**To all Nottingham/shire Pharmacy Contractors,
 Area Managers and Superintendents**



The challenges facing contractors last year remain largely the same this year - basic cash flow and further uncertainty of the fragmented NHS, and now to add the work and uncertainty that COVID has brought. Much of our time in the last month / six weeks of the year was dealing with the sudden chaos of COVID and then lockdown – before that we spent a lot of time trying to engage with all the factions of the NHS locally to represent pharmacy contractors and provide some degree of interpretation as to what that all means. During the autumn of 2019 we ran many workshops to support PQS and particularly focussing on supporting the engagement with the newly formed Primary Care Networks. This meant in some weeks we were running evening events 3 or 4 evenings for pharmacy teams as well as trying to keep the day job going representing pharmacy contractors in local negotiations.

We continue to be linked into the Integrated Care System (ICS) and in particular the many clinical strategy workstreams, although it is impossible to attend them all, even with the support of my LPC members and executive officers who give up their time as volunteers.

We continue to work with Metaphor Development to provide the training academy although this is still evolving and as I write we have been forced to pause due to COVID. We will be soon working on how we continue to provide the training academy in a COVID-world and in light of the recommendations in the Wright Review about the role and functions of LPCs and PSNC – see <https://pharmacy-review.org/>. A significant recommendation of this review is that LPCs shouldn’t be providing much of the training and support we have been doing and instead should focus on representation and fostering local relationships – we welcome your feedback on this aspect in particular because the LPC have invested a significant amount of time and resource into developing the training academy which was in response to the feedback contractors gave in the past.

I have tried to précis the year in my report without duplicating the newsletters we produce. We have continued to distribute the newsletter electronically via MailChimp which seems to work well and provide us with a balance between efficiency and readability. As with NHSE we now use pharmacy NHSnet email addresses, but also continue as well with those contractors have given us, however please be aware the NHS will only communicate to you via your NHS shared mail box and given you will need to demonstrate use of that email for PQS we cannot stress enough that it is vital you have a process to check that email frequently – and suggest that it is a minimum of daily, but ideally during the day as well. Please inform Alison of any email address changes to ensure you continue to receive a copy, although we continue to publish on the LPC website along with the archive of past copies at [<https://psnc.org.uk/nottinghamshire-lpc/lpc-info-and-governance/lpc-activity/lpc-newsletter/>](https://psnc.org.uk/nottinghamshire-lpc/lpc-info-and-governance/lpc-activity/lpc-newsletter/).

I have outlined key points from the LPC for your information below, but as always if you want more information or just to discuss things in general don’t hesitate to get in touch with me or any of the LPC members. As an LPC we try to run our meetings in an as open an environment as possible which means we welcome contractor observers. Indeed, many contractors or their staff have come along to LPC meetings and some do so regularly, even bringing with them their pre-reg’s.

If you are interested in attending LPC meetings or just receiving the meeting papers to keep abreast of things, then let Alison know so she can add you to the circulation list. We have been holding virtual LPC meetings recently due to COVID and will be doing so for the immediate future even if some element of face to face meetings are allowed – this may make it easier for pharmacy contractors to observe or engage with LPC meetings so please get in touch if you are interested in working with us to trial. We don’t routinely circulate LPC meeting papers to all contractors as we are conscious of the amount of information contractors are already receiving from other sources, so it is a balance between keeping you informed and not overwhelming you and avoiding duplication. Therefore are continually adding more to our website - <http://psnc.org.uk/nottinghamshire-lpc/> so information can be accessed when needed. If you have trouble finding things on the website then contact Alison with your feedback.

**Clinical Commissioning Groups**The merger of County CCGs and City CCG was finally completed at the end of the year. This does make some things easier for the LPC because as processes are reviewed they are in the main brought into line so there is less variance across the patch although Bassetlaw remains aligned to the South Yorkshire NHS structure and so is a sperate CCG. The LPC is routinely involved in the CCGs Medicines Optimisation Committees, although since the formal merger of the CCGs from 01 April 2020 there is now one overarching Medicines Optimisation Committee. We have recently stepped back from the Area Prescribing Committee (APC) because of workload pressure and finding it was hard to influence and so not adding value to our work. We also attend the Medicines Optimisation Programme Board which has the Chief Pharmacists from all local organisations involved including the acute trusts, community trust, AHSN, university, NHSE and CCG. Unfortunately, the proposed GP-DMIRS pilot with Rushcliffe CCG wasn’t accepted although we continue to work locally with NHSE to maximise the CPCS and link with the MAS service. We were planning to work on further extending the MAS PGD service in 2020-21, but COVID has created other work pressures so delayed negotiations.

**NHS England**We have maintained our excellent working relationship locally with NHSE commissioners despite the still ongoing merger with NHSI. We continued to be actively involved with the Local Professional Network and have worked on several initiatives in collaboration with Derbyshire LPC through the LPN – including extending the ENT MAS service to include UTI and providing additional training to manage pharmacist churn and further upskill the community pharmacy workforce. Our biggest challenges continue to be that the funding available is non-recurrent, so services continue to be “pilots”. The AF / BP service is also going well and the LPC encourages contractors to engage as much as they can while the funding exists so as much activity as possible can be achieved to increase the evidence base for further funding.

All services details are available on the LPC website on the services tab at <https://psnc.org.uk/nottinghamshire-lpc/services/>

Transfer of Care Around Medicines (TCAMs) continues to develop and is becoming business as usual.

**Local Authorities**The LPC continues to meet regularly with the two-upper tier local authorities – County and City Councils. We have focussed our time on building relationships with the ICS and its sub-organisations the ICPs (Integrated Care Partnerships) and the newly formed primary care networks (PCNs) so have not attended so many Health and Wellbeing Board (HWB) Meetings. The County HWB hasn’t had the workshops it previously did as the ICS has run more around the clinical strategy development work instead.

**Media and PR**The LPC has continued its relationships with our MPs and local councillors including pharmacy visits and meetings to discuss funding and current issues contractors are facing. Details are on the LPC website at <https://psnc.org.uk/nottinghamshire-lpc/mp-visits/> although plans for 2020/21 have had to be paused due to COVID. If any pharmacy teams are interested in being further involved in our work with local politicians then please contact us.

**Integrated Care System (ICS) – was STP**Despite the ICS structure and workstreams changing several times during the year the LPC is still well positioned to influence so that community pharmacy is well represented on all the key workstreams. We have been key partners in the Clinical Strategy Redesign work and also contribute to the Medicines Optimisation workstream as well as the ICS partnership board. Below the ICS there are now three Integrated Care Partnerships (ICPs) – mid-Notts, South Notts and City. In addition to this Bassetlaw sits in the South Yorkshire and Bassetlaw ICS.

Finally, all the LPC members give up their time as volunteers and the work they do is for you and to represent your interests. To do this more effectively we need your input. Please tell us what’s important to you and how we can help you further. If you have identified a particular local need and want help from the LPC in progressing this, then please get in touch. The LPC meeting dates are on the website and any contractor or their representative can come along as an observer. Please contact Alison in advance for further details.

… and a final “finally” – thanks to Alison who keeps LPC members and me organised, sends all the emails to contractors, updates the website and has worked painstakingly on the comprehensive contractor events with Liam from Metaphor, in addition to all the mundane tasks like minutes and governance support.

This report, along with the Chairman’s report, Treasurers report and member reports constitutes the LPCs annual report to its contractors and as always contractors requiring further information on anything in this report or otherwise don’t hesitate to contact me.

Regards,

***Nick Hunter***

