

PSNC LPC and Implementation Support Subcommittee Agenda

for the meeting to be held on Wednesday 16th January 2013

at the Midland Hotel, Peter Street, Manchester, M60 2DS

starting at 10.00am

Members: Mark Collins (Chairman), Christine Burbage, John Evans, Andrew Lane, Raj Morjaria, Umesh Patel, Chris Perrington

1. Apologies for absence

At the time of setting the agenda there were no apologies for absence.

2. Minutes

The minutes of the meeting held on Tuesday 9th October 2012 were shared with the committee.

3. Matters arising

Minute 3 Observers at PSNC meetings – LPC guests will join the committee for lunch on the second day of the PSNC meetings followed by briefings and a Q&A on the PSNC meetings with the PSNC Chair/CEO and the PSNC subcommittee chairs.

The invitation issued to LPCs encourages them to send a contractor LPC member and LPC guests will be invited on the same basis to all PSNC meetings in 2013 apart from the May meeting in the Lake District (due to distance to travel). This approach gives better value to LPC guests so that rather than sitting as an observer in one meeting there is the opportunity to receive a briefing on the wide range of issues covered in the PSNC meeting and the subcommittees.

4. Work Plan

The 2012 work plan was shared with the subcommittee for review. The draft work plan for 2013 is set out in **Appendix LIS 02B/01/13** for consideration by the subcommittee.

ACTION

5. Recognition of LPCs from April 2013

The PCLS set out in **Appendix LIS 03/01/13** includes the advice that LPCs send their amended constitutions to PSNC so that we can apply for recognition by the NHS CB on behalf of all LPCs who want us to. LPCs have been advised to base their areas around HWBs rather than LATs or any other boundaries.

At the time of preparing the agenda there has been no details from the NHS CB on how they will process recognition from LRCs (despite a joint letter to Dame Barbara Hakin signed by the PSNC and equivalent bodies for GPs, dentists and opticians) and time is getting tight. Any further information will be reported at the meeting.

6. Communications plan

The draft PSNC communications plan is set out in **Appendix LIS 04/01/13** for consideration by the subcommittee.

7. LPC Conference 2012/13

The LPC Conference on 28th November 2012 was held with a new format determined by LPCs. The major change was to replace resolutions with four debates, the topics for which were also determined by LPCs through the PSNC regions. The feedback collected using Survey Monkey was generally good and the report is set out in **Appendix LIS 05A/01/13**, which is confidential, because it contains information which would identify

individual respondents. There were 75 responses from 49 different LPCs. 73 LPCs were represented, 9 were not.

For each of the debates, outcomes were agreed and these were subsequently sent out to LPCs as a PCLS. The outcomes are set out in **Appendix LIS 05B/01/13** and LIS is charged with monitoring the action taken on each of the action points. These will be reviewed at each LIS meeting and a regular update will be provided to LPCs.

Although the first conference with the new format was a significant improvement on previous years we must work with LPCs to continue to improve the day. To this end the feedback was discussed by small group of LPC Secretaries on 2nd January 2013 and proposed changes for the LPC Conference 2013 are set out in **Appendix LIS 05C/01/13** for the subcommittee's consideration.

One suggestion made during the conference discussions by Len Dalton, Chair of Solihull LPC, was that PSNC considers setting up a 'commissioning support unit' to provide support and expertise to LPCs. A subsequent e-mail to Sue Sharpe gave some additional context following a discussion over lunch at the conference:

"I wanted to relate to you some further context around our submissions during conference, in particular around the possibility of support at a regional or national level and the reconfiguration to sit with the NHS structure. A commissioning support unit at regional or national level to deal with:

1. Standardisation of services to give commissioners a "bookshelf" of pharmacy services. The standardisation would be to minimum specifications with indicative costings (perhaps as elements of time). Indicative costings are necessary for LPC to work with based on the COSI results. You alluded to 15 specifications nationally produced so these could be amended to reflect the current austerity drives across the NHS. However If a Healthcare structure wishes to support a "whistles and bells" service model then an evidence structure can be researched and if positive results are achieved then the base model could be upgraded. PharmOutcomes could be the evidence builder and also the convenient way for commissioners to pay for the services.

2. Reform the PSNC area structure to reflect the new Local Area Teams.

Communication down the "food chain" was highlighted at conference and is an issue for all of us throughout our structures. If areas were reallocated then the meetings across a LAT facilitated by PSNC currently would give voice to all the LPCs in the area and be a more direct and accurate feedback and information forum for PSNC and LPC. The PSNC area lead could interact with key players in clinical senates, local professional networks, local area teams, and the Public Health England areas associated with the patch. The LPC role remains to represent contractors and talk to Health and Wellbeing boards, Clinical Commissioning Groups, and patient groups."

LIS is asked to consider:

- If any additional support for commissioning could be provided nationally; and
- If LPCs should be surveyed to see if there are expressions of interest from other LPCs in a PSNC commissioning support unit paid for by interested LPCs (no cost to PSNC) possibly on a regional basis.

8. Community Pharmacy Conference 2013

The Community Pharmacy Conference takes place on April 24th 2013 at the London Marriot Hotel, Grosvenor Square.

The CPC programme is aimed at LPCs and their guests; the draft programme is set out in **Appendix LIS 06/01/13** and comments from the subcommittee are requested.

9. Regional Representatives reports

At the last meeting the value of the reports from regional representatives was discussed. Originally there was no set format to the reports but more recently the subcommittee agreed that topics for report should be specified. At the last meeting the subcommittee questioned if the format provided value in identifying issues that PSNC was not aware of, bearing in mind LPCs and PSNC members are free to report in issues at any time.

All PSNC members can attend this meeting and may speak with the permission of the Chairman.

The subcommittee is asked if the reports should continue and if so using what format.

10. Any other business

2013 DRAFT Work Plan for the LPC and Implementation Support Subcommittee

The 2013 work plan for the LIS sub-committee covers all items agreed at the November 2012 planning meeting.

Key for RAG coding Red – needs attention/not started/high risk
 Amber – underway/ in progress
 Green – completed/no further attention

Target Plans	Target date	Comment / Update on progress	R/A/G
Community Pharmacy Services			
<ul style="list-style-type: none"> • PSNC will work to ensure amending regulations and implementation of changes for administration of pharmacy services, are effective for contractors and LPCs (working with SDS). • PSNC will work to ensure that Market Entry and PNA regulations are implemented effectively (working with SDS). 			
Market entry regulations will be continuously reviewed to ensure that they achieve the objectives of linking applications to PNAs.	December		
Monitor implementation of regulations using specific feedback through reports from regional representatives.	December		
Provide ongoing support and training sessions where need is identified on market entry.	December		
Publish articles in PSNC Community Pharmacy News to brief contractors on implementation and experiences.	November		
PSNC will work to ensure implementation of EPS will incorporate full protection of risks to contractors, including protecting patient choice, and be managed to avoid any distortion of the market (working with SDS).			
Provide ongoing support to LPCs to deal with local EPS issues arising (see SDS Work plan for further EPS actions).	December		

Relationship and reputation			
PSNC will encourage and support LPCs and contractors to develop closer working relationships with General Practice.			
Provide LPCs with a briefing paper on the topics for local discussion and mechanism to feedback.	March		
Encourage LPCs to share successes and good practice.	December		
PSNC, working with other national bodies, will forge strong links with local authority representative organisations, key patient groups and other relevant third sector organisations.			
Agree list of bodies to target.	February		
Meet with PV and RPS to agree engagement plan.	January		
Meet with Local Government Association to strengthen links.	March		
Consider presence at LGA conference.	January		
Invite appropriate representatives to Community Pharmacy Conference.	April		
Draft article for patient group newsletters.	March		
PSNC will support LPCs to develop their relationships with Local Authorities, Health and Wellbeing Boards and Clinical Commissioning Groups, and promote the commissioning of community pharmacy services at a local level.			
Survey and discussions with LPCs to identify support needs particularly for commissioning and resources needed to promote community pharmacy.	February		
Organise workshops on commissioning for LPCs to provide better understanding of the processes.	March		
Use Community Pharmacy Conference programme to attract Local Authority personnel as guests of LPCs.	April		

Presentation skills training to support LPC presentations and promotion of community pharmacy services.	March		
Encourage LPCs to share successes and good practice at PSNC events, on the PSNC website (LPC Forum). PSNC to make sure examples of good practice are circulated amongst LPCs and, through Community Pharmacy News, to contractors.	December		
PSNC will collaborate with the NHS CB as it develops its Local Area Teams and Local Professional Networks to ensure they will work effectively with LPCs.			
LIS to continue to monitor the local structures as the NHS CB develops and continue to provide guidance to LPCs on working with LPNs and other structures as they are established.	December		
Work with the NHS CB for en-bloc recognition of LPCs.	February		
<ul style="list-style-type: none"> • PSNC will develop and implement a strong communications programme to the principal internal and external audiences, to support its priorities. • PSNC will seek to engage principle stakeholders in a two-way dialogue to strengthen PSNC's external reputation and contractor trust in the Committee 			
Agree a communications plan to address above targets.	January		
Monitor implementation of the plan through regular reports and updates at LIS.	December		
Explore the use of webinars and other new channels for information dissemination; expand use of PSNC videos.	March		
Produce a weekly PSNC e-newsletter direct to contractors.	January		
PSNC Support			
PSNC will support and encourage LPCs to organise their structures and enhance performance management of LPC officers to deliver the best possible representation and cost effectiveness for their contractors in the new healthcare environment			
Continue to encourage LPCs to review structures – particularly to consider mergers or federation and sharing of resources and sharing best practice	December		

Work on a one-to-one basis supporting LPCs wanting to restructure.	December		
Work with Irenicon to enhance performance management support for LPC Chairs.	August		
Ensure LPC members are aware of their responsibilities to deliver the best possible representation and cost effectiveness.	December		

Dear Secretary

LPC recognition from April 2013

The authority to be an LPC currently comes from being recognised by the local PCT. As PCTs disappear from April next year, recognition for an area will be granted by the NHS Commissioning Board (NHS CB). This means all LPC constitutions need to be amended to remove references to PCTs and replace with the new bodies. Failure to do so will result in the committee having no authority to be an LPC and consequently cannot collect levies.

Amending the LPC Constitution requires a special meeting of contractors with the provision for postal voting to approve the changes (NB: the guidance in this PCLS is only for those LPCs using the PSNC model constitution; LPCs varying from the model will need to reflect similar provisions in their constitution).

LPCs need to agree with their contractors the geographical area they will cover and it is important that you are confident that your contractors will vote in favour of the proposed area. For many this is likely to be the existing LPC area; although some LPCs are changing boundaries. Many LPCs are working closer together to work with the new NHS structure. For LPCs considering merging a reminder that PCLS 031/12 sets out the options and PCLS 080/11 provides a check list and guidance on the process. Changes to boundaries can still happen later if not in the impending amendment to the LPC Constitution.

The NHS CB has not so far stipulated any restrictions on areas: the NHS Act 2006 simply states that the NHS CB will recognise a committee for an "area". As there are only 27 LATs, it is probable that there will be more than one LPC per LAT, so mapping to a smaller area will be the norm. This means that LPCs and their contractors will likely choose to align their areas to one or more Health and Wellbeing Boards (because the only other areas, the CCG area, will be too fluid to have a stable area, as GPs shift between them).

How to amend the LPC Constitution

The constitution itself sets out how it can be amended and it is important to follow these requirements otherwise the amendments could be invalid. The model constitution provides:

19. Amendment of Constitution

19.1. This constitution may be amended only in accordance with the procedure in this section.

19.2. The Secretary shall, if requested so to do by not less than two-thirds of the members of the Committee or one-third of the pharmacy contractors summon a special meeting of the contractors, and shall give not less than seven clear days notice to each pharmacy contractor, stating the time and place of the meeting and the objects for which it has been summoned.

19.3. The meeting summons will also include a voting form to allow the contractor to register a vote on the amendment by returning the form to the LPC Secretary at any time before the vote is taken at the meeting.

19.4. In this paragraph a pharmacy contractor is to be interpreted as one contractor for each of the pharmacy contractor premises he owns in the area for which the Committee is formed.

19.5. Any amendment to the constitution must be carried by a two-thirds majority of the total votes cast.

19.6. The Secretary shall at the same time as issuing the summons under Paragraph 19.2, notify the Chief Executive Officer of the Pharmaceutical Services Negotiating Committee of any proposed amendment to the constitution, and shall include a copy of the summons.

Although it is a constitutional requirement to give 7 days' notice, we should point out that this is the minimum and your contractors may welcome a little longer, as this will be a major change for their consideration.

Attached is a copy of the current model LPC constitution with the tracked changes you need to make.

How to apply for recognition

As LPCs will be aware PSNC has for several months been pressing the NHS CB for details on how LPCs will gain recognition, as LPCs need time to go through the constitutional amendment process. The same applies to the other Local Representative Committees (LRCs) - GPs, dentists and opticians - and PSNC and the other equivalent national representative bodies have sent a joint letter to the NHS Commissioning Board to suggest that the national NHS Representative bodies might assist the LRCs and the Board with efficient recognition of the respective LRCs by collating details and forwarding *en bloc* to the Board. There has not been final agreement on whether this process is to be pursued, but that does not prevent LPCs from undertaking the preparatory work in amending their Constitution. We will communicate further, if and when we hear from the NHS CB.

LPCs can still choose to send their constitutions independently but a collective recognition should make it much easier for the Board and consequently be quicker.

Timelines

Below is a checklist on what LPCs need to do, with timelines, to secure recognition in time for 1st April 2013.

Early January	LPC Secretary has drafted the amended constitution and circulated to LPC members in advance of an LPC meeting. This is to deal with any questions or issues in advance to reduce risk of problems at the meeting.
January 2013	LPC meeting to approve draft amended constitution with two thirds majority of members of the LPC voting to call a meeting of contractors to approve draft amended constitution.
February 2013	By the end of February a contractor meeting has taken place and the approved constitution, stating the H&WB areas in their area, sent to PSNC with a request to submit to the NHS CB for recognition (if the LPC wants to be included in the collation by PSNC – and subject to the NHSCB agreeing to this collation).
W/c 4 th March	PSNC sends to NHS CB all amended LPC constitutions received with a request to recognise all submitted
W/c 18 th March	NHS CB confirms recognition of all LPCs
25 th March	PCLS to confirm NCB recognition
1 st April	PCTs disappear, amended constitution takes effect with NCB recognition

The meeting notice

All your contractors (subject to special arrangements for CCA contractors – see below) should be contacted with a letter setting out the date, time and venue for the meeting. The letter should state that the meeting is being called to approve changes to the LPC Constitution to reflect the new NHS structure from April 2013 adding that it is a requirement under the constitution that a meeting of contractors is called. The letter should remind recipients that if the contractor prefers, they can lodge a postal vote using an attached voting form. You may like to suggest that if a contractor is considering voting against the changes, they should attend the meeting rather than submit a postal vote so that they can explain to other contractors their rationale for opposing the proposals. Only postal votes received up to the time the votes at the meeting are counted will be accepted, and if a contractor attends the meeting, then any postal votes submitted by that contractor would be void.

The meeting notice should also include a copy of your LPC constitution with the tracked changes. The vote at the meeting should be to agree to all the changes *en bloc*. The postal voting form should state the name of the LPC, space for the contractor to add his name and address and a statement "Do you accept the proposed changes to the LPC Constitution?" With 2 tick boxes "Yes" and "No".

I will draft a template meeting notice and voting form which will be on the PSNC website before Christmas.

Arrangements for CCA contractor votes

When calling the special meeting of contractors to approve the amended constitution the meeting notice and voting forms should **not** be sent to CCA member company branches. An email with the details of the special meeting should be sent to each of the contacts at the CCA member companies below with a voting form attached. Also rather than, for example, 20 voting forms being sent to a multiple it is acceptable to send one voting form to allow a block vote providing the number of votes allowed is indicated on the voting form. Remember to allow plenty of time for postal voting and make sure the deadline for the return of voting forms is clear.

Sainsburys Rishi Jassal Rishi.Jassal@Sainsburys.co.uk

Asda	John Evans	John.Evans@asda.co.uk
Morrisons	Kevin Tucker	Kevin.Tucker@morrisonsplc.co.uk
Rowlands	Nicola Roe	nroe@rowlandspharmacy.co.uk
Co-operative	Suzanne Austin	Suzanne.Austin@co-operative.coop
Tesco	Binal Shah	Binal.Shah@uk.tesco.com
Lloyds	Andrew Gibb	andrew.gibb@lloydspharmacy.co.uk
Boots	Chetan.Rai	Chetan.Rai@boots.co.uk
Superdrug	Christine Burbage	Christine.Burbage@uk.aswatson.com

Further information

Any questions or for further information contact mike.king@psnc.org.uk or steve.lutener@psnc.org.uk

Yours sincerely,

Michael King

PSNC Communications Plan 2013

Introduction

In 2013 PSNC will face a number of communications and PR challenges and we will need to continue to focus on getting key messages to contractors effectively to help them to understand and manage changes in areas such as funding and service commissioning, and to further strengthen the committee's reputation.

This communications plan covers some of the key communications challenges and priorities for 2013, and sets out a series of actions for the year.

Key Communications Challenges for 2013

Some of the key communications challenges for the committee in 2013 will be:

- **Pharmacy funding:** we will need to continue working to explain funding changes and to support contractors to manage their businesses, as well as giving contractors and LPCs confidence that the best deal possible has been negotiated for them.
- **The outlook for community pharmacy:** worries about funding and the NHS reforms have been given a lot of coverage by the pharmacy press and we will need to keep working to share best practice and guidance to help contractors and LPCs as they prepare for the future.
- **Changes in pharmacy:** contractors have expressed their support for changes that will see them delivering more services and public health functions, but, as with previous changes, these will need to be carefully communicated to contractors and LPCs to help them to prepare and adapt.
- **The need for transparency:** we will need to continue to be as open as possible about PSNC negotiations and decisions and must stay focused on communicating these directly to contractors and LPCs and on involving these stakeholders in decisions where possible.
- **Getting messages directly to contractors:** as digital communications channels continue to develop we will need to keep ensuring that we are getting messages directly to contractors using the most effective tools.

Communications Plan (1): getting messages directly to contractors

PSNC website, email newsletters and Community Pharmacy News (CPN)

PSNC's website, email newsletters and CPN will continue to provide key information for contractors on all topics related to the pharmacy contractual framework through 2013. Some key new developments to be implemented across these channels will include:

- A renewed effort on the website to engage with pharmacy. This will be through items such as news feeds, PSNC comment on topical issues, updates on what PSNC subcommittees are working on, interviews with the committee members and team etc. It should also highlight opportunities for contractors and LPCs to share their views with us eg through surveys.
- A new PSNC email newsletter giving highlights from these features on the website as well as key content from across the team's work, the committee and the NHS.
- A review and strengthening of PSNC's presence on relevant social media platforms to give contractors and LPCs updates and news and allow them to share their views with us.
- A review and expansion of methods used to explain key topics, such as funding or the new NHS, to contractors and LPCs. This could cover video interviews with the team, video guides, Q&A docs, case studies, webinars etc.
- A series of interviews (online and in CPN) with PSNC committee members to give contractors an insight into how PSNC works and advice from those negotiating on the sector's behalf.
- Specific communications plans to be drawn up for key topics eg national service commissioning/funding.

- A regular feature series (online and in CPN) to promote best practice and news from LPCs. This is likely to be delivered through columns/interviews/news articles etc, but will rely on LPCs sharing news with PSNC.
- New digital technology to be reviewed to see how it could enable contractors to engage with PSNC.

Promoting the messages

We will need to work to ensure that as many contractors as possible are receiving and engaging with our key communications. Strategies to achieve this could include:

- A campaign to seek email addresses from contractors wherever possible so they can receive newsletters.
- PSNC to mail out communications to LPCs for them to send out to their contractor lists where appropriate; and to seek LPCs' help in encouraging contractors to sign up to PSNC newsletters.
- PSNC website homepage and info/news articles to include reminders to sign up for email newsletters.
- All engagement opportunities eg LPC meeting visits/conferences to be used to promote PSNC's website and direct communications to contractors.

Communications Plan (2): improving transparency to strengthen PSNC's reputation

Improving transparency

PSNC has already made significant progress with plans to improve transparency and many of these will be delivered in 2013. They include plans to:

- Make the minutes and agendas of PSNC meetings available online.
- Offer LPCs briefings on PSNC meetings when these are held in their regions.

In addition to these two key steps, over the next year consideration could be given to:

- Making PSNC work plans more easily available.
- Giving contractors and LPCs additional background on key decisions where possible to explain how they were made.
- Continuing to set up contractor working groups on key topics/decisions.

Regional representatives and LPCs

The regional representative and LPC structures provide a key channel through which PSNC delivers messages to contractors and vice versa. This already happens, but in 2013 some developments could include:

- Summaries of PSNC meetings (the office produces these for LPCs) to be made more widely available.
- Office to support regional representatives (and all committee members) to deliver key messages to LPCs etc.
- Investigation into what LPCs would like from their regional representatives and from PSNC communications.

Communications Plan (3): key topics for 2013

Community pharmacy funding

Are previously, the funding settlement is likely to be one of the most significant announcements that PSNC will need to make in 2013. A comprehensive communications plan is again likely to cover the following:

- The best ways to explain funding and help contractors to find the information they need. This should aim to give all contractors an understanding of pharmacy funding and could include things like interviews, FAQs, PSNC comment, a video guide etc.
- Constructive support for contractors and advice on how to manage any changes in their businesses eg from committee members/case studies.
- Briefings on the changes to be delivered by PSNC team and committee members where possible.

- Contractors to be encouraged to ask their LPCs questions on funding with LPCs offered support on this eg from regional representatives/FAQs.
- Plan to ensure that the pharmacy press understand the changes and have access to the PSNC team and committee members for comment where appropriate.
- Plans to work with other pharmacy bodies to ensure that they understand any changes and that messages for contractors are, where relevant, aligned.

National services and other support

We will need to continue to offer contractors support and advice to deliver MURs and the NMS and will have to communicate any changes to the services. As has happened previously, this will include:

- Producing and updating guidance and support for LPCs and contractors – all to be available on PSNC website and sent via email newsletters and CPN.
- Guidance to include a mixture of video interviews, advice, explanation, case studies etc and also, where possible, cover background on how decisions to make changes have been reached.
- Giving LPCs and regional representatives support to give their contractors the help they need.
- Producing and updating dynamic guides eg to the NHS and services, including advice for contractors.
- Working together with other organisations eg NHS Employers to deliver key guidance for contractors.

Communications Plan (4): the press and other stakeholders

Pharmacy press

The pharmacy magazines remain a key source of information for many contractors and are already used by PSNC to help communicate key messages to the sector. Key functions for us will continue to be:

- Issuing press releases on key topics and making comments on important issues in the news.
- Responding to journalists' queries and offering briefings and interviews with the team where appropriate.
- Monitoring the pharmacy press and keeping a record of all PSNC activities in this area.
- Publishing positive and proactive comments where useful.
- Working with other organisations eg pharmacy national bodies, charities, NHS organisations to ensure that messages to contractors are co-ordinated where relevant.
- Offering journalists background briefings, to include committee members, to explain key changes/topics. This might include offering journalists interviews/video interviews.

In 2013 there will also be a renewed focus on:

- Encouraging sensible debate on the future for community pharmacy. This could be through sharing best practice and ideas with the press, and contributing to a magazine forum debate/interview series.
- Promoting positive local news stories via press releases and supporting LPCs in their local communications.
- Issuing press releases with news stories and comment pieces about the work PSNC is doing.
- Supporting PSNC committee members to act as spokespeople to the press.

GP/medical/national/regional press

The non-pharmacy press represent key information sources for stakeholders such as GP commissioners and patients so it will be important for us to continue to:

- Issue press releases tailored to specific publications to promote key messages about pharmacy eg to highlight service successes to patients and commissioners.
- Monitor health news and make comments where relevant, as well as responding to all media queries and working collaboratively with other pharmacy bodies where issues affect the whole sector.

- Provide guidance to contractors and LPCs in dealing with regional press queries and issuing local press releases. This could include issuing key message crib sheets or template press releases.

In particular in 2013, we should look to:

- Promote use of pharmacy and the success of medicines optimisation/public health services in the GP, medical and national press.
- Help LPCs to highlight local service successes in the regional press.

Parliamentary lobbying

It will remain important for PSNC to have an influence on Parliament on behalf of the sector. Key activities to be continued in this area will include:

- Monitoring Parliamentary business and news with summaries to be produced for the committee and, where relevant, questions highlighted on the PSNC website.
- Engaging with MPs where they have an interest in pharmacy or health.
- Supporting LPCs to lobby locally and to engage with their local MPs.
- Engaging with the APPG/charities/other health organisations to help promote pharmacy and achieve the sector's objectives.
- Working collaboratively with other pharmacy bodies to lobby on key issues and to support the functioning of the APPG.

Summary: key priorities for 2013 and timescales for delivery

A summary of key new communications aims and actions along with timescales for their delivery is detailed in **Appendix 1** on the next page.

Action Point	Objectives	Timescale
Focus on engagement	Contractor engagement	From January
Newsletter	Contractor engagement	February launch
Social media presence review	Contractor/LPC engagement	Review March, then ongoing
Review of methods to explain key topics	Explanation/engagement	Review March, then ongoing
Committee interviews	Explanation/engagement/reputation	From January
Specific comms plans	Explanation/engagement/reputation	As needed
LPC feature series/news	Share best practice	February launch
New technology review	Contractor/LPC engagement	Review March, then ongoing
Email campaign	Contractor engagement	Launch March
Make minutes available	Improve transparency	From January/February
LPC briefings	LPC engagement	From January
Regional rep support	Engagement/key messages	March onwards
Encourage debate on future of community pharmacy	Engagement/key messages	Review March then ongoing

LPC Conference

28th November 2012

1st debate – future funding

Key points made in the debate

- It is time for contractors to take the risk of changing funding.
- We need to ensure we get paid correctly for prescriptions dispensed now.
- We must ensure our focus is on what patients and the NHS want.
- Value – need to prove the value, but funding based on value is not in line with the NHS view on cost based contracts.
- Support was expressed for care based contract; may require patient registration (linked to EPS?).
- Adequacy of funding is important to give contractors confidence to invest in their business.
- Risk of manipulation of income (e.g. by GP prescribing policies) needs to be addressed.
- New local approach of government increases work for LPCs.
- PSNC should invest in the prescription pricing engine proposal – could take soundings from LPCs on willingness to invest in this.
- Views on individual contracts were mixed.
- There is recognition that we need to avoid perverse incentives which encourage large centralised dispensing.
- Unity across contractors is important.
- Valuing our own work is important.

PSNC Comments following debate

- The margins survey takes account of levels of manufacturer discounts and shows the level of overall loss on brand procurement.
- PSNC has been driving the programme to improve prescription pricing transparency including investing in developing the proposal for a pricing engine. We can consider views on investing to deliver a system.
- Plans to expand MURs need to ensure that they develop as part of care pathways.
- PSNC negotiating stance is influenced by the need to maintain long-term relationships with DH and other national negotiating partners.

Action Points

- PSNC to continue work to minimise opportunities for CCGs to distort contractor income, and minimise dispensing at a loss.
- PSNC to continue to work to gain acceptable prescription pricing transparency systems. The ‘pricing engine’ alternative to the current method for prescription pricing and reimbursement will continue to be promoted as an alternative if the NHS BSA cannot offer acceptable levels of information.
- PSNC to keep working with the NHS BSA and holding it to account on addressing pricing problems.
- PSNC will work to develop models for service delivery in all four domains (medicines optimisation, minor ailments, public health and supporting independent living) ensuring they support the achievement of elements of the health and social care outcome frameworks.

2nd debate – communications and engagement

Key points made in the debate

- Sometimes information from PSNC can be confusing to contractors. Changes made to payments such as the original NMS fee structure, can make contractors wonder whether the original funding was the best possible; this can give rise to concerns about PSNC's truthfulness.
- PSNC should consider investment in new technology, e.g. webinars and conference calls to address communications challenges with LPCs and contractors. LPCs may want to use similar approaches to tackle communications challenges, in particular communicating with CCA member company pharmacies.
- More frequent reports such as the CEO's report – possibly by video – from PSNC would be helpful.
- LPCs need to sort out email communications to contractors. Multiple groups blocking of emails to branch level impedes LPC communications. Could this be resolved by a nominated local link person for each multiple group?
- LPC websites could be set to capture contractor email addresses.
- PSNC should share its plans more proactively.
- PSNC should get its messages out directly to contractors before the pharmacy media reports the news.
- Use soft intelligence networks for capturing issues and feedback.
- Events such as the Manchester regional commissioner Think Pharmacy day are excellent showcases for the sector.
- PSNC Regional reps need guidance on what LPCs want to discuss at local meetings.
- There should be more consultation of LPCs on policy matters, but recognise this is not always possible.
- There should be more use of PSNC regional reps to communicate messages from PSNC – they should prioritise attendance at LPC meetings.
- The blocks to the use of NHS mail for messages containing confidential patient data must be addressed to allow pharmacies to communicate more effectively with other parts of the NHS.

PSNC Comment following debate

- PSNC's ability to secure changes to funding for NMS and willingness to seek a review of Methadone fees based on new information becoming available should be seen as positive and responsive to the needs of contractors. They emphatically do not indicate any lack of honesty.

Action Points

- PSNC to make Committee work plans more easily accessible to LPCs and pharmacy contractors.
- PSNC to continue supporting its regional representatives to enhance their communications with LPCs and consequently improve relations.
- PSNC communications planning to aim to increase direct communications with contractors, two-way engagement, and expansion of the channels used to communicate with contractors and LPCs.
- PSNC to promote to LPCs the organisation of local engagement events for commissioners and other local stakeholders.
- PSNC to consult with LPCs on policy matters where possible.

3rd debate – services for local commissioning

Key points made in the debate

- LPCs had an encouraging number of good news stories on local commissioning.
- Persistence is important in developing relationships with the new service commissioners.

- Local authorities and HWBs vary in their ways of working, but pay back for engagement is starting; LPCs need to work with the Director of Public Health and their team.
- LPCs must get to local meetings and be seen to be present; they should not let others represent the LPC view.
- Danger of non-delivery where services have been negotiated successfully is a major risk. LPC support for contractors for delivery of services already agreed is important, but provision of such support in partnership with commissioners has also led to development of new services.
- LPCs should consider following an example where an LPC has jointly funded a post with the commissioner (PCT), initially focussed on health promotion.
- Local Professional Networks (LPN) of the NHS Commissioning Board could be useful routes to make progress, but there are risks with other people involved in the LPN and possible conflicts of interest with Local Area Team staff.
- The Manchester Think Pharmacy event is an excellent model - LPCs working together to organise meetings for commissioners.
- Getting patient representatives to act as advocates and fly the pharmacy flag is helpful.
- Local commissioning of national template services versus nationally commissioned services; the priorities of the NHS CB are not likely to be development of Directed Enhanced Services in the near future.
- Health and social care integration is a great focus for LPCs to address.

Action Points

- PSNC to continue work to seek to persuade the NHS CB to develop national standard specifications for a range of services in order to facilitate the commissioning of services at a national or local level.
- LPCs to report progress with the commissioning of services and local successes and good practice to PSNC, to support PSNC's ongoing monitoring of the implementation of the new commissioning landscape.
- PSNC to continue to facilitate sharing of this information from LPCs via CPN and other communications channels.
- PSNC to continue to support LPCs to develop commissioning relationships locally.

4th debate – support to deliver services

Key points made in the debate

- There was concern expressed about the topics for debate at the conference, but these reflected the priorities chosen by LPCs.
- LPNs could be fundamentally important to community pharmacy and their resourcing will be critical; PSNC should lobby for adequate resourcing for LPNs.
- More support from PSNC is required on how contractors can work together to provide services. This would include more guidance on LLPs and the sharing of experience from areas that have already adopted this approach.
- The role of LPCs and their constitutions may need major review; LPCs need to step up to cover the loss of PCTs.
- A regional support structure to support LPC work with LATs should be considered. PSNC may undertake a survey to seek LPC views on that.
- PharmOutcomes: there were indications that use of PharmOutcomes by commissioners was growing; a proposal that PharmOutcomes should have been made available to commissioners free was put forward.
- Sharing of knowledge by national chains on service development would be valuable.
- Wholesalers: they have reduced support to contractors recently, but there was a feeling they could have some involvement in service provision, but the risk that they may take over service provision was noted.

- Local Authorities are autonomous organisations, but the public health budget is ring-fenced. Some commissioners are bundling services inappropriately which may limit pharmacy opportunities to provide services.
- A two tier contract was proposed: some pharmacies offering supply only and some including services.

PSNC Comments following debate

- PharmOutcomes funding – no approach would ever be acceptable to all; there are those who will not accept the case to invest in IT.
- Review of the LPC constitution must reflect their statutory role; if there is too much change in a constitution, it may put the ability to raise levies at risk.
- The multiple pharmacy groups contribute to sharing of information on services at PSNC meetings.
- Major risk that a two tier pharmacy service would cause confusion for patients and is unlikely to fit well with NHS policy or lead to pharmacy services becoming part of established care pathways.

Action Points

- PSNC to review LPC Conference format with LPC input and engagement.
- LPCs and contractors involved in the development of local provider organisations to share their experiences with PSNC, so this knowledge can be made available to others embarking on the development of a local provider organisation.
- PSNC to lobby for additional resources for LPNs.
- PSNC to work with the NHS CB to ensure its local structures will work effectively with LPCs.
- PSNC to continue to develop the support PharmOutcomes can provide to commissioners, contractors and LPCs via its new partnership with Pinnacle Health LLP.

LPC Conference – proposed changes to the format for 2013

The current way that topics are determined and submitted on a regional basis worked well and should continue:

- Topic for debate is not an accurate description as it is not a true debate. Change to topics for discussion
- Most of the topic areas fall into defined areas – in the material sent to LPCs they be advised to think about topics in the following areas:
 - Funding
 - Services
 - LPC Support
 - IT
 - Communications
 - Other

The limit of 3 topics per region should continue:

- PSNC should publish all submissions from all regions so there is transparency in the process by which PSNC selects the topics for discussion
- PSNC to publish a timetable in May for the steps to be taken in the run up to the conference

The new format gives the opportunity for more LPCs to get involved. Commenting from the floor rather than lectern works well and should continue:

- PSNC encourage LPCs to send delegates who have the confidence to comment in open discussions

Clear outcomes are needed with a procedure for testing the level of support:

- At the end of each discussion agree a number of propositions that are the outcomes from the discussion. The wording of the propositions should be worked on by PSNC officers to present at the end of conference in a single session on all the discussions when each proposition is voted on by delegates using electronic voting to show instant results. There should be no further discussion on the topic at the voting session unless absolutely necessary
- There should be one vote per delegate at the conference
- PSNC to encourage LPCs to send their maximum number of delegates- still based on a sliding scale of permitted delegates based on the number of contractors represented by the LPC
- At the end of the conference PSNC CEO to summarise PSNC response to the outcomes and the next steps. The result of the votes and PSNC response be sent to all LPCs following the conference

The current timings for contributions are fine but time is needed for the new voting session. Consideration was given to reducing the number of topics for discussion from 4 to 3 but felt keep 4:

- The chair be permitted to bring the debate to a close in under 45 minutes if it runs out of steam to release time for voting
- LPCs be advised that the close of Conference will be 4.15pm (now 3.45pm) at the latest to allow time for voting if needed but will close earlier if all business has been completed

The limit of one contribution per LPC in each until all LPCs who want to have contributed is good but can be frustrating:

- Amend the rules for discussion to give discretion to the chair to open up the discussion before all LPCs have had a chance to contribute to allow further comments from LPCs if a controversial issue arises during the discussion
- Provide a board at the conference for post it notes if any LPCs want to make additional comments on the discussions
- The use of Survey Monkey worked well and should continue with additional text boxes to make further comments on the topics for debate/ post conference thoughts or other issues. Whilst PSNC cannot promise to act on or respond to specific comments submitted this way they will be reported back to the relevant subcommittee.

Currently the LPC Conference is late November after the PSNC planning meeting:

- The date for the LPC Conference in 2013 be moved to early November in advance of the PSNC planning meeting so that LPCs views can be taken into account

Community Pharmacy Conference 2013

Commissioning Community Pharmacy

24th April London Marriot Grosvenor Square

9.30 Registration and exhibition

10.30 Welcome to the Community Pharmacy Conference 2012

10.45 Ben Dyson and Jeanette Howe inc Q&A

- The new commissioning environment
- How the NCB + DH will operate in the future
- Community pharmacy – the outlook for the next few years
- The opportunities, challenges and key messages

11.30 Keith Ridge + Sue Sharpe Q&A

- The opportunities and challenges for commissioning health services in the new NHS environment

12.15 Spotlight Manchester- Peter Marks & DPHO

12.45 Lunch + exhibition

2.00 Spot light- HLP evaluation Deborah Evans

2.15 Paul Edmondson Jones inc Q&A

- Learning from HLP
- Does the HLP model fit with local authority commissioning?
- Local authority commissioning – what do local authorities want + what does community pharmacy have to offer
- Tips for successful working with local authorities

3.00 Break outs

- Future funding and contract arrangements
- NMS evaluation and the future national services
- Selling local services to CCGs

4.00 Close