



Annual Report & Accounts 2017/18

Greater Manchester Local Pharmaceutical Committee

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Welcome

Welcome to our Annual Report & Accounts for 2017/18, our first full year of operation. It has been a privilege to represent community pharmacy contractors in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside & Glossop, Trafford and Wigan since GMLPC was created in October 2016.

This time last year, we set out clear goals for what we hoped to achieve in 2017/18. We have made excellent progress on many fronts even if the path has not always been straightforward. The financial climate continues to be very difficult for pharmacies, and like most areas of England we have seen closures. Our focus has been on enabling contractors to maximise their income and efficiency, convincing commissioners of the value of community pharmacy, and developing new service and business opportunities for GMLPC contractors.

We are delighted to present this annual report, which summarises our activity from April 2017 to March 2018, and sets out our priorities for 2018/19.



Aneet Kapoor
Chair

Adam Irvine
Chief Executive

Key highlights of the last year

- We secured all locally-commissioned services, many on better terms for pharmacies. None were decommissioned
- Great progress has been made in terms of simplifying local pharmacy commissioning, so it's better for patients, pharmacies & commissioners
- Our new service pilots included Hepatitis & Salford vaping and continuation of the development of a AF Service
- We have been influential in co-designing new services including a Chlamydia C Cards scheme, Healthy Start Vitamins and a Champix Service, that can now be utilised across GM
- We provided a vast range of training & support, including Quality Payments, HLP, webinars & top tips guides
- We developed a new Academy to train and develop the whole Community Pharmacy Team
- We have been influential in ensuring the Public health teams agreed to the same 6 mandatory campaigns for all pharmacies in Greater Manchester to maximise impact and ensure resources are available for our pharmacies

About Greater Manchester LPC

We are the statutory body representing people who provide community pharmacy services in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside & Glossop, Trafford & Wigan in discussions and negotiations with commissioners. Commissioners have a legal duty to consult us on proposals affecting community pharmacy.

We were created in October 2016 after contractors voted to merge six smaller LPCs. We represent all pharmacies that hold NHS contracts to provide community pharmacy services in our area, from large chains to small independents and online distance-selling pharmacies.

Our vision: To enable community pharmacy to improve health now and in the future

Our values: Innovative, Collaborative, Integrity, Excellent, Supportive

Our strategy

Our strategy has four strands:

- Leading pharmacy through devolution
- Developing future services
- Supporting practices
- Championing and promoting pharmacy

Who we are

Our committee has 13 members who have been nominated or elected to represent their sector:

- 5 independent contractor representatives, elected by peers
- 2 representatives of medium-sized chains, nominated by AIMp (Association of Independent Multiple Pharmacies)
- 6 representatives of large multiples, nominated by CCA (Company Chemists Association)

We also have a small team of office staff, led by our Chief Executive Adam Irvine.

Current committee

- Aneet Kapoor, Chair (Ind)
- Ifti Khan, Vice Chair (CCA)
- Bruce Prentice, Treasurer & Wigan Locality Lead (Ind)
- Mubasher Ali, Tameside Locality Lead (CCA)
- Waqas Ali, Oldham Locality Lead (CCA)
- Mohammed Anwar, Rochdale Locality Lead (Ind)
- Peter Marks, Stockport Locality (AIMp)
- Fin Mc Caul, Workforce Development Lead & Bury Locality (Ind)
- Mohamed Patel, Bury Locality Lead (Independent)
- Sarah Simpson, Stockport Locality Lead & Manchester Locality (AIMp)
- Helen Smith, Trafford Locality Lead (CCA)
- Jennie Watson, Manchester Locality Lead (CCA)
- Jonathan Whiting, Salford Locality Lead (CCA)

Page 5 shows all committee members who have served since April 2017 and their meeting attendance.

The Committee is split into sub-group to support the wider team, these subgroups include:

- HR
- Finance
- Applications
- Governance
- Workforce Development
- Service Development

Office team:

- Adam Irvine, Chief Executive Officer
- Claire Dickens, Deputy CEO and Operations & Development Manager
- Emer Scott, Communications & Engagement Lead
- Rikki Smeeton, Commissioned Services Lead
- Dipesh Raghvani, Clinical Lead
- Lisa Mather, Business Support Officer
- Helen Reed, Business Support Officer
- Reece Smith, Administration Officer

Committee details

The table below lists all committee members including those former members who served in 2017/18.

Name	Service Period	Roles held in 2017/18
Mubasher Ali (CCA)	Sep 2017 – current date	Locality Lead
Waqas Ali (CCA)	May 2018 – current date	n/a
Mohammed Anwar (Ind)	Oct 2016 – current date	Locality Lead
Chris Dagnall (CCA)	Oct 2016 – Aug 2017	Treasurer (Apr–Aug 2017)
Aneet Kapoor (Ind)	Oct 2016 – current date	Chair
Ifti Khan (CCA)	Oct 2016 – current date	Vice-Chair
Peter Marks (AIMp)	Oct 2016 – current date	Locality Lead
Phil Maslin (CCA)	Oct 2016 – May 2018	Interim Treasurer (Sep 2017 – May 2018)
Fin Mc Caul (Ind)	Oct 2016 – current date	Workforce Development Lead
Mohamed Patel (Ind)	Oct 2016 – current date	Locality Lead
Raj Patel (AIMp)	May 2017 – Jan 2018	Locality Lead
Gary Pickering (CCA)	Oct 2016 – Jun 2017	Services Lead
Bruce Prentice (Ind)	Oct 2016 – current date	Locality Lead
Sarah Simpson (AIMp)	Jan 2018 – current date	n/a
Helen Smith (CCA)	Oct 2016 – current date	Locality Lead
Gill Stone (CCA)	Oct 2016 – May 2018	Locality Lead
Jennie Watson (CCA)	Oct 2016 – current date	Locality Lead
Jonathan Whiting (CCA)	May 2018 – current date	n/a

Committee meetings

Our committee meets every two months. Meetings are held in public and contractors are welcome to attend. The table below shows committee attendance in 2017/18.

Member	May 2017	Jul 2017	Sep 2017	Nov 2017	Jan 2018	Mar 2018
Aneet Kapoor (Chair)	✓	✓	✓	✓	✓	✗
Ifti Khan (Vice-Chair)	✗	✓	✓	✓	✓	✓
Mubasher Ali	n/a	n/a	✓	✓	✗	✓
Mohammed Anwar	✓	✓	✓	✓	✓	✓
Chris Dagnall	✓	✓	n/a	n/a	n/a	n/a
Peter Marks	✓	✗	✓	✓	✓	✓
Phil Maslin	✗	✓	✓	✓	✓	✗
Fin Mc Caul	✓	✓	✓	✓	✓	✓
Mohamed Patel	✗	✓	✓	✓	✓	✓
Raj Patel	✗	✗	✗	✗	✗	n/a
Gary Pickering	✓	n/a	n/a	n/a	n/a	n/a
Bruce Prentice	✓	✓	✗	✓	✓	✓
Sarah Simpson	n/a	n/a	n/a	n/a	n/a	✓
Helen Smith	✓	✓	✓	✓	✓	✓
Gill Stone	✓	✓	✓	✓	✓	✓
Jennie Watson	✗	✓	✓	✗	✓	✓

Chair's Report

Community pharmacy has been a vital part of the NHS since its creation 70 years ago. The past year has undoubtedly been the most challenging both as a contractor and as Chair of an LPC, as cuts to community pharmacy funding really began to bite. Contractors faced extensive and prolonged issues with drug pricing and supplies and services in some parts of England were decommissioned. Little surprise then, that there have been closures and changes of ownership, both in Greater Manchester and elsewhere. We spent much of 2017/18 championing the value of community pharmacy and alerting commissioners, other health providers, and key influencers such as local MPs to the risks of underfunding.

Despite that, however, we have much to celebrate and be proud of as we look back on last year, and our progress so far in 2018/19. We have successfully negotiated better terms for our contractors for many locally-commissioned services – for example, harmonising service specifications for substance misuse services in several areas, and persuading Bury commissioners to simplify the claims and payment process by moving to PharmOutcomes and engaging CHL to manage the process. Unlike many areas, none of our services have been decommissioned – this is a major achievement in the current climate and demonstrates our success at persuading commissioners of the value of community pharmacy. Our support for the quality payments scheme has been well received and has helped to enable 592 pharmacies to be able to make a claim against the scheme. For some of the criteria areas, such as HLP, this was a big challenge and we now have over 90% of our Community Pharmacies accredited. The LPC played a pivotal role in this by securing significant funding from HEE and GMHSCP to facilitate and deliver the HLP Leadership and Health champion training across Greater Manchester including Bolton. We saw a 60% increase in the number of Flu vaccinations administered in Greater Manchester within a community pharmacy setting, with 462 of our pharmacies delivering the service and administering over 68k vaccines across GM.

Longer-term security, however, hinges on community pharmacy contractors and our teams stepping up to embrace the service opportunities that are out there. Commissioners will rapidly lose patience if pharmacies don't engage or deliver what they promise when they sign up to a service. The days of dispensing-only pharmacy are numbered. The future is in delivering pharmacy-based health services that add real value for our patients, commissioners, and health/social care partners.

The inhaler-technique service we negotiated together with Bolton LPC is a fantastic example of how pharmacies can make major contributions of this kind. Helping patients use their inhaler correctly can significantly enhance their quality of life, improve clinical outcomes, reduce medicines wastage, and reduce avoidable admissions/attendances in other healthcare settings. However, if pharmacies aren't actively engaged, this service could be decommissioned, and the reputation of community pharmacy could be severely tarnished, so it's imperative we all do our utmost to engage and deliver.

This time last year, we set out a vision for transforming community pharmacy in Greater Manchester, by supporting pharmacies to embrace service delivery and working with commissioners to develop a new model for local services. Although progress has been a little slower than we'd hoped – partly due to changes in the commissioning landscape, with CCGs, local authorities and partners developing new ways of working and 'local care organisations' (LCOs) – we have made huge strides forward.

The new GM Healthcare Academy is a major achievement: This was a concept we considered in 2016, and throughout 2017 we further scoped and worked with colleagues from Bolton LPC, the Pharmacy LPN and GMHSCP bring it into fruition in early 2018 in shadow form. You will see the official launch of the Academy at this year's AGM and Annual Conference on the 23rd September 2018.

Similarly, we have secured widespread support for our mission to simplify the process of commissioning and managing local pharmacy services. You can read more about that aspect of our work later in this report, but we expect to make significant progress before the end of 2018/19.

The pressures facing community pharmacy aren't going away. New challenges are on the horizon, none of us knows yet how Brexit will impact on Community Pharmacy. The challenge of implementing the requirements for the Falsified Medicines Directive is imminent and we commit as always to support our contractors in their journey to compliance. Yet there is much to be optimistic about – community pharmacy is resilient, and commissioners in Greater Manchester understand the value we bring. GMLPC will support contractors to embrace change and a new service-led future.

Aneet Kapoor

Chair

Chief Executive Officer's Report

Our biggest priority over the past year has been to support GMLPC contractors and their teams, by championing the value of pharmacy, developing new services, ensuring pharmacy benefits from Greater Manchester devolution, and arranging training and resources to help pharmacies in daily practice.

At last year's AGM, we shared our vision for ensuring community pharmacy in Greater Manchester was fit for the future by working to transform the way local services were commissioned and managed and achieving greater harmonisation of service specifications and accreditation requirements. This is crucial in reducing blocks and barriers to consistent, high-quality service delivery – currently, pharmacies must keep up to date with a vast range of different requirements for the same services in different parts of Greater Manchester.

We also promised an extensive package of training and workforce development to support pharmacies in embracing new ways of working and said we would enhance our presence within individual localities, building on the strong and constructive relationships we have established at a Greater Manchester-wide level. In addition, we pledged to continue developing pilots and new service opportunities, demonstrating the value of community pharmacy for patients and local residents.

I am delighted to report that we have delivered what we promised, although the path has not been completely straightforward. We have gained widespread support from commissioners, other providers, and patient groups for our case for harmonising and simplifying local pharmacy commissioning. Together with commissioners, we are developing a joint proposal with the potential to significantly improve the way non-NHS England pharmacy services are commissioned and managed with huge benefits for patients, pharmacies, other areas of healthcare, and commissioning organisations. Changes to decision-making processes, and within the local commissioning landscape as localities develop their own health strategies, mean the pace has been slower than anticipated but all the pieces are now in place and we anticipate significant progress in the first quarter of 2019.

The launch of GM Healthcare Academy – our new partnership with the NHS and other local pharmacy organisations, supported by CPPE – brings to fruition our vision for training and workforce development. It is now our key vehicle for coordinating training and support; aligned to the pharmacy sector's priorities and achieving excellence in day-to-day practice. Our first events – focusing on pharmacy efficiency and simplifying the NMS process – received exceptionally good feedback and we have an extensive programme for the year ahead.

To enhance our presence in localities, while maintaining our focus on developing new services, we have restructured our office team. Claire Dickens is now Operations & Development Manager and Deputy Chief Executive, scoping how we can engage with the development of LCO's across Greater Manchester and making the case to commissioners. Rikki Smeeton, who joined us in September 2017, meets regularly with local commissioners and supports pharmacies to deliver existing services and look at new opportunities in her new role of Commissioned Services Manager. The GMLPC committee has also agreed new roles so that each area now has a dedicated Locality Lead working with the office team.

With regard to services, we are particularly proud that we have not only retained all locally-commissioned services, we have negotiated better terms for our contractors for a number of services. Earlier this year, we launched an exciting pilot Hepatitis C service with participating pharmacies offering a 'test-and-treat' service to people who inject drugs. Other projects include a pharmacy-based e-cigarette pilot in Salford and the launch of a Champix service in Rochdale.

Our priorities for 2018/19 are set out in the section that follows later in this report. We will continue with our vision for local pharmacy services, presenting a three-tier offer to commissioners with a matrix of high-quality service specifications and accreditation requirements. Delivery will be supported by the GM Healthcare Academy's programme of workforce development and training, together with the new contractor care programme we began piloting in August 2018 – this will enable us to provide dedicated support to pharmacies, tailored to their own needs. The service dashboard we have been developing – which includes the latest available data on service delivery in GMLPC contractors' pharmacies – will inform all our work and aid the identification of gaps in provision and new opportunities. We will also be even more contractor-facing in the coming year with our key team members out visiting pharmacies regularly capturing their successes, issues and challenges to enrich the way we can represent and support you all.

In conclusion, then, we have a huge amount to be proud of even though the operating circumstances for community pharmacies continue to be very challenging. The uncertain political landscape brought about by Brexit and the introduction of FMD in 2019 present further challenges, and there are still no updates yet about the national pharmacy contract and the future of Quality Payments.

Nevertheless, Greater Manchester is far better placed than many areas to cope with whatever the future brings: our vision for local services has widespread support (including that of commissioners), the new Academy will equip pharmacies with the skills and ability to embrace change and focus on a service-led future rather than merely dispensing medication.

You can read more about our achievements in 2017/18 and plans for 2018/19 in this annual report.

Adam Irvine

Chief Executive Officer

Treasurer's Report

Treasurer's Report, review of year to 31st March 2018.

GMLPC is funded by your levy payments and as your committee representatives we use this to represent and support you whilst working with you to sustain and develop your services. To this end we held the levy contribution and looked at how we operated as an LPC to reduce running costs.

Over the last year the GMLPC has reduced meeting costs by taking advantage of the resources within the office-based team to attend local meetings. We have been able to secure investment from Health Education England and Greater Manchester Health and Social Care Partnership for help with training for HLP and dementia training to enable you to maximise your quality payment submissions.

I accepted the role as the Treasurer of the GMLPC in May 2018 and my thanks go to the previous post holders - Chris Dagnall and Phil Maslin. I know that they too consider the post to be a vital one as it is imperative that the Treasurer maintains the integrity of the committee finances.

2017/18 was inevitably going to be a very difficult one for community pharmacy and the committee decided to budget monies with the aim of supporting contractors to achieve the maximum quality payment as the full impact of the Government's plans for the sector emerged.

We are deeply committed to give our contractors excellent value for money for your levy contribution and the LPC reviews the levy on an annual basis and changed where necessary to deliver the best support it can for its local contractors. All expenditure is agreed and reviewed by the full LPC Committee and recognising that we must work within a tight budget we have gained sponsorship to support the delivery of key projects and training events (such as for inhaler technique) so these have been provided in a cost neutral manner.

As a committee we are mindful of how we should set our budget in the upcoming year. The GMLPC holds some cash reserves and recognises the huge financial strain contractors have been under in the previous 12 months. There has been no levy increase since we established the GMLPC and **I am delighted to inform you take we will not be increasing the levy for contractors in 2018/19.**

Included with this annual report are our latest draft annual accounts verified by an independently appointed accountant for your approval. We have included some explanatory notes that relate to changes in the way that the accounts have been produced this year.

We would welcome your comments or feedback as we work to support you in 18/19.

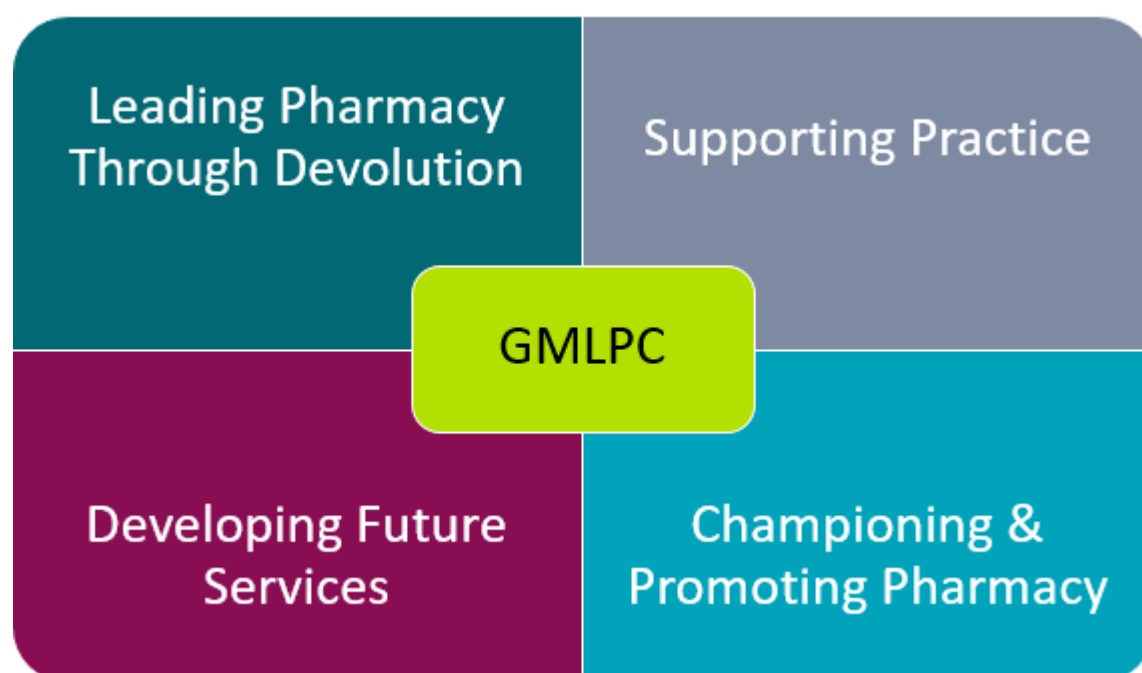
Bruce Prentice

Treasurer

Performance since April 2017

Our work programme and objectives for 2017/18 focused on delivering the strategy we agreed when GMLPC was established. The priorities we have set ourselves for 2018/19 – presented on page 19 – build on what we achieved in 2017/18. Our organisational strategy has four strands:

- Leading pharmacy through devolution
- Developing future priorities
- Supporting practice
- Championing & promoting pharmacy



Leading pharmacy through devolution

Representation in key decision-making bodies

Our commitment to developing strong and constructive relationships with senior decision-makers has ensured community pharmacy's voice is heard at the highest level. We have a seat at the GM Health & Care Board and the GM Partnership Executive, the key forums for health and social care devolution. For community pharmacy to have this level of access to senior decision-makers – responsible for health services serving 2.8m people is almost unique – in England. It is testament not just to our own efforts, but also the vision of local commissioners and partners in recognising the importance of community pharmacy.

Securing support for pharmacy commissioning

We have worked closely with colleagues in Greater Manchester's Primary Care Advisory Group – which includes GPs, dentists and opticians – to develop a shared vision for future pharmacy services, gaining support and buy-in for a potential new commissioning model.

Working with localities

The formation of local care organisations (LCOs) – partnerships overseeing health planning at a locality level (i.e. boroughs, rather than GM-wide) – presents an opportunity for us to demonstrate the role community pharmacy can play in future services. We have spent some time mapping out the existing service offer and

potential opportunities in each locality, as well as building local contacts. Although LCOs are still embryonic in much of Greater Manchester, they are further advanced in some areas and we are fully engaged in those discussions. We also meet regularly with NHS and local authority commissioners, and with other key partners, in each locality.

Health improvement

Local commissioners agreed that all Greater Manchester pharmacies should deliver the same six mandatory health campaigns in 2018. Gaining this agreement from them was a major achievement – we successfully argued that campaigns would be stronger and more effective if there were consistent messages across Greater Manchester, linked to priorities for health improvement and, ideally, for which publicity materials were already available. It also meant we could produce a recording platform on PharmOutcomes, for our pharmacies to record their interactions, which in turn gives us an evidence base to demonstrate the true value and impact community pharmacies have in supporting and promoting public health campaigns. This meant that, throughout 2018, we have provided consistent support and resources to help pharmacies deliver successful health campaigns – including training events delivered jointly with commissioners and public health teams to inform pharmacy teams about key health messages. Public health teams have been impressed with the results, with local pharmacies recording around 1,000 interventions during April’s bowel cancer screening campaign.

Pharmacy Local Professional Network

The Pharmacy Local Professional Network (LPN) is a crucial arena we are proud to be a part of in Greater Manchester. Many of the above initiatives are supported by workstreams within the LPN structure. We have been an integral part of these Pharmacy LPN’s workstreams, making a major contribution to the achievement of its objectives.

Key groups within the LPN and their focus can be seen below:

- **Seamless Care & Medicines Optimisation:** working on the Transfer of Care Around Medicines (TCAM) pilot and further rollout as well as developmental work on Medicine Use Reviews.
- **Promotion of Health and Wellbeing:** worked on the HLP rollout and PharmOutcomes support for HLP which can be used to record the public health campaign successes.
- **Pharmacy Services Development Group:** developing and garnering support for the new commissioning model and driving the harmonisation of services.
- **Patient Safety:** looking after some of the implementation of the GM Medicines strategy.
- **Communications and Engagement:** delivered and reported on the recent Pharmacy LPN celebratory conference.
- **Pharmacy Training:** involved in scoping and now steering the GM Healthcare Academy.

All of this is helping us to ensure Community Pharmacy is well placed to engage in developing LCO structures as well as the future service environment.

Developing future services

Protecting existing services & negotiating better terms

We successfully protected all locally-commissioned services, negotiating better terms for contractors for many of them. Examples include:

- Increased funding for the inhaler-technique service, with a £10 payment and £7 follow-up – the review has also been detached from MUR, so contractors can now claim for this separately where MUR is clinically appropriate.
- Harmonised service specifications for needle exchange and supervised consumption services across Bolton, Salford and Trafford. Payments were also harmonised, so Trafford pharmacies benefited from a 30p increase (to £1.50) in payments for supervised methadone, in line with Salford contractors. The same service spec has also been used in Rochdale and Oldham (although using a different IT platform)

- Wigan's smoking cessation service has been revamped with our support. It now makes best use of the wider pharmacy team's skills, and we supported them by providing training when the new service was launched. It has also been moved onto PharmOutcomes, removing time-consuming paper-based recording.

Champix service in Rochdale

Rochdale commissioned a new Champix service, which sees pharmacies working together with Big Life to provide medication and support for patients who want to stop smoking. The service includes a £15 payment for each consultation against the PGD, with a maximum of six consultations a week per pharmacy. Pharmacies also receive payments of £40 for patients who are not smoking after four weeks or £60 if they are not smoking after eight weeks.

Hepatitis C service

We negotiated a new Hepatitis C pilot in partnership with Health Innovation Manchester, which aims to help eradicate transmission of Hepatitis C in Greater Manchester. The pilot launched in eight pharmacies (six in GMLPC's footprint) in summer 2018 and offers a test-and-treat service to people who inject drugs. Pharmacies receive a payment of £37.50 (£7.50 pre-test discussion, £15.00 to test, £15.00 post-test discussion) for each test carried out. Aggregated payments will be made on a quarterly basis. The funding we secured also covered training costs at £70.

Salford vaping

Patients who meet certain criteria in Salford are now offered e-cigarettes via a service in community pharmacies. We negotiated payment of £5 for pharmacies for the initial consultation, plus a further £5 for two-week follow-up, on top of existing services and payments.

PharmOutcomes: improving claims and payment processes

We have had considerable success at persuading commissioners of the benefits of switching from paper-based systems to electronic recording of activity. Bury Council has now transferred all services other than NRT onto PharmOutcomes and has contracted CHL – Greater Manchester's pharmacy provider company – to manage claims and payments. This has considerably simplified the process for contractors, reducing the burden of paper-based recording. The same model has also benefited Salford and Trafford pharmacies that deliver needle exchange and supervised consumption services, while Wigan pharmacies delivering Healthy Routes smoking cessation can also now use PharmOutcomes. We are hopeful that substance misuse services in Rochdale and Oldham will also be moved to PharmOutcomes over the next year.

Inhaler-technique service

The Greater Manchester inhaler-technique service was recommissioned and relaunched in 2018, with enhanced payments (as outlined above). In addition to negotiating the terms, we also arranged extensive training to help pharmacies to implement the new service and ensure pharmacists were expert in the correct techniques for all current inhalers. We produced tip guides helping pharmacies build consultations into daily practice. The service has been highly praised and is making a huge impact to patients' quality of life.

Asthma awareness in schools

We completed evaluation of the school inhaler project which ran in 2016- 2017 and involved community pharmacists visiting schools to raise awareness of asthma, inhaler technique and recognising/preventing exacerbations. Two models were trialled – one focusing on children with asthma and their parents, the other focusing on more general awareness-raising for teachers and school students. Our evaluation concluded that, although the first model was resource-intensive and may not be feasible at scale, there was considerable merit in pharmacy-led interventions to raise awareness of asthma among teachers and school students. We are now developing a business case for the next phase of the project.

Rochdale C-cards

Pharmacies in Rochdale are helping combat chlamydia by offering easy access to tests. Participating pharmacies have small cards that explain how people can access free and confidential chlamydia tests. The cards bear a unique code linked to each pharmacy, and the pharmacy receives a payment for each test following a referral from them. It offers patients a discrete way of accessing sexual health services via pharmacy, while also ensuring pharmacies can easily be identified and recompensed.

Pharmacy Care Plan

The Pharmacy Care Plan pilot saw pharmacies providing personalised support to enhance the health, wellbeing and quality of life of patients with long-term health conditions. Patients met the pharmacist for an initial consultation to discuss their health goals and agree a care plan, with follow-up care at regular interviews to discuss progress and next steps. The service is currently being evaluated.

Vitamin D in Manchester

A new service enabling pregnant women to access free vitamin D through their local pharmacy launched in Manchester in 2017/18, enhancing foetal nutrition and development so children get the best start in life.

Minor ailments in Bury & Rochdale

Bury and Rochdale now commission the Greater Manchester Minor Ailments Service (MAS), enabling pharmacies to provide urgent care and dispense approved non-prescription items free of charge to patients who are exempt from prescription charges. We supported pharmacies in delivering the new services, with top tips and guidance.

Greater Manchester Locally-Commissioned Services:

Community Pharmacy Service information within the GMLPC Footprint

<p>623 Community Pharmacies</p>	<p>21 Different locally commissioned services</p>	<p>Including:</p>	<p>226 providing EHC across the footprint 86 Providing Needle Exchange services 305 providing Supervised Consumption</p>	<p>98 providing Chlamydia Screening 43 providing Chlamydia Treatment 275 Providing smoking related services</p>
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Community Pharmacy Performance Data within GMLPC

Data covers the period: August 2016 - March 2018

	ALW	Bury	C Manch	Glossop	HMR	N Manch	Oldham	Salford	S Manch	Stockport	Tameside	Trafford	Total
ITEMS	565,727	316,395	280,105	51,847	362,066	344,285	426,989	505,365	265,350	537,096	428,542	425,985	4,509,752
FORMS	282,653	156,840	134,949	25,975	184,577	168,113	216,087	232,074	130,017	257,720	203,360	209,384	2,201,749
MURs	2,306	1,007	816	112	1,409	1,131	1,562	1,654	1,075	1,790	1,847	1,748	16,457
NMS	443	356	119	97	389	379	461	549	269	508	585	421	4576
EPS Items	64%	68%	69%	80%	60%	67%	74%	61%	66%	69%	69%	75%	Average: 73.5%

	<p style="color: yellow; font-weight: bold;">Greater Manchester Local Pharmaceutical Committee</p> <p>We represent the community pharmacies in Bury, Glossop, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside and Wigan. T: 0161 228 6163. E: enquiries@gmlpc.org.uk Twitter: @GMLPC_</p>	
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Supporting practice

We have delivered an enormous range of CPD and service support since April 2017, spanning everything from HLP Leadership, Health Champions training and simplifying your NMS process to webinars on NUMSAS and improving patient safety. This has been facilitated in part by successful bids for funding from Health Education England and Greater Manchester Health & Social Care Partnership, monies which we hold on their behalf specifically for training (supporting public health campaigns and HLP), support for Quality payments and service development

There have been too many training events to list them all here, but examples include:

- HLP Leadership training
- HLP Health Champions training
- Coping with pharmacy time pressures
- Simplifying your NMS process
- EPS and eRD – Maximising its potential
- Inhaler technique training – Knowing your service and how to engage with patients
- Webinars on patient safety, NUMSAS, Quality Payments, HLP, and promoting physical activity

GM Community Pharmacy Conference 2017

Our 2017 pharmacy conference & AGM featured a superb range of CPD workstreams on topics including sexual health & EHC, Summary Care Record, eye health, inhaler technique checks, Quality Payments, and developing your pharmacy business. The free, half-day conference was attended by around 100 delegates and received excellent feedback. Our 2018 conference takes place on Sunday 23rd September and it is open to all members of the pharmacy team.

GM Healthcare Academy

In 2017/18, we developed plans to launch a new training academy supporting pharmacy teams to develop the skills and working practices they will need for the future. We are delighted that the new academy is to be launched officially at this year's Annual AGM and conference. You can read more about it on page 20.

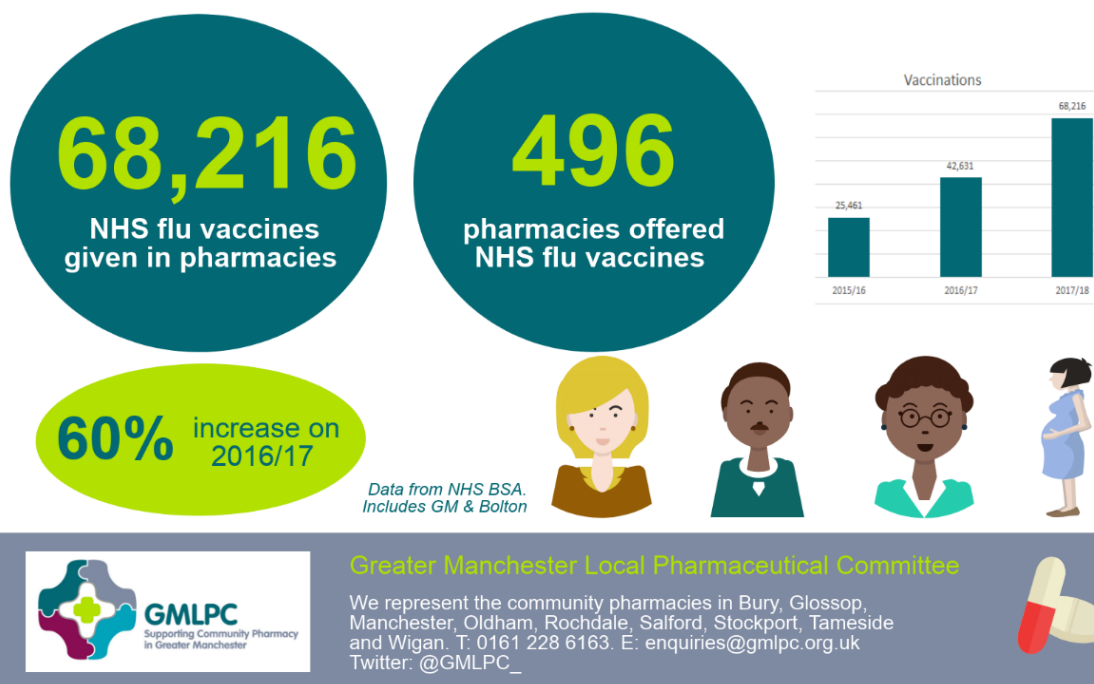
Quality Payments

The new pharmacy contract announced in 2016 saw the introduction of Quality Payments. We were determined to ensure GMLPC contractors received the payments they were entitled to by helping them understand and meet the criteria. We provided extensive support, including bite-sized tip guides that made the guidance easier to understand, as well as webinars, phone support, and other resources. Our work has been highly-praised by pharmacies and LPCs in other areas, as well as locally, and we are delighted that GMLPC contractors were among the top performers for 2017/18's Quality Payments.

Flu support

To help pharmacies raise awareness of their flu vaccination service, we provided free promotional resources to all contractors who requested them. The packs included window stickers, balloons, posters, badges and pop-up display cards with information about flu vaccinations. Almost half of GMLPC contractors requested packs, and they may have played a role in achieving a 60 per cent increase to 68,216 vaccinations delivered in Greater Manchester pharmacies in 2017/18.

Community pharmacy flu vaccinations in Greater Manchester: 2017/18



Contractor care

We developed proposals for a contractor care programme, providing tailored support to each pharmacy. The programme is now being piloted and you can read more about it on page 21.

Guidance, tips & newsletters

Our support for pharmacies includes a wide range of toolkits, tip guides and newsletters. Over the last year, these have included toolkits to help pharmacies achieve the Greater Manchester Dementia-Friendly Pharmacy Framework, guidance for Health Champions and wider health promotion work, support around services commissioned by Addaction in Wigan, and a regular newsletter with tips and advice on getting the most from EPS.

PNAs

Over the last year, commissioners in most areas of Greater Manchester have conducted Pharmaceutical Needs Assessments (PNAs) to assess current provision and expected needs for the next three years. PNAs have a vitally-important role in shaping future commissioning, so we were very proactive in providing feedback and representing contractors' interests. Since April 2017, we have responded to PNAs for Bury, Manchester, Oldham, Rochdale, Stockport, Tameside and Wigan.

Applications

We review and provide feedback on applications to open new pharmacies, change opening hours, and for relocations and changes of ownership that may affect GMLPC contractors. In 2017-2018 we have seen and responded to 59 applications, this has included:

- 14 x Distance selling applications
- 13 x No significant change relocations
- 1 x Combined Change of ownership and Relocation
- 1 x Consolidation
- 5 x Notification of Closure

24 x Change of Ownerships* *This does not include changes from Bestway Panacea Healthcare Ltd
To Bestway National Chemists Ltd*

As the figures indicate above the current funding pressures have seen an increase in changes of ownership over the last year, and a reduction in the number of contractors and branches as pharmacy owners consider how best to maximise efficiency and viability. We will continue to represent the interests of GMLPC contractors.

Formulary reviews and medicines management

We have worked closely with commissioners, prescribers and medicines management teams including formulary reviews for Tameside and the Greater Manchester Minor Ailments Service, and guidance around branded generics and assistive technologies, ensuring contractors' views are heard.

Championing and promoting pharmacy

Political meetings

The challenges facing community pharmacy contractors have been high on the agenda in our discussions with key local influencers and stakeholders. It has been equally important, however, for us to present them with solutions to these challenges by demonstrating the huge potential benefits of better utilising community pharmacies' clinical expertise, subject to appropriate funding for services. We have provided briefings for all local MPs, as well as meetings and pharmacy visits. This included a meeting Jeff Smith (Lab, Manchester Withington) and engaging with Tony Lloyd (Lab, Rochdale) at an event in Parliament.

Engaging other professions & key stakeholders

We meet regularly with key stakeholder groups, including commissioners, other healthcare professions, health and social care partners, Health & Wellbeing Boards, and patient representatives. These meetings – and the relationships with build through them – are crucial in making the case for community pharmacy. Gaining the support of stakeholders and partners is essential if we are to achieve our vision for future pharmacy services, including a new commissioning model and investment in additional service opportunities. We also engaged with Greater Manchester Healthwatches on our proposal for enhancing community pharmacy service provision. Local Healthwatches were supportive, saying that in their view the proposals should benefit local patients and residents.

As a result of this work, we are achieving consensus on how pharmacy services could be commissioned and managed in future and buy-in from other healthcare providers for closer working and an expansion of community pharmacy services. GP bodies are supportive of our plans, and we also have strong working relationships with the representative bodies for dentistry and optometry. The GM Healthcare Academy may present an opportunity to promote closer inter-professional working.

Evaluations & case studies

The evaluations and case studies we produce about pharmacy services provide commissioners and other interested parties with evidence of the value of community pharmacy. Examples over the last year have included evaluations of the school inhaler project and the eRD pilot in North Manchester, as well as case studies demonstrating the value of Health Champions and the Greater Manchester Dementia-Friendly Pharmacy Framework. We have also supported the GMHSCP with their evaluation / cost benefit analysis work for the GM MAS scheme and Inhaler Technique service.

Partnership working

We work collaboratively with other pharmacy bodies and other professions, where appropriate, joining forces to strengthen the case for investment in community pharmacy, and for reducing blocks and barriers that impede service delivery. Our vision for community pharmacy has been developed in collaboration with Bolton LPC, creating a unified proposal for commissioners across Greater Manchester. Similarly, we work in

partnership with Community Pharmacy Lancashire, Bolton, PSNC and other LPCs where it is appropriate to have a united voice and a common base for sector-wide work.

Publications, media work & film

We have also been active in seeking media opportunities to raise awareness of the services offered by community pharmacies. These have included several radio interviews this year promoting flu vaccinations, advice and treatment for minor ailments, and how pharmacies can help people 'Stay Well' and self-care. We also worked with the International Pharmacy Journal, resulting in a large feature about the superb and pioneering work that Greater Manchester pharmacies are doing to develop age-friendly services. Over the last year, we also produced a number of short films featuring local pharmacists explaining how to treat coughs, colds, sore throats and headlice. These were shared widely on social media.

Responding to consultations

We have responded to a wide range of national consultations on topics relevant to community pharmacies in Greater Manchester, making sure their views were heard. These have included NICE consultations on the role of community pharmacies in promoting public health and support with medicines management for people receiving social care in the community. More recently, we have responded to the GPhC consultation on proposals to transform the way community pharmacies are regulated and inspected.

Priorities for 2018/19

Our priorities for 2018/19 are aligned to our organisational strategy:

- Leading pharmacy through devolution
- Developing new services
- Supporting practice
- Championing & promoting community pharmacy

Our 2018/19 priorities

Our priorities for 2018/19



Service Matrix

- Three-tiered approach:
- Harmonised baseline of services (Level 1)
 - Tiered framework of future services – with implementation / action plan. Ideal for localities (Level 2)
 - Advanced Services to further develop the pharmacy profession (Level 3)
 - Allows the Academy to be GM-wide and cross-covering

Service Dashboard

- Up-to-date dashboard with information about service delivery in GM pharmacies
- Data on Advanced and Enhanced services
- Allows us to provide targeted support to pharmacies, as well as showing commissioners where gaps are: i.e. new service opportunities
- Enables Contractor Care programme

GM Healthcare Academy

- Vehicle for engaging pharmacy teams & training/support
- Aimed at whole pharmacy team, not just pharmacists
- Potential opportunity for collaboration with other professions
- Includes locums to upskill and enhance pharmacy resilience / service continuity

Contractor Care Programme

- Uses dashboard to provide appropriate, targeted support to individual pharmacies
- Focused support in localities as part of the implementation plan for new services
- Assists contractors to respond rapidly to change / opportunities
- Built into GMLPC office daily working

Service matrix

We are working with our commissioners across GM to harmonise services. Whilst this plan will always be somewhat fluid to enable it to respond to wider NHS changes and developments we believe having an ambitious goal to work towards will drive the delivery towards this plan. With this in mind, we are developing a three-tier model demonstrating what community pharmacy can deliver appropriate for the citizens of Greater Manchester. It will dramatically simplify the process of commissioning and managing locally-commissioned services, and in time will put an end to the vast array of different specifications and accreditation requirements for delivering the same service in different parts of Greater Manchester.

The service matrix will present commissioners with high-quality specifications, payment regimes, and accreditation requirements to meet their needs. Harmonising services in this way across Greater Manchester will reduce the barriers that impede service delivery – for example, when a pharmacy in Stockport discovers its locum is not accredited to deliver EHC in this locality due to locality-specific training requirements within the SLA but they are accredited elsewhere with equivalent requirements. As a result:

- Patients will benefit from far better access to a wider range of high-quality services such as inhaler technique checks, advice on minor ailments, and smoking cessation. They will know what services to expect when they walk into a local pharmacy. Harmonising services across Greater Manchester will also make it much easier for the NHS and pharmacy sector to publicise the services available.

- Pharmacies will benefit from much simpler processes, with consistent requirements across Greater Manchester instead of huge variation between areas. We are also proposing that recording activity and submitting claims should all take place via PharmOutcomes, instead of a variety of paper-based and electronic systems.
- Commissioners will benefit from rapid access to agreed and approved service specifications, reducing time-consuming negotiation and contracting processes. They will also have greater assurance that pharmacies will consistently deliver high-quality services, because pharmacy staff will no longer have to keep on top of a vast range of different requirements in different parts of Greater Manchester.

We have achieved strong consensus in support of the proposals, which enable commissioners to pick and choose from three levels of pharmacy services:

- A baseline standard offer available in all pharmacies (level 1)
- Additional ‘place-based’ services meeting specific local needs that LCOs could adopt (level 2)
- Individualised ‘person-based’ services tailored for particular patient cohorts (level 3).

As set out in the Chief Executive’s Report on pages 8-9, we expect to make significant progress with the matrix in early 2019 so that pharmacy contractors, patients, and commissioners can benefit from simpler processes as soon as possible.

Service dashboard

We have been developing a dashboard which draws the latest available data on pharmacy service delivery and presents it in an intelligible and easy-to-access format. Having this data to hand will significantly enhance our ability to support pharmacies, both with daily service delivery and to maximise their income by making the most of available opportunities. It will also enable us to identify gaps in the market or in existing service provision, aiding business development and strengthening our case for new services to be commissioned.

The business intelligence we learn from the dashboard will also inform other areas of our work. For example:

- We will plan future GM Healthcare Academy topics around areas where performance data suggests pharmacies would welcome additional training and support.
- We will be able to advise contractors on options for enhancing their service delivery and their income by making the most of available opportunities and benchmarking their performance against their peers. (Data will be confidential to each pharmacy.)
- It will inform our contractor care programme and will also enable us to provide pharmacies with support and communication that is more relevant to their needs.

GM Healthcare Academy

GM Healthcare Academy is our new partnership for coordinating and delivering pharmacy workforce development and training. It brings to fruition our vision for supporting Greater Manchester pharmacies through the current challenges, so they can embrace the new opportunities from delivering a wider range of high-quality patient-facing services.



We have developed the Academy in partnership with Greater Manchester Health & Social Care Partnership (GMHSCP), Greater Manchester Pharmacy Local Professional Network (LPN), Bolton LPC, and CHL (CPGM Healthcare Ltd), which is the provider company representing community pharmacies in Greater Manchester. It is supported by CPPE, the Centre for Pharmacy Postgraduate Education based at the University of Manchester.

Our first events took place earlier this year and received exceptionally good feedback. Topics covered to date have included simplifying the NMS process (a key income opportunity for most pharmacies, with significant

patient benefits), and making the most effective and efficient use of pharmacy time. We have an extensive range of events planned for 2018/19, including optimising delivery of MUR, understanding staff strengths, inhaler technique, and collaborative working with GPs. You can find out more at www.gmhealthcareacademy.org.uk.

Contractor care

In August 2018, we began piloting our new Contractor Care Programme, beginning with pharmacies in Stockport. The first phase of the programme involves us proactively contacting every pharmacy in an area with a courtesy call to find out what they would like from GMLPC, and how we can support them. These short conversations are also an opportunity for pharmacies to discuss:

- The services they currently provide
- Any issues they are experiencing
- What support they would like from GMLPC (e.g. help with an aspect of service delivery)
- Any interest in providing additional services – we can then advise them of opportunities in their area, and the process to follow if they want to provide a service
- Local issues and/or developments in their area
- Events and training that they may not be aware of (e.g. GM Healthcare Academy)

The contractor care programme will be rolled out across Greater Manchester by summer 2019 and, over time, will be expanded to provide each pharmacy with tailored support relevant to their needs and wishes, informed by our service dashboard and ongoing relationships with contractors.

Route to achieving our vision



**GMLPC is focusing discussions within Greater Manchester
This is a key part of Greater Manchester’s LPN Pharmacy Plan**

Conclusion

This annual report summarises the progress we made in 2017/18 towards our strategic objectives. It also sets out our priorities for 2018/19, and the work we are doing to achieve them. We are committed to being fully open and transparent, and to ongoing communications and engagement. We want to make sure GMLPC contractors know what we are doing on their behalf and that all efforts are appropriately targeted on areas that meet contractors' current and future needs.

We provide regular updates via our weekly newsletters and mailings, and the bimonthly briefings we produce after each committee meeting. We welcome feedback, enquiries and suggestions – email enquiries@gmlpc.org.uk or call us on **0161 228 6163**.

Annual Accounts

2017/18

Accounts for the period ending 31st March 2018

Independent Examiner's Report to the Members of Greater Manchester LPC

I report on the accounts of the L.P.C. for the year ended 31 March 2018 which are set out on pages 3 to 4.

RESPECTIVE RESPONSIBILITIES OF MEMBERS AND EXAMINER

The L.P.C. members are responsible for the preparation of the accounts. The L.P.C. members consider that an audit is not required for this year in accordance with the rules and that an independent examination is needed.

It is my responsibility to:

- examine the accounts;
- follow the procedures laid down in the rules of the L.P.C.; and
- state whether particular matters have come to my attention.

BASIS OF INDEPENDENT EXAMINER'S STATEMENT

My examination was carried out in accordance with the rules of the L.P.C. An examination includes a review of the accounting records kept by the L.P.C. and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as members concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

INDEPENDENT EXAMINER'S STATEMENT

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements
 - to keep accounting records in accordance with the rules of the L.P.C., and
 - to prepare accounts which accord with the accounting records and to comply with the rules of the L.P.C.have not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

K.A.ROGERS
Chartered Accountant
608 Liverpool Road
Irlam
Manchester M44 5AA

Date: 10th July 2018

Income & Expenditure Account

Period ended 31st March 2018

	12mths to 31.3.18 £	6mths to 31.3.17 £
Income		
Statutory Levies	648,001	293,864
LPC Transfers	940	415,594
Sponsorship	14,150	28,505
Project/service monies	138,731	0
Monies from Commissioner for Advance payments	0	8,480
Other Income	96	300
Bank Interest Received (Gross)	2,447	601
Total Income	804,366	747,344
Expenditure		
<u>Administrative Expenses</u>		
Remuneration	296,288	136,968
Office Rent	13,095	6,138
Telephone & Internet	7,093	1,805
Printing, Stationery & Postage	5,349	1,874
Equipment	4,843	3,168
Travel Expenses	5,666	4,943
<u>P.S.N.C. Expenditure</u>		
Levy	322,922	87,261
<u>Meetings</u>		
Hire of Rooms	2,572	1,217
Members Expenses - LPC Meetings	22,778	19,128
Members Expenses - Other Meetings	0	18,512
Travel Expenses	2,358	0
AGM Costs	6,874	0
<u>Other Expenses</u>		
Demonstrator Project	0	23,803
Children's inhaler project	6,719	837
Adult inhaler project	7,623	0
AF Project	376	0
Flu resources project	4,216	0
Manchester Anti Virals	92	0
Locality Cont. Events Expenses	900	0
Oldham NHS healthchecks	4,040	0
ERD Project Manchester	5,473	0
GM HLP	23,697	0
NHS England	5,267	0
Other project costs	4,301	0
Wigan xmas rota	9,900	0
LPC Restricted Funds	0	2,404
Locality Cont. Events Expenses	0	4,343
Chairman's Honorary	0	0
Treasurer's Honorary	0	0
Accountancy Fees	2,818	540
Professional Fees	784	1,532
Insurance	233	244
LPC Member T&D	0	1,956
Advance payments to contractors	0	8,480
Staff Training	2,135	0
Sundry Expenses	177	56
Merchandise	519	0
Entertaining	187	234
Bank Charges	101	25
Total Expenditure	769,396	325,468
Surplus for the Year before tax	34,970	421,876
Corporation Tax Payable	465	120
Surplus/(Deficit) for the Year after tax	34,505	421,756
Retained Surpluses brought forward	421,756	0
Retained Surpluses carried forward	456,261	421,756

Balance Sheet

Period ended 31st March 2018

BALANCE SHEET

	31.3.18		31.3.17	
	£	£	£	£
Fixed Assets		0		0
		<u>0</u>		<u>0</u>
Current Assets				
Loan - CPGM Ltd	12,050		0	
Cash at Bank	453,671		434,177	
	<u>465,721</u>		<u>434,177</u>	
Current Liabilities				
Accruals	1,608		5,394	
PAYE Creditor	7,267		6,907	
Corporation Tax	585		120	
	<u>9,460</u>		<u>12,421</u>	
Net Current Assets		456,261		421,756
Net Assets		<u><u>456,261</u></u>		<u><u>421,756</u></u>

Notes to the Accounts

During the financial year ending 31st March 2018, Greater Manchester LPC committee members received the following amounts in fees and expenses:

Members' Fee Claims	£22,778.00
Members' Expenses Claims	£2,358.00

Last years:

Members' Fee Claims	£32,261.00
Members' Expenses Claims	£2,129.87

GMLPC Explanatory notes to support the GMLPC Accounts for 2017-2018

These accounts are based on 12 months activity and the comparisons are being drawn against six-month previous activity due to the establishment of GMLPC in Oct 2016. Thus, when running comparisons, the viewer should be mindful of this.

The Statutory levy amount outlined here is representative of 13 months levies not 12, one month's levy payment was received in the following financial year.

Sponsorship monies relate to money brought in from Pharma companies to support the delivery of Inhaler training across GM (including Bolton) and for our Annual AGM/ Conference.

Project monies relates to funding the LPC is holding for specific projects many of which are in collaboration with Bolton LPC including; HLP funding from HEE and project monies on hold from GMHSCP. In addition, we also have GMLPC project money allocated here including monies to support the AF project in Trafford. There is also funding ringfenced from Stockport LPC for the delivery of a future Diabetes project. Regarding service payments GMLPC currently receives funds for the Oldham Health checks service which it then pays out directly to contractors for service provision, GMLPC also manages the Wigan bank holiday rota, which again means we are in receipt of service monies that once again is then paid out directly out contractors, therefore this is cost neutral.

Other Income relates to a payment for our CEO attending a one-off meeting.

The viewer of these accounts should be mindful that the surplus amount GMLPC carries over into our next financial year, includes external project funding, so is not all GMLPC's money.

IT/ Software cost group together Office 365 licences, phone line, mobile phones, broadband, survey monkey and mailchimp licences. These are higher than the previous six months, as the Office 365 was previously hosted by an old LPC and their Chief Officer made the payments, GMLPC received a back dated bill for this licence this financial year. Costs are therefore now running steady.

It is noted that in the 1st 6 months of GMLPC being operation there is a figure of around £18,500 in the section labelled "Members expenses – other meetings". In the following 12 months, this figure is zero. The reason being is that the accountants have grouped together members expenses for both attendance at committee meetings and 'other' local meetings in this year's summary, whereas last year these were

separated out. These costs are therefore grouped together under the one category 'Member expenses – LPC Meetings'. The cost of Committee member expenses, has significantly reduced as the Office team have taken up the attendance at meeting as part of their central role.

It is important to highlight that the HLP costs have been covered by project funding from GMHSCP and HEE, so GMLPC were able to roll out GM wide training at no cost to the LPC and our contractors.

The LPC does have marginally more than 3 months levy in reserves at this time (PSNC makes the recommendation that six months reserves is the maximum and LPC should hold in its account at any one time), however the LPC is embarking of four major workstreams in 2018/19 all of which are documented in more detail in our Annual Report, these will require significant resource to be successful. Thus, the LPC has allocated funding to these major workstreams to ensure they are delivered, in turn this means that all excess funding is accounted for within our business plan. More details around the budgets for these projects and the general running of the LPC are outlined in our Annual LPC Budget.

Three Key workstreams 2018/19 (as detailed earlier in this report)

- 1. The develop of the GM Healthcare Academy** – This will be a virtual training hub with its own dedicated website. Through this virtual hub the LPC working with Bolton LPC, GMHSCP, the Pharmacy LPN with the support from CPPE will deliver training and resources to GM pharmacy contractors to help support service delivery, development of teams, support contractual requirements and ensure all are kept up to speed in regards to GM Devolution and the development of new commissioning models. The Academy will provide both face to face training and webinars and will be open to ALL pharmacy team members.
- 2. Commissioning review** – GM LPC working in collaboration with Bolton LPC, GMHSCP and our provider company; CPGM Healthcare Ltd. Has created a commissioning model that will protect the future of locally commissioned services. It will work to create a harmonised set of services, bringing continuity to the system and stabilising Community Pharmacy so it is able to fully engage with the emerging LCO's and support GM wide locality plans. In turn, this will create capacity within pharmacy teams to deliver new integrated services working with wider primary care that will utilise the full pharmacy team and maximise the capabilities within our Community Pharmacy teams. This work requires scoping, socialisation, legal advice/review, clinical support in terms of design and high-level commissioning / strategic expertise to deliver. In addition, the LPCs will need to further support our Provider Company CPGM Healthcare Ltd (CHL) to ensure it is fit for purpose and able to deliver from the outset.

There is also a neighbourhood-based tier to this work, which includes engaging our community pharmacies in neighbourhood teams, this will include creating virtual networks between neighbouring pharmacies to enable them to liaise with one another, but also to engage with other primary care and voluntary sector professionals that will all be part of neighbourhood teams going forward into 2020. This will require significant operational / project management resource from the LPC to bring into reality.
- 3. Contractor Care Plan** – The LPC has identified that we need to spend more time listening to our contractors. Via our Contractor care plan, Community Pharmacies will have a dedicated locality lead (a member of our committee) and a point of call with our office team. We will be undertaking phone calls over the next 12 -18 months with every community pharmacy in the GMLPC footprint listening to your needs and wants to ensure our other workstreams such as the Academy are meeting your

needs. For contractors wanting additional one to one support our Clinical lead and Service support team will carry out site visits to provide additional support.

4. Service dashboard/ matrix -

GMLPC have been creating a services dashboard to enable us to analyse service data to ascertain where contractors need the most support. From here we can ensure our Academy topics meet this demand to improve service uptake across GM. In addition, this data can be utilised to provide data that can be incorporated into service case studies that demonstrate the benefit of Community Pharmacy services already in operation. In turn the dashboard will also provide the LPC with the capability to gather an evidence base that can be built into the scoping of new services across GM giving them more traction and more chance of success. In 2018/19 this work will continue to be developed and will need analytical support.



GMLPC

Supporting Community Pharmacy
in Greater Manchester

Contact Us

We hope that you have enjoyed this Annual Report. If you have any comments or queries about any of the contents, we would welcome them. You can contact us on enquiries@gmlpc.org.uk or call us on **0161 228 6163**.

Website: <http://psnc.org.uk/greater-manchester-lpc>

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