



**Devon Local Pharmaceutical Committee**

**Annual Report 2017**

**Incorporating Annual Accounts**

**April 2016 - March 2017**



## **LPC Vision**

***“To move from community pharmacy in Devon to a community wellbeing centre”***

## **LPC Mission**

***“To inspire community pharmacy to become the easily accessible place in the community that people seek out for their wellbeing needs”***

## **LPC Objectives**

- To align our provision to provide patient centred care with a whole population health focus
- To upskill and reformat the multi-disciplinary pharmacy team to ensure it plays a full role in the new health system
- Seamless integrated services – with the wider health system with pharmacy at its heart
- To be seen as a “Valued” health care provider by the public, commissioners and partners.

## Chair's Report

I always am astonished that it seems so little time since I wrote the last annual report. Time does move fast but this year we can honestly say so much has happened. The environment has obviously got tougher not just for us, but from what I can see, for just about everyone working in health.

At the LPC we recognise the current pressures and have tried over the last year to ensure that we have provided our contractors and their teams with the information and support required to minimise the impact of the changes. 2016-17 has been dominated by the imposed funding cuts, along with the introduction of the Quality Payments Scheme. While we have tried to think of the most effective ways in which we can help our contractors secure the maximum revenue possible from the Quality Payments Scheme, we also recognise that circumstances are such that some of you will be looking for different approaches to improve your situation such as trying to expand your private revenues. If there is any support we can provide to assist you in this we will endeavour to do so; also if you have come up with innovative ideas that have worked we would like to hear about them to share good practice across the LPC footprint.

The current financial situation is clearly not great and I know some of you have been experiencing difficulty. There are lots of reasons not to drive change at the moment including the lack of clarity of what the future of primary care looks like; no long-term certainty over cash flows; limited or no capacity for change and sheer exhaustion from the constant workload and pressure.

The reality is, however, that due to similar pressures all around us, for the first time practices and other healthcare service providers are looking for ways to share the load. The LPC is becoming more involved in discussions with local and national health leaders and decision-makers which are enabling us to have open discussions on different ways of working with pharmacy even to the extent of sharing revenue.

The difficulty for the LPC is that these latter situations are very local and being able to capitalise on them is really largely about local relationships. We are working on team development, information sharing and contractual approaches that may help our contractors develop closer relationships and open up further opportunities in the local care system – if you are interested and have strong relationships with your local practices and would like to be involved in looking a new ways of working please get in touch with the Secretariat team.

We recognise as well we need to change at the LPC to ensure we adapt to the new environment that emerges over the next few years, it will clearly be very different. We want to ensure that we do not close off any opportunities for you to create sustainable business opportunities. As a consequence we will examine areas such as provider companies; joint working arrangements with neighbouring LPCs and linking to national bodies to ensure we can operate efficiently while still are able to be locally responsive.

I would like to end my report by thanking all of the LPC Committee Members for their hard work and support. The members are ably supported by the LPC Secretariat Team, and I would also like to make special thanks to Sue Taylor, Devon LPC's Chief Officer; Kathryn Jones, Office Manager; Mark Stone, Consultant Pharmacist; and Tom Kallis, Project Pharmacist.

**David Bearman**  
**Chair Devon LPC**

## Chief Officer's Report

Reflecting on 2016-17, it has been, without doubt, the most challenging year that community pharmacy has experienced since I started working for the Devon LPC in many moons ago.

The Christmas card letter received by the profession in December 2015 translated to a subsequent imposition of funding cuts to core funding in October 2016, along with a new contractual framework including a Quality Payments Scheme.

During discussions at LPC development sessions the committee decided that a more effective way of working would be to develop small working groups led by and owned by the members, along with reducing the size of committee from 15 members to 11. The reduction in size of committee took place over the summer, with the resignations of four members for various reasons; David Chapman, Simon Gardner, Michael Lennox, and Nerys Cadvan Jones. All four were long standing and valued members of the Committee; I would like to take this opportunity of thanking them for the massive contribution they made to the success of the LPC over the years. The committee also formed working groups for Governance, Strategic Development, Communications and Engagement, Learning and Development and Finance, to support and enable the work of the LPC Officers.

During the summer and autumn of 2016 the LPC Officers and Members were heavily involved in lobbying key stakeholders, arranged MP visits to pharmacies and supported the public petition against the proposed cuts. We were fortunate to be able to hold a meeting in Westminster with a number of local MPs, including Sarah Wollaston as Chair of the Health Select Committee, to raise their awareness of the Community Pharmacy Forward View as well as the funding issues. PSNC decided to pursue a Judicial Review of the government's process for imposing the funding cuts and the LPC did agree to contribute to the required funding through a hypothecated levy. The Judicial Review found that the consultation on the cuts was unfair, but not unlawful so not the hoped for outcome. PSNC has been granted room leave for an appeal but as yet we do not know if or when that may happen. In the meantime, we continue to arrange local MP visits and meetings with our contractors to ensure they are educated about the invaluable service that the network of community pharmacies provides to local communities.

The national Pharmacy Seasonal Flu Vaccination Service was commissioned again by NHS England for 2016-17 and through local training opportunities the LPC supported contractors to deliver just over 18,000 vaccinations during the season. The service has been commissioned again for 2017-18 and we are looking forward to seeing even higher uptake this year.

Our primary focus in the last quarter of the year was to do our best to support contractors and pharmacy teams in helping with understanding of the issues and the Quality Payments Scheme. We held a series of workshops that walked people through the requirements of each of the Quality Criterion, made pharmacy visits where requested and developed a range of resources that are all available on the LPC website.

In February 2017 we applied for and were fortunate to receive an educational grant from Health Education England South West which enabled us to devise a programme of training events for Healthy Living Pharmacy Leadership and Health Champions, as well as a series of events focusing on the Royal Society of Public Health accreditation requirements. We have been delighted with the uptake of these training

opportunities, and seeing the high number of Devon contractors now being listed on the Royal Society of Public Health register of HLPs.

Another priority for us was negotiating with our local commissioners for the continuation of the Pharmacy First Services which had been running for two years by November 2016. Over the 12 month period to the end of October 2016, pharmacy teams had seen a total of 18,211 patients, and potentially diverted at least 8,000 patients from contacting the out of hours service, and just over 6,000 patients from contacting their GP.

Because of the success of Pharmacy First, we were delighted that a positive decision was made by both NEW Devon CCG and South Devon & Torbay CCG to continue the Minor Ailments service from the 1<sup>st</sup> April 2017; NEW Devon CCG also commissioned the highly successful Emergency Repeat Medicines service to be made available at weekends and bank holiday periods. Disappointingly South Devon & Torbay decided not to commission the latter because of the potential availability of the NHS Urgent Medicines Supply Advanced Service (NUMSAS) which, at the time of writing this report, we are still waiting to go live in our area.

Despite several financial pressures and constraints being placed on the three local authorities that the LPC work with, the public health services continue to be commissioned across Devon. We are hopeful that the development of the Healthy Living Pharmacy network across the County will lead to more public health services being commissioned in the future as the Level 1 criteria puts community pharmacy in a better place to ensure the professions' contribution to the public health and wellbeing of local communities.

Finally, I would like to say thank you to all of our pharmacy contractors and their teams for the tremendous effort they have made in working towards the new Quality Criteria whilst still doing the day job, and also for the ongoing engagement and involvement in all that we do. Thank you!

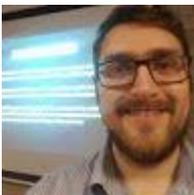
**Sue Taylor**  
**Chief Officer**

## Leadership and Coaching

Pharmacy cuts, Quality Payments, New Contract, NUMSAS, all have something in common. No, not that these words strike anger, fear or confusion to pharmacists and their teams up and down the country. It's CHANGE! Change is a regular occurrence throughout the health sector and almost a constant when it comes to pharmacy. I recently graduated from the PSNC leadership academy 2017, a two day course of debate, discussion and innovative thinking focusing on leadership and coaching. I came to learn that a great leader is not always the person who knows the most on a given topic or shouts the loudest in a group but, is the person in a group who is best able to handle change and help others understand the need for change and coach them through the process of change.

Change is a multi-layered process which includes the physical process that actually changes e.g. green prescriptions to EPS and the emotional change that each individual person experiences differently to another. Emotions during change can include; anxiety, happiness, fear/threat, acceptance and moving forward. Emotional intelligence is key attribute of a good leader and is essential when a leader is trying to implement change. Emotional intelligence is the capacity for recognising our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and our relationships.

The leadership academy gave me the tools not only to help asses, understand and coach others through the process of change but realise the importance of my own emotions towards change. An emotionally intelligent leader must be; Self-aware, motivated and perceive others accurately, emotionally literate, recognise underlying emotions, able to look at psychological processes as well as task, flexible and willing to let go of out of date vision and plans, resilient when the going gets tough and above all, in my opinion, have excellent social skills and sense of community spirit. A simple quote that struck a chord with me during the leadership academy helped define how a great leader is judged by the outcomes they inspire.



### The success of any communication you make is judged by the response you create.

A leader can drive themselves and their team as hard as they wish and know everything there is to know about the physical change to be implemented, but if they can not inspire their team and emotionally coach them through the process of change then they are likely to fail. Feelings of denial, disillusionment, depression and hostility are common towards the process and its leader if during 'the change' the leader is unable to communicate effectively to their team.

The GPhC has embraced the need for strong leadership through the pharmacy profession by including leader and effective communication into its new standards for pharmacy professionals. The new contract, through the quality payments, has also called for an increase in effective leadership throughout community pharmacy. I believe courses such as the PSNC leadership academy and CPPE Leadership for Healthy Living Pharmacy are core to our development as a profession. We as an LPC must lead, coach and develop our contractors into the new world of pharmacy in order to show our worth as a profession, to other health professionals and to the many communities who rely on our skilled pharmacy teams.

**Alexander James, Devon LPC & Superdrug Pharmacist**

## Becoming a member of Devon LPC

Two years ago I was elected as a member of Devon LPC as an Independent Contractor.

At the time I felt our Profession in Community Pharmacy(CP) was in the midst of rapid change influenced by enhanced IT within the NHS, government policy, cutbacks in the NHS and skill mix shortages.

As a Pharmacist working to serve my patients and support my colleagues the day to day demands did not afford me the luxury of time to explore all the influences, understand them and work through them positively let alone meet up with other CP's.

Being elected to the LPC has given me the opportunity to debate the challenges with fellow members representative of all Pharmacy contractors in Devon and help formulate solutions relevant for all.

The Devon LPC team networks with numerous partners influencing our profession including:

- Pharmaceutical Services Negotiating Committee (PSNC)
- NHS England
- Clinical Commissioning Group's
- Local Medical Committee
- Medicine Optimisation Teams
- Local Authorities (Devon, Torbay and Plymouth Councils)
- Royal Pharmaceutical Society of Great Britain (RPSGB)
- Centre of Pharmacy Postgraduate Education (CPPE).
- Local Pharmaceutical Committees

I now have a greater understanding the driving forces behind the changes, how we can work through the changes together whilst still continuing to make a difference to the patients we support.

I feel privileged to have been part of the Survive and Thrive Programme which facilitated workshops and developed resources to ensure success with the Quality Payments.

Being a member has helped me to embrace the changes for the future of my profession within a community framework of support and friendship.

- ***Think about becoming a member.***
- ***The elections aren't too far away.***
- ***Have your voice heard.***
- ***Join others as passionate about your profession as you.***
- ***Make a difference.***

**Sian Retallick**

**Devon LPC committee member**

## Summary of LPC events 2016-17

*Table 1: Workshops*

Annual Contractors meeting	28 November 2016	Deer Park, Kennford, Exeter
Understanding the Pharmacy Funding Cuts	6 December 2016	Exeter
DH Community Pharmacy Reforms	3 May 2016 4 May 2016	Plymouth Exeter
Survive – Be Ready For the New Pharmacy Contract	18 January 2017 24 January 2017 1 February 2017 2 February 2017	Torquay Plymouth Exeter Barnstaple
Mental Health First Aid Lite Training (provided by (Northern Devon Healthcare Trust)	18 April 2016 21 April 2016 3 May 2016 5 May 2016 9 May 2016 10 May 2016 16 May 2016 17 May 2016 24 May 2016 25 May 2016	Exeter Plymouth Exeter Plymouth Plymouth Barnstaple Exeter Torquay Plymouth Torquay
Mental Wellbeing Services event	6 July 2016 12 July 2016	Plymouth Barnstaple
Pharmacy Update training	13 June 2016 14 June 2016 27 June 2016	Kingsteignton Barnstaple Exeter
Healthy Living Pharmacy event	13 July 2016	Plymouth
Seasonal Flu Vaccination Service	31 August 2016 6 September 2016	Plymouth Exeter
Basic Life Support for Seasonal Flu Vaccination Service	23 August 2016 1 September 2016	Plymouth Exeter
Summary Care Records in Community Pharmacy	18 May 2016	Barnstaple
Transfer of Care – Medicines Support Service (Northern Devon Healthcare Trust)	23 March 2017	Barnstaple

**1401 attendees at our workshops**

## Control of Entry

The LPC examined a total of three applications for a new pharmacy or for relocations during the year. The consideration of applications is very onerous on the LPC and takes a lot of time and commitment to ensure that every application receives a fair consideration by the committee and that these considerations are provided to the NHS England in a timely fashion.

**Table 2: Pharmacy contractual applications considered by the committee during 2016-17**

Type of application	Total number of applications	Total number granted	Appeals	Oral Hearing	Adjacent to Or within surgery	Opened by 31/03/17
Distance Selling	1	0	0	0	0	0
No significant relocation	8	6	2	0	3	0
Application offering unforeseen benefits	2	0	2	1	0	0
Application offering to meet an identified future need	2	0	2	2	0	0
<b>Totals</b>	<b>13</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>

## Monitoring the Uptake of Medicine Use Reviews

**Table 3: LPC Area MUR Statistics Breakdown 2016-17**

PCT	MUR Value per annum	Possible total no. of MURs per annum	No. MURs undertaken	% of available MUR per annum (pro rata)	No. pharmacies claiming	Av. No. MURs per pharmacy	% of available budget	No. of pharmacies	% of pharmacies undertaking MURs
Devon	£1646400	58800	46542	79%	145	321	79%	147	98.5%
Plymouth	£582400	20800	15425	75%	50	315	74.25%	52	96%
Torbay	£436800	15600	11948	77%	39	306	76.75%	39	100%
<b>Totals</b>	<b>£2665600</b>	<b>95200</b>	<b>73915</b>	<b>78%</b>	<b>233</b>	<b>317</b>	<b>77.75%</b>	<b>238</b>	<b>98%</b>

## Members Attendance at LPC meetings

Members of the committee (*listed in Table 4*) are required to attend the LPC meetings regularly as well as provide input and attend meetings on behalf of the LPC and local contractor and other roles.

**Table 4. Members of Committee during 2016-17**

<b>Committee Member</b>	<b>Area Represented</b>	<b>Elected or appointed</b>
David Bearman	Plymouth	CCA Appointment
Chris Babbs	Torbay	AIMp Appointment
Nerys Cadvan-Jones (resigned April 16)	North Devon	CCA Appointment
David Chapman (resigned June 16)	Plymouth	CCA Appointment
David Fulton	Teignbridge	Elected Independent
Simon Gardner (resigned September 16)	Torbay	CCA Appointment
Ali Hayes	East Devon	Elected Independent
Andrew Howitt	Exeter/Mid Devon	CCA Appointment
Alex James	Plymouth	CCA Appointment
Tom Kallis (Appointed Vice Chair 11/16)	Plymouth	CCA Appointment
Michael Lennox (resigned April 16)	South Hams	CCA Appointment
Fraser Perman	Plymouth	CCA Appointment
Sian Retallick	Plymouth/Torbay	Elected Independent
Adrian Tebby	Teignbridge	CCA Appointment
John Varnish	Plymouth	CCA Appointment

**Table 5. Devon LPC Meeting Attendance 2016-17**

<b>Committee Member</b>	<b>Elected or appointed</b>	<b>Attendance/ Possible</b>
David Bearman	CCA Appointment	8/9
Chris Babbs	AIMp Appointment	7/9
David Fulton	Elected Independent	6/9
Ali Hayes	Elected Independent	5/9
Andrew Howitt	CCA Appointment	5/9
Alex James	CCA Appointment	8/9
Tom Kallis	CCA Appointment	9/9
Fraser Perman	CCA Appointment	4/9
Sian Retallick	Elected Independent	9/9
Adrian Tebby	CCA Appointment	8/9
John Varnish	CCA Appointment	5/9

## Treasurer's Report – Adrian Tebby

***Members of the committee are required to attend the LPC meetings regularly as well as attend meetings on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC consider that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust Accountability and Governance Framework that is regularly monitored.***

The Devon LPC is funded entirely by contractor levy. In respect of income, the contractor levy for Devon has again remained unchanged at 15p per £100 (0.15%) of net ingredient cost and this sum is collected monthly from all contractors and remitted to the LPC by the Prescription Pricing Authority.

The income received by the LPC for 2016-17 showed an increase of 2.85% a decrease on the previous year, whilst the levy paid by the LPC to the PSNC, increased by 35% for 2016-17. This was due to PSNC imposing a hypothecated levy on each LPC to cover the costs of the judicial review. In the case of Devon LPC this amounted to £25,657.00.

Some additional monies are received unconditionally from the pharmaceutical industry when working in partnership with the LPC, in particular, to support training and educational events for pharmacists and pharmacy staff, LPC meetings and our Annual General meeting (AGM). In total, for the year ended March 2017 the LPC received £4,242.50 in respect of educational grants. In addition, administration is undertaken for Cornwall LPC and is reimbursed on a monthly basis. Since February 2013 the Local Optical Committee Business Manager has been based in the Secretariat office, providing further income on a monthly basis.

For the year ending 2016-17, the LPC had a surplus of income over expenditure for the year of £9,030.09. The LPC decision to reduce the number of members on the Committee to 11 has resulted in a significant reduction in the LPC Member Expenditure for the year. The bank balance at the year-end was £135,830.20

My thanks go to the Officers and committee members for their ongoing support and governance of the finances of the LPC. I am always happy to answer any financial queries from contractors at any time and a full set of accounts can be viewed on request.

**Adrian Tebby**  
**LPC Treasurer**

## DEVON LOCAL PHARMACEUTICAL COMMITTEE

### THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

#### KEY INFORMATION

Chairman:	Mr David Bearman
Vice Chair	Mr Tom Kallis (appointed November 2016) Mr Simon Gardner (resigned September 2016)
Treasurer:	Mr Adrian Tebby
Chief Officer:	Mrs Sue Taylor
Accountants:	Easterbrook Eaton Ltd Chartered Accountants Old Fore Street Sidmouth Devon EX10 8LS
Bankers:	LloydsTSB 309 Market Place Reading Berkshire

DEVON LOCAL PHARMACEUTICAL COMMITTEE

MAIN INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2017

<u>Income</u>	Year Ended 31 March 2017	Year Ended 31 March 2016
PPA Levies	290,418.85	299,956.15
Bank Interest	1,748.42	2,892.88
Sponsorship	4,242.50	3,500.00
Secretariat Business Costs Reimbursed	13,302.29	16,520.37
Local Optical Committee	5,386.66	5,560.15
Cornwall LPC	4,848.00	5,011.80
PharmOutcomes	3,666.67	3,120.98
<b>Total Income</b>	<b><u>323,613.39</u></b>	<b><u>336,562.33</u></b>
<u>Expenditure</u>		
<b>LPC Members Expenditure</b>		
Locum & Travel Expenses	9,702.50	11,380.51
LPC Daytime Meeting expenses	6,441.50	10,616.42
LPC Meeting Expenses	1,973.89	11,126.90
Contractor Support - Events	2,166.67	16,391.71
Forum Costs and Sub-Committees	0.00	0.00
	<b><u>20,284.56</u></b>	<b><u>49,515.54</u></b>
<b>PSNC</b>		
Levy	98,895.00	73,238.00
Conference Costs	624.50	887.55
PSNC workshops	1,185.00	190.00
	<b><u>100,704.50</u></b>	<b><u>74,315.55</u></b>
<b>Secretariat Expenses</b>		
Staff Costs		
Employer contribution to employee pensions	24,924.60	20,965.80
Staff National Insurance Contributions	8,296.25	9,907.45
Staff Salaries	103,538.19	109,638.64
Professional Support	17,947.25	30,301.65
	<b><u>154,707.29</u></b>	<b><u>170,813.54</u></b>
<b>Office Expenses</b>		
Rent	17,146.80	17,146.80
Telephone, Internet & Broadband	1,616.89	2,183.12
Photocopier Charges	1,851.45	2,636.44
Postage	2,405.15	5,241.36
Stationery	910.59	1,388.37
Computer Hardware and software	2,253.15	1,272.59
IT Support	2,909.40	3,168.00
LPC Office Equipment & maintenance	142.37	4,509.26
	<b><u>28,235.80</u></b>	<b><u>37,545.93</u></b>
<b>Other Expenditure</b>		
Accountancy	1,179.00	1,179.00
Bank Charges	448.00	76.00
Subscriptions	427.80	503.80
Insurance	730.58	892.38
Corporation Tax on Gross Interest	581.51	415.00
Secretariat Business Costs	6,249.26	7,921.99
Staff Training	35.00	0.00
	<b><u>9,651.15</u></b>	<b><u>10,988.17</u></b>
	<b><u>294,298.74</u></b>	<b><u>293,663.19</u></b>
<b>Total Expenditure</b>	<b><u>314,583.30</u></b>	<b><u>343,178.73</u></b>
Net Surplus of Income over Expenditure for the year	<b><u>9,030.09</u></b>	<b><u>(6,616.40)</u></b>

**DEVON LOCAL PHARMACEUTICAL COMMITTEE**

**MAIN BALANCE SHEET AS AT 31 MARCH 2017**

	<u>31.03.17</u>	<u>31.03.16</u>
<b>Assets</b>		
Lloyds's Bank Account		
LPC Current 4102069	135,830.20	126,800.11
<b>Total Current Assets</b>	<u>135,830.20</u>	<u>126,800.11</u>
<b>NET CURRENT ASSETS</b>	<b>£135,830.20</b>	<b>£126,800.11</b>
 <b>Represented By</b>		
<b>Devon LPC Accumulated Funds</b>		
Bought Forward	126,800.11	133,416.51
Surplus for the Year	9,030.09	(6,626.40)
<b>Total Devon LPC Funds</b>	<u>135,830.20</u>	<u>126,800.11</u>
<b>Total Accumulated Fund carried forward</b>	<b><u>£135,830.20</u></b>	<b><u>£126,800.11</u></b>