





# **Annual Report**

2023 - 2024

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**CPNEN 2024 Financial Statements are published within a separate financial statements document.** 

### **Local Pharmaceutical Committee (CPNEN LPC)**

# **Officers**

Chair: Kim Whitehouse

Vice Chair: Chris Dodds

Treasurer: Simon Clark

**Chief Officer:** Geraint Morris

**Head of Services** 

and Support: Ann Gunning

PCN Lead support: Carolyn Jackson

**Services Coach Lead:** Dee Talbot.

The Committee shall be the North of Tyne Local Pharmaceutical Committee" (as required by the NHS Act 2006) and known as 'Community Pharmacy North East - North'



#### **Welcome & Overview**

#### **Kim Whitehouse**

#### Chair

#### Chair Report 2023-24

The past year has presented some of the most difficult and challenging times for Community Pharmacy North East North (CPNEN) contractors.

The continuing funding pressures have sadly resulted in unavoidable closures in the region that have been acutely felt not only by affected contractors and pharmacy teams, but by the communities they serve. Yet these changes have in some instances brought about new opportunities, with gaps being filled by new contractors whom we welcome to CPNEN.

Throughout these most difficult times CPNEN has worked hard to support everyone navigate these challenges. We have ensured that contractors' concerns have been voiced not only to CPE and ICB but also by contacting MPs throughout the year. We also welcomed members of parliament into our pharmacies to see first-hand how important our pharmacies are to support the health of the local community.

With the launch of Pharmacy First this year we are reminded of the importance of service delivery to provide the best care for patients and to secure additional funding. CPNEN responded quickly to support contractors with training and provision of otoscopes to help them quickly get out of the blocks and meet public expectation with Pharmacy First. Whilst recognising the impact of GP referrals, our service coaches have been working relentlessly to engage both GP practices and pharmacies with training and support conversations to encourage more online referrals. Relationships with external stakeholders are also strengthened by our team of PCN leads and 18 out of 18 of these positions are filled. CPNEN has also been consistently lobbying CPE and the local ICB about the current challenges of the service.

2023-2024 has also been a year of change for the committee. New members were welcomed resulting in a new Chair, myself and treasurer, Simon Clark. We are striving to continue to build relations and improve communication with contractors, as such CPNEN has a new look website: <a href="https://cpnen.org.uk/">https://cpnen.org.uk/</a> where contractors can find all the latest news about community pharmacy in North of Tyne and dedicated pages to support with finding the resources they need. We now also share news and information via LinkedIn so it's ever easier for contractors to stay in touch. As always, the LPC bulletin continues to be circulated.

I would like to thank Geraint Morris (Chief Officer), Ann Gunning (Head of Services and Support), Carolyn Jackson (PCN lead) and Dee Talbot (Service Coach) for the hard work, energy and boundless enthusiasm they bring to work every day. I would also like to thank all the committee members for their commitment and time throughout this difficult year.

Most importantly, to all Contractors and Pharmacy Teams who consistently continue to deliver the highest quality of care, despite the ever-increasing challenges, you have gone above and beyond to continue to serve your communities. Thank you.

I, the committee members, and our officers are all servants of you. It is with your continued support that we are able to do the good work that you have asked us to do. To represent your best interests to stakeholders and ensure prosperity for contractors across North of Tyne. With the pressures across the sector, it is more important now than it ever has been to have your voice heard. Please reach out to me, the committee or our officers if you wish to raise anything that is pertinent to you as a contractor. The door is always open.

#### Kim Whitehouse MRPharmS



# **Chief Officer Report**

#### **Geraint Morris**

Throughout this year Community Pharmacies have been experiencing unprecedented resource challenges, trying to absorb general inflationary costs, payroll pressure through minimum wage increases and changing patient and system demands, whilst also operating in a medicine supply market that is far from normal.

Whilst locked into the fixed global sum, coupled with their rising operational costs, many pharmacies have become financially unviable, evidenced by the number of contractors either closing or consolidating over the year, with Lloyds exiting the market completely. We have been campaigning for the system to recognise the impact a sudden closure has on the remaining pharmacy network and to help inform the local councils and Health and Wellbeing boards of the reasons behind the closures.

Following the RSG vote and North of Tyne LPC's Special General Meeting in Jan 23, the new LPC committee with the new constitution was formed on the 1<sup>st</sup>July 2023 following member elections. Thank you to all previous members for their support during the period of transition.

With the funding crisis forefront of everyone's mind, we have been supporting CPE with their national government lobbying and have been encouraging our contractors, to complete a number of CPE surveys that provide the negotiating team with valuable data and essential insights. Locally we have increased our MPs awareness of the crisis in Community Pharmacy and how with appropriate funding we could provide more support to patients and the wider NHS. We have hosted local pharmacy visits and we have encouraged our MPs to attend the All Party Pharmacy Group (APPG) events at Westminster. I attended the March APPG which aimed to increase the awareness of pharmacy first and gain MP support to the wider funding concerns.

The announcement of the Primary Care Recovery Plan (PCARP) in the second half of the year included details of the additional Pharmacy First funding, linked to 7 new clinical pathway PGDs, hypertension case finding and contraception services. Whilst this is an offer on new money and new sources of cash flow, these services will require pharmacists to develop their working practices and support teams. I was successful in obtaining ICB funds to upskill our pharmacist's clinical skills for the Pharmacy First conditions, enabling our LPC to host training events, whilst releasing LPC funds to provide an otoscope to each contractor.

Working through the newly formed North East North Cumbria (NENC) Primary Care Collaborative we have obtained ongoing ICB support to fund additional Services Coaches, who will engage and encourage more GP practices to embrace Pharmacy First and electronically refer more patients to our pharmacy teams.

I championed Community Pharmacy with our ICB communication team and they created the local promotional materials supporting Think Pharmacy First, that builds on the success of our "Bye Bye UTI" campaign and has been widely distributed across our system.

My engagement with NENC ICS has secured ongoing funding for our ICB minor ailment service (Think Pharmacy First), UTI and walk in emergency supply services until end March 2024. Following the launch of Pharmacy First, which includes a UTI PGD service, a pragmatic decision was made to continue the local service until end March to allow contractors time to engage with the training required for the new service.

Your provider company, Pharmacy Services North East (PSNE) Limited, continues to successfully provide contractors with access to a number of locally commissioned services by providing an "at scale" solution to commissioners. Following the resignation of Christine Wardlaw, I have been appointed as the North of Tyne director of PSNE Ltd. I would like to take this opportunity to thank Christine for all the support and leadership she has given to PSNE over the many years she held this post.

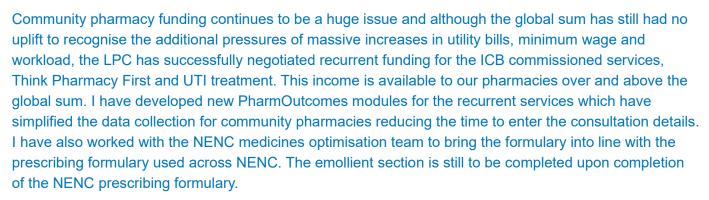
Whilst we all await the new pharmacy contract, I will continue to seek out new funding streams for Community Pharmacy and support contractors to increase their income from existing services, as I believed that by improving both our scale and consistency of delivery, new opportunities will be offered. For example, I am a proud to see more and more of our pharmacy teams providing C19 vaccination services to their communities and we could offer a wider range of vaccines as well.

Finally, I would like to thank and recognise the team at our LPC, officers and members for all their support and challenge this year as we work to represent and support our contractors, and a huge thanks must go to all pharmacy teams who have again provided amazing care to their patients, even though the profession continues to operate under very difficult circumstances.



# Head of Services and Support Report

### **Ann Gunning**



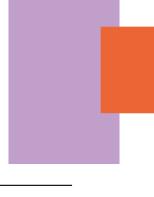
The Walk-in Emergency Supply service was also extended by the ICB and then by PSNE Ltd until the end of March 2024. It is disappointing that recurrent funding has not been secured for this service given the pressure it relieves on other areas of the NHS, such as NHS 111 and emergency departments when patients run out of medication.

The biggest contractual change for community pharmacy services was the launch of Pharmacy First on 31<sup>st</sup> January. This saw the Community Pharmacist Consultation Service renamed and seven clinical pathways were added to the minor ailment element of the service. GP practices and NHS 111 can continue to refer patients to community pharmacies for minor ailments and NHS 111 can still refer for emergency supply of medicines. The clinical pathways supplement and dovetail with our local Think Pharmacy First service. The local UTI service was decommissioned on 31<sup>st</sup> March because one of the seven clinical pathways is for treatment of UTIs.

CPPE were commissioned to provide clinical skills training for the ENT element of the service and to upskill pharmacists in the use of otoscopes. The LPC commissioned two additional training sessions from CPPE to supplement this. The committee also agreed to purchase otoscopes for all community pharmacies across North of Tyne and these were either provided at the training sessions or delivered to pharmacies.

Dee, our remaining service coach following Kathryn's retirement in May, has continued to support GP practices and community pharmacies with implementation of Pharmacy First.

Other contractual changes saw the roll-out of the pharmacy contraception service on 24<sup>th</sup> April for the supply of ongoing oral contraception and then on 1<sup>st</sup> December this was further extended to include initiation of oral contraception. December 1<sup>st</sup> also saw the hypertension case finding service expanded to include any competent member of staff not just registered healthcare professionals.



Newcastle saw a new provider of the sexual health service take over in October, Solutions4Health. I have successfully negotiated a community pharmacy EHC service to be commissioned from S4H via PSNE Ltd and for a 5% uplift to the consultation fee payable.

There has been a massive change in pharmacy ownership due to the decision by Lloyds Pharmacy to withdraw from community pharmacy. We have seen a number of pharmacy closures due to the loss of the Lloyds Pharmacies within Sainsburys, the review of their pharmacy estate by Boots and from the loss of Knights Pharmacies and Whitworths Pharmacies due to the financial crisis. A gap in pharmaceutical services was successfully opposed when Boots on Thoroton Street in Blyth closed but a gap was declared when they closed their pharmacy in Newsham. No gap was declared by North Tyneside Health and Wellbeing board when Boots in Longbenton closed. Whilst not declared as gaps at the time of closure in March, Newcastle Health and Wellbeing Board eventually declared gaps in Heaton, Kenton and Cruddas Park. These closures have led to significant work responding to contract applications.

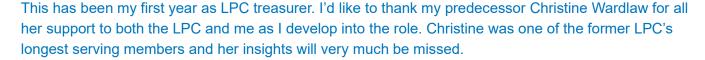
Following the change of ownerships and closures, as of 31<sup>st</sup> March 2024, the LPC represented 164 pharmacies, a reduction of 13 pharmacies.





# **Treasurers Report**

#### **Simon Clark**



CPNEN has held its levy take per contractor lower than most other LPCs in the region this year and I believe provides contractors with good value for money.

The LPC retains it mandated operating reserve of £90k and at the time of writing aims to hold overall levy take at last year's level in order to share the burden of difficult financial times with the contractors we represent. This year we have not taken the full proportion of the levy and this looks set to continue through 24/5. Contractors will note that the falling number of contracts in the area has regrettably seen the monthly amount paid by individual contractors rise a little. With several new contract applications in place, this situation may change in the year ahead.

Expenditure has risen in several cost lines due to significant inflation in many goods and services. This year the LPC has scrutinised costs ever more tightly. The return to face-to-face meetings has increased our operating costs but we are exploring routes to make this more cost effective by utilising competition amongst venues. As the LPC moves to a virtual working system, savings generated by the removal of the physical office costs will be very welcome in the year ahead.

Since 2016 the provider company PSNE has contributed an additional income stream to the LPC. These monies are rightly treated differently to levy income and are used to fund things that previously would have required levy increases in order to cover. This year for example some of the PSNE revenue was used to fund otoscopes and ophthalmoscopes to help contractors launch their clinical pathway services within pharmacy first. In the year ahead, this money will be used to fund some of the printed support materials that contractors will be able to use to support service promotion.



# **PCN Support Lead**

**Carolyn Jackson** 

# Community Pharmacy PCN Leads- evolving well, challenging but greater national recognition.

Over the last 12 months the PCN's have continued to develop and grow across the North of Tyne area and are now fast establishing themselves as an integral part of streamlining the patient journey. This development has been demonstrated within the GP practices and Community Pharmacies with stronger links evolving and the PCN's having a much greater presence in the primary care system.

We continue to be one of the few areas in the Northeast and North Cumbria ICB to maintain and offer support to PCN Leads. For the first time ever over the last 4 years we are now at full complement with **all** 18 PCN's having an appointed PCN Lead. The Leads are largely from independent pharmacies with 3 from CCA companies.72% of our Leads have now also successfully completed the NHS Leadership Development Programme- providing them with the skills and tools required to maximise their success in the role.

A massive thank you to those who have continued in their roles and to the new PCN Leads who have moved into the role over the last few months. It can be at times a very challenging role, as well as a rewarding one, and we recognise this particularly in terms of the frustrations they can experience managing their time and commitments to their pharmacies. Engagement from constituent pharmacies is still proving to be a challenge. I would also like to convey a huge thank you to all pharmacies who have contributed over the last 12 months and point out that to continue this success and evolve with the developments we all need to contribute and ensure that community pharmacy is an essential spoke in the wheel of PCN development and vital in improving patient care.

The growth of the Services Coaches Team has been a major success with many benefits. The team of service coaches have supported and guided our Pharmacy and GP Surgery teams in delivering available services in the community, alleviating the pressures on GP appointments whilst simultaneously moving Community Pharmacy to a more service focused model in line with the NHS Long Term Plan. I work very closely with the services coaches' team pinpointing and identifying key areas where support is needed. We run local networking events in the evenings for individual PCN's aiming to improve engagement all round.

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

Latest update: Community Pharmacy PCN Engagement Lead role is now nationally recognised and will be funded by NHS England for this financial year (from 1 April 2024 until 31 March 2025).

# **Meeting Attendance**

2023-2024

Member	Membership	Possible Attendances	Actual Attendances
Ali Avaie	Independent	6	6
Chris Dodd	Independent	6	5
Claire Camerson	CCA	6	6
Debbie Baird-Palmer	CCA	1	1
Gary Dobinson	Independent	1	1
Hugh McKendrick	CCA	6	5
Jennifer Rowe	AIM	4	3
Kim Whitehouse	CCA	4	4
Masommoth Begum	CCA	6	4
Shammi Nair	Independent	4	2
Sharon Williams	Independent	6	6
Simon Clark	CCA	6	5
Officers			
Ann Gunning	Head of Services and Support	6	6
Carolyn Jackson	PCN Support Lead	6	6
Christine Wardlaw	Treasurer	5	5
Geraint Morris	Chief Officer	6	6

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