

ANNUAL REPORT 2022-23

CHAIR – DEBORAH BAIRD-PALMER

As the wider health system continues to creak under the pressure of demand, pharmacy contractors and their teams have been recognised by patients and health leaders as they continue to work tirelessly and with great passion to support patients and deliver outcomes during these challenging times.

Since the introduction of the 5-year flat rate Community Pharmacy Contractual Framework (CPCF) unforeseen financial pressures have been experienced across the sector. Whilst the Pharmaceutical Services Negotiating Committee, has championed these challenges, the Government, remains focused on providing new investment for the delivery of new enhanced roles and services and discounted the need to provide any investment to support core pharmacy dispensing services. North of Tyne Local Pharmaceutical Committee recognise the financial pressures the sector finds itself in, as a result of such things as, minimum wage and workforce impacts, utility costs, inflation and medicine supply challenges – with committee members experiencing these extreme pressures personally. Contractor numbers now total 178 – this has been reduced by one pharmacy closure, with a number of contractors having chosen to reduce their opening hours.

Throughout 2022-23 several LPC member resignations have occurred. All committee members have worked tirelessly on your behalf throughout their term, and I would like to express my thanks to them all. In line with the anticipated changes in the RSG (Review Steering Group) prospectus the LPC agreed to reduce the committee size whilst maintaining the valued CCA-Independent balance within the committee. The committee reintroduced some face-to-face meetings where appropriate - blended with virtual meetings. Both LPC Exec meetings and main committee meetings have flexed in response to the needs at that time.

CHIEF OFFICER – GERAINT MORRIS

Our community pharmacy contractors should be proud of the near normal level of service, of the care they have provided to their patients and the support they have given their local communities. As the end of 2022-23 approaches the challenges that have been overcome have been considerable, the lack of availability of workforce and basic prescription medicines, increasing financial pressures, whilst delivering improved patient outcomes, through new and innovative services. Many Community Pharmacy sites have helped protect their communities by providing COVID-19 vaccinations. Community pharmacies have contributed to the vaccination programme in all three local authority areas.

Working with the NENC ICB pharmacy team we have been able to secure recurrent funding for two of the three ICB community pharmacy services we launched during the COVID-19 pandemic, Think Pharmacy First and the UTI PGD services. The current funding for the walk-in emergency supply service will allow the service to continue to be provided whilst further system evaluation takes place across

the summer. National funding remains a challenge, locally it is encouraging to see the commitment NENC ICB has made to community pharmacy in recognition of the scale and consistency of the patient outcomes and system benefits that these local services have delivered, especially as this funding is outside of our fixed global sum.

I look forward to supporting contractors make the most of the new 7 common conditions funding when all the operational details are announced.

HEAD OF SERVICES AND SUPPORT – ANN GUNNING

In addition to the continuation of the expanded Think Pharmacy First service and introduction of the walk-in CPCS emergency medicines service, the UTI nitrofurantoin PGD service for non-pregnant women aged 16 to 64 years of age went live in June. Social media promotion ensured that the service quickly gained traction and by the end of March, 474 pharmacies had signed up to provide the service with 12,656 consultations completed. Supply of nitrofurantoin occurred in around 54% of consultations. The service is relieving pressure on other parts of the NHS, whilst being professionally rewarding for pharmacists taking part and reducing the use of antibiotics.

The ICB also released funding for LPCs to employ a whole-time equivalent service coach to support both pharmacies and GP practices with implementation of services. North of Tyne LPC employed three part-time coaches, Dee, Katharine and Fiona in August. Having learned about the commissioned services, they have been following up with pharmacies to encourage completion of referrals for CPCS and DMS. They then moved into engaging with practices to support them to implement GP CPCS and support them to commence making referrals.

The ICB also agreed to price concessions being used to calculate prices for medication supplied by pharmacies via Think Pharmacy First. Pharmacies will now see reimbursement on the PharmOutcomes invoice for supplies made on TPF and then a second line for price concession adjustments.

PSNE Ltd has continued to sub-contract services to community pharmacies and another new service maternity eNRT voucher service has been commissioned. The company has further expanded following the vote from Teesside pharmacies to join the company. All pharmacies across the North East and North Cumbria now have LPC representation within the company structure.

Given the number of services, both local and national now commissioned from community pharmacies, I distributed a services summary which explains the accreditation requirements for all services which are currently commissioned across the North of Tyne LPC footprint.

The pharmaceutical needs assessments were updated and published by the end of September. I was a member of the steering groups in all three local authority areas.

The LPC has responded to a number of contract application consultations. There have been a number of change of ownerships and more are expected to complete during 2023-24 following the withdrawal of Lloyds Pharmacy from the market. There has been one pharmacy closure during 2022-23 and the LPC now represents 178 pharmacy premises.

PCN SUPPORT LEAD – CAROLYN JACKSON

Over the last 12 months the PCNs have continued to develop and grow across the North of Tyne area and are now fast establishing themselves as an integral part of streamlining the patient journey.

We now have 18 PCN Lead posts in the North of Tyne (numbers increasing slightly with the formation of the new Northumbria Primary Care PCN)

16 of the 18 PCN Lead posts are fully appointed, and we have successfully retained most existing Leads with only a handful of new appointments made over the last year.

The big success story of the year was the announcement that HEE/NHS England rolled out the pilot 6-month Leadership Development Programme from last year for all PCN Leads in the area. This Programme has been specifically formulated to develop PCN Leads leadership and communication skills for the role.

14 of our 16 Leads attended the Development Programme. All time was fully funded with backfill costs, with the pilot programme having highlighted the importance of the increasing need for Leads to be provided with funded time to support it.

Mentoring and one on one support was offered throughout the programme culminating in numerous meetings with Clinical Directors, networking events, social events, and new working relationships.

In addition to the above, we have continued to meet as a group (virtually and face to face) allowing ideas to be shared and for the Leads to develop further, encourage sharing of achievements and challenges and improve motivation levels. I also offer hands on support when needed in person as well as maintaining regular telephone support.

The introduction of the Services Coaches Team last August has been a major success with many benefits. The team of service coaches have supported and guided our Pharmacy and GP surgery teams in delivering available services in the community.

I work very closely with the services coaches pinpointing and identifying key areas where support is needed.

In terms of moving forwards and looking towards the next 12 months we need to ensure that any funding is sustainable to maintain the positive momentum and working relationships that have formed. The importance of the PCN Lead role must be highlighted in the agenda for Community Pharmacy at ICB level.

TREASURER'S ANNUAL REPORT – CHRISTINE WARDLAW

The LPC continues to have healthy reserves, and this is reflected in the decision to set the contractors levy at a rate of 25% less than pre-COVID which resulted in a reserve investment of over £90,000.

Expenditure has once again been less than budget due to the ongoing impact of COVID and the changes in working practices with the use of online meetings often being the preferred method of communication. The July 2023 committee meeting was the first face-to-face meeting for a number of months due to the selecting of officers.

Since 2016 the provider company PSNE has contributed an income stream. These monies are not yet shown within the accounts as it was agreed by the PSNE board to pay when funds allowed as the priority of PSNE is to ensure payment to contractors for enhanced services.

The reduction in size of the new committee will contribute to future reduction in expenditure and at this point the committee is considering whether there is the ongoing need for the office.