

Minutes of the LPC and Contractor Support Subcommittee

Date: Friday 15th September 2023

Start time: 12:00pm

Location: Zoom

Members of LCS present: Ifti Khan (Chair), Niam McMillan, Jay Patel, Sian Retallick

In attendance: Fin McCaul, Stephen Thomas, Adrian Price

Sharlyn Beltran, Mike Dent, Daniel Fladvad, Gordon Hockey, Melinda Mabbutt, James Wood.

Apologies: Beran Patel

Conflicts of interest: None received.

Minutes of the last meeting: The minutes from the last meeting held on Thursday 13th July 2023 were approved.

Actions and Matters arising:

There were no matters arising. Updates on actions were given and had all been completed.

Item 1: Provider Company Mapping

- 1.1 James briefed the subcommittee on the progress made on mapping provider companies in England. The mapping exercise is the first of three stages in implementing proposal number 37 of the Review Steering Group (RSG): Ensure every LPC has access to the existing network of provider companies if needed locally. James reported that had responses from 37 out of 58 LPCs, 19 of which has access to a provider company. So far, we had identified 6 unique and active provider companies, covering London, Midlands, North East, parts of Yorkshire and Humber and parts of the South West.

- 1.2 The next steps in implementing proposal number 37 from the RSG will consist of finishing the mapping exercise and to create a final list of provider companies in England, identify gaps in provider company services supply in LPCs and regions and facilitate support for LPCs where needed. Additionally, we will help pharmacy owners and LPCs understand the existing network of provider companies and their key features such as usage of model articles.
- 1.3 The subcommittee discussed ways to enhance engagement from LPCs we have not yet heard back from. It was concluded that LPC engagement will be facilitated through reaching out to respective regional representatives and Chief Officer directly.
- 1.4 There was a discussion about alternative models to provider companies, such as Community Pharmacy West Yorkshire. Albeit the West Yorkshire case is a unique example. James updated the subcommittee on work with NHS England to promote the use of Local Enhanced Service and National Enhanced Service commissioning as an alternative to provider companies.
- 1.5 Further discussions focused on the financial relationship between LPCs and their associated provider companies. Previously, some provider companies have received funds from LPCs and loans have been repaid. The subcommittee requested further information on this where possible with future analysis.

ACTION 1: COMPLETE THE ANALYSIS OF PROVIDER COMPANIES IN ENGLAND.

Item 2: IP Pathfinder Developments

- 2.1 The subcommittee was briefed on recent developments relating to the Independent Prescriber (IP) Pathfinder pilot. The overall aim for NHS England is to establish a framework for future commissioning of clinical services incorporating independent prescribing.
- 2.2 Details of the Independent Prescribing Pathfinder Programme have been shared with LPCs in England, via the NHS England Regional Pharmacy Integration Leads. This includes the commissioning arrangements via Local Enhanced Service route and further information of site allocation and funding.
- 2.3 Several issues had been reported by LPC including the approach to commissioning and negotiation, premises requirements, funding for sessional time and set-up costs and other terms. Two meetings of the Community Pharmacy England and LPC Operations Team

(CLOT) had been devoted to discussing issues and solutions, including with Anne Joshua from the Pharmacy Integration Programme.

2.4 [Redacted]

2.5 The subcommittee discussed issues surrounding the IP Pathfinder programme. LPCs were being supported with an information sharing repository to help with negotiations around the LES at a local level. It was agreed to make clear the arrangements for the programme to pharmacy owners in Community Pharmacy England communications.

Item 3: LPC Rebrand Support

3.1 The rebrand package has now been expanded. It now includes standardised annual report templates, service/other report templates and stock photography. As of 15th September, 38 out of 55 LPCs have adopted the new brand.

3.2 The subcommittee discussed the progress with uptake of the new LPC brand. It was noted that some LPCs are hesitant to adopting the new brand due to sentiments towards their initial brand being more impactful.

3.3 The subcommittee went on to discuss regional groupings and their application of the new brand. So far 2 regional groupings are making use of the new brand, under a stricter brand use agreement. The subcommittee reflected upon the advantages and concerns of regional groupings also applying the new brand. As part of the advantages, it was reported that applying the branding for London aided them in interacting effectively with the mayor of London, being perceived as a professionalised and unified entity. The concerns raised were focused on the rights of using the new branding. Specifically, these concerns addressed the possibility that ad-hoc groupings can take on the new brand and cause further unintended consequences. The subcommittee agreed to address the concerns raised. This means to enhance clear guidelines on usage of brand from regional groupings and communicate a clear narrative about the intentions of the new brand.

Item 4: LPC TAPR Progress Report

4.1 The subcommittee noted the status of progress made on the TAPR Programme.

Item 5: LPC Finance

- 5.1 The subcommittee were provided with an update on LPC finance and after a discussion at the last RDF. Following the update, the subcommittee proceeded to discussing how the LPCs can best manage their financial reserves. It was suggested that a set of guidelines should be provided the LPCs to ensure coherent financial management across LPCs in England. From before, Community Pharmacy England's auditors have fed in information on how LPCs should account for non-mutual trading-income. This information will be updated.

ACTION 2: REVISIT RESERVES INFORMATION FOR LPCS IN ENGLAND

Item 6: Any Other Business

- 6.1 The subcommittee was briefed about an increasing rate of ICB incident reporting. Information will be provided to pharmacy owners as to how they confront this negative trend.

Date of next meeting: At/around the November 2023 committee meeting.

Appendix 02/02/2024

Action Log

Ref and date	Description	Status	Commentary
01-09/23	Complete the analysis of provider companies in England	Completed	Information published for LPCs in the LPC members' area
02-09/23	Revisit financial reserves information for LPCs in England	Completed	On the agenda for LCS February 2024

Conference of LPC Representatives 2023

Introduction

The 2023 Conference of LPC Representatives was held on 13th October 2023 and marked an important event following the launch of a 'Vision for Community Pharmacy' and the changes in the LPC network, including the rebrand of LPCs to Community Pharmacy <Local>.

In total, more than 110 LPC representatives met in London, representing 50 out of 55 LPCs. Additionally, LPC representatives were joined by representatives from Community Pharmacy England.

Meeting sessions

The conference discussed a range of issues facing the sector. Community Pharmacy England CEO, Janet Morrison, gave an update about the current negotiations for the Community Pharmacy Contractual Framework 2024/25. Assistant Director of Digitising Primary Care – NHSE Transformation Directorate, Charis Stacey, talked about digital developments relative to the Primary Care Recovery Plan.

Governance Consultant, Victoria Finney, briefed delegates about the new draft Governance Framework and Code of Conduct for Community Pharmacy England and LPCs. Similar to last year, this year's conference also held a Soapbox session. Lastly, LPC representatives engaged in group discussions and had the opportunity to ask questions to the Leadership Team.

In the link below you can find links to the agenda and conference papers, slide deck and Slido report:

- [Agenda and Conference Papers](#)
- [Slide deck](#)
- [Slido report](#)

Soapbox

Similar to last year, the 2023 LPC Representative Conference held a Soapbox session. This section of the agenda gave participants an opportunity to feed in topics that didn't make it on to the main agenda. The 3 most popular contributions were then elaborated on-stage:

1. Community Pharmacy is in a workforce crisis – how can we all work together more effectively at all geographical levels to maximise support for pharmacy workforce, creating parity across primary care?
2. Operational delivery of IP Pathfinder – exploring operational aspects to support the pharmacies to make the pilot services a success.
3. Push for walk in (rather than referrals) for future services like Pharmacy First .

Wider Participant Engagement

Throughout the event, attendees could participate and engage with each other through group discussions, Q&A with the Community Pharmacy England Team, Slido polls and further commentary functions on the Slido platform.

Group discussions

LPC Representatives discussed key aspects of the Vision and the way forward in terms of implementing it. There were many robust points mentioned. Below is a summary of the key points raised. A full read out of the notes can be accessed [here](#).

Group Discussion Highlights

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

- Highlighted the need for LPCs to understand the Vision report first.
- Initial reactions indicate that the Vision report has not been fully digested yet, but it has been flagged to key stakeholders and local leaders.
- Several attendees mentioned they were already implementing action points from the Vision before its official launch.
- Mixed response from local MPs, with no response from some, indicating a need for more engagement.
- Some negativity observed regarding why the ICSs have all the actions.
- Several LPCs have introduced the Vision to local ICS' with a positive initial reaction.
- While well presented, nothing exceptionally new in the report.
- Emphasis on the need for a long-term approach.
- Positive feedback on the summary of the Vision and the use of animations.
- Some LPCs have shared the Vision documents and strategies for local sharing.
- Specific example from Lincolnshire about sharing Vision information and collaborating with a local university on a wellbeing service.

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?

- Local systems are currently reactive and focused on existing pressures.
- Clarity needed that it is a 10-year plan and not all resources must be available immediately. Concerns about the feasibility of communicating the entire plan at once.
- Worries about community pharmacies being pushed onto ICS without sufficient resources.
- Recognition of structural inequalities among LPCs and ICBs of different sizes.
- Suggestions to involve ICS's in wider targets such as lobbying efforts and infrastructure.
- Consider stimulating innovation among contractors for quick wins.
- Suggestion for CPE to provide LPCs with a checklist for available resources and tracking actions.
- Challenges with merged LPCs still working independently instead of collaboratively.
- The importance of closer working relationships with LRCs and LMCs.
- Concerns about funding and resources due to recent changes in the levy.
- Acknowledgment of weak relationships between GPs and Community Pharmacies, emphasizing the need for improvement. Often a GP focused approach by ICBs.
- The importance of a bottom-up approach to building constructive GP-pharmacy relationships.
- Tensions arising from the battle for service provision, such as flu jabs and CPCS.
- Positive progress in London and within regional taskforces, although it can be slow.
- The effectiveness of Pharmacy London in facilitating collaboration.
- The challenge of change taking 3–5 years, potentially conflicting with NHS reforms.
- Emerging closer collaboration between Public Health and ICBs.
- Limited focus on patient experience at the local level due to constraints.
- Issues noted with the smoking cessation service and lack of trust referrals.
- The need to connect the asks in the Vision to Fuller action.
- Recognition that some are starting to see Primary Care as an essential tool for engagement.

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

- Engagement with Local Government – Concerns regarding the integration of public health services and the influence of external companies that have won tenders in sector conversations
- Challenges in Engaging Local Officials – Concerns raised about attitudes and motivation of local officials to engage with Community Pharmacy interests. LPCs should interact with local officials in the same way they engage with MPs.
- Consensus that local councillors have more power and influence than previously assumed.
- Collaborating with LMC for primary care service commissioning provides a stronger position.
- The government could help change the perception of pharmacies, emphasizing their role in delivering clinical services alongside medicine collection.

- Key partners for engagement – Healthwatch and the PNA group were identified as key partners. Polling patient experience was seen as an effective way to send a strong message.
- It was noted that patient-led pressure can have more impact than MPs.
- MP visits were seen as important opportunities for engagement, as they can listen and ask questions. MPs may be swamped, but engagement is crucial to maintain or establish relationships.
- Suggested potential engagement with Directors of Public Health, Health and Wellbeing Boards (HWPB), and scrutiny committees to brief them on the vision.

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

- Enhance collaboration through regular meetings and forums for healthcare providers, standardised communication protocols, systems to facilitate data exchange and joint training and education programmes to foster interdisciplinary collaboration.
- Streamline processes through identifying and eliminating redundant administrative processes that hinder efficiency, develop shared electronic health records and information systems for seamless patient care and establish clear referral pathways and guidelines to facilitate patient transitions between providers.
- Create incentives and recognition programs for healthcare providers who actively participate in collaboration efforts. Implement shared quality metrics and outcome measures to assess and reward successful collaboration.
- Strengthen inter-organisation governance through developing clear agreements and protocols for decision-making and dispute resolution and promoting a culture of shared leadership and responsibility for collaborative efforts.
- Explore telemedicine and remote monitoring solutions for coordinated care.
- Ensure data security and privacy measures when sharing patient information.
- Establish mechanisms for ongoing assessment and feedback to identify areas for improvement.
- Encourage a culture of continuous learning and adaptability among healthcare providers.
- Foster research and development collaborations for innovative healthcare solutions.

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

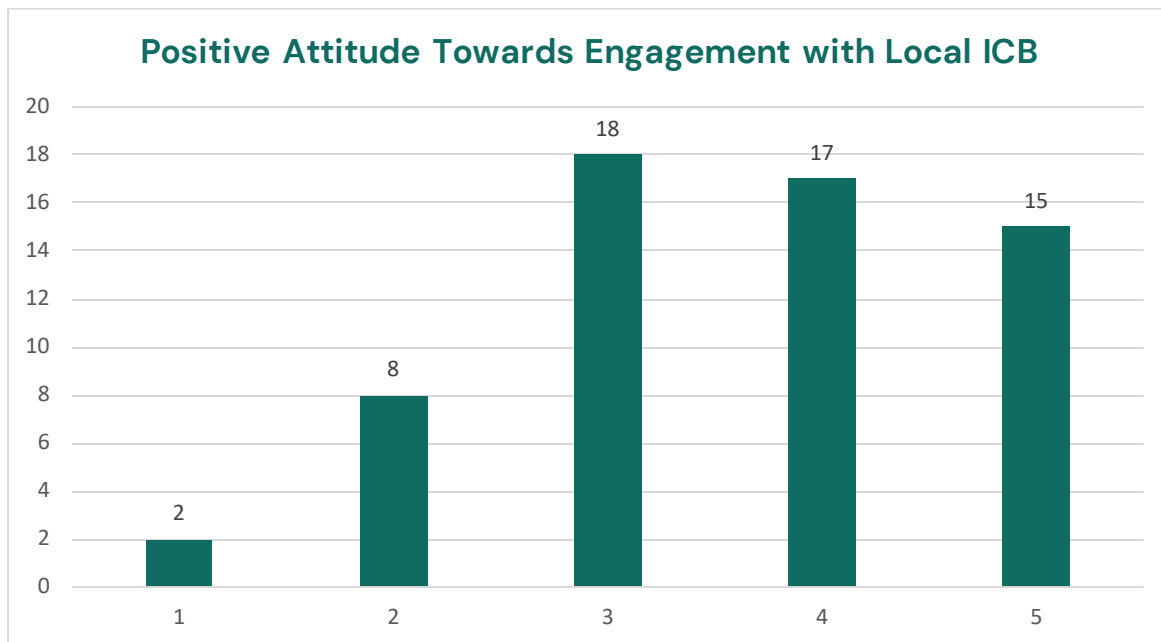
- A platform for sharing successful strategies and initiatives.
- Fundamental principles for commissioning need to be agreed upon across regions, if not nationally.
- The promotion and dissemination of animations and comprehensive resource packs for use with local stakeholders.
- Consider changes in the structure to make it more pharmacy-led, such as transforming CPCS into a walk-in service that's not solely dependent on GP referrals.

- Addressing the biggest barrier of IT integration to ensure seamless data sharing and communication.
- Establishing better mechanisms for the flow of information and collaboration.
- Development of template letters and emails by Community Pharmacy England to assist LPCs in conveying the most important points and key takeaways from the Vision report.

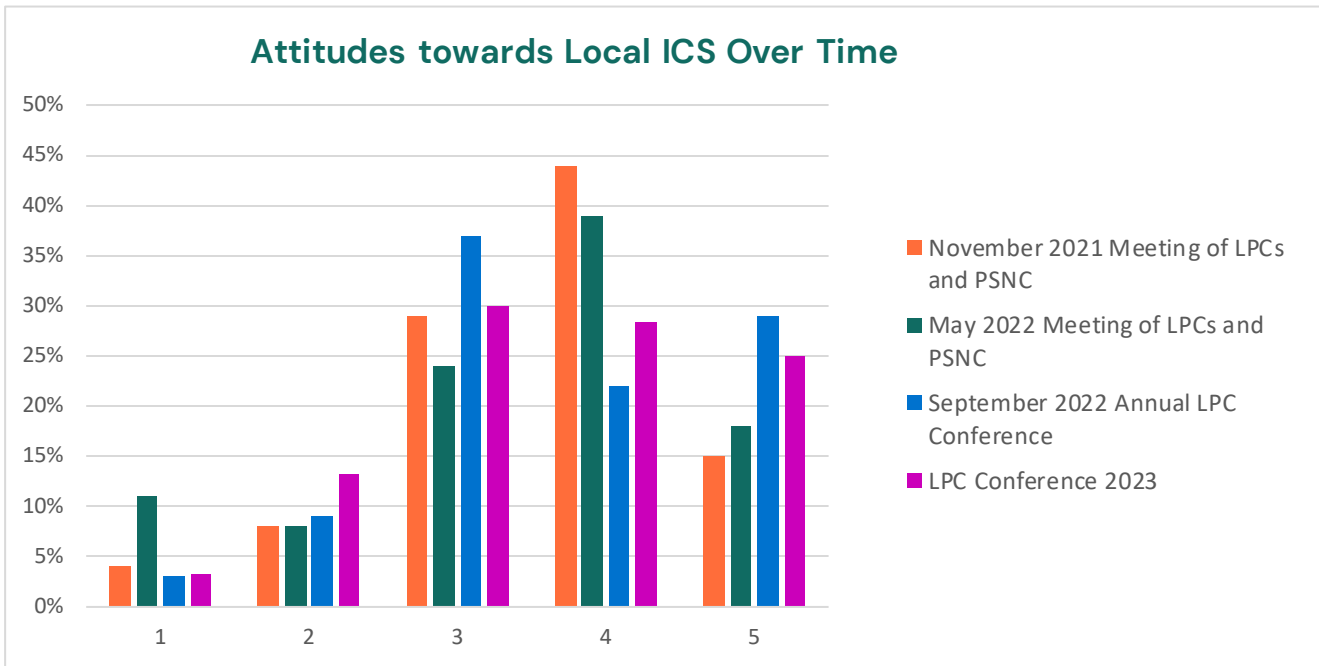
ICB

Attendees were asked to rate their attitudes toward engagement with their local ICB, on a scale from 1–5 with 5 being the most positive. The poll results are skewed towards positive attitudes towards engagement with their local ICB.

Poll results



We have also tracked LPC representatives' attitudes towards engagement with their local ICB. Trends can be seen in the charts below.



Operational Delivery of the IP Pathfinder – Ideas to make it the golden bullet of change in the sector

Participants were asked to feed in their thoughts on the operational delivery of the IP Pathfinder, with the aim of making it the *golden bullet of change in the sector* and how LPC can help in this process. Below is a summary of what ideas came through.

Summary from LPC Representatives Input

Workforce and Technology Enhancement:

- Free up the pharmacist with workforce and technology
- Request local practices to consider recruiting IP Pharmacists
- Hub and spoke at the national level, techs running dispensing
- Need to expand the workforce with attractive offers
- Funded training courses for pharmacy staff

Funding and Financial Support:

- Need to support with funding IPs
- LPC support contractors being able to access IPs
- Funding 2 consultation rooms and 2 pharmacists
- Clinical checks, broader use of accuracy checkers
- The answer is within our own knowledge and workforce

Interprofessional Collaboration (ICB and ICS):

- Agree and work with ICBs on funding applications
- Secure ICB lobbying for parity of resources
- Utilization of the whole team with delivery of services
- Full flexibility at a local level for implementation

Pharmacy Technician Empowerment:

- Let the techs run the pharmacy
- More ACTs, but pay them a better wage
- Upskilling techs and teams to support prescribing
- Enhance the skill mix and availability of other pharmacy team members

IP Pathfinder Development and Coordination:

- A register of IPs and those able to support with training and mentorship
- Mapping of IPs
- Identify IPs in their patch
- Work as a team with all involved
- Coordination of clinical supervisors for training

Information Technology and IT Infrastructure:

- National group sharing what's working well and not working
- IP-based services require better IT
- Equity of access to training

Service Quality and Patient Experience:

- Shared patient budget to all IPs
- Related services universally available
- Stop doing it on the cheap

Maximising support for pharmacy workforce, creating parity across primary care

Attendees were asked to feed in their ideas on how we can all work together more effectively locally, regionally and nationally to maximise pharmacy workforce creating parity across primary care. Attendees fed primarily in ideas that could be categorised as either resource strategy or engagement. Their input is listed below:

Resources Strategy

- Clear national strategy on resource
- Share local implementation
- NHSE&I funded pharmacy technician apprenticeship
- Training hubs, staffing pools able to move between
- Workforce strategy
- Lobby for hiring a freeze in PCN/GP sites
- Need better return to afford the wages demanded
- Resources

Engagement

- Positive engagement
- Inclusive
- Supportive
- United
- One voice

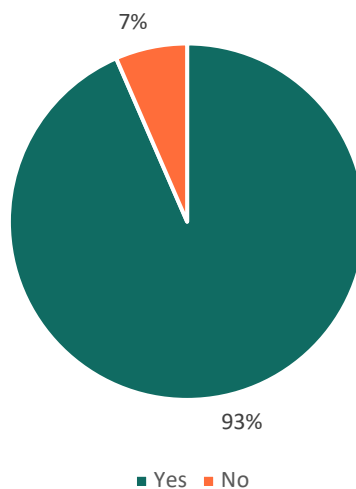
Governance Framework

Governance Consultant Victoria Finney updated the Conference about the ongoing work on the governance framework. As part of this session, delegates were asked whether they could in principle support the framework, and code of conduct, subject to final refinements. An indicative poll took place via Slido, with an overwhelming majority supporting the way forward.

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



Support for Governance Framework

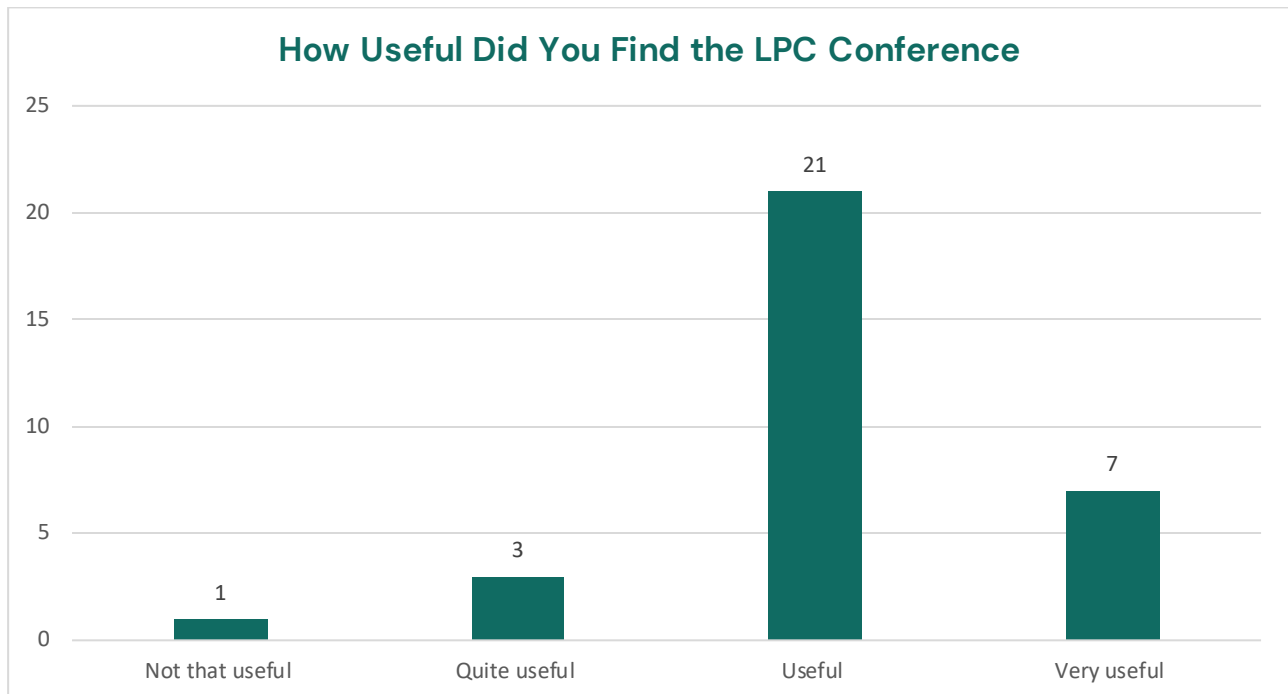


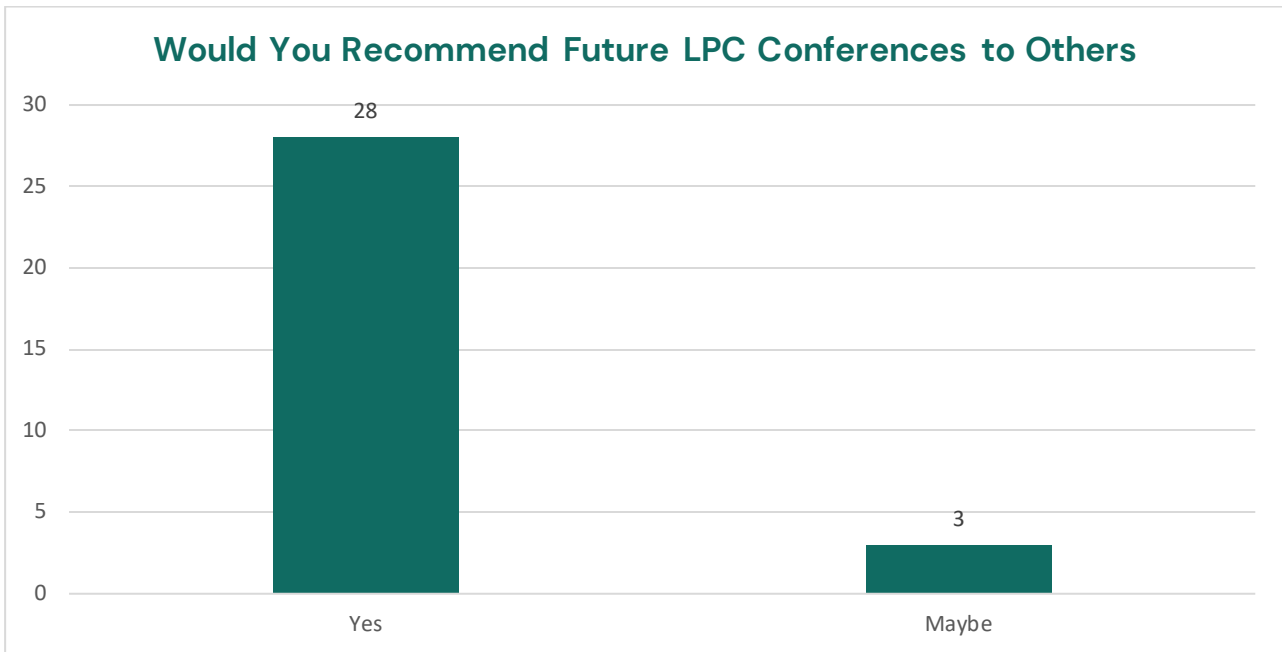
Participant feedback and the LPC Representative Conference 2024

The Conference of LPC Representatives is an event shaped by LPC representatives and for LPC representatives, facilitated by Community Pharmacy England. This means that Community Pharmacy England aims to provide a safe and convenient space for LPC representatives to engage. We are eager to hear your feedback and continue to accommodate your preferences as far as practically possible.

For this year's conference, attendees reported a high level of satisfaction.

Poll Results and Feedback





For the next conference we take on the feedback provided by our attendees. So far we have the following feedback on what LPC Representatives wish to see more and less of:

In future conferences LPC Representative wish to see more of:

- NHS speakers w Q&A sessions.
- Soapbox
- Network opportunities
- More opportunities to engage
- Table discussions
- Confidential CEO briefing
- CPhO
- Ongoing updates on the Vision – tie into CPE strategy
- ICB updates – possibly using NHS Confed (or similar) to share best practice
- More external stakeholder sessions – Fuller session was useful
- Work around practical joint operations

LPC Representatives wish to see less of:

- Revisiting information already released

Further comments from LPC Representatives via Slido

Engagement and Preparations

- We should lay out some expectations to ensure attendees have read any documents that are being discussed at the conference
- 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

Guest speakers and content

- Would like to see ministers from the Government attending and explain their strategy for the sector.
- The soapbox needs to develop into motions to the conference to provide CPE with a mandate from contractors.

Location and facilities

- The LPCs that come from afar should have their accommodation paid for the night before to facilitate their attendance.
- Better audio facilities.
- I don't support having hybrid meetings it needs to be one or the other.
- London is an easier venue than some more central locations. Depends on train links etc.
- Would prefer F2F conferences perhaps in Birmingham and London and alternative between the two.
- Birmingham please!
- In person works well
- I think a face to face approach is best. Happy for this not to always be London-based.
- In the interest of saving the LPC money having online or hybrid gives options

Positive feedback

- Great conference this year. I felt that things are moving in a positive direction for the future.
- Food was really good. Thank you
- Lovely to see everyone face to face. Venue was good, Comparing excellent, running of the meeting as a whole behind the scenes excellent. Well done to all involved and thank you!
- Soap box worked well for highlighting issues

Duration

- If it were to be a 2 day conference, contractors would need to fund that. I'm not sure that would be right.
- 2 day conference to include more input into negotiable positions, service development and policy. Move conference around all regions.
- I don't support 2 days and that isn't inclusive to working parents.

Further comments from LPC Representatives received offline

- You are building a really positive community among the CPLs
- Thank you all involved in delivering a valuable event today. Dr Fuller's presentation was particularly well received .
- The conference went well yesterday. Thank you to the team for organising it so well.
- Great conference yesterday – thank you!

- Good conference and hope you have a good day

The subcommittee is asked to consider:

- Any reflections on the conference feedback and writeup;
- Any steer on next year's format and approach;
- Any suggestions for next steps on the emerging themes from the conference.

Updating Financial Reserves Guidance for LPCs

Introduction

It was agreed at the last subcommittee meeting and following a discussion at RDF to develop some new guidance for LPCs on financial reserves, given several LPCs have moved to monthly payments to Community Pharmacy England.

We have previously advised LPCs of the need to have sufficient reserves to meet the financial commitments of the committee, including a guide of up to 50% of the next year's expenditure should be in reserves at 31st March each year.

The new guidance aims to be more flexible, setting out the principles used by Community Pharmacy England and encouraging each LPC to self-determine what are reasonable reserves and proactively manage by formally reviewing the position, monitoring and making adjustments where necessary.

The subcommittee is asked to consider:

The draft guidance and endorse the approach.

CPE's reserves policy and guidance for LPCs

Background

1. CPE's RDF subcommittee regularly reviews CPE's reserves policy.

2. RDF members have suggested that a briefing is produced for LPCs to explain the principles used by CPE, in case they are of interest.

Principles

3. CPE has a structured approach to reserve setting.
4. CPE considers that reserves are required for three discrete purposes:
 - a. To fund emergency or important projects
 - b. To maintain the operation of the organisation in the short term
 - c. To cover closedown costs
5. A target level is identified based on developing a range of options for these three purposes.
6. Actual reserves are identified from the statutory financial accounts.
7. Actual reserves are compared to target and a plan is put in place to make adjustments as necessary.
8. For example, at its meeting in September 2023, RDF determined that:
 - a. Target reserves were in the range £1.7m–£2.8m
 - b. Actual liquid reserves were £1.2m
 - c. Despite the shortfall, no adjustment was appropriate given the current circumstances, and as the risk of triggering was deemed low
9. RDF also noted that:
 - a. Funds could be tied up in notice accounts (but no further risks taken as reserves represent contractors' money).
 - b. CPE's loans mature in October 2026 and will be considered in due course.
 - c. Any spare funding would best be used to pay off the variable loan as rates had now increased.

Background for LPCs

1. We have previously advised LPCs of the need to have sufficient reserves to meet the financial commitments of the committee, including a guide of **up to** 50% of the next year's expenditure should be in reserves at 31st March each year.
2. LPCs should determine what are reasonable reserves and proactively manage by formally reviewing the position, monitoring and making adjustments where necessary, such as:

Element	Basis minimum	£	Basis maximum	£	Notes
Unexpected spend					
Short-term running costs	e.g 3 months		e.g 6 months		
Close down costs e.g redundancy and professional advice/fees					
Totals					

3. LPCs interested in exploring moving to monthly levy payments to Community Pharmacy England, should contact Michael Osman, Finance Manager for further information. Email Michael.Osman@cpe.org.uk
4. If the level of reserves is too high then the LPC should consider adjusting the amount of levy collected until the reserves are back to normal. If the level of reserves is too low then the LPC may need to consider the following measures: (a) overall approach to reserves (b) review the levy income (b) review the LPC expenditure (c) consider sustainability and LPC size, structure, (d) if necessary, consider a levy increase.
5. The model constitution on rules gives LPCs the authority to **acquire any freehold or leasehold property for the purpose of carrying out any of its functions, however it doesn't enable risks to be taken with other capital investment.**



Appendix 05/02/2024

Support for LPCs rebranding

Background

As part of implementing the Review Steering Group (RSG) proposals, LPCs have been rebranding to be known as 'Community Pharmacy <Local>', where 'Local' represents a description of an area or location.

Introduction

The rebrand to 'Community Pharmacy <Local>' presents an opportunity for LPCs to build awareness, deepen engagement with local stakeholders and embrace consistency across the LPC network.

We have developed a sibling brand to Community Pharmacy England's identity for LPCs, in the hope that this will play a valuable role in helping both LPCs and Community Pharmacy England to promote a 'joined up' image to the outside world, and serve as a visual reminder to Pharmacy Owners of the interdependencies between us.

This paper explores the progress with the programme of support and uptake from the LPC network.

LPC Partner Branding Materials

The new identity has been created for LPCs to use freely but comes with responsibilities, following basic rules and guiderails, which are outlined in our brand guidance document. LPCs are always welcome to opt out of using the new identity (and apply their own).

As well as the logo, which is a customised high-resolution copy of the Community Pharmacy Local logo in variety of formats, LPCs have access to a range of templates and other resources. All the materials are supported with help sheets and brand guidance.

Templates

- Letterhead
- Word documents
- Email signature
- Presentation
- Social media banners and cards
- Email newsletter
- Zoom and MS Teams backgrounds
- Colour gradients
- Generic report template
- Standardised LPC Annual Report Template

Stock photos

As part of the rebrand project, we commissioned a series of photos across a variety of different pharmacy types and locations, making a photo library for LPCs.

Website theme

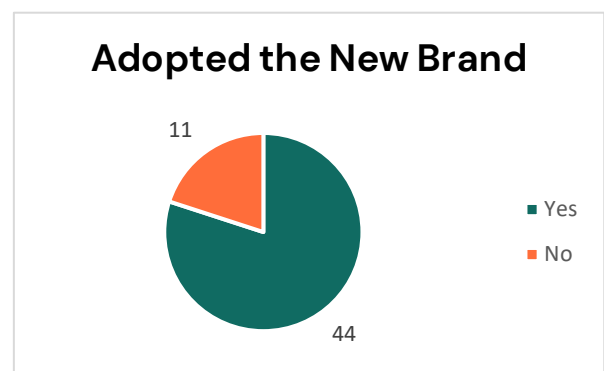
In addition for LPCs using the template website we offer, they can also apply a new theme that uses the new sibling branding. This will make their websites match the branding seen on the other templates.

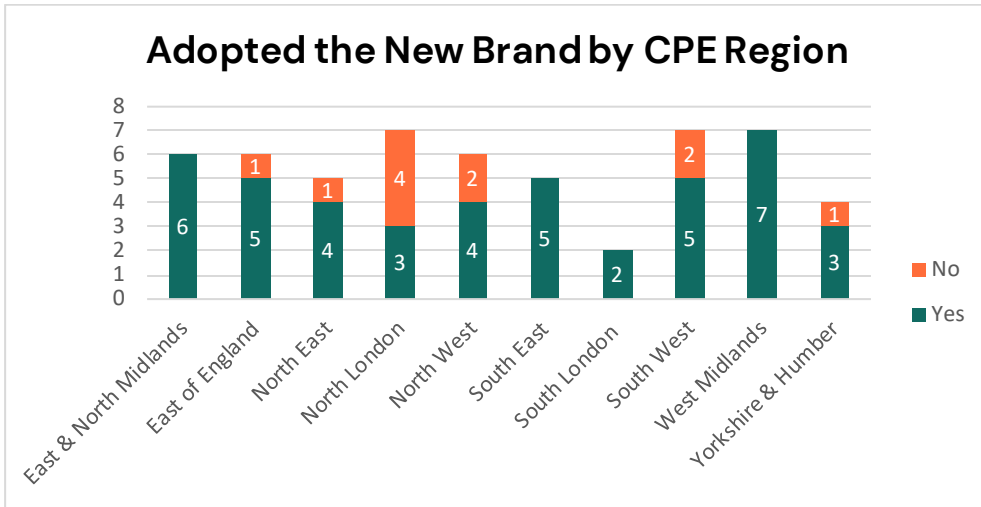
Rebranding Status

44 out of 55 LPCs (80%) have adopted the new brand and 40 of these LPCs have updated their websites to match the new visual identity. Some LPCs are still going through structural changes so may take up at a later date and some have confirmed this, such as Norfolk LPC and Suffolk LPC, who are due to consolidate to Norfolk and Suffolk LPC later this year.

Additionally 2 regional grouping of LPCs have adopted the new brand, Community Pharmacy London and Community Pharmacy West Midlands.

Further details about the status of adoption is available below.





East & North Midlands

- **Adopted the new brand:**
 - Derbyshire LPC (updated website)
 - Leicestershire and Rutland LPC (updated website)
 - Lincolnshire LPC (updated website)
 - Nottinghamshire LPC (updated website)
 - Shropshire LPC (updated website)
 - Staffordshire and Stoke-on-Trent LPC (updated website)

East of England

- **Adopted the new brand:**
 - BLMK & Northants LPC (updated website)
 - Cambridgeshire and Peterborough LPC (updated website)
 - Essex LPC (updated website)
 - Norfolk LPC (updated website)
 - Suffolk LPC (updated website)
- **Pending:**
 - Hertfordshire LPC

North East

- **Adopted the new brand:**
 - Gateshead & South Tyneside LPC
 - North Cumbria LPC (updated website)
 - North East Central LPC (updated website)
 - North of Tyne LPC (updated website)
- **Confirmed no:**
 - Tees LPC

North London

- **Adopted the new brand:**
 - Camden and Islington LPC (updated website)
 - Kensington, Westminster and Chelsea LPC (updated website)
 - North East London LPC (updated website)
- **Not yet adopted the new brand:**
 - Barnet, Enfield and Haringey LPC
 - Brent and Harrow LPC
 - Ealing, Hammersmith and Hounslow LPC
 - Hillingdon LPC

North West

- **Adopted the new brand:**
 - Greater Manchester LPC (updated website)

- Halton, St. Helens and Knowsley LPC (updated website)
- Liverpool LPC (updated website)
- Sefton LPC (updated website)
- **Not yet adopted the new brand:**
 - Cheshire and Wirral LPC
 - Lancashire and South Cumbria LPC

South East

- **Adopted the new brand:**
 - Hampshire and Isle of Wight LPC (updated website)
 - Kent LPC (updated website)
 - Surrey LPC (updated website)
 - Sussex LPC (updated website)
 - Thames Valley LPC (updated website)

South London

- **Adopted the new brand**
 - South East London LPC
 - South West London LPC (updated website)

South West

- **Adopted the new brand:**
 - Avon LPC (updated website)
 - Devon LPC (updated website)
 - Dorset LPC (updated website)

- Somerset LPC (updated website)
- Swindon and Wiltshire LPC (updated website)
- **Not yet adopted the new brand:**
 - Cornwall and Isles of Scilly LPC
 - Gloucestershire LPC

West Midlands

- **Adopted the new brand:**
 - Arden LPC (updated website)
 - Birmingham and Solihull LPC
 - Dudley LPC (updated website)
 - Herefordshire and Worcestershire LPC (updated website)
 - Sandwell LPC (updated website)
 - Walsall LPC (updated website)
 - Wolverhampton LPC

Yorkshire & Humber

- **Adopted the new brand:**
 - South Yorkshire LPC (updated website)
 - West Yorkshire LPC (updated website)
 - North Yorkshire LPC (updated website)
- **Not yet adopted the new brand:**
 - Humber LPC



LPC Name	Adopted New Brand	Updated Website
Avon LPC	Yes	Yes
Barnet, Enfield and Haringey LPC	No	No
Bedfordshire, Luton, Milton Keynes and Northamptonshire LPC	Yes	Yes
Birmingham and Solihull LPC	Yes	No
Brent and Harrow LPC	No	No
Cambridgeshire and Peterborough LPC	Yes	Yes
Camden and Islington LPC	Yes	Yes
Cheshire and Wirral LPC	No	No
Cornwall and Isles of Scilly LPC	No	No
Coventry and Warwickshire LPC	Yes	Yes
Derbyshire LPC	Yes	Yes
Devon LPC	Yes	Yes
Dorset LPC	Yes	Yes
Dudley LPC	Yes	Yes
LPC Name	Adopted New Brand	Updated Website
Ealing, Hammersmith and Hounslow LPC	No	No
Essex LPC	Yes	Yes



Gateshead & South Tyneside LPC	Yes	No
Gloucestershire LPC	No	No
Greater Manchester LPC	Yes	Yes
Halton, St. Helens and Knowsley LPC	Yes	Yes
Hampshire and Isle of Wight LPC	Yes	Yes
Herefordshire and Worcestershire LPC	Yes	Yes
Hertfordshire LPC	Pending	No
Hillingdon LPC	No	No
Humber LPC	No	No
Kensington, Westminster and Chelsea LPC	Yes	Yes
Kent LPC	Yes	Yes
LPC Name	Adopted New Brand	Updated Website
Lancashire and South Cumbria LPC	No	No
Leicestershire and Rutland LPC	Yes	Yes
Lincolnshire LPC	Yes	Yes
Liverpool LPC	Yes	Yes
Norfolk LPC	Yes	Yes
North Cumbria LPC	Yes	Yes



North East Central LPC	Yes	Yes
North East London LPC	Yes	Yes
North of Tyne LPC	Yes	Yes
North Yorkshire LPC	Yes	Yes
Nottinghamshire LPC	Yes	Yes
Sandwell LPC	Yes	Yes
Sefton LPC	Yes	Yes
Shropshire LPC	Yes	Yes
Somerset LPC	Yes	Yes
LPC Name	Adopted New Brand	Updated Website
South East London LPC	Yes	No
South West London LPC	Yes	Yes
South Yorkshire LPC	Yes	Yes
Staffordshire and Stoke-on-Trent LPC	Yes	Yes
Suffolk LPC	Yes	Yes
Surrey LPC	Yes	Yes
Sussex LPC	Yes	Yes
Swindon and Wiltshire LPC	Yes	Yes
Tees LPC	Confirmed no	No
Thames Valley LPC	Yes	Yes



Walsall LPC	Yes	Yes
West Yorkshire LPC	Yes	Yes
Wolverhampton LPC	Yes	No

Appendix 06/02/2024

LPC Communications Report to December 2023

Introduction

Every month, we produce an email newsletter for LPCs providing a summary of our work during the month as well as progress updates and information on matters relevant to LPC Chief Officers, members and their teams. Over one-thousand people receive this newsletter. When necessary, we also publish one-off LPC News Alerts, usually these contain time-sensitive information, for example, about an upcoming deadline to register for a Community Pharmacy England’s event, like the Annual LPC Conference.



This is in addition to the three community email groups (gagglemail), hosted by Community Pharmacy England for LPC Chairs, Treasurers and Chief Officers respectively. They provide a forum to share information and learning and questions related to their role as an LPC Officer to enable greater peer exchange and support between other LPCs in England, and to provide us with a dedicated communications channel to distribution of relevant information and messages.

LPC News Statistics

The below table provides some key statistics regarding our newsletters for LPCs from September – December 2023, the distribution reaches just over 650 LPC members in England.

LPC News

Date	Day	Time	Subject	Opens	Clicks	Clicks to opens
31-Aug	Thur	17:36	LPC News: 31st August	57.35%	27.03%	47%
31-Oct	Tue	18:09	LPC News: 31st October	42.95%	3.34%	8%
21-Nov	Tue	17:23	LPC News: Special Highlights – November	47.32%	4.62%	10%
22-Dec	Fri	17:23	LPC News: December 2023	60.99%	4.55%	29%
Average				50.42%	4.17%	16%

Current figures (see above) show that our LPC newsletters have a fairly good open rate, with on average nearly half of those subscribed to them (50%) opening them monthly. The average click to open rate of these newsletters (i.e. the percentage of people who opened the newsletter and then clicked a link within it) is also relatively healthy, but is more variable than the open rate.

Updates to the LPC Members’ Area

- We have consolidated the [LPC Transformation Resources](#) into one link to make an evergreen offer for LPCs mergers or changes in the future.

- The [updated contact details of CCA members](#) have been published, allowing LPCs to have the updated information necessary for sending voting papers to the contacts listed for CCA member companies.
- We have also published the [LPC Transformation Toolkit \(Stage 4\)](#), which includes a checklist and a toolkit of resources to guide LPCs through the final part of the 'model' timeline in June and July 2023. This stage primarily focuses on the implementation phase and provides support for the practical aspects of rebranding all LPCs to be known as Community Pharmacy, as recommended by RSG recommendation 32.
- Furthermore, we have updated the resources for the [Model LPC Constitution and Annual General Meetings index page](#).
- We have published the resources page for our [Annual LPC Conference 2023](#), which took place on October 13th, 2023. The page includes the meeting agenda, highlights from group discussions, and a Q&A session with our Leadership Team.
- We have made an update to the ['Running an LPC'](#) page, which now includes the updated exclusive packages of HR and employment law support for LPCs by Clyde and Co. LLP.
- The [LPC Finance Briefing on-demand webinar](#) has also been published. This event was held for all LPC members, with a particular focus on LPC Treasurers, members of Finance & Audit subcommittees, and LPC staff involved in supporting the work of LPC finances.
- We have published editable templates of a shared [Governance Framework and Code of Conduct](#) that are applicable to Community Pharmacy England and LPCs. This follows our work with LPCs to implement the outstanding recommendations of the Review Steering Group (RSG) in relation to LPC and Community Pharmacy England governance. LPCs are being asked to consider the new governance arrangements at meetings between January and March 2024, with adoption effective from 1st April 2024.
- We have published the [results of the Pre-Committee Polling](#) conducted among pharmacy owners. As part of our engagement strategy, we are committed to seeking the input of pharmacy owners before every Committee Meeting. This is typically done through short opinion polls and surveys. The purpose of this is to gather real-time feedback from pharmacy owners on current issues and to analyse their sentiment. This feedback and sentiment analysis then inform our Committee discussions and decision-making process.



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Appendix LCS 07/02/2024

LPC TAPR Response

Introduction

LPCs across the country have completed a significant programme of work to respond to the mandate presented by the vote for the Review Steering Group (RSG) proposals, it represents a significant amount of work and change delivered at a local level. All LPCs have responded the Review Steering Group recommendations in some form, and most implemented the TAPR programme.

This paper outlines progress a year on from the launch of the LPC transformation support, the changes described in the model timeline for change (below) and discusses next steps

Progress Report



Reduce variation between LPCs, improve their efficiency and focus their activities		
RSG Recommendation	Status	Notes
Rebrand all LPCs to be known as Community Pharmacy (CPL). [LPCs]	CPE – complete LPCs – in progress	All LPCs have changed their ‘known as’ name. 44 out of 55 (80%) have so far adopted the new template branding.
Reduce LPC committee sizes to a range of 10–12 members whilst maintaining local proportional representation. [LPCs]	Complete	All LPCs have considered and have reduced the size of committees. Further work may be needed to support reassessment of proportionality.
New model constitution that focuses levy-funded activities on a core scope of activities and is in line with the new cross-sector governance framework. [LPCs]	In Progress	All LPCs have agreed to adopt the new model constitution. 50 out of 55 have already done so and have sought agreement of contractors. The remaining 5 all have plans to do so by April 2023 (Essex LPC and all LPCs in the Middlesex Group of LPCs).
Efficiency, size and shape of the LPC network		
RSG Recommendation	Status	Notes
LPCs to drive efficiencies by reviewing boundaries and committee sizes, considering NHS changes [LPCs]	Complete	All LPCs have responded.
LPCs to more closely align with NHS Integrated Care Systems (ICS) and to reconsider their size (in terms of	In progress	All LPCs have responded. Consolidation of LPCs from 70 to 55 as of October



<p>numbers of contractors represented) in line with the Wright Review recommendation that LPCs with a minimum of 200 contractors provide better value. Any changes would be subject to the views of contractors via a local vote, which might ultimately lead to 39-42 LPCs. [LPCs]</p>		<p>2023. Further consolidation planned to 49 by April 2024.</p>
<p>Ensure every LPC has access to the existing network of provider companies if needed locally [CPE and LPCs]</p>	<p>In progress</p>	<p>LPCs now have access to a list of confirmed provider companies and a full analysis of activity.</p>

Next steps: Transformation support

Transformation support is being extended outside of the model timeline for change to support LPCs undergoing changes to April 2023.

Next steps: Summary of known future LPC changes

Local Pharmaceutical Committee	Constitution	Notes	Type of change
<p>Norfolk LPC</p>	<p>Model 2023</p>	<p>Contractors have approved to merge Norfolk LPC and Suffolk LPC, but this will come into effect 1st April 2024. Name of new entity has not yet been decided – provisional name is Norfolk and Suffolk LPC.</p>	<p>Agreed mergers</p>

Suffolk LPC	Model 2023	Contractors have approved to merge Norfolk LPC and Suffolk LPC, but this will come into effect 1st April 2024. Name of new entity has not yet been decided – provisional name is Norfolk and Suffolk LPC.	Agreed mergers
Cambridgeshire and Peterborough LPC	Model 2023	Previous indicated wishes to merge in by April 2024	Pending mergers
Shropshire LPC	Model 2023	Previous indicated wishes to merge in by April 2024	Pending mergers
Cumbria LPC	Model 2023	Previously indicated may need to merge to be viable by April 2024	Pending mergers
Dudley LPC	Model 2023	Merger discussions for Black Country LPC by April 2024	Pending mergers
Sandwell LPC	Model 2023	Merger discussions for Black Country LPC by April 2024	Pending mergers
Walsall LPC	Model 2023	Merger discussions for Black Country LPC by April 2024	Pending mergers
Wolverhampton LPC	Model 2023	Merger discussions for Black Country LPC by April 2024	Pending mergers
Avon LPC	Model 2023	Merger discussions active with Swindon and Wiltshire LPC	Pending mergers
Swindon and Wiltshire LPC	Model 2023	Merger discussions active with Avon LPC	Pending mergers
Essex LPC	Model 2014	Adoption of new model constitution	Constitutional



Subcommittee action

The Subcommittee is asked to review the progress updates above and share any reflections they may have, along with comments or views on the planned next steps.