







Agenda Topic		Time	Mins
1	Welcome, Apologies and Expressions of Interest	9.00am	5
2	Competition Law Guidance (for reference only)	 9.05am	0
3	Suzanne Austin – Cheshire LPN/NHSE	9.05pm	15
4	PSNC Report – Ian Cubbin/Stephen Thomas	9.20am	15
5	Minutes of the meeting held on 19 July 2023 a) For confirmation of accuracy b) Review of actions taken since the last meeting	 9.35pm	10
6	Feedback a) Staff & Resources Group	9.45am	5
7	Member Feedback – Important Item and Context	9.50am	30
8	RAG Sheet Format	 10.20am	15
<b>COFFEE BREAK – 10.35am</b>			
9	Team Development Day January 2024 – Agenda Planning	10.50am	15
10	Topics for Discussion a) Consultation on the use of PGDs by pharmacy technicians <a href="https://www.gov.uk/government/consultations/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians">https://www.gov.uk/government/consultations/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians/proposal-for-the-use-of-patient-group-directions-by-pharmacy-technicians</a> b) LPC Annual Conference of LPC Reps – Confirm Attendees c) 2024 Proposed LPC Meeting Dates – 10 Jan, 6 Mar, 24 Apr, 5 Jun, 17 Jul, 4 Sep, 16 Oct, 4 Dec d) Annual Dinner – Target Date (Saturday 21 October)	11.05am	15
11	Service Dashboards	11.20am	10
12	GP CPCS Update – Gary Pickering	 11.30am	10
13	Employee Report, including a) CEO Update – Adam Irvine b) Engagement Officer Update – Sara Davies	 11.40am	20
14	Treasurer’s Report - Ian Cubbin Including Director and Officer Insurance Cover	12.00pm	5
<b>AGM – 12.15pm</b> (See Separate Agenda  )			
<b>LUNCH BREAK – 12.45pm</b>			
15	Date of next LPC Meeting – Wednesday 18 October 2023, 9.30am-5pm, Forest Hills Hotel		

# Competition Law Compliance Guidelines

## Guidelines for Meetings

The LPC, being a representative body for pharmacy contractors in the area brings together a number of parties, many of whom are competitors. This can give rise to competition law concerns should any commercially sensitive information be disclosed or discussed at any meeting.

To avoid any competition law concerns, all participants at any LPC meeting (whether it be a formal committee or sub-committee meeting or more informal occasion) should take care in any discussions with other participants who are or who may become competitors. The guidelines below provide a framework for such discussions and, where appropriate (for instance the use of an agenda or minutes would not be appropriate during an informal social gathering), should be adhered to at all times.

### **1 Objectives of the meeting**

- 1.1 A clearly listed agenda should be prepared before the meeting identifying the topics for discussion - the agenda should be used to provide the framework for the discussion and the meeting should not stray beyond those items listed to be discussed.
- 1.2 Topics for discussion should be limited to the activities and responsibilities of the LPC, as well as general industry matters. Examples of LPC activities and responsibilities and general industry matters would include:
  - 1.2.1 The detailed functions and roles of the LPC including (but not limited to):
    - (a) liaising with NHSE and other National Health Service bodies on behalf of chemists;
    - (b) the negotiation, as representative of the chemists, with the NHSE and NHS bodies on the conditions of service and remuneration for the provision of Enhanced services;
    - (c) Responding to control of entry applications;
    - (d) the provision of an advisory service to chemists on local NHS matters.

- 1.2.2 Current or proposed legislation or regulation - for example:
- (a) Liaising with PSNC on defects in existing legislation/regulation and difficulties faced by the sector in complying with such legislation/regulation;
  - (b) responses to local and national consultations;
  - (c) impact of current or proposed legislation/regulation (without disclosing any commercial information relevant to a member);
- 1.2.3 General developments or trends in the sector;
- 1.2.4 Collection or review of chemist data (but any data that contains commercially sensitive information should be historic, generalised and made anonymous prior to being disclosed to other members);
- 1.2.5 Educational or training events for members;

## **2 Conducting the meeting**

- 2.1 Minutes should be made recording all discussions during the meeting;
- 2.2 If a member wishes to clarify (for competition law compliance purposes) whether he/she can or cannot discuss a particular topic, or if any member has any doubts about an issue it would like to raise for discussion, this should be raised with the Chairman of the meeting outside of the meeting prior to the issue being raised.
- 2.3 If any of the issues listed in 3.1 below are raised, the discussion should be terminated immediately.

## **3 Discussions during the meeting**

- 3.1 Where members (at the meeting) include actual or potential competitors, they should not discuss their own or their competitors' commercial strategy or any matter which would be considered commercially sensitive. Subjects to avoid are:
- 3.1.1 Individual commercial policies of those companies present - this includes historical, current or future policy where it is not in the public domain and participants should not question other participants about such policy;

- 3.1.2 Any commercial difficulties faced by the participants other than in very general terms
- for example, members may express their general concern at rising costs or overheads but should not disclose the impact of those costs on their profit margins or other financial figures;
- 3.1.3 Any proposal discussing any coordinated commercial conduct between participants (for instance relating to pricing, distribution or arrangements with customers);
- 3.1.4 Any request made by one participant (or discussion) asking other members to stop any particular commercial conduct or relationships;
- 3.1.5 The sharing of commercially sensitive information (verbally and in writing) – including (but is not limited to);
- (a) Pricing terms;
  - (b) Current terms and conditions of supply trade;
  - (c) Details of the commercial arrangements with customers or suppliers;
  - (d) Sales information;
- 3.1.6 Making any allegation as to the commercial conduct of others.

3.2 To the extent that any information is shared between participants, such information should be general, non-specific and where appropriate, should be historical and made anonymous to ensure that the information is not commercially sensitive and cannot be attributed to any participants.

#### **4 Outcomes of the meeting**

4.1 Minutes of the meeting should be prepared and circulated to attendees. However, remember that any decision or recommendation made at a LPC meeting, however informal, can be subject to competition law and could constitute a potentially anti-competitive agreement and thus the minutes should be carefully reviewed prior to circulation.



## LPC Meeting Minutes

Wednesday 19 July 2023

<b>1</b>	<p><b>Present</b></p> <p><b>Members</b></p> <table border="1"> <tr><td>Paul Barry</td><td>CCA</td><td>PB</td></tr> <tr><td>David Crosbie</td><td>CCA</td><td>DC</td></tr> <tr><td>Angela Chiweshe</td><td>AIMp</td><td>AC</td></tr> <tr><td>Ian Cubbin</td><td>Independent</td><td>IC</td></tr> <tr><td>Jack Eckersley</td><td>Independent</td><td>JE</td></tr> <tr><td>Jemma Grossman</td><td>CCA</td><td>JG</td></tr> <tr><td>Andrew Hodgson</td><td>Independent</td><td>AH</td></tr> <tr><td>Wesley Jones</td><td>CCA</td><td>WJ</td></tr> <tr><td>Dane Stratton-Powell</td><td>CCA</td><td>DSP</td></tr> <tr><td>Stephen Thomas</td><td>CCA</td><td>ST</td></tr> </table> <p><b>In Attendance</b></p> <table border="1"> <tr><td>Suzanne Austin</td><td>PSM</td><td>SA</td></tr> <tr><td>Sara Davies</td><td>EO</td><td>SDa</td></tr> <tr><td>Adam Irvine</td><td>CEO</td><td>AI</td></tr> <tr><td>Gary Pickering</td><td>PSM</td><td>GP</td></tr> <tr><td>Alison Williams</td><td>BSO</td><td>AW</td></tr> </table> <p><b>Apologies</b></p> <table border="1"> <tr><td>Stuart Dudley</td><td>Independent</td><td>SD</td></tr> <tr><td>Anna Mir</td><td>CCA</td><td>AM</td></tr> </table>	Paul Barry	CCA	PB	David Crosbie	CCA	DC	Angela Chiweshe	AIMp	AC	Ian Cubbin	Independent	IC	Jack Eckersley	Independent	JE	Jemma Grossman	CCA	JG	Andrew Hodgson	Independent	AH	Wesley Jones	CCA	WJ	Dane Stratton-Powell	CCA	DSP	Stephen Thomas	CCA	ST	Suzanne Austin	PSM	SA	Sara Davies	EO	SDa	Adam Irvine	CEO	AI	Gary Pickering	PSM	GP	Alison Williams	BSO	AW	Stuart Dudley	Independent	SD	Anna Mir	CCA	AM
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<b>2</b>	<p><b>Welcome, Apologies and Expressions of Interest</b></p> <p>DSP welcomed members to the meeting. Apologies were received from SD and AM. No expressions of interest were received.</p>																																																			
<b>3</b>	<p><b>Committee Development Day – Lynette Roberts (Captivating Solutions)</b></p> <p>Members reflected on the committee development part of the day and agreed to invite Lynette back to the January 2024 LPC meeting to continue the journey with member profiling and contribution (AW)</p>																																																			
<b>4</b>	<p><b>Community Pharmacy England (CPE) Report</b></p> <p>CPE met on 12/13 July in Leeds and IC/ST updated members on the following CPE business:</p> <ul style="list-style-type: none"> <li>• CPE are developing a framework for effective governance, put together by Victoria Finney (an independent consultant).</li> <li>• The Resource Development and Finance (RDF) sub-committee are reviewing member fees which will be backdated to 1 April if necessary.</li> <li>• Over 800 contractor responses were received to a poll which CPE circulated before the committee meeting seeking views on a series of topics. These results, which came as no surprise, were fully discussed and the poll will be repeated before the next CPE meeting in September.</li> </ul>																																																			

	<p>Representatives from Community Pharmacy West Yorkshire, South Yorkshire, North Yorkshire and Humber were invited to talk about what they were facing and their priorities.</p> <p>DSP asked ST to elaborate on how CPCW aligns with these LPCs. ST believes that some are further on with their local service analysis.</p> <ul style="list-style-type: none"> <li>• Negotiation discussions for the £645m investment in community pharmacies remain on-going, and ST explained the activity to date. In terms of timescales ST is hopeful that an announcement could be made late August/September.</li> </ul>
5	<p><b>Minutes of the meeting held on 7 June 2023</b></p> <ol style="list-style-type: none"> <li>The minutes were accepted and signed.</li> <li>Outstanding actions from the last meeting: <ol style="list-style-type: none"> <li>IC will draft an article for contactors to ensure they are aware of imminent changes, risk of potential impact and how they prepare (<i>awaiting announcement</i>).</li> <li>Annual Report – awaiting AI report before this is finalised.</li> <li>ST and AI to produce a blog about price concessions (<i>Awaiting price concession announcement</i>).</li> <li>AW will investigate the downturn in NX and SC activity for April 2023.</li> </ol> </li> </ol>
6	<p><b>Topics for Discussion</b></p> <ol style="list-style-type: none"> <li>AGM Timing The AGM will take place on 6 September at 12.15pm, will be recorded and made available to contractors who were unable to attend.</li> <li>CPE Conference of LPC Representatives – 12 October 2023 Members were reminded that 4 places are available for LPC members to attend the conference being held in London in October. Final attendees will be identified at the September LPC Meeting.</li> <li>CPE LPC Support Events CPE have arranged several online events for LPC members; AW will recirculate the list and members will advise if they wish to attend.</li> </ol>
7	<p><b>Wirral Service Specification and RAG Sheets</b></p> <p>GP explained that the following Wirral service increases have been received - OPAT and Palliative Care Service (4 months into the current contracts; 3.4% increase) and Minor Ailments Service (1.8% on top of the dispensing fee).</p> <p>The committee agreed with GP's proposal to leave the RAG ratings as green; GP/WJ will transfer the ratings to a new format of the RAG sheet in preparation for next March, when the services will be reviewed.</p> <p>WJ shared that in GM the LPC is overseeing a review of all service specifications, and comparing funding, any synergies between localities/harmonisation to identify if there is a base service. The ambition would be for a standard offer to be available to patients across all localities with local enhancements where necessary.</p> <p>AI/GP/SA will consider how a full stock take can be undertaken of all CPCW services. By scrutinising the service value to contractors more it will allow the LPC to be able to advise contractors more accurately. ST suggested having criteria/a policy for the commissioning of a service which any potential service can be assessed against.</p> <p>DSP asked if contractors who are signed up to provide the services are delivering them.</p>

	<p>AW explained that LPC currently chases contractors who are not making audit claim but believe are delivering the service. However, if contractors are consistently not delivering this needs to be addressed and GP is aware that some commissioners are starting to challenge contractors.</p> <p>AW will look at how the Service Activity data can be used to easily identify non-active contractors.</p> <p>GP made members aware of a couple of things on the horizon including a Wirral Chlamydia Click and Collet scheme and a Warrington Atrial fibrillation (AF) Pilot. These will be brought formally to the committee in due course.</p>																
<p><b>8</b></p>	<p><b>Pre-Circulated Reports</b></p> <p>Several reports were pre-circulated; points to note:</p> <ul style="list-style-type: none"> <li>a) Cheshire LPN/NHSE Report SA reported that 84 contractors still need to complete/submit their CPAF lite. AW confirmed she is sending out weekly reminders to those who are still outstanding and will continue to do so until the closing date (30 July).</li> <li>b) GP CPCS Update GP stated that all practices that put themselves forward have now been trained.</li> <li>c) Employee Report ST asked what happens when a new owners take over a pharmacy on the patch. SD confirmed that within a couple of days she always contacts them to visit and offer ongoing support.</li> </ul>																
<p><b>9</b></p>	<p><b>Treasurer’s Report – Ian Cubbin</b></p> <ul style="list-style-type: none"> <li>a) CPCW total money is £290,881.86 as of 12 July 2023: <table border="1" data-bbox="325 1137 1321 1429" style="margin-left: 20px;"> <tr> <td>Lloyds Bank Current Account</td> <td style="text-align: right;">£195,862.00</td> </tr> <tr> <td>Close Brothers 12-month notice account</td> <td style="text-align: right;">£122,270.86</td> </tr> <tr> <td><i>Less Holding Money</i></td> <td style="text-align: right;"><i>- £27,251</i></td> </tr> <tr> <td>    • <i>Estates</i></td> <td style="text-align: right;"><i>£11,677</i></td> </tr> <tr> <td>    • <i>Inhaler Training</i></td> <td style="text-align: right;"><i>£5,834</i></td> </tr> <tr> <td>    • <i>Warrington Alcohol Pilot</i></td> <td style="text-align: right;"><i>£4,500</i></td> </tr> <tr> <td>    • <i>EPS Round-Off Event</i></td> <td style="text-align: right;"><i>£240</i></td> </tr> <tr> <td>    • <i>CWC PH Campaign Resources</i></td> <td style="text-align: right;"><i>£5,000</i></td> </tr> </table> </li> <li>b) The 2022/23 CPCW and regional bank accounts have audited and finalised.</li> <li>c) Q1 2023/24 accounts have been circulate to and discussed by the Governance and Finance Group on 17 July. The budget was revised slightly but there were no proposals to put to the committee.</li> <li>d) £2,819.86 interest has been received into the notice account.</li> <li>e) AW will poll for Annual Dinner dates (mid-late November).</li> </ul>	Lloyds Bank Current Account	£195,862.00	Close Brothers 12-month notice account	£122,270.86	<i>Less Holding Money</i>	<i>- £27,251</i>	• <i>Estates</i>	<i>£11,677</i>	• <i>Inhaler Training</i>	<i>£5,834</i>	• <i>Warrington Alcohol Pilot</i>	<i>£4,500</i>	• <i>EPS Round-Off Event</i>	<i>£240</i>	• <i>CWC PH Campaign Resources</i>	<i>£5,000</i>
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<p><b>10</b></p>	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 6 September 2023, 9.30am-5pm, Forest Hills Hotel, Frodsham (including AGM)</p>																

## Action List

NOTE: Shaded rows indicate an action carried forward from the last meeting(s)

Min	Action	Person	Update
5bi	IC will draft an article for contactors to ensure they are aware of imminent changes, risk of potential impact and how they prepare	IC	Awaiting detail
5bii	AI will draft their part of the 2022-23 Annual Report	AI	Complete
5biii	ST and AI to produce a blog about price concessions	ST/AI	Awaiting price concession announcement
5biv	AW will investigate the downturn in NX and SC activity for April 2023	AW	Complete
3	AW will contact Lynette Roberts (Captivating Solutions) to ask her to continue the committee development in January 2024	AW	Complete – On agenda
6c	AW will recirculate the list of CPE member events and members will advise if they wish to attend	AW Members	AW - Complete
7	GP/WJ will transfer the Wirral RAG ratings to a new sheet format in preparation for next March	GP/WJ	Complete
7	AI/SA/GP will consider how a full stock take can be undertaken of all CPCW services	AI/SA/GP	Planned for team meeting (20/09/23)
7	AW will look at how the Service Activity data can be used to easily identify non-active contractors	AW	Ongoing
9e	AW will poll for Annual Dinner dates	AW	Poll Complete – On agenda





## Rationale of Checklist

This checklist will be completed by the Principle Responsible Officer for every new or recommissioned service specification/contract sent to the LPC for comment/consultation. 'Review of specification/contract' is to be completed upon receiving initial documents before consultation by the Services Sub-group.

The checklist contains the LPC 's comments and recommendations for any requested changes to the proposed draft in order to achieve consistency across Cheshire and Wirral or to achieve/improve further the RAG rating. It will be sent to the services subgroup for consideration of amendments prior to further communication with the commissioner.

'Response summary' is to be completed after review by services sub-group to maintain accurate records of comments and amendments to the draft.

The LPC's purpose is to work positively with commissioners to ensure high quality outcomes from the service, which are both professionally and commercially viable for contractor participation.

## Service Information

Service Name	<i>Service and Commissioner</i>
Head Commissioner	
Sub-Contract Commissioner (if applicable)	
Payment Body	
Recommissioned/New Service	
Contract Dates	<i>Start/End date</i>
Service Specification Dates	
Date sent to LPC	
Date to be sent back to Commissioner	

Approved By:  
Author:

# Review of Service Specification/Contract

## CPCW Consultation

CPCW consulted by commissioner?	<b><i>CPCW Consulted?</i></b>	
CPCW consulted with sufficient time to comment?	<b><i>CPCW Consulted with sufficient time to comment?</i></b>	

## Contract Information

What is the contract mechanism? (NHS Standard, Public Health, 3 <sup>rd</sup> Party Provider)	<b><i>What is the type of contract? (NHS Standard, Public Health, Bespoke, 3<sup>rd</sup> Party Provider)</i></b>	
Does the contract mention TUPE? (Y/N)	<b><i>New</i></b>	
Is there a clear definition of roles with regards to Data Controller within IG? E.g., Is the contractor stated as the Data Controller?	<b><i>Is there a clear definition of roles with regard to Data Controller within IG? Describe it.</i></b>	
Does the contract mention Intellectual Property? (Y/N)	<b><i>New</i></b>	
Liabilities – are indirect losses mentioned? E.g., indirect losses are included/excluded	<b><i>New</i></b>	
Extension/Variation – Does the contractor have the right to agree to the extension/variation?	<b><i>New</i></b>	
Termination – e.g., Does the contractor have the right to terminate for convenience?	<b><i>New</i></b>	

## Service Specification

Clinically sound and in line with appropriate national or local guidance?	<b><i>Clinically sound and in line with appropriate National or local guidance?</i></b>	
Is the service monitored by the commissioner?	<b><i>Have suitable monitoring arrangements and termination clauses?</i></b>	
If so, what is the method of monitoring if applicable? (Audit of PO date/ unannounced visits)	<b><i>New</i></b>	
If visits or physical audit, is the contractor given reasonable written notice in advance?	<b><i>New</i></b>	

Approved By:  
Author:

Is the service pharmacist led or does it allow for technicians/other team members to participate?	<i>New</i>	
Are the performance measures/KPIs reasonable and achievable? (If applicable)	<i>Have performance criteria that supports a quality service? Are the performance measures reasonable and achievable?</i>	
Is the administration proportional to size of service and remuneration?	<i>Is the administration proportional to size or service and remuneration?</i>	
Does the service require its own SOP?	<i>Is there a SOP required to be provided by the contractor? Is an example provided?</i>	
If so, are there any specifics required?	<i>New</i>	
Is the contractor required to follow 3 <sup>rd</sup> party SOP's?	<i>New</i>	
Is the frequency of SOP review stated to be at least every 2 years?	<i>New</i>	
What is the reporting system and is this suitable to all contractors?	<i>Are any reporting systems suitable to all contractors?</i>	
Are the incident reporting procedures straight forward?	<i>What are the incident reporting procedures?</i>	
Are the training requirements for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff	<i>Is the training required for the service reasonable? Consider accessibility to CPPE for non-pharmacist/technician staff.</i>	
Is the service operationally efficient?	<i>Attractive enough for contractors to consider it worthwhile?</i>	
Is a PGD(s) required for this service?	<i>New</i>	
If so, is the PGD in date? Please state dates	<i>New</i>	
Does the PGD expire during the contract period?	<i>New</i>	
<b>Remuneration &amp; Funding Elements</b>		
Payment body organisation?	<i>New</i>	
Comparison to previous specification if available, or live/base specification within another locality if new	<i>New</i>	

Approved By:  
Author:

Difference in proposed fees if applicable (+/- £)	<i>New</i>	
Does remuneration include/cover set up costs, backfill, consumables etc?	<i>Does remuneration include/cover set up costs, backfill, consumables etc..?</i>	
Is VAT considered?	<i>Is VAT treatment considered?</i>	
What is the payment claiming method? E.g., PharmOutcomes, invoicing, E-mail, postal claim etc.	<i>Does the payment structure use a system that is suitable for all contractors and are the payment terms acceptable?</i>	
What is the payment claim frequency? E.g., weekly, monthly, quarterly	<i>New</i>	
Where equipment is required, who provides/calibrates/ services this? If contractor, does remuneration sufficiently cover the cost of this?	<i>Where equipment is required, who provides/calibrates/services this? If contractor, does remuneration sufficiently cover the cost of this?</i>	
Is overall remuneration fair?	<i>Is remuneration fair?</i>	
<b>Miscellaneous Information</b>		
Any other information specific to this service for consideration by the Committee	<i>Any other information specific to this service.</i>	
<b>Suggested RAG Rating</b>		
<p><i>Questions removed from last RAG version:</i></p> <ul style="list-style-type: none"> <li>• <i>Sustainable? Consider costs – hourly rate, training interventions</i></li> <li>• <i>Enhance patient care?</i></li> <li>• <i>Enhance relationships with other HCPs?</i></li> <li>• <i>Deliverable?</i></li> <li>• <i>What support and backfill arrangements are in place?</i></li> </ul>		

Approved By:  
Author:



**Additional Information for Commissioner to Consider (over and above what is commented/suggested in service specification/ contract documents)**

**Example:**

*CPCW has rated this service specification as GREEN based on the comments made below. Our recommended actions to further improve the service are:*

- 1. For consideration by the Committee - See last page**

**Signed off by subgroup: Y/N**

**Next Steps:**

*CPCW will publish this service participation rating to contractors in **10 days' time**. Publication of this recommendation will be via individual email and posting on our website. Commissioners are asked to please respond promptly with feedback/proposed changes so that they can be included within CPCW's recommendation to its contractors.*

**Date returned to commissioner:**

**Commissioner response to LPC feedback:**

Please enter response here, returning promptly to [support@cpcw.org.uk](mailto:support@cpcw.org.uk)

Approved By:  
Author:



Approved By:  
Author:





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Service Specification Dates	
Date sent to LPC	
Date to be sent back to Commissioner	

Approved By:  
Author:

# Review of Service Specification/Contract

## CPCW Consultation

CPCW consulted by commissioner?	<i>CPCW should be consulted and allowed to comment on all service contracts prior to issue.</i>	
CPCW consulted with sufficient time to comment?	<i>At least 8 weeks prior to inception date.</i>	

## Contract Information

What is the contract mechanism? (NHS Standard, Public Health, 3 <sup>rd</sup> Party Provider)	<p><i>Wherever possible the NHS Short Form contract should be used.</i></p> <p><i>Commissioners that aren't an NHS body (e.g., local councils) cannot use NHS contracts.</i></p> <p><i>All contracting (and agreement) occurs between individual companies and the commissioner.</i></p> <p><i>If (or when) the standard public health contract is updated this will likely become the preferred contract form for local governments.</i></p>	
Does the contract mention TUPE? (Y/N)	<i>Expectations to manage pensions and TUPE schedules are applicable in law but do not usually apply to services of this nature. Parties should complete their own due diligence and if no individual is caught by TUPE on entry, the contracts should state that the parties agree that no individuals are caught by TUPE on entry. Exit TUPE provisions may remain within the contract but should be reasonable.</i>	
Is there a clear definition of roles with regards to Data Controller within IG? Eg Is the contractor stated as the Data Controller?	<i>Data implications should always be set out in a separate data schedule. This schedule should specify the flows of data, the processor(s) and controller(s). The default assumption is that community pharmacies are data controllers unless justified otherwise.</i>	
Does the contract mention Intellectual Property? (Y/N)	<p><i>Commissioners and providers each have FOI legal duties to comply with. Pharmacy contractors will manage FOI requests in line with their own processes and legal responsibilities and contracts should not prevent this nor attempt to add interpretation.</i></p> <p><b><i>What are the implications either way?</i></b></p>	
Liabilities – are indirect losses mentioned? E.g., indirect losses are included/excluded	<i>The risks of contractual agreement should be reflective of the total value of the contract. This means the pharmacy contractor's liability should be capped at 100% of the contract value.</i>	
Extension/Variation – Does the contractor have the right to agree to the extension/variation?	<i>Contractor should have the right to agree/disagree with any contract extension.</i>	
Termination – e.g., Does the contractor have the right to terminate for convenience?	<i>Standard termination clause of 28 days is preferred in line with standard NHS contract.</i>	

Approved By:  
Author:



Service Specification		
Clinically sound and in line with appropriate national or local guidance?	<i>Should fit this criteria.</i>	
Is the service monitored by the commissioner?	<i>Regardless of the circumstances, the management and performance of employed staff remains the responsibility of the pharmacy contractor. Regardless of concerns, contracts can only request that the pharmacy contractor investigates – not specific action by contractors.</i>	
If so, what is the method of monitoring if applicable? (Audit of PO date/ unannounced visits)	<i>Pharmacy contractors should not be obliged to comply with commissioner policies and procedures where the contractor has their own internal policies and procedures in place.</i>	
If visits or physical audit, is the contractor given reasonable written notice in advance?	<i>28 days' notice would be preferred.</i>	
Is the service pharmacist led or does it allow for technicians/other team members to participate?	<i>Technicians/other team members should be allowed to deliver where appropriate.</i>	
Are the performance measures/KPIs reasonable and achievable? (If applicable)		
Is the administration proportional to size of service and remuneration?	<i>Reporting and/or data collection should be automated and not require excessive administration.</i>	
Does the service require its own SOP?	<i>Only where required</i>	
If so, are there any specifics required?	<i>Ideally should be up to the contractor to decide.</i>	
Is the contractor required to follow 3 <sup>rd</sup> party SOP's?	<i>Ideally not. I'm sure they can('t) mandate a contractor to use their SOP as it's a professional matter?</i>	
Is the frequency of SOP review stated to be at least every 2 years?	<i>Should be 2 years as a minimum.</i>	
What is the reporting system and is this suitable to all contractors?	<i>Pharmoutcomes would be the platform of choice.</i>	
Are the incident reporting procedures straight forward?	<i>Where is the incident reported to? What will happen with it?</i>	
Are the training requirements for the service reasonable? Consider	<i>Declaration of competence should ideally be the standard method. Contractors and their teams should not be expected to attend any unremunerated training events.</i>	

Approved By:  
Author:

accessibility to CPPE for non-pharmacist/technician staff		
Is the service operationally efficient?	<i>Reporting and/or data collection should be automated and not require excessive administration.</i>	
Is a PGD(s) required for this service?	<i>If so does the commissioner provide one or does the contractor have to use a private one?</i>	
If so, is the PGD in date? Please state dates	<i>Dates should ideally run concurrently with the service specification.</i>	
Does the PGD expire during the contract period?	<i>As above.</i>	
<b>Remuneration &amp; Funding Elements</b>		
Payment body organisation?		
Comparison to previous specification if available, or live/base specification within another locality if new	<i>Remuneration should be inflation linked with a built in annual review. It should be a reflection of the value added to the wider system by its delivery, and not simply 'as it's always been' or 'as it is somewhere else', and should consider the impact if contractors chose to cease delivery.</i>	
Difference in proposed fees if applicable (+/- £)		
Does remuneration include/cover set up costs, backfill, consumables etc?		
Is VAT considered?	<i>VAT treatment should be stated clearly</i>	
What is the payment claiming method? E.g., PharmOutcomes, invoicing, email, postal claim etc.	<i>Pharmoutcomes would be the platform of choice.</i>	
What is the payment claim frequency? E.g., weekly, monthly, quarterly	<i>This should consider the amount of administration involved in a claim vs. the size of the claim.</i> <i>Claiming should be automated and not require excessive administration.</i>	
Where <b>stock</b> / equipment is required, who provides/calibrates/ services this? If contractor, does remuneration sufficiently cover the cost of this?	<i>Add in costs of any stock needed to set up the service and a function to replace it if it goes out of date before it is used (see miscellaneous section also).</i>	
Is overall remuneration fair?	<i>It should cover the cost of the staff used to deliver the service, the expertise level, and the cost of tying up any consultation room for the period of time.</i>	

Approved By:  
Author:

Miscellaneous Information		
<p>Any other information specific to this service for consideration by the Committee</p>	<p><b>Additional Questions:</b></p> <ul style="list-style-type: none"> <li>• <i>Are there any upfront costs e.g. stock. How is that funded? Is any stock which goes out date paid for? How is this claimed?</i></li> <li>• <i>Is any commitment from the LPC needed? E.g. PO template need setting up, activity monitoring etc. What is the time commitment? Can it be done ready for the service to start? What is the cost? Is this in the form of an upfront 'set-up' fee, or built into the service fees?</i></li> </ul>	
Suggested RAG Rating		

Approved By:  
Author:



**Additional Information for Commissioner to Consider (over and above what is commented/suggested in service specification/ contract documents)**

**Example:**

*CPCW has rated this service specification as GREEN based on the comments made below. Our recommended actions to further improve the service are:*

- 1. For consideration by the Committee - See last page**

**Signed off by subgroup: Y/N**

**Next Steps:**

*CPCW will publish this service participation rating to contractors in **10 days' time**. Publication of this recommendation will be via individual email and posting on our website. Commissioners are asked to please respond promptly with feedback/proposed changes so that they can be included within CPCW's recommendation to its contractors.*

**Date returned to commissioner:**

**Commissioner response to LPC feedback:**

Please enter response here, returning promptly to [support@cpcw.org.uk](mailto:support@cpcw.org.uk)

Approved By:  
Author:



Approved By:  
Author:



COMMUNITY  
PHARMACY  
CHESHIRE  
& WIRRAL



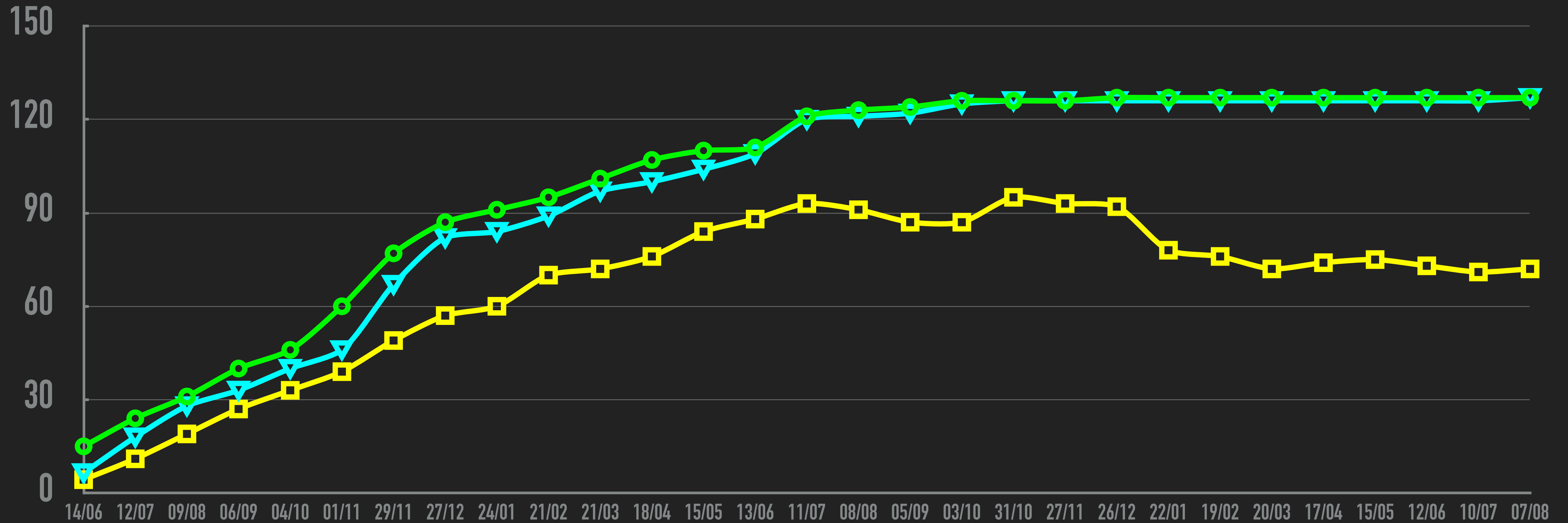
COMMUNITY PHARMACY CHESHIRE & WIRRAL

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**GPCPCS PROGRAMME**

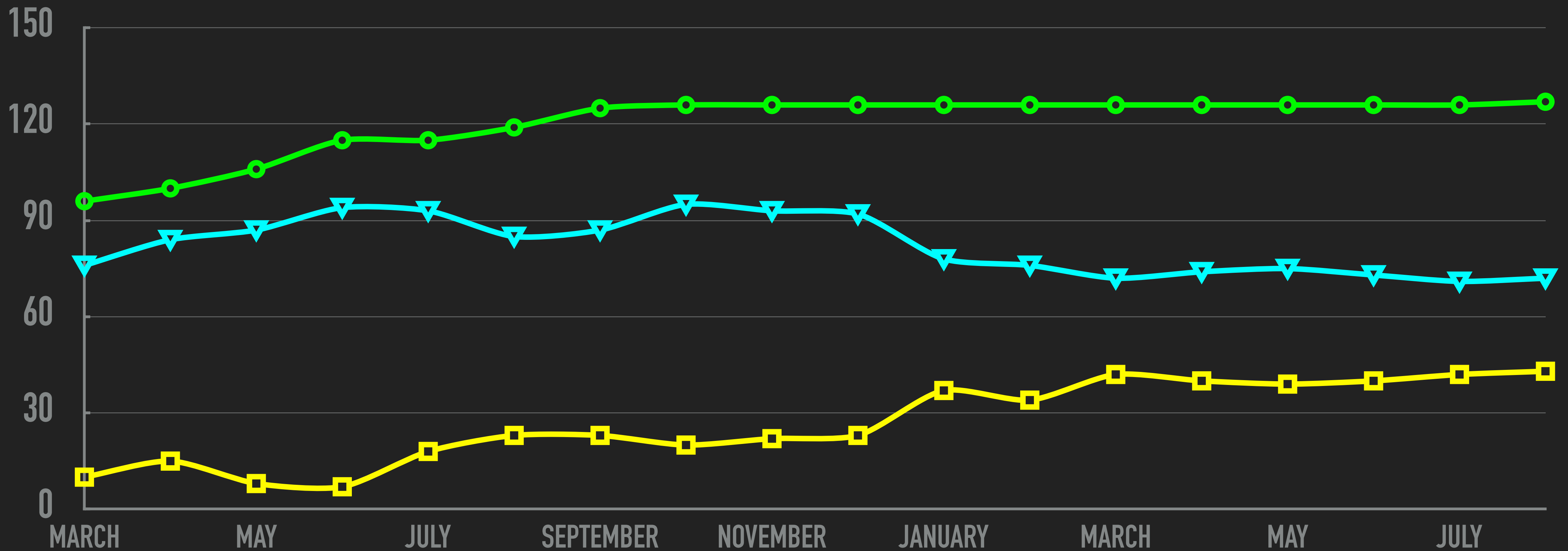
# CPCW PROGRAMME - GP PRACTICES TRAINING

Booked      Trained      Referring



# CPCW PROGRAMME - TRAINED / LIVE / STALLED

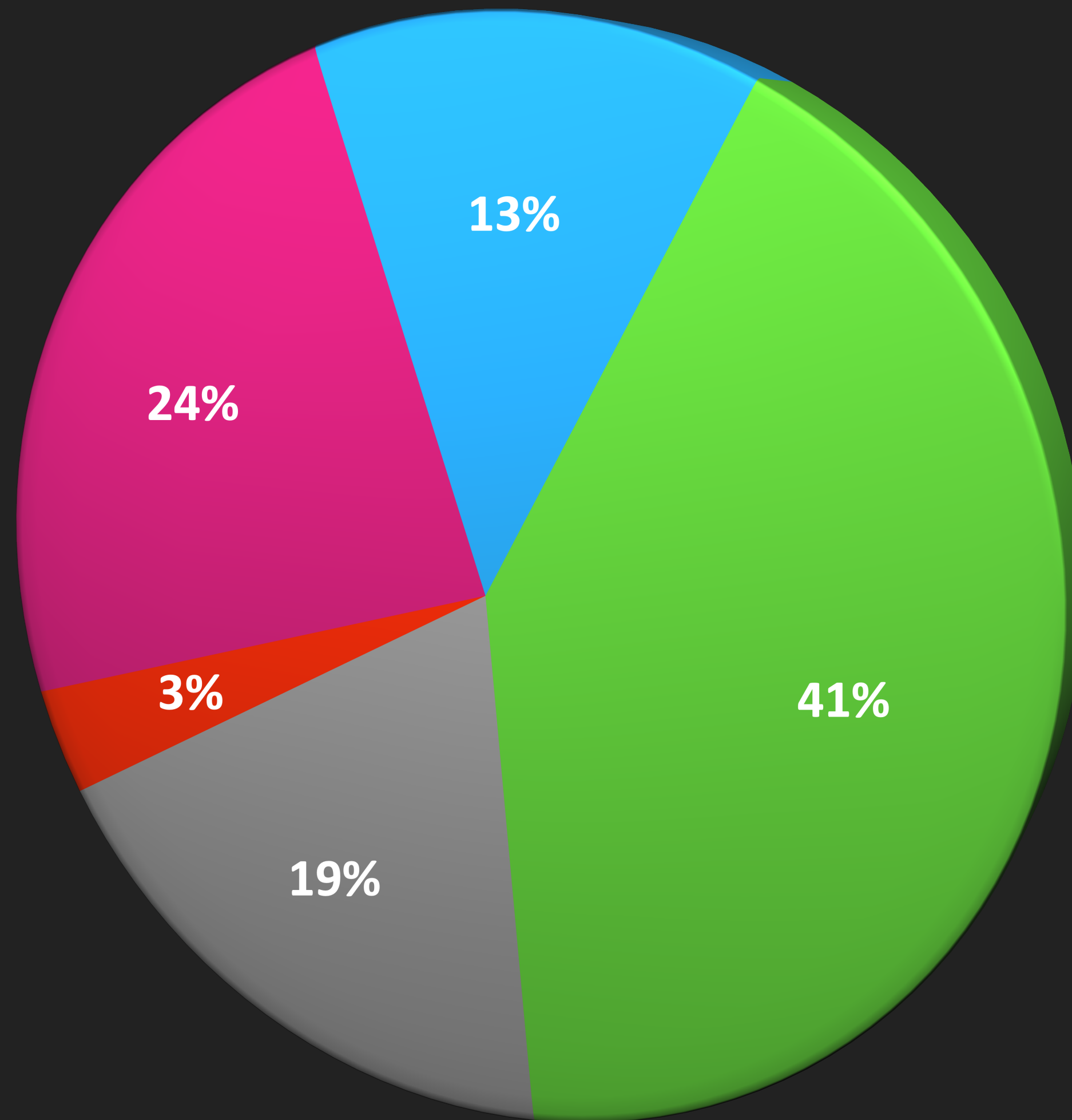
○ Trained      ▾ Live      □ Stalled



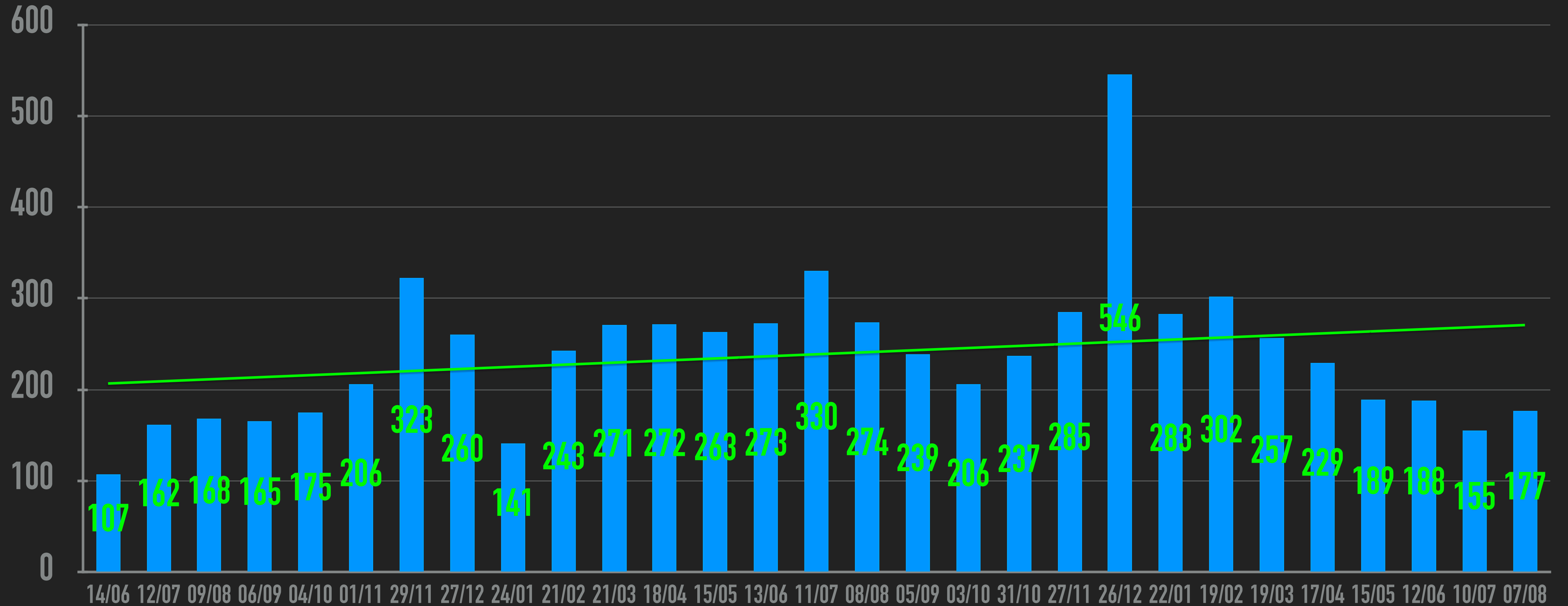


# CPCW PROGRAMME - ENGAGEMENT OUTCOMES TO DATE

- Trained & Live
- No Engagement / Dropped
- In Progress
- Failed to Launch
- Activity Stalled
- Self Launched



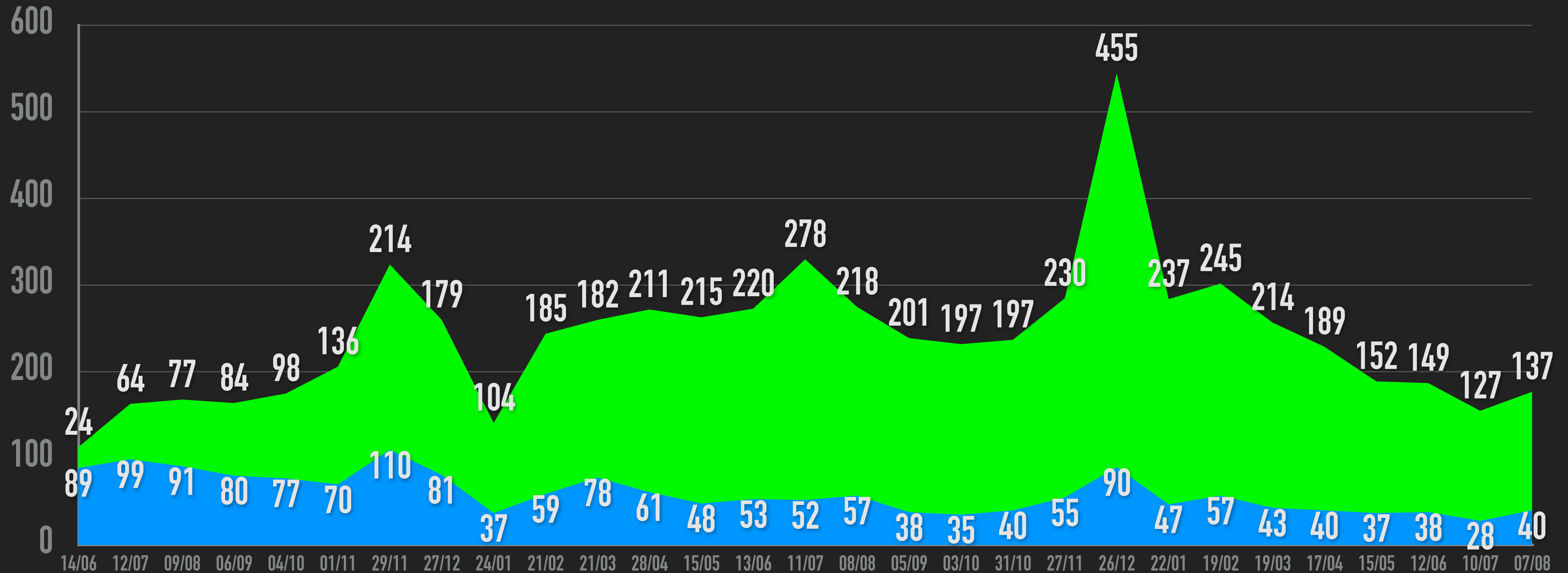
# CPCW - TOTAL WEEKLY AVERAGE REFERRALS BY FOUR WEEK PERIOD



# CPCW PROGRAMME - REFERRAL SHARE

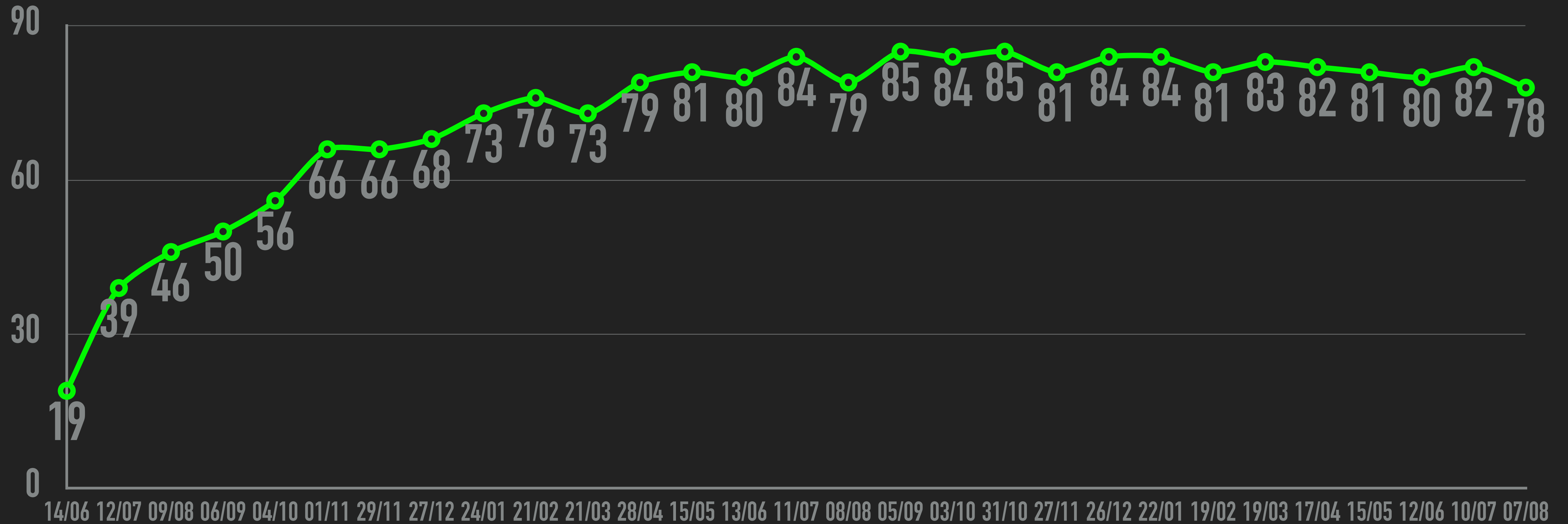
■ CPCW Non-trained (50)

■ CPCW Trained (127)



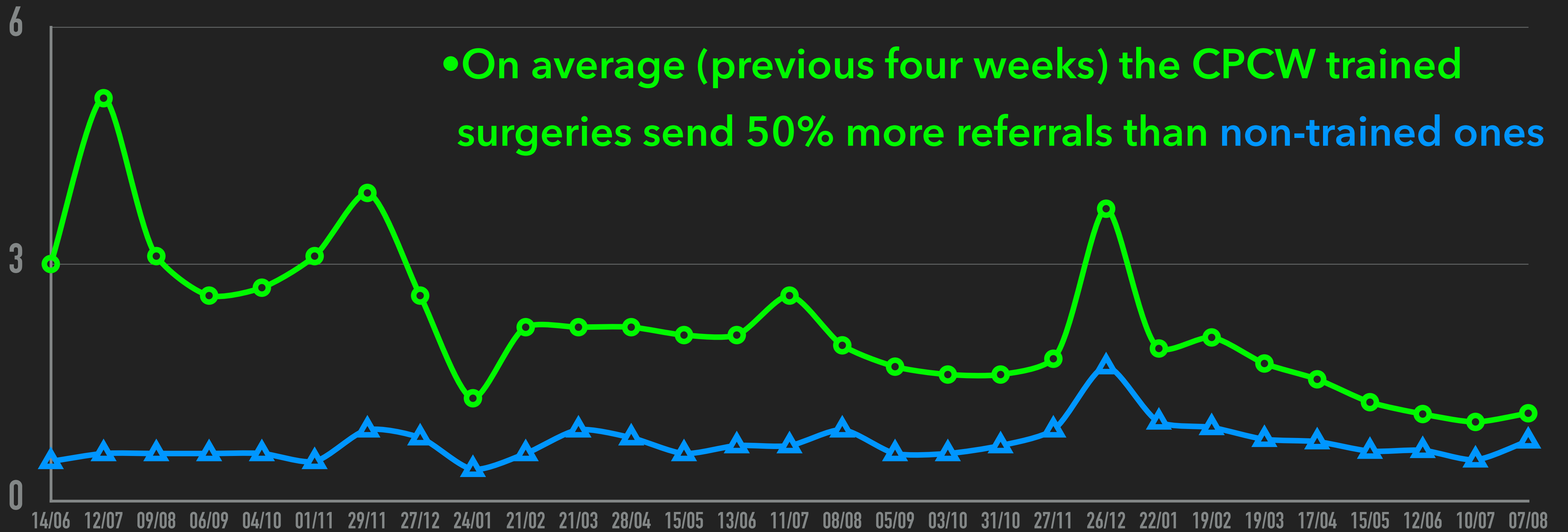
# CPCW PROGRAMME - TRAINING IMPACT

- Percentage of Total CPCW Referrals Coming From Trained Surgeries
- (The 72% trained are making 78% of all referrals across CPCW)



# CPCW PROGRAMME - TRAINING IMPACT

- Average Number of Weekly Referrals Coming From Trained Surgeries
- △ Average Number of Weekly Referrals Coming From Untrained Surgeries

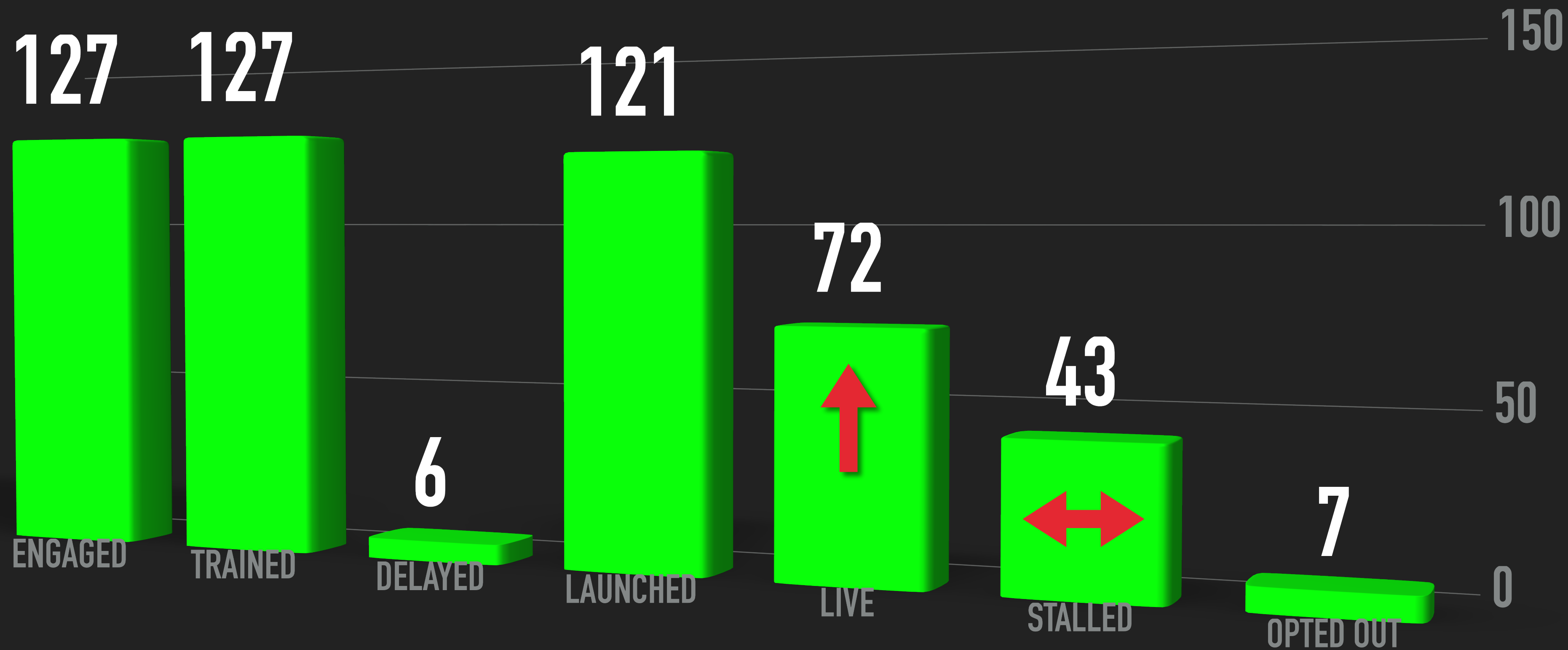


## CPCW PROGRAMME - TRAINING IMPACT - SUMMARY

- Since training started:
  - 127 Surgeries have been trained (and passed go live date) so far
  - These Surgeries have generated 21,160 referrals since their training took place
  - *This equates to an additional £296,240 in fees for Contractors to date*
  - *This works out to be a hugely positive return on Investment*

# CPCW PROGRAMME - CURRENT SURGERY STATUS

So far, of the 177 surgeries across CPCW, 127 have engaged with us, and 50 have not.



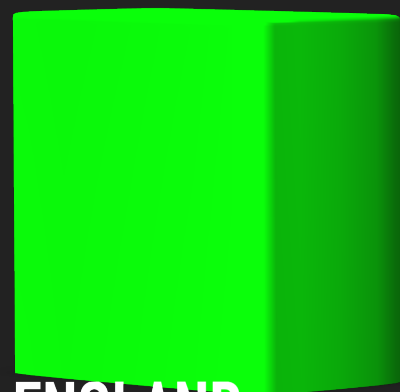
Of the 50 that have not engaged with us:

- 25 have failed to engage and have not used GPCPCS
- 23 have launched without our support - low performers offered further support
- 2 have opted out of the service altogether

# CPCW PROGRAMME - PERFORMANCE (DATA FROM MARCH)

## AVERAGE TOTAL REFERRALS PER SURGERY TO DATE

37.8



ENGLAND

### Important notice

#### Dashboard currently not being refreshed

The central analytical team supporting CPCS currently don't have access to the latest CPCS data beyond 29th March 2022.

A flow of data is planned to resume in Autumn 2022 subject to the completion of the BSA project to establish the flow from supplier systems to BSA via an API. This data flow is a different to the previous flow and we are using this opportunity to review how the data will be presented and shared.

70

50

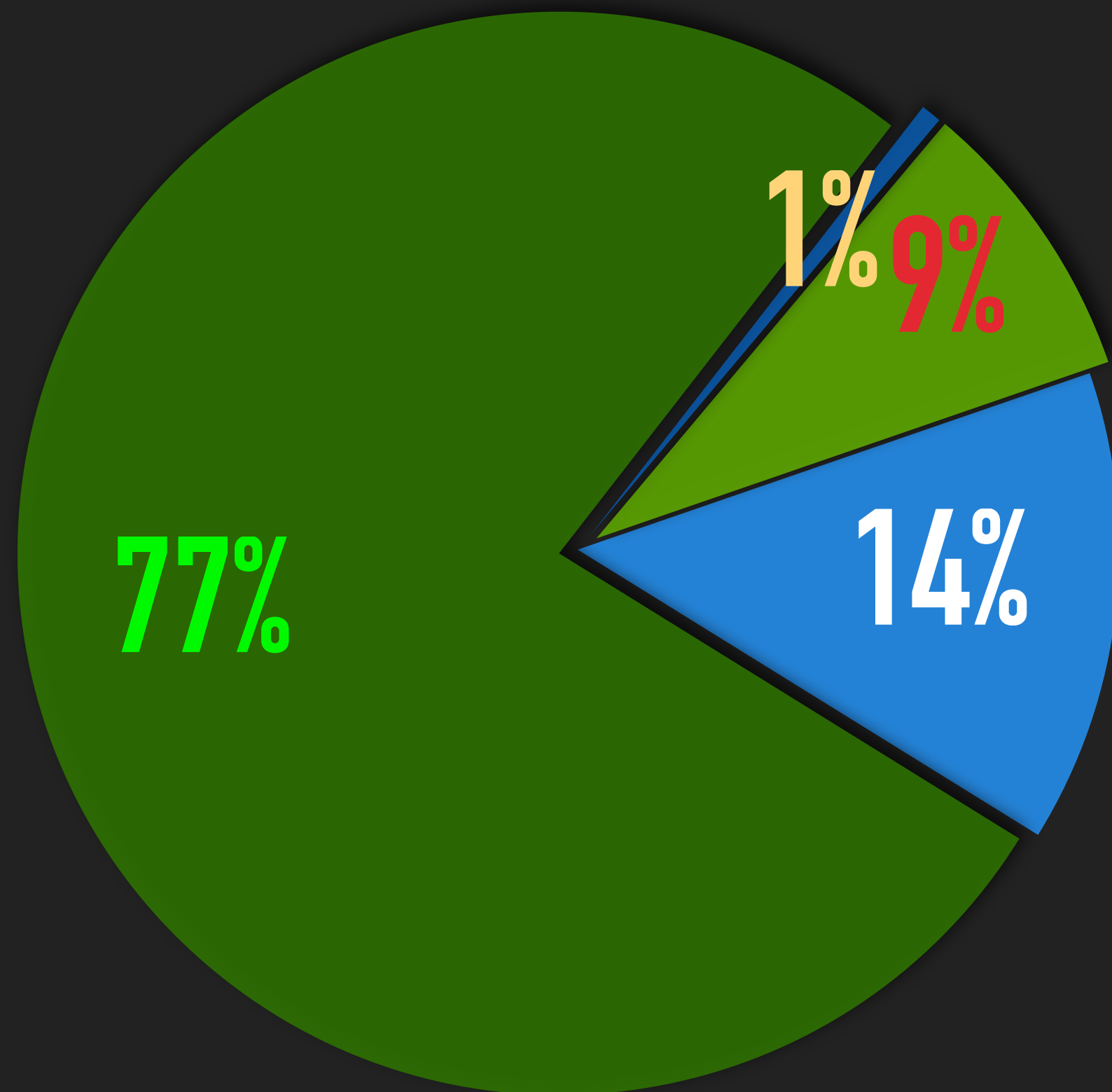
30

10



## CPCW PROGRAMME - PHARMACY DELIVERY BREAKDOWN

- Completed
- Accepted
- Unanswered
- Dropped

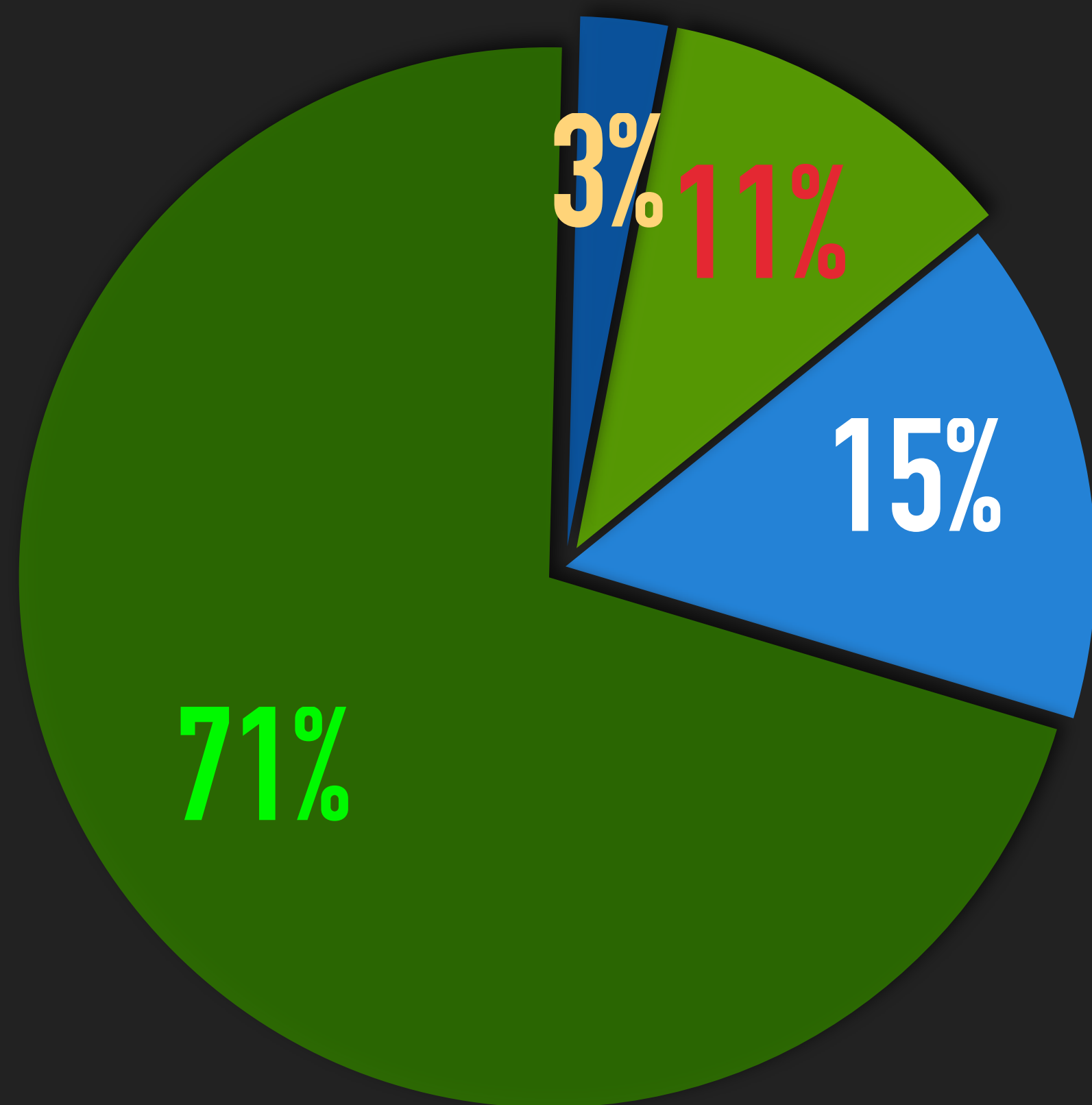


Last week (w/c 14/08/2023):

- There were 163 referrals across CPCW
- **125 were completed and claimed for**
- **1 was accepted but not completed**
- **14 went unanswered and are still awaiting action!**
- **23 were rejected by the Pharmacy**

## CPCW PROGRAMME - PHARMACY DELIVERY BREAKDOWN

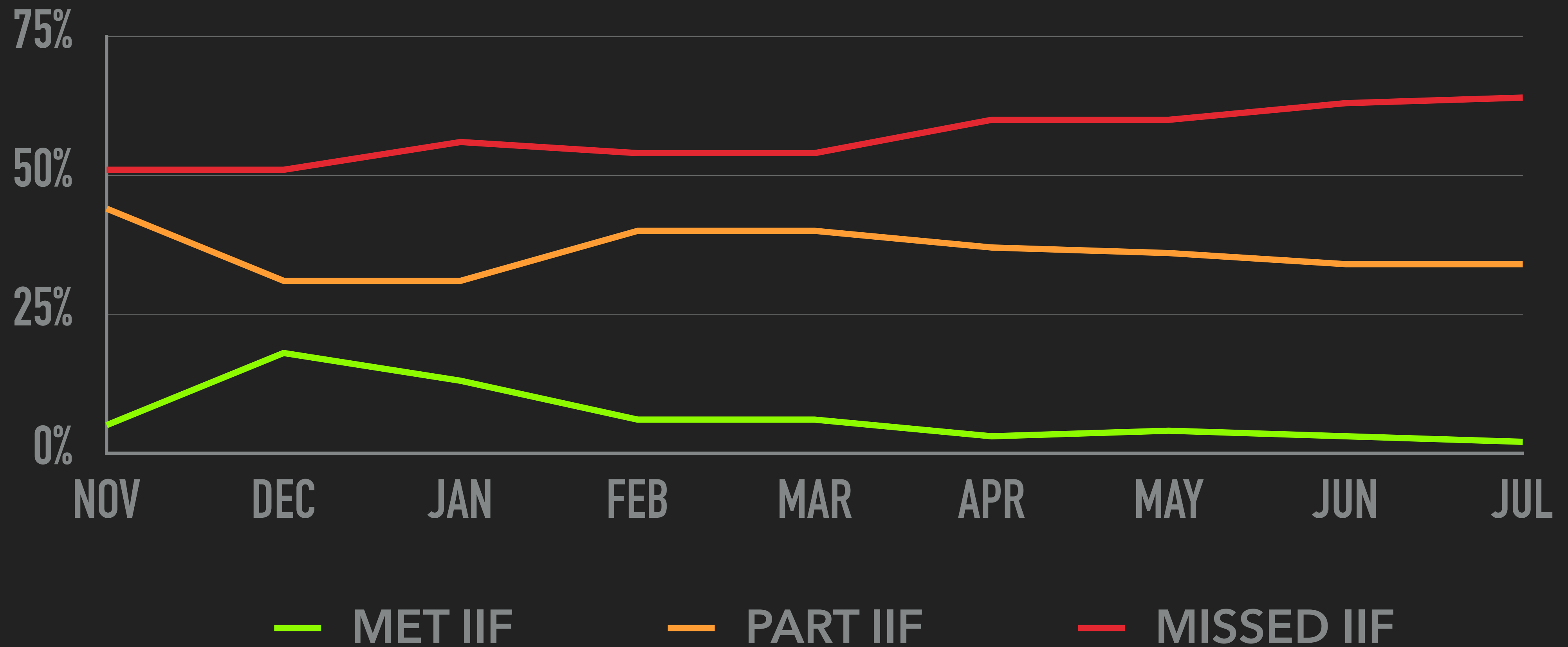
● Completed ● Accepted ● Unanswered  
● Dropped



Historically (up to 21/08/23):

- There were 29572 referrals across CPCW
- **20926 were completed and claimed for**
- **786 were accepted but not completed**
- **3295 went unanswered and were awaiting action**
- **4565 were rejected by the Pharmacy**

# CPCW PROGRAMME - SURGERY PERFORMANCE VS. IIF TARGET



## CPCW PROGRAMME – BARRIERS TO DELIVERY

- Service not always 'sold' well - referral criteria too broad causing confusion / reluctance
- Surgery Staff choosing to verbally signpost instead of sending a referral
- Patients can't pay / won't pay for treatment and so refusing referrals
- Patients threatening use of walk in centres / A&E if not offered GP appointment
- Surgeries not fully enforcing self care formularies / concerned about complaints
- Multiple failed MAS referrals again - patients sold sample bottles, and one offered private PGD
- Lack of faith in referrals due to patients 'bouncing back' for one of many reasons
- Staff churn in surgeries, new staff not always trained up on how/when to refer



<p><b>LEAD AND INNOVATE</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Newsletter and Monthly Tracker</b> <ul style="list-style-type: none"> <li>▪ Tracker and newsletters produced, uploaded/link shared to website (AW)</li> </ul> </li> <li>▪ <b>C&amp;M Integrated Care System</b> <ul style="list-style-type: none"> <li>▪ ICB July meeting – CP highlighted in the Health Inequalities and Population Health update. Strong work with LPCs working with Healthy Hearts and C&amp;M NHS England local area team shown as a positive example prior to ICB formation. Also made sure that the long-term workforce plan will get community pharmacy (and wider primary care) input via people board and the leadership forum (AI)</li> <li>▪ Attended C&amp;M Finance, Investment and Resources committee. Harmonised MAS yet to go through system primary care however continued to herald its arrival at finance (AI)</li> <li>▪ System Primary Care – only a single-agenda extra-ordinary meeting in July. Next meeting due week of LPC meeting (8 Sep).</li> <li>▪ Risk committee – clarified route of raising system risks around primary care – tied into system primary care committee so governance is complete (AI)</li> </ul> </li> <li>▪ <b>Community Pharmacy England (CPE)</b> <ul style="list-style-type: none"> <li>▪ CPE-LPC Operations team rep for C&amp;M. NW Cascade continues (AI)</li> </ul> </li> </ul>
<p><b>SUPPORT CONTRACTORS</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Contractor Engagement</b> <ul style="list-style-type: none"> <li>▪ SD contract support with: Service accreditations, Palliative Care submissions, GP CPCS Referrals, waste medicine collections, Smartcard issues, nomination issues, outstanding hypertension referrals, SCS service across Cheshire and Wirral, issues surrounding needle exchange, increased workload due to local closures.</li> <li>▪ Supported/welcomed new contractors (SD)</li> <li>▪ Provided support and training on Pharmoutcomes (SD)</li> <li>▪ Conducted multiple pharmacy visits (SD)</li> </ul> </li> <li>▪ <b>ICB/Regional activity</b> <ul style="list-style-type: none"> <li>▪ Raised issue of difficulty getting smartcard queries answered by MLCSU (SA/SD)</li> <li>▪ HEE workforce catch up – met with Jane Brown and Tina Hawkins around HEE’s work to socialise the report we developed last year with all the NW ICBs to make the case for investment (AI)</li> </ul> </li> <li>▪ <b>Place Based Activity</b> <ul style="list-style-type: none"> <li>▪ CEC - Lifestyle on Prescription query. Support with sharing resource with contractors (SA) and development of PO template order form (AW)</li> </ul> </li> <li>▪ <b>Dashboard</b> <ul style="list-style-type: none"> <li>▪ Data reported up to May 2023 (See Appendix A for breakdown)</li> </ul> </li> <li>▪ <b>Services</b> <ul style="list-style-type: none"> <li>▪ Continued discussions on future GP CPCS support monies for LPCs to provide additionality of support – difficultly getting through governance of procurement teams – may need provider company if possible (AI)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>MPS</b> <ul style="list-style-type: none"> <li>▪ Contacted MPs regarding support needed for Community Pharmacies and their patients re NHS flu vaccinations (AW)</li> <li>▪ Contacted MPS regarding the Westminster Hall Debate on the Future of Community Pharmacies (AW)</li> </ul> </li> </ul>
<b>BUILD NETWORKS</b>	<ul style="list-style-type: none"> <li>▪ <b>NHS England</b> <ul style="list-style-type: none"> <li>▪ NHSE cascade continues (AI)</li> <li>▪ Attended Cheshire LPN (AI)</li> </ul> </li> <li>▪ <b>Cheshire &amp; Mersey APG</b> <ul style="list-style-type: none"> <li>▪ C&amp;M APG meeting attended as lead for C&amp;M – mostly procedural formulary reviews this time, however some practicalities of CP ability to know shared care protocols accepted highlighted (AI)</li> </ul> </li> <li>▪ <b>Other</b> <ul style="list-style-type: none"> <li>▪ Dr Andy McAlavey (Clinical Lead) updated on pressures facing community pharmacy and engagement with ICB. Suzanne made introductions to Adam who met with Andy to discuss linkage or potential involvement at Cheshire place decision boards (AI/SA)</li> </ul> </li> </ul>
<b>MAXIMISE SERVICES</b>	<ul style="list-style-type: none"> <li>▪ <b>Regional Dashboards</b> <ul style="list-style-type: none"> <li>▪ MALPS footprint dashboard produced and circulated with data up to end March for Flu, GP CPCS, Hypertension Case Finding AS, BP Clinic Checks and ABPM (AW)</li> </ul> </li> <li>▪ <b>C&amp;M Wide Work</b> <ul style="list-style-type: none"> <li>▪ Engagement with ICB team over the IP Pathfinder. Concern from LPCs collaboratively (and heard nationally via CPE groups) that there is no proper negotiation process for pathfinder services. Raised concern around the obligation mentioned in the NHS Act of the ICB to consult and negotiate local services with the LPC. Whilst not abhorrent for this service, I am nervous about normalising the process set here, and precedence by the other PhIF pilots (AI).</li> <li>▪ DMS work continues, Pam Soo supporting trusts who wish to make better use of DMS or start. Have seen some SCS conversations mean that DMS is also included – have communicated to contractors in various places at appropriate times (AI)</li> </ul> </li> <li>▪ <b>Places</b> <ul style="list-style-type: none"> <li>▪ <b>Cheshire East</b> <ul style="list-style-type: none"> <li>○ Queried with Reed Wellbeing their direct approach to contractors regarding a very poorly funded smoking cessation scheme (SA)</li> <li>○ CE Warm up to Winter. Invitation to join this working group which includes representatives from health and CEC social care. Discussions based on winter plans. Raised issue of DMS to support discharge (SA).</li> <li>○ Messages to contractors to support Cheshire, Warrington and Wirral positions regarding shortages of GLP-1 products (SA/AW)</li> <li>○ Worked with CE on 'Council flu' service (SA)</li> <li>○ Worked with MCFT over go-live for DMS 1 September (SA)</li> <li>○ Attended the 2<sup>nd</sup> CE System Blueprint event (AI)</li> </ul> </li> <li>▪ <b>Cheshire West and Chester</b> <ul style="list-style-type: none"> <li>○ Forward contractor details to VIA to be added to NES (SA)</li> <li>○ Worked with CWAC on 'council flu' (SA)</li> <li>○ Working with COCH on SCS as referrals start (SA)</li> </ul> </li> <li>▪ <b>Warrington</b> <ul style="list-style-type: none"> <li>○ Attended Warrington Clinical and Care Leadership Forum (AI)</li> </ul> </li> </ul> </li> </ul>

- Updated spec for Palliative care – RAG and spec added to CPCW website (GP)
- New SLAs for Supervised/Needle Exchange – RAG drafts shared with CGL, agreed an ‘in principal uplift’ although no details yet. Services have gone out to tender for renewal (GP)
- Groups Attended:
  - Warrington Together Partnership Board (GP)
  - Warrington Together Staying Well Programme Board (GP)
  - Warrington Together Ageing Well Board. Work going on in frailty, potential for Pharmacy involvement (GP)
  - Clinical and Care Professional Leadership Forum (GP)
  - Warrington Place Primary Care Group – Raised issues on CPCS for homeless and expired back door numbers (GP)
  - Medicines Management Group (GP)
  - CVD group. Potential for AF pilot (GP)
- **Wirral**
  - Worked with Wirral team over managing 2 scabies outbreaks in care homes (AI/GP)
  - Supervised Consumption/Needle Exchange: Potential fee uplift of 10% agreed in principle. Meeting held 23/08/2023:
    - The update to the supervised and needle exchange specs – CGL looking at standardising fees nationally (via their Chief Pharmacist). No budget for increase at the moment so want to delay until February to commence any uplift with new financial year (GP)
    - The out of hours provision query – update in this week’s newsletter (GP)
    - The needle exchange site activity – happy to leave sites as they are given geographical coverage (GP)
  - New spec issued for MAS, fee uplift approved 1.8% backdated to 1 April. New spec and RAG uploaded to website (GP).
  - Palliative care spec updated, fee uplift approved 3.4 % backdated to 1 April. Awaiting final document for website upload.(GP)
  - OPAT specification updated, fee uplift approved 3.4 % backdated to 1 April. Awaiting issuing of spec to contractors and comms on formulary change prior to upload of spec and RAG to website. (GP)
  - Sexual Health - potential click and collect STI testing service for Pharmacy. Meeting occurred 05/07/23, poor turnout. No further updates. (GP)
  - SCS @ WUTH – awaiting access to Pharmoutcomes referral data (GP)
  - Healthy Wirral System Leads: DMS Data Gap – have raised again as a safety issue from contractor feedback on safety/added workload. (GP)
  - Dermatology pilot abandoned – Some funding still sat with Soar Beyond – may be opportunity to host training sessions, or potential for some other version of a dermatology pilot. No further update at present. (GP)
  - Groups Attended:
    - Primary Care Council (GP)
    - Local Representatives Committee (GP)
    - C&M Antimicrobial working group (GP)
    - Pharmacy system leads – Healthy Wirral (GP)

	<ul style="list-style-type: none"> <li>▪ <b>GP CPCS</b> <ul style="list-style-type: none"> <li>▪ Average of 177 referrals per week at last four week average point (other than July, lowest since Jan 21) (GP)</li> <li>▪ 78% of all referrals are from surgeries that we've trained (down from 80%) (GP)</li> <li>▪ CPCW trained surgeries have sent approximately 50% more referrals than the others (down from 100%) (GP)</li> <li>▪ The 127 surgeries trained by us have so far sent 21,160 referrals since training took place – an additional income of £296,240 for contractors. (GP)</li> <li>▪ Only 2% of Surgeries met their IIF target in July (down from 3% in Apr, May, &amp; Jun, 6% in March &amp; February, 13% in January, and 18% in December) (GP)</li> <li>▪ From 121 surgeries that have gone live following CPCW training, 72 are active (down from 73 last month) and 43 have stalled (sent no referrals for four weeks or more) (up from 40 last month) (GP)</li> <li>▪ Last week:           <ul style="list-style-type: none"> <li>○ 163 referrals sent in total               <ul style="list-style-type: none"> <li>▪ 125 completed</li> <li>▪ 1 accepted</li> <li>▪ 14 unanswered</li> <li>▪ 23 dropped (GP)</li> </ul> </li> <li>○ No surgeries booked in for training at the moment (GP)</li> <li>○ Devising comms to support claiming, FAQ's etc. Many successful claims are dropped when they could be claimed (GP)</li> </ul> </li> </ul> </li> </ul>
<p><b>BE EFFECTIVE</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Pharmacy Contracts</b> <ul style="list-style-type: none"> <li>▪ Approved           <ul style="list-style-type: none"> <li>○ Change of Ownership at 1 Station Road, Padgate, Warrington, WA2 0PD – from Lloyds Pharmacy to Ihsan Pharma Ltd</li> <li>○ Change of Ownership at 41a West Street, Congleton, CW12 1JN – from Lloyds Pharmacy to Ascent (Congleton) Limited</li> <li>○ Change of Ownership at 1 Roman Road, Prenton, CH43 3DB from C&amp;P Apothecaries Ltd to Prenton Dell Ltd</li> <li>○ Change of ownership application at 40 Balls Road, Birkenhead, Prenton, CH43 5RE from for Rowlands Pharmacy to Sharief Healthcare Limited</li> </ul> </li> <li>▪ NHS Pharmaceutical List Updates           <ul style="list-style-type: none"> <li>○ Wef 28/07/23 the pharmacy at 39-41 London Road, Holmes Chapel, CW4 7AP will be operated by P&amp;C Benson Ltd t/a Holmes Chapel Pharmacy (previously Lloyds)</li> <li>○ Wef 30/07/23 the Rowlands site at 28 Wheelock Street, Middlewich, CW10 9AG will close and consolidate with the remaining site at St Anne's Walk, Middlewich, CW10 9BE</li> <li>○ Wef 01/08/23 consolidation onto the site at 7b Rivington Road, Ellesmere Port, Cheshire, CH65 0AW of Ellesmere Pharmacy already at that site and Stanney Lane Chemist currently at 36 Stanney Lane, Ellesmere Port, Cheshire, CH65 9AD (David Porter Ltd)</li> <li>○ Wef 05/08/23 the pharmacy at 12 The Cross Lymm, WA13 0HP will be operated by Roshban Ltd t/a Lymm Pharmacy (previously Lloyds)</li> <li>○ Wef 22/08/23 the pharmacy at Victoria Health Centre, Bedford Road, Rock Ferry, CH42 4QJ t/a Lloydspharmacy will be operated by LP SD Twenty Two Limited (previously Lloyds)</li> </ul> </li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Wef 26/08/23 the pharmacy at 35 Grange Road, West Kirby, Wirral, CH48 4DZ t/a Lloydspharmacy will be operated by LP SD Twenty Two Limited (previously Lloyds)</li> <li>○ Wef 26/08/23 the pharmacy at Whitby Group Practice, 114 Chester Road, Whitby, Cheshire, CH65 6TG t/a Lloydspharmacy will be operated by LP SD Twenty Two Limited (previously Lloyds)</li> </ul> <ul style="list-style-type: none"> <li>▪ <b>Team &amp; LPC</b> <ul style="list-style-type: none"> <li>▪ Team 1:1's held with all team members – combination of f2f and virtual (AI)</li> <li>▪ Annual Report, financial declarations and associated documents finalised and circulated to contractors (AW)</li> </ul> </li> <li>▪ <b>PharmOutcomes</b> <ul style="list-style-type: none"> <li>▪ Chased outstanding commissioner payments for 2023/24 sub-licence (AW)</li> <li>▪ Worked with Pinnacle to resolve some funding/invoice issues for Cheshire Place (AW)</li> <li>▪ Identified and raised some payment adjustments for the Wirral Place MAS PharmOutcomes template relating to concessions (AW)</li> <li>▪ Updated Wirral Place OPAT template funding (AW)</li> <li>▪ Created an ordering template for Cheshire East Council's Lifestyle on Prescription Materials (AW)</li> <li>▪ Created templates for CE and CWC flu vaccination services (AW)</li> </ul> </li> </ul>
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	AI	SA	SDa	GP	AW
<b>UPCOMING ANNUAL LEAVE</b>	▪	▪ 9/10, 17 Oct	▪	▪ 23-27 Oct	▪ 18/19, 21 Sep ▪ 2-5 Oct

## Rolling Attendance – CPCW LPC Meetings from 1 April 2023

MEMBERS	Number	27/04/23 – Full Day LPC Claim by 27/10/23	07/06 /23 – Full Day LPC Claim by 07/12/23	19/07/23 – Full Day LPC Claim by 19/01/24
Paul Barry	3/3 (100%)	✓	✓	✓
Angela Chiweshe	2/3 (66%)	A	✓	✓
Ian Cubbin	3/3 (100%)	✓	✓	✓
David Crosbie	3/3 (100%)	✓	✓	✓
Stuart Dudley	2/3 (66%)	✓	✓	A
Jack Eckersley	3/3 (100%)	✓	✓	✓
Jemma Grossmann	3/3 (100%)	✓	✓	✓
Andy Hodgson	3/3 (100%)	✓	✓	✓
Wesley Jones	3/3 (100%)	✓	✓	✓
Anna Mir	0/3 (0%)	A	A	A**
Dane Stratton-Powell	3/3 (100%)	✓	✓	✓
Stephen Thomas	3/3 (100%)	✓	✓	✓

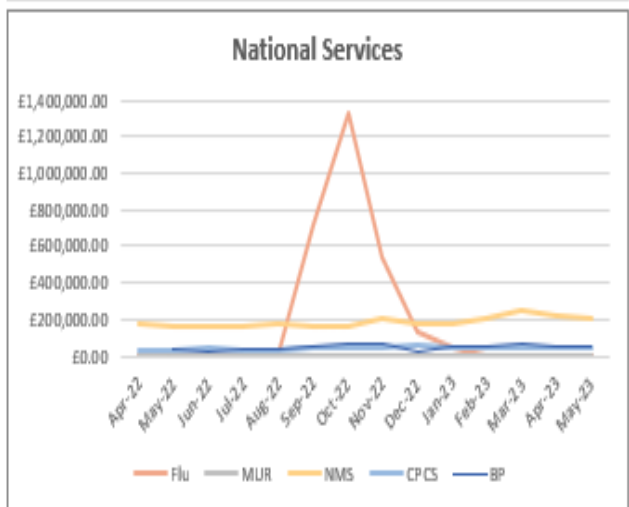
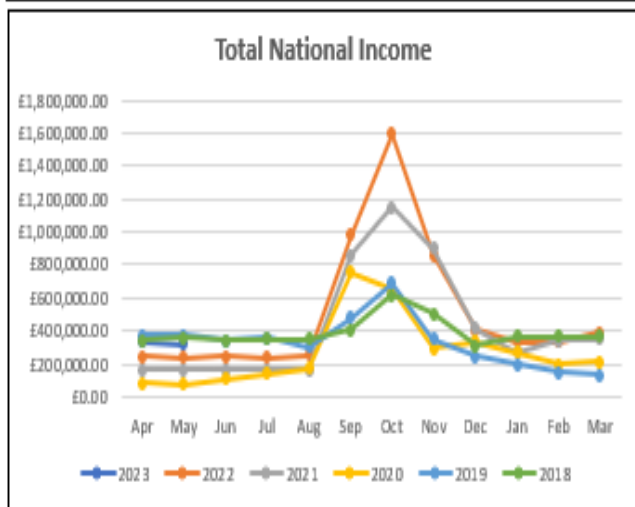
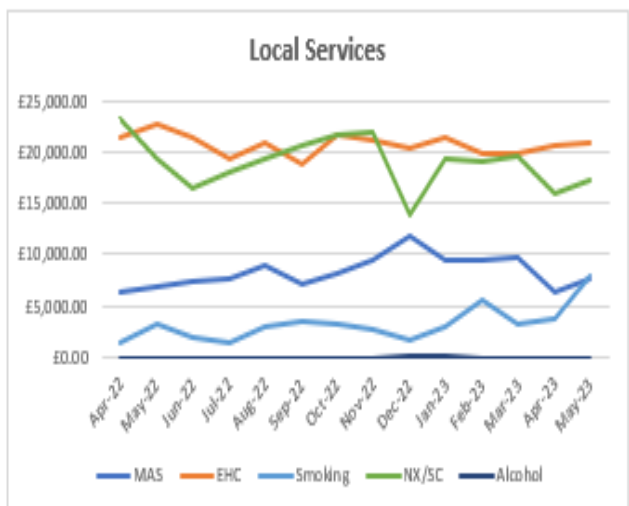
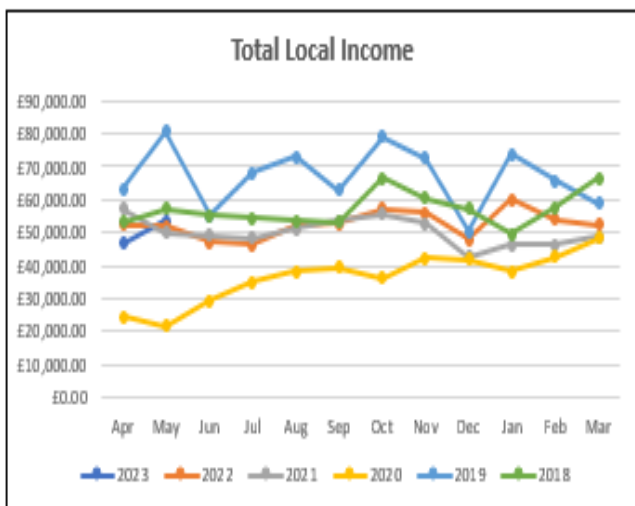
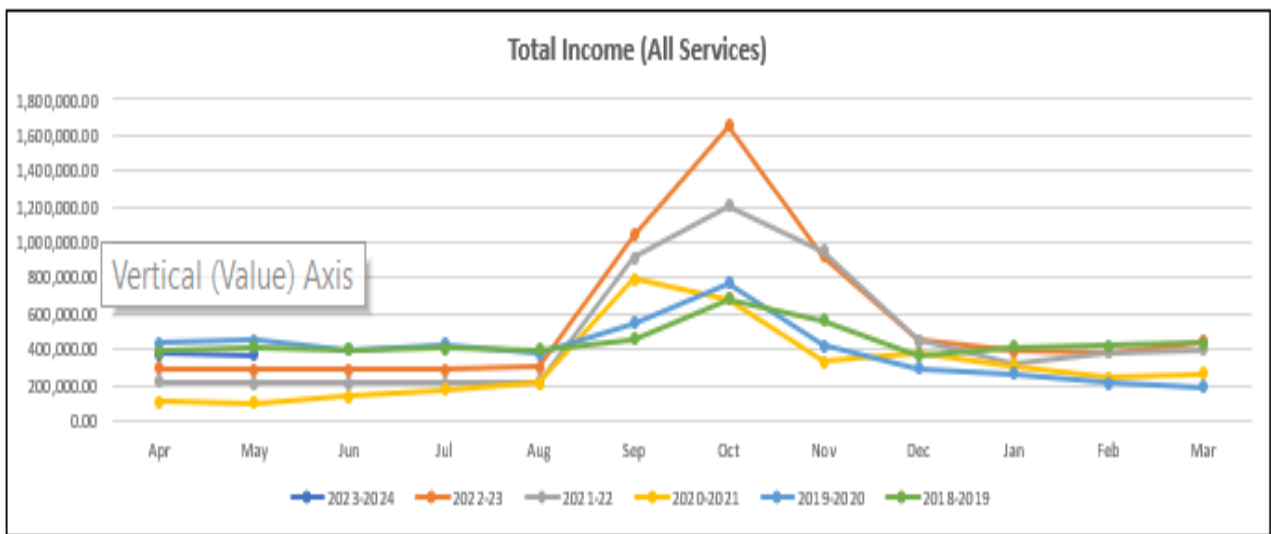
### EMPLOYEES

Suzanne Austin	3/3	✓	✓	✓
Sara Davies	3/3	✓	✓	✓
Adam Irvine	3/3	✓	✓	✓
Gary Pickering	3/3	✓	✓	✓
Alison Williams	2/3	✓	A	✓

### Key:

- ✓ Attended
  - A Apologies
  - Not required at meeting
  - \* First Meeting
  - \*\* Last Meeting
  - ✓ Claimed for Attendance
  - X Not claimed/payable in accordance with Expenses Policy (ie 6 months of expense being incurred)
- 6 months cut off for claims (for LPC meetings)




**Service Dashboard Data to May 2023**





## Annual General Meeting

Wednesday 6 September 2023  
12.15pm

1	Welcome from Dane Stratton-Powell LPC Chair
2	Approval of the minutes of the AGM held on 7 September 2022 
3	Chairman's Report – Dane Stratton-Powell, LPC Chair 
4	Financial Declarations (1 April 2022 – 31 March 2023) – Dr Ian Cubbin, LPC Treasurer 
5	Voting
6	Employee Report
7	Questions and Close



<b>1</b>	<p><b>Attendees</b></p> <p>LPC Committee Members: Danny Butler, Daniel Byatt, David Crosbie, Ian Cubbin, Stuart Dudley, Jack Eckersley, Jemma Grossman, Heather Johnson, Rachel Jones, Dane Stratton-Powell, Katrina Worthington</p> <p>LPC Employees: Suzanne Austin, Sara Davies, Adam, Irvine, Gary Pickering, Alison Williams</p> <p>CPCW Contractor: None</p> <p>There were no expressions of interest.</p>
<b>2</b>	<p><b>Approval of the minutes of the LPC AGM held on 21 September 2021</b></p> <p>The minutes were accepted and signed.</p>
<b>3</b>	<p><b>Chair's Address to Contractors</b></p> <p>This Chairman's Report was pre-circulated to all contractors as part of the LPC's Annual Report on 3 August 2022 where it was made available on the LPC website.</p> <p>DSP gave a brief summary and thanked committee members, employees and contractors for their work during a very challenging year; the report is available to view on the LPC website.</p>
<b>4</b>	<p><b>Financial Declarations</b></p> <p>The financial declarations for 2021/22 were pre-circulated to all with contractors via email on 3 August 2022 directing them to the documents on the LPC website and they continued to be highlighted in the weekly newsletter. IC gave a summary on the status of the accounts.</p> <p>There were no questions, and the 2021/22 accounts were accepted as per the votes detailed below:</p> <ul style="list-style-type: none"> <li>• Postal Votes <ul style="list-style-type: none"> <li>○ 109 votes to accept; 0 to reject</li> </ul> </li> <li>• Meeting Votes <ul style="list-style-type: none"> <li>○ 4 votes to accept; 0 to reject</li> </ul> </li> </ul>
<b>5</b>	<p><b>Employee Report</b></p> <p>This report was pre-circulated to all contractors as part of the LPC's Annual Report.</p> <p>AI highlighted a number of key messages via a set of slides which will be available after the meeting.</p> <p>There were no questions.</p>
<b>6</b>	<p><b>Next AGM</b></p> <p>Thank you.</p> <p>The next AGM will be held on 6 September 2023 (time and venue to be confirmed)</p>



## Chairman's Report

I write this report reflecting on the past year with mixed emotions. I look at the fantastic work the LPC has done this year, continuing to face into the political tide we are swimming against; to ensure that community pharmacy is well-positioned in primary care to enhance health outcomes in our local communities. The positivity of the team has been unwavering amongst the negative backdrop of the national healthcare landscape over the past year. They have been there for contractors when sometimes it might feel too much; they have supported contractors in implementing and growing services from their pharmacies; and they have persevered with making sure key local external stakeholders understand just how important a role community pharmacy can play-both now and in the future. It may feel tough out there now, but we want you to know the LPC members and officers absolutely understand what you are going through and will continue to support you no matter what.

I personally only know this too well as, whilst being the Chair at the LPC, I was also a contractor working in a Lloyds Pharmacy in Sainsbury's and have sadly had to close the doors to the pharmacy on my local community. Although it was not my personal business, I treated it as if it were my own and worked around the clock to make sure I gave my all in being the first port of call when somebody in my community needed our support and advice. Despite overcoming workforce challenges, a pandemic, increasing workload, and supply/funding implications, it all was not enough to save the pharmacy from the effects of the commercial reality. What this experience has done is galvanized my passion to fight for the future of our profession and our livelihoods and while I represent the contractors of

Cheshire and Wirral, I will not rest until community pharmacy is sat where it rightfully belongs.

A huge thank you goes to the team at the LPC – Adam, Alison, Gary, Sara, and Suzanne. The work they do for our contractors, individually and collectively, is tremendous and the committee is grateful for all their efforts. I would also like to thank the committee members for their efforts as they find time in their hectic schedules to represent contractors and provide such brilliant insight into what is going on out there in the world of community pharmacy. They and the whole team are committed to creating a brighter future for the industry.

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There have been some changes to the committee membership over the past year:

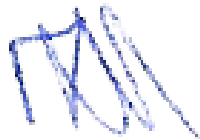
- Nick Goodwin (Independent Contractor) was replaced by Daniel Butler in September 2022
- Katrina Worthington (CCA) was replaced by Paul Barry in in October 2022

Thankfully, post-pandemic, we have regularly been able to meet as a committee face-to-face and have been able to invite a number of guests to speak at our meetings. Our technology learnings over the pandemic have also allowed us to meet remotely with external guests if they were unable to attend in person, which has significantly broadened our outreach. We have welcomed:

- Stephen Riley, North West Regional Senior Pharmacy Integration Lead at NHS England & Improvement who explained the local regional structure and the links with the national team
- Pam Soo, Clinical Lead for Pharmacy Integration, ICB, NHS Cheshire & Merseyside who outlined the Pharmacist Integration Fund Prescribing Pilot and the service design elements of the North West Minor Ailment Service harmonisation work
- Dr Jonathan Griffiths, Associate Medical Director, Primary Care, NHS Cheshire and Merseyside talked about the Primary Care Strategic Framework

I always like to sign off with a thank you to our contractors and this year is absolutely no exception. You have been resilient and committed and I hope you all know the difference your great work makes, as you continue to deliver outstanding care to your communities. Never give up as I truly believe there is light at the end of the tunnel!

Kind regards



Dane Stratton-Powell

Chairman



# Employee Report

## Context of the year

The last few annual reports I have written have included a piece on Covid-19 and the response. Whilst this has not by any stretch of the imagination gone away, either in impact or in workload, the focus has turned to more traditional matters for the LPC to deal with. I wish to acknowledge the hard work of all contractors and their teams to get their pharmacy(s) and professional practice to a steady state through the period and thank you also to those who continue to progress the vaccination programme. Our part of the country has led the way in the delivery from pharmacy of this programme, driven by the combined work, dedication, and determination of all involved.

The system around us has been focused on the formation and development of Integrated Care System (ICS) the Integrated Care Board (ICB) now exists, with the dissolution of the CCGs as predecessor organisations to the ICB. Cheshire and Merseyside were one of six areas who were in a position to take on the delegation for pharmacy ahead of the 2023/24 target date. We also have appointed our CEO Adam to an ICB Board position as Primary Care Partner. One of a very few pharmacists in the country to be at the heart of the local decision-making body. He has contributed regularly to the PSNC & LPC ICS Early Adopter area working group to help share the learnings from this.

The Review Steering Group (RSG) proposals (following the Wright Review) culminated in a contractor-wide vote in June 2022 which gave overwhelming support to the proposed changes. PSNC constituted small group to work on governance and oversight recommendations and the Transforming Pharmacy Representation (TAPR) programme was launched. This ultimately produced a TAPR toolkit and triggered all LPCs to consider their own local structure as well as that of PSNC.

Locally, CPCW formed an options appraisal for the Cheshire and Merseyside regional LPCs to prompt both individual and regional discussions and the regional statement agreed was:

*The LPCs of Cheshire and Merseyside have all spent committee time considering the recommendations of the Review Steering Group following Professor David Wright's review of the status of Community Pharmacy representation in England. The LPCs work together well and meet frequently at this level already via the Mersey Association of Local Pharmaceutical Committees (MALPS) and so many of the recommendations were already met. An options appraisal document was drafted for all LPCs to consider; options ranged from a full-scale merger of LPCs to remaining as completely separate entities and the committees' responses mirrored the range of those options. It became clear working through this that there was not common agreement on a single path attractive to all committees. There was a clear ambition that closer working should be strengthened through the Regional Joint Working Group of executives, however this did not include merging committees at the present time, and so the present regional structure will continue.*

As you read this, the name of PSNC will be no more, having been rebranded to Community Pharmacy England (CPE) with a new committee in place. This is triggered by a desire to reposition CPE as being more impactful and authoritative with policy makers, the media, Ministers and others. The new name also better reflects the breadth of the work that it carries out – monitoring public policy and funding, supporting and advising contractors and LPCs on a wide range of issues, providing information and news for the sector, monitoring and influencing the Drug Tariff and reimbursement, and promoting policy solutions. CPCW will continue to work closely with the CPE team and committee and offer whatever support and information it can to help it achieve the desired aims for contractor benefit.

CPCW will also have a new smaller committee and have agreed to adopt the new model constitution for LPCs.

Again, we hope to have a good response to the pharmacy pressures survey carried out and towards the end of the year and we promoted this to contractors to engage further with the important data it collects to inform negotiations. Last year's Pharmacy Pressures Survey was

widely supported and we hope to have an even better response this year. The important data that it gathers informs national negotiations. Learnings from last year tell us that the average pharmacy completed 19 consultations per day, which means more than 1.2 million consultations a week or 65 million a year are being carried out by community pharmacy teams in England, with an impressive 83% of people who sought advice being able to be dealt with wholly within the pharmacy without onward referral. The complexity of those being seen also went up, with a 19% increase on the amount of time spent per consultation compared to the previous year.

Community Pharmacy England has commissioned Nuffield Trust and The King's Fund to develop a Vision for Community Pharmacy. This will be an extensive and collaborative piece of work and it will be used by Community Pharmacy England to develop a new strategy for the sector as well as support Community Pharmacy England's negotiations with Government. The Vision aims to:

- Set out ambitions for community pharmacy to demonstrate to Government and commissioners our vital and potentially growing role in primary care, and how it will deliver value for money and better patient outcomes;
- Enable the sector to unite behind shared goals and ambitions and start to consider how it will need to change to deliver its full potential; and
- Develop, as far as possible, with Government and the NHS, a shared agenda and the case for a sustainably funded sector.

We have spent time with our MPs, educating and influencing them and we have hosted several visits to pharmacies in our area within the MP constituencies. We also asked local councillors to attend since councils will be key members of the ICS as it develops so it is important they are well appraised of our situation. Thank you to all contractors who have kindly written to their MP, hosted a visit or both – they are valuable and add to the political will immeasurably.

## People

Our team of five remained stable through the year. The team work well together, all having their own strengths. There was wide recognition of the good work the team produce on the data dashboards- to understand services, on the technical expertise for services, engagement of local stakeholders where relationships have not historically been cordial and on the training stakeholders to refer into new services. All of which help overcome the barriers to success.

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## Community Pharmacy Contractual Framework (CPCF) Developments

We took out a full-page publication of a Pharmacy Funding in Crisis article in the major local newspapers across the LPC footprint in early October 2022. We pointed out to the public and stakeholders that pharmacy funding was not sufficient, and pharmacies were struggling to survive and that issues such as delivery of medicines, stock shortages, workforce pressures and prescription turnaround times were likely to affect them over the coming weeks, months and years. We also sent 100 A4 printed copies to every pharmacy, with the ability to request more to help them have conversations with their customers and patients over what issues they are grappling with to manage unrealistic expectations.

This led to significant local and national focus with MPs very interested to visit and hear from us and their local contractors. It also attracted attention from the national pharmacy press and trade bodies some of whom adopted our messaging and culminated with a PSNC statement at the end of March telling ministers that NHS England and the Department of Health and Social Care (DHSC) must not roll out any new or expanded services or a pharmacy quality scheme in 2023/24 unless extra funding is put into community pharmacy.

The CPCF arrangements for 2022/23 and 2023/24 were finally agreed in September 2022, five months into the year, with PSNC accepting a one-off £100m excess margin write-off to alleviate ongoing pressures. This was nowhere near sufficient however as the year later showed with several high-profile announcements made and the pharmacy market

contracting as contractors were faced with incredibly difficult choices some could not sustain their pharmacies in the current climate with the insufficient funding available.

Key points of the CPCF arrangement for 2022/23 and 2023/24 are:

- CPCF arrangements have been agreed for both 2022/23 and 2023/24 – the final two years of the five-year deal on the framework.
- Contractors will benefit from a relative uplift to the Drug Tariff as £100m in excess margin earned by the sector in previous years is written off.
- DHSC has also committed to reviewing the implementation of the Price Concessions system.
- The Transitional Payment is also protected, with up to £70m per year being allocated in recognition of the pressures on the sector.
- An independent economic review will take place in advance of the next CPCF negotiations – this will help us to press Government and the NHS to follow good practice in economic regulation and to make more evidence-based funding decisions.
- A Pharmacy Contraception Service will have a phased launch as an Advanced service, over 2022 and 2023, in line with the sector's ambitions, but recognising the capacity pressures on pharmacies.
- Extensions to the Community Pharmacist Consultation Service (CPCS) and to the New Medicine Service (NMS) will be introduced, but we have insisted that all developments to these existing services be modest.
- Contractors can take part in Pharmacy Quality Schemes in both years, whose scope has been reduced to reflect the workload and capacity constraints, including the impact of the late start in Year 4. The Year 5 scheme is already agreed and once the fine detail has been finalised, the requirements will be published to provide contractors with advance notice ahead of the start of Year 5.
- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix.

## LPC News and Systems

We have continued to produce the regular tracker documents and newsletters, and it has been delightful to see these documents live in use during pharmacy visits and pointing out the extra bureaucracy pharmacies have to deal with when hosting stakeholder or MP visits.

Our investment in IT equipment last year, to allow hybrid meetings to occur, allowed more guests to visit the committee meetings and members to attend from a distance where otherwise they would not have been able to contribute.

Our contractor updates continued to help summarise things and provide a different avenue to help our contractors stay abreast of changes, challenges, and other ways of accessing valuable support – we expanded them from our field manager meetings on zoom to a broader contractor update on YouTube and later in the year produced a podcast to maximise the accessibility for your teams.

## Contractor Support

Contractor support is a key pillar of the work we do as a team. It takes many forms with the level of input and challenge hugely variable depending on the situation and I would like to thank the team for their tenacity, ability to find mutually beneficial solutions and positivity throughout.

The Community Pharmacy Assurance Framework (CPAF) monitoring cycle continued, and our mechanisms for helping make contractors aware (and chasing those who had not submitted towards the end of the window) worked well with high levels of return, minimising unnecessary full compliance visits.

We helped all four of our Local Authorities through the Pharmaceutical Needs Assessments (PNAs) process which were all published on time. Contractors were engaged in the surveys and drafting process, and we were able to get all four drafts in front of the committee for review in good time.

Throughout the year, our work with other local representative committees and commissioners on conflict management was crucial to maintain relationships. Guidance around MDS, mostly linked to period of treatment and assessments was our most commonly requested support. The great piece of work Suzanne was instrumental in delivering - supporting patients with compliance aids -was often the useful resource to help navigate all parties through this area.

## **Commissioner Relationships**

Our main commissioner changed, with NHS Cheshire and Merseyside as an ICB taking over the delegation for the community pharmacy contractual framework. As part of the same move, CCGs were also abolished on 1 July 2022, so the report focuses on the work with the ICB place teams, the local authorities and the ICB overall. The work with predecessor bodies is also reported under the most appropriate part of that geography.

We continued to engage with, and maintain a good relationship, with the Cheshire Local Professional Network (LPN); this provides us with a useful and valuable network in Cheshire.

## **ICB Place Teams**

The four places we cover within the ICB all have place directors and various work strands. Adam as CEO has setup a quarterly meeting to update, discuss and escalate issues accordingly with each of the four place directors. Our Pharmacy Service Managers and/or members of the committee are part of the place primary care groups, liaise with the local teams and manage the relationships with our contractors, services, and commissioners in each place.

## ***Cheshire East***

From a Medicines Management point of view, Cheshire East and Cheshire West remain closely aligned with the continuation in role of Dr Mark Dickinson and Janet Kenyon

Associate Director and Assistant Director of Medicines Strategy and Optimisation, respectively.

Discussions started, and are ongoing, to explore an LPC PCN Pharmacist project which will seek to find one lead community pharmacist within each PCN to act as a local ambassador and to leadership to their locality. The role will require the lead PCN pharmacist to engage and communicate with all community pharmacies within the PCN, to ensure sharing of understanding and knowledge of both community pharmacy and general practice.

### *Cheshire West & Chester (CWAC)*

Work on sexual health services ahead of the new prime contract provider continues as does engagement with smoke-free Cheshire.

### *Warrington*

Warrington have been very welcoming, being one of the first areas to setup our liaisons with the place director and positions on the primary care group, the clinical & care provider leadership forum and the Warrington Together partnership. We are yet to see material changes for contractors in the commissioning of local services, however we are confident that if opportunities and funding streams do arise, we are best placed to be able to make the case for community pharmacy if the patient benefit for the topic is correct.

There are several innovative work strands, and we are very interested in exploring those opportunities, including AF detection, TB medicines provision and the polypharmacy/frailty work previously mentioned.

We have significantly increased the number of Discharge Medicines Service referrals coming out of Warrington from early 2023 via these work strands and we continue to work with the Trust to ensure that they are sustained, and that the information is correct so that the service can run smoothly.



## Wirral

Working with the place leads and the local trust, improvements to the Discharge Medicines service referrals from Arrowe Park are now with IT to progress. Significant work was carried out at the end of the year towards the smoking cessation service referrals from Arrowe Park's service provider. We await the date for go live.

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Our proposed expansion to the minor ailments service covering both dermatology and sore throat was sadly paused due to nervousness around the national antimicrobial stewardship assessments from the Regional Medicines Optimisation Committees.

Over the year, it became apparent that the harmonisation of minor ailment services across Cheshire and Merseyside would likely be a more worthwhile focus for efforts, however we have pivoted some of the dermatology commitment to the place from one of the pharmaceutical companies to plan dermatology training locally which we hope to deliver in 2023/24.

We have made representations to the place around both the palliative care and the OPAT services and asked for fee rises with inflationary effect. We await their response; however, we are hopeful to receive news on this early in 2023/24.

Wirral has been one of the pilot areas for the Oral Contraception Management Service, with 14 pharmacies delivering service and another 15 preparing to deliver as the year ended. This will give them excellent experience they can carry over onto the advanced service if and when they decide to offer it.

## Local Authorities

### *Cheshire East*

In the early part of the year, we worked with Cheshire East Test and Trace vaccine tracing pilots and eased the LFT testing supplies during challenging times.

We also worked tirelessly with the council on the ongoing vaccination and Public Health offer that pharmacy can provide on the patch.

A Council Flu Service was available to all contractors in Cheshire East for council employees to attend at a pharmacy and several clinics were commissioned at council offices.

### *Cheshire West & Chester*

We were able to continue the flu vaccination offer for CWAC staff and an expression of interest for contractors to deliver on site vaccination was shared. Although not directly commissioned by the Local Authority, the supervised consumption service is sub-commissioned by Westminster Drug Project and we made strong representations around their proposed branded generic switch to Physeptone. . We continue to be bewildered why the switch was not abandoned once it became apparent as a bad idea, but our proposals to assist continued generic prescribing represented some progress.

### *Warrington*

Warrington Council via their Director of Public Health recognised the value of our input on the Warrington Health Protection Board, and we have been invited to sit on the permanent board post COVID to ensure we can appraise them of the situations and solutions within Community Pharmacy.

We petitioned for additional monies for our local services, and we await the final decision due early in the next year. The council team have been stretched very thin following some people moves and we are supporting as best we can to achieve this.

## **Wirral**

The work last year with the bid for monies for the government's ADDER program (which stands for Addiction, Diversion, Disruption, Enforcement and Recovery) was successful and delivered. A Naloxone supply service was commissioned towards the end of the year as well as a Wellbeing and Medicine Use Review service for those undergoing substance misuse treatments. Contractor capacity will be a challenge and we continue to work with interested contractors to help them overcome this.

## **NHS Cheshire & Merseyside (the Integrated Care Board)**

The Integrated Care Board (ICB) formed on the 1 July 2022 as NHS Cheshire and Merseyside. Adam's knowledge and leadership should ensure that conversations and considerations can be made to all primary care contractors to allow their expertise and unique settings to be utilised for improved patient journeys and outcomes.

Adam continues to sit alongside Louise Gatley (one of the Chief Officers from Community Pharmacy Halton, St Helens and Knowsley) on the Primary Care Provider Leadership Forum to ensure that the voice of all four LPCs is heard and a view taken when consulted with on issues spanning all of primary care. The ICB is looking to bring the Primary Care Provider Leadership Forum within the governance arrangement and the Terms of Reference are being refined.

We focused early in the year on positioning pharmacy as a key component of the Effective Clinical and Care Professional Leadership Framework – this has allowed subsequent involvement at place level boards, primary care groups and working committees which is positive progress.

The of the merger of Area Prescribing Groups (APG) where previously Suzanne attended the Cheshire APG and Adam the Pan-Mersey APG as LPC representatives has been effected by securing two places for the four LPCs on the new Cheshire & Merseyside Area Prescribing

Group and we are waiting for the meeting schedule to be announced so we can see who can attend.

As a lot of our colleagues from the local NHS E&I regional team transferred into the ICB, our relationship management was strong and consistent. We saw Pam Soo, our key contact in her previous role at NHS E&I appointed to the Clinical Lead for Community Pharmacy Integration post for the ICB. We recognise this appointment as hugely positive in driving community pharmacy commissioning and practice forwards.

Our work supporting the new elements of the CPCF that needed local implementation continued and we were able to work in partnership to deliver webinars across Cheshire & Merseyside for pertinent topics and to offer jointly funded support for implementation for some of the services they commission (eg GP-CPCS, DMS, Hypertension). This was recognised as the gold standard and many areas look with envy at the relationships here that continue to thrive to mutual benefit. As a result of our work, CPCW surgeries have sent 1.7 times as many referrals as those across England and the NW region and was also 10% higher than the Cheshire & Mersey average.

The Covid-19 Vaccination service was delivered by many contractors and pharmacy indeed was the pillar, vaccinating the most patients towards the end of the year- demonstrating how valuable a service this is to patients.

### Cheshire & Merseyside Health & Care Partnership (HCP)

The HCP is the sister board to the ICB, bringing together a wider set of partners including the NHS, Local Authorities, and the voluntary sector. The partnership will assess the health, public health and social care needs of Cheshire and Merseyside and produce a strategy to address them.

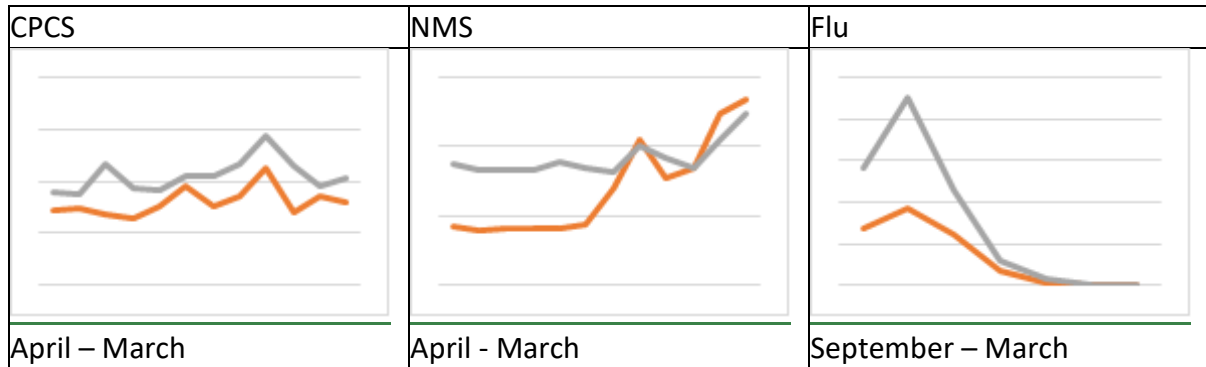
Adam has been a regular attendee at this forum nominated by the primary care forum and has ensured that pharmacy and other primary care disciplines feature on key strategic documents.

## Health Education England

Our work last year produced a report into the community pharmacy workforce needs and this was delivered to HEE at the end of the year. Plans are in place to brief all the ICBs in the Northwest on this report and aim to get the recommendations into their workforce plans as they develop.

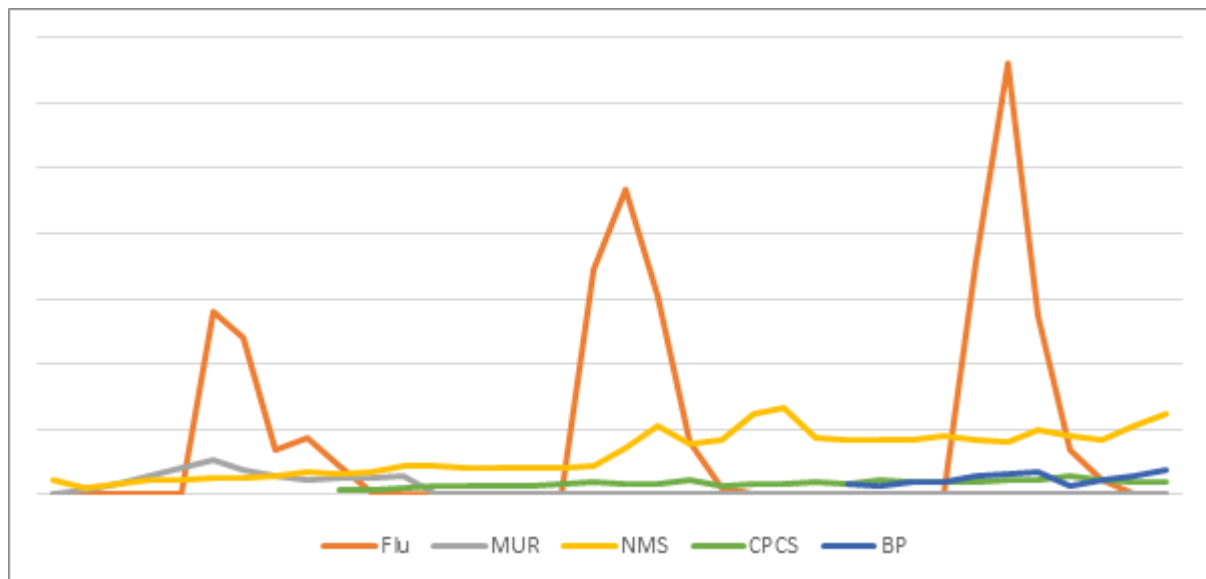
## National Services

This year contractors saw a continued increase in their national service income compared to 2021/22. Flu income increased by 14.3%, CPCS continued to embed and grow by 32.03% and the NMS income increased by 29.84%. Set against the context of the year, and already impressive growth figures from last year this is a superb performance by our contractors.



Key: Orange Line = 2021/22, Grey Line = 2022/23

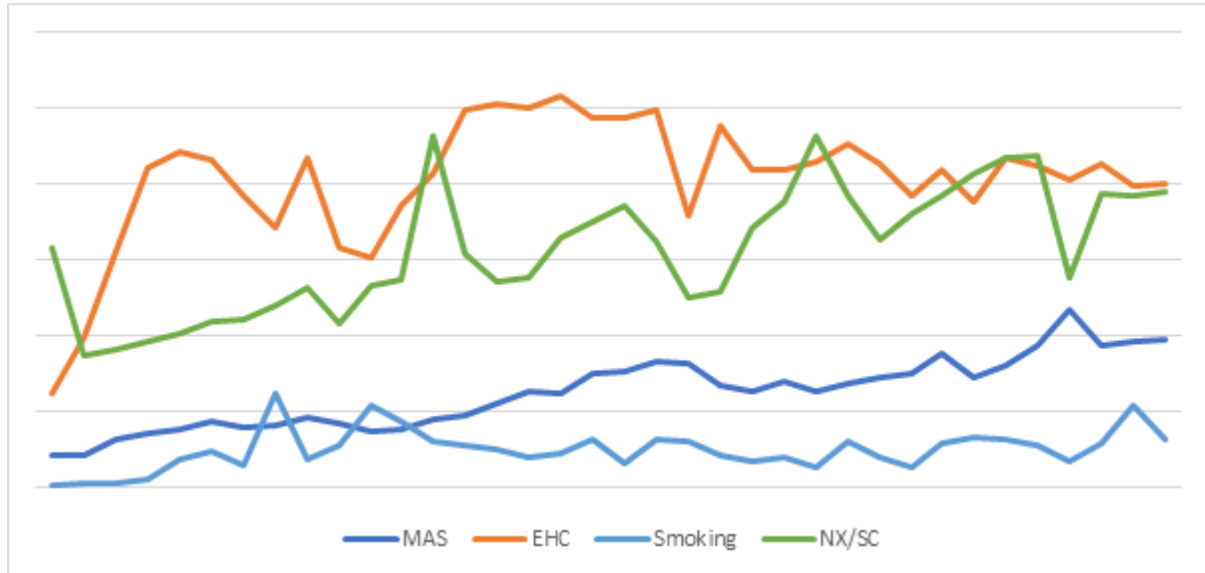
The graph below demonstrates the trends over several years, with flu service delivery clearly increasing year on year and an upward trend for NMS with the introduction of the Hypertension Case Finding service (marked as BP).



April 2020 - March 2023

## Local Services

Local services continued with their improvement on the recovery post COVID with all the main services maintaining their level broadly compared to 2020/21.



April 2020 – March 2023

Adam Irvine  
Chief Executive Officer

Suzanne Austin  
Pharmacy Services Managers

Gary Pickering

Alison Williams  
Business Support Officer

Sara Davies  
Engagement Officer

## LPC MEMBER AND LPC MEETING ATTENDANCE – 1 APRIL 2022 TO 31 MARCH 2023

<b>Member</b>	<b>Address</b>	<b>Sector</b>	<b>Attendance</b>
Dane Stratton-Powell <b>Chairman</b>	Lloyds Pharmacy c/o Woburn Road Warrington WA2 8UH	CCA	8 of 8 meetings
Stuart Dudley <b>Vice Chairman</b>	Treetops Pharmacy 49 Bridle Road Eastham CH62 6EE	Independent	5 of 8 meetings
Ian Cubbin <b>Treasurer</b>	Galen Pharmacy 10-12 Liverpool Road Neston L64 9TZ	Independent	8 of 8 meetings
Paul Barry	Well Pharmacy Merchants Warehouse 21 Castle Street Manchester M3 4LZ	CCA	6 of 6 meetings
Daniel Butler*	Woodchurch Road Pharmacy 379 Woodchurch Road Birkenhead CH42 8PE	Independent	4 of 5 meetings
Daniel Byatt*	Cohens Chemist 46-48 Charlotte Street Macclesfield SK11 6JB	AIMp	7 of 8 meetings
David Crosbie	Morrisons Pharmacy Station Road Nantwich CW5 5SP	CCA	4 of 8 meetings
Jack Eckersley	Rydale Pharmacy 18 North Street Coppenhall CW1 4NL	Independent	6 of 8 meetings
Jemma Grossman	Rowlands Pharmacy 154 Allport Road Bromborough CH62 6BB	CCA	7 of 8 meeting
Andrew Hodgson	Andrew's Pharmacy 71 Kennedy Avenue Macclesfield SK10 3DE	Independent	4 of 8 meetings
Heather Johnson*	Lloyds Pharmacy 35 Grange Road West Kirby CH48 4DZ	CCA	6 of 7 meetings
Rachel Jones*	Superdrug Pharmacy 39-41 High Street Congleton CW12 1AU	CCA	7 of 8 meetings
Wesley Jones	Boots D90 EF08 1 Thane Road Nottingham NG90 1BS	CCA	6 of 8 meetings
Anna Mir	Boots D90 EF08 1 Thane Road Nottingham NG90 1BS	CCA	6 of 8 meetings



Stephen Thomas	L Rowland & Co (Retail) Ltd Rivington Road Runcorn WA7 3DJ	CCA	7 of 8 meetings
Katrina Worthington*	Well Pharmacy Merchants Warehouse 21 Castle Street Manchester M3 4LZ	CCA	2 of 2 Meeting

\* No longer a member of CPCW

CCA - Company Chemists Association

AIMp - The Association of Independent Multiple Pharmacies

COMMUNITY PHARMACY CHESHIRE AND WIRRAL LOCAL PHARMACEUTICAL COMMITTEE  
DRAFT RECEIPTS AND PAYMENTS ACCOUNT  
FOR THE YEAR ENDED 31ST MARCH 2023

	2023		2022	
	£	£	£	£
<b>RECEIPTS</b>				
Contractor Levies	340,454		269,179	
PharmOutcomes Stakeholder Sub-Licence			24,954	
NHSE GPCPS Support Funds	23,533		6,768	
MOCH Publication Contribution	- 900		900	
PharmOutcomes LPC Allocation	22,206			
Bank Interest	<u>2,647</u>		<u>899</u>	
		<b>387,940</b>		<b>302,700</b>
<b>PAYMENTS</b>				
Wages	225,132		202,651	
Employees' Expenses	3,909		2,854	
Office Expenses	16,215		10,091	
Meeting Expenses	3,973		1,635	
Members' Expenses	15,469		12,761	
Chairman Expenses	2,449		1,968	
P S N C Levy	81,456		83,767	
Regional Activities	131			
Accountancy and Payroll Services	840		780	
Sundry	1,326			
Corporation Tax	<u>503</u>		<u>411</u>	
		<u>351,402</u>		<u>316,917</u>
<b>NET RECEIPTS/(PAYMENTS) FOR THE YEAR</b>		<b>36,537</b>		<b>(14,217)</b>
Bank balances at 31st March 2022		227,091		241,308
Bank balances at 31st March 2023		<u>263,629</u>		<u>227,091</u>
<b>STATEMENT OF ASSETS AT 31ST MARCH 2023</b>				
Lloyds TSB Current Account		171,934		167,711
Close Brothers Treasury		119,451		86,804
Less Creditors:				
Estates	11,677		11,677	
PCT Inhaler Training Funds	5,835		5,835	
Warrington Alcohol Pilot	4,500		4,500	
EPS Training Funds	240		240	
CWC PH Funds	<u>5,000</u>		<u>5,000</u>	
		(27,252)		(27,252)
Corporation Tax Liability		(503)		(171)
		<u>263,629</u>		<u>227,091</u>

Dr Ian Cubbin  
Treasurer

*I. J. Cubbin*

**REGIONAL ACCOUNT  
RECEIPTS AND PAYMENTS ACCOUNT  
FOR THE YEAR ENDED 31ST MARCH 2023**

	2023		2022	
	£	£	£	£
<b>RECEIPTS</b>				
HEE Quality Champion			-	
PharmOutcomes Stakeholder Sub-Licence	84,629		86,538	
Sponsorship			450	
Regional Account and MALPS LPC Contribution	395		-	
NHSE GPCPCS Support funds			101,200	
NHS Hypertension support funds			10,000	
		<b>85,024</b>		<b>198,188</b>
<b>PAYMENTS</b>				
Meeting Expenses			-	
PharmOutcomes Licence	87,642		96,510	
CPCPCS LPC allocation	49,600		15,000	
Accountancy and Payroll Services	420		360	
		<u><b>137,662</b></u>		<u><b>111,870</b></u>
<b>NET RECEIPTS/(PAYMENTS) FOR THE YEAR</b>		<b>(52,638)</b>		<b>86,317</b>
Bank balances at 31st March 2022		<b>137,068</b>		<b>50,751</b>
Bank balances at 31st March 2023		<u><u><b>84,430</b></u></u>		<u><u><b>137,068</b></u></u>
<b>STATEMENT OF ASSETS AT 31ST MARCH 2023</b>				
Lloyds Mersey Pharmaceutical Region Account		<b>134,344</b>		<b>201,397</b>
Less Creditors:				
NHSE Cheshire & Merseyside (Training)	3,984		5,184	
Health Education England	3,635		3,635	
British Heart Foundation	16,450		16,950	
HEE Workforce Development	15,844		28,560	
NHSE&I PCN Development	10,000		10,000	
		<u><b>- 49,913</b></u>		<u><b>- 64,329</b></u>
		<u><u><b>84,430</b></u></u>		<u><u><b>137,068</b></u></u>

Dr Ian Cubbin  
Treasurer

*I. J. Rubbin*

COMMUNITY PHARMACY CHESHIRE AND WIRRAL LOCAL PHARMACEUTICAL COMMITTEE

ACCOUNTANTS' REPORT

FOR THE YEAR ENDED 31ST MARCH 2023

In accordance with your instructions, we have compiled these unaudited financial statements in order to assist you to fulfil your statutory responsibilities, from the accounting records and information and explanations supplied to us.

1 Abbots Quay  
Monks Ferry  
Birkenhead  
Wirral  
CH41 5LH

Haines Watts Wirral Limited  
Chartered Accountants

Haines Watts Wirral Limited  
Chartered Accountants