



LPC Self-Assessment

LPC Name	Community Pharmacy Greater Manchester
Organisation size guide	
Please enter the number of contractors in your LPC area	619
Please enter the number of NHS ICS covered	1
Please enter the number of Top Tier Local Authorities covered	10
LPC Executive team details	Director of Strategy & Transformation (DSPT)– Luvjit Kandula Director of Services & Contractor Support (DSCS)– Louise Gatley Executive Chair – Janice Perkins; Vice Chair – Fin McCaul Treasurer – Mohammed Anwar
Date	1st April 2026
Author	Janice Perkins
List those involved in completing this self-assessment	CPGM Team Members CPGM Committee



Governance

High standards of corporate and personal conduct are a requirement for the LPC and its members and all aspects of the LPC's operations must be open to scrutiny. To achieve these standards, frameworks, procedures and the necessary values and behaviours need to be in place and that: making sure the LPC is acting transparently, honestly in the interests of all contractors and not in the self-interest of its members. Accordingly, 'Governance' is the first and one of the longest section of the tool.

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
Written Governance Arrangements	LPC members may be aware of the LPC governance requirements, but the LPC has not adopted the latest model constitution and/or the Governance Framework	LPC has adopted the model constitution, adopted the new Governance Framework and Code of Conduct and published on the website.	As Amber Level, plus the LPC also has either: a lead LPC member for governance; or a governance subcommittee who have the confidence and competencies to respond effectively to sensitive governance issues. There are regular reports provided to the main committee.	Constitution adopted as per RSG recommendations in 2023/24. All policies and frameworks are reviewed by the Chair and approved annually by the committee. CPGM policies are hosted on the CPGM Website . Our agreed Behaviours are displayed on walls in CPGM offices and in all meeting rooms. The Chair is responsible for monitoring non-compliance and



				notifying the CPGM Governance subgroup.
Declarations of Interest	LPC has declarations of interest, but completion rate is less than 100% or has not been refreshed within the last 15 months.	All LPC members and the LPC Chief Officer have signed declarations of interest, and these have all been updated within the last 15 months.	As Amber Level, plus the declarations of interest are published on the website.	Declarations of interest are updated annually. CPGM committee members and the CPGM team notify the Chair of any changes for review. The Chair will review and notify the Governance subgroup of any concerns. DOI is a standing agenda item. DOI are published on the CPGM website
Executive Officers and other roles	LPC does not yet have an agreed job description for the role written. Employed Role – There is no signed contract of employment. Self-employed or limited company arrangement – Contractual arrangements have not been reviewed to check employment status. Non- Employed or	LPC has a job description written for the role and agreed using the CPE model, as a basis. Employed Contract – There is a signed contract of employment in place using the Clyde & Co LLP drafted LPC templates. Annual reviews/appraisals are linked to LPC priorities and personal development plan in place with measurable personal	As Amber Level, plus there are Executive Officers in post who have structured meetings at least twice a year with the Executive Chair that includes: Employed Contract – A review of performance against targets. Contract for Services – A review that the terms of the contract are being fulfilled by	All employees and committee roles have a job description. These are reviewed annually alongside their contracts of employment. Changes in employment legislation are reviewed and implemented.



	Contracted Executive Officer(s) – A clear plan is not in place to ensure that the statutory and constitutional obligations of the LPC are met and maintained together with Executive Officers and CPGM team key Strategic Plan outcomes.	performance management targets set. Non employed Contract – A contract is in place using the Clyde and Co LLP template and employment status has been established. There is a regular review of service delivery against the contract for services and LPC Work Programme.	using the Clyde and Co LLP Template, reviewed annually.	Chair attends Employment Law webinars provided by WorkNest. Workplan priorities are reviewed weekly at the team meeting. Planning meetings are held twice a year. Personal development plans are in place. Employment status of all employees and contractors has been reviewed and confirmed in 2024/25. Contracts are in place for non-employees. The CPGM team provide workplan updates and achievements are shared via ABCD reports at each committee meeting. Chair reviews performance with the DSPT & DSCS
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LPC Reporting	Chair or Executive Officer(s) provide verbal reports on LPC activities to the Committee.	Chair, Executive Officer(s) and members provide written reports on LPC activities, including meetings attended on behalf of the LPC, to the Committee at each LPC meeting. These are discussed as an agenda item at each LPC meeting.	As amber Level, plus the meetings together with the names of the individuals attending on behalf of the LPC for the planned period up to the next LPC meeting are on the agenda as a matter of report or as part of reporting on the operating plan.	All LPC members are allocated to localities and key GM subgroups. Members highlight any meetings they are unable to attend or if additional meeting requests are received.
LPC Agendas and Minutes	Agendas and minutes of meetings of the LPC are not routinely made available to Pharmacy Owners.	Pharmacy Owners can view the LPC meeting agenda before each meeting and minutes via the LPC website within three working days of them being accepted, except any redacted parts.	As Amber Level, plus any confidential business described within the minutes sufficient for readers to understand that a matter was discussed.	CPGM Board minutes are published within 3 days of approval. <u>CPGM Board Meetings</u> dates are published a year in advance. Regular reminders are issued to contractors around the opportunity to suggest topics for the agenda. <u>https://forms.office.com/pages/responsepage.aspx?id=_Q6BXAL5sUSQ1U1bYbHG00TakjG1_pAlj_5IW-QC-xUOE9PTVFTU00zQk9EQjBPMk1CNO5MQVRIRy4u&route=shorturl</u>



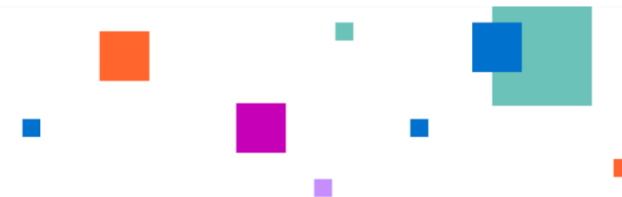
				Standard invitation for contractors to attend the open session of the meeting. https://greatermanchester.communitypharmacy.org.uk/about-us/governance/committee-meeting-dates/ The Agenda is published before each meeting The minutes include an overview and summary of any confidential business topics in the minutes.
Executive Officer(s) and Treasurer Roles	A single individual undertakes the role of both Executive Officer and Treasurer, although the LPC may be working to separate the roles; or the LPC has not reviewed the appointment of the Treasurer within the last 15 months.	LPC has clearly separated the roles of Executive Officer and Treasurer. LPC has reviewed the appointment of the Treasurer within the last 15 months.	As Amber Level, plus the LPC has assured itself of the personal independence of the Treasurer within the last 15 months. The assurance is documented so that, if challenged, it can be called upon as evidence.	Executive Officer and Treasurer role are separate. Treasurer appointed or reappointed by committee annually. CPGM Governance processes are followed as per CPE guidance CPE Finance Guide is utilised by the Treasurer



				and the Finance & People committee to manage CPGM finances. DOI process completed by all committee members and the CPGM team. These are reviewed by the Executive Chair. Independence of the Treasurer verified by the Governance subgroup who will review the DOI information. The Treasurer is not part of the Governance subgroup. The role of independent Treasurer has been discussed and is an option to maintain continuity of provision
Policies and procedures	No structured approach to policies and procedures.	Has the required policies and procedures in place including adopting Clyde and Co LLP employment procedures and that the Committee have assurance and oversight of these.	As Amber Level, plus published relevant has undertaken an audit of these within the last 12.	All CPGM policies and procedures are adopted and reviewed annually. All CPE template policies have been used.



				<u>CPGM Governance Framework</u> has been in place since Jan 2024. Employment contracts updated in 2024/25 to reflect changes in the terms and conditions of the CPGM employment offer. Employment advice from Clyde & Co. Some HR processes and templates provided by Ellis Whittam have been adopted with approval of the full committee. Chair uses the WorkNest site for employment support, information and record keeping purposes. Online training modules for Health & Safety completed annually via Learning Nest. Other optional modules are available for the team to complete.
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Business and Strategic Planning

Careful, realistic planning lays the foundation for a well- managed and governed LPC.

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
Strategic Plan	LPC has no strategic plan for community pharmacy or has a plan that hasn't been shared with all local commissioners or has a plan that hasn't been reviewed in the last 15 months.	LPC has a strategic plan that provides a vision for community pharmacy and for developing the local market for pharmacy services. The strategic plan has been reviewed and refreshed by the committee in the last 15 months. The strategic plan has been shared with the local commissioners and pharmacy owners.	As amber Level, plus the plan has been reviewed and refreshed by the committee in the last 12 months within a programme of planned review and aligns to the 'Vision for Community Pharmacy'	CPGM Operational workplan in place and reviewed and updated annually. GM Strategic plan for PC in outlined in the Greater Manchester Primary Care Blueprint which has been co-created with system/locality leads, commissioners and Primary Care Providers via PCB . This plan outlines the GM Primary Care Strategy for the next 3–5 years and includes Community Pharmacy deliverables e.g. PCARP delivery, GM MAS vaccinations, PHM and GMCR.
Work Programme	LPC has no work programme identifying workstreams and actions for officers and members of the committee or has a work programme that hasn't	LPC has an annual work programme to ultimately achieve the strategic plan within the lifetime of the plan. The work programme provides the basis for budget setting and identifies	As amber Level, plus the programme is typically reviewed formally at each committee meeting with areas showing slower than expected progress	Annual work programme In place and the detail of the work is on our planning tool Trello. Chair shares any areas of concerns with the committee



	been reviewed in the last 4 months.	workstreams and actions for officers and members of the committee.	highlighted and contingencies prepared together with budgetary controls.	or at the Finance & People subgroup meeting. CPGM Executive Officers and CPGM team provide the CPGM committee with written updates on delivery, key achievements and strategic matters, risks and mitigations required to support contractors and pharmacy teams.
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LPC Management and Structure

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
Operational Capacity	LPC has not formally considered or adjusted where necessary operational capacity against needs within the last 12 months.	LPC regularly reviews at least twice a year the annual Work Programme to deliver the Strategic Plan. On each occasion operational capacity is considered. Any adjustments made to increase or decrease capacity are implemented within 6 months of that decision.	As amber Level, but the review of the Work Programme is undertaken at each LPC Meeting.	Planning day held a minimum of every 6 months. Workload and resource reviewed monthly via Trello board. Weekly team meetings and check in sessions. Workplan updates provided via Chair, Executive Officers and the CPGM team. Resource requirements also discussed at 121 team meetings and Finance & People subgroup meeting.
Capability and Expertise	LPC has not formally identified or reviewed the additional capability and expertise needed by the LPC to work successfully in the current commissioning and support environment within the last 15 months.	LPC has formally identified capability and expertise needed by the LPC to work successfully in the current commissioning and support environment within the last 15 months and, where necessary, has secured access to those identified resources and	As amber Level, plus the LPC reviews progress and cost at each meeting, taking action as appropriate.	CPGM structure reviewed annually. Resource requirements, capacity and budgets are discussed at the Finance session of every CPGM Board meeting. Zero based budgeting approach used by Treasurer and Finance



		expertise to draw on when required.		& People subgroup to ensure effective management of CPGM finances. The Finance & People subgroup review resource, capacity and costs monthly with input from CPGM Executive Chair. The Chair monitors resource and workload and requests support where needed.
Size and Structure	LPC has not responded to the RSG proposals in full discussed both within the committee and at Regional level the fitness for purpose of the existing structures when evaluating the needs of representativeness and efficiency of the committee and adjusted, where appropriate, to meet those needs at least once within the last four years.	LPC has responded to the RSG proposals and discussed at regional level the fitness for purpose of the existing structures when evaluating the needs of representativeness and efficiency of the committee and adjusted, where appropriate.	As Amber Level, with systems to review ahead of the next election in 2027, where supported by pharmacy owners considered boundary, size of LPC and where possible more closely aligning with the local NHS	All RSG proposals implemented in 2023/24. onwards. Bolton merger successfully completed. Boundaries aligned to ICB footprint. The voice of Community pharmacy is represented within the GM ICB via GM PCB and CPFB CPGM Governance subgroup in place. Part of NW Region and meet regularly with the

				NHS GM team and the NW Regional team.
Working Together to Support Capacity	As above and LPC has not discussed within either the committee or at Regional level to evaluate possible joint working, collaboration, sharing resources or potential mergers with other LPCs once within the last 24 months.	LPC has discussed both within the committee or at Regional level to evaluate possible joint working, collaboration, sharing resources or any further potential for mergers with other LPCs once within the last 24 months.	As amber Level, plus this discussion has led to either maintenance or development of joint working, collaboration or sharing of resources between LPCs or future merger scoping with a clear plan and timeframe agreed.	Joint working with Primary Care, NHS GM, ICB and NW Region. CPGM completed the Merger with Bolton LPC in September 2023. All resources and finances aligned. CPGM speaks as one unified voice for GM contractors.
Members' Competence	LPC has not formally considered member training needs in the last since the new term of office in April 2023.	LPC has formally considered member training needs since April 2023 and members have attended appropriate training events where necessary to ensure the Committee has the skills to carry out its work. All LPC members (new and re-elected or re-appointed) should be provided with the following: 1. Local induction including copies of the LPC constitution and LPC expenses policy 2. Guide for new LPC members (updated June 2023)	As amber Level, plus a formal skills/experience audit of members of the LPC has been carried out and reviewed since April 2023. Formal consideration made for succession planning. A programme of relevant activity drafted to meet any skills needs identified has been agreed.	Skills audit completed. Comprehensive induction process for new committee members as per CPE guidance. CPGM team members have regular development and training sessions. Succession planning discussed at the Finance & People subgroup meeting. Succession may not be via internal progression. Specialist expertise utilised as needed to create flexible capacity



		3. Role of LPCs – a quick guide for LPC members (updated June 2023) 4. LPC Finance Guide (October 2023) 5. Employment Law briefing note: risks of liability (July 2022) 6. LPC Competition Law Guidance		and manage baseline employee costs.
CPE Regional Representative	There is no regular invitation for the elected CPE Regional Representative to attend LPC meetings and no representatives are sent to Regional LPC meetings.	There is regular Regional meetings to which the elected CPE Regional Representative is invited.	As amber Level, plus the elected CPE Regional Representative has a regular invitation together with agenda and papers to attend all LPC meetings and there is an agenda item available for them to present or answer questions and discussion.	NW Regional meetings and has a regular agenda slot. All papers are shared. Quarterly Regional LPC meetings are attended by Chair, DSPT & DSCS.
Sharing Innovation	There is no sharing of innovation in areas such as ways of working, service development and relationship building.	Innovation is shared locally with contractors or neighbouring LPCs.	Innovation is shared locally with contractors and shared at national or regional level, with contributions to the CLOT and the Services Database.	Executive Officers regularly attend Chief Officers meetings convened by CPE. Best practice is shared via quarterly NW LPC meeting hosted by the NW Regional Representative. Work with neighbouring LPCs and share



				information e.g. CPWY; CPSY; CPCW; CP Notts etc. Best practice and ideas shared at CPE meetings and conferences which are always attended by at least 3 people.
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Communication

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
Communication Plan	The LPC does not have any structured communications plan or ambitions for engagement with contractors and stakeholders.	The LPC has a communications plan which sets out how it will engage with contractors, e.g., through meetings, the LPC website and email newsletters. The plan also identifies key stakeholders. The LPC has re-branded since 2023.	As Amber Level, plus the LPC has reviewed progress on the plan at least once in the past 12 months. The LPC has moved to be known as 'Community Pharmacy Local' and considered adopting the CPE/CPL branding.	CPE local branding and assets adopted by CPGM in 2023/24. New assets are developed using updated branding and templates. This work is led by the Communications and Engagement Lead. Communications plan in place with agreed metrics. including Weekly "Ask the CPGM Team" sessions,



				CPGM Connect Pharmacy Visits, WhatsApp groups, Temperature Check calls, Regular newsletter and Briefings based on contractor feedback. Performance metrics are shared with the committee annually. Contact details for the CPGM team and Committee members are available here Comms card on Trello to capture all the key elements of our comms strategy.
Communication Mechanisms	There has been no direct communication to contractors within the last month; any website presence has only contact details with essential news and information.	LPC has contacted all contractors within the last month and has various channels to do so; the LPC website uses the CPE template and standard menu including all relevant local information including services.	LPC has a website that is well maintained, publicised and kept up to date with information for contractors on LPC business, LPC resources together with other local issues and news. LPC active social media channels and monitors engagement.	LPC website is maintained and updated multiple times every week. Weekly "Ask the CPGM Team" drop- in sessions are held for contractors and Pharmacy teams. Twice weekly newsletters issued. CPGM Connect Pharmacy Visits, WhatsApp groups



				and Temperature Check calls including a spotlight on services series and Focus campaigns such as pharmacy pressures. CPGM is Active on social media platforms such as LinkedIn, X, Instagram and Facebook. https://greatermanchester.communitypharmacy.org.uk/cpgm-spotlight-on-services/ CPGM Connect conference and fora are now a regular part of the calendar
Informing Pharmacy Owners and their Teams about Commissioning Matters	LPC has not directly informed contractors of commissioning matters within the last four months.	LPC has routinely informed contractors of commissioning matters including local commissioning plans, targets and opportunities together with reports of the LPC's work on behalf of contractors to promote community pharmacy to commissioners.	As Amber Level, plus there are clearly identified links to the LPC Strategic Plan and Work Programme within the communications.	GM workplan shared with contractors and updates are shared with contractors at Contractor events and the AGM. https://greatermanchester.communitypharmacy.org.uk/primary-care-provider-board/ DSPT 6 monthly horizon scanning update published



				in the newsletter which include updates on GM innovations to support operational excellence, support offers and development of CP role in GM e.g. Pharmacy Excellence, GMCR, WF development. https://greatermanchester.communitypharmacy.org.uk/gm-care-record-2/ CP representatives attend GM Primary Care Commissioning Committee and the Primary Care Strategy Implementation Group to implement local services/innovations and develop future services e.g. GM MAS. CMDU Regular sessions are held to review contractor feedback and review future developments vs contractor capacity/capability.
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				Team structure updated to differentiate between strategic thinking & innovation and operational & tactical support RAG ratings shared to support contractor decision making.
Media Relations	Appropriate LPC Officers have not had training to respond to queries from the media when asked.	Appropriate LPC Officers had training to respond to queries from the media when asked. There is an LPC member or Officer who is responsible for media relations and suitably trained to meet the requirements of the Work Programme.	As Amber Level, plus the LPC proactively represent views through the media and issue press releases to promote local pharmacy when appropriate and has done so at least twice in the last 12 months.	Comms & Engagement Lead trained in Media and Journalism. Various committee members also media trained, and their support is accessed when required. Executive Officers also provide significant leadership and support with external engagement, media sessions and MP visits. Further training has been accessed by the CPGM team via the CPE webinar. The Chair has attended a F2F media strategy session.



				Communications and Engagement Lead building contacts with ICB and NHS comms teams. Media coverage locally of PC Blueprint, MP visits and antibiotic shortages etc
Pharmacy Owner Passive Engagement	LPC holds at least one Pharmacy Owner meeting a year, which may be the Annual Meeting.	LPC has a mechanism by which views expressed by Pharmacy Owners can be considered by the committee and a response made to the contractor. LPC holds at least one Pharmacy Owner meeting a year, which may be the Annual General Meeting.	As Amber Level, plus LPC regularly reminds contractors of methods by which their views can be considered by the LPC and promotes views to be shared via the CPE opinion polling.	AGM meeting held annually. This will be a F2F event in 2026 WhatsApp polls seek contractor and pharmacy teams' views via 10 locality WhatsApp groups. Contractors are provided with the opportunity to request CPGM agenda items. Agenda items are requested regularly via a CPGM Survey. Contractors have the opportunity to attend committee meetings. CPGM Connect provides F2F training and webinars for contractors organised as per contractor needs and feedback. CPGM team



				attend F2F and virtual meetings to engage to meet contractors and seek views. CPGM Connect visit days happen monthly with a review session the following day to influence priorities and workplan. Weekly “Ask the CPGM Team” drop-in sessions held by CPGM. QR codes provided to all contractors and pharmacy teams to seek feedback. Contractors can contact the LPC via multiple routes including Contact Us – CPGM page and enquiries@cpgm.org.uk All issues are logged and trends identified. Contractor challenges shared with appropriate sub-committees. F2F Contractor Forum events are scheduled for 2026
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Pharmacy Owners Proactive Engagement	LPC cannot demonstrate proactively seeking views of non-LPC Member Pharmacy Owners in advance of at least one meeting (which is not the annual General Meeting) within the last 15 months.	LPC can demonstrate proactively seeking views of non-LPC member Pharmacy Owners and representatives in advance of at least one meeting (which is not the Annual General Meeting) within the last 15 months.	LPC can demonstrate proactively seeking views of non-LPC Pharmacy Owners in advance of at least three meetings (one of which can be the Annual General Meeting but is not the views on the Annual Report or Accounts) within the last 15 months.	WhatsApp polls have been set up to seek contractor views. Contractors can request agenda items by contacting the office, enquiries@cpgm.org.uk or via completion of an online form. Contractors are provided with the opportunity to attend committee meetings. Regular F2F and online training organised for contractors and pharmacy teams. CPGM team attend weekly drop-in sessions to engage with contractors, listen to their views and seek feedback on a wide range of matters. QR codes have been created for contractors to provide feedback and "contact us." Weekly "check in" calls with contractors. Fully funded CPGM Connect Forum events run
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				a minimum of twice a year to give contractors the opportunity to shape future workstreams.
Local MPs	The LPC know who the local MPs are but have not had any contact with them in the past 12 months.	The LPC has contacted at least one MP in their area via email; or has hosted a visit to a community pharmacy; or has met directly with an MP within the last 12 months.	As Amber Level, plus the LPC has engaged with all local MPs and target Prospective Parliamentary Candidates in some form within the last 12 months and has an ongoing relationship with at least one supportive MP.	Regular proactive communication with all MPs across GM with a number of F2F visits with Pharmacy contractors. Updates and actions have been coordinated with the CPE communications team. Further information is available here A CPGM manifesto has been developed and shared with local MPs. An MP brochure is in development for April 2026.

Contract Development

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
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Essential Services	LPC is supporting contractors where requested with difficulties complying with the contract requirements to support implementation.	LPC is involved as appropriate with monitoring visits with the ICB Pharmacy Contract Team. LPC is supporting contractors where requested with difficulties complying with the contract requirements to support implementation.	As Amber Level plus provision of data to contractors to assist compliance with CPCF more broadly. Signposting to trade bodies for general business advice and to CPE for non-local NHS / CPCF matters.	CPGM supports contractors and Pharmacy Teams via F2F visits and liaison with the GM Primary Care team to support CPCF implementation. The CPGM team also work with GM PC team and ICB to implement national services, review data, plan training and provide contractor support collaboratively. CPGM support contractors with CPCF compliance and CPAF monitoring working closely with GM NHS. Signpost to NW Regional Representative, trade bodies and CPE team where support is needed outside the remit of CPGM. https://greatermanchestercommunitypharmacy.org.uk/nhs-contract/nhs-contract-information/
Advanced Services	LPC has no Work Programme to regularly review or	LPC has reviewed within the last 12 months how many	As Amber Level, plus the LPC reviews at least every 4	Weekly review of delivery and data via Advanced



	encourage uptake and of Advanced Services and implementation of new Services.	contractors are providing Advanced services in the LPC area. LPC support pharmacy owners with Advanced Services and works with the local NHS, GPs and others when starting Advanced Services and provide a briefing on the services and arrangements appropriate to local circumstances.	months both the number of contractors providing Advanced Services together with the level of delivery and reviewing the Work Programme accordingly.	Services Working Group (SWG) consisting of CPGM, CPPB and NHS GM. SWG provides monthly reports which are shared with LPC committee and wider stakeholders. Issues and problems discussed with LPC committee and subcommittees. Collaborated to develop a joint services implementation workplan with the ICB and NHS GM. CPGM produces briefings and support documents. Follow up Pharmacy visits conducted to provide support. F2F training and webinars to ensure contractors are supported to implement and deliver CPCF services. E.g. F2F Pharmacy First and Contraception Workshops and online webinars provided.
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				Engagement on CPCF to ensure contractors receive support.
Commissioning Environment for Local Services	Whilst LPC Members and Officers may be familiar with procurement and commissioning rules, information is only provided to contractors upon request.	LPC has provided guidance to all contractors explaining the local commissioning landscape and arrangements to contractors.	LPC has implemented an ongoing communications plan to all contractors explaining the local commissioning landscape and arrangements to contractors together with relevant changes.	https://greatermanchestercommunitypharmacy.org.uk/primary-care-provider-board/ Six monthly updates provided by DSPT on what's happening in the local commissioning landscape. RAG information and Focus on Pharmacy Pressures shared with contractors. https://greatermanchestercommunitypharmacy.org.uk/primary-care-provider-board/
Negotiation of Local Services	LPC has no Work Programme to regularly review or encourage the LPC's local service negotiation.	LPC can demonstrate that they are proactively working with local commissioners to negotiate new Local Services provision and maintain or develop current local services. A proactive programme of review of current arrangements has been undertaken within the	As Amber Level, plus negotiates and develop local contracts based on national templates and frameworks where available. Where LPC has successfully negotiated a new Local Service, this is for a period approved by the LPC to ensure	RAG rating checklist developed and proactively shared with local commissioners to address the sustainability of services. DST and DSCS working to standardise and harmonise SLA and specs at a GM level.

		last 15 months to ensure that continuation and development of Local Services takes place. The LPC uses the CPE costing briefing for local services.	successful implementation, sustainability and return on investment and LPC has highlighted to contractors any significant changes or key requirements of new contractual arrangements. If no new services have been negotiated within the last 15 months, then the Work Programme has these actions explicitly stated.	Fees are regularly reviewed with commissioners to support contractor sustainability via DSCS and CPGM office team working with the services subgroup. CPGM published a Focus on CP Pressures campaign which contained detailed information on costs and ROI for CP services to support contractors. Further information is available here
Supporting Delivery of Local Services	LPC provides reactive support to all contractors, or individual contractors, to maintain and develop Local Service income.	LPC Strategic Plan and Work Programme both identify a workstream to maintain and develop Local Service income for contractors. This workstream can be demonstrated to be active.	As Amber Level, plus the LPC can demonstrate that they have proactively provided support to contractors to engage and deliver Local Services.	Contractor visits and calls. Data monitoring to identify potential issues. "Spotlight Series" includes briefings and resources to support contractors with guidance, updates and FAQs to address common issues. Development of Service toolkits, locality guides and Focus on series to provide guidance, advice and



				support e.g. Pharmacy Pressure support CPGM board members are also appointed as Locality Leads across 10 GM boroughs to support integrated working within neighbourhoods and PCNs https://greatermanchestercommunitypharmacy.org.uk/localities/
CPE Services Database	LPC does not use the services database.	LPC uses but does not contribute to the services database.	LPC uses and has contributed to the services database in the last 12 months.	CPGM responds to all requests for information regarding the Services Database and proactively shares details of newly commissioned services. The CPE services database is used to support the development of new services and to benchmark existing ones during the re-commissioning cycle. The CPE fee structure was used to support the RAG review of services.



Stakeholder Relationships

	Red level: Inadequate	Amber level: adequate	Green Level: Good	Evidence available
Stakeholder Mapping	No co-ordinated or documented approach to stakeholder management.	Completed local stakeholder mapping using CPE templates within the last 12 months	As Amber Level, plus proactively engages with identified stakeholders at agreed intervals to maintain and develop relationships.	Stakeholder mapping completed and owners identified
Needs Assessments and Strategic Plans	LPC may be familiar with the local needs assessments (JSNA, PNA), public health report and commissioning strategic plan but does not yet have regular dialogue to influence.	LPC has identified the key individuals who influence planning and strategic decisions at Local Authorities and Integrated Care Board and has discussed Community Pharmacy's role in implementation of the	As Amber Level, plus the LPC discusses the role of Community Pharmacy with those key individuals before the publication of the commissioner's Strategic Plans with the aim to embed that role within those plans.	PNA successfully completed. Contractor workload minimised through collaborative working. Engagement via CPPB/PC for GM wide strategic planning including GM PC

		commissioner's Strategic Plans within three months of publication.		Blueprint Implementation meetings and commissioning.
Patients and Representatives	LPC may be aware of the key individuals who represent patients view locally but does not yet have regular dialogue.	LPC has identified the key individuals within local patient representative organisations and elected representatives (Local councillors and MPs) who influence planning and strategic decisions and has taken the opportunity to discuss the role that Community Pharmacy can and does play in local service delivery within the last 12 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactive engage with those key individuals at least once within the last 12 months.	Ongoing cycle of MP engagement (1/4ly) following CPE guidance. Some engagement with local councillors. Engagement with Mayor Andy Burnham, GMCA representatives, ICB and wider system partners through Primary Care Board representation at the Greater Manchester Integrated Care Partnership Meetings
General Practitioners	LPC has no formal plans for engaging with GPs.	LPC representatives meet at least twice a year with LMC colleagues or other GP leadership, such as PCN Clinical Leaders, to keep GPs informed and discuss any interprofessional issues.	As Amber Level, plus the LPC has actively promoted referral routes into Community Pharmacies from General Practice. Has ongoing funded arrangements for engagement in Primary Care Networks (PCNs)	Ongoing engagement with GPs via LPC/LMC, PCB and GM PC groups/Blueprint development. Locality Leaders in place



Other Professionals	LPC may be aware of the key individuals who represent other professionals, such as other Local Representative Committees and Locality Groups but does not yet have regular dialogue.	LPC has identified the key individuals who represent and influence other professionals and has taken the opportunity to discuss the role that Community Pharmacy does and can play in local service delivery within the last 12-24 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactive engage with those key individuals at least once within the last 12-24 months.	Work collaboratively with all LRCs via CPGM, Primary Care Board and Locality Boards. High levels of engagement with GM system Leadership via boards and other forums such as task and finish groups. CPGM have a dedicated role in the current structure to support relationship building, strategy planning and joint collaboration to support left shift and population health management.
NHS England Region, NHS Pharmacy Contract Teams (ICB or hosted region)	LPC may know the key individuals who Influence commissioning decisions but does not yet have regular dialogue.	Administration of pharmacy applications, fitness to practise and monitoring are always reviewed. LPC has identified the key individuals who represent and influence commissioning decisions and has taken the opportunity to discuss the role that Community Pharmacy does	As Amber Level, plus the LPC has sought to proactive engage with those key individuals at least once within the last 15 months.	LPC/GM PC engage with GM wider system leadership via PCB/CPPB to define the role that CP can play in local service delivery and develop transformation initiatives aligned to the Kings Fund vision.



		and can play in local service delivery within the last 15 months, when the opportunity arose.		e.g. Development of winter pressures GM MAS, GMCR and CMDU etc Market entry subgroup support administration of Pharmacy applications.
Local Authorities	LPC may know the key individuals who Influence commissioning decisions but does not yet have regular dialogue.	LPC has identified the key individuals who represent and influence commissioning decisions and has taken the opportunity to discuss the current and future role that Community Pharmacy does and can play in local service delivery together with local public health priorities within the last 15 months, when the opportunity arose.	As Amber Level, plus the LPC has sought to proactive engage with those key individuals at least once within the last 6 months.	The Executive Officers. CPGM team and Committee Locality Leaders members are actively involved in PCB and CPPB to support integrated working and jointly develop system plans which focus on NHS Change, left shift, population health and care closer to home inclusive of CP. Regular diarised meetings with agenda and minutes. GM Primary Care Liaison meeting held quarterly. CPGM team regularly engage with NHS GM PC to address contractor issues,



				highlight pressures and seek support as required.
NHS ICBs	LPC has no work plan to engage with ICBs and the wider system.	LPC has a work and communication plan to engage with work collaboratively with the ICBs, including the Chief Pharmacist, Community Pharmacy Clinical Leads, Provider Collaboratives (or equivalents) and other relevant parts of the ICB.	As Amber Level, plus the LPC is embedded in key workstreams or a Community Pharmacist or the LPC have secured involvement at Board level.	GM NHS Primary Care Liaison meeting held quarterly. Regular meetings held with locality and GM commissioners. GM ICB Chief Pharmacist and CCPL regularly attend committee meetings. DSPT and DSCS meet weekly with GM Clinical and Care Professional Lead. Board level representation of CP within Primary Care Board and other system board meetings/forums.