The workshop took the format of discussions in tables around a number of issues with brief feedback captured below.

1) **Groups discussed the functions of Local Pharmacy Networks**

**Aim: to share local understanding and experiences**

- Working on projects like hospital discharge is the easier stuff to do.
- Need to do something about the leadership deficit in pharmacy locally.
- Trialling a model of patient involvement where LPNs go to patients, rather than the other way round - Eye/Pharmacy/Dentistry LPNs together.
- LPNs are struggling with inadequate capacity.
- NHS England Human Resources process getting in the way of progress
- Pharmacy LPN also needs to involve technicians (who are also registered professionals), Pharmacists, Dispensing Doctors and Dispensing Appliance Contractors (DACs) where this is appropriate locally.
- Logo – it would be good to have an identity for LPNs and have a consistent name; e.g. Pharmacy LPN. Feedback to national team logo/identity/branding needed for LPNs.
- Commissioning through pharmacy - new commissioners need a lot of hand-holding, need to provide them with evidence and share service evaluations.
- London using new commissioning structures to enable commissioning flu vaccine through pharmacy. GPs concerned but evidence that most who attend pharmacy for vaccination are previously unvaccinated.

2) **Local progress, enablers and barriers to establishing a Pharmacy LPN**

**Aim: to share experiences of barriers and how to overcome them and local experience of enablers for LPNs.**

- **Barriers**
  - Move from small to bigger geographical areas - no longer local
  - Lack of resources
  - Lack of capacity in Area Teams
  - Lack of priority given to this
  - Lack of a website (there will be a webpage for each Area Teams)
  - Barriers from NHS England HR teams to recruiting LPN Chairs.

- **Enablers**
  - Share big ticket issues
  - Use existing networks
  - LPN is the umbrella – the only ‘overarching’ pharmacy body
  - Do not get hung up on enhanced services, focus on essential services
- Highlight interface issues and cross sector working
- Facilitate the connections
- Public Health Pharmacist in post
- Appointment of Chair gives stakeholders person to come to
- Used Survey Monkey to allow
  - Collection of contact details
  - Identification of interests
- Start off without structure and develop what is needed to deliver

• What has worked
  - Secondary Care Engagement
  - Engagement events to develop pharmacy audit from bottom up
  - Finding common ground
  - Capitalise on existing relationships or networks – link to strategic intentions badged as urgent admissions, A&E attendance, medication related admissions etc.
    ▪ Blister pack strategy (potential work)
    ▪ Medicines optimisation
  - Maximising professional expenses – Workforce development / Leadership

3) Your thoughts and ideas for an effective Pharmacy LPN Steering Group linking with national Primary Care Strategy and local primary care strategies

Aim: to inform the setup of the Pharmacy LPN National Steering Group

• Steering Group should be dynamic bringing in the right people at the right time with a small core group.
• Build on existing networks, workforce implementation, plans
• Enable support from centre
• Have genuine patient representation
• National Assembly and Local Chairs Groups to share
• Programme of support for effective LPNs
• Understand common agenda
• Research and share work plan
• Analytical teams
  - Policy audit
  - Data set
• Point LPNs to experts in a field
• Hold Area Teams to account for progress - support progress
• Dynamic – Skills
• Recruit people – what is the model?
• Removing barriers
• Awareness raising
• Local Government Association – Knowledge Hub
• Communications – What LPN can do for you for example encourage CCG or H&W Board engagement with local LPN
• Public Health – e.g. Template Patient Group Directions for Emergency Hormonal Contraception
• Own consistent support
• Links with Clinical Senates and Strategic Clinical Networks
• Where does the policy sit in Care Pathway? Integration.

4) Getting started – tips for chairs including building organisational arrangements

Aim: Share tips and experience from those who are/have been involved with setting up an LPN locally with those who are about to start.

• Engage grass routes
• Do not over focus on process
• Have a vision and share it widely
• Need the right people on the bus. Focus must be in ‘pharmacy’ not community pharmacy
• Creating new knowledge vs loss of knowledge
• Involve people who will feedback effectively to their own networks
• Strategy vs task and finish
• Involvement requires ability to influence
• Different chairs for different sub groups
• Knowing what shared goals are between LPN and Commissioners
• Bring in expertise from other areas
• Meetings need outcomes
• Coordinate network engagement
• Improve quality – lead on metrics and measurement to demonstrate outcomes
• Intelligence gathering – wide understanding and opportunities
• Engage ‘new’ commissioners
• Nationally what community pharmacy can provide
• Primary Care Commissioning Pharmaceutical Needs Assessments – Health and Wellbeing Boards and LPNs role
• How to achieve a large scale change? – Regional Director or Commissioning and Regional Medical Director
• Minor ailments into national contract – what can we do locally?
• Flu – make use of new commissioning arrangements
• Educate new Commissioners
• Evidence - research

5) Effective patient engagement – where to begin?

• Clearly define remit of each member of group
• What is needed and why and what they will get out of it
• Make sure patient reps are properly prepared
  - appropriate background
  - a good pre-brief (include roles, jargon, expectations, behaviours)
  - opportunity to ask questions in a non-threatening environment
• Ensure support available from both an NHS buddy and another patient rep
• Be clear about training provided, claiming expenses etc.
• Keep engaged and give regular feedback re the difference their contribution is making