PHARMACY REPRESENTATION
REVIEW STEERING GROUP

Appendix 1

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Recommendation by domain/theme	RSG commentary
Names	
1. Rename PSNC committee and executive as 'Community Pharmacy England (CPE)'	**Accepted**
2. Rename all LPCs to "Community Pharmacy [locality] (CPL)".	**Accepted**
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**
Governance	
4. Create an independent Community Pharmacy England Governance and Strategy Board responsible to contractors for oversight of CPE and CPL	**Alternative proposals:** **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 and the LPCs. See RSG proposals 1-9.**
5. Develop a governance framework to include a code of conduct for all members, Key Performance Indicators, expectations regarding transparency and communication	**Accepted**
6. Constitute for a regular independent review of whole system	**Addressed – proposals for:** **1. Review after a period of implementation of changes e.g 1-2 years** **2. Regular review of market share/ownership information**
7. Limit membership for all committees to 12 years (three terms of four years)	**Accepted**
8. Ensure that the Chair and employee roles are separated	**Accepted**
9. Only allow elected contractors and nominated contractor representatives to have voting rights	**Accepted**

Community Pharmacy England Non-Executive	
10. Create a national vision and strategy for Community Pharmacy in England	**Accepted**
11. Develop and implement a national communication strategy to enhance external perception of Community Pharmacy	**Addressed -- defined in the proposed national roles section**
12. Create a Negotiating team (NT) consisting of contractors and contractor representatives which is employed and extensively trained by CPE	**Alternative proposals:** **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**
13. Replace the current PSNC with a CPE Council (CPEC) constituted by Chairs from CPLs each representing an agreed minimum number of contractors.	**Alternative proposals:** **Create a national forum of LPC contractor representatives, to help further advise PSNC on local matters, 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	**Alternative proposals:** **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. See RSG proposals 26-31.**
15. From the CPEC create a smaller Negotiation Strategy Committee (NSC) to respond to day to day negotiation questions from the Negotiating team	**Alternative proposals:** **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**

16. Develop strategies for including patient and public representatives in all elements of CPE	**Accepted – CPE national functions will include working with patient and public groups to better support negotiating e.g patient surveys, public opinion polling**
Community Pharmacy England Executive	
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.	**Accepted the principle of further support for LPCs. Initially focussed on:** • **Central service development and support capacity, advice and information sharing** • **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**
18. Develop an effective network for CPL Chief Officers to enable sharing of good practice and to provide peer support.	**Accepted**
Finances	
19. Significantly increase funding to CPE to support the negotiation processes and LPCs	**Accepted**
20. Arrange for the levy to be directly paid to each of CPE and CPLs	**Cannot be done. Addressed -- 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**
21. Create a CPE transformation fund	**Accepted**
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**
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**

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**
25. Increase the use of virtual technology to improve value for contractors	**Accepted**
26. Identify and implement effective approaches to engaging with local contractors.	**Accepted at principle level – address on implementation**
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**
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**
29. Provide on-line training to all CPL members on their roles and responsibilities, GDPR, Equality and Diversity and recruitment and appointment as appropriate	**Accepted**
30. Review processes and create strategies to ensure that all employee appointments are fair and transparent and that CPL are equal opportunity employers.	**Accepted -- addressed in the proposal through standardised practices on HR good practice and governance frameworks**
31. Develop strategies to ensure that engagement by all CPL committee members is equal	**Accepted at principle level – address on implementation**
32. Focus levy funded activities on representative rather than support related activities	**Addressed**
33. Negotiate and set up new services only where there is a reasonable profit margin	**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**