



ANNUAL REPORT 2022-2023

Chairman:	Mr James Moir
Chief Executive Officer:	Dr Lisa Manning
Vice Chair:	Mr Martin Stratton
(Interim) Treasurer:	Mr James Moir

The Aim of the Committee is to represent all Sefton Contractors with the various stakeholders, developing multi-organisational working and promoting the community pharmacy profession. It is accountable to those contractors for the work that it does on their behalf and for the effective and economical use of LPC funds.

CHAIRMAN'S REPORT

I am both delighted and honoured to address you as the re-elected Chair of our newly rebranded Community Pharmacy Sefton (CPS). Today, I am excited to share not only our accomplishments over the past year but also our forward-looking vision.

The transition from the Local Pharmacy Committee (LPC) to Community Pharmacy Sefton signifies our commitment to becoming more than just a committee; we aspire to be the cornerstone of quality healthcare and pharmacy services within our community. Our mission is two-fold: to ensure the highest standards of pharmaceutical care and to promote the health and well-being of the communities we serve.

In the ever-evolving landscape of healthcare, we persistently transcend traditional roles and champion the well-being of our patients. Our unwavering commitment to educating our

community about medication and its effective management, combined with our expanding array of services, including an extended Minor Ailment Scheme, a PGD service for specific conditions, contraceptive advice, and supply, NRT (Nicotine Replacement Therapy), DMS (Discharge Medicines Service), and NMS (New Medicine Service), is instrumental in ensuring the health and vitality of our community. This progress wouldn't be possible without the dedicated efforts of Lisa and Sara, the foundation on which this committee is built.

As we reflect on our achievements, we must also acknowledge the exciting horizon-scanning potential within our profession. In the coming years, we anticipate the expansion of prescribing pharmacists' roles in our community. We welcome early pathfinders within the ICB footprint and wish them every success as they advance the profession forward. This development will empower us to offer a broader spectrum of services, further enhancing the care we provide to our community.

I'd also like to take this opportunity express my heartfelt gratitude to Laura, our outgoing Treasurer, for her invaluable contributions to our committee. Laura's dedication and financial stewardship have been instrumental in our success. We extend our best wishes for her future endeavours.

I also want to extend a warm welcome to Martin, our new Vice Chair, and Olga, our new Business Support Officer. With a wealth of experience and a profound passion for community health, we eagerly anticipate their contributions.

Lastly, as we gather today, we bid farewell to Joe, our departing Business Support Officer. We wish him every success and fulfilment in his future pursuits.

In conclusion, CPS's role extends far beyond medication dispensing; it is about enhancing the quality of life within our community. With our shared dedication and passion, I am confident that we will continue to be a beacon of healthcare excellence in our region.

James Moir
Chair, CPS

CHIEF EXECUTIVE OFFICER REPORT

Year 2022-23 has been focused on recovery of the healthcare system. Community pharmacy practice has seen a dramatic change over the last few years resulting in challenges and new ways of working, extra services but no new money available to accommodate these changes. The demands from our service users, commissioners, lack of workforce and procurement issues has increased.

Since our Pressures Survey earlier this year highlighted the extent of both the operational and financial impacts of medicines supply issues on pharmacy businesses, we have continued to hear from both pharmacy owners and others about the problems. We know that there is also considerable concern amongst patient groups about this issue.

We have seen first-hand the outcomes of these pressures by the loss of community pharmacies. Currently we have 69 contractors in Sefton, the least it has been in over a decade and rumours that more will have to make the financial decision to close.

Upshot is we at CPS absolutely understand what you are going through and will continue to support you no matter what.

I wish to acknowledge the hard work of all contractors and their teams to get their pharmacy(s) and professional practice to a steady state through the period. Although all community pharmacies are at capacity, they still manage to deliver services and keep their communities safe and well. One example is the Covid vaccination sites that have been continuing and our area has led the way nationally via community pharmacy vaccinating sites.

I also wish to acknowledge the hard work of my LPC Support Officers, helping all contractors execute their contractual obligations and supporting the delivery of services so that pharmacies can maximise their income.

The committee saw changes as our excellent long standing Chair Graeme Batten sadly stepped down as Chair in September 2022; Graeme has been Chair for over 20 years and his contribution and support for community pharmacy has been invaluable. The committee thanked the outgoing Chair both professionally and personally and James Moir was voted in as Chair going forward. Una Harding, our Vice Chair, stepped down as Vice but remains on the committee and Emma Scanlon became Vice Chair (now left). We still had a vacancy for treasurer. In March 2023 we made all the preparations for the 4 yearly cycle of elections for the LPC term of office to begin April 2023 as is within the LPC constitution which was scheduled having already been delayed a year due to the Review Steering Group (RSG). Our technology learnings over the pandemic have also allowed us to meet remotely with external guests if they were unable to attend in person, which has significantly broadened our outreach. We have welcomed:

- Stephen Riley, Northwest Regional Senior Pharmacy Integration Lead at NHS England & Improvement who explained the local regional structure and the links with the national team
- Ian Cubbin, Regional Representative for Community Pharmacy England (CPE) for the C&M region (outgoing)
- Dr Jonathan Griffiths, Associate Medical Director, Primary Care, NHS Cheshire & Merseyside talked about the Primary Care Strategic Framework

[Review Steering Group \(RSG\) Proposals](#)

The Review Steering Group (RSG) proposals (following the Wright Review) culminated in a contractor-wide vote in June 2022 which gave overwhelming support to the proposed changes. To execute these proposals the Transforming Pharmacy Representation (TAPR) programme was launched. This ultimately produced a TAPR toolkit and triggered all LPCs to consider their own local structure as well as that of PSNC. The TAPR main focus being to take forward all of the 21 RSG proposals for PSNC, and to work with LPCs on the joint proposals.

Locally, Cheshire and Merseyside regional LPCs worked on an options appraisal paper to prompt both individual and regional discussions and the regional statement agreed was: *The LPCs of Cheshire and Merseyside have all spent committee time considering the recommendations of the Review Steering Group following Professor David Wright's review of the status of Community Pharmacy representation in England. The LPCs work together well and meet frequently at this level already via the Mersey Association of Local Pharmaceutical Committees (MALPS) and so many of the recommendations were already met. An options appraisal document was drafted for all LPCs to consider; options ranged from a full-scale merger of LPCs to remaining as completely separate entities and the committees' responses mirrored the range of those options. It became clear working through this that there was not common agreement on a single path attractive to all committees. There was a clear ambition that closer working should be strengthened through the Regional Joint Working Group of executives, however this did not include merging committees at the present time, and so the present regional structure will continue.*

CPS is in a very strong position in regard to working with other local LPCs as we have a long-standing history of collaborative work across Cheshire & Merseyside.

CPS continues to link and share progress of the TAPR with contractors and will ensure that all decisions proposed will need the approval of the contractors.

PSNC has also as part of the RSG adopted the new branding and is now known as Community Pharmacy England (CPE) with a new committee in place. This is triggered by a desire to reposition CPE as being more impactful and authoritative with policy makers, the media, Ministers and others. The new name also better reflects the breadth of the work that it carries out – monitoring public policy and funding, supporting and advising contractors and LPCs on a wide range of issues, providing information and news for the sector, monitoring and influencing the Drug Tariff and reimbursement, and promoting policy solutions. CPS will continue to work closely with the CPE team and committee and offer whatever support and information it can to help it achieve the desired aims for contractor benefit.

From the RSG recommendations, CPS also agreed to adopt the model constitution – available on our website with the one amendment that the committee size can be less than the 10–12-member size proposed in the model constitution. Currently we have 9 members representing 69 contractors.

CPE has commissioned Nuffield Trust and The King’s Fund to develop a Vision for Community Pharmacy. This will be an extensive and collaborative piece of work and it will be used by CPE to develop a new strategy for the sector as well as support CPE’s negotiations with Government.

The Vision aims to:

- Set out ambitions for community pharmacy to demonstrate to Government and commissioners our vital and potentially growing role in primary care, and how it will deliver value for money and better patient outcomes.
- Enable the sector to unite behind shared goals and ambitions and start to consider how it will need to change to deliver its full potential; and
- Develop, as far as possible, with Government and the NHS, a shared agenda and the case for a sustainably funded sector.

Community Pharmacy Contractual Framework (CPCF) Developments

The CPCF arrangements for 2022/23 and 2023/24 were finally agreed in September 2022, five months into the year, with PSNC now CPE accepting a one-off £100m excess margin write-off to alleviate ongoing pressures. This was nowhere near sufficient however as the year later showed with several high-profile announcements made and the pharmacy market contracting as contractors were faced with incredibly difficult choices some could not sustain their pharmacies in the current climate with the insufficient funding available. At the time of writing, we are still in negotiations regarding the announcement in May 2023 of a promised a £645m investment in community pharmacies over the next two years to support a pharmacy common conditions service, along with the NHS Pharmacy Contraception and NHS Hypertension Case-Finding services.

Key points of the CPCF arrangement for 2022/23 and 2023/24 are:

- CPCF arrangements have been agreed for both 2022/23 and 2023/24 – the final two years of the five-year deal on the framework.
- Contractors will benefit from a relative uplift to the Drug Tariff as £100m in excess margin earned by the sector in previous years is written off.
- DHSC has also committed to reviewing the implementation of the Price Concessions system.
- The Transitional Payment is also protected, with up to £70m per year being allocated in recognition of the pressures on the sector.
- An independent economic review will take place in advance of the next CPCF negotiations – this will help us to press Government and the NHS to follow good practice in economic regulation and to make more evidence-based funding decisions.
- A Pharmacy Contraception Service will have a phased launch as an Advanced service, over 2022 and 2023, in line with the sector’s ambitions, but recognising the capacity pressures on pharmacies.
- Extensions to the Community Pharmacist Consultation Service (CPCS) and to the New Medicine Service (NMS) will be introduced, but we have insisted that all developments to these existing services be modest.
- Contractors can take part in Pharmacy Quality Schemes in both years, whose scope has been reduced to reflect the workload and capacity constraints, including the impact of the late start. The Year 5 scheme is already agreed and once the fine detail has been finalised, the requirements will be published to provide contractors with advance notice ahead of the start of Year 5.
- The service specifications for the Blood Pressure Check Service and Smoking Cessation Service will be amended to allow delivery by pharmacy technicians, helping pharmacies to make best use of their skill-mix.

NHS Landscape

Our main commissioner changed, with NHS Cheshire and Merseyside as an Integrated Care Board (ICB) taking over the delegation for the community pharmacy contractual framework. As part of the same move, CCGs were also abolished on 1 July 2022, so the report focuses on the work with the ICB place teams, the local authorities and the ICB overall.

Statutory ICSs, made up of an ICS NHS Body and an ICS Health and Care Partnership (together referred to as the ICS) came to be statute on 1st July 2022. This dual structure recognises that there are two forms of integration underpinned by legislation: the integration within the NHS to remove some of the cumbersome barriers to collaboration and to make working together across the NHS an organising principle; and the integration between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people. The ICB now exists, with the dissolution of the CCGs as predecessor organisations to the ICB. CPS continues to ensure we push for a community pharmacy voice on the emerging new landscape with the formation of ICS's and have nominated regional CEOs as a representative to sit on various emerging boards and provider forums.

As a lot of our colleagues from the local NHS E&I regional team transferred into the ICB, our relationship management was strong and consistent. We saw Pam Soo, our key contact in her previous role at NHS E&I appointed to the Clinical Lead for Community Pharmacy Integration post for the ICB. We recognise this appointment as hugely positive in driving community pharmacy commissioning and practice forwards.

We want and should be embedded and joined up to the NHS and the forming ICS/PLACE systems/areas, but we desperately need more funding and workforce issues to be resolved.

Achievements

This past year has focused on recovery with new national services being commissioned to help capacity throughout primary care. We have also seen contractual requirements that had been stepped down to reduce the burden on our workforce, reinstated.

As the future of pharmacy changes and will be no longer just about dispensing but will become more service led and increasingly, patients will see pharmacies as the first port of call for healthcare advice. I believe more pharmacies want to deliver services and increase delivery, but currently workforce issues and lack of funding are reducing capacity.

Community pharmacies can save the NHS money only if they have the right investment. To help gather evidence to support our negotiations we have utilised valuable information via the pharmacy pressures survey carried out towards the end of the year and we promoted this to contractors to engage further with the important data it collects to inform negotiations. Last year's Pharmacy Pressures Survey was widely supported, and we hope to have an even better response this year. The important data that it gathers informs national negotiations. Learnings from last year tell us that the average pharmacy completed 19 consultations per day, which means more than 1.2 million consultations a week or 65 million a year are being carried out by community pharmacy teams in England, with an impressive 83% of people who sought advice being able to be dealt with wholly within the pharmacy without onward referral. The complexity of those being seen also went up, with a 19% increase on the amount of time spent per consultation compared to the previous year

CPS has continued to work with and highlight issues to local MPs, and we will continue to press them to raise these issues to Government. A Sefton MP twice raised a debate in parliament regarding these issues with media coverage. The LPC continues to send communications to our MPs to gain support and help highlight how indispensable our pharmacies are and that adequate funding is essential. We also asked local councillors to attend since councils will be key members of the ICS as it develops so it is important, they are well apprised of our situation. We encouraged contractors to engage with their MPs to also highlight the issues faced by community pharmacies.

We have had great support with a signed letter to the Health Secretary around a pharmacy manifesto detailing:

1. Short-term funding to stabilise the community pharmacy sector and enable pharmacies to keep their doors open.
2. A commitment to working with the sector to create a fair and fit for purpose future funding model that ensures sustainability and properly funds pharmacies for what they do. This must enable us to build positively the contributions that pharmacies can make.
3. A fairly funded Pharmacy First service. With adequate funding, we believe this could alleviate wider pressures in the primary care system.

Secondly, we had a Sefton MP host a Parliamentary drop-in event in July to brief MPs and Peers about the ongoing medicines supply chain issues that are negatively affecting pharmacies and their patients across the country. The event was used to:

- Explain some of the reasons for the problems.
- Set out how pharmacies are already doing much work to help to alleviate the issues.
- Explain the impact the problems are having on pharmacies both operationally and financially.
- Once again highlight the wider pressures on community pharmacy and the need for further investment and support; and
- Build support for potential solutions as to how we can help to further improve the situation for pharmacies and their patients.

Due to Covid-19, we have all seen rapid changes to our health care profession and dissemination of important information and we believe that CPS has ensured that all contractors are briefed weekly and has access to important information creating resources to locate all the information in one place on weekly updates. We have received excellent positive feedback on these briefing from contractors.

CPS continued to develop relationships with local Commissioners and maintains, a particularly good working relationship with other LPCs meeting weekly to work collaboratively on projects eg GP CPCS, Hypertension case finding service. We have worked together to deliver training webinars to help contractors deliver new national services eg Hypertension case finding service, smoking cessation service.

With the PQS funding structure we have continued to support contractors to maximise their income and helped support those to meet the criteria to claim payments.

We continue to have regular contact with Dr Ian Cubbin PSNC regional representative (outgoing) for Merseyside and other local LPCs via the Mersey Association of Local Pharmaceutical Committees (MALPS). We also work jointly across the region on various projects eg CPCS, DMS, public health campaigns and meet regularly once a month to establish a workplan, share resources and joint working as part of the regional joint working group. This working collaborative with other LPCs has been invaluable as we have shared learning and had services commissioned across the whole region improving access for patients. Although we represent the local area and will continue to do so, it has been invaluable working jointly with other LPCs.

We have also continued to engage with the Local Medical Committee (LMC) on various issues and meet monthly with the medicines management team for both the Sefton CCGs (Now Sefton Place), the PCN committees and the Pharmacy Local Professional Network (PLPN).

CPS continues to link with our local PCNs and is in regular contact with PCN managers and clinical directors to explore collaborative working. We have also supported all our PCN Leads by facilitating training, meetings, and communication channels.

CPS has worked with NHSEI and the local authority on the Pharmacy Needs Assessment (PNA), a legislative document that is required to be completed every three years to ensure adequate pharmaceutical provision. The PNA was successful published.

CPS has continued links with Healthwatch, CVS and other local carer groups to promote pharmacy services.

CPS has also provided various training events for all contractors to help support new services and provide clinical training e.g., DMS, GP CPCS, Dermatology, Dry Eye training, osteoporosis, etc.

CPS has also ensured that free eLearning training via VirtualOutcomes has been funded via NHSE&I for all pharmacy team members throughout Sefton and the region.

CPS has facilitated communication via WhatsApp groups that has seen contractors working together to procure stock and ask questions. We have extended this to working with the MMT Hubs to help locate stock and therefore help to signpost patients.

CPS continues to review all contract applications concerning pharmacy services and responds on your behalf. We also respond to all NHSE&I, DHSC and CCG/Place Consultations, PSNC surveys and the like.

CPS has represented and supported various contractors regarding performance issues at various contractual meetings and continues to do so.

[Essential/Advanced /Enhanced Services](#)

CPS has been able to maintain all previously commissioned services and secure all current services until April 2024. We have seen an increase in the number of contractors providing the Sefton Minor Ailment Scheme (Care at the Chemist) and the UTI PGD. This has been very successful, and we are pushing for further PGDs to be commissioned.

A major success during the year was the delivery of the national Flu Vaccination service in Community Pharmacies. Over 35K flu vaccinations were completed in Sefton the highest ever recorded and we also had commissioned a Sefton council staff Flu vaccination service

delivered from a number of community pharmacies with over 500 vaccinations and excellent feedback from Sefton Council on the service.

Smoking Cessation services gained pace with lots of support from the LPC and we have ensured extra training has been delivered. We have been successful in negotiating an increase in payment for NRT supply for both level 1 and 2 services.

We have ensured OST services have continued and are still in negotiations regarding the contract and payments with the commissioner Change Grow Live (CGL), we continue to focus on further extensions to the service. We have also supported training for contractors regarding this service.

CPS has taken part in a successful Oral Contraceptive Management service (OCSM) pilot across the Southport & Formby PCN. We have been one of the most successful PCNs regarding delivery nationally and we have helped support contracts migrate across to the nationally commissioned Pharmacy Contraceptive Service, which has replaced Tier 1 of the Pilot.

Currently we have 69% of Sefton pharmacies sign up to the advanced Hypertension case finding service and have supported GP referrals with communications to GP practices, we also plan to offer training to contractor teams and an aide memoire regarding referrals for GP practice teams, to help increase referrals into community pharmacies.

GP CPCS has been a real success story with over 5K referrals and a high completion rate (over 70%). We only have only two GP practices that are not sending referrals and we continue to engage and offer support. We have continued to supply training with GP practices via online drop-in sessions and face to face training and with online training for pharmacy staff members. We continue to promote the service to GP practices via the LMC and PCN committee meetings.

Across Sefton we have twelve COVID LVS who have provided thousands of vaccinations to the population of Sefton, some continuing throughout the vaccination programme. We continue to support contractors who wish to deliver.

EHC commissioners have undertaken a review and discussed decommissioning, we are helping with communication and pressing the Sefton Sexual health (commissioners) for extra training to help maximise delivery. Currently we have seen no community pharmacies being decommissioned.

DMS referrals are increasing, and CPS has been supporting contractors in ensuring provision of the service via drop-in training sessions for pharmacy staff and ongoing support as 'critical friend' to ensure compliance with the service specification.

We have also been working with the MMT on a new pilot service - Medicines Adherence Assessment Service. Although this is a very small pilot out of one GP practice, we hope the findings will be beneficial regarding the ongoing MDS issues. This service is for new MDS patients to undertake an Equality Act assessment and if required a clinical intervention (An amalgamation of a Not Dispensed and MDS assessment service).

CPS has also been successful in providing access to vaccination training and has negotiated a discount for contractors.

Work in Progress

CPS has engaged with Sefton Public Health and with the new Sefton Place director on various proposals such as a commissioned Falls prevention service, Dementia screening service, weight management service, Vit D supply service, and Healthchecks service and continues to discuss various projects.

We are exploring a Sefton council staff influenza vaccination service again for 23/24.

CPS are working regionally with C&M ICB to commission local PGDs for minor ailments and to ensure the MAS is harmonised across C&M. Other projects being explored are regarding MDS and expanding CPCS to UECs

CPS has been in discussions with Sefton Sexual Health (SSH) regarding a commissioned chlamydia service.

CPS has produced a magazine for pharmacy teams and will continue to explore another edition. For a Sefton wide distribution.

Finance

Throughout the year the Treasurer has been reviewing expenditure and budgets on a regular basis. This work has ensured that the committee finances have finished the year in a position that will allow the committee to continue to robustly support contractors. Although our treasurer left in Oct 22, the committee ensured the accounts were being monitored.

Our accounts are all detailed on the CPS website

<https://sefton.communitypharmacy.org.uk/about-us-2/finance/finances/>

Constitution and Compliance

As in the previous year, there were no constitutional irregularities or problems, and the committee discharged all its duties on time and to specification. All CPS members are required to sign declarations adhering to a code of corporate governance, confidentiality, and conflict of interests.

The committee consists of 9 members and is in proportion to the different proportion of contractors ie CCA/Independent/AIMP.

We are also GDPR compliant and have helped contractors via support materials to also meet their GDPR responsibilities.

All members are reminded that, no matter their source of nomination or election, CPS members have to act and speak in the interests of all the contractors, and not just that of their nominating body. In the event of a member having a conflict of material or financial interest with regard to agenda items or minutes, they are required to make a formal declaration to that effect and either leave the room/meeting or take no part in the ensuing debates. All such declarations are formally minuted and recorded.

Meetings

The LPC meets monthly except for August and December, with alternate evening and daytime meetings. The majority of meetings have taken place virtually via Zoom for 22/23. Various commissioners eg NHSE&I, PH, PSNC are invited to attend certain meetings along with other stakeholders and relevant people when applicable. All contractors are welcome to attend any of the meetings as an observer but must inform the committee in advance. We hold an annual general meeting in September each year.

Please remember:

- To regularly visit your CPS website at www.psn.org.uk (go to LPC portal for Sefton LPC) <https://sefton.communitypharmacy.org.uk/>
- To inform us of any new email contacts that may benefit from receiving CPS updates.
- To contact myself, the Chair or any member of the committee to confidentially discuss any issue. We are here to represent you with our services and advice. Please contact lisa@sefton-lpc.org.uk, 07912043872

I would like to take this opportunity of thanking all CPS members for their commitment to our local contractors and for the support they have given both myself and the Chair during the year.

Finally, but not least I would personally like to mention the Sefton Community Pharmacies resilience and hard work in still providing an excellent service to our communities under extremely challenging times.

Committee Members and Employees

Dr Lisa Manning	CEO
Graeme Batten	Chair (outgoing)
James Moir	Member/AIMp/Chair (incoming)
Sara Davies	Engagement Officer
Joe Clarke	Business Support Officer
Laura Benyon	Member/AIMp/Treasurer (left October 2022)
Mehraan Sattar	Member/Independent
Tracy McDonough	Member/Independent
Martin Stratton	Member/Independent
Janine O'Brien	Member/CCA
Denise Hodge	Member/CCA
Emma Scanlan	Member/CCA/Vice Chair
Una Harding	Member/Independent
James Glover	Member/AIMp (replaced Laura Benyon)

Dr Lisa Manning

CEO CPS

LPC MEMBER AND LPC MEETING ATTENDANCE – 1 APRIL 2022 TO 31 MARCH 2023

Member	Representing	Address	Attendance	Percentage
James Moir	Independent Contractor	RB Healthcare 1 Frailey Close Ainsdale Southport PR8 3QB	8 of 9 Meetings	89%
Una Harding	Independent Contractor	Kelly's Pharmacy 30 Southport Road Formby L37 7EW	4 out of 9 meetings	44%
James Glover	Association of Independent Multiple	Day Lewis Pharmacy 3 The Crescent Thornton L23 4TA	4 out of 5 meetings	80%
Janine O'Brien	Company Chemists Association	Lloyds Pharmacy Sapphire Court Walsgrave Triangle Coventry CV2 2TX	7 out of 9 meetings	77%
Mehraan Sattar	Independent Contractor	Care Plus Chemist 34 Shakespeare Street Southport PR8 5AB	6 out of 9 meetings	66%
Martin Stratton	Independent Contractor	Bridge Road Chemist 54-56 Bridge Road Litherland L21 6PH	6 out of 9 meetings	66%
Tracy McDonough	Independent Contractor	Whitworths Support Office 2C Atkinsons Way Foxhills Industrial Estate Scunthorpe DL15 8QJ	7 out of 9 meetings	77%
Emma Scanlan	Company Chemists Association	Rowlands Pharmacy 44 Ridgeway Drive Liverpool L31 0DG	8 of 9 Meetings	89%
Denise Hodge	Company Chemists Association	Boots The Chemist 31-39 Chapel Street Southport PR8 1AH	6 out of 9 meetings	66%