DERBYSHIRE LPC - COMMUNITY PHARMACY UPDATE 01.07.20

This update is intended to highlight and add helpful and local information to the key areas that affect community pharmacies this week. This summary is accurate at 5pm on Wednesday 01.07.20. Please note things continue to change rapidly.

1. **NHS Test and Trace and wearing PPE**

PSNC have issued guidance about Test and Trace and community pharmacies. The full guidance can be found at: https://psnc.org.uk/wp-content/uploads/2020/07/PSNC-Briefing-022.20-NHS-Test-and-Trace-%E2%80%93-Key-points-for-contractors-as-QAs.pdf

Some of the key points include:

- The existing rules apply for all who have COVID-19 symptoms, who should self-isolate with other members of their household. Pharmacists and pharmacy staff as essential workers can order a priority COVID-19 test.
- A staff member who receives a positive COVID-19 test result should be included in NHS Test and Trace and will receive a phone call requesting they complete an online form - to provide their details and those of their contacts.
- Contract tracers dealing with community pharmacy are likely to be one of the (approx. 3,000) nationally employed healthcare professionals (Tier 2) but could be from the (approx. 20,000) call handlers (Tier 3). They will contact the pharmacy, to seek help gathering more information about contacts during the staff member's infectious period (broadly 48 hours before and the time after symptoms appeared). Contractors should respond promptly to requests for information
- Contact tracers are seeking to trace other staff members who have been in close contact with the person who has tested positive for COVID-19, to ask them to self-isolate for 14 days.
- A close contact broadly means spending 15 minutes or more within 2 metres of an infected person, or a very close specified personal interaction for a shorter period of time, e.g. skin to skin physical contact or travel in the same small vehicle, and applies to those who spend significant time with an infected person within the same household.
- **If pharmacy staff in the pharmacy are:**
  • more than 2 metres socially distancing (from other staff and patients and the public) (from 4th July 2020 this is likely to change to the 1 metre plus rule) or
  • routinely wearing a Type IIR facemask on a sessional basis (Type IIR facemasks help to protect the wearer as well others if used properly) and
  • the contractor takes other appropriate measures... ...
  there is unlikely to be a close contact and, therefore, staff are unlikely to be asked to self-isolate for 14 days
- Contractors should take other appropriate measures to help to protect staff, patients and the public, for example, physical barriers such as screens between pharmacy staff and patients and the public, appropriate information posters, COVID-safe arrangements for staff lunch and other breaks and handwashing routines undertaken frequently. Contact tracers may still ask about these steps and whether facemasks have been used (put on, taken off and disposed of) properly.

- Contract tracers may also ask whether the pharmacy contractor has completed the pharmacy risk assessment and individual staff risk assessments. Information and template forms for risk assessments were sent from the NHSE&I Midlands team to the shared NHS mail of all our community pharmacies on 15th June.

Steps to follow if as a result of Test and Trace your pharmacy has to close:

- If the provision of pharmaceutical services is interrupted temporarily, this may be for a short period of time, for a deep clean of the premises, or a longer period of time if all staff are asked to self-isolate and no replacement pharmacy team is available. NHSE&I should be contacted and flexibility in the provision of pharmaceutical services sought in accordance with the emergency procedures which remain in place until at least 1st September 2020
- . A pharmacy that has to close temporarily should follow its business continuity plan and liaise with the local pharmacies that patients are likely to go to instead to have their prescriptions dispensed. PSNC's emergency closure checklist developed with NHSE&I provides a useful checklist of steps to take if the pharmacy is closing.

2. Antibody tests in Derbyshire

Still waiting for the final details how pharmacists and pharmacy teams can book antibody tests…….!

Please remember that although a positive antibody test signifies previous exposure, it is currently unknown whether this correlates with immunity, including protection against future infections.

3. The Wright Review into community pharmacy representation

Professor David Wright has undertaken an independent review of community pharmacy contractor representation and support (Report Summary included in Appendix 1). This review looks at how LPCs and PSNC work and makes recommendations for changes to ensure the way community pharmacy is represented provides best value for contractors.

The LPC met (virtually of course) to discuss the recommendations and, as requested by David Wright, we have submitted some questions to understand more about some areas. It is not clear yet what the next steps will be – how will it be decided whether all the recommendations are implemented, what will the timescales be, etc.

4. **Consultation Audit**

Several Derbyshire community pharmacies have completed and submitted their Consultation Audit – thank you! I am sure many more of you are underway with it. This audit is vital in supporting the PSNC in demonstrating the added value you provide to patients and the public every day. Derbyshire LPC encourage every pharmacy to complete it please!

5. **Pilot of Video Consultations in Community Pharmacies**

Since the start of COVID-19, GPs have moved to models of total triage and remote consultations by telephone and video. Video consultations (VC) have proved beneficial and good feedback has been received from GPs, other clinicians and patients. The Midlands NHSE&I team are keen to follow on with this work and understand how VC can also help community pharmacists, optometrists and dentists.

We hope that VC in community pharmacy will enable you to resume pharmacy services that you may have paused or reduced during the pandemic. Some of the services we anticipate it may be helpful in are:

- NMS and MUR provision
- Sexual health services and other Local Authority services
- NHS CPCS
- To check a person doesn't have any COVID-19 symptoms before they come into a pharmacy for a service
- To complete administration for a service so the time the person spends in the pharmacy is minimised
- To provide healthy lifestyle information as part of a pharmacy service

I am sure there are other examples we haven't thought of.

The Midlands NHSE&I team are hoping to pilot in around 10% of community pharmacies across the Midlands Region – more information will follow from them shortly - this is to give you the heads up to watch out for it.

DATE FOR YOUR DIARY: **The Derbyshire LPC Annual General Meeting will be held on TUESDAY 15TH SEPTEMBER 2020. This will be a virtual meeting starting at 19:30 in the evening and we hope many of you will attend. If guidance indicates we can meet face-to-face by then we may also have a venue as well, but this will be in addition to the virtual meeting not instead.**

Thanks

Jackie

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APPENDIX 1 – EXECUTIVE SUMMARY

BACKGROUND

Local Pharmaceutical Committees (LPCs) were set up, with the formation of the National Health Service (NHS), to represent the community pharmacist voice locally and within this to review requests for opening new community pharmacies. More recently, LPCs have additionally assumed responsibility for negotiating and setting-up local services and supporting pharmaceutical needs assessments (PNAs). With a broad constitution, most LPCs have further widened their activities in order to provide additional contractor support. The Pharmaceutical Services Negotiating Committee (PSNC) is responsible for promoting and developing national services for community pharmacy and negotiating the national community pharmacy contract (the Community Pharmacy Contractual Framework) with the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE&I). The value of which is circa £2.6bn per year. LPCs and PSNC are funded through an automatic levy taken by the NHS Business Services Authority (NHSBSA) at source from contractors. From this £11.3M per year, the levy is divided approximately 70/30 between LPCs and PSNC respectively, with the PSNC funding channelled through the LPCs. Recent national contract negotiations have resulted in significant real term income reductions in community pharmacy funding, bringing all elements of community pharmacy expenditure into sharp focus, including the LPC and PSNC levy. The aim of this independent review was therefore to review contractor representation and support, and make recommendations to ensure that contractors receive value for their money.

METHOD

A Pharmacy Review Steering Committee was set up to support the process. National survey tools were designed following regional focus groups with LPC representatives and contractors and interviews with a number of LPC Chairs and Chief Officers(CO). The surveys were made available in February 2020. In parallel a review of LPC websites was undertaken to determine the level of standardisation of practice, financial transparency and governance. All senior PSNC employees and PSNC committee members were offered an interview using a similar structure to that used within the national surveys. Members of the General Practitioner Committee within the British Medical Association, Community Pharmacy Wales and Community Pharmacy Scotland were interviewed to understand their models of delivery. The information provided from all sources was collated and reviewed by the independent review team.

RESULTS

All except one LPC completed the national survey and over half of all contractors were represented within their responses. Satisfaction with both LPCs and the PSNC could be significantly improved. The main messages from the surveys were the need:

- for independent governance of both LPCs and PSNC
- to reduce variation within LPCs, improve efficiency and focus their activities
- to ensure that levy funds are used equitably across all contractors
- to create key performance indicators for LPCs to enable comparison
- to improve PSNC performance with respect to negotiation outcomes
- to develop a new national vision and strategy for community pharmacy
- to reduce LPC and PSNC committee sizes to improve efficiency
- to improve working relationships and trust between LPCs and the PSNC
- to listen better to contractors so their voices are better heard at all levels

- to appropriately resource PSNC to enable staff to better support negotiations and LPCs

DISCUSSION

Whilst there were many examples of good practice and innovation across the network, significant variations in performance and governance were identified. Satisfaction at all levels, PSNC, LPC and contractors could be improved. It was ubiquitously recognised that the PSNC executive team has been under resourced for many years with respect to the negotiating process and supporting LPCs generally. The COVID-19 experience further evidenced this. To improve performance within negotiations there were repeated requests for a more effective negotiating team, who are extensively trained, prepared and supported for the role. We therefore strongly recommend that increased funding for the executive and an employed negotiating team is a priority. There is a clear need and support for an oversight governance body which is accountable to contractors. With a remit to improve performance, communication and transparency across the network, we believe that this should also be a priority consideration. The structures used by the General Practitioner Committee and Community Pharmacy Scotland are very effective and therefore our main recommendation for consideration is to replace the current PSNC Committee with a national council of LPC chairs. Placing LPCs at the centre of decision making should ensure that both theirs and the contractor voice are more effectively heard in all negotiations. A better supported national network with an overarching governance body and framework, should reduce the routinely reported duplication and variations in practice. The COVID-19 experience demonstrated the value of LPCs having a direct line of communication with the PSNC executive team and the value of a more formalised national network. We would anticipate that all LPCs represented on the council would voluntarily sign up to the new governance structure and framework. There was a repeated demand to centrally set up a human resources department, finance support team, provider company, service template and evaluation centre and an external communications team. We suggest that a new national council should consider each of these as they are likely to enhance performance, reduce duplication and variation within the system and thereby improve value for money for contractors. There was a common belief that efficiency gains from LPCs could fund the new model. These could be achieved through smaller LPCs merging or federating. reducing the size of committees and moving more activities to online platforms. We estimate that the cost of all these changes may require between £1.5M & £2.2M extra funding per year or £21k to £32.5k additional levy per LPC depending on the extent of recommendation adoption. The first action of the national council and governance body should be to develop a national strategy for community pharmacy and achieve that ‘one voice’ repeatedly identified as necessary. In recognising the broadening of role, we propose that the newly structured PSNC is named Community Pharmacy England (CPE), the national council Community Pharmacy England Council (CPEC) and LPCs Community Pharmacy ‘Local name’.

RECOMMENDATIONS

Names

1. Rename PSNC committee and executive as ‘Community Pharmacy England (CPE)’
2. Rename all LPCs to “Community Pharmacy [locality] (CPL)”.
3. Remove the term ‘Chemist’ from all documentation where possible and replace with ‘Community pharmacy or pharmacist’ as appropriate

Governance

4. Create an independent Community Pharmacy England Governance and Strategy Board responsible to contractors for oversight of CPE and CPL
5. Develop a governance framework to include a code of conduct for all members, Key Performance Indicators, expectations regarding transparency and communication
6. Constitute for a regular independent review of whole system
7. Limit membership for all committees to 12 years (three terms of four years)

8. Ensure that the Chair and employee roles are separated
9. Only allow elected contractors and nominated contractor representatives to have voting rights

Community Pharmacy England Non-Executive
10. Create a national vision and strategy for Community Pharmacy in England
11. Develop and implement a national communication strategy to enhance external perception of Community Pharmacy
12. Create a Negotiating team (NT) consisting of contractors and contractor representatives which is employed and extensively trained by CPE
13. Replace the current PSNC with a CPE Council (CPEC) constituted by Chairs from CPLs each representing an agreed minimum number of contractors.
14. Create negotiation policy development groups from CPEC designed to consider all aspects of community pharmacy within the negotiation process
15. From the CPEC create a smaller Negotiation Strategy Committee (NSC) to respond to day to day negotiation questions from the Negotiating team
16. Develop strategies for including patient and public representatives in all elements of CPE

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.
18. Develop an effective network for CPL Chief Officers to enable sharing of good practice and to provide peer support.

Finances
19. Significantly increase funding to CPE to support the negotiation processes and LPCs
20. Arrange for the levy to be directly paid to each of CPE and CPLs
21. Create a CPE transformation fund
22. Seek external funding, where appropriate, to support PSNC transformation to CPE and the set-up of proposed support bodies

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.
24. Reduce CPL committee sizes to maximum of 10 members whilst maintaining local proportional representation.
25. Increase the use of virtual technology to improve value for contractors
26. Identify and implement effective approaches to engaging with local contractors.
27. Provide honoraria for all members of CPL committee to compensate for time taken to deliver roles effectively and improve engagement
28. Allow pharmacy employees and patient and public representatives to have non-voting membership of CPLs
29. Provide on-line training to all CPL members on their roles and responsibilities, GDPR, Equality and Diversity and recruitment and appointment as appropriate
30. Review processes and create strategies to ensure that all employee appointments are fair and transparent and that CPL are equal opportunity employers.
31. Develop strategies to ensure that engagement by all CPL committee members is equal
32. Focus levy funded activities on representative rather than support related activities
33. Negotiate and set up new services only where there is a reasonable profit margin