

## LPC STRATEGY FOR DEVELOPMENT OF PHARMACY THROUGH COMMUNITY PHARMACY

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### BACKGROUND

In *Commissioning a Patient-Led NHS* published in 2005, each Strategic Health Authority (SHA) in England was asked to work with local stakeholders to put forward proposals for reconfiguring Primary Care Trust (PCT) boundaries to strengthen commissioning and free administrative and management resources for investment in front line services, such as cancer and palliative care.

Following the resultant submission to the Department of Health in October 2005 and subsequent consultation, the DH has agreed that there will be one Strategic Health Authority to cover the whole of the South West (Devon, Cornwall, Somerset, Dorset, Avon, Wiltshire and Gloucester) and three PCTs covering Devon, Plymouth and Torbay. The boundary changes for the PCTs reflect those of the Local Authorities.

The new PCTs have a different focus than their predecessors with their priority being on the effective commissioning of services, primarily through practice based commissioning. It is likely that the provider elements of the former PCTs will become the responsibility of locality commissioning groups who will, with the approval of the PCT, commission services to meet local needs.

These changes in structure and operational remit require the LPC to change the way it works in its interface with the NHS and commissioners.

The important role that community pharmacy plays in primary health care and its contribution to local communities is vital and has been recognised in government NHS policy over the past four years. In particular community pharmacy's contribution to improving patient choice and access, public health, and managing long term conditions has been reflected in the community pharmacy contractual framework which was implemented during 2005-06.

### The Community Pharmacy Contractual Framework

A new contractual framework for the delivery of community pharmacy services was implemented on the 1<sup>st</sup> April 2005. The contract enables community pharmacies to contribute to NHS service provision for patients in four major areas; self-care, management of long-term conditions, public health and improving access to services. Each of these is a priority area for the government and reflected in the Department of Health's Public Service Agreement.

The pharmacy contract provides a dynamic framework which consists of three levels of service. The first two tiers (Essential and Advanced Services) have national standards and tariffs funded through the global sum that is negotiated annually between the Pharmaceutical Services Negotiating Committee (PSNC) and the DH. The third tier (Enhanced Services) has national service templates; however specifications and tariffs are agreed locally to meet local requirements.

The three tiers of the service include the following components:-

### **Essential Services**

Essential services must be provided by all community pharmacies from the 1<sup>st</sup> October 2005. PCTs have commenced compliance monitoring, having allowed time for the systems to become normal practice.

The components are:

- Dispensing
- Repeat Dispensing
- Waste medication disposal
- Support for self care
- Signposting patients to other health and social care professions
- Promotion of healthy lifestyles

All of the above are underpinned by a robust clinical governance framework

### **Advanced Services**

#### **Medicines Use Reviews (MURs)**

Medicines Use Reviews consist of pharmacists periodically discussing with identified patients their medicines use, any problems taking the medicines and helping patients to better understand their medicines. An action plan outlining any advice given or actions taken by the pharmacist, together with any recommendations for the GP, is completed and provided to the patient and their GP. The number of reviews is capped at a national limited, currently (June 2006) 250 per year.

There are two triggers for entry into the service, either a planned medicines use review or as a response to a problem identified at the point of dispensing. The service is the same whatever the trigger.

To provide the service pharmacists have to be accredited via a national competency assessment, and the premises have to have a consultation area where:

**The pharmacist and patient can sit down together**  
**They can talk without being overheard**  
**The area is clearly signed as a private consultation area**

#### **Local Enhanced Services (LES)**

Many of these services were already in place in Devon prior to April 2005. PCTs have the choice of realigning existing services to the national template, or they may with the agreement of the LPC and contractors, stay with the existing service.

**Table 1: Devon Local Enhanced Services Commissioned 2006-07**

Service	PCT (depending on local need)	
Supervised methadone	All across Devon	
Needle exchange services	All across Devon	
Provision of emergency hormonal contraception (from 2006)	East Devon, Exeter, Mid Devon, North Devon, Teignbridge, Torbay, Plymouth (July 2006).	
Minor Ailments - management of hay fever	Plymouth	
Minor Ailments under Patient Group Directions	Exeter	
Pharmaceutical Advice to Care Homes	Devon wide; Exeter, East Devon, Mid Devon and North Devon include an optional element of prescription review. Torbay developing medicines review for particular patient groups	
Medicines compliance and assessment	Torbay	
Direct purchase of dressings for emergency care use within general practice, through community pharmacy	North Devon	
Smoking Cessation Support in Community Pharmacy	East Devon, Exeter, North Devon, Teignbridge, Mid Devon	
Extended Hours of Opening	Devon wide	

It is envisaged that the contract framework will develop over time, to keep pace with the changing needs of patients and the NHS. This gradual contract development may for example see the Advanced Services (MURs) becoming part of the essential services; or some supplementary enhanced services becoming part of the advanced category.

### The policy context

#### Proposals to reform and modernise the NHS (Pharmaceutical Services) Regulations 1992

#### Control of Entry

On 17<sup>th</sup> July 2003, the Government announced its response for England to the Office of Fair Trading (OFT) report 'The control of entry regulations and retail pharmacy services in the UK.' This announcement set out a balanced package of reform measures to the regulatory system known as 'control of entry'. The majority of these reforms were introduced by revising NHS regulations in April 2005.

Control of entry is the process through which a PCT determines whether an application to establish a new pharmacy is desirable or necessary. The aim of the process is to ensure adequacy of NHS pharmacy provision in a neighbourhood.

The overall intention was to support PCTs in ensuring that new pharmacies are easier to access, have longer opening hours and offer a planned wider range of services which meet local assessment of needs for pharmaceutical services.

Another part of the streamlining was four automatic exemptions to the control of entry requirements. In these cases organisations and individuals will have the right to provide NHS pharmaceutical services automatically under the exemptions.

#### **The four exemptions:**

Pharmacies in large shopping developments away from town centres and over 15,000 square metres (gross lettable floor space).

Pharmacies open more than 100 hours per week

Pharmacies set up by consortia establishing one stop primary care centres

Wholly internet-or mail order-based pharmacy services.

For the first three, PCTs will be able to specify what advanced and enhanced (directed) services the pharmacy will provide, which underpins the importance of pharmaceutical needs assessments being in place.

Mail order based pharmacies will not be expected to provide enhanced services, although they may choose to do so. Services must be provided remotely and cannot be provided from the same address as a community pharmacy.

The announcement also committed the Government to review progress in mid-2006 and to publish the findings. As part of this progress review, the Department of Health is now inviting views and comments from patients and consumers, the NHS, business and other key stakeholders on the operation of the reformed regulatory system

#### **A Vision for Pharmacy in the New NHS**

The Vision for Pharmacy published in July 2003 built on the NHS Plan and the Pharmacy in the Future documents published in 2000. It proposed that community pharmacists can be more involved with PCTs in planning and delivering local services, and called for pharmacy to become an integral part of the NHS.

In particular, it envisaged continuing development of new services, emphasising the role that community pharmacy can play in promoting self care and reducing health inequalities; improving access to services; helping people manage their medicines (improving concordance) and supplementary prescribing, whilst recognising that service provision will vary depending on local need. Much of this has been seen in the community pharmacy contractual framework.

#### **Our Health, Our Care, Our Say**

The white paper, published in January 2005, set out a new direction for the delivery of community services calling for a significant shift in funding from secondary to primary care and a reduction in unnecessary hospital admissions.

#### ***The key elements are:***

Bringing some specialities out of the hospital and nearer to people. Overall PCTs must move 5% of acute hospital activity into primary care over the next 10 years.

Piloting a new NHS “life check” or “health MOT” from 2007, to assess people’s lifestyle risks at five key stages of a person’s life.

Introducing incentives to GP practices to extend opening times that respond to the needs of patients in their area

Placing new responsibilities on local councils and the NHS to work together to provide joined up care

Increasing the quantity and quality of primary care in under served, deprived areas encouraging nurses and other health professionals to take on more responsibility.

The White Paper identified the important role that pharmacists can play in opening up greater access for the public to a range of new health services. The proper use of community pharmacies and the skills of pharmacists for delivery of care and advice outside hospitals, can deliver substantial benefits to patients and the NHS.

It is essential that pharmacy works collaboratively with GP and nurse colleagues if these benefits are to be realised and for the NHS to ensure that the future commissioning of NHS primary care services supports the developing use of pharmacy.

### **Building on the Best: Choice responsiveness and equity in the NHS**

The concept of patient choice is being heavily promoted by the government particularly in primary care by making health services responsive to individual needs and equitable. This means that PCTs will need to ensure that ‘responsive commissioning’ incorporates a variety of solutions including pharmacy based services to improve access for patients.

### **Practice Based Commissioning**

Practice Based commissioning transfers the responsibility and the budget for commissioning services from PCTs to individual GP practices or to groups of practices working together (localities). The PCT acts as an agent to undertake any required procurement and administrative tasks to underpin these processes and will be responsible for placing or managing contracts.

Practice based commissioning will be one of the biggest challenges for community pharmacy and pharmacists will need to have a flexible approach to providing new services in order to survive. Currently when services outside of those provided under the Essential or Advanced services are commissioned these are negotiated with the PCT as a Local Enhanced Service. Examples are shown in Table 1. In the future, some services may be commissioned on a local level by a practice or a group of practices within a given locality. These services will be gaps identified by the practice(s) which need to be addressed locally. Under PBC a business case is necessary to demonstrate the savings that would be made by commissioning such a service.

## Local Pharmaceutical Services

An increased range and diversity of services the Department of Health would like community pharmacists to provide is found in Local Pharmaceutical Services (LPS). LPS offers opportunities for PCTs to agree local contracts for local services that are not currently possible under the national contract arrangements.

## Workforce

Community pharmacy faces the same difficulties in meeting demand as experienced by other health and social care professional groups. The number of pharmacy locums has increased because the demands of running good community pharmacy businesses and the viable alternative careers available in primary care are leading many pharmacists to forsake the traditional career of managing or owning their own pharmacies. Community pharmacists will need to start looking at the skill mix within their pharmacies.

The community pharmacy contractual framework will only be deliverable by utilisation of dispensing technicians and developing the pharmacy support staff to free up the pharmacists time to carry out more clinical work within the pharmacy, while the staff become more involved in the public health and signposting services.

## What does this mean for LPCs - Bringing community pharmacy into the NHS.

The Local Pharmaceutical Committee (LPC) is the local voice of community pharmacy contractors within Devon. The LPC has a statutory right to be consulted by the PCT on certain contractual matters and is generally consulted on a range of issues relating to NHS community pharmacy. Funding for the LPC is derived from a levy paid by all pharmacy contractors, currently in Devon totaling 225.

The LPC is here to help and advise pharmacy contractors in all NHS matters and, in partnership with the PCTs and other relevant organizations, to improve and develop community pharmaceutical services to the local population of Devon. It is the body that leads discussions on pharmacy related issues, negotiates local services and acts as a focus for community pharmacy. At all times, the LPCs have to remember that they are dealing with issues that may affect the livelihood and business opportunities for their local contractors.

The re-configuration of the NHS and the establishment of local commissioning and provider groups may create a period of instability but also opportunity for community pharmacy. The effective and cost effective delivery of quality services through the existing contractual framework will demonstrate that community pharmacy has a significant role to play in the future re-design and provision of patient care pathways as part of a primary healthcare team.

## LPC Strategy

### The mission statement of the LPC

**“To provide leadership within the community pharmacy profession in Devon; promoting and developing local pharmaceutical services in partnership with commissioners while representing the best interests of the local contractors within a professional governance framework”**

## The purpose of the LPC

**To optimize the professional and financial opportunities for community pharmacy practices**

### The primary aims of the LPC are to:

Deal with concerns of pharmacy contractors; accurately reflect and put forward the professional views and aspirations of all pharmacists engaged in community pharmacy that provide NHS pharmaceutical services in Devon. Act as the primary resource for contractors

Participate with the PCTs in local planning mechanisms. It is imperative for a pharmaceutical perspective to be included at the initial development stage at the appropriate time, as well as involvement during any stakeholder consultation on corrective actions or new initiatives. The LPCs need to work effectively in partnership with the PCTs and local contractors in order to deliver the national pharmacy contractual framework

Undertake local negotiations for local enhanced services on behalf of contractors. These could include pharmaceutical advice to care homes, out of hours services, medication reviews, sexual health services, services to drugs misusers, supporting people to manage long term conditions, medicines compliance support, other services according to local need and identified through the commissioning processes

Co-ordinate the contribution of community pharmacists in service delivery

Support the development and modernization of pharmacy contractors working practices in readiness for new roles.

### Our way forward

To deliver on the opportunities within the new health white paper to create new service and funding opportunities for community pharmacy practices, utilising the pharmacy contractual framework. To do this the LPC needs to achieve

- Effective participation in locality commissioning groups
- Effective representation with other relevant stakeholders
- increased engagement with and support for community pharmacies and community pharmacists
- The necessary deliverables and their consistent quality implementation
- Enjoyment and Satisfaction in all that we do and achieve

Delivering this agenda will require real change in the way community pharmacy works and the LPC has determined its primary aims and roles in taking the profession forward, and setting out an action plan of priorities for both the short and medium term.

The priorities include reviewing the structure of the LPC and the most effective way of working locally both with and for the contractors. The LPCs have continued to develop and improve their communication structure particularly with contractors. However, further strengthening their communication links and identifying resources in terms of manpower, skills and money to support the LPC

will be crucial, as will continuing to build good working relationships with the primary care trusts and other organisations. The ultimate goal must be for the LPC to be recognised and respected as an innovative, cohesive and effective organisation operating within a professional governance framework delivering relevant outcomes for community pharmacy practices, patients and other stakeholders in Devon.

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## Targets and Action Plan 2006-2008

TASK	MILE-STONE	ACTION REQUIRED	OUTCOME
<b>LPC Structure and Corporate Governance</b>			
Review structure of LPC and terms of reference for local working arrangements	October 2006	Each member to be assigned to a locality	LPC working within an agreed accountability framework at a local level Delivery of improved working relationships and reduced work duplication LPC structure and representation to be flexible and adequate to deliver the LPC strategy to 2010 LPC formally recognized by Primary Care Trusts
All members signed up to Confidential Agreement, Declaration of interests and governance arrangements to be reviewed regularly	October 2006	All members whether elected, appointed or co-opted to complete and adhere to	A professional LPC recognized and respected as representative of contractors  All members signed up to governance arrangements
All members to be fully briefed about the business of the LPC	October 2006	Develop a single meeting briefing pack format	Improved consistency in communication and adherence to governance criteria
Review competency framework for LPC members and CPD	November 2006	Individual members to consider personal development needs to meet new roles and tasks	Identification of gaps and skill mix
Carry out training needs analysis for LPC members (training to be CPD assessed)		Identify gaps / knowledge	Full contribution to work of committee by all members
Set up induction and mentoring system for new LPC members	October 2006	Utilize PSNC induction pack and member training days Run local event for new members	LPC members equipped with basic competencies to do the job
Establish LPC Governance Committee	October 2006	Appoint or hold election for three non office members for governance committee. Terms of Reference to be agreed Oversee employees/appraisals and grievance procedures to meet duty of care to staff	Ensure the honesty, integrity and probity of the committee and to ensure that contractors' money is spent appropriately  Improved morale and value of LPC employees
Adequate resources allocated to LPC commitment to local commissioning	Ongoing	Identify local pharmacists to work with locality commissioning boards/groups	Pharmacy integrated within local commissioning arrangements
LPC Sub Committees or Pharmacy Groups established	December 2006	Review local structures for LPC Identify locality pharmacists	Robust local groups properly resourced to be fit for purpose
All committee members contributing to work of	December 2006	Workstreams/Portfolios of interest assigned to LPC	Accountability framework in place

LPC		members	Full participation in committee business
<b>Communication</b>			
Improve communication within LPC, with contractors, employee pharmacists and technicians, with locums and commissioners	Ongoing	Action points arising from LPC meetings to be circulated to appropriate people and put on website  Key and relevant information to be disseminated to contractors through local meetings and newsletter  Increased communication with pharmacists not currently engaged	Improve communication network and knowledge base of all  Improved professional engagement  Motivated workforce!
Design media campaign for LPCs	September 2006	Establish data base of contacts from local press, radio and PCT communications personnel  Preparation of local press releases for contract implementation and service reviews and development	Raise profile of community pharmacy in line with new services
Improved communications with LMC/Local GP forums/practice based commissioning boards	Ongoing	Regular articles for Purple Pages  Review opportunities to brief LMCs/Practice Manager forums  Identify and increase personal contact with influencers and opinion leaders	Local practices aware of pharmacy services and understanding potential impact  Two way communication
Promote image of community pharmacy	Ongoing		Community pharmacy value and contribution recognized and valued
Develop a "Who is the LPC" marketing document to increase profile of LPC and profession with all relevant stakeholders	December 2006	Draft to be prepared to present LPC November 06	Raised profile and increased awareness and engagement
Website development	July 2006	Redesign and deploy website Promote use of website LPC Secretariat to act as website moderator  Section for patient enquiries "Ask Your Pharmacist"	New professional format and content  On line resources available Improve communication network and knowledge base of contractors  Increased awareness of pharmacy skills and expertise  Increase public awareness and support

Engagement with MPs and local government	Ongoing	<p>MP briefing through distribution of LPC newsletters and direct contact on appropriate matters</p> <p>Relationship building with key GOSW and local government stakeholders</p> <p>Programme of local dinners/meetings with CEO's and MPs</p>	<p>Benefits of direct line into parliament and potential influence on positive and negative activity</p> <p>Pharmacy recognized as part of the solution to the Health and Social Care White Paper agenda</p>
Control of Entry and regulatory framework	September 2006	LPC to continue to lobby key stakeholders of the importance of control of entry in maintaining the pharmacy network	<p>Contractors' interests represented effectively</p> <p>Timely Response to DH consultation</p>
	December 2006	Establish an LPC contracts sub committee to oversee all related matters and inform LPC decisions on contractual applications	<p>Pharmacy contractors to be confident to invest in new services</p> <p>Contract matters appropriately considered and actioned whilst developing the skills of additional members</p>
Produce briefing notes on practical implications of national policy and initiatives for the local community pharmacy network and PCT progress in meeting local targets	Ongoing	Disseminate information as received	Improve local pharmacists' knowledge and understanding of PCTs priorities
		Link with PCT/Commissioning leads and update on local progress	Increase awareness of PCTs of the potential contribution of pharmacy to public health and different ways of contracting for pharmacy services
<b>Relationship Building</b>			
Support community pharmacy in patient involvement	Ongoing	<p>Promote the establishment of good relationships with PALs/Patient forums within the pharmacy network</p> <p>Support contractors in involvement of patients in service design</p>	<p>Community pharmacists enabled to meet the national requirements to involve patients in the design of services</p> <p>Spread of best practice</p>
Work with PCTs to ensure that community pharmacy is engaged in planning and service redesign processes	Ongoing	Scope all PCT/Commissioning committees and to identify all opportunities for improved community pharmacy representation	Community pharmacy representation and integration into primary care development
		<p>Appraise LDPs or equivalent to identify potential areas</p> <p>For community pharmacy Integration - feedback to committees working in specific areas</p> <p>Monitor changes in arrangements for commissioning NHS services</p>	Increased awareness of community pharmacy contribution to service redesign

		locality level	
Pharmacist representation on locality commissioning boards or equivalent	Ongoing	<p>Review current situation Provide evidence of benefits</p> <p>Engage with PCT transitional leads for new PCT development Locality pharmacies identified and supported by LPC</p> <p>Develop specialist interest and expertise in locality pharmacists</p> <p>Lobby SHA, PCTs and others To promote the use of community pharmacies for the services provided under the contract and for a developing range of additional services</p>	<p>Pharmacy representation ensuring relevant issues are considered whilst developing and redesigning local services</p> <p>Locality pharmacists signed up to LPC Corporate view and promoting services for benefit of whole profession</p>
Utilise resources offered by pharma industry	Ongoing	Scope support offered by pharmaceutical industry and PSNC Community Pharmacy Development Partners	<p>Develop off the shelf packages/training programmes for pharmacy contractors</p> <p>Minimised duplication of effort and increase effectiveness of limited resources</p>
<b>Service Development</b>			
Pharmacy contractual framework	Ongoing	<p>Attend national briefings on contractual arrangements</p> <p>Work with contractors to ensure compliance with contractual framework</p> <p>Work with PCTs and commissioners to raise awareness of opportunities</p>	<p>Contractors supported through adoption of new contractual framework</p> <p>All contractors in Devon optimizing contract and maximizing benefit to primary care and patients</p>
LPC PCT Negotiating Group or appropriate forum	Ongoing	<p>Continue to work with PCTs in agreeing terms of service and fee structures for locally negotiated contracts</p> <p>Lobby for strategic negotiating groups</p>	<p>Good working relationships with the PCTs and commissioners</p> <p>Robust mechanisms put in place for locally commissioned services Devon wide consistent approach towards accreditation/contractual arrangements/paperwork/funding</p>
Ensure most pharmacies provided Medicines Use	March 2007	Implement training and support programme for	Robust and valued MUR service in place

Reviews for their regular patients		contractors and staff  Review good models of practice and share learning  Promote importance of good communication and liaison with general practices	Improved patient care  Primary Care maximizing opportunities of contractual framework
LPC contribution to ongoing review of harm reduction services	31 <sup>st</sup> March 2007	Service specifications agreed Gaps in service provision filled Fair funding and fee structure Contractors and staff accredited and trained to provide the service	Robust pharmacy based service in place
Support PSNC funded projects re: Evaluation of medication reviews (Plymouth and South Hams) Obesity in hard to reach groups (Exeter) Concordance support for depression (Exeter/Mid Devon)	March 2007	Ongoing project development	Local Enhanced Services commissioned by PCTs
Medicines assessment and compliance support	March 2007	Continue to highlight as issue with commissioning organizations Promote development of multi disciplinary work to meet needs of people falling outside DDA criteria Review of medicines admin policies within local authorities	Local enhanced service development for those patients requiring additional support
N&E Devon review of care home contract	September 2006	Evaluation and review co-ordinated by LPC  Development of options for pharmacy provided service	LES maintained and developed for commissioning 2007-08  No loss of pharmacy based service
Minor ailments	2007-08	Promote commissioning of minor ailments services in community pharmacy  Lobby DH / PSNC to include minor ailments as essential service/advanced service	Improved access and choice of service for patients  GPs meeting access targets
Sexual Health Services	March 2007	Build business case for continuation of EHC service Develop business case for pharmacy based Chlamydia screening	Increased access to service PCTs meeting targets
Smoking Cessation Services	March 2007	All community pharmacists offered opportunity to participation in local services where need identified	Increase access to service PCTs meeting targets

<b>Resources</b>			
Alternative sources of funding to be identified	March 2007	Research availability of funds through lottery/Rural Development Funds/Department of Health	Sustainable funding routes for service development
Promote public health role of community pharmacy in line with new pharmacy contract	March 2007	Strengthen links between LPC and Public Health directorates  Lobby new PCT structure to incorporate community pharmacy facilitation and strategy development  Lobby for improved uptake of opportunities for public health campaigns and production of calendar of events	Community pharmacy integral part of public health  Co coordinated approach to public health campaigns across Devon
Integrate community pharmacy and support staff into workforce planning mechanisms  Ensure local contractors development of pharmacy staff and skills mix to support contractual requirements  Promote registration of technicians	Ongoing	Work with Workforce Development Confederations, local tutors and PCTs to help develop pharmacists services and professional skills Review education needs of local pharmacists Local workshops to enable staff to undertake brief interventions Submit proposals for continuing professional development of community pharmacists Submit proposals for training of pharmacy support staff Community pharmacists familiar with NSFs and including clinical updates to support MURs  Identify funding streams LPC to lobby for funding for training and development of pharmacy staff	Skill mix in community pharmacy  Motivated workforce  Improved local recruitment and retention  Pharmacy technicians registered and accessing CPPE training and development programme
Clinical Governance support	Ongoing	Continuous update and review of SOPs and other clinical governance requirements  Members of LPC identified to support poorly performing and struggling pharmacists	Up to date clinical governance resources available to all contractors
<b>Practice Based Commissioning</b>			
Update LPC resources for pharmacy's	Ongoing	Specialist working Groups to précis	Access to evidence based, off the shelf proposals and bids to

contribution to local commissioning arrangements and local priorities		Policy papers. Secretariat to write model business plans	support LPC members and local contractors in discussions and negotiations with PCTs and GPs
<b>Electronic Prescription Service</b>			
Electronic prescribing and N3 connectivity	Ongoing	<p>Link into IM&amp;T Working Groups</p> <p>Continue to lobby about the importance of pharmacy involvement in e-prescribing development at an early stage</p>	<p>Ensure PCTs aware of developments arising from national pilots and status of local pharmacy</p> <p>Contractors linked to N3 as early as possible</p>

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## Conclusion

There are several strands to the LPCs strategy and action plan. The priorities fall into several categories, LPC Structure, Communication, Resource, Relationship Building and Service Development. A vital part of this will be ensuring that the LPC members are equipped with the necessary skills and expertise to support the local contractors to the best of their ability.

The LPCs will need to take on a more proactive role in ensuring that the local health and social care organisations engage more fully with the community pharmacy network and that their services are integrated into the whole system. It is hoped that the LPCs, PCTs and locality commissioning groups will continue to build on their existing working relationships to ensure that an equitable range of services is developed and commissioned to meet the health needs of the local population and to improve accessibility.

Serious consideration also needs to be given to the pharmacy workforce issues and improving the information technology links between community pharmacies and other members of the primary health care team.

The LPCs recognise that resources will have to be made available to address many of the issues outlined above and the objectives set out in the action plans. Current national pharmaceutical resources do not allow for the provision of new services and the LPC will need to work hard to convince the commissioning agencies to re-invest in community pharmacy services.

The LPCs are also small organisations, members are not currently remunerated for any time that they spend on LPC business and the increasing challenges facing the profession will be requiring a considerable time commitment and input from those individuals. The LPCs have invested significantly into building up the Secretariat support function since mid 2001, which has been very successful. A review of the staffing levels has been undertaken to ensure that the excellent level of support to members and contractors is to be maintained and increased as appropriate.

It is likely that the emerging structures will necessitate local working groups of pharmacists, which may mean sub committee or local pharmacy groups being established under the umbrella of the Local Pharmaceutical Committee. It is intended that this strategy be a working document and will be monitored and revised regularly to take account of changes that may occur either locally or nationally.

**References:**

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