



# Role of LPCs: A Quick Guide for LPC Members

To help LPC members understand the role of the LPC and the limitations on its activity this Community Pharmacy England’s document sets out the statutory powers and legitimate activity flowing from the exercise of those powers. LPCs can only act within the powers granted to it by statute, failure to do so could result in recognition being withdrawn and action by contractors or other affected parties.

- The NHS Act 2006 provides that the National Commissioning Board (the nomenclature in the NHS Act but usually referred to as NHS England) may recognise a committee formed for an area, which it is satisfied is representative of persons providing pharmaceutical services from premises in the area for which the committee is formed (or an LPS chemist who has notified the Board that he wishes to be represented).
- The Act provides that NHS England, or delegated NHS ICB, may, on the request of any committee [LPC] so recognised, allot to that LPC such sums for defraying the committee’s administrative expenses as may be determined by the Board. Any sums allotted shall be out of the monies available to the Board for the remuneration of the contractors represented by the LPC, and the amount of which shall be deducted from the remuneration of those contractors in a manner that may be determined by the Board.
- Regulations under the Act require the Board to consult LPCs on prescribed matters so giving certain powers to LPCs. We have identified below the activities where there is a statutory duty on the Board to consult the LPC, in which case this provides the powers of LPCs (which we denote as ‘P’). In addition, we have identified those activities which are necessary if the powers of the LPC above are going to be exercised fully (denoted ‘N’) and those activities that are legitimate, as they are ancillary to the above (denoted as ‘L’). Finally, we have identified those activities that are not supported by statutory provisions, and are not within the remit of an LPC (denoted as ‘X’). The list of activities below is not exclusive, and LPCs contemplating other activities may wish to seek views from Community Pharmacy England as to whether they would be a legitimate role for the LPC.

LPC consultation		
Market entry	The Board (NHS Commissioning Board) must notify LPCs on notice of designation for LPS, notice of selection of LPS proposal, notice under LPS right to return, consultation of a notifiable application, notification of decisions on applications and notification of oral hearings (appeals). As LPCs have a right to make representations, the notification is effectively consultation.	P
Rural matters	LPC may request determination of whether an area is, or is not, a controlled locality. Board must consult LPCs prior to determination of controlled localities, outline consent and premises approval. LPCs have a right of appeal on controlled localities, reserved locations and	P



	5 year rule, and must be notified of gradualisation decisions.	
Fitness to Practice	Board must notify LPCs of specified FtP issues	P
Involvement in sanctions	At the request of a contractor an LPC may become involved in local dispute resolution, breach and remedial notices.	L
Terms of Service	Board must consult LPCs on aspects specified in ToS (e.g. hours of opening where the needs of the population may not be currently met)	P

Terms of Service		
CPCF	LPCs may provide support to their contractors with the CPCF through signposting to Community Pharmacy England resources and advice on local administration working with the NHS pharmacy contracts team.	L
ToS requirements	LPCs must know and understand ToS requirements, as regulations allow contractors to request the presence of an LPC representative during monitoring visits, etc.	N
Inspections	LPCs may advise contractors (and NHS Area Team) on the inspection and monitoring regime	L

Local Enhanced Services (LES)		
Marketing	LPCs lobby and market locally to support the implementation of LES and locally commissioned services.	N
Consultation	LPCs must be consulted on the pricing of LES and other locally commissioned services.	P
Delivery	LPCs need to understand the services, what is involved in delivery and any burdens such as reporting in order to contribute appropriately when consulted on pricing	N
	LPCs may provide support to contractors for the delivery of LES	L
	LPCs may inform contractors of their negotiations if the proposed service delivery or funding is in their opinion is inadequate	L

Locally commissioned services		
PNA	LPC must be consulted on the PNA by the HWB of the Local Authority (LA).	P
	LPC should seek to identify what the pharmacy needs, and availability are in the area and discuss with LA.	L
Marketing	LPC should market and promote identified pharmacy service needs prior to contracting.	L
Provision of services	LPCs cannot provide services itself.	X
Briefing	Generally LPCs may provide support to contractors to deliver locally commissioned services, including training and marketing, providing all contractors in the area have the opportunity to provide the	L / X



Advanced Services (AS)		
Support	LPC can provide guidance and support for pharmacy owners to ensure uptake and delivery, especially where there are local elements. They can provide support for local implementation, such as work with the local NHS and other providers. For general support, LPCs should signpost to national resources available from Community Pharmacy England.	L
	service (L). However there may be occasions when the LPC provides support to a group of contractors even though all contractors in the area do not have the opportunity to provide the service. For example a commissioner only wants the service from contractors in a specific geographical area or where the support to a group of contractors would be a potential benefit to all the contractors in the area. In such cases LPCs should consider each on its own merits to decide if it is legitimate to use levy income drawn from all their contractors to support a few and be accountable for the decision to all the contractors represented by the LPC.	

Essential Services (ES)		
Provision	LPCs may support contractors on compliance, delivery and monitoring of ES, sign-posting to Community Pharmacy England resources.	N
Knowledge	LPC must have knowledge of ES (e.g. legislative background and guidance on waste) as part of supporting contractors to comply with their ToS.	N
Support	LPCs may provide advice and training to contractors on ES (so that they can be compliant with ToS).	L

LPC Constitution		
	LPCs must be fully conversant with all aspects of the LPC constitution.	N
Community Pharmacy England support	Our role is to conduct national negotiations for contractors, support contractors and provide the pricing audit function- only as far as their NHS contract. LPCs receive support from us as an adjunct to this function.	N
Outside the LPC remit	Activity outside the NHS including private health services (e.g. travel health schemes, private health checks) and the setting up of LPC provider arms, LLPs or CICs, outside of facilitating the model recommended by Community Pharmacy England.	X

Following the national vote of pharmacy owners in 2022, which approved proposals for the future of pharmacy representation, it was envisaged LPCs would review their activities against the new model constitution using this table as a guide.



For further information or support please contact please contact the Member and LPC Support Team by email [lpc.support@cpe.org.uk](mailto:lpc.support@cpe.org.uk)

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Stop	Start	What this means?
Broad based training offers relating to local or national contractual matters.	Provide information and briefings to contractors on matters relating to the local commissioning of NHS services or other elements of the local NHS environment.	Signpost contractors to training providers, trade bodies, head of-fices who already provide support.
	Negotiate and develop local contracts based on national templates and frameworks Support local innovation, where aligned with overall community pharmacy vision.	Service development and evaluation supported from the national organisation to support LPCs to create new service specifications and to support service design and analysis.
Responding to national consultations.	Respond only to local consultations by NHS ICS and Health and Wellbeing Boards on behalf of local contractors.	Less duplication and greater collaboration between local and national organisations.
	Demonstrate local value and impact.	Assessment of performance against standard KPIs, published to contractors.
Joint executive and non-executive roles.		Ensure that the Chair and executive roles are separated.
Compliance support at the individual contractor level to help delivery against the CPCF.	Provision of data to contractors to assist compliance with CPCF more broadly. Signposting to trade bodies for general business advice and to PSNC for non-local NHS / CPCF matters.	LPCs will support contractors on the development of local services, local NHS matters and engagement with the local NHS on their behalf to support implementation of some CPCF elements.