



# Gateshead & South Tyneside Local Pharmaceutical Committee

*Passionate*  
about pharmacy



## STRATEGY DOCUMENT 2008 - 2013

*Passionate people. Passionate places.*

north east  
england

Chairman Dave Carter • Secretary Louise Lydon • Tel: 0191 - 489 8053 • [www.gandstlpc.net](http://www.gandstlpc.net)



## Foreword

*On behalf of Gateshead and South Tyneside Local Pharmaceutical Committee (LPC) it gives me great pleasure to introduce our new Strategy Document.*

*Over the last two years a number of key documents have been published highlighting new and innovative ways for Community Pharmacy to work with Primary Care Trusts (PCTs):*

- *Our Health, Our Care, Our Say*
- *Keeping People Out of Hospital*
- *Tackling Hospital Waiting: 18-week pathway*
- *The NHS Operating Framework 07/08*
- *The New Pharmacy Contract*
- *Choosing Health Through Pharmacy*

*And most recently, the government white paper: Pharmacy in England; Building on strengths – delivering the future*

*We have also seen significant changes in the infrastructure of the local NHS and although Community Pharmacy has largely been on the periphery of these changes, we have successfully adapted to new local and national standards of service provision as they have been introduced.*

*This local NHS infrastructure change gives us the opportunity to jointly explore how Community Pharmacy can help the PCTs and the Practice Based Commissioning groups (PBCs) to meet targets in both health and preventative care. Community Pharmacy, because of its widespread geographical locations, ease of access and trained healthcare teams, is ideally positioned to deliver new services to patients.*

*Our aim, above all, is to help the residents of Gateshead PCT and South Tyneside PCT receive the highest quality pharmaceutical services to ensure their health and well-being. This strategy document is designed to give patients, healthcare professionals and NHS managers an understanding of what the Gateshead & South Tyneside LPC will be doing over the next five years to bring this vision to fruition.*

*These are exciting times for Community Pharmacy and Gateshead & South Tyneside LPC looks forward to working in close partnership with the PCTs to work with PCTs to identify and create opportunities for Community Pharmacy to deliver against the full local and national health agenda.*

David Carter  
Chairman  
Gateshead & South Tyneside LPC





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## Vision statement

By 2012 Gateshead and South Tyneside Local Pharmaceutical Committee (LPC) will be a structured and efficient organisation with mutually beneficial alliances, capable members, specialist advisers and a record of achievement for all stakeholders, enabling the people of Gateshead and South Tyneside to receive the highest possible quality of pharmaceutical care from community pharmacy.

## Mission Statement

Over the next five years the Gateshead and South Tyneside Local Pharmaceutical Committee will increase its capability and capacity as an effective representative committee for community pharmacy and improve the range and quality of services commissioned from community pharmacy contractors by the NHS.

In order to achieve our vision we have developed a strategy for the Local Pharmaceutical Committee (LPC) and community pharmacy in Gateshead and South Tyneside for the next five years. The strategy was developed following a seminar with LPC members and then consulted on with our stakeholders: local community pharmacy contractors, local community pharmacists, the Primary Care Trusts (PCTs), the Patient & Public Initiative and other local healthcare professionals.

This strategy sets out the areas upon which the LPC will concentrate its' efforts and the objectives we intend to achieve, along the way.

## Contractor support

Providing support to community pharmacy contractors is essential to making sure that all pharmaceutical services offered are of the highest possible quality, a sentiment echoed in the recent White Paper.

This is more than the LPC providing assistance with contract monitoring visits and helping pharmacists to have appropriate documentation for Health & Safety, Control of Substances Hazardous to Health and Standard Operating Procedures. It is assisting contractors to be engaged with clinical governance and providing appropriate individual support as necessary.

The LPC will also work to encourage the Primary Care Trusts to minimise the amount of paperwork needed for monthly and quarterly returns.

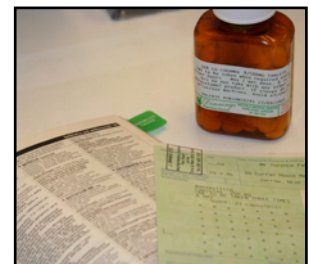


The work to develop an Electronic Prescription Service (EPS) and an integrated system for community pharmacists to access appropriate patient records and communicate with the rest of the NHS will be supported by the LPC. We will continue to engage with the Primary Care Trusts (PCT) locally and the Department of Health (DH) nationally to raise concerns and issues about the effectiveness of proposed systems and to encourage a speedier resolution for community pharmacy to have full access to relevant patient details.

The LPC will also work to offer training, where possible, to support contractors to develop their staff and will actively encourage contractors to maximise the use of medicine counter assistants, dispensing assistants, dispensing technicians and checking technicians wherever possible as promoted by the White Paper.

This will enable pharmacists to have more time to talk to patients and offer advanced and enhanced services to them, improving the quality of patients' health.

The LPC will also work with contractors to encourage uptake of the Medicines Use Review (MUR) advanced service by patients and to improve its acceptance by doctors. We will make use of the national communications programme being developed but we will also develop our own local programme.



Whilst we want to encourage training of pharmacy staff it is important to remember that we also need to maintain the high skills of our pharmacists and we will work to support clinical Continuing Professional Development (CPD) via local branch meetings and, Centre for Pharmacy Postgraduate Education (CPPE) meetings as well as encouraging pharmacists to undertake training leading to an Independent Prescriber qualification or Diploma in Medicines Management.

Equally the LPC wants to support community pharmacists and the staff working in community pharmacies to have a healthy work / life balance and will actively encourage contractors to follow positive work practices as standard.



## Development of Pharmaceutical Services

In order to ensure that patients have access to the highest possible quality of pharmaceutical care it is necessary to ensure that such care is available to those patients. Therefore the LPC will work with PCTs, PBCs and other external agencies to develop such services that are realistic, will benefit patients, meet local needs and help deliver PCT targets. Such services are invariably cost-effective and cost saving options for commissioners and the LPC will continue to promote this fact to all stakeholders.



The recent White Paper, 'Pharmacy in England; Building on strengths – delivering the future' acknowledges that there is a need to improve the commissioning of pharmacy services and will be introducing a new type of Directed Enhanced Service. The LPC will work to ensure that, whenever possible, these new services are commissioned by NHS South of Tyne and Wear.

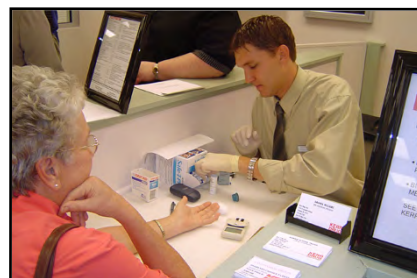
The LPC will actively support harmonisation of accreditation for all enhanced services across the Strategic Health Authority (SHA) and wider.



LPC will work on developing services building on currently successful services. e.g Stop Smoking and EHC

The services we will promote include but are not limited to:

- 1st Port of call services
    - Pharmacy triage
    - Emergency medicines supplies via Patient Group Direction (PGD)
    - Minor ailment medications via PGD
    - Extension and promotion of Minor Ailment Services
  - Flu vaccination clinics & travel vaccination clinics
  - Older person support services
    - Domiciliary medicine review visits for the elderly
    - Drug / dose alignment services
  - Management of repeat Rx
  - Medicine Use Review (MUR) services
    - Direction of patients to MUR services by other professionals
    - Extension of MUR service
    - Clinically based MURs
  - Care home support
  - LTC/ Pharmacist led LTC clinics
    - Chlamydia services
    - Asthma clinics
    - Weight management
    - Extended access smoking clinics
    - Hypertension clinics
    - Warfarin management
    - Methadone titration
    - Medication review / medicines management
- all of which are actively supported by the new White Paper.



## Financial issues

The LPC will also work to ensure that payment for these services is fair to the pharmacists and the NHS and will encourage the PCTs to pay contractors for these services within reasonable time limits.

The LPC will encourage members to acquire appropriate business management skills to assist in the preparation of strong evidence based, well constructed, business cases to maximise funds for community pharmacy input to patient care.

The LPC will also lobby PCTs, DH and PSNC to ensure that there is satisfactory financial recognition of pharmacists that is not just dependent on the Drug Tariff.



“...cost effective and cost saving options for commissioners”

## Raising awareness of community pharmacy

If we wish to provide the people of Gateshead and South Tyneside with the best possible pharmaceutical care, we need to let them know where we can be found, and what services we can offer.

Community pharmacists undertake a good deal of Public Health and Health Promotion work, therefore the LPC will work to ensure that community pharmacists receive good publicity for all the health promotion services they offer and will represent local community pharmacies on local publicity days e.g. the Older Persons Festival.



“Community pharmacies offer a wide range of services”

Community pharmacies offer a wide range of services and the LPC will work to make sure that patients and the public understand the benefits they could get from these services, as well as knowing when and where to access them.



Whenever relevant the LPC will encourage (and if appropriate arrange) that local and regional press and media be informed of community pharmacy activities. Wherever possible the LPC will promote interviews with practicing pharmacists to represent the profession.

The LPC will work towards developing a local advertising campaign to promote the high accessibility of community pharmacists and to increase use of community pharmacy for medicines management services.

We will also work with the new communications programme being developed by the Department of Health to raise the profile of community pharmacy and the services available from us.

As well as promoting community pharmacy to patients and the public we also need promote ourselves as valuable members of the primary care team to the PCT and other health care professionals.

We need to have a high enough professional profile and enough political and business skills to ensure appropriate services are commissioned.

To achieve this, the LPC will undertake to support community pharmacists to work with Practice Based Commissioning (PBC) groups and will actively engage with the Primary Care Trusts.

The LPC will also work to establish strong communications and collaborative working practices with all healthcare professionals working within primary care.



“84% of adults visit a pharmacy, 78% for health-related reasons, at least once a year. Three-quarters of people have visited in the last six months.”

Pharmacy in England; Building on strengths

## LPC organisation

The LPC is committed to maximising our effectiveness. To achieve this, the LPC will, where appropriate, use sub-groups of the main committee to undertake detailed work such as drafting response to consultations, developing business cases and negotiating on behalf of the LPC with the PCT. The out-put of these groups will be reviewed for effectiveness on a regular basis.



The main LPC meeting will be focussed and time limited. It will consider results and reports from the sub-groups; it will prioritise issues and review progress against the relevant milestones; it will consider future planning and strategic development, communications with members and ensuring we fulfil our statutory requirements. There will be free discussion during the meetings but having made a decision, members will be expected to follow a corporate response and re-visiting past firm committee decisions will be avoided where possible. We will also ensure that we acknowledge our successes and the achievements of community pharmacists.

We will ensure that individual member's responsibilities are formalised and will encourage LPC members to develop their 'Ideal LPC Member' skills and to utilise their current skills. LPC members will be expected to participate in sub-groups and regularly attend LPC meetings. Where possible the LPC will explore other means of participating in meetings, such as video-conferencing (e.g. V.O.I.P. for small meetings) and email groups for preparatory work. The LPC will also review when and where meetings are held to maximise attendance of members.

“...the LPC will encourage membership from a range of ages and experience...”

To assist in providing a balance to discussions, the LPC will encourage membership from a range of ages and experience, independent contractor status, Company Chemist Associations status or small company contractor status. The LPC will also encourage younger pharmacists to participate in the LPC to provide for succession planning and continuity of skills and will continue to invite observers or receive requests to observe LPC meetings.

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## Contact Details



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## Action Plan

Contractor support			
Objectives	Milestones	Timescale	Lead
To have a Contractor Support Pack (to include contact details for telephone help and visits)	Draft support pack	October 2008	LPC Support Officer (LPCso)
	Finalised pack sent to contractors	January 2009	
To develop an effective, implemented system of EPS rolled out to community pharmacies	LPC representative to attend ETP project board meetings	Ongoing	LPC rep
	LPC representative to report status and problems to LPC and PSNC	Ongoing	LPC rep
	Regular update to contractors	Ongoing	LPC Comms lead
To develop community pharmacy access to relevant electronic patient data via the NHS spine	LPC to respond to public consultations on extended pharmacy access to patient records	As appropriate	LPC chair / LPCso
	LPC to lobby national bodies and MPs on extended pharmacy access to patient records	December 2009 and then ongoing until achieved	
To develop training support for all community pharmacists and community pharmacy staff	Develop training needs assessment	June 2008	LPCso
	Develop resource pack for training opportunities	September 2008	LPCso
	Develop training programme for LPC influenced delivery	September 2008	LPCso
	Commission training delivery where appropriate	January 2009 onwards	LPC chair
	Run training courses	January 2009 onwards	LPCso

## Development of Pharmaceutical Services

Objectives	Milestones	Timescale	Lead
To achieve community pharmacy representation on all PBC group boards	Ensure all LPC members have copies of PBC guidance documents	February 2008	LPCso
	Nominate LPC liaisons for each PBC group	February 2008	LPC
	LPC to write to each PBC chair & PCT support with introductions	February 2008	LPC chair & Secretary
	LPC liaison to communicate regularly with chair and PCT support	March 2008 onwards	LPC members
	LPC to develop a support group for PBC liaison pharmacists	June 2008	LPCso
To develop a pharmaceutical services resource pack for service development	Prepare business cases and supporting evidence	1 <sup>st</sup> by March 2008	LPCso
	One per quarter thereafter as required	Quarterly	LPCso
	Update present PGDs	June 2008	LPCso
	Prepare PGDs to support services	As needed	LPCso
To work with the PCT to develop harmonisation of accreditation for community pharmacy services	Set up meetings to agree accreditation requirements with PCT	1 <sup>st</sup> by June 2008	LPCso
	Work with PCT to finalise accreditation requirements for each service	March 2009	LPCso
	Work with other PCTs to match accreditation requirements	March 2010	LPCso
	Work with PCTs to agree PCT acceptance of accreditation from other sources	March 2011	LPCso

Financial issues			
Objectives	Milestones	Timescale	Lead
To ensure that community pharmacists are paid a fair fee for their services rather than being dependent on the Drug Tariff	LPC to negotiate with PCT for annual uplift to be applied to fees	Completed by March 2008 & yearly thereafter	LPC Chair, Secretary & LPCso
	LPC to respond to public consultations on pharmacy funding	As required	LPCso
	LPC to lobby national bodies and MPs on service based funding rather than drug tariff based funding	December 2008 and then ongoing until achieved	LPCso

Political awareness			
Objectives	Milestones	Timescale	Lead
To achieve community pharmacy representation on all PBC group prescribing committees	Nominate LPC liaisons for each PBC group	March 2008	LPC
	LPC liaison to communicate regularly with chair and PCT support	March 2008 onwards	LPC members
	LPC to develop a support group for PBC liaison pharmacists	June 2008	LPCso
To ensure LPC members have excellent political skills, which they use to advocate community pharmacy to all stakeholders	Develop skill set for members	March 2008	LPCso
	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2008	LPC comms lead
	Run training or commission training for members if necessary	From June 2008 as required	LPCso
To ensure the LPC develops and maintains a high profile, both locally and nationally to affect and interpret pharmacy policy	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2009	LPC comms lead



## Raising awareness of community pharmacy

Objectives	Milestones	Timescale	Lead
To communicate effectively with community pharmacy contractors and their staff	Restructure Pink Bulletin for monthly updates	June 2008	LPC comms lead
	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2009	LPC comms lead
To raise awareness of community pharmacy amongst the public	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2009	LPC comms lead
To build strong relationships with all potential commissioning agencies and strengthen interprofessional relationships	Develop a LPC communications strategy	December 2008	LPC comms lead
	Nominate LPC liaisons for each PBC group	March 2008	LPC
	LPC liaison to communicate regularly with chair and PCT support	March 2008 onwards	LPC members
	LPC to develop a support group for PBC liaison pharmacists	June 2008	LPCso
	Ensure the LPC is aware of & engaged in the PCT commissioning plans & LDP priorities	September 2008	LPCso
To encourage community pharmacists to publish regular items / articles in professional journals	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2009	LPC comms lead

LPC organisation			
Objectives	Milestones	Timescale	Lead
Valuing & managing staff & members	Develop competencies for LPC members	March 2008	LPCso
	Self assessment against competencies	March 2008 and annual thereafter	LPC members
	Annual review for members and staff	March 2009 and annual thereafter	LPC chair
To develop a streamlined infrastructure to enable maximum output from members available time	Joint meeting with other local LPCs to develop joint working agreements	June 2008	LPC Chair
	Set out proposed committee structure	September 2008	LPCso
	Develop terms of reference for committees	December 2008	LPCso
	Assign LPC members to committees	September 2008	LPC
	Develop a LPC communications programme	December 2008	LPC comms lead
	Develop a LPC communications strategy	March 2009	LPC comms lead
Specialist services	Develop tender specifications via subcommittees	As required	LPC sub-comm lead
	Assess via subcommittees	As required	
Strategy & values	Review outcomes at LPC	Quarterly	LPC chair
	Review milestones at LPC	Quarterly	LPC chair
	Review strategy	Annually	LPC chair

## VISION FOR LPC

<p><b>Structure - will be and have:</b></p> <ul style="list-style-type: none"> <li>• Structured sub-groups with emphasis on recognition of the individual contribution;</li> <li>• Integrated working groups- coordinating internal &amp; strategic objectives;</li> <li>• Membership representing - CCA; Independents &amp; Independent Groups;</li> <li>• Effective PR Reps; effective negotiators;</li> <li>• Appropriate mix of age/experience groups.</li> </ul>	<p><b>Stakeholders - key relationships</b></p> <ul style="list-style-type: none"> <li>• Will be fully identified and developed;</li> <li>• Will be selectively engaged in joint planning;</li> <li>• Will be partnered in selected projects;</li> <li>• Will be joint promoters in certain pharmacy projects e.g. in profitable extended roles;</li> <li>• Will have <b>strong</b>, complementary aspirations in role development, in the health care market.</li> </ul>
<p><b>Suppliers of Specialist Services</b></p> <ul style="list-style-type: none"> <li>• Will be selected by competitive presentations;</li> <li>• Will be of established repute;</li> <li>• Will be good value for money</li> </ul>	<p><b>Strategy - Corporate</b></p> <ul style="list-style-type: none"> <li>• Will be formally developed through specialist, established project groups;</li> <li>• Will be formally developed through structured address of environmental and competitive market place;</li> </ul>
<p><b>Strategic Alliances</b></p> <ul style="list-style-type: none"> <li>• Will be formally in place to deliver LPC effectiveness; &amp; strengthen inter-professional collaboration;</li> <li>• Will deliver increasing strength to pharmacy proposals;</li> <li>• Will contribute toward intellectual appreciation of other Health care professionals perspectives;</li> <li>• Will support increased pharmacy stake in Primary care</li> </ul>	<p><b>Staff &amp; Members</b></p> <ul style="list-style-type: none"> <li>• Will be highly valued and reflect corporate culture;</li> <li>• Will be high quality, committee-committed and developed through formal training programmes, matching strategic intent;</li> <li>• Will be elected knowing the high role spec. for members;</li> <li>• Will operate within modern HR policy, formed in consultation with specialists; will be subject to a formal appraisal process;</li> <li>• Will be our major strength and competitive advantage.</li> </ul>
<p><b>Systems, policies &amp; Procedures</b></p> <ul style="list-style-type: none"> <li>• Will be polished; release committee time for creative work; devolve responsibility to respective sub-groups;</li> <li>• Will support corporate decision making; avoid conflicting messages and promote consistent communications</li> </ul>	<p><b>Shared values</b></p> <ul style="list-style-type: none"> <li>• The core assumptions, beliefs, visible symbols of recognition, group norms of behaviour, aspirations and commitment to the LPC, will all be highly positively developed.</li> <li>• Will create a strong team ethic, of mutual support and respect for all Members, in driving toward the LPC goals of ongoing successful achievement.</li> </ul>