



ANNUAL REPORT 2022-23

Community Pharmacy Norfolk

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CHAIRPERSON'S REPORT –

You may recall in last year's report, I reflected on the 'unprecedented pressures' facing our community pharmacy contractors and the challenges of new NHS landscapes nationally and locally.

Pressures have not only continued but increased during this past year. We saw regular temporary pharmacy closures due to pharmacist workforce shortages as well as active business divestment by our larger corporate colleagues. As a result, Community Pharmacy Norfolk has seen a reduction of 2 pharmacies over this financial year, with a many more sadly closing later into 2023, something I never thought I would see. I fear this may be just the tip of the proverbial iceberg unless government sit up and listen to our national representations. As we speak, Community Pharmacy England (formerly PSNC) are locked into negotiations with NHS England and DHSC over the details of the announced £645 million additional funding for rollout of the Common Conditions service and expansion of some others, fully aware of the dire financial circumstances of our contractors. We put our trust in the expertise of our national colleagues to fight for a fully funded community pharmacy service and a service driven future.

Whilst national negotiations continue, Community Pharmacy Norfolk has focused on what we can do locally to support you by leading on integration with our local health care system i.e. ICB/ICS (Integrated Care Board/System). Opportunities exist locally for new and improved services and recognising community pharmacy as an important link in the complex NHS healthcare chain to deliver primary care to our locality. The executive team have worked tirelessly in promoting the potential of community pharmacy, and this is already producing commissioned results.

As a result of the Wright review and consequent contractor vote, Community Pharmacy Norfolk is now mandated to merge with our colleagues in Suffolk (Community Pharmacy Suffolk) to form a new Committee delivering better representation across two ICB's. Work is on-going with a target completion date of 1st April 2024.

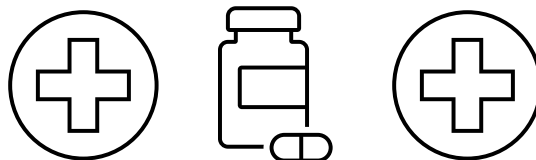
It has, and continues to be, a busy time for Community Pharmacy Norfolk, and I must recognise and thank the hard work of the Committee Members, all of whom attend in addition to their 'day job'.

Special recognition is also given to Tony Dean (CEO) and his superb team of Lauren Seamons (Deputy CEO) and Charlotte Bowles (Support Officer). Your work, commitment and dedication are acknowledged.

Yours in health.

Geoff Ray

Chair, Community Pharmacy Norfolk



CHIEF OFFICER'S OVERVIEW

A “perfect storm” of factors, including pernicious 30% real-terms funding cuts since 2015, a massive workforce crisis (severely exacerbated by NHSE’s own Additional Roles Reimbursement Scheme), spiraling operating costs further fueled by economic and political chaos, increased patient demand, and a volatile and dysfunctional national medicines market all combined in 2022-23 to create what is fast becoming an existential threat to the community pharmacy network as we know it.

Here in Norfolk, we are familiar with disproportionately greater workforce shortages than most other areas, and that was sadly reflected in the high number of temporary closures our pharmacies suffered, with the challenges felt continuously, not just at times of peak locum demand.

Norfolk LPC, or Community Pharmacy Norfolk as we are now known, did a great deal of work with NHSE, our local Integrated Care Board and System, Primary Care Networks, GP practices and our counterparts at the Local Medical Committee, and other partners such as Healthwatch Norfolk and all of our local and regional media, to explain the underlying challenges. We intervened locally to ease tensions where appropriate, simultaneously seeking media and public support for the need for greater core funding and additional funding for new services. As a result, in the main our pharmacies have been treated with understanding regionally and certainly locally by commissioners.

Unfortunately, we know that understanding and patience does not always extend to the attitudes of a small minority of patients, and we recognise that abuse of pharmacy staff increased last year. This was one reason for the LPC working closely with the ICB on a major wellbeing initiative, and with NHSE on more “zero tolerance” awareness.

Despite all the immense pressures, somehow many pharmacies were still able to deliver advanced and local services, if not at the scale which would have been possible with fewer of the challenges above. Locally, the LPC worked with NHSE and our ICB to be one of the first areas regionally to offer an “infected insect bite PGD service”, and the only one to offer this with PharmOutcomes support. Negotiations and discussions on a range of locally commissioned services continued, including on the introduction of a new Medication Assisted Treatment (MAT) core service with CGL. This resulted in a new service and payment structure which should be advantageous to pharmacies (recovering some funding lost due to the reduction in supervised consumption levels) and clients (who are now offered wellbeing checks) alike. My thanks goes to Lauren Seamons, our incredibly able Deputy Chief Officer, who took the lead not just locally but also nationally on this to seek to secure more service consistency.

A great deal of work was shared with Emma Murray, the ICB’s Pharmacy integration Lead, around integration of advanced services. The frequent temporary closures and lack of permanent staffing undoubtedly significantly hampered the success of the GP-Community Pharmacy Consultation Service locally, but our pharmacies’ performance on NMS and the new hypertension check services were in line with other areas, despite the greater pressures.

In terms of service development, it is unfortunately inevitable that ideas can take some time to evolve and pass through the commissioning processes, but by the time this is published all Contractors should have been able to sign up to a new resilience and integration SLA, which aims to improve communication between our pharmacies, PCNs and system. This brings some welcome new local funding, with Norfolk LPC leading regionally on securing the devolvement of funding from NHSE which made this possible.

Discussions are also underway on some much-needed changes to the Norfolk Medicines Support Service, along with recommissioning of the Local Direct Emergency Supply Service and the Palliative Care Service.

In the above I have casually mentioned the ICB (Integrated Care Board) several times as a key partner. Norfolk LPC has always had truly positive relationships with local commissioners, but the importance to our Contractors of the Norfolk & Waveney ICB is now immeasurably greater since the commissioning of community pharmacy services, albeit still under a flawed national contractual framework, devolved to the ICB on 1st April 2023. In the year leading up to this your LPC devoted huge efforts to ensure that the challenges and responsibilities the ICB would face were understood, and early plans made to help. We worked with NHSE and the other regional ICBs and LPCs regionally to formulate and agree a new Regional Community Pharmacy Partnership Strategy https://norfolk.communitypharmacy.org.uk/wp-content/uploads/sites/61/2023/02/East-of-England-Partnership-Strategy-for-Community-Pharmacy_December-2022.pdf This is important as it created an agreed focus for early discussions with our systems, and will hopefully secure a degree of consistency around integration and development across the region.

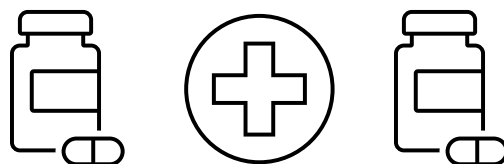
Local devolvement of commissioning will not solve all of the current issues our pharmacies face, as much is still under national control and the ICBs themselves are under financial pressures, but experience tells us that true collaboration and partnership working is only possible where there are good old-fashioned personal relationships, mutual respect and trust, so I am significantly more optimistic about what we can achieve locally to support our pharmacies going forwards.

You will be aware that all LPCs nationally are, or should be, working hard towards making the changes pharmacy Contractors overwhelmingly voted for in 2022's Review of Pharmacy Representation poll. More of this later, but in summary Norfolk LPC has done and is doing everything within our control to meet and exceed the challenges, and by 1st April 2024 we will have merged with Suffolk LPC/Community Pharmacy Suffolk to form a single new organisation covering all of the Norfolk & Waveney ICB area and the large majority of Suffolk & North East Essex ICB.

Finally, I'd like to take this opportunity to express my thanks to my Committee for their support, to my wonderful small team of Lauren Seamons and Charlotte Bowles for their tireless hard work and commitment, but most of all I send thanks, respect and huge admiration to all our Contractors and every single pharmacy staff member for the incredible work you continue to do, against all the odds. It is high time this was recognised and adequately rewarded nationally.

Tony Dean MRPharmS

Chief Officer, Community Pharmacy Norfolk



REVIEW OF PHARMACY REPRESENTATION

- progress on meeting the requirements locally

In 2022 Community Pharmacy Contractors nationally voted on the proposals of the Review Steering Group (RSG). That vote delivered a clear mandate for changes in both national and local representation. For local representation, the expectation and indeed imperative is for LPCs to work together to consider and deliver on 5 key questions:

1. Does our current structure match that of the NHS?
2. Are we the right size?
3. Are we being effective and efficient with our finances?
4. What are we called?
5. How big is our LPC committee?

Over the course of 2022-23 a great deal of thought and discussion took place, not just within the LPC Committee itself but more widely with neighbouring LPCs within region and with PSNC (now CPE), in terms of how best to progress with these developments.

Norfolk LPC had previously adopted all national guidance around financial governance, which is always under scrutiny by our finance sub-group etc., so we feel that we have been compliant with question 3, above, for a long time.

At a Special General Meeting in February 2023 we gained the Contractor mandate to adopt the new national model constitution, which also permitted our operating name to change to "Community Pharmacy Norfolk". The number of Members on Committee had previously been changed to 12. So, as this financial year drew to a close only the first two questions above remained "live". While it is outside the scope of the period of this report, it is now a matter of record that in May 2023 our Contractors voted by a massive majority to approve the merger of Community Pharmacy Norfolk and Community Pharmacy Suffolk by 1st April 2023. This slightly longer timescale should allow the transition to take place smoothly, crucially without too much impact on the vital "day jobs" of representation and support.

As this is written, all due processes are being followed, to ensure this merger is successful. While this outcome may mean the new LPC, covering over 280 Contractors, is still not completely contiguous with all of Suffolk & North East Essex ICB, it will cover the large majority of the area and we remain open to dialogue with other LPCs going forwards.

We feel confident to be able to say, that Norfolk LPC has done absolutely everything within its control to positively respond to the above 5 "review" questions and the challenges they posed.

CONTRACTOR SUPPORT & LPC PRIORITIES THROUGHOUT THE YEAR

April

- Negotiations with CGL on new MAT core contract
- NHSE/ICB development of Regional Community Pharmacy Partnership Strategy
- Infected Insect Bite PGD
- Advice and support on temporary closures PSNC/LPC Operations Team- Representing Region (PLOT)
- PSNC/LPC Operations Team- Representing Region (PLOT)

May

- Representation Review- options and benchmarking
- ICB Wellbeing Initiative
- ICB Workforce plans- PreReg Pharmacy Technicians (PTPT)
- GP-CPCS
- PSNC/LPC Operations Team- Representing Region (PLOT)

June

- Blood Pressure Service Integration Support
- PSNC/LPC Operations Team- Representing Region (PLOT)

July

- Transforming Pharmacy Representation (TAPR) discussions
- PSNC/LPC Operations Team- Representing Region (PLOT)

August

- PSNC/LPC Operations Team - Representing region (PLOT)

September

- PSNC/LPC Operations Team- representing Region (PLOT)
- Primary Care Network Community Pharmacy Lead Pilot Started

October

- Reduced Committee size to 12 Members
- Liaise with Community Pharmacy integration Lead at ICB
- Start discussions on Norfolk Medicines Support Service
- Refine options for reorganisation
- PLOT

November

- Pharmacy Quality Scheme
- Vaccination meetings
- Pharmaceutical Needs Assessment (PNA)
- PLOT

December

- Pharmaceutical Needs Assessment (PNA)
- PLOT

January

- Start work on first Special General Meeting
- Negotiate uplift in Public Health Service Remunerations
- Pharmaceutical Needs Assessment (PNA)
- Lead initial regional work on resilience funding with LPCs/NHSE
- Regional Community Pharmacy Partnership Strategy signed off by N&W ICB Primary Care Commissioning Committee
- ICB representation for pharmacy to sit under Primary Care
- ICB Clinical Pharmacy Lead appointed- key future contact

February

- Pharmaceutical Need Assessment (PNA)
- Acceleration of ICB interactions prior to devolution of commissioning
- Significant media attention/lobbying- BBC Radio Norfolk etc.
- PLOT
- Independent Prescriber (IP) Pathfinder

March

Resilience Funding Proposal to ICB
Cancer Referral Service
Work on merger Special General Meeting
National Save Our Pharmacies campaign- much local media
CGL New MAT service launch
ICB Contract Management
Bank Holiday Opening- commissioning

Wider work, through-out the year

Liaise with Local Medical Committee on closures and issues etc.
Liaise with Healthwatch Norfolk on Pharmacy Pressures- "Be Kind"
Liaise with NHSE on Closures etc.

Representation on the following Workstreams:

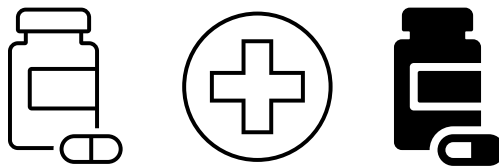
Clinical Interface Group
Tobacco Control
Cardiovascular
Diabetes
Cancer
Green Inhaler Initiative
Pharmacy Workforce
Pharmacy Education
Interating Pharmacy & Medicines Optimisation (IPMO)
Primary Care Public Health Providers

Committee Members & Attendance 2022-23

Reflecting the flux within our pharmacies and Contractors themselves this year saw a number of Member changes. We would like to take this opportunity to thank all who served on the Committee for their input and expertise. We should have 12 Members, but at the close of the period had 3 vacancies.

The below summarises the attendance of the Membership.

Name	Representing	Attendance Record	
		Actual/Possible	Notes
Geoff Ray (Chair)	Independent	5/6	
Chris Ball (Vice-Chair/Treasurer)	Independent	6/6	
Ben Ampomah	Independent	3/6	
Simon Ingham	Independent	5/6	
Gurpreet Kular	Independent	6/6	
Alister Huong	CCA	4/6	
Sharon Gardner	CCA	6/6	Has since stepped down
Dee Hebron	CCA	6/6	Has since stepped down
Caroline Steels	CCA	3/6	
David Lewis	CCA	3/6	Has since stepped down
Julian Snowling	CCA	1/5	Has since stepped down
Rishma Naidoo	CCA	2/5	Has since stepped down
Jainaba Njie	CCA	2/2	Joined January 2023



LPC Staff

Tony Dean (Chief Officer) tonydean@norfolkpharmacies.co.uk

Lauren Seamons (Deputy Chief Officer) laurenseamons@norfolkpharmacies.co.uk

Charlotte Bowles (Support Officer) charlottebowles@norfolkpharmacies.co.uk

Treasurer's Report

During the year we have continued to prioritise work which supports return to business as usual activities while recognising essential service development such as vaccination activities, GP CPCS and new advanced services such as hypertension case finding. Enabling contractors to maximise their Pharmacy Quality Scheme claims while providing appropriate contractual support to meet the Community Pharmacy Contractual Framework requirements has been another area of focus. Much of this work has been achieved through building relationships with key stakeholders as well as work with community pharmacy contacts directly.

We also sought to obtain appropriate sponsorship for committee meetings to minimise the expense to contractors. The employed staff continue to work from home offices and have not seen a need to return to in-person meetings as frequently as before the pandemic. This has meant a significant decrease in travel costs.

Salary Costs were greater this year, partly due to a re-grading of the Support Officer role, but mostly due to the Chair/Vice-Chair & Treasurer (combined role) claiming for increased duties outside meetings (e.g. around merger etc.) which are not covered by core terms.

We are aware that reserves are now higher than our norm, and will be looking to rectify this as part of merger considerations. If possible we will seek to provide a Contractor levy break later in the 2023-4 financial year.

Chris Ball MRPharmS
Treasurer and Vice-Chair

-The Year Ahead-

Community Pharmacy Norfolk- Priorities for 2023-4

Any local representative organisation must remain nimble in their business planning, as opportunities must be grasped where they arise. Here at CPN there will also clearly be some significant work involved in **ensuring a smooth and efficient merger** with our Suffolk neighbour. This latter challenge, though, must absolutely not divert us from the “Day job” of representation and appropriate support. As above ICB relationships are strong, and with that **local service development opportunities are already flowering**. The below are some of our key areas of focus as this is written (July 2023):

Local Services

- **Renegotiation of several Public Health services-** ensuring viability, seeking increased regional/national consistency (specification and commissioning model), better informed strategic commissioning where appropriate driven by population health data.
- **ICB Service Renegotiation-** Palliative Care, Local Emergency Supply, and Norfolk Medicines Support Service
- **ICB Service Development-** PCN Leads pilot and all-contractor resilience/integration service, antiviral medication supply, cancer referral pilot, Independent Prescribing.
- **ICB Workforce-** IP, facilitation of foundation year challenges and cross-sector working, wellbeing, equitable access to training and development.
- **National Service Integration** (dependent on national steer and negotiations)- hypertension service, common conditions, contraceptive service.

Contractor Engagement and Support

- News, website and social media
- Political lobbying
- Contractor understanding of the developing local commissioning environment

Working Regionally/Nationally to Increase Consistency and Reduce Duplication

- Lead on regional LPC collaboration
- Continue to encourage ICB regional “do it once” working
- Effective collaboration with Community Pharmacy England

Ensuring that community pharmacy Contractors are well represented within the developing Integrated Care Board and wider System is a fundamental priority as we welcome ICB commissioning