

National Review of the Representation and Support of Community Pharmacy Contractors in England – taking the process forward

(Draft) Proposal

October 2020

Background

1. Following the agreement of the Community Pharmacy Contractual Framework for 2019/20-2023/24, which outlined new services and ways of working for community pharmacy to support the NHS Long Term Plan, it was clear that significant change would be required by many contractors in order to deliver this new vision of integrated and accessible local health services. This would increase the already significant pressure and demand for support on PSNC and LPCs.

2. At the Local Pharmaceutical Committee (LPC) Conference of September 2019, it was proposed by PSNC that a review of representation and support to all community pharmacy contractors should be carried out to ensure that the best possible service was being provided to the contractor network as a whole.

3. It was agreed the review (funded 70:30 by LPCs and PSNC) should take a ground-up approach looking at the current local and national structures representing and supporting pharmacy contractors and make recommendations for the future. The original Terms of Reference required answers to the following:

- What representation and support is needed by contractors now – and what is the future requirement likely to be?
- What is working well in LPCs and PSNC and what could be improved?
- What are the most effective structures for current and future demand?
- What is the best structure to ensure all contractors are represented well?
- What, if any, changes are needed now and over the life of the new Contractual Framework and beyond?
- How should the representation and support for contractors be financed?

4. Professor David Wright and a team from the University of East Anglia (UEA) were awarded the contract to undertake the review and, after a three-month delay because of the pandemic, they reported back in June 2020. Their 122-page report identified a number of issues with the current structures and made 33 recommendations. On 8 July, the report was discussed at a joint PSNC/LPC meeting and it was agreed that the report should be taken forward and further work undertaken. During August, LPCs, PSNC and pharmacy contractors were asked by the PSNC CEO to focus on money, governance and accountability of the next stage and provide responses on four key questions in time for the Annual LPC Conference:

- How should we fund the process both to take work on the independent review forwards, and any longer-term changes to LPCs and PSNC?
- How should we explore the review's findings and recommendations together?
- How should we manage this from a governance perspective?
- What should we do to ensure that contractors have ultimate oversight?

5. Overseen by Dr Michael Twigg (one of the original UEA team), the responses from LPCs, PSNC and pharmacy trade bodies, were collated and reported back to the LPC Conference on 16 September.

The consensus was that there should be no additional costs for contractors in funding this process and that the next phase at least should be financed from PSNC and LPC reserves; an oversight and working groups should be created to take forward tasks; clear terms of reference were needed for those groups; and the final decision-making on key issues must be in the hands of contractors. PSNC agreed to draft-out (and fund) what that next stage should look like in order to **'take the process forward.'**

Aim of the next stage

6. The challenge now is to turn the **'consensus'** from the LPC Conference into a **'plan.'** To do this, we will need to create a body to steer the process forward: to explore the Wright Review's findings from the perspectives of feasibility of delivery, cost, benefits to contractors and timelines and to come up with a proposed plan (or plans) for contractors to decide upon. Moreover, this body needs to have appropriate sectoral representation, skills and experience, visibility and confidence of the sector and clear objectives.

7. This next phase will overlay the findings from the Wright Report with the required key outputs from the initial Terms of Reference to ensure that whatever is delivered has the effect of:

- Improved contractor satisfaction;
- Reduced duplication across the contractor support estate;
- Better joint working with key customers;
- Effective and transparent governance;
- Enhanced agility to respond to the future commissioning environment;
- Better use of the current workforce; and
- Better use of available resources.

Proposed way ahead

8. A steering or oversight group needs to be created which represents contractors during this process. Representation in community pharmacy is never a straightforward affair given the breadth and variety of contractors and representative bodies within the sector, and it can be difficult to get away from structures that already exist. Nevertheless, what came from the Wright Review and the LPC Conference is a desire to bring in 'different voices' to help shape the future.

9. It is proposed therefore that a Review Steering Group (RSG) is set-up to be the single vehicle for this purpose. It will not be a decision-making body but will be the commissioner of work focused on the feasibility of delivery, cost, benefits to contractors and timelines. It will be the body which formulates and agrees the final proposals which are eventually put for contractor decision, and it will also propose how that decision will be made. It will not itself make the final decisions – it was clear from the Wright Review and the responses to the questions in August that any final decision-making on key issues must be in the hands of contractors. Annex A provides a flow chart summary on how this might work.

10. The Review Steering Group membership shall be constituted as follows:

- Four individuals representing independent pharmacy contractors.
- Four individuals representing multiple pharmacy contractors; and
- Two individuals representing Independent multiple pharmacy contractors

11. For the purposes of this proposal, an independent pharmacy is one owned by a sole contractor or one that belongs to a chain of nine or fewer pharmacies; an independent multiple pharmacy is one belonging to a chain of ten or more pharmacies but not a member of the Company Chemists Association (CCA); and multiple pharmacy contractors are those belonging to the CCA.

12. The RSG will be chaired by a non-voting convenor. The role of the convenor will be to facilitate the RSG members in reaching decisions and to provide them with independent challenge.

Selection process

13. It is not for PSNC nor any LPC to determine who should be the representatives of the sector on the RSG. Nevertheless, for practicality and expediency, it would seem appropriate to use some of the structures already in place to assist in the selection of RSG members (all of whom must be contractors) to represent different aspects of the sector – mindful of diversity, experience and ability. The person specification can be found at Annex B.

- **Independent Pharmacy Representatives.** It will be the responsibility of the Regional and National Pharmacy Association (NPA) Representatives of the PSNC to select four individuals who can reflect the perspectives of all independent contractors.
- **Independent Multiple Pharmacy Representatives.** It will be the responsibility of the Association of Independent Multiple Pharmacies (AIMp) to select two individuals who can reflect the perspectives of all independent multiple contractors.
- **Multiple Pharmacy Representatives.** It will be the responsibility of the CCA to select four individuals who can reflect the perspectives of all multiple contractors.

14. The non-voting convenor and secretariat of the RSG will be provided by the PSNC Chair and Director of Contractor and LPC Support respectively. It should be stressed that the work involved in supporting the RSG and taking this project forward more generally will only be able to occur if the personnel and financial resources are available to do so (see below). Currently, there are limited funds available and the RSG may wish to investigate and pursue other sources of funding and resources for their work.

Person specification

15. RSG members are senior roles and the individuals filling them would be expected to have board-level or similar senior experience and be familiar with the commissioning and oversight of projects and change programmes. They will be expected to have the time, inclination and determination to move projects forward and work collaboratively with colleagues from across the sector.

Terms of Reference.

16. The Terms of Reference of the Review Steering Group (RSG) shall be as follows:

17. The purpose of the RSG is to make proposals for contractors to decide upon (including how that decision-making process itself will work). The RSG is not a decision-making body in itself, and cannot cut across existing governance or decision-making mechanisms currently in place. The RSG will prioritise and commission work in order to explore, agree and propose a change programme.

18. The RSG will have the authority to convene or otherwise commission work as required. It will be the responsibility of the RSG to create a mechanism and process for engaging with all contractors and other key stakeholders including PSNC and LPC executive members, representatives from Distance Selling Pharmacies, and the wider diaspora of trade bodies and representative groups to ensure that as many voices are heard as possible. In doing so, it may also be useful for the RSG to set-up a contractor forum as a sounding board for new ideas and proposals. The RSG will provide oversight of any commissioned work, groups and fora and ensure that projects remain on track. The RSG will be responsible for any proposals subsequently put to contractors, and that those proposals take into account feasibility of delivery, cost, benefits to contractors and timescales.

19. The RSG will at all times take a proportional view of community pharmacy and ensure that the work it commissions, and any subsequent proposals and recommendations, are for the benefit of the sector as a whole. Transparency will be core to its function and the RSG will be responsible for communicating progress and ensuring visibility of its work to all stakeholders. Moreover, the RSG will also be responsible for ensuring that contractors remain at the heart of this change programme.

20. Meeting arrangements of the RSG will be determined by the convenor and members of the RSG.

Timeline

21. From the LPC Conference on 16 September, there was a clear desire for progress. Therefore by the time of the next LPC Conference on 17 November 2020, the RSG should be constituted and should use the event to outline its priorities and work plan. Thereafter:

- By 20 January 2021 - RSG holds its first monthly contractor updates/webinars
- By 24 February 2021 - RSG holds its second monthly contractor updates/webinars
- By 31 March 2021 - RSG puts proposals out for contractor decision.

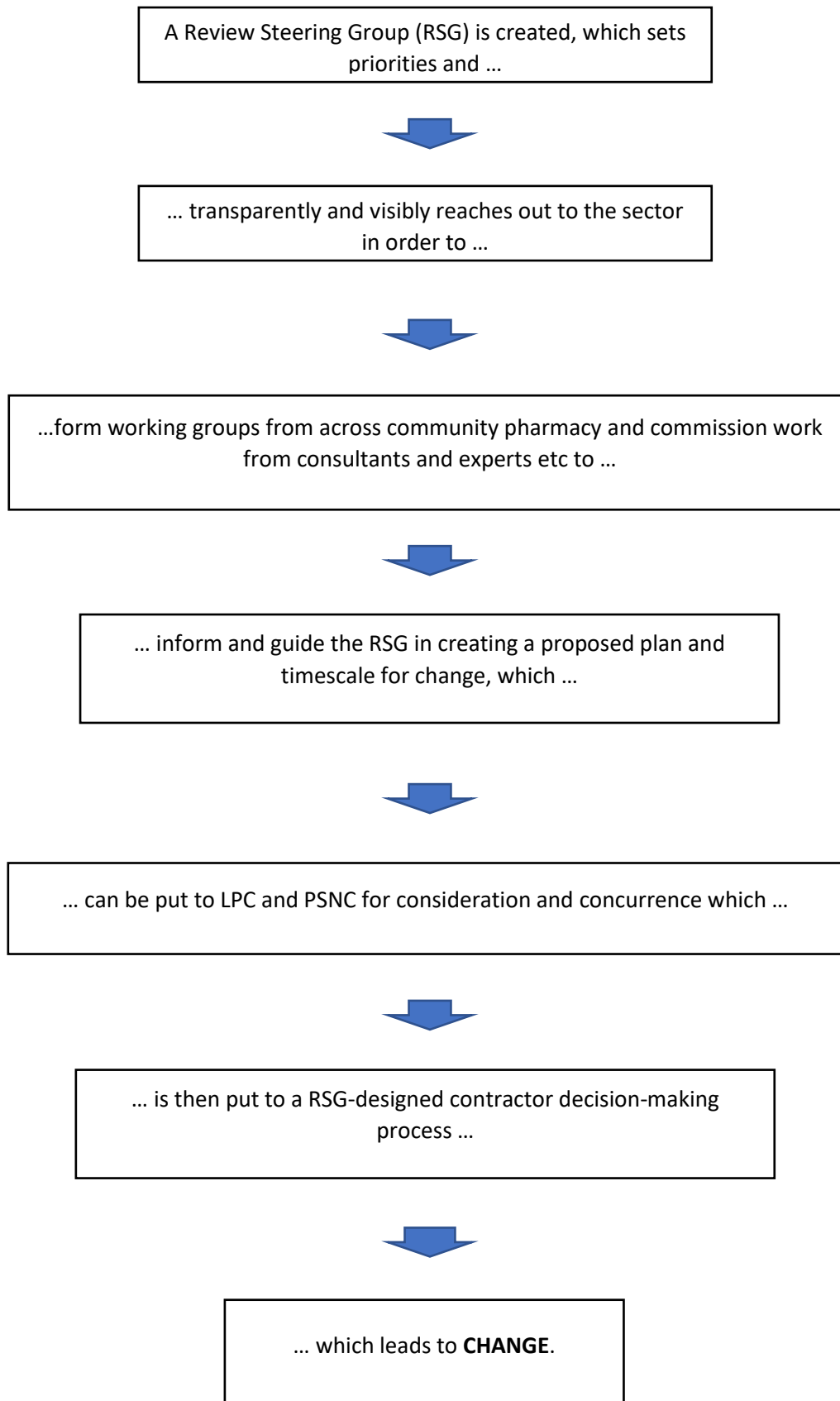
Funding and Finance

22. This phase will be financed by PSNC from savings made in 2020/21 as a result of pandemic-related travel restrictions on PSNC executive staff and Committee. This is projected to be in the region of £90,000 for the year to 31 March 2021.

23. The RSG will have control over its own budget (within the limit of the funds allocated to it by PSNC), and it will be for the RSG to decide on resource allocation for its work, but it is suggested that employers of the RSG members receive a daily contribution of £250 per day for their employee's time.

ANNEX A

Flowchart indicating the process involved



ANNEX B

Review Steering Group Member

Person Specification

The Review Steering Group (RSG) will ensure that the necessary resources from those available to it are commissioned to effectively deliver its aims and objectives. It will ensure that it meets its obligation to its community pharmacy stakeholders. RSG members are required to support these aims, making decisions in the best interest of the community pharmacy sector. In doing so, individuals should:

Think strategically

Be able to understand the environment in which community pharmacy operates, see the bigger picture, think 'outside the box' to see the implications of changing circumstances, and able to use this knowledge to provide strategic direction to inform the current and future representational needs of the sector.

Represent the interests of community pharmacy contractors

Be able to consistently understand and represent the needs and interests of community pharmacy contractors.

Seek out relevant and critical information

Be prepared to apply knowledge broadly and have the confidence to ask the difficult or challenging questions to enable objective judgements to be made.

Solve problems and make decisions

Thoroughly prepare for each meeting and demonstrate that proposals have been properly evaluated to help make decisions.

Be sensitive to others

Be self-aware, aware of the needs of others, able to observe and listen well, involve others in discussion and debate, ask questions in a non-threatening way, able to admit mistakes.

Work effectively with others

Work constructively to build consensus, be able to regulate and adjust behaviour according to specific situations or contexts, and able to work with other RSG members, the Convenor and the Secretariat.

Behave as a corporate citizen

Have high levels of integrity and honesty, be able to align own goals with the values and ambitions of the RSG, recognise and respect diversity and use this knowledge to drive forward agreed RSG objectives, rather than personal agendas, in the context of sound business management and corporate governance.

Qualities

- Commitment and capacity

- Commitment to the RSG's vision
- Time to attend meetings of the RSG, and any appropriate committees, strategic debates and ad-hoc discussions

Personal

- Energy and enthusiasm
- Honesty and integrity
- Good listener and clear communicator
- Have respect for diversity and value difference