

# Cleveland Local Pharmaceutical Committee

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## Cleveland Local Pharmaceutical Committee

### What is it?

The Local Pharmaceutical Committee (LPC) represents community pharmacy contractors in Cleveland. The committee consists of 13 pharmacists representing private contractors, public companies, Co-op pharmacies and pharmacists employed by contractors. There are 8 Company Chemist Association members on the LPC, these are from the larger multiple organisations (for example, Your Local Boots, Lloyds, Rowlands, National Co – Operative Chemists and the supermarket pharmacies) and 5 members representing independent contractors. There is a chair, vice chair and treasurer. The committee is supported by a LPC secretary and LPC Development Officer.

The LPC meets during the day on a bi monthly basis.

### What is the legal status of an LPC?

The LPC is recognised and specifically referred to in NHS legislation - however it is not created by statute and is therefore not a statutory body.

The LPC is established and draws its authority from Section 44 of the National Health Service Act 1977 and is recognised by the four Tees Primary Care Trusts.

This recognition by the PCTs gives certain rights and responsibilities.

The LPC rights include that of consultation where legislation provides that local representative committees shall be consulted and the right to collect a levy from contractors to finance the committee's work.

### What are the functions of an LPC?

The specific functions of LPCs are not defined under legislation, but as the committee representing community pharmacy contractors within a defined area, LPCs have a general function in respect of all aspects of NHS primary care that relate to, or are relevant to community pharmacy.

There are specific issues on which LPCs must be consulted, notably contract applications.

In addition there will be issues relevant to contractors, where the PCO would be expected to consult interested parties and the LPC would expect to be included. An example of this would be a proposal to change arrangements such as those for collecting unused medicines.

The NHS (Pharmaceutical Services) Regulations 2005 requires the PCO to consult the LPC before determining fees for enhanced services, and before issuing directions to a pharmacy requiring it to open outside its declared hours.

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The LPC works locally with PCTs and Strategic Health Authorities (SHAs) to influence policies and decisions and, with other healthcare professionals, to help plan healthcare services. Recent examples of this have been collaborative working with PCTs on the development and publication of the Pharmaceutical Needs Assessments (PNAs) and close working with the Local Medical Committee around the introduction of the New Medicine Service (NMS) on 1<sup>st</sup> October 2011.

LPCs also discuss and negotiate pharmacy services, including new roles and additional local funding for the community pharmacy contractors they serve. Currently the LPC is promoting the introduction of Healthy Living Pharmacies (HLPs) across Tees; we have had encouraging initial discussions with the PCTs on this project.

In addition to statutory rights and responsibilities, LPCs have the more general role of promoting community pharmacy to primary care organisations and others within their area.

The specific duties of LPCs are laid out in their constitutions which are formally adopted by each committee.

### **Plans/Priorities for the LPC**

The LPC is currently developing its “Strategy for Community Pharmacy – 2011-2014”; a major component of this “live” document is the Action Plan which comprises 5 main strands of work:

- contractor support
- communications – internal and external
- relationship building
- LPC Development
- Geographic issues

The Action Plan contains agreed action points, a timeline for their completion and a lead officer(s)/member(s) for each action. It is regularly reviewed at LPC meetings.

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