

Pharmaceutical Services Negotiating Committee
LPC and Contractor Support (LCS) Subcommittee Minutes
Wednesday 6th February 2019
PSNC, Hosier Lane, London, EC1A 9LQ

Members of LCS present: Sam Fisher (Chair), Alice Hare, Fin McCaul, Lucy Morton-Channon, Indrajit Patel, Jay Patel, Umesh Patel and Sian Retallick.

In Attendance: Mark Burdon, Zainab AL-Kharsan, Alastair Buxton, Gordon Hockey, Mike King and Rosie Taylor and Gary Warner (from item 4)

Apologies: No apologies were received

Conflicts of interest/minutes: No conflicts of interest were declared. The minutes of the last meeting (Appendix LCS 01/02/2019) were approved.

There were no matters arising.

The subcommittee noted and agreed the following proposed priorities for the subcommittee workplan for 2019:

1. Work with LPCs to ensure LPC size, structure and ways of working provide the best possible representation for contractors;
2. Through training, resources and other channels increase consistency in operations and performance across the LPC network;
3. Provide additional resources and encouragement for LPCs to demonstrate their performance, management and value to contractors;
4. Consider and agree a revised model provider company model to be made available to LPCs; and consider how these may work with emerging NHS structures (linked responsibility with LRA);
5. Develop PSNC's support to help LPCs and contractors to effectively engage with the evolving local NHS structures, particularly Primary Care Networks (linked responsibility with SDS);
6. Develop PSNC's support to help LPCs with their contractor engagement and support in challenging and changing times.

Item 1 – Provider companies (Appendix LCS 02/02/2019)

- 1.1 The subcommittee noted the agenda paper and Gordon Hockey outlined the key aspects of the revised model provider company including reduced full membership (together with affiliate membership); the option of CCA and AIM observers to the company board and a PSNC observer to the board; and a set of revised purposes within the company rules, which

would seek to ensure community pharmacy is represented as a provider in emerging NHS structures, and transfer any wider commercial activity to the provider company.

- 1.2 Fin McCaul indicated that GMLPC was associated with a provider company and welcomed the revised structure; Fin thanked Gordon for his work on the model and reported that meetings to discuss it had taken place with representatives of GMLPC as well as CCA companies and broadly there was support for it.
- 1.3 The Chair indicated that there are various issues still to be resolved including how to remove directors who are not re-elected annually, clarifying whether non-LPC directors must be contractors and ensuring that the purposes of the provider company are wide enough to encompass all trading activity that might support contractors in the area. It was also noted that PSNC will support LPCs with this initiative, with for example, a PSNC observer on the provider company for a small number of provider companies.
- 1.4 There was discussion of charitable and social enterprises (CICs) as provider company vehicles although it was noted that they are set up to assist the commercial activities of community pharmacy. It was agreed that reference to be made to CICs in PSNC's comments on provider companies, with a view on their suitability for community pharmacy provider companies which would be helpful.
- 1.5 It was commented that governance and administrative support for provider companies is important and that provider companies should be independent of the LPC; also, that provider companies should ideally cover a significant contractor base to reduce cost per individual contractor and drive efficiencies, which would mean LPCs working together on one provider company, possibly covering a larger geography. It was noted that the purpose of the revised model provider company is to enable locally commissioned services to be captured for and delivered by community pharmacies, to the benefit of patients.

Action 1: Finalise the company Articles and Rules as discussed and progress with GMLPC; with Gordon Hockey to be the PSNC Observer if agreed with the provider company. (Gordon Hockey)

Action 2: To communicate progress to the LPC network as soon as practicable, and in due course through the national meeting of LPCs in March as a case study led by GM LPC. (Gordon Hockey, Mike King and Fin McCaul)

Item 2 – LPC self-evaluation and LPC Dashboard (Appendix LCS 03/02/2018)

- 2.1 Mike King indicated that the proposed LPC Dashboard would be a way for LPCs to capture key information about the LPC providing a way for the LPC to demonstrate to their contractors in a more transparent way, key data about the LPC and the service it provides. The Dashboard would also provide at a glance management data for LPC members to help support their role.
- 2.2 There was discussion about the purpose of the dashboard and who would benefit from it – contractors, employees, LPC and/or PSNC; and that it should be designed primarily to assist

good or better practice and demonstrate the value added by LPC's. It was commented that PharmOutcomes already provides information on services delivered by local practices.

- 2.3 It was agreed that a small working party should be set up to consider the scope and design of the dashboard, and additionally review the current self-assessment and the requirement to update it. It was agreed that there should be a mix of LPC committee members as well as Chief Officers in the group to ensure different perspectives on performance are captured.

Action 3: A working group to be formed to consider the LPC dashboard scope and design and options for LPCs; and also review the current self-assessment form for LPCs. (Mike King)

Item 3 – Pastoral Support (Appendix LCS 04/02/2019)

- 3.1 The subcommittee considered the agenda paper and agreed to recommend to LPCs the proposal from Pharmacist Support to provide the Wardley Wellbeing Workshops free of charge to LPCs for the benefit of pharmacists.
- 3.2 There was further discussion about working with Pharmacist Support and other relevant pharmacy organisations to seek funding from the GPhC to support pharmacy professionals as an alternative to a health-related disciplinary case, which can be a cost effective and compassionate approach to regulation. It was agreed that initially, Gordon Hockey and the Chair would take forward this suggestion and prepare a proposal for the subcommittee.

Action 4: Agree the Pharmacist Support Wardley Wellbeing Workshop proposal and offer Pharmacist Support a table top stand at the national meeting of LPCs in March. (Mike King)

Action 5: Consider further pastoral support for pharmacy professionals in community pharmacy. (Gordon Hockey and the Chair) and bring back to the subcommittee at the next meeting in May.

Item 4 – Primary Care Networks LCS 05/02/2019)

- 4.1 The subcommittee noted the paper and also that the recent GP Contract and NHS Long Term Plan announcements have raised the priority and given more context to the discussion around PCNs; also, that there would be a discussion at committee tomorrow on the Long Term Plan.
- 4.4 Alastair Buxton was thanked for his briefing on the GP contract which he had provided the previous day.
- 4.3 It was commented that it was important for LPCs to know what good looks like in relation to PCNs.
- 4.2 It was reported that a survey on LPC progress with PCNs had not been conducted yet, because although a small number were making progress, most were struggling. It was noted there was no stakeholder mapping for PCNs available and such mapping had only emerged in Wales some time after the start of the equivalent initiative in Wales. However, the GP contract announcement has marked key milestones in PCN development in England which will need to be considered in our response to this key development.
- 4.5 It was suggested and agreed that PSNC should coordinate LPC attendance at NHS England events concerning PCNs and Mike King indicated that he was doing this already.

- 4.6 It was noted that there was a session on PCNs at the national meeting of LPCs. The final plan on running the session would be agreed after the PSNC discussions, and LCS members would be involved in that planning, to see how we can get the best outcomes from the PCN session.

Item 5 – Quality Payments (Appendix LCS 06/02/2019)

- 5.1 Rosie Taylor reported that contractor compliance with the gateway criteria as of last Friday, 1st February, was 71% on NHS website; 97% Advanced Services; 92% CPPQ and 86% NHSmail (noting that failure of any of the gateway criteria leads to a loss of all QP payments for a contractor for that claim period).
- 5.2 It was noted that compliance is likely to increase as the deadline (a week on Friday) approaches and also that contractors have a second chance to achieve compliance.
- 5.3 WES compliance was discussed and the difficulty that such compliance can be lost if a web browser not conforming to the requirements is used subsequently. It was suggested that PharmOutcomes might be able to provide a pop-up notice to tell contractors if a computer is not compliant with WES requirements. It was also suggested that PMR companies might be able to assist contractors.
- 5.4 Rosie Taylor also reported on extensive communications with contractors on QP that had taken place and were planned to assist contractor compliance with the requirements.

Action 6: Continue with the communications for contractors, continue to monitor the figures and issues reminders (including consideration of a pop-up if possible) and explore opportunities with PharmOutcomes and PMR companies to support contractors around WES compliance. (Rosie Taylor and Alastair Buxton)

Item 6 – Matters of Report

- 6.1 Gordon Hockey gave an update on the tax implications of day allowance payments to LPC members, based on advice received by PSNC and indicated that advice to LPCs was both imminent and positive – that current arrangements for the payment of the day allowance to LPC members were appropriate and lawful.

Action 7: Issue guidance to LPCs and provide to PSNC members (Gordon Hockey)

- 6.2 Other matters of report were noted.

Item 7 – Any other business

- 7.1 There was no other business.