Pharmacy Representation Review 2020 (Reforming LPCs and PSNC): How the NPA sees it

What's going on

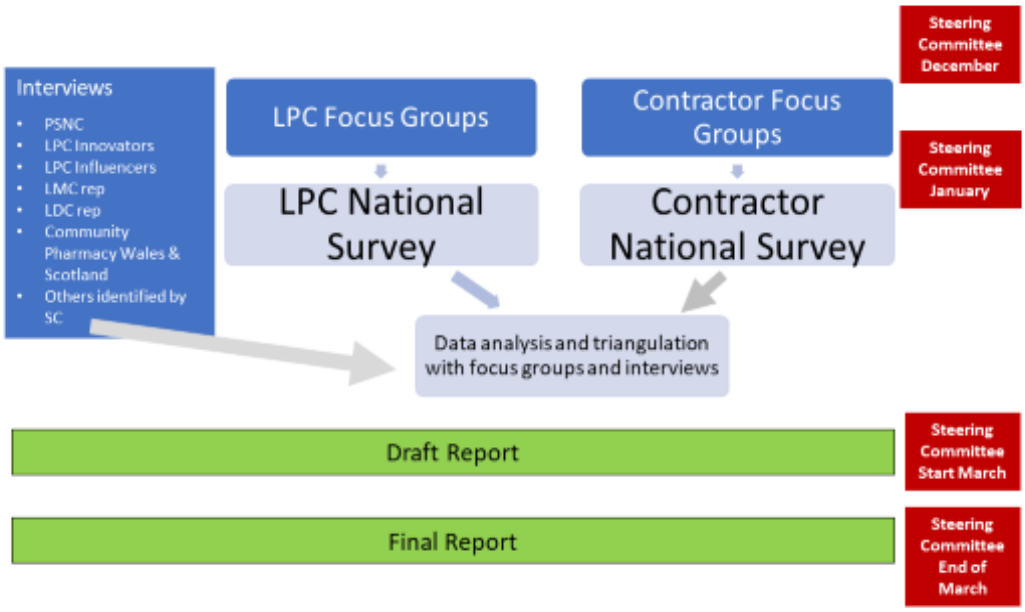
Community pharmacy is changing and so is the NHS around us, which includes the advent of Primary Care Networks. As things continue to evolve, PSNC and Local Pharmaceutical Committees want to ensure they can effectively represent pharmacy contractors, now and into the future.

PSNC and England's 69 LPCs have therefore jointly commissioned an independent national review of pharmacy representation in England, led by Professor David Wright. It covers:

- What representation and support is needed by contractors now – and what is the future requirement likely to be?
- What is working well in LPCs and PSNC and what could be improved?
- What are the most effective structures for current and future demand?
- What is the best structure to ensure all contractors are represented well?
- What, if any, changes are needed now and over the life of the new Contractual Framework and beyond?
- How should the representation and support for contractors be financed?

As part of the review, a national survey of pharmacy contractors and LPCs has been issued. We encourage you to take part!

By the end of March, the review team will produce a written report and recommendations.



Why this matters

If the review succeeds in its stated objectives (see PSNC slide below), making effective recommendations that are comprehensively adopted, pharmacies will be better represented and supported because the sector's collective resources will be deployed more effectively than now. We must not miss this opportunity to improve community pharmacy's support and representation - the opportunity may not come again for a long time.

What the NPA thinks

Our Review Recommendations in brief

1. Increase the capacity for local service development & implementation
2. Streamline the network of LPCs, to better align with NHS structures
3. Reform the PSNC mandate
4. Invest in local Leadership
5. Improve accountability
6. Ensure governance serves all
7. Pilot any changes
8. Consider new ways to support service development and innovation

We acknowledge the need for a review

There is underway a fundamental change in the way services are commissioned – towards integrated care based on locally identified needs and delivered by organised multi-disciplinary teams. This change necessitates new skills for influencing and delivering new services, new functions and responsive structures to ensure success.

The current distribution of Local Pharmaceutical Committees does not completely reflect the geography of current or emerging NHS structures, with a few notable early-evolving LPC exceptions. For example, they do not generally mirror the 44 Sustainability & Transformation Partnerships in England.

However, there must be agreement on the future *function* of LPCs, before changes to form and structure are made.

Pragmatic local decisions should determine the optimum LPC scale and shape in any given health eco-system.

We recognise NHS structures themselves are constantly evolving and therefore community pharmacy structures should not be set in stone, but for the foreseeable future the STP-Integrated Care System-PCN model of delivery is the committed route ahead.

Alongside any structural changes, it would also be sensible to consider in depth how investment in skills and leadership development at all levels – national and local – could have transformational and enduring benefits.

The benefits of reform must outweigh the costs

Before proceeding with major changes, it must be clear that a reformed system overall (local and national) can deliver improvements that outweigh the costs of disruption and distraction from current delivery. We cannot afford to spend years looking inwards if this means failing to reach out to the world around us: commissioners, fellow health care providers, patients. Introspection risks becoming the enemy of action.

Change needs to be implemented in a stepwise fashion that is capable of adjusting to an ever-changing environment and allows for a re-route if it becomes clear that the new system is failing. Furthermore, ongoing dialogue will be required to ensure a consensus over time on the way ahead.

Community pharmacy needs more support at a local level

The NHS has begun to move decisively in the direction of commissioning for population health needs at a local level.

Local is where the magic happens; it's where ideas are conceived, innovation is sewn and patient care is delivered. Local capacity for effective support and representation is especially important in the light of the funding that now exists (£4.6 billion) for primary care via Primary Care Networks.

Service development should be primarily based on local population health needs and delivered through integrated local care pathways. Local integration can only be achieved by having an optimised structure of strong local representation that builds trust and influence over time. Furthermore, it is self-evident that the task of embedding community-centred ways of working can only be delivered with strong local input. Public Health England has clearly signalled that community pharmacists must engage with local authorities, the voluntary sector and other local stakeholders, as partners in whole-systems care.

Any reduction in the number of LPCs should not equate to a reduction in local capacity to support the general body of pharmacy contractors. On the contrary, any monies released from structural efficiencies should be reinvested to support local activity. This includes investing in a programme of support for the newly selected 1259 Pharmacy Primary Care Network Leads. Ultimately, whatever structure we have should deliver value for money for contractors.

Representative, holistic governance

Independents and multiples share many common interests. Yet their distinctive voices must be heard, respected and reflected in governance locally and nationally. At PSNC, this implies a constitution that equitably balances independents and multiples – evenly and fairly serving all.

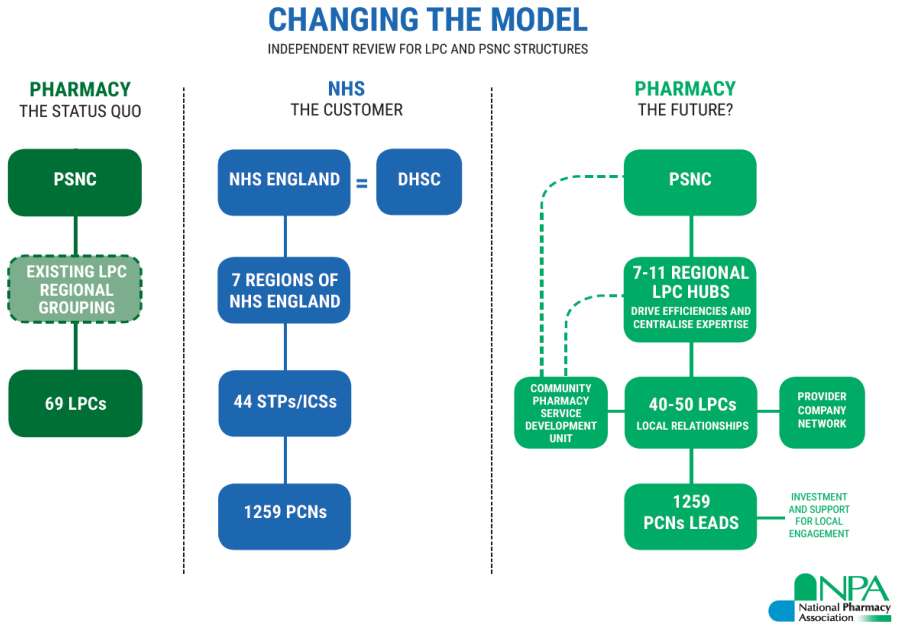
The right support in the right place

The right support needs to be given at the right level, in order to avoid duplication and release resources both locally and nationally. PSNC should focus on its core duties - especially negotiation of the national contractual framework - and be given the resources to do this effectively. LPCs should focus on local leadership and representation, including support for the implementation and local integration of new national contract services, as well as local service innovation.

We should also consider a new regional support structure, with regional hubs providing functional support for a streamlined network of LPCs. This could release money (by further reducing duplication of mechanical administrative spend) for reinvestment in local representation. It could also reduce duplication of service development activity, with ideas being filtered through the hubs.

Taking this a step further, perhaps we should also explore the concept of a national Community Pharmacy Service Development Unit to coordinate the development ideas bubbling up from LPCs via regional hubs. This could be a body that caters for both NHS and private services. It would be important to see this as a central support unit for local innovation – helping local ideas become local realities – as well as a mechanism for spreading good practice and feeding the national contract.

POSSIBLE EVOLUTION OF PHARMACY REPRESENTATIVE STRUCTURES IN ENGLAND?



A coherent overall system of representation and support

Local, national (and possibly also regional) structures of representation and support should be connected and integrated; meaningful flow of insight and learning between PCN Leads, LPCs, regional hubs and community pharmacy sector central teams would ensure that all parts of the system benefit one another. Bear in mind that much of what ultimately emerges in the national contract originates from local innovation supported by LPCs.

Accountability and value for money

There should be clear KPIs and lines of accountability throughout the system. Approximately £11.3 million of contractors' money is spent annually by LPCs and PSNC. This is a substantial sum and there should be straightforward ways for contractors to monitor the appropriateness and effectiveness of that expenditure – perhaps an annual statement on money spent versus value delivered. We acknowledge that the total sum is considerably less than the amount spent by equivalent representative systems (notably BMA-LMCs representing medics).

The next steps and what you can do now

The Review Team issued a survey on 28 January, seeking the views of contractors and LPCs on what you wish to see change. **The NPA urges you to take part in this consultation. Your future as a pharmacy business and the future of the sector as a whole will be affected by the outcome.**

Please also feed your thoughts into the NPA (independentsvoice@npa.co.uk), to help us frame our formal submission into the review. In particular, please tell us if you agree with our analysis above and our recommendations below?

NPA recommendations

We specifically recommend:

1. **Increase the capacity for local** service development and implementation; the system at local level must be skilful in representation, efficient and responsive to change.
2. **Streamline the network** of LPCs, provided a thorough analysis shows that this would be cost-releasing, so that savings can be re-invested in local support and representation
3. **Reform the PSNC mandate** and accountabilities, focusing PSNC more sharply on negotiation of the national contractual framework
4. **Invest in a local leadership development programme** which includes PCN Pharmacy Leads; and potentially provides backfill funds to enable attendance at PCN meetings
5. **Redefine what 'good looks like' for a contractor** in terms of what they get for their levy investment into PSNC and LPC; and improving transparency and accountability in relation to its expenditure.
6. **Ensure that any forms of governance** evenly and collectively serve all the contractor stakeholders in community pharmacy, i.e. independents and multiples
7. **Pilot any changes** before full-scale implementation and learn from early pathfinders.
8. **Consider how service development and innovation is handled** by the sector. We think there might be a lot of merit in a new regionalised support structure, plus a national Community Pharmacy Service Development Unit. Both would serve, not direct, local pharmacy representatives. This idea requires further thought and we will be taking soundings from NPA members, LPCs and other stakeholders about its desirability and feasibility.