

LPC Conference 11th March 2009

2009 Conference speech by PSNC and Conference Chair Chris Hodges

The 2008 conference seems long ago, and indeed much has happened since we met a year ago. You will recall that at the dinner the pharmacy minister – the then pharmacy minister, Dawn Primarolo – trailed the pharmacy White Paper, giving no details but making clear that she thought we would be very pleased with it. The White Paper was published in early April. And we were pleased. Community pharmacy was suffering from the funding cuts, and the commitment evidenced in the White Paper was very much welcomed.

We had a good dinner, and in my speech I highlighted the achievements in one PCT, City + Hackney, where excellent co-operation between local pharmacy contractors and the PCT had led to an impressive range of local service provision from pharmacies.

Following that speech we received many requests for information and contacts from PCT delegates. That was precisely what we aimed for, and the principal purpose of the dinner. So I am going to do it again tonight. The pharmacy director in City + Hackney PCT is Jonathan Mason. At the end of last year he was appointed as the first clinical director for primary care pharmacy – the pharmacy “Czar”. We like to think that a good word at the PSNC dinner can lead to great things..

This post, with the secondary care Czar, was announced in the White Paper. Jonathan’s role includes the remit

“To devise and implement effective strategies and mechanisms to promote better patient experience and pharmaceutical outcomes; promoting and stimulating the delivery of service models which best meet the needs of people going into and coming out of hospital and other clinical settings; shaping future models of care”.

In addition – this is from the White Paper:

“They will also be responsible for supporting the development of local clinical champions, to identify and spread best practice across the country, helping to overcome any barriers to service redesign and seamless care delivery.”

Jonathan spoke to PSNC at its January meeting, and we were all very impressed with his understanding of the barriers (challenges?) you, as LPCs, meet in your work with PCTs.

We thought it would be helpful to you and to Jonathan if we invited him to the conference today so we can have a discussion about how we and you can help him in his work. Rather than ask him to make a formal presentation, we proposed an interview, so we can put your questions to him. This is not intended to be a Frost-Nixon event. Quite the contrary. We want to use it to build his recognition that every PCT could be as good as the best in commissioning services from community

pharmacy. And that with good contracting arrangements, our pharmacies will have the security they need to invest in providing a range of services meeting local health priorities.

PSNC has agreed its priorities.

Our goal is to bring the new community pharmacy service envisaged in the pharmacy White Paper to fruition, securing fair, reliable and sustainable funding for contractors that incentivises and rewards provision of new NHS services.

We have identified five groups of activity to support this goal:

- PSNC will support development and adoption of pharmacy services
- PSNC will agree relevant and manageable quality frameworks for provision of NHS services
- PSNC will ensure full and fair costing and funding for pharmacy services
- PSNC will agree effective frameworks for local service commissioning
- PSNC will support local contracting and provision of services from pharmacy

There is much work to be done to achieve each of these goals, and the Committee has agreed detailed workplans. As you are all aware, the staff at PSNC are small in number, high in skill, dedicated in their commitment to community pharmacy. A pretty impressive bunch if I might say so.

In the last eighteen months I have come to know the members of the Committee including the regional representatives. They too are a pretty impressive bunch, who ensure that we understand the problems and frustrations that affect the day to day work of contractors and LPCs, and help the PSNC team do their best to resolve the difficulties.

Pharmacy ministers come and go. Dawn Primarolo came into the role in mid 2007. She met with us. She spoke at the Community Pharmacy Conference that year. She recognized the huge potential of pharmacy in increasing NHS capacity and ensured a policy framework was adopted that would allow that potential to be realised. And then she handed over responsibility for pharmacy to Phil Hope. So we began our work with him.

Those of you who attended the Conference in November will remember the energy and enthusiasm that Phil Hope communicated in his interview with Sue. He has shown his understanding of the pharmacy context in relation to primary care. This includes recognition of the obstacles to innovation in service delivery, but also that there are some concerns about quality and consistency that need to be addressed. The minister will be speaking at the dinner tonight, and I hope you will hear from him that he will seek to make real progress in taking forward implementation of the White Paper policies, and removing obstacles to progress.

As we all know, Britain is in a recession. Times are tough across the economy, and although pharmacy has been affected, its dependence on the NHS means it is stronger than many other sectors. We have a contractual framework that guarantees levels of income for national NHS services and includes provisions for

annual adjustments. This puts pharmacy contractors in a position that many envy. With the support we have from the government and the commitment to develop the service, we are fortunate. Of course, we also have an important role to play in supporting the health of our fellow citizens.

But the pace of change, and the challenges of responding to NHS policy developments, do not lessen. The Health Bill currently before Parliament will replace the Control of Entry provisions with a system based on local decision-making and Pharmaceutical Needs Assessments. The structure and contents of the PNA will become all-important, and PCTs will have real power to plan local pharmaceutical service provision. Other provisions will increase the powers of PCTs to deal with poor standards in pharmacy services. Last year PSNC lobbied successfully in Parliament to include protection in legislation against PCTs having freedom to set levels of payment to community pharmacy for national services. We will need to ensure that the provisions in the Health Bill support pharmacy contractors, and support the development of community pharmacy services.

PSNC is currently working with NHS Employers, which represents PCTs, in negotiations to implement the White Paper policies affecting the community pharmacy contract. We will again have to work to get the right balance between local and national services. To date there has been some progress in developing communications between pharmacy and general practice, and in ensuring that GPs and others understand the MUR and repeat dispensing services.

MURs have demonstrated the power of community pharmacy to extend its role in patient care. In the last financial year – 2007-8 – 73% of all pharmacies in England provided MURs. In the financial year to the end of March 2009 we are on target for 1.3 million MURs. The next piece is how to ensure that MURs are properly integrated into primary care services and how to ensure consistent quality, targeting of the service, and that the value of the MUR to patients is understood.

When Sue speaks to you in a few moments, she will talk in more detail about some of our priorities in the year ahead, and the problems we are seeking to resolve at present.

The annual LPC conference is an opportunity to focus on the range of issues that affect community pharmacy, and many of these are evident in the motions we will debate later this morning.

For years this annual conference and the annual PSNC dinner have been held in March. We have skirted Easter holidays and tried and failed to avoid clashing with budget day. In 2006, 2007 and 2008 the Chancellor decided to pick **our** date to deliver **his** Budget. William Hill was probably using it to give odds. This has meant we lost many of our MP guests, and although increasingly our priority has been to promote pharmacy to PCT and SHA guests, this has been frustrating to many of you.

So we consulted our public affairs advisers and looked at the alternative of holding the conference and dinner in the autumn, and moving the Community Pharmacy Conference to the spring. The more we looked at this, the better it seemed. So that is what we have decided to do, starting from 2010.

On with the show. I look forward to a good, healthy and constructive day of debate. The best conferences are those where all the delegates feel there has been a good

and constructive discussion of the topics of concern, and where they go away with ideas to take forward. So let us aim for the best of conferences.

Before we move on to the business of the day, it is time to bid farewell to some people who have contributed over the years to the work of their LPCs and to this conference.

We have a number of distinguished names:

Dick Hazlehurst Bradford LPC
Andy Dobson Calderdale + Kirklees LPC
Janet Ward Leeds LPC
John Stanley Essex LPC
Roger King Dorset LPC

Now to Sue who will give her report to Conference.