

Review Steering Group update – Nov 2021

LPC/ PSNC event

- **James Wood**, Director of Contractor and LPC Support and Secretary/ Sponsor of the Review Steering Group
- **Deep Sen Gupta**, Programme Manager – Review Steering Group

www.pharmacy-review.org

Purpose of the Review Steering Group

The Pharmacy Review Steering Group (RSG) is working on behalf of the whole sector, to bring about change so that NHS community pharmacy owners in England have:

- stronger representation
- better and more consistent support
- and a more unified voice to Government and the NHS.

Change: Why is it needed?

- The RSG is seeking to address the issues identified in Professor Wright's 2020 review of PSNC and LPCs.
- The RSG considers that NHS Integrated Care Systems (ICS) will become a critical part of the local healthcare landscape for community pharmacy. Consequently, our representation and support structures need to evolve alongside.
- Given the significance of the rapid changes to the NHS structures, as well as the issues identified in the Wright Review, “doing nothing” is not an option for the sector.

What could be the future benefits?

...for pharmacy contractors

- Future models of representation and support will provide stronger and more cohesive leadership and forward direction for the sector
- Community pharmacy will have a stronger and more unified voice, supporting negotiations on funding, services and other matters
- Through this stronger advocacy, the role of community pharmacy will be elevated externally and within the NHS so that its value is more clearly recognised.
- Contractors will get stronger and more consistent support, helping them to deliver innovative and high value patient services as a core part of the NHS
- Effective support structures working well together will enable the sector to be more agile and responsive to future demands.
- Forward-looking direction for NHS community pharmacy services, enabling contractors to prepare for future needs.

...for the NHS & HM Govt

- Community pharmacy is aligned with NHS geographically and strategically, as a key pillar of frontline healthcare and a recognised contributor to achieving NHS targets
- Community pharmacy works effectively with the local and national commissioning environment and can respond to future demands in an agile way
- Community pharmacy has a 'seat at the table' and is a credible contributor to discuss and debate the future of primary care.

...for patients and the public

- Patients have access to high quality and prompt advice, support and care services outside GP, A&E and hospital services
- Public has a clear understanding of the services community pharmacy can provide and how they complement and supplement other health and social care services.

RSG Terms of Reference - progress to date

To engage and involve stakeholders from across the sector with the reform process

- Held a series of engagement events including focus groups for contractors and LPCs through summer and autumn
- Regular updates through newsletters and articles on the RSG website
- Presentations at sector events such as the LPC Conference and Pharmacy Show 2021.

To propose a contractor designed decision-making process

RSG has published its Working Plan for the Contractor Voting Process and an associated set of FAQs.

To find a way forward on the issues identified in the Wright review

- Future roles for the local and national representation and support organisations
- Aligning the future structure of LPCs to ICS
- Options for future governance and operating models for pharmacy representation and support.

...in doing so, to look at the external environment, cost, benefits, feasibility and acceptability

- to be addressed in the contractor proposal (“prospectus”)

Engagement with the RSG process - in data



Regular email/ newsletter updates being opened by more than 6000+ recipients



22,000+ views of the RSG website since the start of the year
8,000 website views in Oct 2021



Focus groups held on different dates throughout October on the role/structure of the council
100 places made available via website.

October

- **08/10/21:** RSG announces autumn engagement events and publishes outputs from the summer focus groups, including slides summarising the future roles for the local and national organisations
- **13/10/21:** Meeting of the RSG Structure Development sub-group on Governance
- **13/10/21:** RSG Structure Development sub-group on the role of the Council
- **14/10/21:** First contractor focus group on the role/structure of the council
- **15/10/21:** Meeting of the RSG Structure Development sub-group for LPC Finances
- **15/10/21:** Meeting of the RSG Structure Development sub-group on the Future Structure for LPCs
- **17/10/21:** The RSG delivers a progress update at the Pharmacy Show to a well-attended Keynote Theatre, with a repeat session on the 18th of October
- **19/10/21:** RSG releases its working plan for the contractor voting process
- **20/10/21:** Second contractor focus group
- **22/10/21:** The RSG publishes FAQs about the contractor voting paper
- **22/10/21:** Final contractor focus group

Wright review – LPC (“CPL”) recommendations

Recommendation 23

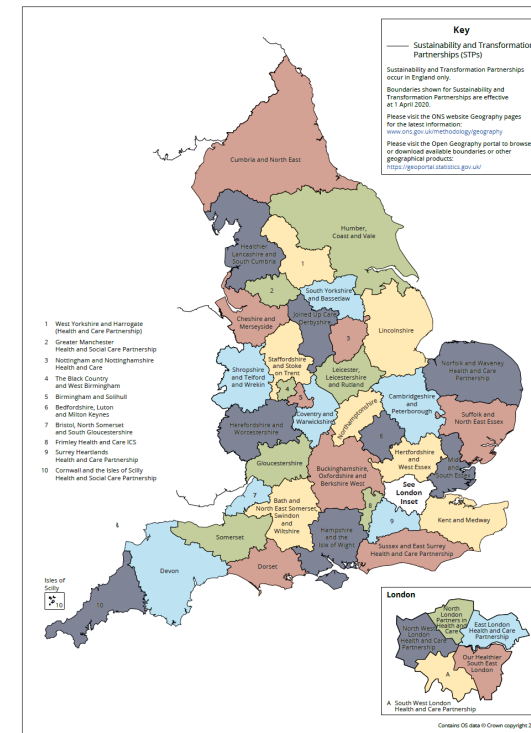
Review CPL size with respect to number of contractors represented, considering value for money to contractors, size required for a place on CPEC, local knowledge/relationships and NHS geographical footprints.

- Clear support for rationalisation of the network to free resources for more local and national activity
- Evidence that levies are lower once the number of contractors represented by a CPL passes 200... it seems that an LPC size of greater than 200 contractors, is more likely to result in a smaller levy, although a number of smaller LPCs are requesting a levy of less than £1000 per contractor
- Main fixed costs are employees. Committees consequently either merge or better share resources to increase efficiency

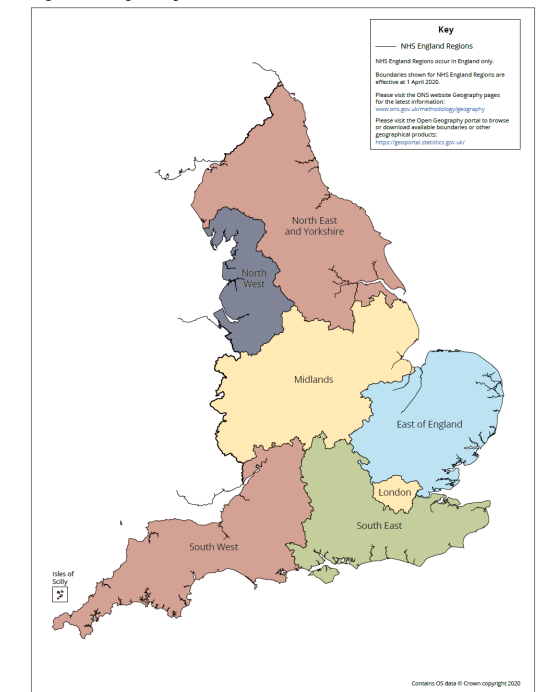
How should Community Pharmacy engage and operate within the developing local NHS landscape

- What's changing in the NHS landscape?
- What are the implications for community pharmacy and how it should engage and represent in future?
- What does it mean for future models of representation support at a local and national level?

England: Sustainability and Transformation Partnerships, 2020



England: NHS England Regions, 2020



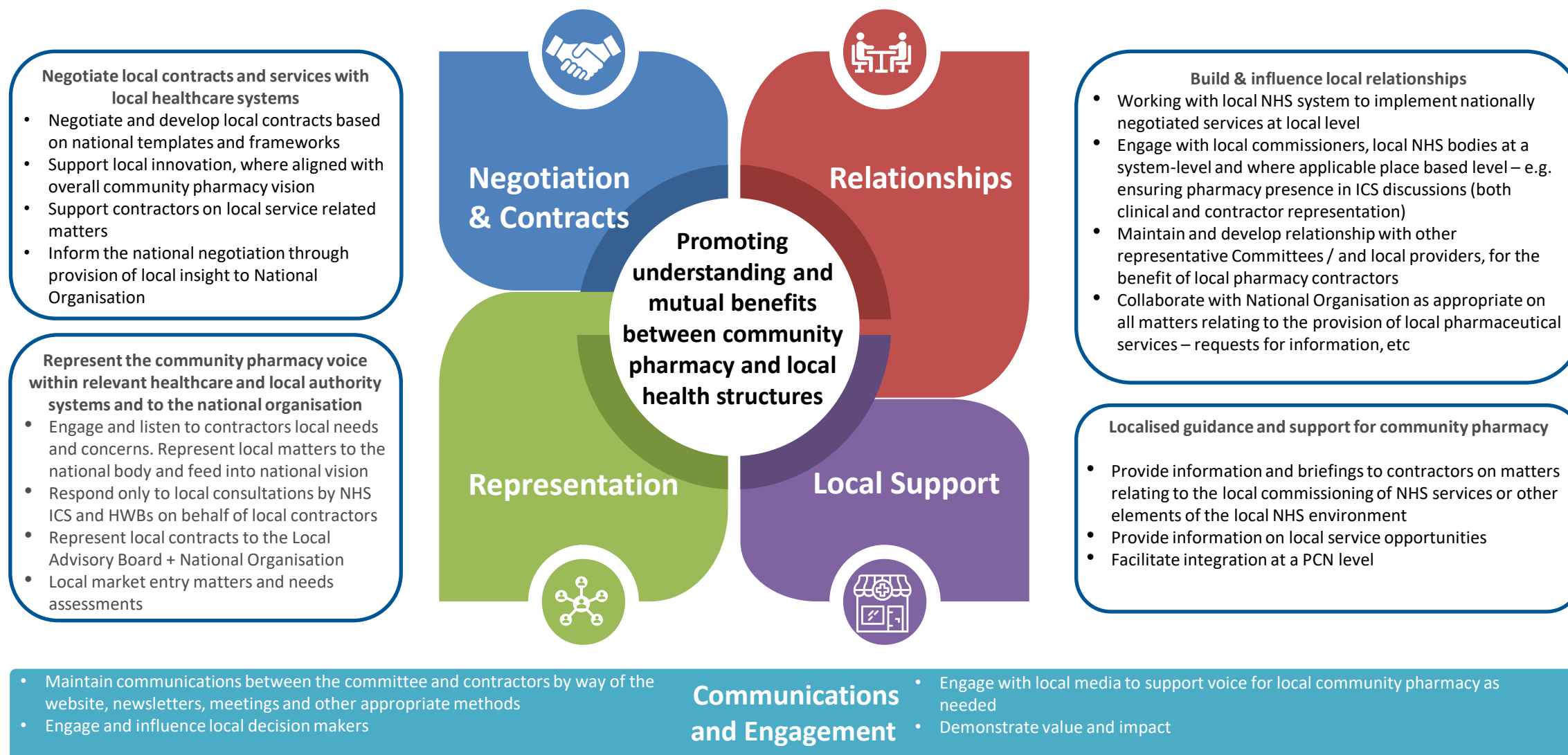
How should Community Pharmacy engage and operate within the developing local NHS landscape

Taking into account the changing NHS landscape, the direction from NHSE&I, views of contractors and the findings from the Wright review, RSG proposals are likely to include model options for mapping local representative structures to the ICS footprint with an overlay of Wright's recommendations.

Benefits

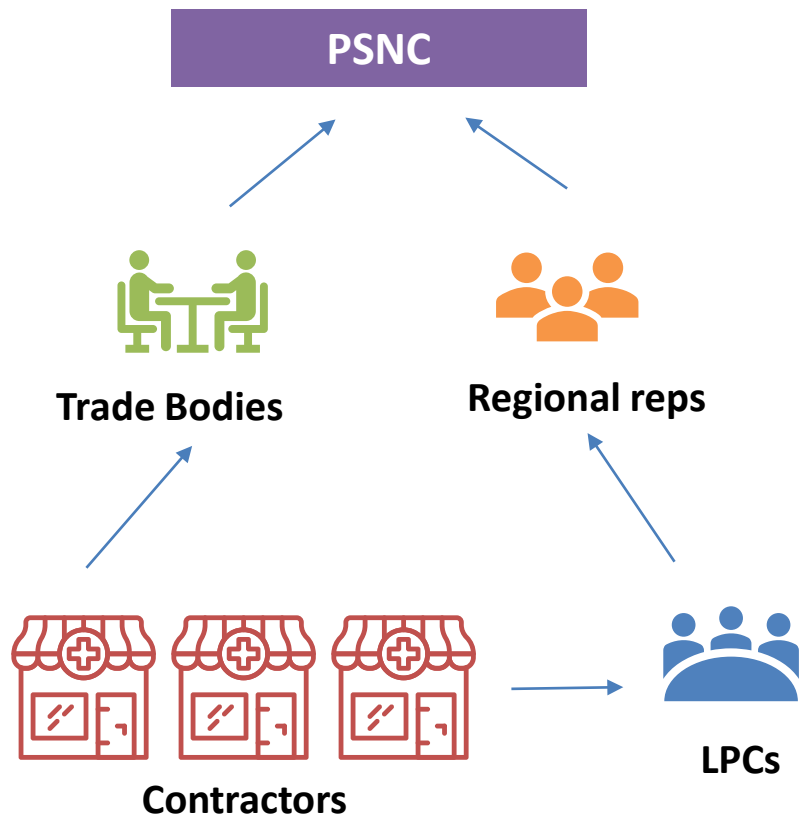
- Reorganising in this way aligns CP unquestionably with its core stakeholder and shows intent to engage with NHS vision and collaborate for the future
- Some ICS leaders face similar challenges of operating across new geographical structures – may be an opportunity to collaborate and influence
- Ensures CP follows funding and commissioning – as some commissioning of the CPCF is devolved to ICS level
- Stronger single CP voice at ICS level (1 local pharmacy organisation to at least 1 or more ICS = less duplication and simpler engagement model – ICS unlikely to engage with multiple local pharmacy organisations)
- Local pharmacy organisations can still work together across boundaries.

Potential Roles of Local Organisations

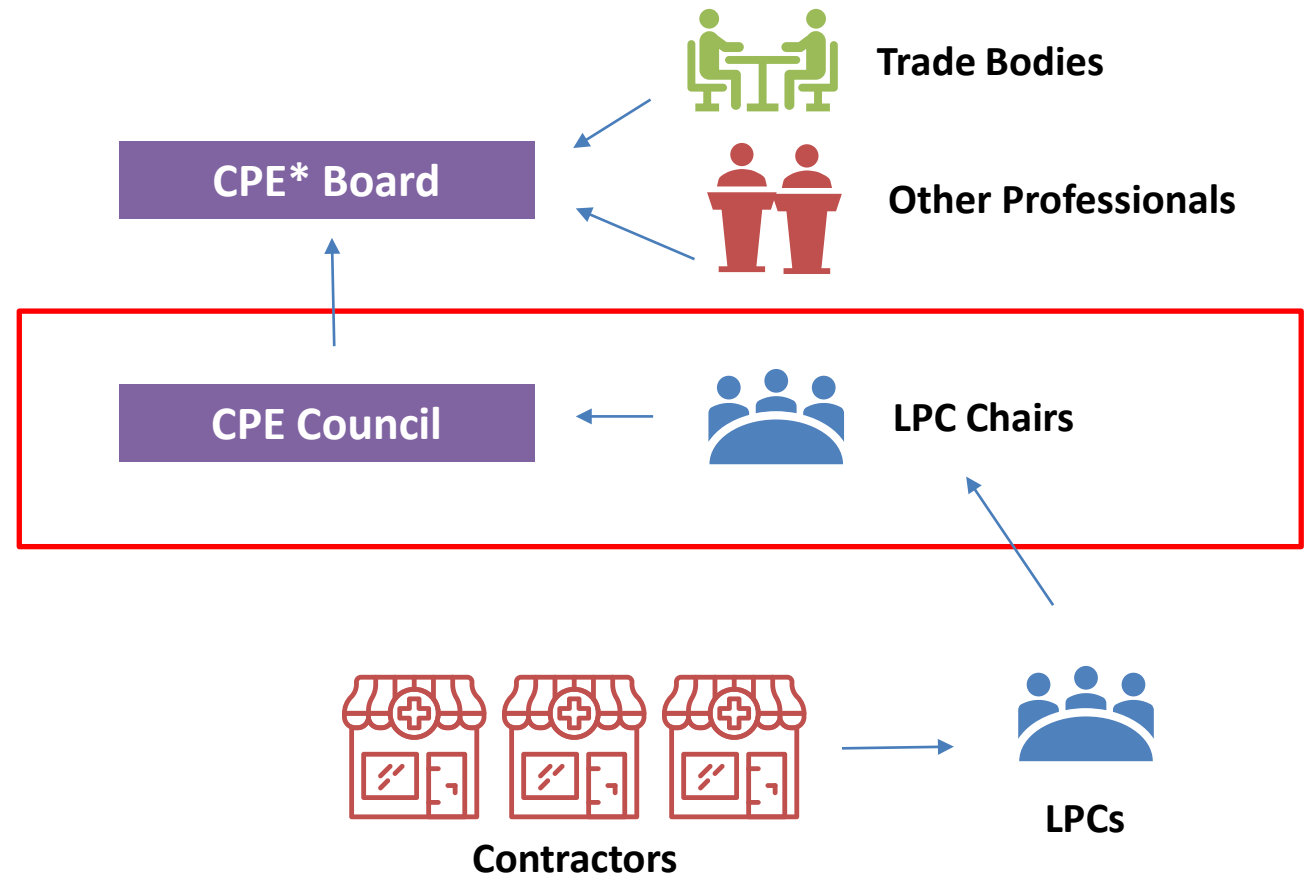


Options for Future Structure – Wright Review

Groups who represent pharmacy contractors
at PSNC today

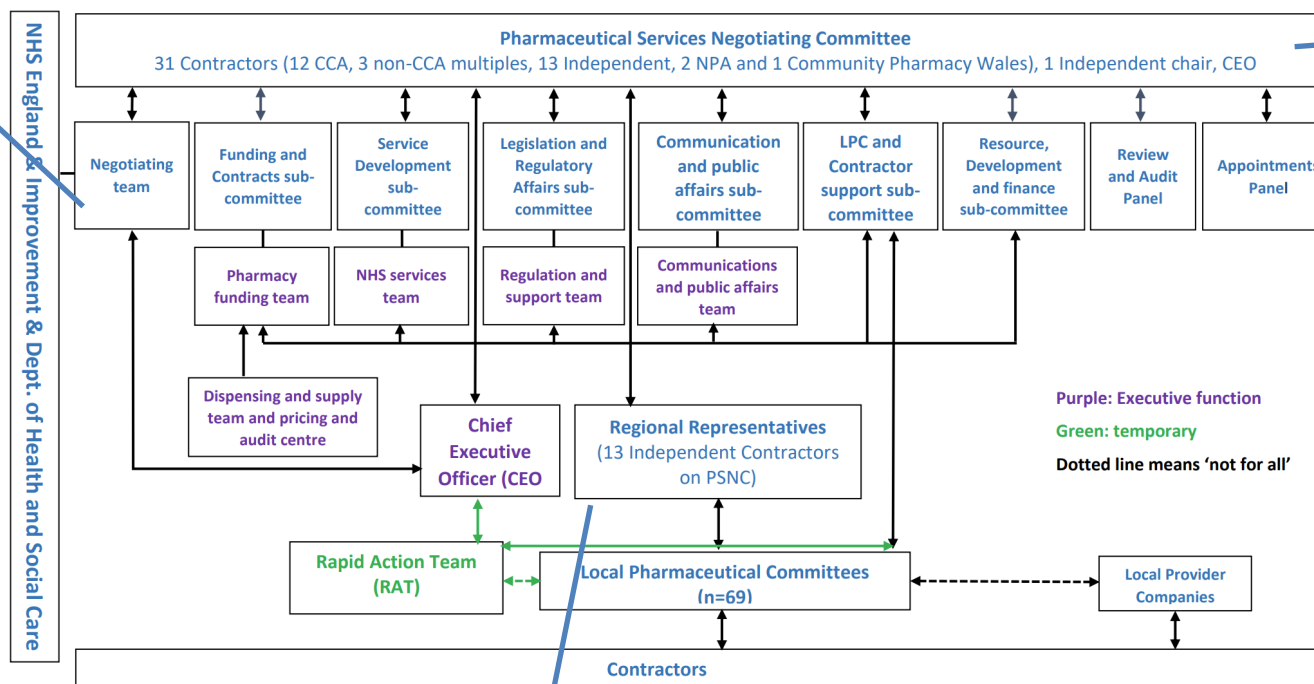


Wright Review recommendation



Governance & decision-making – current state

Figure 5.1 Current PSNC and LPC structures



Lack of independent external governance over PSNC and LPCs – no formal performance targets, not answerable to anyone, no code of conduct, no whistle blowing policy – leading to some mistrust

Negotiating team composed of PSNC CEO + leadership team + committee members

PSNC committee tries to fulfil both governance, operational and representation responsibilities, with multiple overlaps of people and tasks

Sub committees are not separated into governance and operational types, with members working across multiple committees

All decision making is done by the PSNC committee

Lack of transparency around the committee, e.g. no external experts brought in

Lack of effective link between LPCs and PSNC – fulfilled by regional rep team to varying success

Potential Future Structure (Wright Review - simplified)

Board:

- Responsible to contractors for oversight of CPE and local organisations
- Develops one vision and voice for community pharmacy in England
- Supports activities across CPE

Council

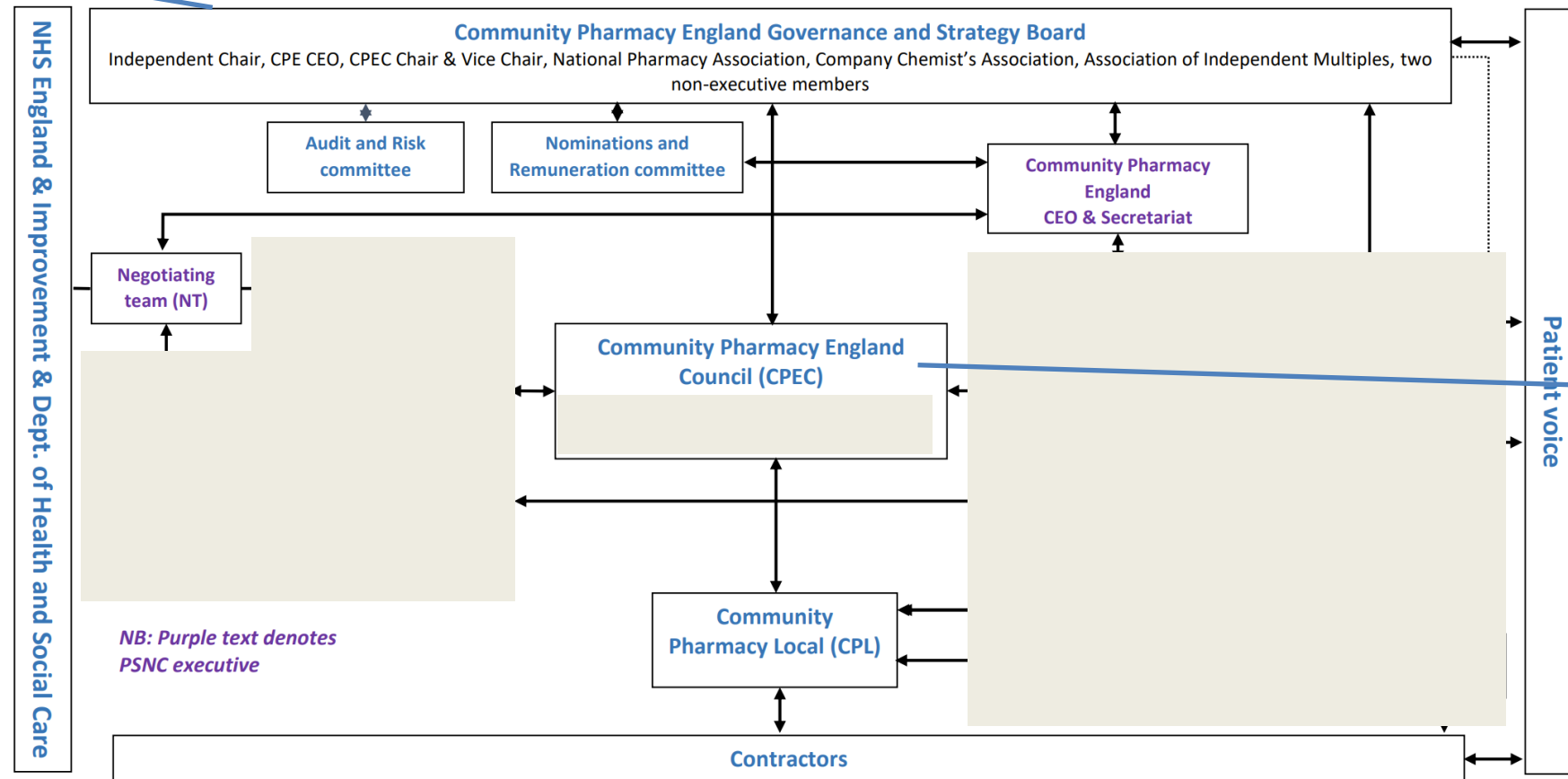
- Representation and feedback function
- Discusses major issues, advises the board
- Board will come back to council for votes on major decisions

Governance

- The board holds the CPE executive team to account
- There is no 'separate' oversight function, to avoid lack of clarity and ownership
- Audit & Risk and Nominations Committees are independent of the board and oversee the whole organisation

Wider governance framework:

- Governance is not the responsibility of one body, but is embedded through the organisation via several checks and balances [see next slide]



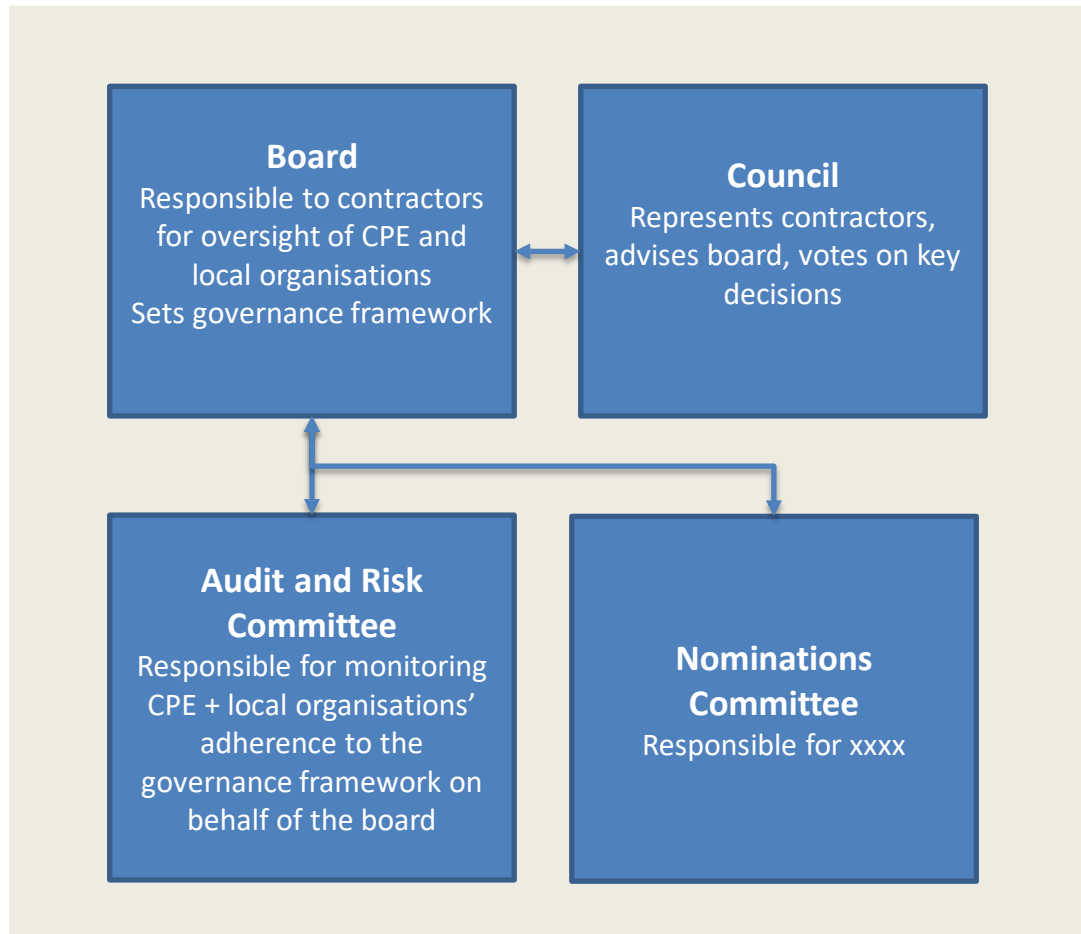
*These elements potentially jointly funded or supported by AIM, CCA, CPE, NHS England (PHIF), NPA, RPS, PDA

Figure 5.2 Possible structure for Community Pharmacy England (CPE) and its supporting bodies

Wider governance framework

Governance is not the responsibility of one body, but is embedded throughout CPE with the adoption of robust checks and balances and measures to transform transparency

Formal oversight...



... underpinned by checks & balances across the organisation

Board & Council

Robust nomination, selection and performance management for board members. Fixed term limits

Council can have wider responsibilities, e.g. approving board appointments, approving mandate for negotiation

Wider composition of council and board to open up scrutiny and representation

Internal processes

Mandatory code of conduct against which board, council and local organisations are assessed

Review of voting rights (to be limited to contractors and their representatives)

Mandatory training on GDPR, equality and diversity, interviewing etc – to reduce risk

External transparency

Overall greater transparency in the system, e.g. certain meetings available to watch online

Regular, independent reviews of the system, publicly available

Publication of KPIs and communication of progress against them

Contractor voting process

Desired outcomes of the voting process

- Clear decision from the contractors on the proposed path for the future
- Strong mandate from contractors
- Address lack of trust around the process, reassure stakeholders, ease divisions

Key questions considered by RSG

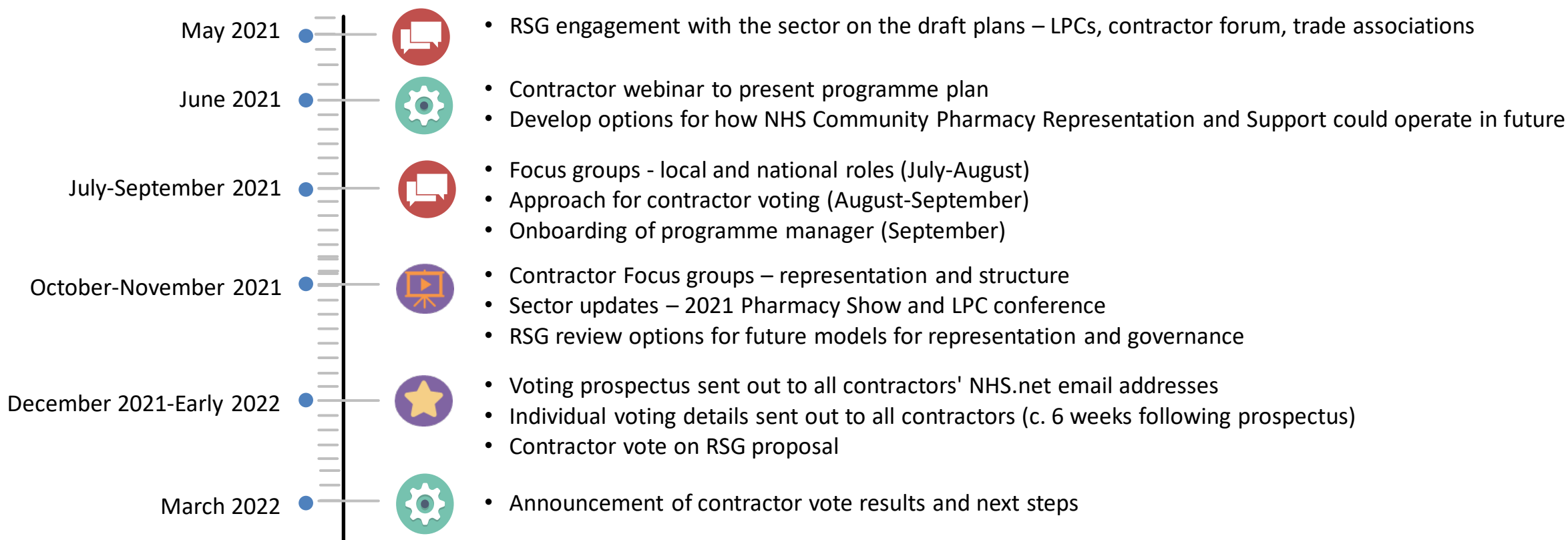
Practical considerations	Voting parameters
Number of voting occasions	Result measured on the percentage of all votes cast, or percentage of all eligible votes
Timing of Contractor Vote	Majority needed for the motion to carry
Format of vote	Majority across the vote or majority within representative groups
Weighting of votes	Voter turnout requirement

Next steps

- Decision making progress
 - Shaping the options
 - Contractor proposal – “prospectus”
 - Overall path to change – PSNC and LPCs
- Logistics
 - A single vote on the prospectus
 - One vote per contract owned
 - Held in early 2022
 - Results announced in March 2022
- Move to implementation phase

Programme Timeline

RSG has set out a planned timeline for its next activities, recognising that many factors could affect this

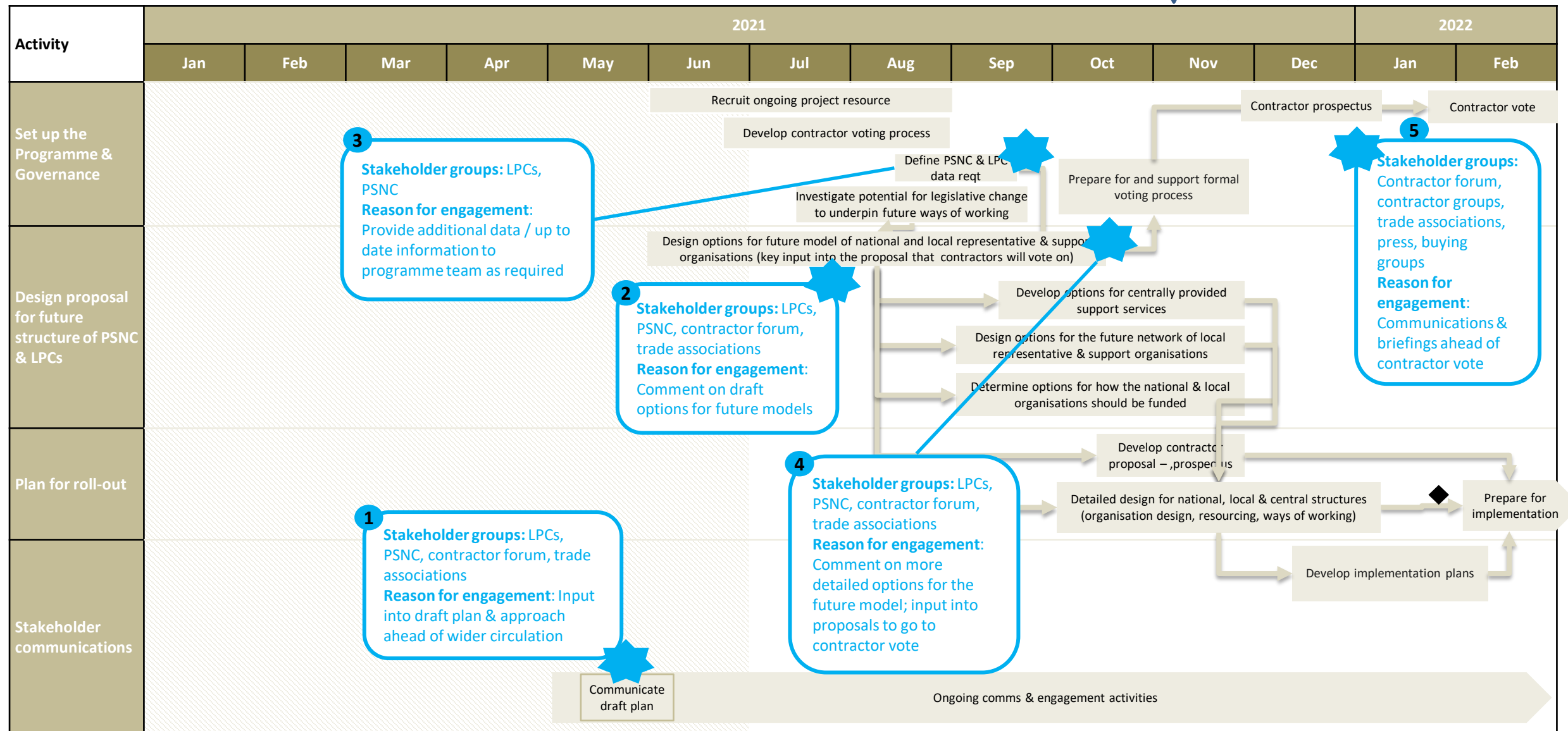


Stakeholder touchpoints



Key stakeholder input required

Today



How to stay involved

Visit our website: The RSG website www.pharmacy-review.org has a wealth of information about the work of the RSG

Join our Contractor Forum: The RSG has set up a forum of contractors with whom it will more regularly engage. We want to hear your views on the future of LPC and PSNC support and get feedback on our draft proposals. To join, email review@pharmacy-review.org

Share your feedback: This is an open consultative process, so please continue to send us your further feedback to review@pharmacy-review.org