



Annual Operating Plan for 2026/27

Support Represent Develop Deliver

For Community Pharmacies across Surrey & Sussex



Community Pharmacy Surrey & Sussex

Community Pharmacy Surrey & Sussex is the representative body and local voice for all community pharmacies delivering NHS services across Surrey and Sussex, on behalf of the Surrey and Sussex Local Pharmaceutical Committees (LPCs).

We represent 470 community pharmacies on matters relating to NHS and public health services delivered by community pharmacy. Our membership spans from single-handed independent pharmacies to medium and large pharmacy organisations. Collectively, pharmacies in our area employ thousands of local people and play a vital role at the heart of their communities.

Community Pharmacy Surrey & Sussex works with commissioners to negotiate and develop local pharmacy services and provides advice and support to community pharmacy contractors and others seeking information about local pharmacy services. We are committed to supporting and developing community pharmacy teams to enable the delivery of high-quality healthcare services.

Working closely with the local NHS, including NHS England, Integrated Care Boards (ICBs) and local authorities, we help to advance and promote the expanding role of community pharmacy in improving health and wellbeing across Surrey and Sussex.

Our work is overseen by members elected and appointed by local pharmacy contractors. Further information about Community Pharmacy Surrey & Sussex can be found at www.communitypharmacyss.co.uk.

Introduction to this Strategy

The strategy guides an ambitious programme of work, building on the individual LPC's strengths, both amplifying our existing work and extending in new directions.

Our Aims

Over the lifetime of this strategy, Community Pharmacy Surrey & Sussex will place an increased focus on the support provided to contractors and their pharmacy teams. This will help them to continue delivering high-quality services to patients, while maximising income through the effective implementation of national contractual requirements and the delivery of locally commissioned services.

The NHS landscape is evolving, with decision-making and commissioning responsibilities that were historically held at a national level increasingly devolved to local Integrated Care Systems and in the future funding moving towards Integrated Neighbourhood Teams. It is essential that the role, value and contribution of community pharmacy are fully embedded within local plans. As new proposals emerge, we will actively seek to influence and shape the local environment to support pharmacy contractors and their teams.

This is particularly important as the NHS 10 Year Plan continues to develop, ensuring that contractors clearly understand the opportunities and changes it presents.

Targeted support will be provided to help pharmacies and their teams adapt to the changing demands and opportunities arising from the evolving local commissioning landscape.

Vision

Our vision is for community pharmacies to sit at the centre of their communities, working in partnership across local health and social care systems to provide accessible medicines, improve safety and outcomes, and support healthier lives.

They are leaders in prevention, enablers of self-care, and experts in medicines and minor conditions.

Mission

Our mission is to support, represent and develop pharmacy contractors and their teams by optimising the local professional and commercial commissioning environment. This enables community pharmacies to deliver sustainable, high-quality services that meet the needs of their communities.

Community Pharmacy Surrey & Sussex exists to support two effective and efficient Local Pharmaceutical Committees (LPCs), working in close partnership with pharmacy owners and teams, commissioners, stakeholders and partner organisations to realise this vision for community pharmacy across Surrey and Sussex.

The strategic themes outlined below will guide our work to ensure we are supporting pharmacies and their teams in delivering outstanding, sustainable care to their communities.

Represent

We represent community pharmacy contractors across Surrey and Sussex, highlighting the current and potential value of community pharmacy. This includes building strong alliances and networks with commissioners, health and social care professionals, patients, and the wider public.

Support

We provide support to contractors through changes in the contractual framework and help them deliver both current and future locally commissioned services. This ensures that contractors are well informed about NHS and social care priorities, commissioning developments, and local opportunities.

Develop

We facilitate an environment that enables the commissioning of community pharmacy services tailored to the needs of local populations and commissioners. Our priorities focus on:

- Relieving pressure on urgent care
- Supporting prevention and self-care
- Enhancing medicines safety and optimising medicines use
- Promoting digital innovation
- Fostering integrated, collaborative working across primary care and the wider health and social care system

We also work to influence commissioners to fully utilise the capabilities of community pharmacy teams. By supporting contractors and their teams, we help them respond to evolving community pharmacy practice, develop new services, and strengthen the integration of community pharmacy into the heart of primary care across Surrey and Sussex.

Deliver

We aim to run two effective, well-governed LPCs in Surrey and Sussex that provide good value for money, create local opportunities, and deliver measurable outcomes for pharmacy contractors and their teams.

Principles for Delivery

To deliver our service with reduced funding in an ever-changing world, we need to be a robust, effectively managed, highly capable team.

We work towards this by:

Evaluation – Critical evaluation of our service delivery.

Opportunity – Identifying and maximising opportunities to acquire funding and to secure sources of revenue.

Involvement – Active involvement at regional and national level with stakeholders.

Knowledge and skill – Having a strong plan to develop our people to meet the service needs.

Management – Managing projects, change and performance.

Discipline – Being disciplined, consistent and with clear accountabilities.

Financial Control – Robust processes to manage service finances.

Reporting on Progress

The business report which is presented at each LPC meeting includes:

- our performance in the delivery of our core functions set out in the constitution of the LPC's
- a key performance indicator report on the annual plan to date

Strategic Theme: Support & Develop

Contractor Support & Service Development

- Support for Essential and Advanced services
- Commissioning Environment for Local Services
- Negotiation of Local Services
- Supporting Delivery of Local Services
- Development of Services Database, Evaluation Tool & Opportunities

In 2026/27 we will:

- Proactively identify contractors and support contractors where requested, with any difficulties complying with contract requirements and support implementation where appropriate. Ongoing programme of support through face-to-face pharmacy visits or via electronic means.
- Proactively encourage uptake of Essential and Advanced Services, provide a briefing on the services and arrangements. Develop pathways and enablers to encourage uptake. Support increase in referrals for Pharmacy First.
- Provide guidance to all contractors explaining the local commissioning landscape and arrangements via a local essential service guide updated annually. Update services information quarterly on the website. Providing webinars and WhatsApp updates when required on changes to local service level agreements, to highlight to contractors any significant changes or key requirements of new contracts. Support and work with contractors to improve claiming of these services. Top Tips guides to support service delivery.

What does success look like?

- Bookable dates for pharmacies to receive personalised support, released quarterly & CPSS team member available at local training events to support and answer questions.
- Data on Essential and Advanced services including Pharmacy First provision performance tracked and support offered for low performers. Review of performance figures provided to view year on year differences in performance.
- Essential service guides updated at least annually to include all locally commissioned services. Contractors have access to up-to-date SLAs and PGDs for all services via the website. Review of claims particularly for ICB Locally Commissioned Services provided, to view year on year differences in claims. Top Tips guides produced for all services relevant to Surrey and Sussex contractors.

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| <ul style="list-style-type: none"> • Proactively working with local commissioners to negotiate new Local Services provision and maintain and develop current local services, ensuring their profitability and use of NHS contracts where possible. Review of existing local services to ensure that continuation and development takes place. • Update the service evaluation tool to support ongoing service provision, sustainability and demonstrating ROI and LPC view for all new services and a rolling programme to cover all services. • Proactively provide support to contractors to engage and deliver Local Services, working with commissioners to maximise community pharmacy service provision within the context of meeting local commissioner and population needs. • Contribute to the CPE national services database and share with local commissioners where there is opportunity for a new service model through Community Pharmacy. • Provide support for the 2026/27 Pharmacy Quality Scheme to all contractors through streamline communications and individual support where needed. • PCN leads – support the CP PCN Leads service and upskill and engage with them. Look for further funding opportunities for their training and support. Participate in any service evaluations. • Sussex INT leads – support the CP INT Leads service and upskill and engage with them. Look for further funding opportunities for their training | <ul style="list-style-type: none"> • Quarterly meetings with each of the public health teams and information distilled to contractors, including commissioning plans, targets, and opportunities. Retain the current services and increase the service income level of 26-27 by 10% for locally commissioned services and advanced services. Successfully negotiate at least one new local service in each of the LPC areas. • LPC service calculator reviewed and updated annually and aligned with the CPE calculator. LPC service evaluation tool uploaded to website for contractors to make informed decisions about viability of local services. Review of service provision for services rated red/amber/green and ongoing contractor sign-up and involvement. • Reply to contractor calls/emails within 48 working hours and provide dates that contractors can use to book 1-2-1's when required. Facilitate webinar opportunities and training to support contractors to deliver services. Producing top tips, pre-recorded training videos, service guidance documents. Obtain feedback on low activity levels, what the challenges and barriers are and what support contractors would like to see. • CPE database up to date with all locally commissioned services. • Proactively obtain feedback from contractors who do not engage in PQS and if other support could have been provided to support their engagement. Review of performance. • Drop-in sessions for CP PCN Leads when required. CP PCN Leads project evaluation completed, and proposal submitted for continued funding. Regular catch ups with PCN leads, utilise PCN leads WhatsApp groups to share communications. Review of CRM to identify low activity from PCN leads and to help support discussions with those PCN leads needing further support. Able to evidence improvements they have made. • Support evidence available from the Senior INT Lead. CP INT Leads project evaluation completed, and proposal submitted for |
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<p>and support. Participate in a service evaluation.</p> <ul style="list-style-type: none"> • Support the end of the IP Pathfinder service across Surrey Heartlands and Sussex ICB's. • Support involvement of community pharmacists in becoming IP's and developing IP led services. • Support early careers through the provision of training utilising the available funding. • Continue to work with and utilise SECPA Limited to provide additional funding pathways and service opportunities for community pharmacies. 	<p>continued funding. Able to evidence improvements they have made.</p> <ul style="list-style-type: none"> • Surrey Heartlands and Sussex ICB's IP Pathfinder evaluations completed. • IP funding from NHSE WTE and ICB's communicated to contractors. Support the development of Independent Prescribers with the Teach and Treat funding. • Utilisation and visibility on the use of the Early Careers funding. • At least two tenders for services submitted via SECPA Limited.
<p>Who is Responsible:</p>	<p>Key links, assumptions, and risks:</p>
<p>Deputy Chief Officer – Marie Hockley, Service Development & Support Manager – Simran Johal, Community Pharmacy Service Co-ordinators – Eve Rockell and Fatima Igbal</p> <p>Supported by Chief Executive – Julia Powell, Executive Office Manager – Michaela Cassar</p>	<p>Commissioning organisations must be engaged and have resource.</p> <p>Information on the 2026/27 PQS scheme.</p> <p>Lack of information from commissioners and changes in reporting system for service claims via NHSBSA to be able to view and support low performers.</p> <p>If resources (capacity and capability) are not available, work will take longer to complete.</p> <p>Continued funding for the Community Pharmacy PCN and INT Leads and the support from the LPC.</p>

Strategic Theme: Represent

Stakeholder Relationships

- Develop Strategic Health & Social Care Partnerships – ICB’s including within Place and Neighbourhoods
- Influence Strategic Plans & Needs Assessments

Professionals & other providers:

- GPs, other primary care providers, PCPC and Primary Care Networks
- Acute & Community NHS Providers
- Integrated Neighbourhood Teams, INT and Place Leadership groups
- Other LPC’s
- LMC, LDC and LOC
- SECPA Limited

Commissioners:

- NHS England
- Local Authorities – Public Health teams & beyond
- Integrated Care Boards
- SE Pharmacy Commissioning Hub

Wider Influences:

- Health and Wellbeing Boards, Patient Groups, Healthwatch, Carers & Elected Representatives
- System enablers – Health Innovation Network, NHS Digital, NHS Business Services Authority
- Education Providers & Trade Bodies – Primary Care Training Hubs, NHSE WTE, CCA, IPA, NPA and CPPE
- CPE

In 2026/27 we will:

- Further identify all key individuals and groups who influence planning and strategic decisions at each Local Authority and ICB area.
- Secure a place on senior leadership committees for the newly formed

What does success look like?

- Evidence of ongoing engagement with new stakeholders at the ICB’s and particularly within Primary Care and INTs.
- CPSS represented at ICB, Place and Neighbourhood level within the

<p>NHS Surrey and Sussex.</p> <ul style="list-style-type: none"> • Regular contact with Healthwatch or any replacement representative patient organisation. • Further identify and map key individuals with local patient representative organisations and elected representatives (MPs and Local Councillors who influence local planning decisions). Manage contacts and relationships with all MP's and press contacts, utilising the CRM tool. • Meet with LMC Officials quarterly to keep GPs informed of interprofessional issues and seek support on areas of mutual interest. • Develop relationships with representatives of the other primary care contractor professions and draw up plans for more proactive engagement into the years ahead: LDC and LOC. • Continue to develop the CP INT Lead role across Sussex with representation at Board, Place and Neighbourhood levels. INT role profile in place and roles recruited into. MDT attendance where appropriate. • Respond to ICB requests for consultation around pharmacy market entry applications, change to opening hours, complaints, contract monitoring and all associated appeals. • Ensure Community Pharmacy representation on all the area prescribing groups, with support provided to representatives, feedback and intelligence gathered. • Work with the Health and Wellbeing Boards for publication of any ongoing PNA supplementary statements. • Support the community pharmacy and wider pharmacy workforce agenda at a local level. 	<p>ICB footprints.</p> <ul style="list-style-type: none"> • Contact with Healthwatch three times a year to promote pharmacy. Feedback on any specific outcomes. • All MPs communicated with at least 3 times a year. Continue to promote and invite MPs to pharmacy visits – at least five per year. • Evidence regular and ongoing communication with LMC has taken place. • Ongoing engagement with LOC and LDC can be evidenced. • Representation at all Neighbourhood and Place meetings with demonstrated communication and involvement with local community pharmacy contractors. • All ICB requests responded to. Able to demonstrate support for contractors in dealing with complaints and issues. • All APC meetings attended by LPC representation. • Evidence of any issues with PNA's or supplementary statement raised and challenged. • Evidence of joint workforce work across the SE with NHSE WT&E and working to influence Primary Care Training Hubs to support community pharmacy workforce. Community Pharmacy represented on local workforce groups and support provided for local opportunities for example, technician apprenticeships.
<p>Who is Responsible:</p>	<p>Key links, assumptions, and risks:</p>

Chief Executive – Julia Powell, Deputy Chief Officer – Marie Hockley, Service Development and Support Manager – Simran Johal

Supported by Executive Office Manager – Michaela Cassar

ICB re-structure and Community Pharmacy Clinical Lead roles.

Risk of new committees forming without LPC community pharmacy representation and risk of decisions being made regarding commissioning and funding opportunities without a CP representation.

Unable to recruit into CP PCN and INT roles or fulfil meeting requests for representation.

Strategic Theme: Represent, Support, Develop and Deliver

Communication & Engagement

- Communication planning & channels
- Informing contractors about commissioning
- Press relations
- Contractor passive and pro-active engagement
- Protect and promote the LPC's and the community pharmacy sector across Sussex and Surrey. We will do this by:
 - ✓ Making it easier for contractors to access the information they need to enable them to manage their national and local contracts.
 - ✓ Presenting CPSS as a well-managed, professional organisation that puts the interest of contractors first.
 - ✓ Enabling others to champion Community Pharmacy and advocate for the LPC's/CPSS/contractors/the sector as required.

In 2026/27 we will:

- Develop and maintain effective partnerships with networks and stakeholders and encourage involvement from contractors, partners, and stakeholders. Focus on local media engagement e.g. radio, newspaper, TV and sending press releases around topical/seasonal/important pharmacy topics.
- Continue to develop our communications and engagement channels so we continue to meet the specific needs of each of our target audiences and specific project/communications outcomes. Including

What does success look like?

- Approached by local, community, public sector and trade media for content and opinions on issues relating to our expertise. Able to demonstrate contributions to media campaigns.
- Content on our website is relevant and up to date. All content reviewed annually. Regular review of website accessibility and ease of use for contractors and amended based on feedback. At least 45

<p>ongoing use of a WhatsApp broadcasting account. Review engagement with locums and trainee pharmacists. Obtain feedback from stakeholders on the communications and where improvements can be made. Share good practice and success. Provide a regular flow of news and information about CPSS to contractors and stakeholders and that they can feedback into. Review newsletter layout, to support a search for contractor specific information. Ensure Community Pharmacy contractors have up to date and accurate information on what is happening in their local health economy, with a focus on local commissioning opportunities and transformation in the NHS and social care.</p> <ul style="list-style-type: none"> • Develop briefing notes and presentations for stakeholders and partners to raise awareness of community pharmacy with local stakeholders. • Support national and local communications. • Scope, plan and implement the Annual Report and AGM. • Create, maintain, and publish attractive opportunities and rewards to attract external funding to the LPC's/CPSS. 	<p>quality newsletters annually from CPSS to contractors. CPSS team report a reduction in the number of enquiries from information already available on the website/in newsletters. Plan in place for specific engagement with locums and trainee pharmacists. Continue to build on our engagement statistics on social media and the website by 5% year on year. Continued focus on LinkedIn, to increase engagement and to grow the number of followers and interactions by 100%. Consistent WhatsApp comms in all relevant groups e.g. LPC members, LPC business, PCN leads, INT leads groups.</p> <ul style="list-style-type: none"> • Evidence of presentations produced for use by other stakeholders for example, for CP PCN Leads to use with GP's/PCN's and for CP INT Leads to use at ICT/Neighbourhood meetings. • Planned and executed timely campaigns for example for flu, PQS. • Produced and distributed a quality Annual Report for 2025/26. • Pharmacy events in 2026/27 receives sponsorship from external companies to produce a cost neutral event to contractors.
<p>Who is Responsible:</p>	<p>Key links, assumptions, and risks:</p>
<p>Chief Executive – Julia Powell, Executive Office Manager – Michaela Cassar</p> <p>Supported by Deputy Chief Officer – Marie Hockley, Service Development and Support Manager – Simran Johal</p>	<p>Identified stakeholders not engaging with CPSS.</p> <p>Unplanned work and unknown demands from system partners.</p>

Strategic Theme: Deliver

LPC Planning, Management & Administration

- Operational Capacity
- Capability and Expertise
- Size, Structure & Working with other LPC's
- LPC Members Development – local clinical & business leaders

In 2026/27 we will:

- Complete a business report for each LPC meeting to allow members to review performance in the delivery of the core functions set out in the constitution of the LPC, including a key performance indicator report on the annual operating plan to date. On each occasion operational capacity is considered. Any adjustments made to increase or decrease capacity are implemented within 6 months of that decision.
- Undertake a LPC member skill audit. Ensure LPC members have attended appropriate training events where necessary to ensure the committee has the skills to carry out its work. Use the performance development process for the CPSS team to continue to develop capability and expertise.
- Review induction training for new members.
- Hold one joint meeting session or more as agreed in 2026/27 for the LPC's within Community Pharmacy Surrey & Sussex.
- At a regional level to evaluate the possibility of further joint working,

What does success look like?

- Business plan presented at each LPC meeting with tracking of where actions are on or off track. Over 80% of actions marked as green. Items off track are raised to LPC members and mitigating actions agreed.
- Annual skills audit undertaken. LPC members have attended available training dates according to their skills audit. CPSS team members provided with their individual development opportunities as identified in their performance plan.
- All new members receive an induction training session with the CEO within the first two months of being appointed to the committee.
- Joint meeting taken place with invited relevant external speakers.
- Evidence of collaborative working available and shared annually with

<p>collaboration, sharing resources with Kent LPC, Thames Valley LPC and Hampshire & IOW LPC.</p> <ul style="list-style-type: none"> • To review working at a regional level across the South East to host a stakeholders and partners South East Forum meeting twice a year. • To publish a forward schedule of LPC meetings, including agenda topics, standing items, invited guests. • Employees have received a performance development plan and appraisal. 	<p>LPC's.</p> <ul style="list-style-type: none"> • To decide on the future of the SE Forum in light of NHS landscape changes. • Up to date LPC meeting schedule published on the CPSS website. Ratified minutes adding within 10 days following a LPC meeting. • All employees have received a six monthly and end of year appraisal against their performance development plan.
<p>Who is Responsible:</p>	<p>Key links, assumptions, and risks:</p>
<p>Chief Executive – Julia Powell</p> <p>Supported by Executive Office Manager – Michaela Cassar, Deputy Chief Officer – Marie Hockley, Service Development and Support Manager – Simran Johal</p>	

Strategic Theme: Deliver

LPC Governance & Finance

- Written Governance Arrangements
- Declarations of Interest
- Chief Executive & Operational Team
- Reporting of Activities & Performance
- LPC Agenda & Minutes
- Financial independence
- Business Planning Cycle including Budget & Reserves
- Financial Reporting & Oversight
- Expenses

In 2026/27 we will:

- Hold elections for officers for 2026/27 at the first LPC meeting of the year with a nomination process electronically beforehand.
- Re-appoint members responsible for finance, governance, and market entry at the first meeting of the year.
- Review the collaborative agreement between the LPC's to ensure it still meets the needs of the individual LPC's.
- Complete an annual governance audit in November 2026 for each LPC.
- Declarations of Interest reviewed and updated where required, at a

What does success look like?

- LPC process completed as per constitution and committee members appointed to chair, vice-chair and treasurer roles.
- Sub-committee membership in place and reviewed when vacancies arise.
- Collaborative agreement reviewed by each LPC at the start of the financial year.
- Annual governance audit for each LPC and any actions completed by end of Q4.
- CPSS website up to date for LPC member declarations including for

<p>minimum at the start of each new committee. New LPC members completed within the first month of appointment.</p> <ul style="list-style-type: none"> • New members induction meeting and information pack provided. • Review and plan implementation following any recommendations by CPE and agreed by the LPC committees. • Complete the CPE financial checklist and implement action plan with timelines. • Tracker kept for review of expiry dates of all policies and relevant documentation. 	<p>new members.</p> <ul style="list-style-type: none"> • All new members receive an induction meeting and information pack within two months of them starting or prior to their first LPC meeting. • Evidence of CPE recommendations implemented in a timely manner. • Financial procedures up to date as per CPE financial checklist. • All policies and relevant documentation up to date and reviewed by set timescales according to the action tracker.
<p>Who is Responsible:</p>	<p>Key links, assumptions, and risks:</p>
<p>Chief Executive – Julia Powell</p> <p>Supported by Executive Office Manager – Michaela Cassar, Deputy Chief Officer – Marie Hockley, Service Development and Support Manager – Simran Johal</p>	