

Norfolk LPC Business Plan 2022-3

Discussed by committee May 2022

For review : Sep-22

Key Area	Activity	Objective/ Desired Outcome	Activity Lead(s)	Actions for 2022-23	Next steps	Planned completion date	Current Status
Governance & Finance	Business Planning and Review	Update Business Plan for 2022-3, bearing in mind significant external influences- must be flexible and agile	TD in consultation with the Exec.	Business plan to incorporate developing new NHS structures and potential changes required post Review. Focus on key new relationships, sustainable engagement mechanisms, while maintaining current relationships	TD drafting May 2022- have been awaiting RSG proposals, which informs possible changes ahead and work required.	End May 2022	Completed
	Officers' Working Plan	Review current workstreams. Prioritise, ensuring focus on Committee priorities and allocate lead responsibilities.	Officers to draft for Committee approval of priorities.	Review and agree. Focus on mapping and engaging with emerging structures, and supporting integration and delivery of national services.	TD to discuss draft with employed team, with initial draft to put to Committee May 22.	End May 2022	Completed
	Budgeting	Set budget for 2022 to 2023- already agreed at March 22 meeting by finance sub-group. Send to NHSEI etc. as required. Monitor via FSG at each meeting against actuals. Use national standard templates for all finance activity.	Treasurer, CO and Finance Sub-Group, reporting at each LPC meeting to whole Committee.	Final Budget Set for financial year 2022-3 Shared with NHSEI etc.	included in Financial planning and report at Committee meeting	Ongoing	Review Sept 2022
	Ensure clear separation of external funding for specific projects	Transparency for funding providers and LPC. Use national templates for all financial matters.	Treasurer	Separate spreadsheets for funded workstreams	Ensure clear separation in annual accounts	Ongoing	
	Corporate governance, finance and policy review	Review procedures and policies. Adopt national standard template reporting and expenses policies/	Treasurer/Committee	Review and adopt new expenses policy at March 22 meeting. Propose interim staff HR policy, pending national changes.	Policies examined, reviewed and all current national templates adopted. Interim staff HR policy to be agreed at May meeting.	May-22	
	LPC officer and member development.	To develop LPC officers and members allowing the LPC to maintain a solid skill base.	All officers and members	All new committee members given the opportunity to attend the new members training at PSNC. Review staff development needs at appraisal and ongoing.	Offer media training when possible to selected Members. Conduct full Members' Skills analysis when appropriate- to discuss with Committee. Annual reviews due Autumn 2022.	Oct-22	
	PSNC LPC self assessment	To discuss this exercise with Committee May 2022. Current template is from 2018, so outdated. Many current uncertainties and external influences. TD to raise with PLOT/PCNC with a view to document revision.	TD to raise with PLOT/PSNC	Raised April 2022.	Complete if a revised format available in 2022. Discuss with Committee at May meeting.	Awaiting PSNC response/clari fication.	
AGM & Annual Reporting	To meet annual requirement on reporting and encourage contractor engagement.	TD/LS	Set AGM date and format.	Publish reports in advance of AGM. Share with NHSE.	Sep-22		
Federation Progression	Review Federated workstreams and interactions. Review outcome leaves significant uncertainties on future federation, with many external factors potentially now included.	TD/TF to discuss and review federation on understanding of Review outcomes and bring a discussion to respective LPCs at earliest opportunity.	Review structural requirements as part of post-review planning.	Discuss as appropriate at each LPC meeting.	Ongoing through early-mid 2022-3.		
Communications	Digital Communications	Use of LPC website, Weekly Newsletters and other digital communication methods.	CB with LS supporting	Investigate and trial new communication methods, such as brief videos on demand, recorded training sessions etc. LPC website to be reviewed and updated on a rolling basis.	Include information on developing local structures when clarity is available.	Ongoing	Review Sept 2022
	Gathering Contractor feedback	Increase feedback from non-LPC Members, including Pharmacists, Locums, Techs and all relevant staff	CB/LS	Use of survey function in newsletters, Individual surveys and use of data to target communications.	Use mailer lite to monitor interaction and tailor support delivered.	May 2022 onwards	

Commur	Stakeholder awareness	Increase awareness of CPCF services by PCNs ,GPs, Clinical Pharmacists, CCGs, STP groups, MPs etc.	TD/LS	Need to review how we engage with emerging ICB/ICP structures and key staff as things mature. This will then inform communication, which is now under review.	Much being progressed via the ICS Community Pharmacy Integration Group...	Ongoing 2022	
	Public awareness	Raise profile of community pharmacy to the public and media	CB with support from all	Facilitate Media requests. Use of Social Media to raise awareness of Local and National Campaigns.	Develop a clear communications plan and schedule Social Media based on Public Campaigns and CCG requests.	Jun-22	

Contractor support	LPC/Contractor/Pharmacy representation a regional and national events	Ensure contractors are represented in relevant local and national consultations, meetings and events. Currently federated approach, to be reviewed as outcomes of Review become better understood.	TD/LS/GR	Discuss all opportunities with LPC colleagues. Agree delegation and effective reporting back of messages and required actions	TD continues as PLOT Lead for Anglia.	Ongoing	
	Contractor Relationships	Ensure LPC staff are aware of key issues facing Contractors through open communications (as above).	All	Aim to increase face to face visits while maintaining current feedback chanel	CB to use the Services dashboard to focus visits for best outcomes for Contractors. Common themes and best practice to be fed back to Committee.	Ongoing	
	Individual Contractor Support	Ensure contractors are supported through individual difficult times and disputes. Offer support for contract monitoring visits when requested.	TD/LS/CB	Individual support provided around disputes, surgery complaints, etc. At all times considering equitable support requirements.	Review contractor queries regularly, looking to support via website and News etc. Continue to balance national vs. local needs.	Ongoing	
	Maintain current local service commissioning	Monitor Local Contracts and Service sign ups (ie.Public Health, CCG and PGD services)	TD/LS	Recommissioning of PH services, including CGL and new specification for D&A services, seeking to regain income lost due to reduction in supervision.	TD/LS in negotiation with CGL and commissioners. Liaise with NCC on wider services.	Seek new CGL agreement by end July 2022.	
	CPCF-Support for all contractors around Essential Services activity and awareness of Contractual requirements.	Facilitate local pathways supporting the national contracting arrangements. Focus on ICB ownership of integration and delivery.	All Officers	Monitor service activity and referrals. Work with system on support.	Continue to monitor and target support. Continue to promote VirtualOutcomes as training platform. Contractor capacity remains a concern/limitation.	Ongoing.	
	Service Integration Focus on CPCS, DMS, NMS and Hypertension case-finding in 2022-3.	Enable Contractor participation in service delivery. Increase integration of all commissioned services, with particular focus on the Advanced Services.	All Officers. CB to monitor Clinical Services Dashboard and highlight areas for potential support.	Much work via ICB Community Pharmacy Integration Group	Continue to advocate for pathway redesign at all levels to maximise integration of CPCF. Work with new system integration leads when in post.	Ongoing	
	Service development and review	Work with commissioners to develop services to secure new income streams for contractors	All Officers with feedback from members to inform viability.	PGD/ IP services. NMSS and Palliative Care to be re-contracted-due May 2022.	Insect Bite PGD relaunch May 2022- under scrutiny so LPC provided support available.	May-22	
	Pharmacy Quality Scheme (assuming continuation)	Provide support for maximising Contractor engagement.	CB with support from all	Website, e-News, individual support. Monitoring of information provided and targetted intervention.	Awaiting news from national negotiations...	Ongoing	
PSNC/CCA/NPA and other national pharmacy bodies	Work with all organisations to maximise Contractor support, and minimise duplication	All Officers and Members	Engage with national review vote and outcomes positively. TD to continue as PLOT Lead by agreement with Suffolk & Cambs.	Work collaboratively with other LPCs on LPC transformation as mandated by RSG vote.	Summer 2022		
NHS England Regional Team	Maintain relationships with key commissioner stakeholders including transition to devolved commissioning.	TD/LS/GR/CB	Regular meetings with NHSEI. Input into NHSEI Regional Strategy in collaboration with the other regional LPCs.	Continue meetings. Be clearer on documenting actions, recognising that NHSEI experience and capacity for support extremely limited.	Ongoing		
Senior CCG/ICS Personnel	Maintain existing relationships, and develop these with key staff as roles and responsibilities within the developing ICB/ICP become known.	TD/LS/CB.	Via current groups, IPMO and direct meetings etc.	Senior ICB roles currently being recruited/filled April 2022 onwards. Strong focus on identifying key contacts and maintaining/developing relationships.	Ongoing		
ICB/ICP	Secure and maintain representation on key oversight boards, or clear open contact with key members	TD/LS	Continue engagement with ICB/P development process at all stages.	Maintain engagement. Seek seat on "Primary &Community Care Board"	Ongoing		

Relationships

Local Delivery Groups- or rather "Place Boards" as they are to be known.	May become a key commissioning forum, BUT a real dilemma here in terms of capacity to engage at more local levels and indeed the derirability of that vs. system wide consistency in community pharmacy integration and development, especially initially.	TD & LS to monitor and evaluate Place development and engagement . CB to become more involved as appropriate.	Under review (May 2022)	Consider engagement models and resource requirements. This will be influenced by engagement with wider Board level structures and personnel.	Ongoing
PCNs	Significant challenge. Workforce issues mean Contractor-level engagements with PCNs challenging, even if system funding available. Need to keep under review.	TD/LS, but CB clearly main contact with PCN Leads if PQS role is to continue. Need to revisit local funding support for role if workforce situation permits early 2023.	Seek better engagement with PCN Clinical Pharmacists. Encourage them to reach out to pharmacies. Review models of engagement actively.	Discuss CP and PCN/Place engagement with senior ICS contacts as appropriate. Looking at inhaler recycling/NMS integration with Norwich.	Ongoing
Local Medical Committee	Maintain excellent relationship	TD, backed by follow up work with LS and CB.	As backed by 360 degree feedback.	TD to attend an LMC meeting, and vice versa Joni to attend one of ours	Ongoing-meet fortnightly via CPIG
Inter-Pharmacy PCN Relationships	Facilitate increasing coworking between pharmacy contractors in each PCN.	All Officers and Members	Under review due to capacity and workforce issues	Discuss with all key partners and agree next steps	Ongoing
ICS workstreams	Maintain basic contact representation at STP Cardiovascular, Diabetes, Respiratory and Cancer groups, and new Interface Group	TD/LS/CB.		These to be kept under very regular review for opportunity/return.	Ongoing
Health and Wellbeing Board-developing into Integrated Care Partnership	Identify key members as appointed.	TD/LS/CB.		Under current review May 2022	Ongoing
Health Education England	TF now Vice-Chair of Regional HEE Pharmacy Group. Support TF to identify opportunities.	TD/LS	Federated attendance at Workforce Meetings		Ongoing
ICS Workforce	Maintain relationship with STP workforce leads, and identify opportunities which support pharmacies and integration.	TD. LS backup. CB leads on Wellbeing etc.	Work with STP on recruitment, training, retention, portfolio working etc.	Work with Ceinwen Mannal on workforce initiatives. Standing invitation to Ceinwen at LPC meetings	Ongoing
Local Professional Network (LPN)	Ensure the LPC is a stakeholder in the LPN and influences direction and agenda of the group	TD	Via regular meetings also with NHSEI. Role of LPN unclear under developed commissioning.	Review role of LPN Chairs and thus engagement required as devolution progresses.	Ongoing
NHS111/OOH/IC24	Work with IC24 and CCG leads to support CPCS.	LS/TD	Local emergency supply service to be recommissioned.	Regular meetings with IC24/DoS Lead and CCG Lead around maximising CPCS quality delivery. Work with ICS workstream on urgent care planning, and with plans for winter 2022-3.	Monthly meetings
Local Authority and Public Health	Continue excellent relationships with Commissioners, incl. DPH, Deputy DPHs, PH Consultants, Commissioning Leads etc.	LS Lead, TD backup. CB to take leadership on identified projects/support.		Maintain contacts to maximise opportunities/minimise threats due to Lifestyle Services redesign and recommissioning over next year. Also significant potential for additional LPC income from commissioned support.	Ongoing
Secondary Care	Build and maintain contacts with hospital pharmacy leads. Focus on DMS and discharge pathways- and potentially smoking cessation. Also portfolio working/joint training.	TD	Mainly via IPMO Leaders' Group.	Lobbying Jessica to rekindle the monthly IPMO Leaders' Group meetings	Monthly meetings
Independent and Voluntary key partners	To work with organisations, especially on Flu uptake and Signposting/Social Prescribing	TD/LS/CB.		Develop CB's role with relationships with, e.g. some voluntary sector contacts, under LS's leadership.	Ongoing
HealthWatch Norfolk	Support and inform Health Watch about pharmacy services	TD		Continue regular meetings with Alex/Judith	Bi-monthly
UEA	Continue to support UEA prize. Continue to support requests for facilitation of research opportunities. Liase regarding provision of IP oppoutunities	TD/LS and CB		TD involved in current vaccination delivery research. Funding to come to LPC. CB involved with UEA prizes.	Ongoing
MPs/County Councillors (especially Overview and Scrunity Boards and those who are portfolio holders) CPPE	Ensure the LPC is politically aware and influencing local politicians	TD/LS/GR and all Members	Communicate with MPs as advised via PSNC etc. Arrange local visits as appropriate.	Next opportunity may be post Year 4 negotiations. To include in developing Comms Plan 2022-3	Summer 2022



Provider
Company

Provider Company

Review case for this post
RSG/Review

TD, in consultation with TF and RB.

Look into any national plan or guidance
on the use of existing other provider
companies and how to assess
governance etc. Suggest raising at
PLOT.

May-22

