

# 20/21

## Coventry LPC

# Annual Report and Statement of Accounts

Representing 92 Community Pharmacies

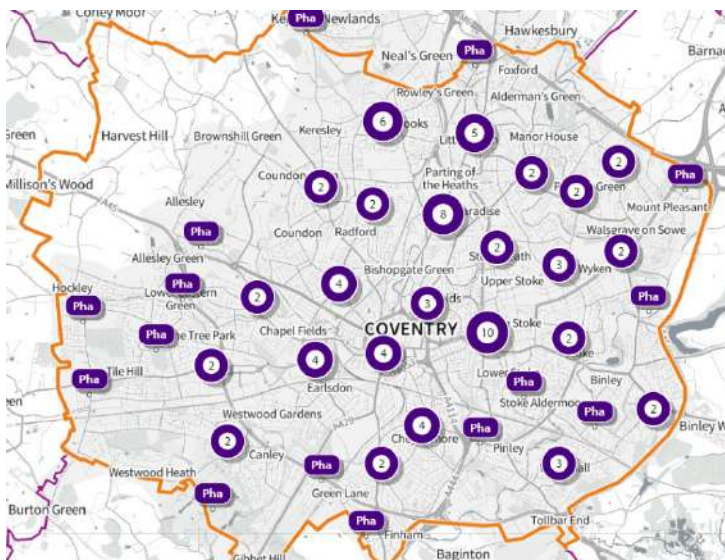
Our Community Pharmacies have a workforce of 800+

Serving a population of 370,000 people

Looking to merge with Warwickshire LPC to be coterminous with the ICS

Recognised by Coventry Health and Wellbeing Boards

Relationships with the 7 Primary Care Networks



# 1

## Forward from the CEO and Chair

AR 20-21

LPC CEO and Chair look back over 20-21 and look forward to 21-22 and beyond

### Chief Executive

Fiona Lowe / LPC Chief Executive Officer



**The past year has been a year like no other, with Community Pharmacy still reeling from the funding cuts – Covid hit...**

Firstly, let us reflect on the lives lost to COVID-19. There have been close to 3.7million COVID-19 related deaths worldwide with 127,794 deaths in the UK (as of 2/06/2021), including many healthcare professionals. Our thoughts are with their friends and families. In Coventry over 650 have lost their lives to Covid. It became apparent that the pharmacy workforce, with high BAME representation, were impacted by the increased risk. We were initially poorly supported with conflicting advice nationally around PPE and accessing supplies. Pharmacy teams had to purchase their own PPE and screens to protect themselves and the public. Patients have generally been very supportive and very grateful for the outstanding support Pharmacy teams have offered to them. Sadly there have been some incidences of unwarranted abuse directed at pharmacy teams as they tried to maintain a safe environment for their staff and patients.

**Who would have imagined an unprecedented COVID-19 pandemic, national lockdowns, multiple Covid vaccines being developed and rolled out all in one year?**

Alongside an extension to the Flu vaccination cohorts, Community Pharmacy has been heavily involved in Flu Programme and more recently the Covid Vaccination delivery through several Coventry and Warwickshire Pharmacies, some onsite and others from community settings. Congratulations to all of the Pharmacies involved, feedback has been great and challenges huge! **Acorn Pharmacy, Allesley Pharmacy, Crest Pharmacy at Pure Gym in Nuneaton, Listers at Brownsover in Rugby, Kasli Pharmacy, Ringwood Pharmacy, Monarch Pharmacy, Medicines Express at Coventry Muslim Community Resource Centre, Boots - Lower Precinct and P2U in Odeon Nuneaton.**



The uptake of Flu and Covid Vaccinations and the speed of delivery has been very good in our geography for the most part although some pockets need additional focus. The expectation is that Community Pharmacy's role in vaccinations will increase during 2021-22.

We would like to thank the Coventry and Warwickshire CCG teams who supported testing and vaccinations in pharmacy teams.

# Forward from the CEO continued

**Change in practice:** The COVID pandemic redefined how we and other healthcare professionals practice, Community Pharmacies often finding themselves as the only face to face access to healthcare for patients. There was a severe shock to the system which included a seismic shift to electronic prescriptions almost overnight and some increased use of eRD; pharmacies were bombarded with phone calls from anxious patients, medicine shortages, staff off due to COVID, furloughed colleagues, risk assessments, hospital discharge medicines, GPCPCS, PQS and new claim systems. Also fast paced changes to advice and changes to regulations and timelines for activities. These are some examples of colossal changes that Community Pharmacy had to navigate instantly, showing our flexibility and willingness to adapt and genuine concern for our patients.

**Alongside this, changes in NHS Landscape continued** – Primary Care Networks (PCN), System working – soon to be Integrated Care Systems (ICS) and the advent of PLACE. CCGs merged, NHSE Regional Footprint consolidated with new stakeholders to get to know and influence. The LPC worked tirelessly, alongside PSNC, to support Contractors through the confusion and changes. Never have the LPCs and PSNC worked so closely with a common aim to support our Contractors. Locally we have a fabulous small team who have worked through the challenges of balancing home working, home schooling and coping with uncertainty. Additional services were brought on or extended such as palliative care and moving some services to telephone consultations as needed to support patients and the public. Established services where volume reduced during Covid had some payments made by Commissioners in recognition of the work by Community Pharmacies to cover some of the lost income.

**Community Pharmacy has widely received accolades from NHSEi and DHSC for its outstanding contribution – however, have had to fight for funding throughout to support the Covid effort.** So despite the incredible work done, we have continued to face the severe reduction in funding. A lot of Contractors and the LPC were unhappy with the national support given to Community Pharmacy especially in managing the impact of the pandemic. However, at the LPC, we focused heavily on what was within our control with the aim of giving our Contractors strong representation and support.

We worked closely with the CCG and Councils to ensure patients received their medicines supporting local and national delivery services to vulnerable patients. We have been core members of the System (ICS) throughout representing Community Pharmacy interests. The group is the most advanced in its activities and plans in the West Midlands and we have managed to get the key Community Pharmacy Services as priorities – DMS, GPCPCS and ED to CPCS. There is considerable interest in the Extended Care PGDs as well.

We have provided updates for our stakeholders throughout the pandemic, ensuring that Community Pharmacy is at forefront of their minds throughout, ensuring early engagements for staff vaccinations and local support for Covid outbreaks. We have delivered a number of webinars and training events, a website fully up to date information including sections on wellbeing and Covid topics. We have also funded Virtual Outcomes for another 12 months to provide Contractors and their teams with additional training resource – which has been aligned to the new services. We have set up new lines of communication including WhatsApp groups for leads, contractors, PCNs which are all well used! We have a great set of PCN Leads too – and would like to thank you all and acknowledge your hard work this year.

We also had Contractor approval in May 2021 to merge with Warwickshire LPC (77% of the votes received in favour in Coventry and 88% in Warwickshire). We will be progressing with this and have a dedicated section on our website with any updates: [Merger Proposal – Coventry LPC](#)

**Finally, a big thank you for your resilience in dealing with the worst pandemic in living memory and remaining open throughout. We hope that the vital role that you played will be remembered and lead to better recognition and funding for Community Pharmacy.**

**THANK YOU & WELL DONE**

*Fiona*

We started last year's Chair report by acknowledging what a difficult year it had been for the Community Pharmacy sector, commenting on the financial pressures being faced by contractors and also the additional pressures as a result of playing our part in fighting the COVID-19 pandemic. It would have been great to be able to say that 2020/21 had been a better year for all but we know that is not the case. Both financial and COVID-19 related pressures continued at unprecedented levels, yet community pharmacy continued to play a critical role in supporting the population with health and care related needs. As a sector we often talk about our accessibility but the pandemic and our commitment to continue to deliver a fully accessible service has been vital for our patients when other healthcare professionals have changed their ways of working. The response of the sector in terms of Bank Holiday openings, Pandemic Delivery Service and ensuring supply was maintained to patients has led to positive statements from stakeholders.

We thank all contractors who sent data on Covid costs to aid the PSNC in their decision to reject the DHSC initial offer in relation to the 370 million advance paid to the sector.

In addition to the pressures already mentioned 2020/21 saw the introduction of two new national services – Discharge Medicine Service (DMS) and the extension of the Community Pharmacist Consultation Service (CPCS) to include referrals from GP practices. Both of these services were launched by way of a 'soft launch' by NHS England meaning that the services went live at different speeds in different ways across the country creating challenges and frustrations for LPCs and contractors alike. In Coventry we are working closely with colleagues in secondary care hospital trusts to get DMS up and running and with colleagues in the CCG and PCNs to implement GP referral to CPCS. The LPC will continue to work with stakeholders to effectively implement these services over the coming months and we are keen to hear from you if your local GP practice has highlighted their wish to go live with GP referral to CPCS so we can offer support to get the service off the ground.

The NHS flu service that was extended during the season to include patients in the 50-64 cohort has been a huge success in our area with 39,000 vaccinations being delivered by contractors across Coventry and Warwickshire. This confirms loud and clear to both our local and national NHS organisations that community pharmacy is perfectly placed to continue to support the nation's fight against the pandemic with the COVID-19 booster programme, ongoing testing and other public health challenges.

2020/21 also saw an extension to our engagement with Primary Care Networks (PCNs) with two domains linked heavily to this in the Pharmacy Quality Scheme (flu vaccination uptake in the over 65's and business continuity planning). The LPC provided ongoing support and training for pharmacy PCN Leads to ensure maximum points and income for contractors linked to these and the other PQS domains. We would like to thank our Pharmacy PCN Leads for your commitment and enthusiasm for these roles.

# Chair and Vice Chair's Report continued

In the 2019/20 annual report we spoke about the proposal to merge Coventry and Warwickshire LPCs so that we are aligned to our Integrated Care System (ICS) footprint. These plans have progressed well during 2020/21 and the process will complete this year – look out for more information in LPC newsletters and mailings in coming months.

We also highlighted the Pharmacy Review into national and local representation, commissioned by PSNC and undertaken by Professor David Wright. Following the publication of Professor Wright's findings and a list of 33 recommendations in June 2020 the sector convened the Review Steering Group (RSG) to take forward the work with its members being appointed by AIM, CCA and independent representatives. The Group's role is to steer and commission a programme of work following that review. Through that work, the Group will develop proposals for change, ensuring that those proposals are feasible and will bring benefits for contractors. As an LPC we urge you to get involved – how you are represented both locally and nationally is important and now provides the opportunity to get involved. For more information please see the RSG website <https://pharmacy-review.org/>

Finally, we would like to extend our gratitude to Fiona (our LPC Chief Officer) and Zoe, Kathy and Susan in the office team who work tirelessly to deliver the LPC's objectives, providing effective representation and support for all contractors; and also to all members of our LPC committee for providing ongoing support and a pragmatic steer to the work of the LPC.

Your LPC is proud to work amongst you and support you and acknowledges the fantastic work you and your teams have done over an incredibly challenging last 12 months. Thank you!

## Contents

Forward from the CEO and Chair	<b>2/5</b>
The year at Coventry LPC	<b>6/7</b>
Supporting and Representing Contractors	<b>8/9</b>
Services Updates	<b>10-12</b>
NHS Changes – ICS, PLACE, PCNs, NHSEi	<b>13/14</b>
LPC annual accounts 20/21 & Treasures Update	<b>15-17</b>
The year ahead - budget and strategy & working groups	<b>18-23</b>

# 2

## The year at Coventry LPC

2020

**Represent the views, interests and priorities of Coventry contractors and collaborate with national and local partners**

Spring

CCGs plan to merge. Covid pandemic and first lockdown – huge pressure on the sector – hot sites, GPs closing doors, New NHSEI teams. PCNs forming

Spring

PSNC – LPCs start closer working and collaboration, which has continues throughout Covid developing a better way of working and consistency of message

Spring

LPC became part of the newly established Pharmacy System Leadership Group which reports into what will be the ICS Board. Plus twice weekly meetings with NHSEI

Summer

Students from Coventry University supported projects on 'Changes in HCP practice impacting on Community Pharmacy' and 'GPCPCS implementation'. VirtualOutcomes purchased for another year

Summer

PCN Leads appointed – local and LPC. Ongoing support for Covid information, Vizors and Banners. Wright Review discussions and LPC size considered – merger will move us to ICS footprint.

Summer

Preparing for Flu season with Covid restrictions. New categories and pressure to deliver early to high risk / age so that patients could have any Covid vaccinations as early in Autumn / Winter as possible

Autumn

Flu Vaccination programme – on and offsite provision through Community Pharmacy. PQS launched with significant engagement within PCNs required. Lead training and support provided by LPC

The LPC Constitution is the document by which the LPC conducts its business. It includes essential information about the duties of the LPC and its members and includes sections on appointment and election to the committee, governance and finance. To view the Coventry LPC Constitution, please click on the link below.

-  Constitution
-  Corporate Governance
-  Ways of Working Policy 2019
-  2020/21 Strategy (Plan on a Page)
-  2020/21 Work Plan
-  Privacy Notice
-  ICO Registration Certificate
-  COVID-19: LPC Office Risk Assessment



*LPC Strategy for 20-21 including improved communications with Contractors and Pharmacy Teams and key stakeholders. Plus planning for merger with Warwickshire LPC to match the ICS footprint which will be in place by April 2022*

<b>Autumn</b>	Palliative Care commissioned across Coventry. Ongoing engagement about merger with Warwickshire LPC. PQS support through series of bite size communications. Good uptake and delivery of PQS. Deadline tracker established on resources tab
<b>Autumn</b>	Ongoing support for local deliveries SOPs, covid outbreak management and urgent PPE access.
<b>Winter</b>	Supporting pharmacy teams to access covid vaccinations. Facilitating conversations with PCNs and Clinical Directors
<b>Winter</b>	GPCPCS soft launch and supporting work and engagement facilitated by LPCs, without the support of LMC – CCG and NHSEi also supporting. DMS launched – low numbers with UHCW and SWFT active.
<b>Winter</b>	Wright Review Consultation and updates from RSG. Decision of LPC to change name from next term of Committee to Community Pharmacy Arden following any approved merger.
<b>Spring</b>	MURs on the way out.. IPMO – ICS continued throughout Covid and will report into ICS Board through Provider Board and Clinical Forums
<b>Spring</b>	LFD service launched with high take up. Strategy developed for 21-22. <b>Merger approved between Coventry and Warwickshire LPCs by Contractors.</b> <u>Merger Proposal – Coventry LPC</u>

# 3

# Engaging and representing Contractors



20-21

The LPC has supported community pharmacy contractors through a period of transformation and pandemic



## PQS and Services

LPC supported Contractors with all aspects of the PQS, including local risk assessments, communications and consolidation of PSNC information and FAQs. PCN domains were facilitated through the Leads. New services have been established – palliative care, antivirals, Contraception pilot in Worcestershire, on and offsite flu offering and LFT service. VirtualOutcomes support and training available funded by the LPC. We have had some changes in commissioners / lead providers and are working to support smooth transition and improved engagement.

## Webinars and support – more than 500 attendees



A number of webinars were delivered during the year, including PCN Leads, Covid recovery, PQS Advanced Services West and a series supporting GPCPCS for pharmacy teams and practices. Each had an audience of between 25 and 150. We have adapted our style to embrace the new technology and noticed that engagement from participants has grown too. We have experimented with interactive Apps and breakout rooms.

## Healthcare collaboration including PCNs support

Collaboration has been the name of the game this year. The LPC has forged closer relationships with all the key Stakeholders: NHSEi, CCG, STP Leadership, Secondary & Community Care, Councils, PCN Pharmacists and Local CP PCN Leads. Flu Groups, Covid Groups, Outbreak & Infection Control, Supporting hard to reach groups. Linking into local delivery support and business continuity support. We have been welcomed to numerous groups and meetings – in some instances the volume has been overwhelming.

## PSNC, RSG and Wright Review

We have worked collaboratively with PSNC throughout the pandemic, through Rapid Action Team and more latterly PLOT – we share the responsibilities across the West Midlands – taking a turn to serve on the Groups. We have also supported the preparation and facilitation at some of the LPC Conference breakout sessions.

We have taken time to discuss and promote the work of the RSG on the Wright Review and feedback constructive comments. We have a section on our website where we post our responses: [Contractor Representation Review – Coventry LPC](#)





Coventry LPC  
**Our Mission, Vision and Values**

Welcome to the Coventry LPC Website, created to provide information for Community Pharmacists about the work of the Local Pharmaceutical Committee and of the Community Pharmacy Services commissioned within Coventry.

**Our Mission**  
Represent the views, interests and priorities of Coventry contractors and collaborate with national and local partners

**Our Vision**  
Deliver credible solutions to actively improve health outcomes of the local population and beyond.

**Our Values**

Collaboration 	Respect 	Honest 
Accountable 	Responsive 	Responsible 

## LPC Meetings

We work as a collaborative with our neighbouring LPCs. As well as a West Midlands and now whole Midlands footprint. We held joint LPC Meetings with Warwickshire LPC, with a short separate session for each individual LPC on the same day. This made the process the most cost effective. They have all been online this year due to Covid19.

We have been online during the pandemic but hope to return to some face to face sessions from September. We do publish our agendas in advance on our website. [Meeting Details – Coventry LPC](#), you will also find signed off open minutes on there.

## LPC Meetings Members attendance

Fiona Lowe, Vicki Roberts, Adel Ghulam, Ashwin Hindocha, attended all 7 meetings; Jas Heer and Bal Heer attended 6/7; Jas Jeers attended 5/7; Prad Duggal attended 4/7

Note we had one change in Membership during the year and the outgoing and incoming Members attendance was: Liz McPherson 0/2 and Ashok Jassi 4/4

## LPC Membership changes

We would like to thank Liz McPherson, a longstanding Member who left us in 2020, for her contribution to the LPC and Contractors – Liz has been missed.

We would like to welcome our new Member Ashok Jassi to the LPC.

We are delighted to say that our small support team are all still with the LPC: Zoe Ascott, Katherine Robinson and Susan Karoly-Smith.

## Market Entry

In the Coventry LPC geography, there have been 6 successful Change of Ownership Applications and 1 successful no significant change relocation.

# 4

# Services Updates

20-21

**PHARMACY**  
The Heart of our Community

Pharmacists are highly qualified experts in medicines. We offer appointment-free healthcare advice with no waiting lists, right in the heart of your community.

#pharmacyadvice  
\* PSNC Pharmacy Advice Audit 2021

Comparison with 2020 audit data shows growing **patient reliance** on advice and care from **community pharmacies**.\*

We haven't stopped during the pandemic

More than **58 million** informal **healthcare consultations** are provided by pharmacists and their teams every year\*

We haven't stopped during the pandemic

## Dispensing

Average number of prescriptions each month **315,335** and average number of items dispensed per month **607,914**.

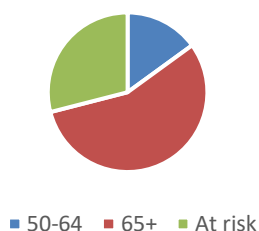
Average number of items per script 1.93. Average nett cost £7.20 per script. Average fees per script £1.77 (based March 21 data)

### EPS and ERD (March 2021) (Coventry & Rugby)

- 60.8% scripts issued patient had a nominated pharmacy
- 92% scripts received through EPS
- 11.4% scripts eRD (10.5% all items)
- 100% surgeries are EPS enabled

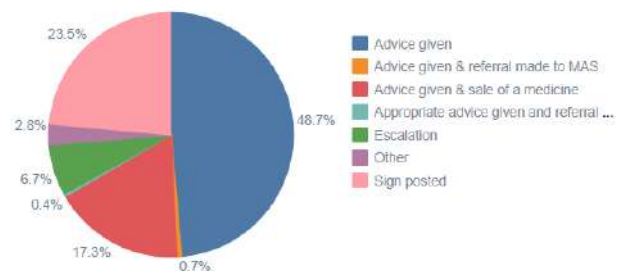
More than **39,000** NHS Flu jabs administered by Coventry & Warwickshire pharmacies (an increase of >45% on last year)

NHS Flu 20-21



1,381 CPCS Minor Illness referrals through NHS111 and 1,164 Urgent Repeat Medication referrals completed in 20-21

Referrals by Outcome



Minor Illness Referrals Outcomes

### **NMS – 61% do 11 a month**

Pharmacies are generally not taking full advantage of this service, which will expand and hopefully have the limits increased too. On average only 61% of our pharmacies provide NMS - each deliver 11 - 12 a month which is below the limit for most pharmacies and below the national average. The LPC will be looking to support increased provision and link to DMS.

### **GPCPCS – 1 PCN active – 2 ready to test**

In November GPCPCS was soft roll out was launched. A lot of engagement has been undertaken by the LPC and NHSEi. CCGs is also supporting. We have delivered 12+ webinars. 98% pharmacies are signed up to CPCS / GPCPCS. The Coventry PCN which has started is SOWE Valley. Key area of focus for the LPC, challenging as unsupported by the LMC.

### **DMS - Acute Trust set up**

DMS as its forerunner, TCAM has been established at UHCW. The numbers are small as Covid intervened. It is a priority area for the STP / ICS. This should drive delivery. This will be an area of focus for the LPC. SWFT is live and GEH will follow. A series of training evenings to support are planned for 2021.

### **LFD – 97% providing**

This service successfully launched at the end of March 2021. More than 97% of our pharmacies are providing LFD.

Healthwatch have been out checking how easy it is to arrange collection.

### **PQS – >95% claimed 1 & 2**

More than 95% claimed PQS1 and some or all of PQS2. The LPC supported PCN Lead appointment and training as well as introductions to PCN Leadership to facilitate the PQS completion. LPC supplemented / explained PSNC guidance as needed.

### **MUR – majority completed 100**

March 31<sup>st</sup> saw the end on MURs as SMRs in PCNs became the NHS preferred option. However, this has been slow to take off due to the pandemic and there may be a role for Community Pharmacists to support these reviews.

Most pharmacies completed the 100 allowed MURs available in 20-21.

## **Local Services**

### Services – Coventry LPC

### **Stop Smoking Services through CHS**

In Coventry, the Stop Smoking Service is delivered via Central Health (CHS). Over the 2020/2021 period, 24 pharmacy contractors were actively participating in this service and collectively set 261 quit dates. Of these, 98 patients were recorded as successfully achieving a 4 week quit, and 86 successfully achieved a 12 week quit. Given the challenges of delivering this service during Covid restrictions, this is a lower number than previous years. NRT Voucher scheme and Varenicline PGD.

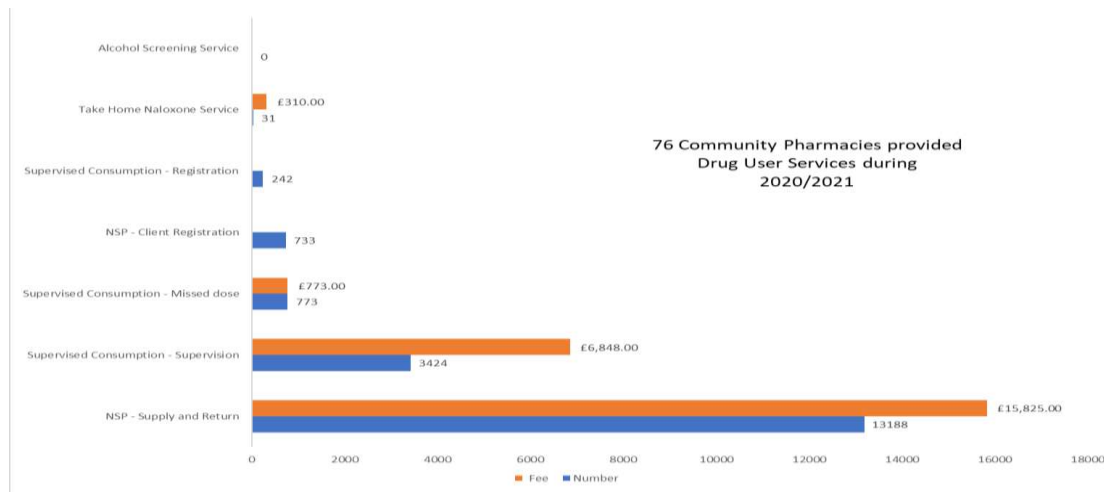
### **Sexual Health Services**

Several Community Pharmacies are contracted to provide sexual health services within Coventry. These include Emergency Hormonal Contraception (EHC), Chlamydia testing and condom distribution. Pharmacies providing these services are commissioned based on demographical need.

## Local Services Continued

### Drug User Services through CGL (Change Grow Live)

The 76 pharmacies providing these services, this year, faced significant challenges due to Covid restrictions. To enable pharmacies to continue to offer support for certain patient groups, CGL reassessed the use of supervised consumption and altered a number of prescription interventions to daily pick ups and duration of supply for other clients were increased. Pharmacies were financially recompensated for any losses this may have caused for a designated time period.



### Phlebotomy

Community pharmacy has played an integral role in the continuation of phlebotomy services throughout the Covid pandemic, continuing to offer appointments to patients using the SWFTQueue electronic booking system and enhanced PPE procedures. During the last financial year, 17 community pharmacies offered phlebotomy services and provided > 112K appointments in the local community.

### HIV POCT

Four Community Pharmacies continue to provide this service in Coventry. Service delivery has been uninterrupted using enhanced PPE procedures.

### Palliative Care Service – during Covid

End Of Life Medicines- 11 Community Pharmacies were commissioned to stock and supply EOL medicines during the Covid pandemic. Pharmacies were invited to express interest in the service. Commissioning was based on location and extended opening hours to ensure widest possible provision.

# 5

# NHS Landscape changes

20-21

Coventry has a population over 370,000. Coventry is the ninth biggest city in England and second largest in West Midlands. Coventry is an ethnically diverse city, with around one-third (33%) of the population from minority ethnic groups compared to 20% for England as a whole. The largest minority ethnic group are Asian/Asian British communities, making up 16.3%. Coventry faces the challenge of reducing health inequalities for residents. Life expectancy at birth in Coventry for 2016-18 was 82.3 years for females and 78.5 years for males, both of which were notably lower than England average. In terms of the adult population, Coventry is home to 241,525 (65%) adults of prime working age (18-64), plus 50,231 people (13.5%) over the age of 65. The average of Coventry population is 39.3 years.

## National

### 7 NHS Regions

NHSE

Sub Regions

System

STP / ICS footprints

Place

Coventry, Rugby, South Warks, North Warks

Localities

Hubs & GP Clusters

### Midlands

West Midlands

Coventry & Warwickshire

Coventry

Warwickshire

7 PCNs Coventry North, Coventry Central, GP Connect, Go West, Navigation 1, Sowe, Unity

12 PCNs

The NHS Landscape following the White Paper and the consultation process is changing. The paper [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](#) sets out our legislative proposals for a Health and Care Bill. Many of the proposals build on [the NHS's recommendations in its Long Term Plan](#), but they are also founded in the challenge born out of Covid-19. At the heart of the changes being taken forward by the NHS and its partners, and at the heart of the legislative proposals, is the goal of joined up care for everyone in England. Instead of working independently, every part of the NHS, public health and social care system should continue to seek out ways to connect, communicate and collaborate so that the health and care needs of people are met.

#### What does this mean for Community Pharmacy?

The Community Pharmacy Contract will be delegated down to ICS level by April 2022. Some of the NHSEi Contract team are expected to move to the ICS, but we anticipate a gap in knowledge around Contracting and Commissioning expertise within each ICS. The ICS will manage the Pharmacy Contract, but this is still expected to be commissioned nationally with any degree of local flexibility being unclear. We hope this will lead to more integration and 'buy in' from the System and appreciation of Community Pharmacy's role and opportunities for future service commissioning.

# Integrated Care System (ICS)

**There will be two main bodies**

**ICS NHS Body** - Will be responsible for:

Developing a plan to address the health needs of the system

Setting out **strategic direction** for the system

Explaining the plans for both capital and revenue spend for the NHS bodies in the system.

The ICS NHS Body will take on the commissioning functions of the CCGs and some of those of NHSE.

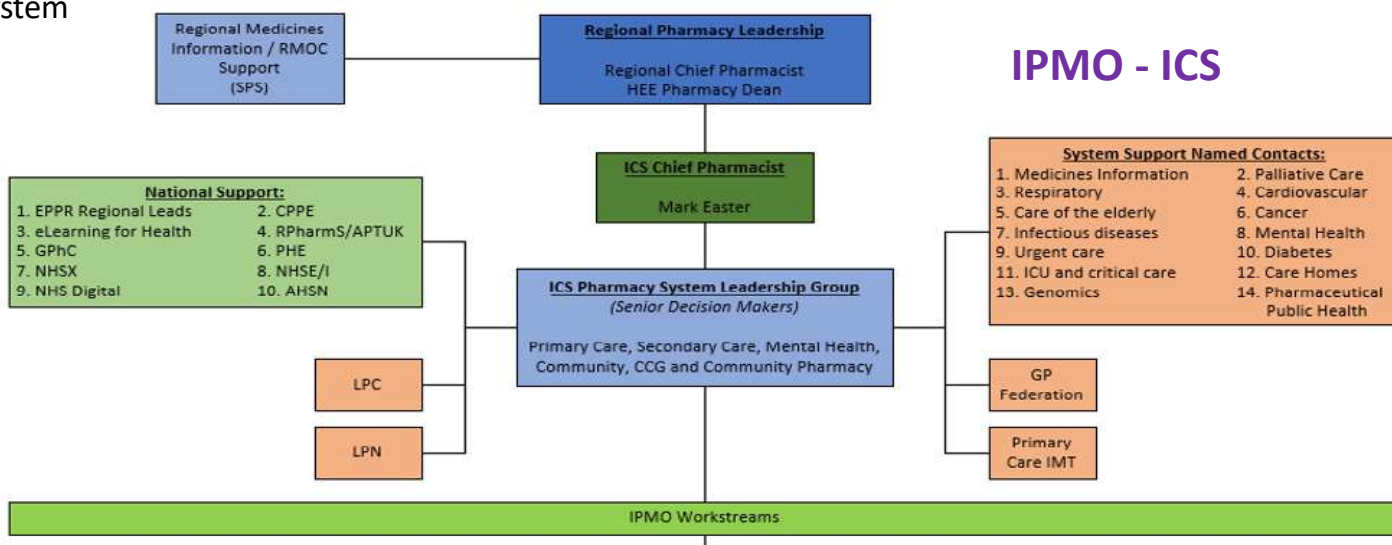
The ICS NHS Body will be responsible for the day to day running of the ICS, NHS planning and NHS allocations

**ICS Health and Care Partnership** - Will be responsible for promoting partnership arrangements and developing a plan to address the health, social care and public health needs of the system

- An Integrated Care System has four core purposes;
  1. Improving outcomes in population health and healthcare
  2. Tackling inequalities in outcomes, experience and access
  3. Enhancing productivity and value for money; and
  4. Helping the NHS to support broader social and economic development.

- The Goal – delivering the NHS triple aim
  1. Population health and prevention focus
  2. Quality of care, and
  3. Use of resources

- Grounded in the following principles;
  1. Collaboration not competition
  2. Planning for populations and population health outcomes
  3. Reduction in unwarranted variation
  4. Building on the strong system and place based partnerships within systems
  5. Subsidiarity and local flexibility



## IPMO - ICS

## Primary Care Networks PCNs

We have some fantastic PCN Leads from our local pharmacies, who have worked hard to try and engage PCN colleagues – some have been welcomed and others have found it a struggle. The LPC and our buddy leads have tried to facilitate where we can. We have had dialogue with LMC, PCN Pharmacists and others. PCN collaborative working is becoming key and it is important that when the opportunity arises we are ready to engage with a cohesive message as well as proactively share what Community Pharmacy can do. Our Leads are as follows:



PCN	CP Lead	LPC Lead	Additional Support
Coventry Central	Kiran Shur	Jas Heer / Prad Duggal	Office
Coventry North	Gam Amar	Bal Heer	Office
Go West	Ashwin Hindocha	Ashok Jassi	Office
GP Connect	Jasroop Bhogal	Jas Jeers / Vicki Roberts	Office
Navigation 1	Elvin Chan	Jas Heer / Prad Duggal	Office
Sowe	Bhavin Joshi	Adel Ghulam, Dev Joshi	Office
Unity	Raj Kanabar	Ashwin Hindocha	Office

# 6

20-21

# LPC Annual Accounts 19/20

## Income and expenditure account

	Notes	2021	2020
		£	£
<b>INCOME</b>			
	Notes		
PPA Levies		83,333	102,952
Bank Interest		12	70
Other Income – Grant, Warks LPC PCN work		3,000	391
		-----	-----
Total income		86,344	103,413
		-----	-----
<b>EXPENDITURE</b>			
PSNC Levies		22,072	21,708
PSNC Courses		-	-
Members Expenses	1	7,376	10,252
Chairman's Honorarium		1,000	1,000
Chief Officer		19,033	20,471
Treasurer's Honorarium		500	500
Tax Paid		13	129
Venue Cost		-	1,938
Accountancy		582	582
Office Charges		2,533	2,670
Advertising		-	2,700
Training Costs		1,105	3,054
Website		24	204
CPWM (Costs)		465	-
Miscellaneous Expenses	2	4,979	4,323
Administration Expenses		14,344	14,063
PAYE		7,246	9,777
Nest Pension		1,398	1,288
		-----	-----
Total expenditure		82,670	94,659
		-----	-----
Prior year adjustment – other loans		-	-
		-----	-----
<b>NET PROFIT FOR THE YEAR</b>		<b>3,674</b>	<b>8,754</b>
		-----	-----
Balances brought forward at 1 <sup>st</sup> April 2020		114,304	105,550
		-----	-----
<b>BALANCES CARRIED FORWARD AT 31<sup>ST</sup> MARCH 2021</b>		<b>117,978</b>	<b>114,304</b>
		=====	=====

## Balance sheet

---

### Balance Sheet

as at 31 March 2021

---

	Notes	<u>2021</u>	<u>2020</u>
	£	£	£
<b>CURRENT ASSETS</b>			
Cash at bank	3	117,811	120,466
Other loans		7,125	7,125
		<u>124,936</u>	<u>127,591</u>
<b>CREDITORS:</b>			
Other creditors		6,857	13,287
		<u>(6,857)</u>	<u>(13,287)</u>
<b>NET CURRENT ASSETS</b>		<u>118,079</u>	<u>114,304</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<u>118,079</u> =====	<u>114,304</u> =====
<b>RESERVES</b>			
General funds		118,079	114,304
		<u>118,079</u> =====	<u>114,304</u> =====

These financial statements were approved by the Coventry LPC on [Date] 2021 and signed on its behalf by:



The LPC accounts closing balance at end of year 2020-21 was £117,811, with an expenditure of £82,670 against a revised planned budget of £120,000 and £12,000 less than in 19-20.

In year we reduced our levy income by having two months levy holiday, with a further month falling into 21-22. Overall, we spent £3,674 less than we received as income versus a surplus of £8,700 last year. We will also see the repayment of the CHS Provider Arm Loan in 21-22 financial year of £7,125.

This underspend was largely due to:

- Joint meetings with Warwickshire and online meetings rather than face to face
- We also received a share (£3,000) of the local government grant for our office set up which covered the office fixed costs for the year.
- Fewer locality / PCN meetings than expected due to delay in maturing
- Impact of Covid on meetings and travel costs.

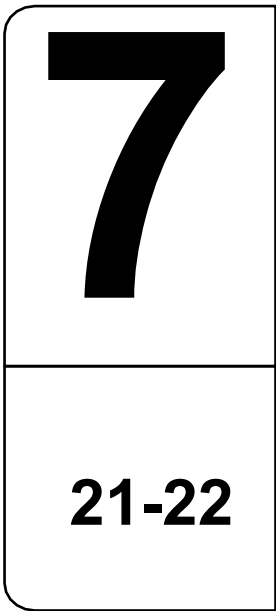
We acknowledge that the end of year bank balance is above the 50% of planned expenditure recommended to be held in reserve. In light of the delayed reporting of the RSG in relation to the Wright Review the LPC believes it is prudent to retain at least a proportion of these additional reserves in order to support the agreement and implementation of the changes needed to achieve the best possible representation of community pharmacy at both a local and a national level. We believe that these additional reserves will allow us to do this, on behalf of contractors, without having to levy contractors for additional funding.

The LPC has proposed the following:

- A revised budget of £114,000 for 21-22 has been set. **Therefore a 50% reserve would be £57,000. Leaving approximately £61,000 additional reserve.** We will also have the CHS Loan repaid in 2021 **£7,125**
- £28,500 (approximately 25% of budget) of this be 'set aside' to support the LPC undertake any required transformation over the next two years to meet any next steps of the Wright Review Transformation of Community Pharmacy representation. Any not called into use will be returned to Coventry Contractors by way of a levy holiday at the end of the period. This is in line with Warwickshire LPC with whom we will be merging in April 2022.
- £39,500 (approx.) will be held as a contingency fund until the end of November 2021 – for CPCF, PQS and adapting to new ways of working. We will then review our financial position and if it has not been allocated or called into use, three months levy holiday will be applied late 2021/ early 2022 ahead of the merger. Note we have already arranged one month's levy holiday in April 2021, which will reduce our income by £8,333

Points of note on the accounts:

- The Chief Officer moved from contracted to employed status during late 2018
- The shared support and office function has now annualised.
- There are some accruals, pre-payments and the provider arm loans remain on the 'books'



# The year ahead




## Merger and new LPC elections


Following on from the April Special General Meeting (SGM) to approve the merger, the LPCs have met to consider the implications of the proposed election timings, where some LPCs and PSNC are opting to delay elections by a year and arranging SGMs to this effect due to the Wright Review. The joint LPCs footprint will align with the soon to be formalised ICS footprint in April 2022 considered to be an appropriate size for local and System representation and support for Contractors. Following discussion and advice from PSNC to continue with our current plans, we will be following our original timelines with elections in January for the joint LPC to be known as Community Pharmacy Arden (CPA) in April 2022 for a four-year term.

## Services and Representation for 21-22


**Extended Care PGDs** – commissioned across Midlands 11 ICS areas – huge interest from secondary and primary care – UTI, Skin infections and soon ENT – see LPC website

**Service delivery** 

Increase uptake and referrals from DMS and GPCPCS . DMS as of June 2021 is now live in all the acute and the health and care trust. Revitalise NMS and expand the delivery of Extended Care PGD Service, Pilots for BP testing, stop smoking referrals for patients discharged from hospital and sore throat test for Strep A. New categories for NMS are anticipated. Training events and resources.

**Stakeholders** 

Integration of Community Pharmacy in ICS, PLACE and PCNs is the aim, with opportunities to deliver new services within integrated local pathways. Representation at all levels. Support Local CP Leads to integrate into the PCNs effectively – training and support. PNA will be due to be completed in October 2022 and so questionnaires will come out in the Winter.

**Wright Review** 

Wright Review – engagement with RSG and Contractors. A series of engagement events will be available for Contractors and a vote in December / January on the final proposals. This will be critical as to how PSNC and LPCs support you in the future. [Pharmacy Representation RSG – Improving community pharmacy contractor representation and support \(pharmacy-review.org\)](http://pharmacy-review.org)

# Central Health Solutions CHS – Loans repaid



Central Health  
Solutions Ltd

CHS our Provider Arm partner ([www.1centralhealth.co.uk](http://www.1centralhealth.co.uk)) has had a very successful year delivering service opportunities in our LPC for Contractors . CHS has been working with the main provider company for the Coventry Stop Smoking Service for the last 3 years and has recently signed up for another 12 months. The role of CHS is to sub-contract pharmacy contractors, train and support staff, produce reports and pay contractors. Although there have been challenges with this services, we are still seeing up to 100 quits each year, and would encourage more pharmacies to get involved. CHS has delivered more than £1.3Million in revenue for Contractors across the North & West Midlands. In Coventry £177,000 for Contractors. CHS will also make a profit for the second consecutive year and have, as a result, **paid off the LPC Loan in full**.

## Vaccinations

We are awaiting the details and specifications for the forthcoming Flu and potentially Covid booster vaccination programmes for the 21-22 season. This is likely to be a huge combined effort between GPs and Pharmacy teams with some co-ordination potentially by ICS or PCN. Look out for information on our website. The CCG / Council are looking at options around commissioning pharmacies again to support vaccinating their staff for Flu but are waiting on what happens nationally.

For those currently providing Covid vaccinations – a lot of information is on the SPS and NHS Futures websites and we have WhatsApp Groups set up – let us know if want to join these.

## Workforce Survey

HEE have sent out a Workforce Survey for all Pharmacy Contractors to complete. This is very important to help inform ICS discussions around resilience across the system and work on the ‘grow your own’ options and support cross sector trainee posts. It will also help inform the future planning and funding in relation to the development of the community pharmacy workforce across the NHS in England. [FAQs on the HEE workforce survey : PSNC Main site](#) for completion by mid June and results should be available in the Autumn. Also the Community Pharmacy Workforce Group [Community Pharmacy Workforce Development Group](#) has produced some guidance:

[What do we want? – Community Pharmacy Workforce Development Group](#)

## Your LPC Team 21-22

Name	Member / Team	PCN Supporting	Subgroups (Lead in Red)	Other roles
Fiona Lowe	Team		Exec & Finance, <b>Merger</b> , Governance, <b>Contractor Engagement</b> , <b>Stakeholder</b>	Chief Executive Officer
Zoe Ascott	Team		<b>Governance</b> , <b>Regulatory</b> , Contractor Support, <b>Communications</b>	Administrator & Gov Lead
Kathy Robinson	Team		<b>Services</b> , Stakeholder	Services Support Officer
Susan Karoly-Smith	Team			Digital Admin and website
Jas Heer	Indep Member	Coventry Central / Navigation 1	Exec & Finance, Merger, Stakeholder, S&O	Chair & PSNC Regional Rep & Signatory
Vicki Roberts	CCA Member	GP Connect	<b>Exec &amp; Finance</b> , <b>Merger</b> , <b>Governance</b> , Stakeholder, <b>S&amp;O</b>	Vice Chair (to be added as Signatory)
Pradeep Duggal	Indep Member	Coventry Central / Navigation 1	Exec & Finance, Merger, Contractor Support	Treasurer & Signatory
Ashwin Hindocha	Indep Member	Unity	Services, Regulatory	Signatory
Dev Joshi	Indep Member	Sowe	Governance, Contractor Support	
Jas Jeers	AIMP Member	GP Connect	Finance, <b>Regulatory</b> , Services	
Adel Ghulam	CCA Member	Sowe	<b>Services</b> , Contractor Support	
Bal Heer	CCA Member	Coventry North	<b>Contractor Support</b>	
Ashok Jassi	CCA Member	Go West	Governance, Services	

# LPC Strategy 21-22

The LPC agreed their outline strategic priorities. Contractors were invited to attend and contribute to the sessions. **The LPC has a workplan for all standard LPC activities**, which will be carried over as BAU. The link is below: [LPC Constitution and Governance – Coventry LPC](#) . The PSNC RAG rating will be updated during 2021, once it has been amended by PSNC. The additional Objectives are shown below:

Objective	Budget	Goals	Timeline	Aspirational Target
1. ICS Engagement	£4000 pro rate  For meeting attendance, preparation and proposal development  Estimate:  4 hours a week average	Community Pharmacy representation embedded in the ToR of system leadership of IPMO, which directly reports into ICS Board as core members for quoracy throughout 2021-22	Financial year end 21-22	Core Member of IPMO Leadership
		i) Investigate structure of the ICS and establish relevant Groups that would benefit Community Pharmacy to be represented on during 2021 – then establish a place for CP on Group(s)  ii) Maintain proactive engagement of all relevant IPMO workstreams and Committees 2021 -22 to establish Community Pharmacy role as a stakeholder in the ICS		Representation on all relevant Groups at ICS and PLACE once in place and in ToR
		Submit clinical Community Pharmacy service proposals to the ICS – one to be submitted by financial year end 21-22	Financial year end 21-22	One to be submitted by financial year end 21-22
		Support the Joint Formulary Workstream – to benefit Community Pharmacy by influencing for example impact of branded generic switches and developing an intervention scheme proposal.  Develop and implement an Intervention Scheme by end of 21-22  Limit the growth of the use of branded generics in the area by influencing at APC over key decisions (excludes BNF recommended brand specification for MR and narrow therapeutic margin etc) – target limit to maximum growth of 0% branded generics across C&W	Financial year end 21-22	Implementation Service Development  0% increase in branded generics (excluding recommended in BNF)
		Support implementation of DMS through close working relationship with secondary care team and drive an increase in UHCW, SWFT and to start referrals in GEH. Target 30 referrals per week per acute site by end 2021 and 60 by end financial year. (Currently 10, 23, 0 respectively per month)  Engage ICS to refer into NMS and through DMS	Financial year end 21-22	Target 30 referrals per week per acute site by end 2021 and 60 by end financial year)  NMS requests within DMS referrals
		Establish opportunity for CPCS (Med and MI) from ED by supporting the development and implementation pilot 2021-22 to be in operation and undertaking referrals by end of January 2022	January 2022	Referrals from ED established from UHCW
		Establish a mechanism for representation of Community Pharmacy on the Provider Alliance 2021-22	Financial year end 21-22	Representation in place

# LPC Strategy 21-22 continued

Objective	Budget C&W shared budget unless otherwise specified	Goals	Timeline	Aspirational Target
2. PCN Collaboration	<b>£10,000 pro rate</b>  <b>Meetings 1 hour a month and backfill training - work directed by LPC (Leads – CP or LPC or other)</b>  <b>(£6k + £8k pa)</b>	<b>Maintain Leads for each PCN (LPC and Community Pharmacy local leads) – filling vacancies as they arise</b>	<b>Financial year end 21-22</b>	<b>Maintain Leads (CP or LPC) for each PCN</b>
		Set up a maturity matrix for the leads and establish a mechanism for supporting with mentoring / buddying for less experienced Leads – LPC / other CP Leads (using feedback from PSNC PCN Lead survey to inform areas requiring greatest focus)	Baseline August 2021	Matrix developed and baselined August 2021
		Increase on baseline performance as assessed by matrix – 75% Leads operating at satisfactory level	Financial year end 21-22	Matrix review end financial year has 75% Leads operating at satisfactory or better level
3. GP CPCS	<b>£6,000 pro rate (non-recurring) for engagement – could tag some onto PCN engagement activity under Objective 2</b>  <b>Co-ordination of activity and messaging</b>	<b>Provide training and support materials to enable CP to deliver GPCPCS to claim set up Fee through Annex F by end of June</b>	<b>End June 2021</b>	
		In conjunction with CCG/ NHSEi provide training sessions for practice teams to implement GPCPCS throughout 2021 – up to one a week.  Through engagement of PCN Pharmacists / ICS Lead to facilitate the roll out throughout 2021	End of December 2021	75% PCNs engaged and live or testing
		Develop a FAQ and locum guide to support contractors based on early adopter learning by end June 2021	End June 2021	FAQ and Locum guide developed and shared

# LPC Strategy 21-22 continued

Objective	Budget C&W shared budget unless otherwise specified	Goals	Timeline	Aspirational Target
<b>4. National Services</b>	£2,000 – for pathways / data / training	Develop and provide a series of training events to cover National Services before October  NMS new categories – once confirmed to be included	Financial year end 21-22	Training Events delivered and good attendance
		Develop a quarterly services newsletter with data, where available – for Contractors – national and local – first Newsletter by end of September  Dashboard of national services data available at LPC Meetings.	End September	Newsletters with data sufficient for Contractors to benchmark themselves produced
		Local implementation of National Services – pathways to facilitate to be developed asap – aspirational target 2 months from launch	Financial year end 21-22	Local enabling pathways in place within 2 months of national launch
<b>5. Local Services</b>	£1000 <u>per LPC</u> for service development meetings and supporting preparation activity	Warks: SSS – develop a proposal for enhanced funding before September 2021 – to present to Warwickshire Commissioners	September 2021	Proposal for enhanced funding presented by end August 2021
		SSS – Review any pilot / CPCF opportunities – Pharmacy Integration referral from Secondary Care – Coventry & Warwickshire through engagement with ICS and Acute Trusts – these would complement local SSS	Financial year end 21-22	TBC by services team once details confirmed in CPCF
		DUS – Review holistic ‘per capita’ options for client services – develop a proposal to go to CGL by September C&W	End September	Proposal for CGL presented
		Develop dashboard from data available for Local Services to inform LPCs and to include within quarterly Services Newsletter (Under Objective 4)	End September	Available for September Meeting.
<b>TOTAL Budget (non BAU) 21-22</b>	£12,000 per LPC for remainder of 20-21	Other Subgroups will have a budget to covered required meetings, which will align with LPC Meeting dates where possible. BAU will fall within existing budget allowance		

## Budget 21-22

	Category	Budgeted amount
<b>If 100% Levies requested</b>	<b>INCOME FROM LEVIES</b>	<b>£100,000</b>
Office team	Support Officer (6 -7.5 hrs / wk); Administrator (8 hrs / wk); Digital admin (5hrs/wk) - employed includes OPI + expenses £2000	£16,500.00
Office rental etc	Office costs rent, IT, petty cash, insurances and utilities	£3,600.00
CO costs	Pay OPI + expenses(2400)	<b>£32,000.00</b>
Payroll expenses	payplus costs	£1,200.00
Additional meeting members & expenses	minimal and half online	£1,000.00
<b>CPWM</b>	<b>£20 per contractor</b>	<b>£1,860.00</b>
Members backfill & expenses	base on 6 meetings 9@200	£10,800.00
External Meeting	to include external meetings (CCG, HWB, Locality, POD etc)	£2,000.00
PSNC Levy		£25,300.00
Accountants		£500.00
Tax		£100.00
HR / Legal / charges		£500.00
Venue - LPC Meetings	based on 2 @ £325 (rest online) (aim for Pharma funding)	£650.00
Hon Ch and Treasurer	£1000 + 500	£1,500.00
Printing / stationery / postage / marketing / advertising	materials for events and visits and one off hardcopy newsletter	£500.00
Events - Training	shared costs nett of pharma support	<b>£2,000.00</b>
<b>SUBTOTAL</b>		<b>£100,010.00</b>
<b>LPC Training and development</b>	<b>Aim for Pharm funding</b>	<b>£1,000.00</b>
Marketing	Services / PR	£3,000.00
Contingency / Miscellaneous / Visits		£3,000.00
PCN contractor lead backfill max £25 / mo per lead (7 leads)		£2,100.00
Add Support Role - GPCPCS and other services - 4 hours a week 50 weeks a year	shared additional role	<b>£5,000</b>
<b>SUBTOTAL</b>		<b>£14,100</b>
<b>TOTAL</b>		<b>£114,110.00</b>

- Footnotes-

- Items in red are likely to be underspent due to continued remote working
- CPWM – meetings online so costs reduced
- NB – CHS Loan has been repaid in July 2021
- Note that Levies quoted assumes 100%, it is likely as we move to merger that a levy holiday will be in place for 2-3 months end 2020- early 2021 which will reduce this figure
- Chief Officer Salary is £27,040 per annum (16 hours a week) gross



**WE ARE  
COVENTRY  
UK CITY OF  
CULTURE 2021**



We will be changing our name over the next year to:

# Community Pharmacy Arden

once we merge



**COVENTRY**  
LOCAL PHARMACEUTICAL COMMITTEE

**LPC Office: Unit 24 Basepoint  
Business Centre; Crab Apple  
Way, Vale Park, Evesham,  
WR11 1GP**

Office Phone: 01386 897529;  
[ahwlpc@gmail.com](mailto:ahwlpc@gmail.com)

<https://coventrylpc.co.uk>

