

# Conference of LPC Representatives 2023



# Welcome

Sue Killen

Chair

Community Pharmacy England



# Today

- Digital copies of the agenda and papers available on Slido and via the QR code on your table. Key timings:
  - Comfort break at 11:50am- 12:10pm
  - Lunch at 1pm – 2pm
  - Close of Conference at 3:30pm
- Refreshment refills available throughout the day
- Other rooms available to us if you need to step out
- Slides from the sessions will be made available in the LPC area of our website afterwards
- If we can be of any help throughout today, ask a member of the Community Pharmacy England Team or email us [lpc.support@cpe.org.uk](mailto:lpc.support@cpe.org.uk)

# Conference of England LPC Representatives 2023

## Community Pharmacy England Team



**Janet Morrison**  
Chief Executive



**Mike Dent**  
Director of Pharmacy Funding



**Alastair Buxton**  
Director of NHS Services



**Gordon Hockey**  
Director, Legal



**Zoe Long**  
Director of Communications,  
Corporate and Public Affairs



**James Wood**  
Director of Member and LPC Support



**Daniel Ah-Thion**  
Community Pharmacy IT Policy Manager



**Sharlyn Beltran**  
Digital Communications and  
Policy Support Officer



**Shine Brownsell**  
Office Manager



**Daniel Fladvad**  
Member and LPC Engagement Officer



**George Foote**  
Public Affairs and Policy Manager



**Melinda Mabutt**  
Pharmacy Communications Manager



**David Onuoha**  
Service Development Manager



**Rosie Taylor**  
Head of Service Development



**Caline Umutesi**  
Service Development Officer



**Gabriele Vickers**  
Deputy Office Manager



# Conference of England LPC Representatives 2023

## Community Pharmacy England Committee Members



**David Broome**

Regional Representative  
Yorkshire and the Humber



**Peter Cattee**

Non-CCA Multiple Representative



**Ian Cubbin**

NPA Nominee



**Lindsey Fairbrother**

Regional Representative  
East and North Midlands



**Sami Hanna**

Regional Representative  
North East



**Jas Heer**

Regional Representative  
West Midlands



**Ifti Khan**

CCA Representative



**Sue Killen**

Chair



**Fin McCaul**

Regional Representative  
North West



**Beran Patel**

Regional Representative  
South London



**Prakash Patel**

Regional Representative  
North London



**Sian Retallick**

Independent Representative  
South West

# Discussion and participation

- We have built into the agenda various points to allow for conference floor discussion, breakout table-top discussions, questions sessions and informal networking.
- **Slido is being used for you to send in questions** for each item on the agenda and vote in polls
- In the **Q&A tab**, you can upvote/downvote the questions of others, reply to other delegates or send through your own. The **questions** sent via Slido will appear in the slides at the Q&A sections.
- When **Polls** are activated, you can vote or add your response and at the end of the conference provide feedback on the event.
- **Ideas for the soapbox session can be submitted via the 'ideas' tab in Slido** and the top there most popular will be selected



# Primary Care and Integrated Care Systems, what next for Community Pharmacy

Dr Claire Fuller

Medical Director for Primary Care, NHS England



# A Vision for Community Pharmacy



# A Vision for Community Pharmacy



# Reminder: The vision project

- Last year Community Pharmacy England commissioned Nuffield Trust and The King's Fund to develop a Vision for Community Pharmacy
- This was an extensive and collaborative piece of work – thank you for your input into the Steering Group, Advisory Panel, interviews and the two consultations
- The objective was to get an independent report to help us develop a new strategy for the sector as well as support our negotiations with Government
- The creation of a compelling vision and an effective strategy was a Pharmacy Representation Review Steering Group (RSG) recommendation and forms one of the workstreams of the Transforming Pharmacy Representation (TAPR) programme
- Report was published on 19th September

# The independent report



**Community pharmacies can become true innovators in healthcare over the next decade, subject to the right investment and support from Government and the NHS**

Sets out how the pharmacies of tomorrow will be thriving businesses, continuing with their core role as a key part of the medicines supply chain, while broadening the range of contracted and funded activities they undertake



Identifies a range of local and national actions needed – central to these are a sustainable funding package and engagement with other parts of the NHS

Describes how pharmacy teams will make best use of their professional skills, working ever more closely with colleagues across local healthcare networks





# Responses to the vision

- Community Pharmacy England and others in the sector support the direction of travel – we want a sustainably funded sector operating at the top of its capabilities
- Recognise the mix of views in the sector – with some wanting more ambition and others concerned about the many obstacles to overcome
- Clear that this vision cannot become reality without **more investment and support: the vision is a platform for further work, not an end point**
- Some LPCs already sharing with local stakeholders – and finding this useful
- Ministers, Shadow Health Team, wider MPs and NHS all aware of the report, and think tanks and other influencers interested

# Initial influencing work



- Influencing was ongoing throughout the project
- Parliamentary launch attended by influential MPs, Peers, policymakers, health charities, patient groups
- Written report shared with a very wide network of stakeholders and national press journalists
- Conservative Conference:** Select Committee MPs, patient groups and charities all backed the vision
- Labour Conference:** similar reaction, and engagement with Times Health Commission, more think tanks and local Councillors

# Local networks and the vision

- The vision report identifies a number of actions that are needed to get to the future imagined: some initial discussions on these and the barriers have already been held
- There are **11 actions directed at ICS leaders**
- These cover commissioning and contracting responsibilities, as well as workforce planning, training and system leadership
- Presents a huge opportunity for local conversations

**We have produced a range of initial resources to help LPCs with this, with the next step being to host an evening event for LPCs and ICS leaders to join**





# Next Steps: Strategic Objectives

- Alongside immediate negotiations, we are preparing for the next negotiations, on the 2024/25 contract, and beyond.
- Using the vision and views of pharmacy owners to help shape our asks.
- The General Election will come into play as will the ongoing constraints on public finances and NHS pressures.
- We are working with other healthcare professions to argue for increased investment in primary care as a whole.
- Committee are thinking strategically about how we make our case for investment using data, warning about the consequences of closures, positioning the sector as a solution, and more.



# Vision and strategy key to future

The sector is facing severe financial challenges and has had a punishing declining contractual settlement for the last 5 years

It is critical that we re-set the dial and start laying the foundations for the next contractual framework as soon as possible

Engaging with the political decision-makers at a high strategic level in terms that speak to their objectives and deliver solutions for the NHS

Setting out ambitious goals for what we can deliver will help us make the case for a better funding deal and sectoral sustainability

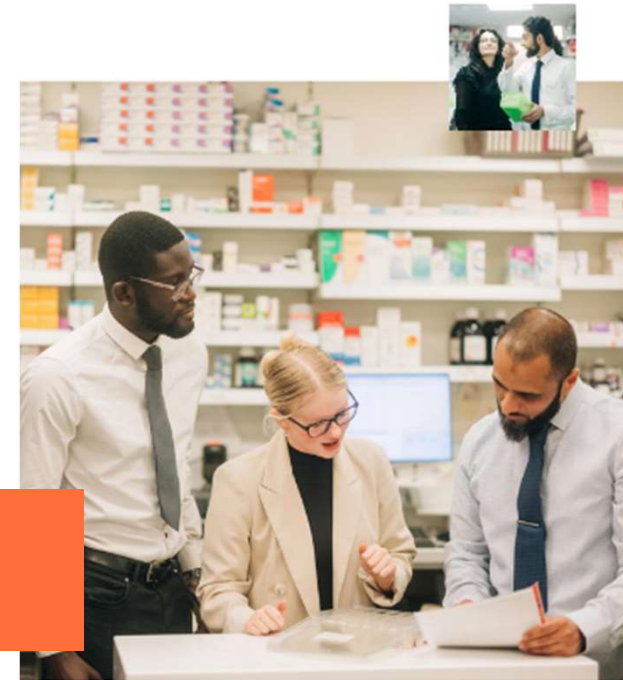
Demonstrating that we are forward thinking, ambitious and patient focused

Identifying our ambitions well before we get into the negotiation room where the mandate is already set under the dead hand of the Treasury



# Next Steps: Working Together

- Community Pharmacy England met in September and had a first discussion on our new strategy, thinking about the vision.
- Our public affairs work programme will continue to broaden our network of pharmacy advocates and look to take policy discussions forwards: we will need local input into this, and to tie it in with local activity.
- Vision to inform MP and manifesto briefings for all three political parties which we can all help to land.
- Strategy development is ongoing and today's discussions will feed into that and to further workplans.



# Discussion

On your tables, please consider the following questions.

1. Have you done anything with the vision locally so far – what has worked well, and what has been the reaction?
2. 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?
3. How should local Government be engaged – can they help us?
4. How should LPCs take forward the vision at a local level – can you identify specific ideas and actions?
5. What resources do LPCs need and how can they support national work to take forward elements of the vision?



# Discussion

## Practicalities:

1. Take some time for table introductions
2. Each table has a member of the Community Pharmacy England Team or Committee to take notes of the discussion
3. At the end we will ask for some feedback, please nominate someone to provide your key points
4. Discussion time runs until 11:40am



# Discussion

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# Feedback on the Vision for Community Pharmacy discussions

# Primary Care Recovery Plan – Digital Developments



England

# Digital Pharmacy

Delivery plan for recovering  
access to primary care

Charis Stacey,  
Assistant Director, Digital Primary Care



# Delivery Plan for Recovering Access to Primary Care



On 9th May 2023, NHS England and DHSC published the [Delivery Plan for recovering access to primary care](#).



The plan includes a commitment to:

- Commission community pharmacies to deliver a service for seven common conditions and enable the supply of NHS medicines for seven conditions.
- Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
- Invest to significantly improve the digital infrastructure between general practice and community pharmacy.

# Delivery Plan

Developing and delivering interoperable digital solutions between general practice and community pharmacy will:



Streamline referrals



Provide additional access to relevant clinical information from the GP record



Share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record

This aligns with digital workplan of Community Pharmacy IT Group (CP ITG) and Community Pharmacy England



## Navigation

### Outcome:

Efficient and effective signpost to local pharmacy services

### Impact:

Patients and healthcare providers can access clear solutions that will inform them which pharmacy delivers which services and they can refer or signpost accurately. Pharmacy contractors can easily access and update the services they deliver so they show to patients and healthcare professionals as required.

### Products:

Directory of Services, Service Finder, 111 Online, 111 Telephony, Profile Manager, NHS.uk



## NHS BSA APIs

### Outcome:

Automate data collection and reporting, and process payments to pharmacy contractors

### Impact:

Contractors are correctly reimbursed for the services they provide. The NHS and contractors have accurate activity data and accurate prescribing data, in particular antibiotic prescribing.

### Products:

Pharmacy Contraception Service API, Blood Pressure Check Service API and an updated CPCS API

API – Application Programming Interface



# Contraception Service- Tier 1

2,870 pharmacies had signed up for this service by **September 2023**.

▶ **249** pharmacies had completed **2555** consultations by **June 2023**.

▶ Data source: BSA MYS pharmacy submission

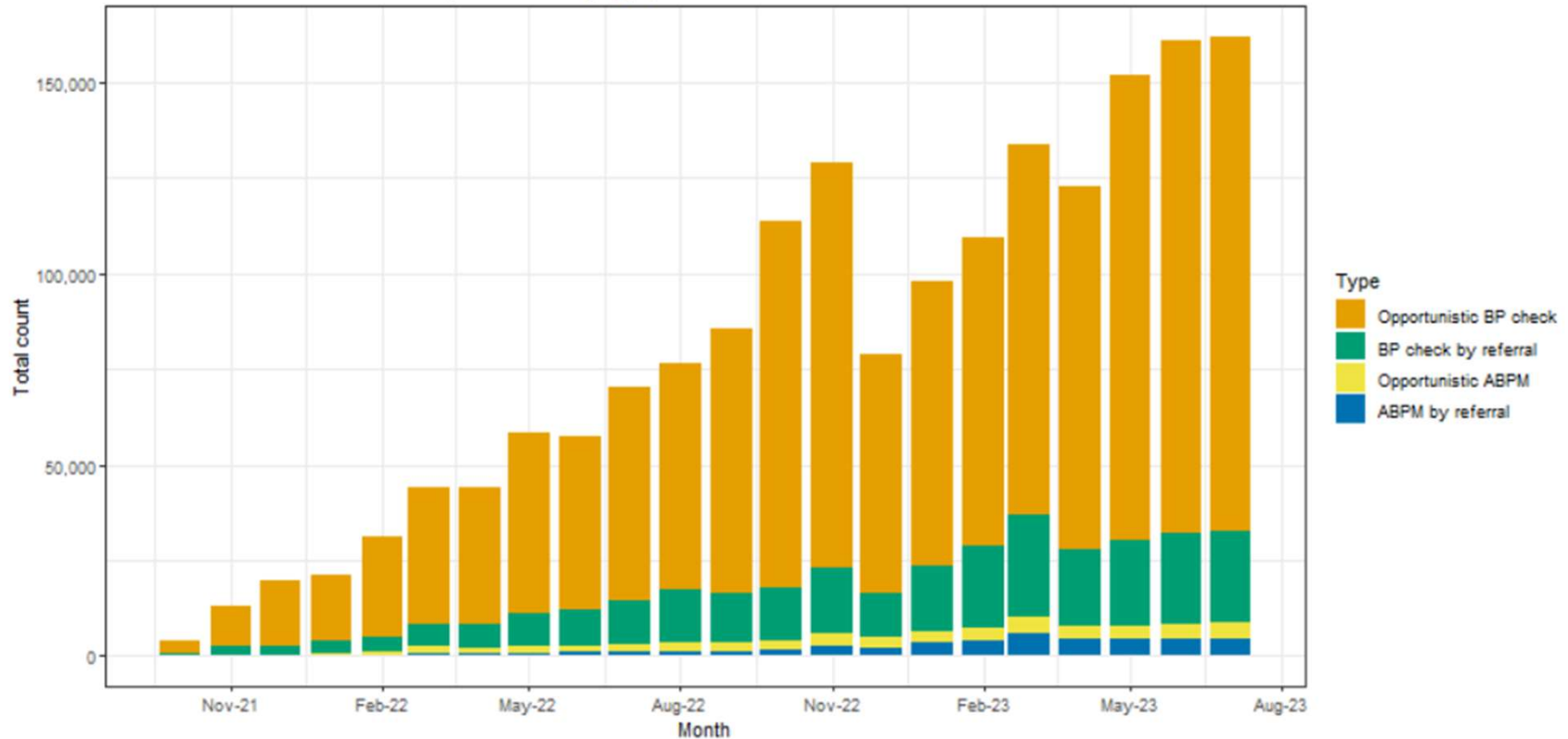
## Contraception Service – Tier 2 pilot

- **Pharmacists** were positive about their experiences. They described: increased job satisfaction; development of clinical knowledge; increased footfall; and increased numbers of service users attending the pharmacy, therefore building their reputation in the local community.
- **Service Users:** 67% of respondents (n=4) had attempted to access contraception via their GP or SHC before seeing their pharmacist. *'When I found out about the service, I was so relieved because I've really struggled to get my pills from the GP. So getting it from the pharmacy and not having to stress about making appointments is brilliant.'*
- 83% of respondents (n=5) were satisfied that all their questions about the contraceptive pill were answered. *'She did all the checks that the GP would normally do and asked all the same questions that the GP would ask.'*
- All respondents reported that they felt comfortable discussing the pill with their pharmacist. *'[Pharmacists] study the formulations, they know everything, all the side effects...So yes, I see no issue with them giving it out.'*

# BP Check Service

- **7,456** pharmacies had delivered **1,786,071** checks (including both BP and ABPM, total patients: **1,755,820**) by **July 2023** since service launch on 1 October 2021.
- At national level, **45%** of all checks were completed by pharmacies located within 30% most deprived areas.

National total number of checks (breakdown by type)



# MYS CPCF API Progress Update

## New Medicine Service (NMS)

**Status:** Engaging with eligible suppliers

**Completion of supplier assurance:** November 2023

**API go-live for contractors:** 1st December 2023 (optional use)

## Discharge Medicine Service (DMS)

**Status:** Engaging with suppliers

**Completion of supplier assurance:** January 2024

**API go-live for contractors:** 1st February 2024

## Smoking Cessation Service (SCS)

**Status:** Live with assured suppliers

**Completion of supplier assurance on updated service:** February 2024

**API go-live for contractors for updated service:** 1st March 2024



## Referrals

### Outcome:

Digital referrals from general practice to community pharmacy for CPCS will appear in the workflow in the clinical services systems

### Impact:

Pharmacists will not need to check NHSmail to receive CPCS referrals from GPs. Referral information is recorded consistently, supporting clinical decision-making. Take less time to receive each referral and shorter waiting times for patients.

### Project:

Booking and Referral Standard (BaRS API)



## Access to clinical information

### Outcome:

Access to additional clinical information in the patients GP record.

### Impact:

Pharmacists will have information to enable them to provide more complex clinical services. Pharmacy professionals will work to their full scope of practice. Increase capacity for patients to receive care in community pharmacies.

### Projects:

GP Connect Access Record: Structured and GP Connect Access Record: HTML



## Update GP record

### Outcome:

Send structured clinical information back to the practice workflow which will update the patient GP record following a pharmacy consultation. Initially they will need to accept the update, with the plan it will auto-ingest.

### Impact:

Reduce the need for practice staff to transcribe information in the patient record. Improve staff satisfaction and reduce administrative burden.

### Project:

GP Connect Structured: Update Record via ITK message with plan to use API



## Digital Services for Integrated Care

### Outcome:

Marketplace for pharmacy buyers where they have a choice of assured IT suppliers

### Impact:

Level up suppliers so a solution can provide more functionality to support clinical services. Drive up the quality of systems available. Increase competition and choice.

### Project:

Digital Services for Integrated Care Catalogue for community pharmacy



## Other Electronic Health Record developments

### Outcome:

LPC and CP ITG pharmacy representatives fed back at the December 2022 pharmacy records summit event a need to pursue progress towards an environment in which pharmacy professionals can easily view and update an integrated records system. Additional workstreams are progressing recognizing there are a number of stepping stone developments needed before full integration is achieved.

### Developments:

- The transition from SCRa portal to the National Care Records Service (NCRS) portal
- An NCRS proof of concept from December to check that NCRS can pull info via GP Connect
- Continued maturity with Shared Care Record systems and portals.
- System suppliers establishing routes towards greater integration with GP Connect.

## Nationally we have:

1. Worked with six GP and CP suppliers (assured CPCS solution) to coordinate supplier roadmaps, from assurance through to first of type roll-out:
  - Published Tech Specifications and GP IT Roadmap items
  - Finalised Minimal Viable Product to support the launch of the new seven common conditions service
  - Initiated discovery to understand referral pathway from GP to CP for BP and OC referrals and user needs when there is a need to request a for action/ follow up for the GP required post a consultation
2. Established a working group with regional colleagues to support local business change and implementation
3. Published draft national Standards and Capabilities for Community Pharmacy suppliers delivering digital solutions for CPCS, BP and OC services. Announced a Roadmap Award to incentivise and support CP suppliers to accelerate digital development

## We are continuing to lead delivery:

1. Path to Live - integrating end to end service offer for contractors
2. Developing implementation plans to scale the use of integrated digitally enabled pathways and support channel shift of appointments
3. Automating the pathway between NHS Profile Manager and DoS for the Blood Pressure Checks and the Pharmacy Contraception services and create profiles and a 111Online referral pathway for the service to support the seven common conditions
4. Finalising the Digital Services for Integrated Care for Community Pharmacy which will set the standards for digital solutions for the sector and create a more vibrant supplier market for contractors

# Pharmacy Show – Technology Theatre

<b>Sunday 15 October</b>	
Digital Pharmacy and the Primary Care Access Recovery Plan - Introduction	10:05 - 10:35
Booking and Referral Standard, GP to Pharmacy and future potential	12:05 - 12:35
GP Connect, Access and Update Record for Pharmacy Interactions	14:05 - 14:35
Navigating Patients to support the Primary Care Access Recovery Plan programme	16:05 - 16:35
NHS BSA, Payment and Data APIs to support the Primary Care Access Recovery Plan programme	16:45 - 17:15
Digital Pharmacy and the Primary Care Access Recovery Plan – Wrap up	17:25 - 17:55
<b>Monday 16 October</b>	
Digital technology in pharmacy: The next three years and beyond	10:45 - 11.15



# Questions

# Soapbox

# Soapbox 1

## Topic

- Operational delivery of IP Pathfinder. Use of the team, booking in patients and managing time. Ideas to make it the golden bullet of change in the sector.

## LPC Representative(s)

- Richard Brown, Chief Officer, Community Pharmacy Avon

# Soapbox 2

## Topic

- Community pharmacy is in a workforce crisis. How can we all work together more effectively locally, regionally and nationally to maximise support for pharmacy workforce creating parity across primary care?

## LPC Representative(s)

- Helen Musson, Chief Officer, Community Pharmacy Hertfordshire

# Soapbox 3

## Topic

- With regards services like CPCS, GPCPCS, Common Ailments Service we need to push for WALK IN service ( as well as referrals). Just daft to send patients to GPs for them.to be referred to CPs to access any of these services. Think of the patients

## LPC Representative(s)

- CJ Patel, Community Pharmacy South West London

# Governance Review

**VICTORIA FINNEY**

victoriafinney@outlook.com  
07753 603198  
*Victoria James trading as Victoria Finney*



# Annual Conference of LPC Representatives

## Governance Review

12 OCTOBER 2023



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# Today

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- ◀ Update you on the Governance Review being undertaken at CPE
- ◀ Seek your feedback and support on two key elements:
  - ◀ Governance Framework
  - ◀ Code of Conduct



# Governance Review Update

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# Governance Review

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- Independent governance consultant supporting the delivery: brings experience across private and public sector, including membership organisations
- Takes RSG recommendations as starting point and draws on Wright findings
- Key areas of focus:
  - What good governance looks like and principles that should govern ways of working for CPE and CPL
  - The culture and behaviours, structures, ways of working and arrangements needed to support accountability, strategic oversight and effective decision-making for CPE
  - Discussion of relevance of these to LPCs, and agreeing approach for LPC adoption
- Aim:
  - To develop a framework for effective governance that enables CPE and CPL to achieve their purpose and supports closer working in the long-term best interest of community pharmacy in England
  - To establish consistent governance approach for CPE and CPL where possible, while recognising distinct and separate entities

# 9 RSG governance recommendations outstanding

## 6 relating to CPE governance:

- 4. Update policy and advisory subcommittees at PSNC to include the ability to hear from external (non-contractor) policy groups, experts and working groups when needed.
- 5. Develop a transformation plan to implement an overall governance framework that incorporates good practice (in parallel to constitutional and rule changes). Publish progress reports to the sector.
- 6. Introduce immediate additional external independence into the governance structures at PSNC, including through an external independent member of the Review and Audit Panel.
- 17. Retain existing negotiating team functions but seek to better define executive and non-executive (contractor) roles more clearly.
- 28. Build in systems to allow PSNC subcommittees to hear from wider contractor voices (such as on rural issues, DSPs) including working groups when required and cross-sector policy groups, that can help to inform policy and decision making.
- 29. Better define the role of PSNC Members to include clear standards for how Committee Members will engage with contractors and the wider sector.

## 3 relating to overarching CPE and LPC governance:

- 3. Introduce a new Governance Subcommittee to help set a governance framework for national and local organisations – this will sit alongside PSNC’s working subcommittees, with membership drawn from PSNC and LPCs.
- 7. Deliver improvements in oversight, internal processes and external transparency, through a governance framework to include: a code of conduct for all members, local and national Key Performance Indicators, and expectations regarding transparency and communication.
- 8. Build in a review of implementation of the overall proposals after 1-2 years to evaluate effectiveness and determine appetite in the sector for further changes.

AND

- (Organising pharmacy representation (RSG recommendation 1) also has remaining issues to be resolved.)

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# Approach

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- ◀ Consultation and engagement since April, iterative process, ensuring that the outputs meet CPE/CPL needs while reflecting good governance principles
- ◀ Both CPE Committee and LPC input
- ◀ Steering group established to support the Review includes LPC representatives
- ◀ Also engagement with LPC chief officers and chairs on proposals
  
- ◀ Plan to complete most work by late 2023

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# Outputs

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- ◀ New Governance Framework for CPE and CPL
- ◀ Revised Code of Conduct for CPE and CPL
- ◀ Governance arrangements for CPE:
  - ◀ New governance and advisory structure, with terms of reference for all groups
  - ◀ Scheme of Delegation for CPE defining Committee v management responsibilities
  - ◀ Revised CPE Constitution and Rules, including enabling wider involvement/input from contractors and other experts
  - ◀ Role descriptions and supporting member materials (declarations, policies, etc)
- ◀ Future adaptation of CPE resources for CPL where relevant
- ◀ Following completion of CPE strategy work, agreement of strategic objectives and reporting framework
- ◀ Implementation plan for transition, and plan for future review

# Outputs for CPL

## For direct adoption, shared with Community Pharmacy England:

- Governance Framework
- Code of Conduct
- Strategic objectives (following completion of CPE Strategy Review)

## For future adaptation to LPCs – part of 2024/25 support:

- Role descriptions for LPC officers
- Committee effectiveness survey
- Committee member skills audit
- Scheme of delegation
- Template terms of reference for subcommittees
- On-boarding documentation (committee members) and wrap around policies

# Governance Framework and Code of Conduct

## Development process

- ◀ CPE Committee engagement through programme of work (April-July)
- ◀ Steering Group review and development (June-August)
- ◀ LPCs via Chief Officers (CLOT) and asked committees to review and feedback (July-September)
- ◀ CPE Committee reviewed and gave in principle approval for the Governance Framework and Code of Conduct (September)
- ◀ CPL Chairs were briefed and agreed the approach of bringing these to you today (September)
- ◀ Today: seeking feedback and support



# Governance Framework: context and overview

- ◀ Aim: Consistent governance framework for CPE and CPL in line with RSG recommendation
- ◀ Purpose: A set of high-level principles relevant to every Committee, with further detail on how these work in practice set out in each organisation's own governance documentation
- ◀ Address themes identified by RSG/Wright: clear and distinct roles, openness, trust, accountability, stakeholder engagement
- ◀ Content and approach is consistent with the governance frameworks adopted by most sectors and organisations, including the UK Corporate Governance Code, NHS etc

# Governance Framework: Structure and key aspects

## ◀ Section 1. Leadership

- ◀ Committee role in providing leadership including determining strategy, agreeing plans to deliver it, and monitoring and reporting performance
- ◀ Effective stakeholder engagement
- ◀ Ensuring appropriate policies and procedures are in place in line with statutory requirements

## ◀ Section 2. Division of Responsibilities

- ◀ Duty to reach and own collective decisions
- ◀ Clear division of responsibilities: committee/executive, and governance/advisory

## ◀ Section 3. People: composition, succession, evaluation, compensation, evaluation

- ◀ Appointments subject to transparent process with objective criteria
- ◀ Forward planning – sharing skills, and creating environment to encourage future pipeline

## ◀ Section 4. Audit, Risk and Internal Control

- ◀ Duty to ensure the integrity of organisational systems, processes and information, including risk management

## Code of Conduct: context and overview

- ◀ Aim: Consistent set of values and behaviours for CPE and CPL Committee members
- ◀ Purpose: Revised Code of Conduct sets out the values and behaviours along with expectations of members in terms of supporting these
- ◀ Includes mechanism for enforcing these/addressing breaches at CPE and each CPL (with advice and support from CPE as necessary)
- ◀ If approved, recognised benefit of supporting the launch of the Code, eg training on how to call out bad behaviour, advice on how to deal with abuse received via external channels

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## Code of Conduct: Values and Behaviours

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**Transparent**      **Listen**      **Confidentiality**

**Challenging**      **Accountable**      **Honest**

**Tenacious**      **Assertive**      **Engaged**      **Present**

**Curious**      **Open**      **Ambitious**      **Integrity**

**Respectful**      **Collaborative**      **Speak up**

**Resilient**      **Inclusive**      **United**

**Collective responsibility**      **Innovative**

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## Next steps if supported

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- ◀ November: CPE Committee formal approval of both documents
- ◀ Early 2024: CPE working with CPL for individual LPCs to consider and then adopt both documents
- ◀ 2024: Working with you to adapt other CPE governance review resources for CPL

# Feedback and Questions

# Can you get behind the Governance Framework and Code of Conduct?



# Community Pharmacy England Update





# LPC Conference

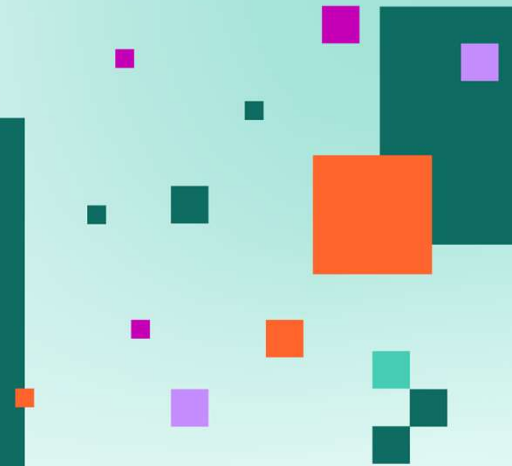
Janet Morrison - CEO



# My goal is to help support you frame your CPL's work

1. Understanding Current pressures
2. Negotiations update and impacts locally
3. Preparing for the next contractual framework period
4. Future Vision for Community Pharmacy and how we can use it nationally and locally to influence
5. Questions

Current pressures  
are unprecedented

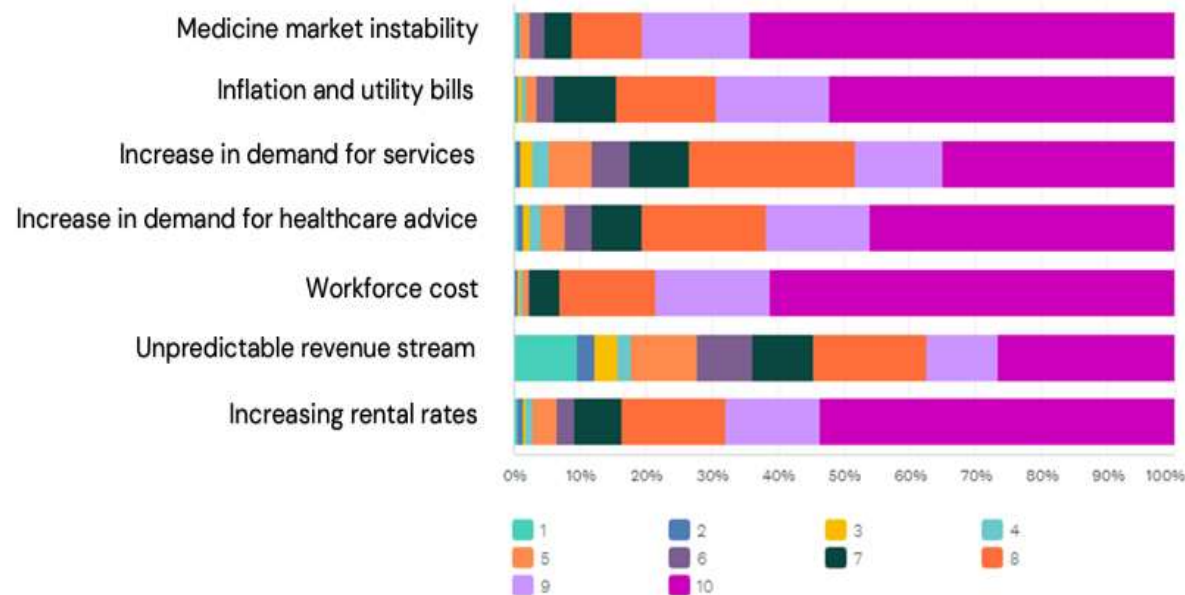


# The severity of the current crisis

- The impact of systematic cuts of 30% in real terms over the past 7 years
- Funding gap of £1,248m
- Growing prescribing volume
- Demand from patients
- Dispensing at a loss
- Workforce shortages and rising costs
- Inflationary pressures
- Consolidation and sales in the pharmacy multiples
- Imminent administration, cashflow and credit issues, collapse and closures
- Impacting communities and patients
- Even the Government, NHSE, ICSs , PCNs and GPs have noticed and are concerned

# The impact of these pressures

- Polling in July found:
  - 70% of pharmacy owners are having issues financing their business
  - 83% report care they provide their patients has been negatively affected
  - Biggest financial pressures:



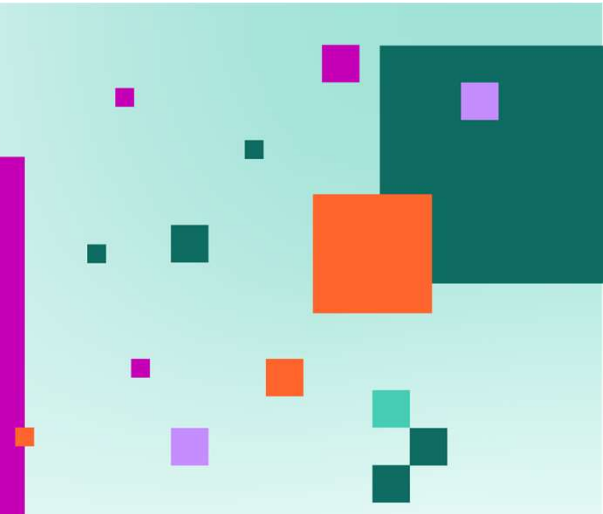
# Dispensing at a loss and Price Concessions

- The current market continues to experience serious shocks in drug pricing and supply.
- Our role is to collect data from pharmacy owners to submit to DHSC for concessions – some are accepted, some imposed at different rates we dispute, some rejected.
- Last year we drove a six-month review of the concessions system with DHSC which resulted in some clear improvements to the price concessions system including:
  - removing discount deduction from concession products
  - allowing a roll-forward of late month concessions
  - a retrospective correction mechanism
- There are significant long term issues about how the drug supply market operates:
  - Manufacturers reluctant to supply the UK market as prices for generics are so low
  - Combining with sudden peaks in demand
  - And the ongoing growth in prescribing volume
- Prices affect contractors very differently depending on their purchasing mix, discounts and which wholesaler they use – there are winners and losers
- All price concessions therefore impact on margin – and potential over-delivery (which is then clawed back)
- Raising longer term questions about our role in medicine procurement and the margin allowance in the CPCF

# But there is rising awareness of community pharmacy politically

- Higher impact influencing has grown the number and voice of our advocates in Parliament and relationships across Government and the NHS
- And we have built strong relationships with other players in the primary care system
- With increased coverage in the media, in debates and through our Save Our Pharmacies Campaign
- The pressures were partially recognised in the £100m write of excess margin last year and re-negotiation of Year 5
- The Sunak Government seeking solutions in a crisis-stricken NHS devoid of many have seized on CP as part of the Primary Care Recovery Plan in response to long term challenges in GP access

# Negotiations on the Recovery Plan





# Primary Care Delivery Plan – a reminder

## Placing Community Pharmacy at the heart of primary care

The Delivery plan for recovering access to primary care committed funding of up to £645 million over the remainder of this year and next year to support:

- **A common conditions service** (seven conditions)
- Expansion of the **NHS Pharmacy Contraception Service** and the **NHS Community Pharmacy Blood Pressure Checks Service**
- Supporting improvements to the **current digital infrastructure**

1. sinusitis
2. sore throat
3. earache
4. infected insect bite
5. impetigo
6. shingles
7. uncomplicated UTI in women

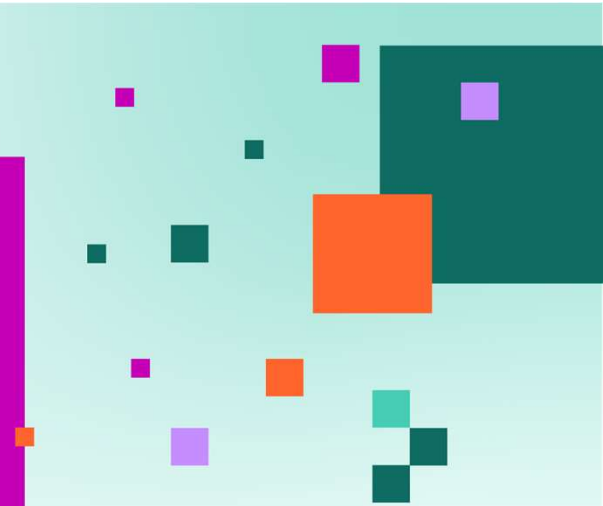
# Key negotiating issues

- The negotiations are more complex than usual, with more active stakeholders on the government side
- For example, there are workstreams on clinical pathways led by NHSE reporting to the Chief Medical Officer and Digital development led by NHSE with IT providers (+CPITG)
- Key is the way to get funding on the right terms to provide core capacity and a fair structure of payments – that work now and in the future
- Relationship between these new and enhanced services and the current contract
- How the scheme is marketed to the public and potential demand
- How to monitor and manage delivery

# Where we need to get to

- We remain committed to reaching a conclusion quickly so that additional funding can be released as soon as possible
- From our July opinion poll of pharmacy owners, we know there is pressure to access the funding and appetite to provide new services – 86% of respondents to our opinion poll reported that they were positive about providing a Common Conditions type service
- Committee very mindful of all of this, and of the ongoing impossible situation for pharmacy owners
- We will need to support LPCs considering the impact on existing locally commissioned Minor Ailments services

# Preparing for the next CPCF negotiations



# Evaluating the building blocks for the contract

## Economics and value

- NHSE Economic review
- Economic and social value /ROI

## Inflationary provision

- Rising baseline and inflationary uplift
- Fee rates
- Alternatives to caps

## Alternative funding mechanisms

- Establishment or core costs
- Shared incentives for services
- Simplification of payment mechanisms

## Margin

- Review of drugs supply chain, margin and reimbursement system
- Enhance margin provision
- Benefit sharing

# CPCF 2024/25

- Alongside the immediate negotiations, we are preparing for the next round of negotiations, on the 2024/25 contract – after the 5-year deal ends – and given the constraints until 2025 placed on Government finances by the Spending Review.
- We have heard from hundreds of pharmacy owners (covering thousands of premises) via our recent opinion polls, to help shape our asks.
- We will be asking for an uplift to the baseline contract sum, new funding for increased volumes of existing services and an uplift to allowed margin, using data to support all of this.

# CPCF 2024/25

- But even with this data these will not be easy asks given the constraints on public spending and the state of the wider NHS
- The General Election will also come into a play bringing a purdah period and any new Labour Government will be focused on showing its fiscal credibility
- GP negotiators believe no new money is coming – we are working with them and others to argue for increased investment in primary care as a whole
- Committee are thinking strategically about how we make our case for investment using data, warning about the consequences of closures, positioning the sector as a solution, and more

# Laying the groundwork for the next CPCF

To enable evolution of the CPCF and of community pharmacy as a valued part of integrated primary care that delivers solutions for patients

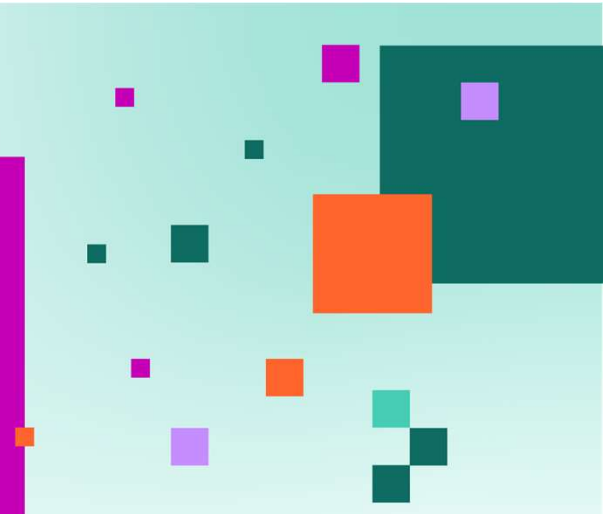
Including a re-think of how we are funded and can plan for future sustainability

Vision and Strategic options project with the King's Fund and Nuffield Trust – independence, objectivity, ambition, challenge, influence – noted in the Access Recovery Plan

Influencing a shared strategic vision with NHSE and DHSC



# A Vision for Community Pharmacy



# A vote of confidence in CP

- **Community pharmacies can become true innovators in healthcare over the next decade, subject to the right investment and support from Government and the NHS**
- Sets out how the pharmacies of tomorrow will be thriving businesses, continuing with their core role as a key part of the medicines supply chain, while broadening the range of contracted and funded activities they undertake
- Describes how pharmacy teams will make best use of their professional skills, working ever more closely with colleagues across local healthcare networks
- Identifies a range of actions needed to achieve their vision – central to these are a sustainable funding package and engagement with other parts of the health service

# Our response

- Support the direction of travel – pharmacy has so much to offer and we all want a sustainably funded pharmacy sector operating at the top of its capabilities
- It offers a solution to some real NHS challenges in frontline services – both in national and local commissioning
- Upon which a case for investment can be built
- Need to influence effectively more than ever and build alliances – parliamentary launch, party conferences, manifestos
- Vision helps us to persuade policymakers of the way ahead and inform the development of Primary Care Strategies



# Questions and Feedback