

Review Steering Group Update for PSNC – November 2021

www.pharmacy-review.org

Overview of this session

Timings

- Update presentation 15:30 – 15:50
- Q&A with RSG members 15:50 – 16:10
- Breakout groups (4) for discussion 16:10 – 16:40
- Feedback 16:40 – 16:55
- Feedback summary 16:55 – 17:00

Objectives

- To level-set understanding on RSG purpose, progress and path ahead
- To answer questions and address concerns
- Seek PSNC feedback on key issues – operation of the council, board, and governance framework

The story so far – Independent Review

- To ensure that the national network structure of LPCs and PSNC worked as efficiently and effectively as possible and was fit for the future
- Headline finding was that contractor satisfaction with both LPCs and with PSNC could be significantly improved
- 33 recommendations made to address the issues identified
- Widespread acceptance of the issues identified
- Not all the recommendations supported across the sector

The story so far – Independent Review

Highlighted the need for the following six areas to be addressed

1. Independent governance of both LPCs and PSNC
2. Reduce variation within LPCs, improve efficiency and focus their activities
3. Improve PSNC performance with respect to negotiation outcomes
4. Appropriately resource PSNC to enable staff to better support negotiations and LPCs
5. Develop a new national vision and strategy for community pharmacy
6. Listen better to contractors so their voices are better heard at all levels

The story so far – Review Steering Group

PSNC, working with LPCs, proposed and funded the Review Steering Group (RSG) to take forward the findings from the Independent Review with a purpose to:

- Make and be responsible for proposals for contractors to decide upon
- Including how the decision-making process itself will work
- Take into account feasibility of delivery, cost, benefits to contractors and timescales
- Commission work and engage with the sector to explore and propose a change programme

The story so far - why is change needed?

- The RSG is working with the sector to address the issues identified in Professor Wright's 2020 review of PSNC and LPCs, which still exist and need to be addressed
- PSNC's risk register identifies the RSG process as principal mitigation to its major risks
- Changes in the NHS landscape with the development of NHS Integrated Care Systems (ICS) and expectations of local and national contractor support and representation organisations
- RSG believes representation and support structures need to evolve alongside changes in the NHS

Given the significance of the rapid changes to the NHS structures, as well as the issues identified in the Wright Review, “doing nothing” is not an option for the sector

The story so far –progress in the key areas

To engage and involve stakeholders from across the sector with the reform process

- Held a series of engagement events including focus groups for contractors through summer and autumn 2021
- Regular updates through newsletters and articles on the RSG website
- Presentations at sector events such as the LPC Conference in Nov and Pharmacy Show in Sept

To find a way forward on the issues identified in the Wright review

- Future roles for the local and national representation and support organisations
- Aligning the future structure of LPCs to ICS
- Options for future governance and operating models for pharmacy representation and support.

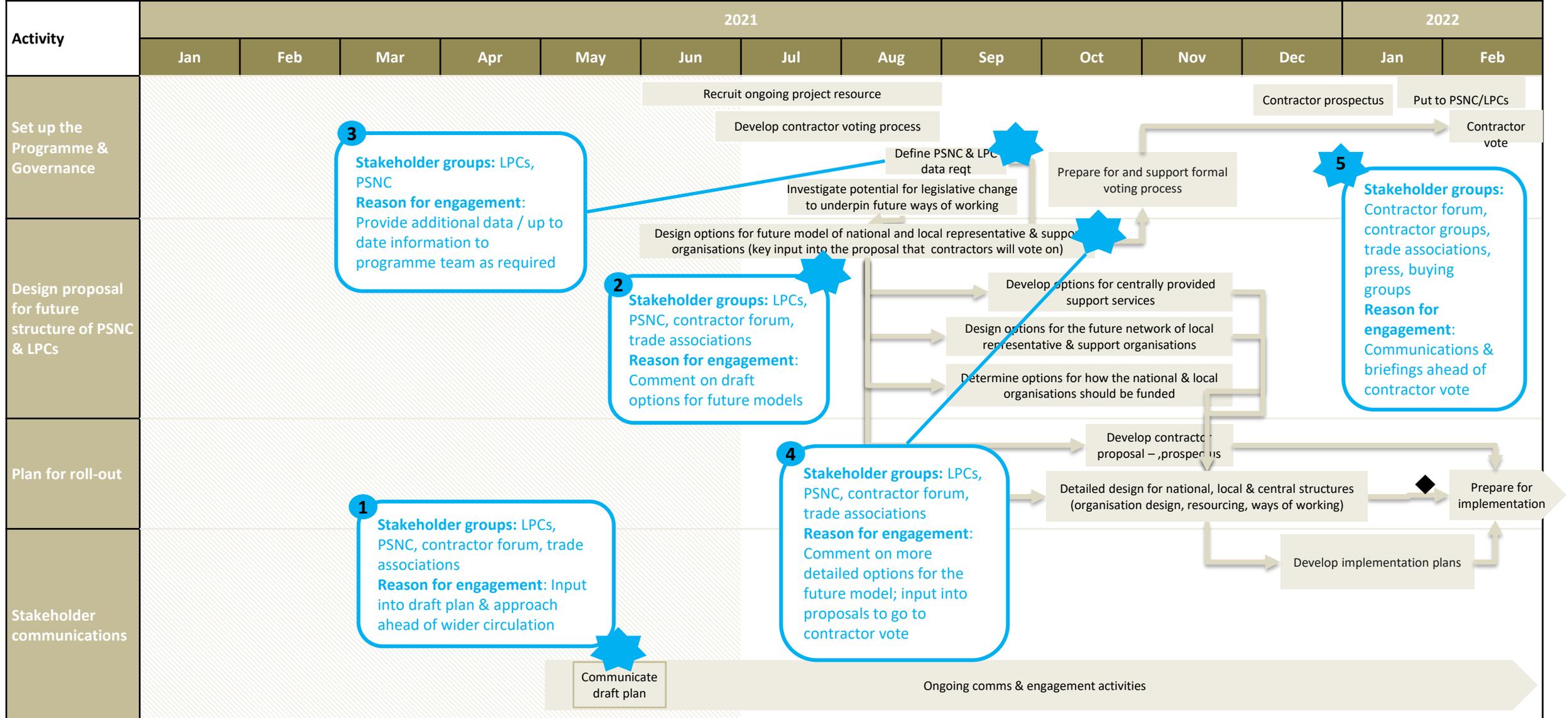
...in doing so, to look at the external environment, cost, benefits, feasibility and acceptability

- to be addressed in the contractor proposal (“prospectus”) and feasibility work is ongoing
- **To propose a contractor designed decision-making process**
- RSG has published its Working Plan for the Contractor Voting Process and an associated set of FAQs.

Programme of work with the sector being steered by RSG

 Key stakeholder input required

 Today



Engagement: April onwards



Email/ newsletter updates being opened by more than 6000+ recipients



22,000+ views of the RSG website since the start of the year
8,413 website views in Oct 2021



- 'At a Glance Guide'
- 'One page Summary'
- Vlogs
- Podcast
- Online surveys



- 4 open contractor engagement events
Apr/May – on principles, programme of work
- 10 focus groups in the summer – roles of local, national, central/shared services
- 4 focus groups in Sept/Oct – council, board, governance
- 4 updates at LPC & PSNC conferences, including polls and questions
- 4 updates at PSNC full committee
- Presentations at over 40 LPCs
- Dedicated sessions with AIM, CCA and NPA
- Press and wider stakeholder briefings
- Pharmacy Show presentations & Pharmacy Business Conference

Wright review – LPC (“CPL”) recommendations

Recommendation 23

Review CPL size with respect to number of contractors represented, considering value for money to contractors, size required for a place on CPEC, local knowledge/relationships and NHS geographical footprints.

- Clear support for rationalisation of the network to free resources for more local and national activity
- Evidence that levies are lower once the number of contractors represented by a CPL passes 200... it seems that an LPC size of greater than 200 contractors is more likely to result in a smaller levy, although a number of smaller LPCs are requesting a levy of less than £1000 per contractor
- Main fixed costs are employees. Committees consequently either merge or better share resources to increase efficiency

How should Community Pharmacy engage and operate within the developing local NHS landscape

Taking into account the changing NHS landscape, the direction from NHSE&I, views of contractors and the findings from the Wright review, RSG proposals are likely to include mapping local representative structures to the ICS footprint with an overlay of Wright's recommendations of 200 contractor scale

Benefits

- Ensures CP follows funding and commissioning – as some commissioning of the CPCF is devolved to ICS level
- Reorganising in this way aligns CP unquestionably with its core stakeholder and shows intent to engage with NHS vision and collaborate for the future
- Stronger single CP voice at ICS level (1 local pharmacy organisation to at least 1 or more ICS = less duplication and simpler engagement model – ICS unlikely to engage with multiple local pharmacy organisations)
- Local pharmacy organisations can still work together across boundaries
- Allows for future review over alignment if/when the NHS changes again

CPE Board and Council

RSG is currently working through options for the governance structure of the Community Pharmacy England organisation:

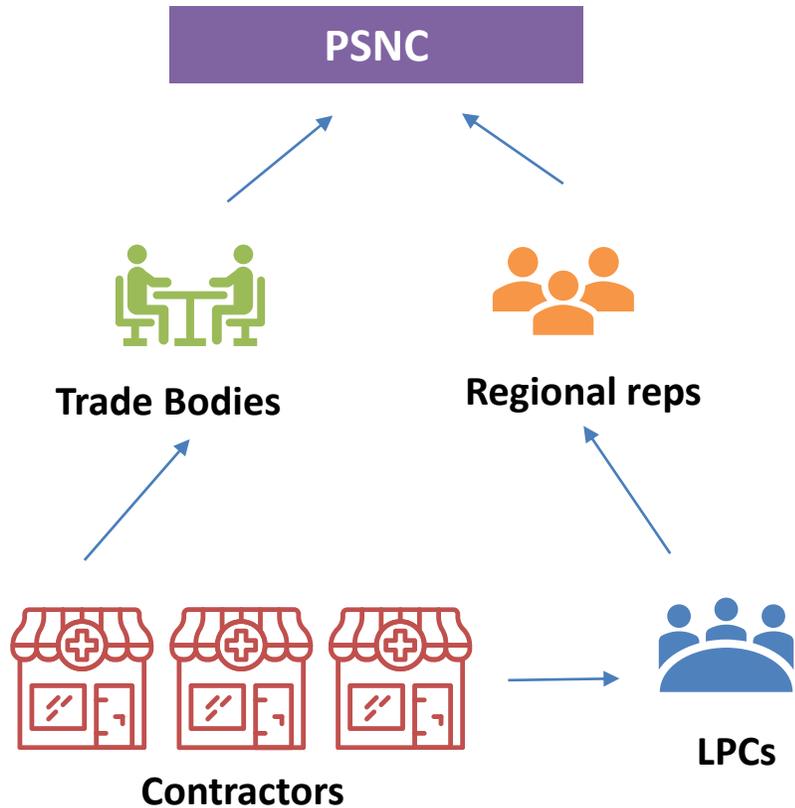
- Overall structure as outlined in the Wright Review
- Role and composition of a potential Board and Council
- Interaction and ways of working of the Board and Council

Key consideration:

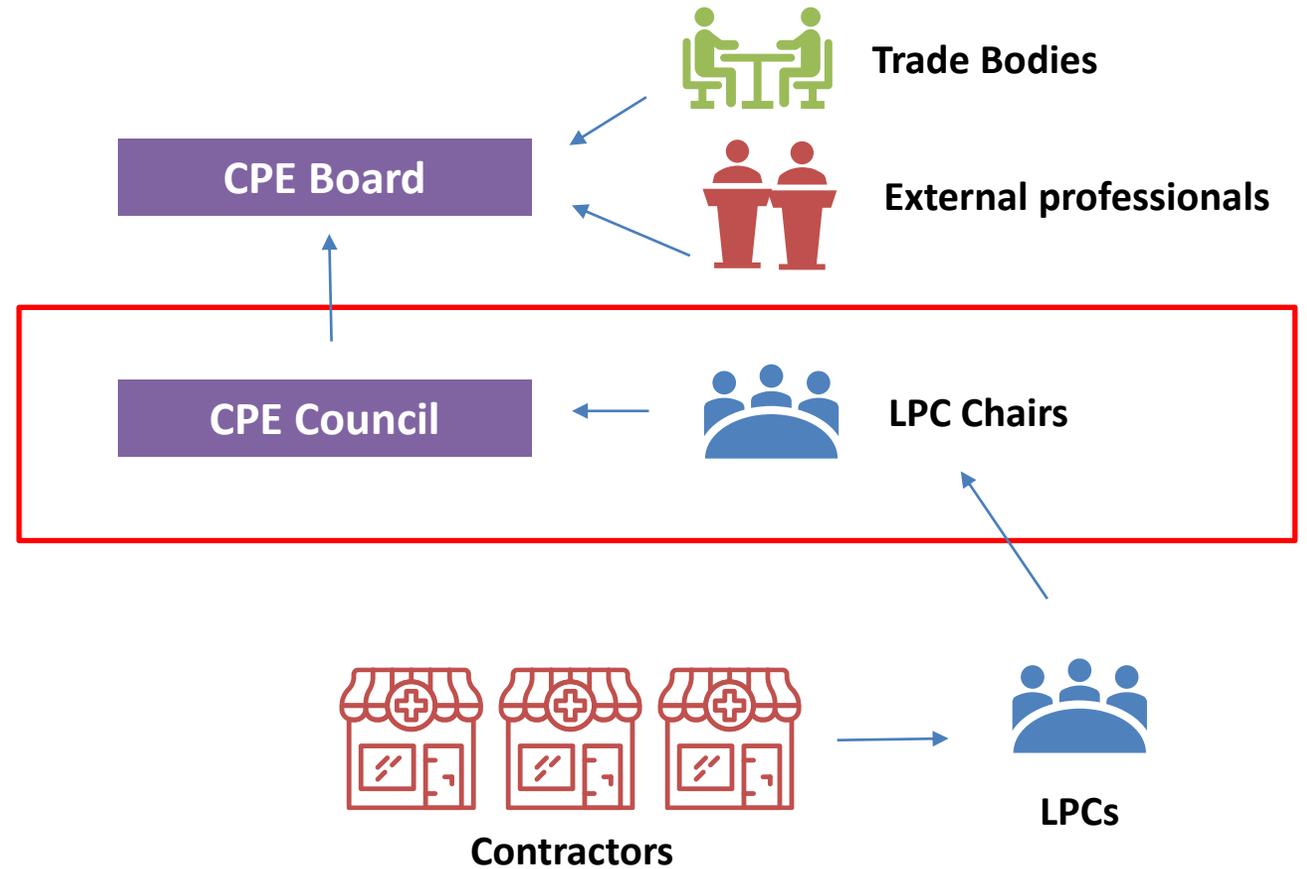
- Committed to achieving representation and unity
- How is the CPE organisation held to account?
- Who makes decisions in the organisation structure?
- How is governance distributed and embedded through the organisation?
- What is the role of the council in the CPE structure?
- How should members be chosen?
- Which groups should be represented on the Council?

Options for Future Structure – Wright Review

Groups who represent pharmacy contractors at PSNC today



Wright Review recommendation



Possible role of the Council

Key principles	<ul style="list-style-type: none">• Council plays a key role in the overall governance structure by holding the Board to account• Council should represent a broad range of voices but avoid dilution of interests• Council should meet 4 times a year• Council workings and outputs should be open and transparent to the sector• Council members should be remunerated for their time (amount tbc at a later date)
What is the role of the CPE Council?	<p>Discussion and advisory</p> <ul style="list-style-type: none">• An active, advisory body, bringing CPE together and acting as a ‘meeting place for NHS community pharmacy’• Discuss and debate major issues• Lead and contribute to designated working groups• Work with external experts and advise the Board and executive team <p>Negotiation</p> <ul style="list-style-type: none">• Contribute to strategy and priorities for the negotiation• Work iteratively with the Board during the negotiation process ‘front loading discussion’• Provide support and expertise to the NT as required through negotiation policy development groups <p>Representation</p> <ul style="list-style-type: none">• Work on behalf of the sector as a whole• Represent wide range of members’ views on matters of policy, negotiation, service innovation, external landscape• Act as the link between the national and local organisations, representing the interests of their local area <p>Board appointments</p> <ul style="list-style-type: none">• Engaged in the selection process for external Board members

Board and Council

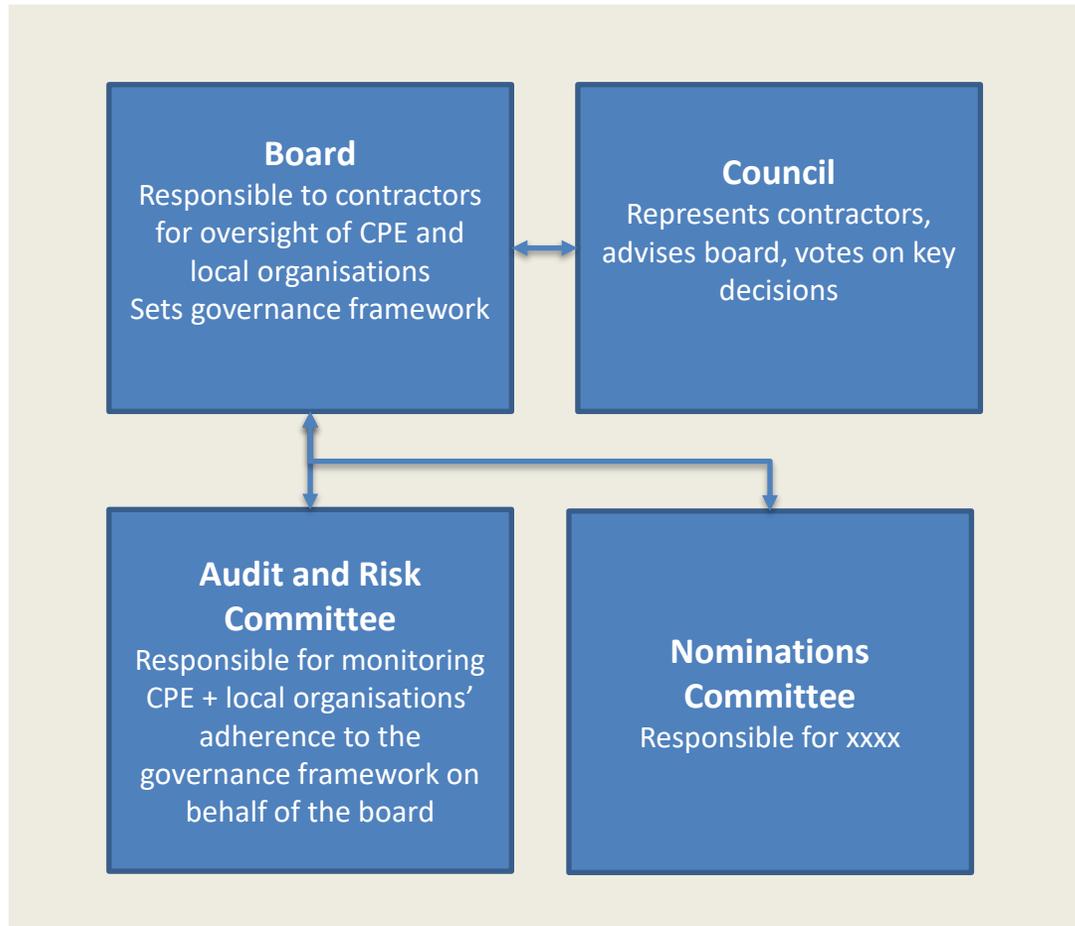
Specific questions that are being explored are:

	Key considerations
Board	What is the role of the board in relation to governance and oversight of CPE and what is the relationship with the Council?
	What should the split between different types of contractors be? – Committed to finding representation for all segments, how do we achieve this?
Council	How does the Council need to reflect local organisations and balance representation for all segments?
	Should specific groups of contractors be represented in the Council?
	Should there be term limits for members of either or both bodies?
	Should non-contractors be represented in the Council e.g. lay members; employee representatives?

Wider governance framework

Governance is not the responsibility of one body, but is embedded throughout CPE with the adoption of robust checks and balances and measures to transform transparency

Formal oversight...



... underpinned by checks & balances across the organisation

Board & Council

- Robust nomination, selection and performance management for board members. Fixed term limits TBD
- Council can have wider responsibilities, e.g. approving board appointments, approving mandate for negotiation
- Wider composition of council and board to open up scrutiny and representation

Internal processes

- Mandatory code of conduct against which board, council and local organisations are assessed
- Review of voting rights (to be limited to contractors and their representatives)
- Mandatory training on GDPR, equality and diversity, interviewing etc – to reduce risk

External transparency

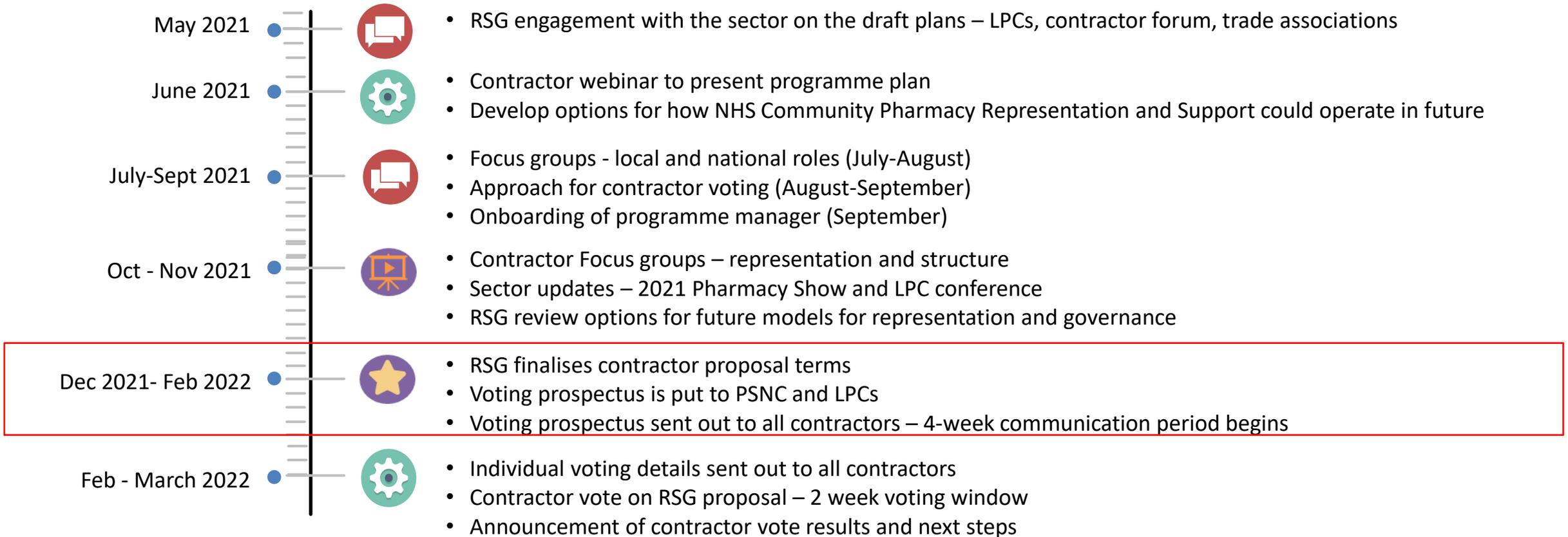
- Overall greater transparency in the system, e.g. certain meetings available to watch online
- Regular, independent reviews of the system, publicly available
- Publication of KPIs and communication of progress against them

Next steps – the path to change

- Proposals still being worked up with the sector
- Proposals ‘put’ to PSNC (and LPCs) ahead of a decision-making process
- Decision making process consists of 2 parts
 1. Continuing involvement to shape the proposals
 2. Contractor proposal – “prospectus” vote
- Working plan for a contractor vote
 - A single vote on the prospectus
 - One vote per contract owned
 - Thresholds include a two thirds turnout and two thirds majority
- Affirmative result sets an overall path to change – PSNC and LPCs will need to respond. Move to implementation phase

Programme Timeline

RSG has set out a planned timeline for its next activities, recognising that many factors could affect this



How to stay involved and what to expect

- **Proposals ‘put’ to PSNC (and LPCs) ahead of a contractor vote:**
Expect this being scheduled at committee early next year with sufficient time for input and discussion, prior to proposals being put to contractors
- **Regional reps engagement on local geography and NHS landscape:**
in the coming weeks
- **Engagement events for the wider sector:** in January 2022
- **Visit our website:** The RSG website www.pharmacy-review.org has a wealth of information about the work of the RSG
- **Share your feedback:** This is an open consultative process, so please continue to send us your further feedback via RSG members after the session

Questions & Answers

With PSNC members on RSG:

- David Broome
- Mark Burdon
- Peter Cattee
- Sam Fisher
- Tricia Kennerley
- Adrian Price
- Stephen Thomas

Discussion and breakout

1. How can we best engage with contractors especially in the run up to proposals being put?
2. Do you agree with mapping local structures to the developing NHS landscape?
3. Do you think there should be a shared governance framework, across local and national organisations?
4. What are your views on the future board and council of Community Pharmacy England? E.g.
 1. How do we achieve a vibrant, diverse and constructive council?
 2. What are your views on term limits?
 3. How should the board and council work together and how might this work when applied to negotiation?