



July 2024

Briefing 014/24: Transforming Pharmacy Representation Programme

Introduction

This report provides a final update to LPCs and pharmacy owners about the work undertaken to Transform Pharmacy Representation following the mandate from contractors to deliver the Review Steering Group (RSG) recommendations. All of the workstreams have been completed by July 2024 as originally set out.

The report provides:

- An update on the overarching TAPR programme;
- Mapping back to the 37 Review Steering Group (RSG) proposals and the starting point in the Wright Review; and
- Plans for reviewing the effectiveness of the changes.

Background

The RSG made a number of recommendations for both Community Pharmacy England and LPCs. The Committee previously agreed that they would accept the mandate provided by the overwhelmingly positive contractor vote.

To deliver each of the RSG recommendations, eight workstreams were developed: seven implementations workstreams and one cross-cutting communications workstream. These together made up the TAPR programme.

Summary

In addition to our internal Community Pharmacy England programme of work, TAPR has been continuing to supporting LPCs to make changes in response to their RSG recommendations, latterly focused on helping the network to implement the governance changes.



All LPCs in England have now responded to the RSG recommendations and a handful are in the final stages of implementation, including the adoption of the new shared Governance Framework and Code of Conduct, with the rest having already completed their agreed changes. There are now 54 LPCs in England down from 69, with further consolidation expected by April 2025 to a network of 48 local organisations. The changes mean there is better alignment between LPCs and the 42 NHS Integrated Care Systems in England, who have taken on the responsibility for commissioning pharmaceutical services following delegation of this role by NHS England.

What happens next?

One of the RSG recommendations was to 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.

At the November 2023 meeting of the Committee, an outline proposal for this was considered and approved. It was agreed that:

1. A review will be undertaken in mid-2025 for reporting in autumn 2025 – this will be two years after the initial changes came into effect (including changes to the Community Pharmacy England Committee size and LPC transformation) and one year after the changes from the Governance Review are implemented. This will provide time for the Committee to agree and make any changes ahead of the next election cycle.
2. The Governance and People Subcommittee will lead this review in terms of recommending a process to the Community Pharmacy England Committee and overseeing it in accordance with its proposed terms of reference.
3. Input be sought from three constituencies (Committee members, LPCs and pharmacy owners) via surveys, as a cost-effective review mechanism, although this could be supplemented by focus groups and targeted discussions if those are helpful to explore specific themes or issues at the time.



Annex 1

Wright Recommendation	RSG commentary and proposals	TAPR implementation
Names		
1. Rename PSNC committee and executive as 'Community Pharmacy England (CPE)'	Accepted	Rebrand completed.
2. Rename all LPCs to "Community Pharmacy [locality] (CPL)".	Accepted	All LPCs renamed with 45/54 taking up the sibling branding templates.
3. Remove the term 'Chemist' from all documentation where possible and replace with 'Community pharmacy or pharmacist' as appropriate	Accepted in principle – in general communications, not feasible for all legal/regulatory matters	Updated existing documentation and applied to ongoing communications.
Governance		
4. Create an independent Community Pharmacy England Governance and Strategy Board responsible to contractors for oversight of CPE and CPL	Alternative proposal: Work within the existing established and accepted governance structures at national and local level to introduce independence into governance and improve the governance system across PSNC	Governance review completed with external input from a Governance Professional. Governance and advisory work more clearly separated. A new Governance and People Subcommittee established to oversee governance arrangements, which includes



	and the LPCs. See RSG proposals 1-9.	two non-committee members, drawn from LPC Chairs. A new jointly developed Governance Framework and Code of Conduct is now shared across CPE and LPCs.
5. Develop a governance framework to include a code of conduct for all members, Key Performance Indicators, expectations regarding transparency and communication	Accepted	A Governance Framework and Code of Conduct has been developed working with LPCs and with external input from a Governance Professional. KPIs will be reviewed as part of 2024/25 strategy implementation.
6. Constitute for a regular independent review of whole system	Addressed – proposals for: <ul style="list-style-type: none"> 1. Review after a period of implementation of changes, e.g. 1-2 years 2. Regular review of market share/ownership information 	A review to be undertaken in mid-2025 for reporting in autumn 2025, (2 years after the initial changes came into effect and 1 year after the changes from the Governance Review are implemented). This will provide time for the Community Pharmacy England Committee to agree and make any changes ahead of the next election cycle.
7. Limit membership for all committees to 12 years (three terms of four years)	Accepted	Implemented for both Community Pharmacy England and LPCs from April 2023.
8. Ensure that the Chair and employee roles are separated	Accepted	Applied to new governance arrangements including through the Governance Framework and a scheme of delegation from April 2024.
9. Only allow elected contractors and nominated contractor representatives to have voting rights	Accepted	Applied to new governance arrangements.



Community Pharmacy England Non-Executive and Governance

10. Create a national vision and strategy for Community Pharmacy in England	Accepted	'A Vision for Community Pharmacy' published in September 2023. Local and national influencing support is ongoing.
11. Develop and implement a national communication strategy to enhance external perception of Community Pharmacy	Addressed – defined in the proposed national roles section	Completed including a new influencing strategy and a communications and engagement strategy from April 2023 now being implemented.
12. Create a Negotiating team (NT) consisting of contractors and contractor representatives which is employed and extensively trained by CPE	<p>Alternative proposal:</p> <p>Retain existing negotiating team functions and seek to better define executive and non-executive (contractor) roles more clearly. Strengthen activities which support the negotiating function such as health economics, project management, analytical and insights capability, and influencing, to contribute to the negotiating team's work. See RSG proposals 14-17</p>	<p>Roles and responsibilities of negotiating team members more clearly defined, with new Terms of Reference. Further negotiation capacity and capability added by commissioning experts in negotiation.</p> <p>Negotiation training provided to all Committee members in 2024.</p> <p>New roles at Community Pharmacy England including Funding Analyst, Communications Manager and budgets to commission work from experts to support economics and influencing via specialists and expert agencies.</p>
13. Replace the current PSNC with a CPE Council (CPEC) constituted by Chairs from CPLs each representing an agreed minimum number of contractors.	<p>Alternative proposal:</p> <p>Create a national forum of LPC contractor representatives, to help further advise PSNC on local matters,</p>	Terms of Reference for a Forum of LPC Chairs have been agreed after co-creation with LPCs. The Forum will meet for the first time in September 2024.



	bring a stronger local voice to national work, and join up areas of mutual interest such as governance and levy setting.	
14. Create negotiation policy development groups from CPEC designed to consider all aspects of community pharmacy within the negotiation process	<p>Alternative proposal:</p> <p>Build in systems to allow CPE 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. See RSG proposals 26-31.</p>	<p>Terms of Reference for Community Pharmacy England subcommittees all revised to take greater account of bringing together people with a relevant mix of experience, skills and knowledge, including those external from the Committee.</p> <p>Sector opinion polling introduced prior to each Committee meeting, feeding into policy and other issues and regularly hearing from thousands of pharmacies.</p> <p>DSP Advisory Group established.</p>
15. From the CPEC create a smaller Negotiation Strategy Committee (NSC) to respond to day to day negotiation questions from the Negotiating Team	<p>Alternative proposal:</p> <p>Adopt a negotiation strategy to support delivery of the shared vision for the sector, focusing on tactical, political and influencing. Retain existing negotiating team functions and seek to better define executive and non-executive (contractor) roles more clearly. See RSG proposals 14-17</p>	<p>See 12 above. Overall strategy developed and being implemented.</p>



<p>16. Develop strategies for including patient and public representatives in all elements of CPE</p>	<p>Accepted – CPE national functions will include working with patient and public groups to better support negotiating, e.g. patient surveys, public opinion polling</p>	<p>Public polling supported the influencing work around Pharmacy First, with further surveys planned. Relationships with patient groups have been strengthened through our stakeholder events, particularly with Healthwatch England, where we have inputted into their pharmacy project and they have attended multiple events.</p>
<p>Community Pharmacy England Executive</p>		
<p>17. Create support centres for CPLs and CPE including a human resources department, finance team, external facing communications team, national provider company and Community Pharmacy Integration Centre.</p>	<p>Accepted the principle of further support for LPCs. Initially focused on:</p> <ul style="list-style-type: none"> • Support that standardises practices across the LPC network in line with good practice on HR and finances • Ensuring every LPC has access to the existing network of provider companies if needed locally • Central service development and support capacity, advice and information sharing 	<p>Finance templates and guidance developed and mandated through the model constitution. HR templates, employment policies and procedures provided to all LPCs. Provider companies in England mapped, needs assessment undertaken and current provision published. Provision has been made in the 2024/25 budget to resource central support for local services – this includes an additional staff member in the Services Team, to provide additional capacity for the development of potential National Enhanced Services (NES) and to support LPCs in local service commissioning, through the provision of standardised service specifications, toolkits and advice.</p>



18. Develop an effective network for CPL Chief Officers to enable sharing of good practice and to provide peer support.	Accepted	CPE and LPC Operations Team continued and further developed, with improvements agreed and being implemented.
Finances		
19. Significantly increase funding to CPE to support the negotiation processes and LPCs	Accepted	By the end of 2024/25 funding to CPE will be circa £4.8m p.a. This incorporates the second and final uplift of £750k that was approved by pharmacy owners through the vote on the Review Steering Group (RSG) proposals in June 2022.
20. Arrange for the levy to be directly paid to each of CPE and CPLs	Cannot be done. Alternative – proposing agreement for how the levy will be calculated and for all CPLs to agree that payment to CPE is automatic and visible to contractors	LPCs agreed for Community Pharmacy England to move to a total contractor income basis. Most LPCs have moved to pay by standing order in instalments. Breakdown of levy by LPC now published.
21. Create a CPE transformation fund	Accepted	The transformation programme was funded by using Community Pharmacy England reserves and the levy uplift.
22. Seek external funding, where appropriate, to support PSNC transformation to CPE and the set-up of proposed support bodies	Consensus not to take forward as it is unlikely external bodies will fund reform to sector representation and therefore not feasible. Agreement that recommendation 21 deals with transformation funding	See 21 above.



Community Pharmacy Local		
23. Review CPL size with respect to number of contractors represented, considering value for money to contractors, size required for a place on CPEC, local knowledge/relationships and NHS geographical footprints	Accepted	Transformation support provided to all LPCs in England to help review and implement. The LPC network has consolidated from 70 to 54 as of July 2024.
24. Reduce CPL committee sizes to maximum of 10 members whilst maintaining local proportional representation.	Addressed – optimum range of 10 – 12 to be recommended, with local flexibility	Most LPCs have reduced in committee size, this was facilitated by changes in the new model constitution, provided for all LPCs.
25. Increase the use of virtual technology to improve value for contractors	Accepted	LPCs and Community Pharmacy England continue to use in everyday work.
26. Identify and implement effective approaches to engaging with local contractors.	Accepted at principle level – address on implementation	Community Pharmacy England developed and implemented a new engagement strategy.
27. Provide honoraria for all members of CPL committee to compensate for time taken to deliver roles effectively and improve engagement	Addressed elsewhere, new framework for LPC expenses and allowances agreed in December 2021	Already implemented. Ongoing support provided around HR and Finances.
28. Allow pharmacy employees and patient and public representatives to have non-voting membership of CPLs	Consensus not to take forward, and that it is for contractors themselves to manage employee engagement on contract matters. Many employees already sit on LPCs as contractor representatives	No further action was required.



<p>29. Provide on-line training to all CPL members on their roles and responsibilities, GDPR, Equality and Diversity and recruitment and appointment as appropriate</p>	<p>Accepted</p>	<p>Guidance and briefing notes provided to LPCs on their roles and responsibilities and in 2024/25 new e-learning will focus on equality and diversity.</p>
<p>30. Review processes and create strategies to ensure that all employee appointments are fair and transparent and that CPL are equal opportunity employers.</p>	<p>Accepted – addressed in the proposal through standardised practices on HR good practice and governance frameworks</p>	<p>Policies and good practice guidance on equal opportunities provided to all LPCs.</p>
<p>31. Develop strategies to ensure that engagement by all CPL committee members is equal</p>	<p>Accepted at principle level – address on implementation</p>	<p>Implementation through behaviours and ways of working described in the Governance Framework and Code of Conduct.</p>
<p>32. Focus levy funded activities on representative rather than support related activities</p>	<p>Addressed</p>	<p>Further addressed through defining roles and responsibilities and in the model constitution.</p>
<p>33. Negotiate and set up new services only where there is a reasonable profit margin</p>	<p>Addressed elsewhere, clinical service fee setting principles being discussed by PSNC and NHSE&I in 2022/23 will apply to national services, principles can apply locally</p>	<p>Detailed guidance produced for LPCs on how to cost services.</p>