



September 2017

LPCs in the spotlight– Greater Manchester LPC

In October last year, following a consultation and contractors' approval, 6 LPCs of various sizes across Greater Manchester (GM) came together to form a single LPC: Greater Manchester LPC (GMLPC). In this LPC Spotlight we look at one of the latest mergers of LPCs to explore the benefits to contractors of a large, well-resourced local organisation.

GMLPC structure

GMLPC, with a committee of 13 members, represents 627 contractors. In only a short space of time GMLPC has become an influential player in the unique health and social care system in GM where some of the decision making and contracting, once done at national level, is now devolved to local decision makers.

Chaired by independent LPC member Aneet Kapoor, the LPC is supported by an office team of 8 (soon to be 9 with the addition of a project implementation lead) full and part-time members of staff (just under 7 FTE) providing a wide range of expertise to meet the needs of contractors in the rapidly changing health and social care commissioning landscape.

Leading the GMLPC office team is LPC Chief Executive Officer Adam Irvine – Adam is a pharmacist with wide experience of LPCs that includes being a CCA nominee and chair of Halton, St Helens and Knowsley LPC. (Outside of pharmacy Adam is a keen motorsport and football fan and avid player of modern board games). For more information about the GMLPC organisational structure, committee, and team members see Appendix 1.

The LPC has now settled into meeting every two months with much of the detailed work carried out in sub groups of LPC members supported by designated members of the office – the sub groups being: Governance, Finance, Applications, HR, Service development, and Communications and Engagement. As an indication of how GMLPC adheres to the highest governance standards, all the agendas and minutes of GMLPC meetings can be found in the open area of the LPC website.

GMLPC - benefits to contactors

The main benefit says Adam is much better engagement, particularly with the STP, as there are now fewer points of contact. The size of the LPC through the number of contractors that it represents also enhances the LPC's influence and authority, giving a powerful platform to secure community pharmacy integration into primary care strategy. GMLPC is very proud of the multidisciplinary working it takes part in through Primary Care Advisory Group which includes General Practice, Dentistry, Optometry all working alongside Community Pharmacy.

At such a time of change, community pharmacy must be represented at the key meetings, of which there are many. Adam advises that new health and care structures must think community pharmacy now, in their formative early days: it is important to be part of the structure as it takes shape, it's much more difficult to shoe horn in and retro-fit community pharmacy later. However, Adam concedes that even with the staff and committee members available to GMLPC it is still a challenge to cover all the bases.

Adam is rightly proud of the professionalism of the organisation and the level of support and quality of the resources provided by GMLPC – but does this mean a greater cost to GM contractors? Not the case says Adam: because of the benefits of scale the GMLPC levy is in line with the rest of the country and offers better value for contractors.

Contractor engagement

One of the challenges in bringing LPCs together is making sure that contractors feel part of the new organisation and that their voices are heard. To assuage any concerns an LPC member was appointed as a locality lead for each of the boroughs of Greater Manchester, providing a voice for the area at the GMLPC. A contractor care programme is also being introduced by the Business Support team where team members are given several contractors to call on a regular basis – the same person makes the call each time so they get to know each other and can have a relaxed and constructive dialogue.

Contractor communications

Contractor feedback on communications was clear 'More local news, less repetition of what we've had from other sources'. As a result, the GMLPC weekly newsletter is predominantly local news from Greater Manchester and local areas; [the newsletter](#) has also been redesigned so it's easier to see what stories are for action, info or interest. To cater for different tastes in communication channels following an initial survey of contractor preferences, the LPC uses Twitter, Facebook, LinkedIn and WhatsApp. And of course, a great website with information across each of the GM localities. The team are also testing webinars, videos and other novel delivery methods. They are currently gaining feedback around the communication channel preferences from their contractors.

GMLPC is also holding its first conference and AGM in September to update contractors on what devolution means for community pharmacy, a walk through Greater Manchester primary care strategy and CPD seminar streams. For more about GMLPC visit their website:

<http://psnc.org.uk/greater-manchester-lpc/>

The [GMLPC 2016/17 annual report](#) details the progress of GMLPC in its first year.

And finally...

With LPC elections coming soon there is an opportunity for all LPCs to think about their structures, ways of working and how to give contractors the best possible support for their levy. GMLPC is an example of how, through a merger of LPCs, a larger LPC can have greater influence, expertise and top-notch contractor support without increasing the cost to contractors. Much depends on geography and restructuring options other than merging may be more appropriate in some other

LPC areas but it's worth considering. The pros and cons of the LPC restructuring options and an LPC merger checklist can be found in the [LPC Members Area of the PSNC website](#).

For more information about the LPCs in the Spotlight series contact mike.king@psnc.org.uk

Appendix 1

