

# Conference of LPC Representatives 2023

## Notes from Vision discussion

**Date:** Thursday 12th October 2023

**Time:** 10am – 3:30pm

**Location:** Cornwall and Crown Suites, De Vere Grand Connaught Rooms

61-65 Great Queen Street, London, WC2B 5DA

### Have you done anything with the vision locally so far – what has worked well, and what has been the reaction?

- Highlighting that the Vision report is there – and making sure that LPCs understand it first
- Not really digested the report as yet, but have flagged to key stakeholders/ local leaders
- Bit of negativity around why the ICSs have got all the actions in it
- Introduced to ICS/ICBs but not taken forward as yet – have had positive reaction to it
- Well presented but nothing fantastically new in it
- Needs to be long-term, not a ‘flash in the pan’
- They found the summary of Vision very helpful because the other document was really lengthy. They found that animations were also useful too.
- Some of the LPCs have already shared the documents relating to the Vision, and they have put some strategies on how to share local information.
- Some LPCs have shared that they have one generic slide deck and one with their branding that they shared locally and is working well in their area.
- The group all expressed that they hadn’t done anything with the vision locally so far. But are looking to have more discussions of the vision and pitch it in the right spaces.
- Lincolnshire is sharing information with their ICS and trying to engage more with primary care. This includes an ongoing project in collaboration with a local university. The project revolves around a wellbeing service, which takes on an eclectic approach to promote wellbeing for patients. For instance, the service helps patients that are experiencing domestic abuse and suicidal thoughts.

- Generally, it was repeated by several attendees around the table that they have been implementing several of the action points from the Vision prior to its launch.
- Sent to all local MPs but no response
- Don't hear back from MPs
- No engagement from MPs the general consensus
- Spend so many hours engaging ICSs.
- Shared with ICB colleagues and will share with LA colleagues soon; follow up planned as well
- Dependent on relationships and structures as to how been received
- Also shared with local MPs – some more engaged than others

### **How do you think local systems will feel about their suggested actions – what can LPCs do to encourage and help them to take those actions?**

- Currently so reactive to the current pressures that are there and is hard to get them to look further ahead at the moment
- Is it all too much to communicate in one go?
- Concerns around community pharmacy having being pushed on ICS and don't necessarily have resources need to support it
- Can't go in with everything at once, need to be clear that it's a 10-year plan and not all the money and resources need to be there at once
- Need to get the ICBs to do the lobbying for us
- Already got their targets for this year, but we should work together to get the various things in place
- Could stimulate innovation among contractors – what are the quick wins that might start to give the outcomes (and/or saves the money) the ICS wants?
- An LPC suggests that CPE need to provide a system with a checklist showing the resources that LPCs can use, and at the same time to be able to track the actions of ICS, ICB, etc.

- An LPC debate/ meeting would be useful to talk about the actions written in the Vision report
- The group suggested working more collaboratively, and that this would need to be done at ICB level.
- Concerns were expressed about ICBs haven't dealt with pharmacy before, so this could be challenging.
- The group expressed that the LPCs that were merged are still working more independently rather than collaboratively which poses a challenge.
- Rebuilding the structural systems is needed.
- Inequality due to structure as some LPCS/ICBs are different sizes, smaller one might not be viable. This doesn't help.
- More close working relationships with LRCs and LMCs.
- The group articulated the need for pharmacy representatives in the right places, at ICB level, partnership/board level.
- With recent changes of the levy, more money and resources are needed locally.
- There was a shared sentiment that the working relationship between many GPs and Community Pharmacies is weak and characterised by conflict. It was emphasized that the working relationship with GPs needs to be improved. Some participants noted that certain pharmacy types may have an advantage building stronger working relationships with GPs, specifically the independent pharmacies. It was also mentioned that building constructive working relationships between GPs and Community Pharmacies should be an organic and bottom-up process, as opposed to a top-down systematic approach.
- Further to the tension between GPs and pharmacy owners, the decline in healthy working relationships is said to be caused by the battle for provision of certain services such as flu jabs.
- The provision of CPCS was also said to cause negative sentiments from GPs towards Community Pharmacies.
- Very new organisations, don't have enough understanding to deal with this. Immature still.
- Variation in delegation.

- ICB very GP focused
- Pharmacy services easy to develop in London.
- Regional taskforce relationships quite positive , though is quite slow.
- Pharmacy London is good- as LPCs more joined up an easier to have conversations with.
  - Takes 3-5 years for change to feed through system, but by this time there may be a reform of the NHS.
  - Seeing closer working between Public health and ICBs beginning to happen.
  - At the local level, there isn't a lot of focus on patients experience due to various constraints (budget, organizational priorities etc).
  - Smoking cessation service not working well, no trusts refer onto it
  - ICB- going out to Kerala India for workforce, although no training capacity in UK.
  - Follow up with ICB colleagues
  - Connect the asks in the vision towards Fuller
  - Started to be recognised by some as Primary Care
  - Good tool for engagement

## How should local Government be engaged – can they help us?

- Public health services probably aren't as well integrated and the ICS is the big thing
- Where external companies have won tenders, they are the ones having the conversations with the sector more than the direct commissioners
- Collaboration with LMC for primary care service commissioning gives us a stronger position
- The group agreed that the government could be a useful way to help with engagement. Pharmacy is viewed by most as a place for collection of medicines. The government could help with changing this perception so that pharmacy is also known to deliver clinical services.
- It was argued that representatives from local government are difficult to get a hold of. A good first step would be to make it simpler to engage with local officials. It was mentioned that the LPCs represented around the table were generally good at talking

with their local MPs and they should seek to interact with local officials in the same way they interact with MPs.

- Concerns were raised around attitudes from local officials and a seemingly lack of motivation to engage with Community Pharmacy interests. It was noted that a key question should be "How can local government be more engaged?".
- There was consensus around the point that local councillors have more power and influence than we have previously assumed.
- Key partner is Healthwatch, as well as looking at pna group. Healthwatch is more useful than MPs, as have a statutory role.
- Poll patient experience, this is a strong message
- Patient led pressure as lot more power than MPs.
- Message about pharmacy funding is understood
- MP visits really important – opportunity to listen to you, not distracted, can ask questions
- MPs swamped, if got engagement important to keep relationships or start now
- Directors of public health, HWB and scrutiny committees – may get an invite to brief on the vision, way in

### **How should LPCs take forward the vision at a local level – can you identify specific ideas and actions?**

- Hard to agree on one approach
- Can use upcoming elections as a tool to influence – MPs and candidates wanting to get constituents on side
- Talk to local politicians to make sure they are aware
- Lots of people get lost with how to access the relevant bits of health services, it would be so easy to say point them to their local pharmacy (but does need to be set up properly in the background)
- One LPC shared that they are standardizing public health across the ICB regions – they will start with standardizing training requirements in 2024.

- Broadly, it was noted that Community Pharmacy need to "Win the hearts and mind of people".
  - The vision should be linked directly to individual pharmacies. Pharmacy owners should be asked what they are doing to implement the vision and receive support where needed to set the Vision out to life.
  - There was an emphasis that pharmacy owners, LPCs and other stakeholders that are directly associated with the pharmacy sector needs to present ourselves as an organised entity. Particularly, organising ourselves as a united entity is hypothesised to reduce risk factors for investors to invest in community pharmacies.
  - It was argued that Community Pharmacies needs to consistently deliver across all of England to promote its image as a reliable and professional provider of healthcare services. Particularly, Community Pharmacies in rural areas should be prioritised in receiving support in order to ensure the consistency of quality. The consequence of not ensuring this consistency was said to weaken our credibility in negotiations and making it difficult to argue for more money.
  - Pharmacies can take on more responsibility.
  - Continue working w ICS.
  - Focus delivering CCS.
  - Covered in above points
  - Should use data more – helps with engagement
  - PCN leads? However, too busy doing the day job
  - Need patients to understand the benefits of vision going forward but also current pressures that that the sector is under
  - Engage with HealthWatch

## What resources do LPCs need and how can they support national work to take forward elements of the vision?

- Sharing what does work well
- How can we operationalise better between CPE and CPLs – get some fundamental principles for commissioning agreed across regions (if not nationally)
- Push the animations and wider resource pack to use with local stakeholders
- The group suggested that change to the structure so that its more pharmacy led. For example, the CPCS to be changed to a walk-in service, not so dependent on GP referrals.
- The group also voiced concerns of CPCS referrals form GPs using a different system which causes challenges.
- IT integration is the biggest barrier.
- Better flow of information.
- Community Pharmacy England template letter for LPCs about most important points, key takeaways (summary of the exec summary)
- Template letter/email for LPCs to go with the summary vision, highlighting the most important points

### Table 17 notes:

- Somerset – Focus on CP and then how CP could be embedded into general practice. At best practice, presented approach taken so far.
- North West, Liverpool – Not done anything yet. Challenge is 4 LPCs, ICB and 9 places. Harmonisation and cost cutting rather than looking forward as the ICB is in deficit. There is no point at the moment as there is no appetite for it.
- Challenged as need to position the access services, but with no national incentives in place, the focus on the work stopped.
- Need for negotiations to conclude to allow this to be used as a hook.
- NW London- need to take several steps back. Concern is that there will be a lack of delivery. In the past CP was invited to the table with the other members of primary care. We were involved with the strategy back then communication to the our sector and then

to patients. Things are too GP centric and we no longer have the right audience. Fighting to get the opportunity to state our case.

- CP West Yorkshire has good alignment with the ICB. Is invited to the table and being asked for opportunities to save money. Main concern is the mess they are in today. 1 ICB, 5 places, 42 PCNs. Attending a lot of place meetings as they are trying to maintain the place identities.
- Challenge on thinking of evening events for people who work during the day. Need these as daytime events.
- Need to get ICBs more focused on the medium term, not just the short term issue.
- The execs are drowning in deficit. The level below is looking at Fuller report. We need to be able to hook the Vision into the Fuller and show how this helps progress with the Fuller report.
- Would like the vision summary sent through as a PDF.
- Derbyshire – lots of meetings, lots of discussions but no progress. Contractors do not have a clue about what is happening.
- Need to focus on getting contractors to deliver what is available to ensure that you have a platform of delivery to bring to the table.
- Need to get more ICB execs to visit community pharmacies to help with their understanding of what we do.
- Key links into local government are via the public health team. Need to focus on local elected members to help them understand the links to community pharmacy and what community pharmacy does.
- Need focus on possible political changes. Make use of CPE MP pieces and get the messages out.
- Need to be selective of where you attend as unless you attend you are not noted, you will not be invited to other events and will not be able to influence.
- There is anticipation for CCS and PCS to channel shift patients. National
- There is the NPA resource and work that was done on Fuller and how it impacts pharmacy. Use this to help map the vision work to the Fuller report.