

# Conference of LPC Representatives 2023

12 - 19 Oct 2023

Poll results

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**Can you support in principle the Governance Framework and Code of Conduct as relevant and appropriate for Community Pharmacy England and LPCs?**

092

Yes

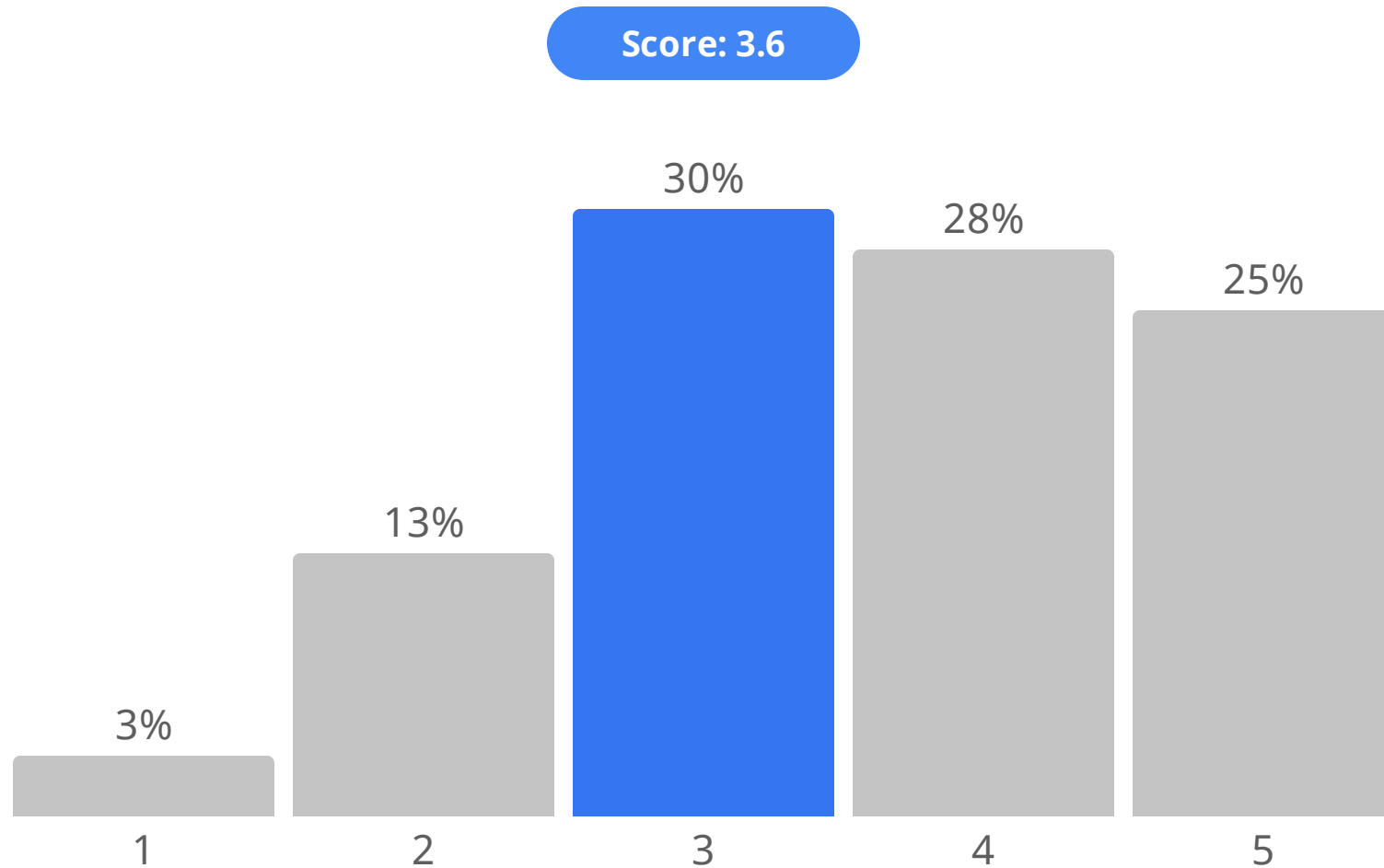


No



## How positive are you feeling about your engagement with your local ICB?

060



# What do you hope to gain from the Conference of LPC Representatives 2023?

043



Feedback on the Conference of LPC Representatives (1/4)

0 3 3

## How useful did you find the LPC Conference?

Very useful



Useful



Quite useful



Not that useful



Not at all useful



Feedback on the Conference of LPC Representatives (2/4)

0 3 2

## Would you recommend future LPC conferences to others?

Yes



No



Maybe



Feedback on the Conference of LPC Representatives (3/4)

0 1 6

## What would you like to see more/less of in future LPC conferences?

(1/2)

- More slido it works well
- NHS speakers to give answers to the questions asked. Liked the soapbox element.
- Sharing of best practice from LPC on developing local themes.
- Not sure
- This year was perfect. London or hybrid it should be in the future.
- More external stakeholder sessions the Fuller session was useful.
- Confidential chair/chief officer briefings were helpful with open to press section later.
- 2 day conference would allow for networking.
- More table discussion
- The soapbox needs to develop into motions to the conference to provide CPE with a mandate from contractors.
- Hybrid option
- More discussions
- CPhO - obviously difficult during negotiations



Feedback on the Conference of LPC Representatives (3/4)

0 1 6

## What would you like to see more/less of in future LPC conferences?

(2/2)

but would have been nice. Ongoing updates on Vision - and a tie in to CPE strategy as a result ICB updates - possibly using NHS Confed or similar to share best practice pertaining to Community Pharmacy.

- Working groups with mutual topics for discussion. Variety of guest speakers
- More networking and opportunities to feed in
- Less revisiting of

information already released, more work around practical joint operations.

Feedback on the Conference of LPC Representatives (4/4)

0 1 4

## Do you have any other comments you would like to make about LPC Conference?

(1/3)

- Birmingham please!
- Better audio facilities. I don't support having hybrid meetings it needs to be one or the other. I don't support 2 days and that isn't inclusive to working parents. London is an easier venue than some more central locations. Depends on train links etc
- We should lay out some expectations to ensure attendees have read any documents that are being discussed at the conference
- Food was really good. Thank you
- Great conference this year. I felt that things are moving in a positive direction for the future.
- 2 day conference to include more input into negotiable positions, service development and policy. Move conference around all regions.
- The LPCs that come from

Feedback on the Conference of LPC Representatives (4/4)

0 1 4

## Do you have any other comments you would like to make about LPC Conference?

(2/3)

- afar should have their accommodation paid for the night before to facilitate their attendance.
- I think a face to face approach is best. Happy for this not to always be London-based. If it were to be a 2 day conference, contractors would need to fund that. I'm not sure that would be right.
- In the interest of saving the lpc money having online or hybrid gives options
- Would like to see ministers from the Government attending and explain their strategy for the sector. Would prefer F2F conferences perhaps in Birmingham and London and alternative between the two.
- In person works well
- Lovely to see everyone face to face. Venue was good, Comparing excellent, running of the meeting

Feedback on the Conference of LPC Representatives (4/4)

0 1 4

## **Do you have any other comments you would like to make about LPC Conference?**

(3/3)

as a whole behind the scenes  
excellent. Well done to all involved  
and thank you!

- Soap box worked well for highlighting issues
- Suggest conference working group is made up of all LPCs on a rolling programme of a small working group (maybe alphabetically), so all have to contribute and design

## Operational delivery of IP Pathfinder. Ideas to make it the golden bullet of change in the sector and how can LPCs help?

0 2 2

(1/5)

- Free up the pharmacist with workforce and technology
- Request (/BEG) local practices who have ARRS underspend to consider recruiting and providing IP Pharmacists to provide the sessions on a commercial agreement
- Need to support with funding IPs to act as DPPs to support workforce development
- Hub and spoke at National level, techs running dispensing
- ( acutes) and collections, ACTs supervise and deliver 'traditional' pharmacy services, the only pharmacist seen is the IP doing sessions in the treatment room...
- LPC need to support contractors being able to access IPs so that they could work for one contractor in the am and another in the pm whilst they are able to up skill themselves
- We need to expand the workforce with attractive offers ie

## Operational delivery of IP Pathfinder. Ideas to make it the golden bullet of change in the sector and how can LPCs help?

0 2 2

(2/5)

- nurses or other HCP to work within our service provision
- Agree and work with ICBs on funding applications to WTE. Secure ICB lobbying for parity of resources
- Need 2 consultation rooms at least and 2 pharmacists at least Who's funding that
- Clinical checks only being completed at specific times of the day, broader use of accuracy checkers. This would need additional funding to ensure an ACT/ACD in each pharmacy and a change in patient mindset on availability of pharmacist.
- The answer is within our own knowledge and workforce - we need to learn from those running the service, learn as we go? Pharmacies running private IP clinics while also being a RP - are there any out there? Any learnings from these? Short sharp local contractor focus groups to gain insights from the front line.

## Operational delivery of IP Pathfinder. Ideas to make it the golden bullet of change in the sector and how can LPCs help?

0 2 2

(3/5)

- Utilisation of the whole team with delivery of services and suitable funding for them to do so as we did with covid vaccine national Protocol
- Funded training courses for pharmacy staff...eg disp to ACTs
- We need to enable us to back office control NBS to add our own appointments- not expect us all individually to purchase various systems
- ACTs. PMR systems allowing clinical checks without having to print tokens with all interactions etc popping up. Let the techs run the pharmacy. They are more than qualified!
- I think the key is more ACTs etc but this is only going to happen if we pay them a better wage
- Agree! Cannot run IP service on double cover, need to upskill our techs and teams to fundamentally change the way community pharmacy works to support prescribing.
- Are you any more likely to inc ACT

## Operational delivery of IP Pathfinder. Ideas to make it the golden bullet of change in the sector and how can LPCs help?

0 2 2

(4/5)

workforce to enable delivery as you describe?

- Enhance the skill mix and availability of other pharmacy team members - eg pharmacy technicians clinical assessment skills
- Utilisation of the skill mix within the team - up skill
- A register of IPs and also those able to support with the training and mentorship

so those interested have a go to place to apply and achieve the qualifications

- Mapping of IPs Support needed to IPs Operational logistics
- Identify IP's in their patch - Contractors , locums those in PCN's and GP practices. Work as a team with all involved
- Full flexibility at a local level for implementation to make it valuable to the ICS.
- National group sharing what's working well



## Operational delivery of IP Pathfinder. Ideas to make it the golden bullet of change in the sector and how can LPCs help?

0 2 2

(5/5)

and what's not working so well?

- IP based services cannot work in community without better IT, equity of access to training and (most importantly) coordination of Clinical supervisors for training.
- A shared patient budget to all IPs to get a prescription pad and deliver this valuable service
- Related services universally available
- Stop doing it on the cheap.

How can we all work together more effectively locally, regionally and nationally to maximise support for pharmacy workforce creating parity across primary care?

007

Positive engagement  
Training hubs, staffing pools able to move  
between  
One voice Workforce strategy  
Supportive United Resources  
Share local implementation  
Inclusive