with WSSCC offer behaviour change focussed face-to-face training that is recommended but not essential. Further updates are also available eg on e-cigarettes. This service can be provided by trained Pharmacy Staff .	Service User 1st Apt- £15 Service user 2nd Apt- and agreement to set a quit date - £10 Service User 4 week Follow up Apt- CO validated (or self-reported) quit = £40 Payment to be claimed on PharmOutcomes
NHS Health Checks	CPPE training day provided by West Sussex County Council or previous equivalent face to face training in another area. POCT trained by accredited Trainer. Signed up to the Declaration of Competence on PharmOutcomes . This Service is provided by the trained Healthcare Staff and Pharmacist .	£28 per Health Check . Monthly Claims to be made via PharmOutcomes
Pharmacy Alcohol Identification and Brief Advice Service	All staff who deliver "the Service" must complete the 'e-learning for health' Alcohol Identification and Brief Advice programme for community pharmacy, prior to delivery of "the Service" : https://www.e-lfh.org.uk/programmes/alcohol/	Alcohol Identification/ Screening using Audit C Scratch Card: £0.80p per Service User up to a maximum of 100 screens . Please note that The Council may revise this cap at any time.

Updated January 2019

- Increase in CPAF screening questionnaire completion
- Improved QP participation – targeted support & call in clinics
- Returns of contractual paper work – 100% in Surrey before the deadline
- New services delivered in each area over 2018-19

What contractors have said?

Invitation for local contractor feedback for your upcoming LPC meeting

1. What are the main challenges that you are facing working in your community pharmacy that you need help with locally from the LPC?

2. Tell us about any specific issues you would like raised for consideration at your next LPC meeting.

Responses:

Q3: How would you like your LPC to support you - for example with regards to service delivery?

- Like the deadline tracker. More info on quality payments needed
- Local advertising and digital promotion to encourage appropriate use of community pharmacies
- to support pharmacy staff to deliver services required
- Communication with GP surgeries - If they have "Just sent" a Rx to the pharmacy telling the patient it is ready is putting undue pressure on pharmacy staff. The patient expectation needs to be managed to enable delivery of a good service.
- n/a
- co-joined working with other HCPs including GPs/nurses/dentists/opticians. sponsorship to attend joint learning opportunities.
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On QP:

Thank you for that. It's a real comfort to have you guys behind us. I'll come back to you if I need more help.

On Engagement:

This is a fantastic email, succinct and easy to read for contractors. Well done!

On the Tracker:

***Thank you so much for this service. It really helps me keep up with things. I hope this service continues
The deadline tracker is great, the best thing that the LPC has done for me, keep up to the good work***

In General:

It is refreshing to see some positive moves by our LPC, regular meetings. Great communication, energy, and a new engagement with members, keep up the hard work, Thanks

What do you already share ?

Geographical Representation

- NHS England – Area Team – contract management & commissioning development
- NHS England – Performance panels, rural issues, some elements of market entry
- Public Health England – regional structure
- Primary Care Support England – regional engagement structure
- Academic Health Science Network
- CD Accountable Officer liaison
- Emergency & Resilience Response Planning e.g Brexit, public health emergencies
- Regional LPC grouping and forum

Functional Commonality

e.g potential central / virtual office

- Communication & Engagement
- Some policy work – national, regional
- Market entry administration
- Contractor support
- Distributed leadership
- LPC management & administration

Next Steps*

If the direction of travel is to work together, here is an illustration of the sequence of events to progress discussions and gain agreement

1. Give authority to the LPC officers/others to have informal discussions about collaboration (consider facilitation support facilitation)
2. If positive (decision and mandate required from all the LPCs) to prepare outline proposals for all the LPCs to discuss – map and flow through staffing and resource options to agree
3. Short consultation with contractors
4. Potentially engage short-term project manager to implement organisational aspects e.g redrafting of governance documentation, structures if required, so not to interfere with BAU etc



*For illustration only, subject to pan LPC discussion mandate & agreement

Questions



For questions, or copies of documentation please contact

Email jameswood@communitypharmacyss.co.uk