

Report of the Committee for April 2023 to March 2024

INTRODUCTION

This report provides details of the work undertaken by Community Pharmacy Lincolnshire during the period 1st April 2023 to 31st March 2024.

Community Pharmacy Lincolnshire is the Local Pharmaceutical Committee, which is the representative statutory body for all Community Pharmacy contractors in the Lincolnshire area. The committee works with the ICS and other key healthcare stakeholders including local councils and other organisations, as necessary, to ensure that the provision of pharmaceutical services continues to be an integral part of Health and Social Care in the county and that community pharmacy is truly represented.

This report outlines how the Committee have complied with their duties, the work completed during the course of 2023/24 and the priority areas of focus for 2024/25.

MEMBERSHIP

The current LPC committee was formed on 1st July 2023, comprising the same members of the committee that covered the end of the final year of the previous committee term. This report covers the last three months of the fifth and final year of the previous committee's term and the first nine months of the new committee's term.

Community Pharmacy Lincolnshire chose to adopt the PSNC (now Community Pharmacy England) model constitution, and the membership of the committee is reflective of that. The membership of the nine-person committee (reduced from ten in November 2023) is proportional to the numbers of contracts in the area of the LPC held by Company Chemists Association (CCA members), Association of Independent Multiple Pharmacies (AiMP) and Independent Contractors. Community Pharmacy Lincolnshire (CPL) made the decision to reduce the size of the committee to nine members as CPL believe this properly represents the contractors in the area for which the LPC is formed, taking account of the financial envelope within which the committee operate, to ensure economy, efficiency and effectiveness for all pharmacy contractors in Lincolnshire.

Based on contracts held on 30th November 2023, the constitution of Lincolnshire LPC (now known as Community Pharmacy Lincolnshire) comprises 3 CCA members, 4 AiMP members and 2 Independent Contractors.

Committee Members

CCA

Paul Jenks
Robert Severn
Jon Norman

AiMP

John Broomhead
Chris Kenny
Marc Brooks
Jevon Khakh

Independents

Blazej Jasnowski
Chris Mulimba

Blazej Jasnowski changed from an AiMP representative to an Independent representative in November 2023

Committee members who left during the financial year:

Independents: Andrea Mudamburi.



The Executive Committee

Community Pharmacy Lincolnshire Executive Committee consists of committee officers:

- Paul Jenks, Chair
- Marc Brooks, Vice Chair
- Chris Kenny, Treasurer

The Executive Committee are supported by a lead member for governance and designated supporting governance representative members.

- Robert Severn, Governance Lead
- Christine Stafford, Governance Representative
- Chris Mulimba, Governance Representative

Non-Committee Member Employees

- Tracey Latham-Green, Chief Officer (0.6FTE)
- Hazel Sisson, Administration Assistant (approx. 0.1FTE) (until 25th August 2023)
- Stuart Hellon, Services Implementation and Support Lead (0.3 FTE, fixed term contract 1st April 2023 – 31st March 2024)
- Natalie Kenny, Administrator from 1st March 2024 (0.27FTE – 10 hours per week)

Governance

The Committee operates in line with its constitution and related policies, as shown on the website under [Committee Governance](#). To further strengthen governance, the LPC voted to adopt the Community Pharmacy England Code of Conduct and Governance Framework as from 1st April 2024, at its March 2024 meeting. The committee has formed a governance committee made up of the governance lead and governance representatives shown above, which is activated when required. Members are required to declare any conflicts of interest and ensure these declarations are updated when required. Declaration of Interest (DOI) forms for each committee member are available on our website. The Chair ensures members declare any conflicts of interest relating to specific agenda items at the start of each meeting. Members with relevant conflicts for items on the agenda are excluded from voting and in the event of this occurring, their voting exclusion and conflict is noted in the minutes.

WORK PROGRAMME & PROGRESS IN 2023/24

Meetings of the Committee

During the year, the Committee has met on four occasions. To ensure maximum economy, efficiency and effectiveness, the committee held four quarterly meetings this year, one of which was held virtually on Teams. Details of [Committee Meetings](#) can be found on the website. Committee Members are required to attend the LPC meetings regularly as per the constitution, which is available on the website. It is LPC policy that members who are working on behalf of the LPC should not be financially disadvantaged for performing those activities on behalf of pharmacy contractors. A copy of member's meeting attendance and expenses claims is detailed below. Please note, backfill is sometimes claimed by members for work outside of meeting dates, for duties such as MP visit attendance, governance related work or Market Entry related paperwork. The Chair and Treasurer receive a separate, flat rate, remuneration to cover regular work completed outside of committee meetings as noted in the accounts.

Name	Role	Attendance				Expenses		
		15 June All day	21-Sep All day	30-Nov Half day	14-Mar All day	Backfill and Travel for Committee Meetings	Backfill and Travel for Other general work e.g. Market Entry, ICS related, regulations, governance, PNA.*	
						From Levy	From Levy	From NRF
Paul Jenks	Chair					£ 987.43	£ 604.05	
Marc Brooks	Vice Chair					£ 840.00		<u>£90.00</u>
Chris Kenny	Treasurer					£ 840.00	£ 705.00	
Robert Severn	Governance Lead					£ 103.05		
Blazej Jasnowski	Member	x				£ 498.00		
John Broomhead**	Member			x		£ 720.00		<u>£15.00</u>
Chris Mulimba	Governance Rep					£ 840.00		
Christine Stafford	Governance Rep					£ 932.40		
Jevon Khakh	Member					£ 299.22		
Andrea Mudamburi	Member	x	x			-		

x Apologies
 Part Attended
 Attended
 Not a member at this date

**Backfill for John Broomhead overpaid by £120, overpayment to be reclaimed in next financial year

Sub-Committees/Groups

The Governance Lead, detailed on the website, has the power to convene the specific membership of the governance committee as and when required. The committee can choose to set-up groups and committees as required, subject to committee agreement.

Finance Matters

Community Pharmacy Lincolnshire's finances remained sound throughout 2023/24, as reflected in the Treasurer's report. Financial planning aims to maintain a suitable working capital balance and retain an appropriate reserve balance in alignment with strategic plans to enhance the profile of community pharmacy in Lincolnshire. The annual levy for 2023/24 remained fixed at £130,000.

During 2022/23 it was announced that as part of the TAPR programme, the amount of contractor levy requested from PSNC would increase from £44,510 in 2022/23 to £51,817 in 2023/24 with an indicative rate for 2024/25 of £61,521 +/- 5%; max cost of £64,597 min £58,445 (var £6,152). A number of efficiency measures have been implemented which enabled CPL to meet the increased financial obligations without increasing the contractor levy for the current year.

Additional, non-recurrent funding outside of the contractor levy was secured as detailed in the accounts to allow services development and other ICS integration support without using contractor funds.

A zero-based budget was produced for 2023/24 to reflect costs for the next financial year. This was presented at the November 2023 Committee meeting, providing a balanced forecast budget and reserve levels meeting, as a minimum, the recommended parameters for LPCs. There is a slightly higher level of reserves held than in previous years, to allow for the additional CPE levy to be paid moving forward and to cover any potential shortfall in costs for equipment and other one-off costs. A full explanation of the reasons for this higher reserve is detailed in the Treasurer's supplementary report to the accounts. The annual accounts can be viewed on the website from the end of August 2024 under [Community Pharmacy Lincolnshire Finance](#).

Committee Elections/Appointment for new four-year term

During Spring 2023 the process outlined in the constitution was followed to appoint a new committee for the period 1st July 2023 – 31st March 2027. The committee comprises membership as shown in the membership section of this report above.

Transforming Pharmacy Representation (TAPR) Programme

Following the RSG vote, CPL completed a comprehensive review of CPL including ways of working, integration with other health structures in county and financial efficiencies. The required changes have now been implemented with CPL also adopting the new branding during 2023/24.



Health System Engagement

The LPC continued to employ flexible ways of working across the healthcare system, to further strengthen the voice of community pharmacy within the county and the wider Midlands region.

The Midlands Medicines and Pharmacy Communication Group (MaPCOG) formed in 2021, with LPCs and the NHSE&I Midlands teams (East and West) meeting fortnightly to discuss policy changes, issues, and plan solutions to increase resilience and address some of the challenges being faced by pharmacies during the pandemic. These meetings continue to be an opportunity for liaison with colleagues from the NHSE&I teams and to share insights across the Midlands LPCs. Within Lincolnshire, we continue to attend the ICS Pharmacy and Prescribing meetings, enabling us to take a similar approach at a more local level, allowing us to work with Lincolnshire ICS and provide clarity on pharmacy issues.

Regular attendance at meetings, advice and input has continued to develop the position of community pharmacy within the ICS. We have continued to highlight to the ICS that community pharmacies do not align fully to PCN locations in Lincolnshire, which can cause confusion for patients. We are therefore engaged with the ICS to ensure that services are commissioned widely, ideally on a county basis but as a minimum based geographically on clusters of PCNs, to minimise patient confusion and potential health inequalities. We also highlight potential risks when changes are considered to prescribing programmes and other efficiency measures suggested within the system, to ensure stability of the community pharmacy network in the county.

Community Pharmacy Lincolnshire's footprint is coterminous with that of both Lincolnshire ICS and the Health and Wellbeing board. This has facilitated greater inclusion of pharmacy's voice in the development of integrated working across the system. The Lincolnshire ICS took on delegated responsibility for commissioning of Pharmacy, Optometry and Dental Services in 2023/24. Over the year we have continued to work with representatives from the 'Four Pillars of Primary Care' being pharmacy, general practice, ophthalmology and dentistry, to approach the ICS with one voice, with the aims of strengthening the voice of primary care within the ICS and rebalancing the weighted focus on secondary care within the county.



CPL has representation at strategic level within the ICS Care and Clinical Directorate, with the Chair having a seat on the Care and Clinical Directorate Strategic Board, who meet monthly and being the vice chair of the Primary Care Advisory Group, which feeds into the ICS Board via the Primary Care Board member who Chairs the PCAG meetings. It also feeds into the Primary Care Commissioning Committee. PCAG provides an expert clinical voice across all four pillars of primary care, ensuring appropriate decisions are made in areas including primary care service commissioning and pathway redesign for patients.

Representation for CPL has been maintained on several working groups including the Primary Care Transitional Oversight Group and the ICS Integrated Pharmacy and Medicines Optimisation (IPMO) groups. Committee members have been involved in the ICS IPMO programme, including support for the three Clinical Reference Groups (CRGs) with each individual attending regular CRG meetings with representatives from the system as follows: John Broomhead (Polypharmacy), Marc Brooks (Mental Health Prescribing) and Paul Jenks (Opioids). Additionally, CPL has representation on the Primary Care People Group moving forwards.

Working with the other pillars of primary care, Community Pharmacy Lincolnshire continues to meet quarterly as a group with ICS representatives and LMC Representatives, allowing us to further strengthen relationships and support the development and roll-out of services.

In summary, Members, Officers and employees of Community Pharmacy Lincolnshire continue to represent Lincolnshire community pharmacy contractors, with membership of and/or representation on the following bodies:

- Midlands Medicines and Pharmacy Communication Group (MaPCOG)
- Lincolnshire Pharmacy and Prescribing Provider Group
- Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF)
- East Midlands Clinical Senate Council (representing East Midlands LPCs)
- CPE Rural Working Group (national)
- Pharmacy Competency Group (national)
- Lincolnshire Prescribing System Improvement Programme (SIP) Steering Group
- Lincolnshire Antimicrobial Stewardship Group
- Lincolnshire Controlled Drugs Local Intelligence Network (CD LIN)
- Lincolnshire Health & Wellbeing Board Pharmaceutical Needs Assessment (PNA) Steering Group

- Lincolnshire NHS Integrating Pharmacy and Medicines Optimisation (IPMO) steering and working groups
- Lincolnshire System Improvement Programme Clinical Working Groups
- ICB Primary Care Transition Oversight Group
- ICB Four Pillars of Primary Care Quarterly Group
- Tobacco Dependency Steering Group
- ICB Clinical and Care Directorate Strategic Board
- ICB Primary Care Advisory Group (within the Clinical and Care Directorate)
- Lincolnshire Palliative and End of Life Care Operational Group
- Lincolnshire Pharmacy Faculty
- Lincolnshire Pharmacy Workforce Planning Group
- Lincolnshire Executive Planning Covid Vaccine Group and Lincolnshire Seasonal Influenza Vaccination Planning Group (now combined)
- GP-CPCS Steering Group (local implementation team)
- Community Pharmacy Midlands Working Group
- Midlands Pharmacy Integration Fund Contraceptive Pilot Steering Group
- Community Pharmacy East Midlands Working Group
- Lincolnshire Pharmacy Operational Group
- Primary Care People Group

Local University and Academic Engagement

The Lifeguard Project

CPL supported this innovative project, piloting a support service in pharmacies for domestic abuse victims and those experiencing suicidal thoughts. Chris Kenny, Superintendent Pharmacist at Lincolnshire Coop Pharmacies and Treasurer of CPL, and Tracey Latham-Green, Chief Officer, CPL sat on regular meetings with the University Steering Group. The pilot project ended in September 2023 with very good results. Publication of these in academic journals is imminent. The Project Team are currently working on a future sustainable model for the service to enable funding to be acquired in the longer term. The LPC will continue to engage with and support the University in this area.



University of Lincoln Research Group

The Chief Officer of CPL remains a Visiting Senior Fellow at the University of Lincoln, which has allowed a relationship to be built between the University and CPL that will be useful for future service development and upskilling opportunities.

Collaboration with Regional LPC Colleagues

We continue to work collaboratively with our colleagues across the Midlands, meeting quarterly across the entire Midlands region (two face-to-face and two virtual meetings) and bi-monthly via Microsoft Teams with East Midlands colleagues. This enables us to discuss key issues that jointly affect us and share resources, to ensure efficiency and avoid duplication, maximising value for contractors across the region.

Contractor Engagement and Support

Engagement with contractors continues via the weekly newsletter circulation, including upcoming deadlines, shared directly to registered mailboxes, via twitter, Facebook and the website. The weekly newsletter continues to provide a summary of key interest areas for contractors including upcoming deadlines and available training and resources.

This year saw the launch of Pharmacy First and the relaunch of the Hypertension Case Finding and Contraception Services, with additional funds available for contractors. CPL gained non-recurrent funding from the ICS to allow a training day for ENT to be held in Lincolnshire with 120 places. We worked collaboratively with neighbouring East Midlands LPCs to deliver a weekly drop-in session for contractor questions from January until March 2024.

We shared resource summaries and links both directly and in the newsletter.

We also worked with the ICS Community Pharmacy Clinical Lead to facilitate smooth roll-out, liaising with NHSE and the regional team where necessary to resolve queries.



The Services Implementation and Development Lead supported contractors in the roll-out of GP referral into the Community Pharmacist Consultation Service (CPCS) – subsequently Pharmacy First – both directly and through working with general practice and the system to increase referrals from general practice, supported by the Chief Officer. We secured funding from the ICS to provide software for GP practices to facilitate smoother referrals with efficient and simple triage from general practice.

Quality Payments

Community Pharmacy Lincolnshire continued to provide support to contractors to maximise any potential payments available through the Quality Payments Scheme and ensure deadlines are met, providing links to resources on the website and important information and reminders in regular newsletters.

Public Engagement

The public facing webpage continues to promote community pharmacy in Lincolnshire ensures maximum visibility of community pharmacy across the county. Patients landing on the CPL website homepage are prompted via a pop-up window to visit the public facing website at www.lincolnshirepharmacies.co.uk, which is clearly highlighted on CPL's Facebook page. The website is designed to signpost and link patients to centrally managed NHS pharmacy resources as well as show the locations of pharmacies within the county.

This year we have worked closely with Healthwatch to develop resources for patients in the county to increase public understanding of the services offered by community pharmacies. This included promotional materials for the Pharmacy First Service launch.

Parliamentary Engagement

Now that Community Pharmacy England is taking an active role in MP engagement, we continue to focus on supporting CPE's coordinated communication with MPs in the county, so that a



uniform message is presented across England. The existing relationships we have built and maintain with our local MPs has been shown to assist CPE greatly in terms of MP responses. This work resulted in correspondence from Community Pharmacy Lincolnshire being utilised by CPE directly in the contractual negotiations prior to Pharmacy First, contraception and hypertension case-finding funding increase announcements, with our letter written to MPs being sent directly to the Prime Minister, Health Minister and various other government representatives.

We responded to two consultations around community pharmacy for which our responses were published online.

Pharmacy Applications

Where requests for comment were received, the committee continued to provide appropriate responses based upon the views of contractors. Applications during this period included changes of ownership, consolidations, no significant change relocations, unforeseen benefit applications and applications for distance selling pharmacies. Community Pharmacy Lincolnshire were also notified of several permanent changes to contractors' supplementary hours during this period.

Pharmacy Local Services

Community Pharmacy Lincolnshire carried on its work with the Lincolnshire Integrated Health System to ensure that services continued to be delivered to the standards demanded by community pharmacy contractors for service users.

We continue to provide advice and guidance through our various working groups and meetings to ensure that decisions are not made around services and other projects within the ICS that could negatively impact pharmacy contractors in relation to their dispensing income and that any new services and initiatives developed provide reasonable notice to contractors of any likely increased demand for medication in an area.



We worked closely with Turning Point, who take over the contract for provision of substance dependency services from We Are With You from 1st April 2024, to develop a new Substance Misuse contract which is better suited to current working practices, workforce and legislation in pharmacies. The revised contract will allow better use of the skill mix within the pharmacy team to deliver the service, and we CPL have negotiated better funding rates for those providing the service.

We also worked hard to persuade the ICS to increase the funding for provision of the Rota Service in Louth, increasing the hourly rates for this significantly.

We continue to liaise with Lincolnshire County Council to develop an Emergency Hormonal Contraception service contract which meets the needs of both commissioners and contractors, as we move to pharmacies having a greater role in sexual health following the launch of the National Contraceptive Service.

CPL accessed non-recurrent funding support which enabled us to work with the system to increase referrals into community pharmacies and extend the contract for our Services Implementation and Development Lead, who initially worked on GP Referral into the Community Pharmacy Consultation Service (GP-CPCS), building relationships between community pharmacy, PCNs and GP practices. More recently this role has supported the roll out of other services such as the Discharge Medicines Service (DMS), Hypertension Case-finding and the Pharmacy Contraception Service. Additionally, a range of resources have been developed and updated to support GP-CPCS and CPCS and subsequently Pharmacy First that are available on our website.

CPL worked closely with the Local Medical Committee (LMC) to further extend funding for an integrated IT system (PharmRefer/EMISweb) to facilitate GP practices referral of patients into the CPCS service, the benefit of which to pharmacy contractors is twofold; firstly, referrals come straight into PharmOutcomes rather than via NHS mail, making these easier to manage, (especially when locums are in the pharmacy). Secondly the use of a triage tool in the system reduces the likelihood of less appropriate referrals to pharmacies from GP practice (which result in the pharmacy having to 'bounce back' patients to the GP practice) from 30% to around 5% -



improving the experience for the patient, the pharmacy and the GP Practice. We are lobbying for the funding to be extended for the next financial year, and are confident this will be achieved.

CPL also accessed funding to support the roll-out of the National Contraception Service, enabling relationships to be built between pharmacies and general practice, utilising CPN leads where appropriate. This work continues.

We were successful in three bids to the Primary Care People Group Fund which will be developed and rolled out over the coming year to support Technician Upskilling, Designated Prescribing Practitioners and Lifeguard Project development (working in conjunction with the University of Lincoln).

We will continue to work with regional and local colleagues, including the LMC, ICS and PCN representative, to ensure service income for community pharmacies is maximised.

Pharmaceutical Needs Assessment (PNA) 2022

The Pharmaceutical Needs Assessment (PNA) is a crucial part of the approach to market entry for pharmacy contractors, and supports commissioning decisions based on patient needs. It is important that Health and Wellbeing Boards (HWBs) prepare PNAs to national comparable standards.

Due to the closure of two Lloyds pharmacies which formerly provided pharmaceutical services for 100 hours per week, CPL supported the Health and Wellbeing Board in issuing an appropriate Supplementary Statement to the PNA (required where significant change in pharmacy provision occurs) to ensure stability of the pharmacy network in Lincolnshire, balancing this with appropriate provision and access for patients.

SUMMARY AND WORK PLAN FOR 2024/25

Moving forward, the committee will continue to meet quarterly, but will move to full-day, face-to-face meetings (rather than two being virtual meetings.). This will ensure the correct level of influence, discussion and networking whilst continuing to work with the current financial envelope.

Workforce pressures continue to be an issue in the county and we have been engaging with the system to ensure local primary care providers are working together for the benefit of their patients, recognising the challenges all parties face.

As noted earlier in the report, we were successful in three bids to the Primary Care People Group Fund which will be developed and rolled out over the coming year (2024-25) to support Technician Upskilling, funding for Designated Prescribing Practitioners, and Lifeguard Project development (working in conjunction with the University of Lincoln). The funding from these bids will specifically support workforce development within the county.

Ways of working facilitated during the Covid-19 pandemic have continued strong relationship developments across the region with neighbouring LPCs, NHS representatives and wider health and care professionals. The pace of change and demand on the committee's, officers' and employees' time continues to be significant. During 2024/25, we will continue to devote time and effort to ensuring that pharmacy contractors in Lincolnshire can continue to deliver services to their patients, and to look critically at the services currently being commissioned, with a view to ensuring that these are safe, effective and adequately funded.

Relationships built with the system and engagement in key work groups and committees have allowed stakeholders to discuss ideas and concerns earlier, allowing for outcomes beneficial to contractors. After another positive year working with the ICS representatives in the county, and with primary care local committee representatives for dentistry, ophthalmology and general practice, we will further fortify these relationships and benefits in 2024-25.



As we move into 2024/25 we will continue to support contractors in relation to service development, including the continued roll out of Pharmacy First, the expanded Pharmacy Contraception Service, and the Hypertension Case Finding Service, through continued liaison with the LMC and ICS with the aim of maximising service potential. We have extended the appointment of our Services Implementation and Development Lead for a further year at 11.5 hours per week, utilising external funding, to further develop services roll out and help with development as the year progresses.

Last year we hoped to see further roll-out of referrals from NHS Trusts in Lincolnshire for the Discharge Medicines Service (DMS), as an essential service should see improved patient outcomes, growth of interprofessional networks and an increase in income for contractors across the county. Unfortunately, this did not happen due to significant operational pressures within the acute Trust in Lincolnshire (United Lincolnshire Hospitals NHS Trust). Positive steps have been made with Electronic Prescribing and Medicines Administration (EPMA) systems being implemented across the Trust. We may therefore begin to see referrals for DMS from the Trust during 2024/25, and continue to work with the system to ensure the roll out is managed in a sustainable, staged way with appropriate notice of its launch given to Lincolnshire Pharmacy Contractors. Referrals will continue from Lincolnshire Community Health Services (LCHS) who have four community hospitals within the county, and the Lincolnshire Partnership NHS Foundation Trust (LPFT), who provided mental health services, including in-patient care. We will also continue to work with cross border secondary care providers to ensure smooth functioning of existing DMS referrals.

We have successfully secured funding to extend the Services Implementation and Support Lead's contract for a further 12-month term. This will enable him to continue and grow development of Pharmacy First referrals from GPs (continuing from his work on CPCS) as well as Hypertension Case-Finding and Pharmacy Contraception Service support.

The committee also agreed to appoint a part-time administrator, Natalie Kenny, to support the Chief Officer, Executive Committee and the Community Pharmacy Lincolnshire Committee with their work for the coming year.



As healthcare systems continue to evolve, and the pace of change within community pharmacy quickens, the activities and approaches of LPCs and Community Pharmacy England must do so too. The committee of Community Pharmacy Lincolnshire continue to review how we can best serve contractors in a large rural county, being mindful of national changes and recommendations.

I would again like to take this opportunity to formally thank the members of the LPC committee for their hard work and devotion during the year. In particular, I would like to share my gratitude for the support of Marc Brooks (Vice Chair) and Chris Kenny (treasurer).

I would also like to extend this to Tracey Latham-Green, our Chief Officer for her continued hard work and to Hazel Sisson, our Administrative Assistant for her contribution made to supporting the LPC over several years prior to her departure during August 2023.

ASSURANCE STATEMENT

I confirm that the committee has met its duties and recommend that the committee continues its work under the terms of the constitution.

Paul Jenks

Chair of Community Pharmacy Lincolnshire

March 2024