Report of the Committee for April 2024 to March 2025

# INTRODUCTION

This report provides details of the work undertaken by Community Pharmacy Lincolnshire during the period 1st April 2024 to 31st March 2025.

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 2024/25 and the priority areas of focus for 2025/26.

# 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) comprised 3 CCA members, 4 AiMP members and 2 Independent Contractors. Lincolnshire Coop resigned from IPA on 31st December 2024, joining CCA from 1st January 2025, recalculation of seats led to an allocation of 6 CCA members and 3 independent members. However, with the existing IPA seat filled, it was agreed that the committee would include 2 independent seats and the existing IPA member until they resign or the next elections in 2027, whichever comes earliest.

### Committee Members

|  |  |  |
| --- | --- | --- |
| **CCA** | **IPA until 12.24** | **Independents** |
| Paul Jenks | John Broomhead (until 12.24) | Blazej Jasnowski |
| Robert Severn | Chris Kenny | Chris Mulimba (until 12.24) |
| Christine Stafford  Chris Kenny (from 01.25) | Marc Brooks (until 07.24)  Nicole Murdock (from 08.24) | Muhammad Zafar (from 03.25) |
| Nicole Murdock (from 01.25) | Jevon Khakh (until 11.24)  Kav Hundle (from 11.24) |  |

### Committee members who left during the financial year:

**Independents:** Chris Mulimba **IPA:** Marc Brooks, Jevon Khakh, John Broomhead

### The Executive Committee

Community Pharmacy Lincolnshire Executive Committee consists of committee officers:

* Paul Jenks, Chair
* Marc Brooks, Vice Chair (until 07.24)
* Blazej Jasnowski, Vice Chair (from 09.24)
* 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 (until 12.24)

#### **Non-Committee Member Employees**

* Tracey Latham-Green, Chief Officer (0.6FTE)
* Stuart Hellon, Services Implementation and Support Lead (0.3 FTE, fixed term contract 1st April 2024 – 31st March 2025)
* Natalie Kenny, Administrator (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](https://pharmacylincolnshire.org/about-us/committee-documents/). 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. A governance committee is in place made up of the governance lead and governance representatives above, which is activated when needed. Members are required to declare any conflicts of interest and ensure these declarations are updated regularly. 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 2024/25

### 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. Details of [Committee Meetings](https://pharmacylincolnshire.org/about-us/committee-meetings-2/) 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | Role | | | Attendance | | | | | | Expenses | | | | | | |
|  | |  | | | 20 June All day | 26-Sep All day | | 12 Dec All day | | 13-Mar All day | Backfill and Travel for Committee Meetings | | | | Backfill and Travel for other general work e.g. CPE events/meetings, Market Entry, ICS related, regs, governance, PNA.\* | | |
|  | |  | | |  |  | |  | |  | From Levy | | | | From Levy | NRF | |
| Paul Jenks | | Chair | | |  |  | |  | |  | £1045.80 | | | | £1541.71 |  | |
| Marc Brooks | | Vice Chair (to 7.24) | | |  |  | |  | |  | £240.00 | | | |  |  | |
| Chris Kenny | | Treasurer | | |  |  | |  | |  | £960.00 | | | |  |  | |
| Robert Severn | | Governance Lead | | | x |  | |  | |  | £118.80 | | | |  |  | |
| Blazej Jasnowski | | Member (VC from 9.24) | | |  |  | |  | |  | £982.05 | | | |  |  | |
| John Broomhead | | Member | | |  |  | |  | |  | £600.00 | | | |  |  | |
| Chris Mulimba | | Governance Rep | | |  |  | |  | |  | £778.50 | | | |  |  | |
| Christine Stafford | | Governance Rep | | |  |  | |  | | x | £675.00 | | | |  |  | |
| Jevon Khakh | | Member | | | x |  | |  | |  | £262.59 | | | |  |  | |
| Nicole Murdock | | Member | | |  |  | |  | | x | £480.00 | | | |  |  | |
| Kav Hundle | | Member | | |  |  | |  | |  | £594.30 | | | |  |  | |
| Muhammad Zafar | | Member | | |  |  | |  | |  | £375.10 | | | |  |  | |
|  | | | | | | | | | | | |  | | |  |  | |
| x | Apologies | |  | Part Attended | | |  | | Attended | | | |  | Not a member at this date | | |

### 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 2024/25, 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 2024/25 remained fixed at £130,000.

A zero-based budget was produced for 2024/25 to reflect costs for the next financial year. This was presented at the March 2024 Committee meeting, providing a balanced forecast budget and reserve levels meeting, as a minimum, the recommended parameters for LPCs. The levy was held at £130,000 for 2024/25 and will be held at £130,0000 for 2025/26. 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. Please also refer to the Treasurer’s supplementary report for 2024/25.

The annual accounts can be viewed on the website from the end of August 2025 under [Community Pharmacy Lincolnshire Finance](https://pharmacylincolnshire.org/about-us/finance/).

### Chair Appraisal

As part of the committee governance, the Chair met with the Governance Lead for an annual appraisal in January 2025.

### 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 representation for 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 Commissioning Committee, Primary Care and Communities Group and the ICS Integrated Pharmacy and Medicines Optimisation (IPMO) groups. 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 Access Working Group
* ICB Primary Care Commissioning Committee
* 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)
* Pharmacy 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

### Wider Health System and Stakeholder Engagement leading to Funding Opportunities

Following our success in accessing funding for three bids to the Primary Care People Group Fund to support Technician Upskilling, Designated Prescribing Practitioners for Community Pharmacists completing an Independent Prescriber qualification and the Lifeguard (Mental Health, Domestic Abuse and Suicide Prevention focused ) project development. (working in conjunction with the University of Lincoln).

The **Lifeguard** project is now complete and saw 11 new Lifeguards trained to provide supportive signposting to those affected by domestic abuse, suicide ideation and other mental health issues, with streamline resources now easily accessible on the LPC website for all contractors to access.

Four individuals have applied for and been accepted for the Independent Prescriber Support **Teach and Treat** programme, which allows Designated Prescribing Practitioners (DPPs) supporting the Independent Prescribing Pharmacist when training to receive expenses to cover their costs, as we know finding a DPP can be a barrier to completing Independent Prescriber training. Currently there is no national payment to the DPP for this work and GPs as DPPs have to provide the supervision for no remuneration. This discourages engagement in pressured practices where there are competing demands on GP and other staff time. The provision of a payment to the practice can help mitigate impacts by providing funding for GP direct additional time and an extra amount to recognize the engagement of the practice. There are currently six places remaining and more information about the project can be found [here](https://pharmacylincolnshire.org/our-news/independent-prescriber-training-support-lincolnshire-teach-and-treat/).

We still have funds available to support **Technician Upskilling**, allowing the Accuracy Checking Technician course fees to be paid for contractors. Government funded places on the ACPT course are limited each year. CPL have accessed some non-recurrent monies to support contractors who are not successful in gaining a funded place. CPL have funding for up to 28 places at £330 including VAT, offered on a first come first served basis to qualifying contractors.  No additional support is available, solely course fees can be paid but if contractors are interested in they can find out more [here](https://pharmacylincolnshire.org/our-news/funding-for-accuracy-checking-pharmacy-technician-course/).

### 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. Articles have been published in Pharmaceutical Journal [here](https://pharmaceutical-journal.com/article/opinion/community-pharmacies-full-potential-is-trapped-in-an-iron-cage-of-bureaucracy) and in academic titles [here](https://academic.oup.com/ijpp/article/32/6/452/7749555?login=false) and [here](https://www.sciencedirect.com/science/article/pii/S1551741124002055?via%3Dihub), with a third academic paper due to be published imminently. The Project Team are currently working on a future sustainable model for the service to enable funding to be acquired in the longer term. This financial year the LPC worked with the University of Lincoln and the ICS Primary Care People Group to support a second stage Lifeguard Lite pilot, which aimed to train more Lifeguards and streamline the service design and resources. This pilot ended in December 2024 with positive results. The LPC will continue to engage with any developments in this area.

#### **University of Lincoln Research Group**

The Chief Officer of CPL continued as a Senior Visiting Fellow until September 2024 at the University of Lincoln, which 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 focus on the promotion of Pharmacy First as well as increasing contractor sign-up to Hypertension Case Finding and Contraception Services, in readiness for the bundling requirements related to monthly threshold payments for Pharmacy First as from 1st April 2025. CPL gained non-recurrent funding from the ICS to allow a training day for Contraception to be held in Lincolnshire with 40 places and has continued to use channels such as Healthwatch and ICS social media to promote pharmacy services.

We shared resource summaries and links both directly and in the newsletter to support contractor service delivery.

We also worked with the ICS Community Pharmacy Clinical Lead to increase service uptake, liaising with NHSE and the regional team where necessary to resolve queries.

The Services Implementation and Development Lead supported contractors to increase GP referral into 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 and have worked with the system to ensure hurdles for GP/pharmacy referral can be overcome.

### 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](http://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 and the Integrated Care System 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, with specific campaigns targeted at schools, children in general and holidaymakers. We were involved in designing materials to promote understanding of the service to Lincolnshire patients, including outline symptoms, information for those who do not pay for prescriptions having the same exemptions under the PGDs for the service and specific elements that are helpful for working people. We have shared these resources widely.

### Parliamentary and Local Government 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 last financial year-this influence continues

Our engagement resulted in meetings with MPs who asked parliamentary questions and written letters to ministers on behalf of pharmacy, in addition to visits to Community Pharmacies for the two newly elected MPs in the county following the July 2024 general election: Richard Tice, MP for Boston and Skegness and Hamish Falconer, MP for Lincoln.

The Chair and Chief Officer were asked to present to Lincolnshire County Council Health Scrutiny Committee (HSC) in November 2024, producing a report outlining pharmacy services in the county, in particular Pharmacy First, Hypertension and Contraception, as well as funding issues and Medicines Supply Issues. The HSC were very interested in and concerned about the issues facing pharmacy and agreed to write to the Secretary of State for Health.

### 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 took 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 worked 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, building relationships between community pharmacy, PCNs and GP practices. More recently this role has supported the roll out of Pharmacy First and other services such as the Discharge Medicines Service (DMS), Hypertension Case-finding and the Pharmacy Contraception Service. A range of resources have been developed and updated to support Pharmacy First that are available on our website.

CPL continued to work closely with the Local Medical Committee (LMC) to facilitate GP practices referral of patients into the Pharmacy First service, this included attending the LMC practice managers conference where we engaged with a high referring GP practice, who presented the benefits of the service to their colleagues at the event.

Our Chief Officer attended the launch of the NHS Armed Forces Covenant in June 2024, where she promoted the services that forces members and families can benefit from at their local pharmacies. She also attended Healthwatch and ICS events, to further build relationships and promote local pharmacy services.

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

### Pharmaceutical Needs Assessment (PNA) 2025

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.

The LPC supported the process, working as part of the steering group for the PNA with other health system representatives..

# SUMMARY, STRATEGIC PLAN AND WORK PLAN FOR 2025/26

**Strategic Priorities**

Our Strategic Priorities for the coming year are as follows

**1. Increase Patient Use of Pharmacy Services through Collaboration, Promotion, and Awareness**

* **Objective:**  
  Work with key contacts in the health system and local stakeholders to increase patient use of pharmacy services through joint promotion, awareness efforts, and showcasing the impact of pharmacy services on patient care and health outcomes.
* **Action:**
  + Develop and distribute promotional materials (e.g., brochures, social media content) in collaboration with ICS, Healthwatch, and other key stakeholders.
  + Promote the range of services available through pharmacies to inform and encourage patients to use these services.
  + Work with local stakeholders to raise awareness of pharmacy services through communication channels and to increase inward referrals from other health system partners.
  + Showcase real-life stories and data that demonstrate the positive impact of pharmacy services on health outcomes.
* **Benefit to Contractors:**  
  Increased promotion and awareness will lead to higher patient usage of pharmacy services, creating business growth opportunities, improving patient satisfaction, and fostering long-term patient loyalty. It will also raise public awareness of pharmacies’ critical role in healthcare, enhancing the professional reputation of pharmacy contractors and driving more patient engagement.

**2. Direct Support for Contractors**

* **Objective:**  
  Provide advice and support to pharmacy contractors regarding NHS matters, operational challenges, and resolving any complaints between contractors concerning performance or service efficiency.
* **Action:**
  + Offer expert guidance on navigating NHS processes and any issues that arise in daily pharmacy operations.
  + Provide support to deliver services, including information sharing, signposting, resources development, and operational assistance.
  + Resolve complaints efficiently and fairly, ensuring that contractors can address any issues or concerns promptly and professionally.
* **Benefit to Contractors:**  
  Access to expert advice and tools for service delivery supports contractors in managing their businesses more efficiently and effectively, ensuring better service provision and business growth. A fair and transparent complaint resolution process fosters a collaborative and professional environment within the pharmacy sector, maintaining the integrity of contractors’ operations.

**3. Strengthened Relationships with Commissioners, Healthcare Bodies, National Health Authorities, and NHS Service Commissioning**

* **Objective:**  
  Continue developing effective working relationships with commissioners, healthcare bodies, national health authorities, and ensure transparency in NHS service commissioning to advocate for the needs of pharmacy contractors and integrate pharmacy services into national health strategies.
* **Action:**
  + Ensuring representation for community pharmacy on key strategic committees and forums in relation to clinical and commissioning decision making.
  + Engage in open dialogues with local NHS commissioners and health authorities to discuss community pharmacy roles in public health and service delivery.
  + Identify and explore areas for increased pharmacy involvement in local health initiatives and address service gaps.
  + Participate in national consultations, attend regional and national working groups to influence policy decisions, and align with Community Pharmacy England responses, including locally relevant information.
  + Advocate for fair processes in the local commissioning of NHS services, ensuring all contractors have access to equal opportunities.
  + Attending forums around prescribing and drug choice.
* **Benefit to Contractors:**  
  Building strong connections with healthcare bodies ensures fair treatment, necessary resources, and opportunities for service expansion, ultimately maximising income opportunities for contractors and enhancing the sector’s reputation. Ensuring transparency in NHS service commissioning helps pharmacy contractors gain equal access to NHS services and funding, fostering business stability and growth. Involvement in drug related decision making ensures that the voice of community pharmacy is heard and the impact of decisions is considered.

**4. Strengthened Relationships with MPs and Local Government Representatives**

* **Objective:**  
  Strengthen relationships with MPs and local government bodies to advocate for increased funding and policy support for community pharmacy services.
* **Action:**
  + Continue regular correspondence with MPs and local government representatives to highlight the role of pharmacies in healthcare.
  + Advocate for expanded funding and legislative support for pharmacy services at both local and national levels.
* **Benefit to Contractors:**  
  Lobbying MPs and local elected representatives raises the profile of community pharmacies, fostering stronger recognition of their role in healthcare, and increasing political support for funding and policy changes that benefit contractors.

**5. Proactive Advocacy, Representation in Consultations, and National Lobbying Campaigns**

* **Objective:**  
  Ensure pharmacy contractors are proactively represented in key consultations, policy decisions, and national lobbying campaigns to influence healthcare policy, particularly those that directly impact community pharmacies.
* **Action:**
  + Engage in consultations and submit responses on behalf of pharmacy contractors to influence policy-making at both local and national levels.
  + Participate in national consultations, attend working groups, and align with Community Pharmacy England’s responses while incorporating locally relevant information.
  + Collaborate with Community Pharmacy England and other pharmacy bodies to align lobbying efforts.
  + Advocate for critical policy changes that benefit community pharmacies, including better funding, regulations, and service provisions.
  + Make formal representations to relevant bodies regarding issues like funding, regulations, and service provision.
* **Benefit to Contractors:**  
  By ensuring active representation in consultations and national lobbying campaigns, the Committee helps secure favourable policies, funding opportunities, and better working conditions for pharmacy contractors. These coordinated efforts amplify the voice of contractors, leading to stronger policy changes and a more favourable regulatory environment that benefits the sector.

**6. Collaboration with Other Bodies for Collective Benefit**

* **Objective:**  
  Foster collaborations with other local pharmaceutical committees, commissioners, and relevant pharmaceutical and non-pharmaceutical bodies to support pharmacy contractors.
* **Action:**
  + Regularly meet and collaborate with other pharmaceutical bodies and relevant stakeholders to create joint initiatives that benefit the pharmacy sector.
  + Pursue opportunities for shared resources, collaborations, and collective advocacy.
* **Benefit to Contractors:**  
  Collaboration with a wide range of stakeholders leads to shared resources, stronger collective advocacy, and improved policy outcomes, benefiting contractors through enhanced service delivery and policy changes in the most cost-effective and efficient way.

### Summary for the year ahead

Moving forward, the committee will continue to meet quarterly for four full-day, face-to-face meetings. This ensures 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, two of which will be extended over the coming year (2025-26) in relation to Technician Upskilling and our Teach and Treat funding to support Independent Prescribers ’Designated Prescribing Practitioners’. The funding from these bids will specifically support workforce development within the county. There are currently six places remaining for Teach and Treat IP support and more information about the project can be found [here](https://pharmacylincolnshire.org/our-news/independent-prescriber-training-support-lincolnshire-teach-and-treat/). More information about **Technician Upskilling** funding, allowing the Accuracy Checking Technician course fees to be paid for contractors, can be found [here](https://pharmacylincolnshire.org/our-news/funding-for-accuracy-checking-pharmacy-technician-course/).

The pace of change and demand on the committee’s, officers’ and employees**’** time continues to be significant. During 2025/26, 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. The committee also agreed to permanently 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, enabling the Chief Officer to focus on core work whilst supported effectively and efficiently by the administrator, to ensure best use of resources.

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, along with other organisations like Healthwatch, we will further fortify these relationships and benefits in 2025-26.

As we move into 2025/26 we will continue to support contractors in relation to service development, including the continued roll out of Pharmacy First, the 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 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, as in previous years, 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 – a service we have been encouraging United Lincolnshire Training Hospital (ULTH) to engage with since 2021. Unfortunately, this did not happen. Positive steps have been made with Electronic Prescribing and Medicines Administration (EPMA) systems being implemented across the Trust. We hope to begin to see referrals for DMS from the Trust during 2025/26, 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.

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. The impact of the new contract announced at the end of March 2025 and the future negotiations for 2026/27 and beyond, in light of the [NHS commissioned independent economic analysis](https://www.frontier-economics.com/media/aazb0awt/frontier-iqvia-economic-analysis-pharmacy-final-report-web.pdf) published in March 2025, are a particular focus. Administrative restructures resulting from the merger of the Department of Health and Social Care and NHS England, as well as mandated 50% budget cuts to ICB running costs by October 2025, will likely impact the way we engage with these organisations, but we will continue to ensure community pharmacy’s voice is heard.

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 and then Blazej Jasnowski (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, Natalie Kenny, our Administrator for her efficient support and Stuart Hellon our Services Lead.

### 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 2025**