

Pharmaceutical Services Negotiating Committee
LPC and Contractor Support (LCS) Subcommittee Minutes
Wednesday 22nd May 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: Zainab AL-Kharsan, Alastair Buxton, Gordon Hockey, Mike King, Luvjit Kandula, Michael Digby, Stephen Thomas.

Apologies: No apologies were received.

Conflicts of interest/minutes: No conflicts of interest were declared. The minutes of the last meeting (Appendix LCS 01/05/2019) in February 2019 were approved.

There were no matters arising.

Item 1 – Provider companies

- 1.1 Gordon Hockey introduced the agenda paper and outlined progress on the model Articles and Rules; those LPCs groups seeking to adopt the new model and start a provider company; those seeking to ‘bolt-on’ key changes to an existing provider company and planned work.
- 1.2 Comments and observations included:
 - a) The need to dovetail this work with emerging Primary Care Networks (PCNs) and proposed NHS England guidance on how LPCs can best engage with PCNs.
 - b) That provider companies are commercial entities that may be necessary to capture certain local services that community pharmacy can deliver.
 - c) Provider companies may be helpful as a way of representing community pharmacies locally as a provider.
 - d) That publicity should be given to this work after the Articles and Rules have been agreed and progress made by those LPC groups involved already (although Gordon Hockey indicated that any LPCs seeking assistance would be included in the current work).
 - e) That depending on provider company interest, a provider company conference might be appropriate, or a smaller provider company workshop; the day to be cost neutral to PSNC.
 - f) The day after the LPC conference in September clashes with another pharmacy conference, so the day before may be a better option.
 - g) It would be helpful to also still have a session on provider companies at the LPC conference this September to consider from the LPC perspective.

- 1.3 It was confirmed that the subcommittee endorsed the current work and future plans and agreed that a PSNC observer may be appointed to provider companies to support the LPCs involved and the provider companies.
- 1.4 It was agreed that there should be a national conference or workshop in September this year to support new and existing provider companies, and possibly those considering setting up a provider company; and the agenda could include introducing the revised model, learning from existing models, the role and financing of the companies and considering opportunities from emerging NHS structures / PCNs.

Action 1: Arrange a provider company national workshop or conference.

Item 2 – LPC Dashboard

- 2.1 Mike King introduced the agenda paper and Michael Digby gave a practical demonstration of the draft LPC dashboard, which included, for example:
 - a. LPC data compared to LPC national averages.
 - b. LPC data compared to a number of equivalently sized unidentified LPCs.
 - c. LPC data compared to data for all other LPCs.
 - d. LPC contractor data – total items per year, average items per contractor and average item value per contractor.
 - e. LPC Staff costs as a percentage of overall costs.
- 2.2 Comments and observations included:
 - a) How LPCs record or define staff costs can be different between LPCs.
 - b) We need to agree the frequency of completion of data; it was thought that quarterly maybe more suitable than monthly due to account production cycle.
 - c) The rate of return against salary cost investment may be higher where these roles are focussed on contractor engagement.
 - d) How the dashboard is communicated to LPCs will be important – it is a tool to assist LPCs to demonstrate value to contractors, rather than for PSNC to assess the performance of LPCs.
 - e) The NMS, MUR and Flu data in the dashboard can be populated by PSNC rather than LPCs. As could probably the QP data.
 - f) ERD contractor data within the dashboard would be helpful to LPCs.
 - g) It would be helpful to present the finished dashboard to the LPC conference.
- 2.3 After discussion, it was agreed that the format of the dashboard was excellent. There was an open invitation to LCS members to join the working group seeking to finish the dashboard and provide it to LPCs.

Action 2: The working group to re-convene and finalise the detail to be included in the dashboard, and to consider the communication plan to LPCs and contractor representative bodies where appropriate.

Item 3 – Primary Care Networks

- 3.1 Luvjit Kandula introduced the agenda paper and indicated the need to develop a PCN information pack to support LPCs and contractors to engage with PCNs.
- 3.2 Comments and observations included:
- a) There is a need to develop a roadmap for LPCs on PCN engagement.
 - b) The national primary care stakeholder group has a community pharmacy presence.
 - c) The first phase for community pharmacy is to mobilise contractors so they are aware of the NHS long term plan, the nature of PCNs and how LPCs can support them to engage with PCNs.
 - d) There is a 2-3-month window to assist contractors and LCS will need to meet before September to discuss this issue.
 - e) There are opportunities to learn from Wales' initiative.
 - f) There is a need for a structure for community pharmacy to work with PCNs.
 - g) There is a need to align PSNC guidance with the NHS England PCN guidance for LPCs.
 - h) Developing local relations with GPs and LMCs remains important for community pharmacy.

Action 3: The subcommittee to meet at least once if not twice remotely via telecon before September PSNC to assist progress on PSNC work on PCNs.

Item 4 – LPC Conference

- 4.1 The subcommittee noted the agenda paper and suggested topics for the conference were PCNs, provider companies and the LPC Dashboard. In addition to an update on negotiations / CCPF as appropriate.
- 4.2 It was agreed that further suggestions should be e-mailed to Luvjit Kandula who will also be canvassing views from LPCs themselves

Action 4: Subcommittee members to provide any further suggested topics for the conference to Luvjit Kandula.

Matters of Report

Item 5 – Quality Payments

- 5.1 The report was noted.

Item 6 – HMRC and advice to LPCs – Gordon to report at the meeting - confidential

- 6.1 Gordon Hockey indicated that PSNC's advisers are seeking further clarification from HMRC before the drafted advice is made available to LPCs.

Item 7 – LPC Support Reports

- 7.1 The report was noted.

Item 7 – Any other business

8.1 Zainab Al-Kharsan reported that the Services Team recently updated the guide: *The community pharmacy - a guide for GPs and practice staff* and worked with the BMA's GPC to get this co-badged and published jointly. The BMA provided PSNC with a quote which will be used in the comms.

Action 5: Revised BMA guide to be highlighted to LPCs through PSNC's usual communication channels.

List of Actions:	Relevant person(s) initials
Action 1: Arrange a provider company national workshop or conference.	LK and GH
Action 2: The working group to re-convene and finalise the detail to be included in the dashboard, and to consider the communication plan to LPCs and contractor representative bodies where appropriate.	LK
Action 3: The subcommittee to meet at least once if not twice remotely via telecon before September PSNC to assist progress on PSNC work on PCNs.	LK
Action 4: Subcommittee members to provide any further suggested topics for the conference to Luvjit Kandula.	Subcommittee members
Action 5: Revised BMA guide to be highlighted to LPCs through PSNC's usual communication channel.	LK