

ANNUAL REPORT 2021-22

CHAIR – DEBORAH BAIRD-PALMER

Welcome to my Chair's report for the year 2021-22.

As for 2020-21, the last twelve months have been dominated by the Covid-19 pandemic. A time when pharmacy contractors and their teams have worked tirelessly to support their communities during these unprecedented times.

The financial pressures on community pharmacies have continued this year and the pandemic has also slowed some of the progress towards a more clinical future outlined in the 5-year deal for the Community Pharmacy Contractual Framework (CPCF). Contract numbers have remained steady to March 2022, although some contractors have chosen to reduce opening hours.

The pandemic has brought both challenge and opportunity. Pharmacy teams have risen to the challenge of different ways of working and the continued challenge experienced with team illness and resilience. Whilst they have seized the opportunity presented with new services – both national and local, building relationships within Primary Care Networks (supported by Carolyn Jackson our PCN Support Lead), participating to an impressive level in both Influenza and Covid vaccination campaigns.

In line with PSNC recommendations early in the year an SGM was held to amend the constitution to allow an extension by one year for the LPC membership elections.

Throughout 2021-22 a number of LPC members resignations have occurred. These committee members have worked tirelessly on your behalf throughout their term, and I would like to express my thanks to them all. In line with anticipated changes in the RSG (Review Steering Group) prospectus the LPC has agreed to reduce the committee size whilst maintaining the CCA-independent balance. The committee has continued to conduct virtual meetings which have benefits in terms of time management, cost and efficiency. Both LPC Exec meetings and main committee meetings have flexed to the needs of the times. Whilst attendance at the committee meetings (Appendix 1) has been assisted by virtual meetings, increased pressure on pharmacies and locum availability had an impact.

Geraint Morris our Chief Officer outlines the four workstreams that prioritised the work of this LPC in the Chief Officer Report. In particular, I would highlight the significant winter access funding secured to provide a number of services to improve access to healthcare for the public whilst providing support to the wider NHS. A North East North Cumbria Integrated Care System (NENC ICS) minor ailments service established in those areas without such a service, accompanied with a walk-in urgent medication service, with a region-wide UTI antibiotic pharmacist led service and local support to GP CPCF to follow. Ann Gunning's (Head of Services and Support) report expands further upon these developments.

I would like to thank both Ann and Geraint for their hard work and passion which has contributed greatly to the development of these valued ICS services – which have been secured into the coming year.

The LPC Committee has undertaken a full review of plans and priorities, including how best to use the funding provided through the levy from contractors and non-levy funding. This robust costed approach has allowed the committee to agree adjustments to the levy and enabled contractors to retain income. Our Treasurer Christine Wardlaw covers this within her report included below.

The Wright Review has taken a significant amount of time for the LPC. The RSG was formed by the PSNC to plan a prospectus in anticipation of the contractor vote to be held in early summer 2022. Proposals laid out by the RSG would see a greater proportion of levy funding allocated to PSNC whilst transforming the LPC network. A letter was sent signed by all LPCs within our area to the RSG stressing the need for evolution not revolution in respect to LPCs' transformation. We felt that it is better to move gradually in the direction that ensures local structures remain to support contractors and map to evolving (local) NHS structures.

The committee took the decision to elect a vice-chair to help ensure input at LPC Exec level from both the independent and multiple pharmacy sectors. Chris Dodd an independent contractor representative was duly elected as the Vice-chair.

Your LPC remains committed to continuing to be agile and responsive in supporting our community pharmacy contractors and their teams to adapt to the continued fast paced changes that the pandemic has made the new normal. North of Tyne LPC looks forward to continuing to work collaboratively and effectively with contractors, their teams and with our key stakeholders over the next 12 months.

Finally, my sincere thanks go to the LPC Officers, our LPC Executive committee and the LPC committee members, who have all worked above and beyond what could be expected to support pharmacy contractors and their teams through what has been yet another hugely challenging year.

Deborah Baird-Palmer
MRPharmS
Chair
North of Tyne LPC

CHIEF OFFICER – GERAINT MORRIS

At the start of the 2021 financial year, the pandemic continued to accelerate change and create opportunities within the NHS system. Our LPC is delighted to have supported and enabled an increasing number of contractors to provide the C-19 vaccines to their populations. Over the year the NHS increased their appreciation of the fantastic access patients have to healthcare via the community pharmacy network, as they recognised the positive impact that community pharmacy based C-19 vaccine sites were having on inequalities' and deprivation statistics.

We all remain proud of the frontline role our community pharmacy teams have and continue to play in keeping people safe during the pandemic and as we transition to a living with C-19 model. Observing the workforce challenges experienced across our contractors, the LPC members continued to focus our actions around the same four themes identified last year.

Reducing Duplication – Keep it simple.

To minimise email traffic, contractors were updated by LPC newsletters, the frequency of which was reduced as the need for urgent updates declined. The LPC continues to monitor national communication channels and will signpost key national updates via the newsletter, only using email or PharmOutcomes messages for urgent or time critical information.

Reduce Workload.

LPC officers continued to champion campaigns both nationally and locally to stop non-essential workload and where some tasks were being restarted, we pushed for realistic time scales.

Protecting Contractors Local Service Income.

The success of the C-19 vaccine programme enabled our society to reopen and access local pharmacy services again. Whilst commissioners removed the income protection, we had negotiated during lock down, many have acknowledged that some existing service models and funding now needs to be redesigned and this process will be supported by your LPC team.

Recognising the huge pressure that primary care was under, I created several local service proposals that when commissioned provided additional support and capacity to primary care and 111 providers.

Look for opportunities for innovation.

The virtual meeting world that has become normalised in the NHS, enabled LPC officers to attend Northeast and North Cumbria (NENC) ICS and Northeast Yorkshire (NEY) Regional meetings where the ideas we had to support primary care and urgent care could be vocalised. I am proud that through my interventions the funding for three new ICS Pharmacy services was secured, details of which are covered in our Head of Services and Support's report.

The ICS also funded significant people investment in community pharmacy for backfill for our community pharmacist PCN leads and to enable NENC LPCs' to appoint service coaches to support local collaboration and delivery.

Thank you for the amazing care that you and your teams are providing to patients across the North of Tyne LPC footprint. As we move into 2022-23 you are creating more and more advocacy for community pharmacy across the NEY region and our NENC ICS. The NHS system is recognising the support you are providing to patients, NHS primary and urgent care. I would encourage all of you to embrace the new ICS pharmacy services so that Community Pharmacy can deliver them at the scale and consistency that our patients and our NHS system needs.

HEAD OF SERVICES AND SUPPORT – ANN GUNNING

It will be no surprise that the Covid pandemic continued to feature heavily in work during 2021-22. The LPC awards were again cancelled and LPC meetings continued as virtual rather than face to face meetings.

Although most service income has reverted during the year to income based on activity, I have been able to maintain protected income for substance misuse services, as activity has not returned to pre-pandemic levels.

The LPC chief officer, Geraint Morris, successfully negotiated for Winter Access Funding money from the Integrated Care System (ICS) to be given to community pharmacies to support other areas of the NHS. The services negotiated are the expanded Think Pharmacy First, Walk-in CPCS emergency medicines and a UTI nitrofurantoin PGD service. Due to a block on new PGDs for antibiotics, the UTI service did not go live as expected but the remaining services went live just before Christmas. The funding provided for these services is over £3m, which is over £4,500 per pharmacy if equally distributed. This is new funding and is in addition to the global sum negotiated by PSNC. All pharmacies have been encouraged to engage with these services to maximise support to other areas of the NHS, improve access to services for patients and provide a professionally rewarding experience for pharmacists and teams when they are able to support patients more effectively.

The expanded Think Pharmacy First service is based upon the Newcastle service, so Newcastle pharmacies continue to use their original CCG service. Pharmacies in North Tyneside and Northumberland can now use their original CCG service and for patients excluded from this service, use the newly commissioned ICS service, for example for children whose parents pay the prescription levy.

The Walk-in emergency medicine service has eased pressure on NHS 111 because patients who run out of medication no longer need to contact 111 to be referred to a community pharmacy for an emergency supply via the CPCS. If a patient walks into a pharmacy for an emergency supply (or a loan), they can now be provided with an emergency supply, in line with the NHS regulations and receive this for the usual NHS prescription levy or free of charge for those exempt from the levy. Pharmacies continue to be reminded about this service to ensure any medicines are being provided within the law and that pharmacies are being appropriately remunerated for the work involved.

I have supported pharmacy contractors to set up and run Covid vaccination clinics across the area, whether provided from the pharmacy premises or from an offsite location to allow for higher volumes of patients. Contractors have appreciated the support with the setting up process, which could be convoluted but have found the provision of the vaccines to be rewarding and a worthwhile service for their local communities. Provision of the vaccine is straight forward once the clinics have been approved and staff have found this a rewarding service to provide.

I have continued to support Carolyn and Geraint with our PCN leads, attending our bimonthly meetings with the leads. It is sad to report that we have a near constant turnover of PCN leads and currently have a number of vacancies. This will become an increasingly important role with the formation of the ICS and demise of CCGs.

The LPC has responded to a number of contract application consultations. There have been a number of changes of ownership but the number of contracts remains at 179 across North of Tyne LPC's area.

PCN SUPPORT LEAD – CAROLYN JACKSON

A Busy Second Year for Community Pharmacy PCN Leads

Time has certainly flown by as we moved in to the second year for our PCN Leads with our Leads becoming an increasingly integral part in the ICS system.

We have had a multitude of exciting new initiatives for them to promote with their PCNs-all aiming to improve patient care and enhance the patient journey and experience.

Our PCN Leads have continued to develop and build their relationships and networks with PCN Clinical Directors, PCN pharmacists and their constituent pharmacies.

A massive thank you to those who have continued in their roles and to the new PCN Leads who have moved into the role over the last few months. It can be at times a very challenging role, as well as a rewarding one, and we recognise this particularly in terms of the frustrations they can experience managing their time and commitments to their pharmacies.

Three North of Tyne PCN Leads successfully completed a pilot 6-month Leadership Development Programme with NHS England aimed at specifically developing their leadership and communication skills for the role. Feedback from the programme was very positive and highlighted the importance of the role and the increasing need for Leads to be provided with funded time to support it. Our LPC officers are working with ICS colleagues to explore how this Pharmacy Focused leadership training can be made available to more PCN leads.

North of Tyne LPC successfully secured a substantial pot of funding to enable PCN Leads to access backfill opportunities and book regular locums in advance and integrate with practice teams. For example, a Community Pharmacy PCN Lead now can spend time on a regular basis in GP practices to promote co-production and shared ownership of the services referred to above.

We continue to meet regularly as a group allowing ideas to be shared and for them to develop the role further, encourage sharing of achievements and improve motivation levels. I also offer hands on support when needed in person as well as maintaining regular telephone support.

Engagement from constituent pharmacies is imperative and I would like to convey a huge thank you to all those who have contributed over the last 12 months. To continue this success and evolve with the developments we all need to contribute and ensure that community pharmacy is an essential spoke in the wheel of PCN development and vital in improving patient care.

Our ambition for our PCN pharmacists is that they use the backfill funds available to take every opportunity to engage with their PCN Clinical Directors and their teams to explore collaborative ways of working. This is key at this moment in time as the NHS system moves to adopt the ICS led model of place and PCN leadership.

TREASURER'S ANNUAL REPORT – CHRISTINE WARDLAW

The impact of COVID pandemic has continued through the financial year 2021/22 with most meetings and training events taking place virtually. These restrictions have once again impacted on the planned budget and required the committee to adjust predicted expenditure throughout the year.

In addition to contractor levy, the LPC receives income from its provider company PSNE Ltd and this additional income is used to fund additional support to contractors and their teams, which is not provided within the approved use of the contractor levy. Where the LPC has been unable to use this PSNE funding as intended due to the pandemic, the income from PSNE Ltd has been used to subsidise the contractor levy.

At the time of the 2021 AGM the reserves bolstered by PSNE revenue were higher than anticipated due to continued planned expenditure restrictions. As a result at the November 2021 meeting it was proposed and approved that the contractor levy would be suspended to be restarted at a time when overall LPC reserves were at the PSNC recommended level.

The LPC is holding monies received from NHSE in April 2021 and March 2022 for the support of Community Pharmacist PCN leads to cover the costs of pharmacist back-fill which, as yet, have not been fully called upon due to the pandemic and workforce restrictions. These funds are expected to be utilised in 2022 to support the role of the PCN pharmacist and aid more collaborative working as the NHS system moves to adopt the ICS led model of place and PCN leadership.

Changes from face to face to virtual working of both the LPC Exec and Committee have required continued investment in IT equipment and suitable software to maintain committee operations and communication, whilst also enabling our officers to participate effectively in external virtual meetings.

At the request of PSNC all LPCs will produce accounts on an accrual's basis from 2021.

PSNE Ltd was commissioned by NHSE to provide a range of new ICS funded services, referred to in Ann Gunning's report, and the funding continues to support the ongoing delivery of these services. The LPC's ambition is that our community pharmacy contractors provide these services at a scale and consistency that will, with support of public feedback, secure the long-term commissioning of these novel solutions. The LPC has received and is holding funds for 12 months of services coach provision from PSNE Ltd. This will roll into our 2022-2023 accounts.

The budget prepared for 2022/23 did require that the levy was re-introduced in June 2022 though at a level 25% below the previous full levy of 2020.

Appendix 1.

Attendance at LPC meetings 2021-22

Member	Membership	Possible Attendances	Actual Attendances
Ali Avaie	Independent	7	5
Amanda Batty	CCA	7	5
Chris Dodd	Independent	7	6
Chris Holmes	independent	4	3
Debbie Baird-Palmer	CCA	7	7
Gary Dobinson	Independent	7	3
Hannah Lubeke-Brown	CCA	3	3
Hugh McKendrick	CCA	7	6
James Ong	CCA	7	3
Ryan Lucas	CCA	7	5
Russell Buglass	CCA	7	4
Sharon Williams	Independent	7	5
Simon Clark	CCA	7	6
Officers			
Ann Gunning		7	5
Christine Wardlaw		7	7
Geraint Morris		7	7
Keith Kendall	CCA	4	4