

**Pharmaceutical Services Negotiating Committee**  
**Minutes of the LPC and Contractor Support Subcommittee**  
**held on Wednesday 5<sup>th</sup> February 2020**  
**14 Hosier Lane, London, EC1A 9LQ**

**Members of LCS present:** Sam Fisher (Chair), Fin McCaul, Lucy Morton-Channon, Indrajit Patel, Jay Patel, Alice Hare, Sian Retallick and Umesh Patel.

**In attendance:** Mark Burdon, Alastair Buxton, Marc Donovan, Simon Dukes, Gordon Hockey, Sue Killen, Layla Rahman, Stephen Thomas.

**Item 1 – Welcome from the Chair**

1.1 The Chair welcomed everyone to the meeting.

**Item 2 – Apologies for absence**

2.1 No apologies were received.

**Item 3 – Conflicts or Declarations of Interest**

3.1 None were declared.

**Item 4 – Minutes of the last meeting**

4.1 The minutes of the subcommittee meeting held on 27<sup>th</sup> November 2019 were approved.

**Item 5 – Actions and Matters Arising**

5.1 There were no matters arising from the minutes that were not already on the agenda for discussion.

**Item 6 - LPC Review LPC**

6.1 The subcommittee noted the paper on the independent review into contractor support and representation which outlined how the review had been commissioned and the ongoing dialogue with LPC Chief Officers about it.

6.2 The subcommittee noted the concerns raised by some LPCs, in particular considering:

- The fact that the review is not seeking formal views from LPC staff: Zoe Long reported that as is the case for PSNC, some LPC employees have been interviewed by Professor David Wright (DW). Anyone in the sector is free to contact DW by email with views.
- Questions about process and the recommendations: the subcommittee felt that DW should ask LPC CEOs if they would value another webinar with him at this stage. They also felt that further communications to LPCs would be helpful to reassure them that the

recommendations of the review will not be the subject of any binding votes at the May 5<sup>th</sup> conference.

- The report of the review: like LPCs, the subcommittee were keen that LPCs should receive DW's report at the same time as PSNC, and were concerned about when the pharmacy press will have access to the report, and how long any embargo was feasible for. These subcommittee views will be fed back to the PRSC who will develop a communications plan for the report at their next meeting.

6.3 The subcommittee was keen to support DW in encouraging contractor engagement with the review and the office will make this offer to him. This could include receiving feedback from him on ongoing engagement levels with the survey so that we can target any communications activity. The subcommittee noted its disappointment with some of the minor inconsistencies/typos in the surveys and this will also be fed back to DW.

6.4 The subcommittee considered the National Meeting of LPCs to be held on May 5<sup>th</sup>. It was agreed that it would be appropriate for all PSNC Members to attend this meeting, and also that the costs of hiring a bigger venue (the office has received quotes of £35k+) were likely to be prohibitive. Live streaming the event so that all LPC Members could watch and submit questions for DW would be a good option. We expect the morning of the day to be spent with DW presenting his recommendations and taking questions from conference delegates. The subcommittee was keen to involve some LPC CEOs and Members in planning the day and the office will look to set up a small working group to include LPC representatives and LCS Members, seeking expressions of interest in the first instance. The subcommittee suggested that the working group would also like to consider what other matters should be on the agenda for the conference – this is an important time in terms of contractor support, and LPCs and PSNC will want to consider ongoing current work that may need to be on the agenda in addition to the substantive subject of the independent review.

**Action 1: Office to issue an update to LPCs following the PSNC meeting and to seek expressions of interest for a working group to help shape the May 5<sup>th</sup> conference agenda.**

**Action 2: Office to feed the views of the subcommittee back to Professor David Wright.**

### **Item 7 – Primary Care Networks**

7.1 Alastair Buxton provided an update on Primary Care Networks (PCNs). The future of PCNs is uncertain at the moment because of the reaction from GPs on the ground to some of the work PCNs are being asked to undertake, and the ongoing GMS negotiations. Any PCN elements of the PQS for 2020/21 are also yet to be agreed with NHS E&I. This uncertainty makes it difficult to plan specific next steps in terms of offering support to LPCs or PCN Leads.

7.2 LPCs were advised to focus their PQS contractor support efforts on the PCN elements of the PQS – many LPCs have spent considerable resource facilitating this and overcoming a range of challenges.

7.3 Good progress has been made in recent weeks on collating a list of pharmacy PCN leads which can be used to pre-populate this field when contractors are completing their PQS submissions in the MYS portal. 1,114 PCN leads have so far been identified. The subcommittee felt that a list of all PCNs along with the areas, mapped to the pharmacy contracts that they cover, could be helpful, recognising that there is still much flux in PCNs and the way they operate.

7.4 The subcommittee felt it would be useful to capture learnings from LPCs about the processes they have been through to select PCN leads and the support they are now offering to PCN Leads. Mike King will ask LPCs about this and this could help to inform future guidance (following clarity on the GMS and PQS negotiations) from PSNC about how LPCs can support engagement with PCNs.

**Action 3: The office will work to gather best practice and learnings from LPCs about the PCN Lead selection process and the support they are offering PCN Leads – this may help inform guidance and future work following the conclusion of the GMS and PQS negotiations.**

**Action 4: The office will explore with NHSE&I what PCN dataset is available for wider distribution, if possible including pharmacy contracts mapped against PCNs where this info is held.**

#### **Item 8 – LPC Expenses Policy Update**

8.1 The draft LPC expenses policy has been updated following advice from HMRC who have confirmed that the rules that apply to GPs (LMCs) can be applied to pharmacy (LPCs).

8.2 The subcommittee noted that the HMRC guidance applies to pharmacists. It was noted that those registered with the GPhC are professionals and could be seen in a similar context to LMC members; possible also that any LPC member should be equated with an LMC member – although it was commented that the relevant exemption applies to an individual who carries on a profession.

8.3 Not all LPC Members, particularly where they are CCA representatives, are pharmacists, and further clarification may be needed on this before we can share a draft expenses policy with the LPC Treasurers Gaggle group.

8.4 It was also requested that the CCA seek to identify the scale of the issue – what percentage of CCA member employees on LPCs are non-pharmacists; and what proportion of these are registered with the GPhC as technicians.

**Action 5: The Office will investigate further whether the relevant exemption applies to non-pharmacists, and through the CCA understand the size of the non-pharmacist LPC representative population.**

#### **Item 9 - LPC Guidance on the Competition Act**

9.1 The subcommittee felt that there is a need to provide updated guidance to LPCs on Competition Law given the changing local environment and some of the new collaborative relationships being

formed between contractors. The draft guidance provided in the agenda needs an update and may be useful and relevant for local PCN leads and the contractors they will engage with, as well as to LPCs. It was noted that guidance on Government websites might be used or referenced to avoid the need for external legal advice.

9.2 For LPCs and PCNs, potential future risk areas include discussions around service commissioning and price-setting, and collaboration around delivery of flu vaccinations.

**Action 5: The LPC guidance will be updated, and PCN guidance developed for further review by the subcommittee.**

## **Matters of Report**

### **Items 10 Community Pharmacist Consultation Service**

10.1 The subcommittee noted the verbal report.

### **Item 11– Pharmacy Quality Scheme update**

11.1 The subcommittee noted the report.

### **Item 13 - Any other business**

12.1 Fin McCaul noted a request from LPCs for PSNC to provide an update on the contract and outline of what is going to happen over the next year – communications will follow as soon as possible after agreement is reached with NHS E&I and DHSC on 2020/21.

## **Summary of Action Points**

<b>Action 1</b>	Office to issue an update to LPCs following the PSNC meeting and to seek expressions of interest for a working group to help shape the May 5 <sup>th</sup> conference agenda.
<b>Action 2</b>	Office to feed the views of the subcommittee back to Professor David Wright.
<b>Action 3</b>	The office will work to gather best practice and learnings from LPCs about the PCN Lead selection process and the support they are offering PCN Leads – this may help inform guidance and future work following the conclusion of the GMS and PQS negotiations.
<b>Action 4</b>	<b>The office will explore with NHSE&amp;I what PCN dataset is available for wider distribution, if possible including pharmacy contracts mapped against PCNs where this info is held.</b>
<b>Action 5</b>	The Office will investigate further whether the relevant exemption applies to non-pharmacists, <b>and through the CCA understand the size of the non-pharmacist LPC representative population.</b>
<b>Action 6</b>	Competition Act; The LPC guidance will be updated, and PCN guidance developed for further review by the subcommittee.