



Annual Report & Accounts 2020/21

Greater Manchester Local Pharmaceutical Committee

Innovative

Collaborative

Integrity

Excellent

Supportive

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Welcome

Welcome to our Annual Report & Accounts for 2020/21

During this COVID-19 pandemic, there is no doubt that community pharmacies had to overcome the biggest challenge they have ever faced.

Community Pharmacists and their teams have exhibited resilience and great strength during arguably the most challenging period in the history of the NHS.

I would personally like to extend my personal thanks to all Contractors, Pharmacists, Pre-registration Pharmacists Managers, Pharmacy Technicians, Dispensers, Healthcare assistants, team members delivery drivers, area managers and Head Office teams for the exceptional care you have all provided to all our communities and patients.

We would also like to extend our thanks for your engagement and collaboration with the LPC over the past year by providing feedback, insights, delivering Pharmacy services such as the Flu service, out of hours palliative care, COVID vaccinations as well as supporting integrated working with Primary Care networks (PCNs). The hard work and collaboration of the LPC and Pharmacy teams has led to a recognition of our vital role within the local NHS to support our local communities when they needed this help at this most critical time.

In the initial phase, pharmacies of all sizes had to restructure their operations to ensure patients continued to receive self-care, advice support and, most importantly, their medicines. Whilst we have often been branded simply as a 'distributor of medicines', it has become apparent that our role within primary care is much more than that.

We have worked closely with the local GM health and social care partnership and NHS England and Improvement (NHSE&I) colleagues who's support

has been invaluable in terms of support to access testing, access to PPE and addressing other pressures and issues.

We are always mindful of the safety, well-being and pressures on our Pharmacy teams and pharmacists throughout this time and will continue to work hard to represent, lobby and support you in the best possible way.

Despite all the challenges we have faced, we continue to demonstrate excellence and resilience.

The COVID vaccination sites in GM have made a significant contribution to the largest vaccination programme the NHS has seen which has been a fantastic achievement.

We also acknowledge the notable contribution of our 58 Community Pharmacy PCN leads who have paved the foundation for integrated working within our localities and Primary Care Networks.

We will continue to remain focussed on supporting Community Pharmacy to achieve its potential as a sector through advice, guidance representation, innovation, training and support you to build a thriving and sustainable future.

I am delighted to present this annual report, which summarises what we accomplished from April 2020 to March 2021, and the priorities we are setting ourselves for 2021/22.

We trust that this report will outline all the achievements we have made together during this challenging time, and I hope that we will continue to build our collaborative relationship for the benefit of the Community Pharmacy sector and our local communities.

Luvjit Kandula FRPharmS

Director of Pharmacy Transformation – GMLPC

Highlights of the year

Over the last year, we have:

- Contacted all MPs and APPG across the Greater Manchester footprint on 4 occasions throughout 2020/21 to raise concerns and awareness of Community Pharmacy challenges
- Ensured contractors receive information and support for COVID vaccination Phase 1 applications with 7 community pharmacies setup in the first wave
- Supported contractors with early access to PCR testing, PPE access, volunteers and access for COVID-19 vaccinations for staff
- Ensured inclusion of remote consultation provisions within service specifications, set up out of hours palliative care services and secured funding to cover loss of supervised consumption activity funding
- Organised the supply of 250 free face masks per contractor through Local Resilience Hubs for each locality during the start of the pandemic before national supplies were made available. Over 70,000 masks were distributed to contractors across GM
- Ensured 58 (100%) PCN Leads were appointed and attended the PQS Training events (either through 1-2-1 catch ups or by attending one of the two webinars organised.) A total of 58 (100%) of PCN Contractor Engagement Calls were facilitated by the LPC and were attended by 422 (70.8%) of GM contractors on the night of the event
- Achieved above the national average in GM for both Part 1 and Part 2 of the PQS scheme with 579/598 (96.82%) successfully attaining Part 1 and 573/598 (95.82%) declaring for Part 2
- Secured the commissioning of a number of new services including an extended Salford stop smoking service in November 2020 and a needle and syringe programme in Manchester in March 2021
- Completed GMLPC elections at the start of 2021. The new GMLPC committee took office at the beginning of April 2021

About GMLPC

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
- Contractor Support
- Championing and promoting pharmacy

Our three workplan priorities are:

- Service Development
- GM Healthcare Academy and workforce development
- Primary Care Network integration

Who we are

In year ending 31st March 2021 our committee had 11 members who were nominated or elected to represent their sector:

- 5 independent contractors, elected by peers
- 1 member nominated by AIMp (Association of Independent Multiple Pharmacies)
- 5 members nominated by CCA (Company Chemists Association)

Committee Members

- Aneet Kapoor, Chair (Ind)
- Ifti Khan, Vice Chair (CCA)
- Mohammed Anwar, Treasurer (Ind)
- Mubasher Ali (CCA)
- Peter Marks (AIMp)
- Fin Mc Caul (Ind)
- Mohamed Patel (Ind)
- Helen Smith (CCA)
- Jennie Watson (CCA)
- Mujahid Al-Amin (CCA) – Re-joined June 2020
- Adam Williams (Dec 2020 – May 2021)
- Bruce Prentice (Ind) – left Oct 2020

We want to thank all previous members for their contributions to GMLPC.

Committee sub-groups

- Executive
- HR
- Finance
- Market Entry
- Business Recovery
- Governance
- Oversight/Scrutiny group
- Academy (Training and support)
- Services
- PCN

Office team: April 2020 – Present

- Luvjit Kandula - Director of Pharmacy Transformation, Chief Officer
- James Hughes - Office Manager (June 2020 – present)
- Rikki Smeeton - Senior Responsible Officer -Primary Care Networks (PCNs)
- Imogen Halls - Senior Responsible Officer - Communications and Engagement (August 2020 – present)
- Esther Burrow - Senior Responsible Officer - Services - (November 2020 – present)
- Adam Kharaz - Business Support Officer
- Karishma Visram - Business Support Officer

Committee membership and meeting attendance

The table below lists all committee members who served in 2020/21 and their attendance at committee meetings. Our committee meets every 5 weeks. Meetings are held in public, and contractors are welcome to attend the open part of the meeting if they inform us in advance.

Member	Role(s)	Service on committee	Meeting Attendance										
			5 th May 2020	20 th May 2020	June 2020	July 2020	Aug 2020	Sep 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021
Aneet Kapoor	Chair	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ifti Khan	Vice-Chair	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mohammed Anwar	Treasurer	Oct 2016 –	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓
Mubasher Ali	Locality Lead	Sep 2017 –	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓
Peter Marks	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Fin Mc Caul	PSNC Regional Representative	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Mohamed Patel	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helen Smith	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jennie Watson	Locality Lead	Oct 2016 –	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bruce Prentice	Locality Lead	Oct 2016 – Oct 2020	✓	✓	✓	✓	✓	✗					
Mujahid Al-Amin	Locality Lead	Dec 2018 – May 2019 June 2020 –			✓	✓	✓	✓	✓	✓	✓	✓	✓
Adam Williams	Locality Lead	Dec 2020 – May 2021								✓	✓	✓	✓

Chair's report

The end of 2020-21 as a year for the LPC is significantly the end of the first term of the Greater Manchester Local Pharmaceutical Committee since it was formed as a result of a decision to merge by six of the LPCs in Greater Manchester, and although I've written 3 previous Chairs' reports this is so far the most reflective and difficult. It has without doubt been one of the most challenging years we have faced as a sector, as healthcare, and as a country.

Following the Government's announcement of the UK Covid-19 Lockdown in March 2020, Community Pharmacy, and the wider healthcare sector, faced unprecedented challenges that affected ways of working for the entirety of this financial year. Greater Manchester was no different.

Pharmacy contractors overnight had to review their operating procedures and day-to-day processes and change the way we worked for what is still an indefinite period and time and will probably change the way we work in the future.

The LPC had to also rapidly change the way it worked in supporting contractors. A very new team that had only been working together a few weeks was then required to vacate our offices and begin a journey in earnest around coming together but virtually.

I want to say a big thank you to everyone for their hard work throughout this challenging time, and the efforts put in by contractors and their teams to provide an uninterrupted service to ensure patient access to healthcare along with LPC office team. Through determination and perseverance, pharmacy played the role of being the first port of call for many of our patients and citizens during

the pandemic, which is something we, as a sector, have been wanting to build on to ensure Community Pharmacy is recognised for the value it provides to the NHS.

Despite the enormous pressure on the sector, there have been significant achievements worth celebrating including the rapid set up of the Covid-19 PCR testing for contractors before national arrangements were put in place. With this, I'd like to acknowledge the hard work of the LPC Office Team and how they went above and beyond to enable and support access for contractors, as well as all the work that was done around business sustainability and support for contractors throughout the year.

Despite all the challenges, Community Pharmacy saw record figures for the Flu Vaccination Programme which accounted for 25% of the overall scheme compared to 10-12% the year before. From an LPC perspective, we supported the programme with a media campaign to raise awareness of Community Pharmacies as places offering flu vaccinations as well as other essential services via social media, radio, podcasts, and outdoor spaces.

With the nature of the pandemic, access to end-of-life medicines was crucial. The response from Community Pharmacy and the LPC was phenomenal in terms of standing this infrastructure up so quickly across Greater Manchester to support our patients.

Following the Government announcement confirming Community Pharmacy's place in the NHS Covid-19 Vaccination Programme, contractors and pharmacy teams answered the call at very short notice and expressed their interest in becoming vaccination sites at

the first opportunity, with the first seven sites going live in January 2021. These were Everest Pharmacy, Hollowood Chemist, Hootons Pharmacy, KPS Pharmacy, Timperley Pharmacy, Superdrug, and Wellfield Pharmacy, so a special thanks to them for paving the way.

The numbers we've seen vaccinated via Community Pharmacy sites in Greater Manchester since then have been fantastic. This has given us a great platform to build on throughout the current phase 1 and 2 programmes, enabling us to support the Phase 3 COVID-19 booster vaccination programme on a larger scale.

Looking ahead we will:

- build on the work from the past year to ensure recognition of Community Pharmacy into pathways around urgent care, as well as access to screening and prevention services

- focus on workforce and the challenges we face/how we address them
- acknowledge that, despite managing to stand up services very quickly, it has not been easy or straight forward especially when coordinating 10 different commissioners
- streamline Community Pharmacy commissioning arrangements under the new Integrated Care System (ICS)

I'd like to end by once again thanking contractors and pharmacy teams for their hard work and support over the last 4 years with the current LPC Committee since the merger. We have come to the end of the current term and I'm happily handing over the reins to Fin McCaul to continue to lead GMLPC as I take up my new position as Chair of the Local Professional Network (LPN).

I look forward to continuing working closely with you all.

Aneet Kapoor Chair



Treasurer's report

Dear Pharmacy Contractor's,

I have pleasure in presenting the GMLPC accounts for the financial year 2020/21 ending 31st March 2021.

As Treasurer of the GMLPC, I am responsible for overseeing the management of LPC committee funds. I work closely with the LPC officers and LPC Board members to ensure that contractor's money is only used as set out in the LPC constitution for the benefit of our contractors.

At the end of each financial year, the final annual accounts which are submitted for audit by a registered chartered accountant (K.A Rogers) for approval at the GMLPC AGM. After approval at the AGM a further copy of the audited accounts is sent to PSNC for their records.

The financial year 2020/2021 has been a challenging year for both the LPC and for contractors. We have experienced an event that has impacted every person globally affecting the way we work, our social life, lifestyle, and our wellbeing.

The Coronavirus pandemic has proven that pharmacy is a resilient workforce, and we can adapt quickly and work together to serve our communities for the greater good. We are prudent in how we ensure we provide the best value to contractors. For the last five years there has been no increase in the levy. In fact, we provided temporary levy reduction throughout the year (see below).

One of the key priorities of GMLPC is to use the levy as effectively as possible to deliver the best possible support for all our contractors. For 2020/2021 one of those key priorities was to support contractors throughout the COVID pandemic. The LPC helped setup the COVID testing portal across Greater Manchester, this allowed access to community pharmacy and their teams to book swab tests before the national offer was available. This was monitored/managed seven days a week by the LPC office team until the end of June 2020. Another key priority was to support our contractors to successfully achieve 95.86% for Pharmacy Quality Scheme part 1 and 94.87% for Pharmacy Quality Scheme part 2. The LPC has enabled pharmacies to access vital information via our tri-weekly newsletters. These newsletters were published daily during the height of the pandemic. This helped our contractors to keep up to date and make informed decisions on a day-to-day basis.

Summary of accounts

The total LPC administrative and contractor support costs for the year under review totalled £231,369 this was an increase spend of £1506 over the previous financial year.

Levies paid by the LPC to the PSNC totalled £177,451. In previous years we have paid £174,522, the slight increase in levy was due to the independent review for contractor representation and

support. Moving forward, for this financial year the committee has budgeted for £174,522 of PSNC levy.

Income derived from levies paid by contractors to the LPC was £465,500 this signals a reduction of £122,500 from the previous year which was £588,000. This money was given back to contractors in the way of a temporary levy holiday from November 2020 until April 2021.

Over 2020/2021 the cost of running the GMLPC was £360,879. This excludes the total sum of monies paid to the PSNC (£177,451). The closing balance in the bank as of 31st March 2021 was £524,548. This money includes project money and 6-months operating costs as per PSNC guidance. The opening balance for the year going forward on 1st April 2021 was £549,048.

In addition to our prepared accounts, I would also like to clarify some points that may assist you when examining these accounts.

- When the budget is prepared for the year, we make sure we apply the “Zero-base budgeting” method to make sure we get the best value for contractors. This method has ensured our LPC administrative expenses have been reduced over the year and helps us to scrutinise each expense.
- LPC statutory levies have remained at the same level as in the previous five years.
- Salary spend has increased from £201,785 in 2019/2020 to £212,122 in 2020/2021. This is due to in-year recruitment.
- Members’ expenses have decreased from £62,000 in 2019/2020 to £32,000 2020/2021. This is a saving of £30,000 as committee members have reduced their workload due to vacancies being fulfilled at the office.
- AGM costs were £0 compared to the year before which was £3285. Due to the COVID pandemic we had to make changes in the way we present our AGM. We had to adopt a Virtual platform (Zoom) to meet legal guidelines set out by our government and keep everybody safe which has saved money.
- £20,000 has been transferred to CPGM Healthcare Ltd which are project support funds set aside for Greater Manchester contractors to support service development and implementation.
- £5000 sponsorship was transferred to CPGM Healthcare Ltd to provide COVID poster stands to pharmacies across Greater Manchester during the COVID Pandemic.

Although the last financial year has been particularly challenging for the LPC, we have still succeeded in keeping our costs down as well as giving our contractors a 6-month levy holiday.

The LPC has managed to retain a high cash reserve going forward into 2021-2022. Due to this, the GMLPC committee voted to give our contractors a 2-month levy holiday In July and August of 2021 to bring our cash reserves down to a reasonable level. This amounts to £98,000 being given back to our contractors within two months. To summarise GMLPC has given back £245,000 to our contractors between November 2020 and August 2021 which I believe will be welcomed by our contractors.

LPC committee members are required to attend the LPC meetings regularly. They also attend meetings on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC considers that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust accountability and governance Framework that is regularly monitored. All members abide by our expenses policy which is routinely reviewed and updated by the LPC finance and governance committee.

Mohammed Anwar

Treasurer



Please see pages 29 - 43 for details of the accounts

What we achieved in 2020/21

Our goals

In 2020/21, there has been a shift in focus towards supporting and aiding Community Pharmacy's response to the Covid-19 pandemic through ensuring continued patient access to Community Pharmacy, adapting operational models to continue service delivery safely in line with Government guidance, and supporting the resilience of the sector through working with the Greater Manchester Health & Social Care Partnership (GMHSCP) and wider health and social care colleagues to support the pandemic response. This has resulted in a delay to the refreshment of the strategy developed in 2019 and therefore an interim workplan has been developed to continue normal business activity as well as supporting the pandemic response.

Greater Manchester Local Pharmaceutical Committee (GMLPC) is the statutory body that represents Community Pharmacy contractors across Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside and Glossop, Trafford, and Wigan.

We represent our contractors both across the entire footprint and at a local level in discussions with the GMHSCP, NHS England Area Team, Clinical Commissioning Groups (CCG), Local Authorities, and other key stakeholders, to help plan our health and social care services. GMLPC is available to give advice to all contractors and others wanting to know more about Community Pharmacy.

Vision

Our vision is to enable Community Pharmacy to improve health now and in the future. We will do this by making Community Pharmacy an integrated part of the primary care strategy in GM and working collaboratively with pharmacy teams and relevant local and national stakeholders.

Values

We will champion our values throughout this work. Our values are: Innovative, Collaborative, Excellent, Supportive and Integrity.

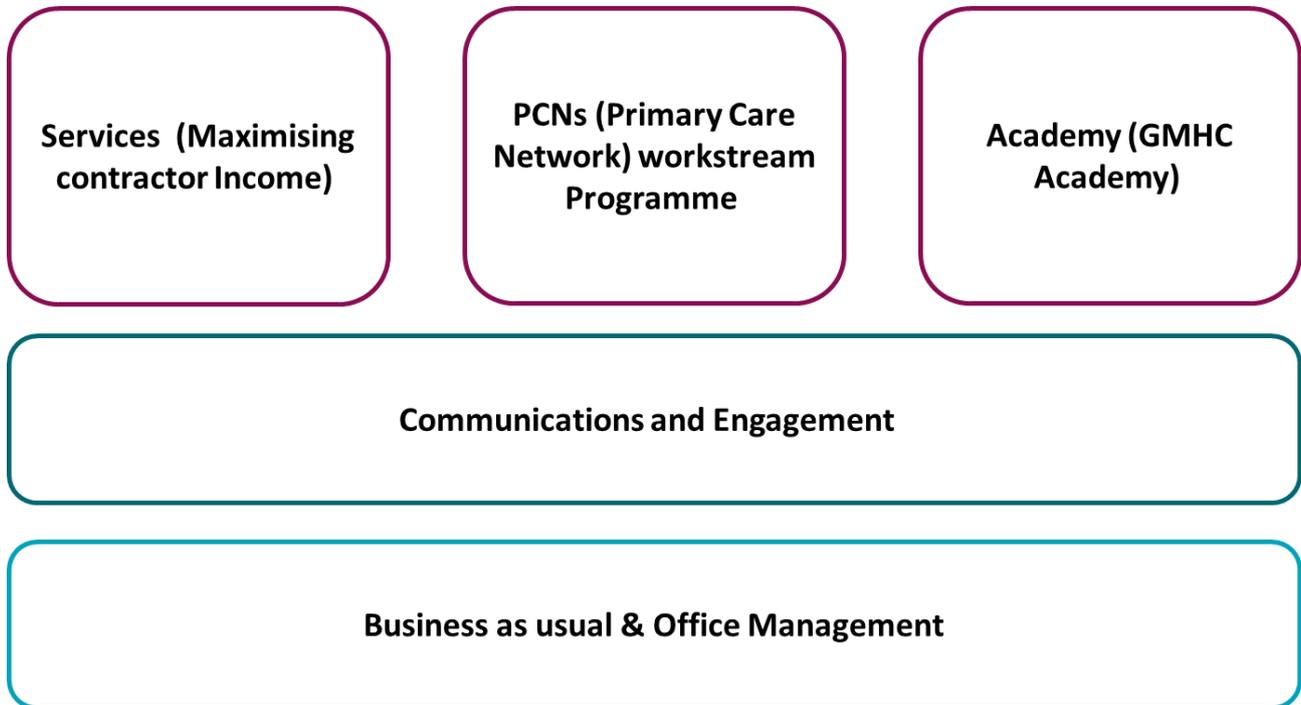
The overarching principles of the workplan for 2020/21 have been provided below to ensure that contractors continued to receive assistance from the LPC and were also supported to respond to the covid-19 pandemic. This also now includes a Business as Usual (BAU) and Communications & Engagement workstream as additional but separate workstreams to accurately reflect the resources and workloads that span across all areas of LPC activity.

The overarching strategy consists of five key areas:

- Leading pharmacy through devolution
- Supporting practice
- Developing future services
- Championing and promoting Community Pharmacy
- Business as Usual/Communications & Engagement

What we achieved

GMLPC Workstreams



Services

Objective 1:

To ensure contractors can maximise income through commissioning of new services and review of existing services with appropriate communications and ensuring up to date information is available on the GMLPC website.

Objective 2:

To build on the existing GM CP Commissioning model into a GM pharmacy contract that sits alongside our national contract, ensuring an agreed consistent Community Pharmacy offer across GM post COVID-19.

How this has been achieved:

- ✓ Meeting regularly with commissioners to outline the role of the LPC and provide an overview of internal governance to ensure that GMLPC are consulted with any changes to provision of existing services or the commissioning of new services. This has ensured that we have an opportunity to ensure that services are viable for contractors before they are communicated with pharmacy teams
- ✓ Development and maintaining of the services matrix to track all commissioned services (76 active) and agreed fees for each locality. This has supported with identifying gaps in

provision and has allowed GMLPC to have conversations with the commissioner to improve the service offer and fees in line with other localities

- ✓ Supporting with commissioned service delivery with support from the provider company CHL, as a vehicle for contract and performance management
- ✓ Worked with commissioners to develop harmonised service specifications based on best practice for several services including stop smoking in Salford, Rochdale, and T&G
- ✓ Ongoing work with the Greater Manchester Health and Social Care Partnership on proposals for a standardised Greater Manchester contract for locally commissioned services. (The national contract would continue to be used for all other services)
- ✓ Review of currently commissioned services in GM to ensure information is up to date on our website and where required, work with commissioners to develop the service offering and review fees. All information has been updated on the website for our contractors' benefit
- ✓ Support with the staggered roll out of the GM Minor Ailment Scheme which is now live in 6 of the 9 localities in GM
- ✓ Ensuring that contractors received national guidance and updates from PSNC through our various comms channels
- ✓ Working closely with commissioners to ensure that service documentation reflected the current service offer and was appropriately remunerated
- ✓ Representing on locality groups, flu groups and service development meetings to ensure that community pharmacy were involved in the conversation
- ✓ Requesting service activity data from commissioners to support with the uptake of commissioned services on a local level

Primary Care Networks (PCNs)

Objectives:

To embed Community Pharmacy in PCNs and Neighbourhood networks, to ensure the voice of community pharmacy is heard. To ensure we are influencing at neighbourhood level to maximise the opportunities for community pharmacy to develop. To bring Community Pharmacy contractors together to work with wider Primary Care and the Voluntary sector to deliver patient centred care across GM.

How this has been achieved:

A number of support measures were developed and implemented by the LPC to embed Community Pharmacy into Primary Care Networks, namely:

- ✓ Appointing and retaining 100% of Community Pharmacy PCN Leads in post
- ✓ Development of a range of effective PCN support guides, resources and guidance
- ✓ PQS Training Webinar specifically designed for PCN Lead development
- ✓ PCN Lead toolkit (in collaboration with PSNC and other LPCs across the country)

- ✓ PCN Lead 1-2-1 coaching (pre and post contractor engagement call and pre and post Clinical Director/PCN meeting where responses from Clinical Directors were received)
- ✓ Dedicated PQS Monday Memo Newsletter highlighting key updates and deadlines for contractors and PCN Leads
- ✓ Facilitation of communication and engagement – PCN email hubs (using NHS shared mail accounts) and WhatsApp groups for PCN pharmacies and the respective PCN leads
- ✓ Facilitation of introductions between Community Pharmacy PCN Leads, Community Pharmacy teams and contractors, PCN Clinical Directors, PCN Business Managers and other Primary Care colleagues
- ✓ Electronic contractor survey designed to capture important influenza vaccination service information and business continuity plan arrangements which were collated and distributed by the LPC on behalf of the PCN Leads, in line with PCN domain requirements
- ✓ Targeted contractor support – reminder emails, phone calls and WhatsApp messages to complete contractor survey
- ✓ Administrative support - organisation and co-ordination of contractor attendance to PCN contractor engagement calls, set up and distribution of Microsoft Teams meeting invites, save the dates and reminders
- ✓ Contacted all pharmacies via email and/or phone that were at risk of non-compliance with the Pharmacy Quality Scheme PCN Domains
- ✓ Conducted PCN Lead Feedback survey to explore the progress made and what challenges were faced to tailor LPC support offer to contractors
- ✓ Compiled 58 PCN lead case studies to demonstrate the positive outcomes of Community Pharmacy PCN lead role
- ✓ Continued engagement and promotion of integrated working and collaboration with at GMHSCP, Primary Care Board, GP Excellence Programme and GM Local Leaders Network

GM Healthcare Academy:

Objective 1:

To provide oversight, scrutiny, steer and input into The GM Healthcare Academy operations and strategy including supporting promotional activity, input into the training calendar and clinical input.

This has been achieved through the:

- ✓ Delivery of training webinars such as DMS, COVID 19, GPCPS webinars
- ✓ Facilitation and development of training materials for contractor webinars
- ✓ GMLPC Academy subgroup providing input, oversight and steer into GM Healthcare Academy plans via Jenny Watson in the capacity of Academy board representative for GMLPC
- ✓ Continued development of e-learning platform for contractors

- ✓ Signposting external training webinars to support learning and development of contractors via our communication channels such as the GMLPC website and newsletters

Communications and Engagement

Objective 1:

To build effective internal and external communications to engage community pharmacy and support implementation and compliance to CPCF and contractual requirements.

How this has been achieved:

- ✓ Conducting an overarching contractor engagement survey to understand contractor concerns and current levels of support offered by LPC
- ✓ Conducting regular audits and reviews of key communications channels including the website, newsletters, social platforms, WhatsApp groups, and NHSmail
- ✓ Establishing PCN WhatsApp Groups as a key channel for quick and urgent updates, as well as enabling pharmacy contractors to share best practice and speak to each other and the LPC
- ✓ Streamlining newsletters to condense content and ensure information is clear, informative, and aligns to national updates and guidance
- ✓ Developing and distributing targeted communications for reminders and follow-ups including individual calls to pharmacies for important service and funding deadlines or claims such as PQS, Pharmacy Advice Audit, GP CPCS, and the Covid-19 Vaccination Programme
- ✓ Increasing online presence on social platforms to increase engagement and raise awareness of GMLPC, local community pharmacies in GM, and the wider pharmacy sector
- ✓ Involving contractors in changes to ways of working and responding to feedback e.g. developing a 'Meet the Team' series and LPC Brief to remind contractors of who we are, what we do, and the support we offer

Objective 2:

To support external engagement to champion and promote the profile of community pharmacy

How this has been achieved:

- ✓ Collaborating with local media and marketing partners to develop the Flu Media Campaign aimed at encouraging members of the public to get their flu vaccination whilst also highlighting community pharmacies as places offering this service - reaching 520,000 listeners over radio; 45,658 through podcasts; and over 1 million through social channels
- ✓ Writing and sending press releases and articles on key sector updates to local MPs, journalists, and Healthwatch organisations, including 'Community Pharmacy has Answered the Call' which was published in Manchester Evening News, featured in Healthwatch e-bulletins and websites, and received high engagement on social channels
- ✓ Providing live GM Covid-19 vaccination sites with promotional support online through a social media spotlight series

- ✓ Engaging with local MPs and councils across Greater Manchester to raise awareness of key challenges faced by the sector and ask for support from the Government moving forward
- ✓ Promoting the All-Party Pharmacy Group (APPG) tool to contractors to encourage engagement with local MPs
- ✓ Promoting and submitting applications to external Pharmacy Awards including the Independent Pharmacy Awards, Pharmacy Excellence Awards, and the Recognition of Excellence Awards

Business as Usual (BAU)

Objective 1:

To ensure there are defined office processes and timely responsiveness to business-as-usual queries and demands.

How this has been achieved:

- ✓ Responding to and resolving contractor enquiries and issues through the GMLPC enquiries mailbox and central office telephone support
- ✓ GMLPC increased the production of newsletters to x3 per week, with each dedicated to a particular area. The Monday Memo is for PQS updates and guidance, the Wednesday Newsletter is for Covid-19 updates and any locality-specific information, and the Friday Focus is a weekly round-up of the week's most important headlines and includes additional urgent updates that cannot wait until the following week
- ✓ In collaboration with Bolton LPC, GMLPC developed monthly deadline trackers to help contractors keep up to date with the latest activities they need to undertake each month
- ✓ GMLPC organised the supply of 250 free face masks per contractor through Local Resilience Hubs for each locality. Contractors were required to complete an MS form to gain access to the supply, and GMLPC communicated this information to the Local Resilience Hubs to distribute. Over 70,000 masks were distributed to contractors across GM
- ✓ To support contractors participating in PQS 2020/21 Part 2, GMLPC created a PQS Part 2 schedule featured in our Monday Memo newsletter, accompanied by weekly updates analysing the 5 domains of PQS 2. The schedule was designed to help contractors meet the PQS claim deadline (26th February 2021) by breaking up the domains into 3-4 week windows
- ✓ Facilitated numerous GMLPC constitutional events including; constitutional amendment to defer elections in 2020, vote to defer elections by 6 months due to pandemic in 2020, the GMLPC 2020 AGM event and the GMLPC elections to establish new GMLPC committee in 2021

COVID-19 Support for Contractors

- ✓ Stood up a local testing portal to access the fixed number of slots for Primary Care at Manchester Airport via GMLPC as initially there was no access to staff PCR testing. This was

a seven-day service, so all staff rotated to provide cover for picking up enquiries with no payment

- ✓ In response to the high risk for BAME communities in terms of susceptibility to COVID-19, GMLPC created local BAME risk assessment tools for pharmacy with NHSE/I to support staff safety
- ✓ Issued daily newsletters to ensure rapid dissemination of information and easier navigation
- ✓ All contractors were phoned and supported to ensure they had implemented infection control measures and social distancing risk assessments for premises/staff
- ✓ Liaised closely with GMHSCP and NHSE/I to ensure processes to be followed for working behind closed doors to support temporary closures were simpler and easier for contractors to understand
- ✓ Linked with local Public Health England (PHE) Regional Leads and Health Protection Agency (HPA) NW to escalate and resolve track and trace impact on pharmacies, ensuring that local guidance and escalation points were available to contractors
- ✓ Linked with CCGs, Local Medical Committee (LMC), NHSE/I and Directors of Primary Care to gain support for PPE and identify opportunities to support Primary Care (250 free patient masks per pharmacy obtained prior to the national portal being open)
- ✓ Linked with ten localities and Public Health teams to obtain volunteer information to cascade to all contractors to support the workforce crisis. Locality hub pages were set up on the GMLPC website to ensure support was easily accessible
- ✓ Out of Hours palliative care services were commissioned through work by GMLPC and CHL to allow rapid access to medicines out of hours through a pharmacy
- ✓ Set up 9 zoom calls for contractors across each locality to understand challenges and provide support/answers where we could. 58 WhatsApp groups created to allow real time communication between pharmacies across GM
- ✓ Raised and escalated contractor concerns to LPC committee members, PLOT team, PSNC representative via Regional team, GMHSCP and NHSE/I such as demand for deliveries, staffing crisis and track and trace
- ✓ Contacted all MPs to raise awareness of sector challenges faced by contractors financially, mentally and physically
- ✓ Worked with the Primary Care board, GMHSCP and 10 GM localities to coordinate access to COVID-19 vaccinations for staff in addition to the 3 main channels where we managed to negotiate fixed slots
- ✓ Supported localities to manage extra vaccination stock and avoid wastage. This coordinated approach was replicated across all 10 localities to support the system response
- ✓ Supported seven local pharmacy-led vaccination sites going live across GM from the first wave of the NHS Covid-19 vaccination rollout, 7 of which were within the GMLPC footprint
- ✓ Developed a press release on the essential role of community pharmacy during the pandemic which was featured in Manchester Evening News, as well as on multiple Healthwatch websites and bulletins
- ✓ Initiated a social media spotlight series on the live GM sites to contribute to national coverage of pharmacy-led vaccination sites across the country

The Commissioning Landscape

We recognise that we operate within a wider landscape, both nationally and within Greater Manchester, that shapes our work.

Greater Manchester

Greater Manchester has had control of its own health and social care budget since devolution in April 2016. The pharmacy and optometry team in Greater Manchester Health & Social Care Partnership (GMHSCP) manages nationally commissioned pharmacy services on behalf of NHS England. CCGs and local authorities commission further pharmacy services such as minor ailments schemes and emergency contraception within their own localities.

We work closely with all commissioners in Greater Manchester to demonstrate the value of Community Pharmacy and to secure services for contractors and patients.

The Community Pharmacy Provider Board (CPPB) consists of membership from GMLPC, Bolton LPC, CHL and the GMHSCP acting as a formal governance structure to engage with

National developments

In January 2019, NHS England set out its vision for improving care over the next 10 years by publishing its Long-Term Plan, with a greater focus on integrated working of wider health and social care with Primary Care Networks (PCNs) within each locality and neighbourhood.

Integrated Care System (ICS)

ICSs (Integrated Care Systems) are now seen by NHS leaders as the future of health and care integration in England. The NHS Long Term Plan, and now the Government's white paper on health and care reform, both place

the emerging Integrated Care System (ICS) and the Primary Care Board (PCB). Extensive engagement has taken place to ensure Community Pharmacy are involved in the development of the design principles, financial flows, and clinical leadership representation in the new emerging structure. This involves collaborating and liaising with GM system leaders and commissioners to support the development of commissioned services. This also includes the development of a single GM commissioning framework to standardise services, improve access, and reduce health inequalities for our patients and citizens. The Chair and Vice Chair of CPPB was Alison Scowcroft and Louise Gatley respectively until November 2020. Since that time Luvjit Kandula has been appointed as Chair, and Louise Gatley has continued as Vice Chair

ICSs at the heart of the NHS. As set out in the Government's white paper, ICSs are now expected to become statutory bodies by April 2022.

Over recent years, General Practice, Optometry, Dentistry and Community Pharmacy providers have worked collaboratively to establish a formal governance structure within the devolved health and social care system representing four disciplines of primary care which is called the Primary Care Board (PCB).

Each discipline has its own board which has both locality/place and professional representation. In our case, The Community Pharmacy Provider Board (CPPB) incorporating representatives from Bolton LPC, GMLPC and CHL (the provider company), a Community Pharmacy PCN lead, the Local Professional Network (LPN) and the Greater Manchester Health and Social Care Partnership bound by terms of reference.

CPPB are currently working with the Primary Care Board (PCB) and GMHSCP health and social care system leaders to ensure that we are represented and can influence and support decision-making for the benefit of the Community Pharmacy sector. This will enable

us to support development of commissioned services, influence strategic direction, and ensure that we are recognised for the value we provide.

NHSE/I have confirmed their plans to delegate the responsibility for the commissioning of primary care services, including pharmaceutical services, to the ICS. Subject to the bill of Parliament, the activities relating to the Community Pharmacy Contractual Framework (CPCF) currently undertaken by regional (NHSE/I) teams will be transferred to the ICS from April 2022. The ICS will be expected to take on this role by 1st April 2023. Negotiation of the CPCF will continue to be undertaken at national level.

In 2020/21 we worked closely with GMHSCP, CCGs, Locality Leaders Network and PCNs to help contractors achieve the PQS criterion relating to PCNs. For example:

- We worked in collaboration with GMHSCP to support Community Pharmacy PCN Leads to link with Clinical directors
- We provided leadership training support to newly appointed Community Pharmacy PCN Leads
- 100% of GMLPC Community Pharmacy PCN Leads claimed for the PQS
- We supported Community Pharmacy PCN Leads to build relationships with other Community Pharmacy PCN Leads and their local pharmacies by creating 59 WhatsApp groups and NHS email hubs to facilitate collaboration and communication
- We worked with local PCN leaders to ensure Community Pharmacy PCN Leads were invited to the locality leaders' network to help build relationships and build a foundation for integrated working
- We have completed the PCN case studies to baseline and monitor the progress of Community Pharmacy integration within primary care networks

The graphic on page 21 explains how commissioning works in Greater Manchester and how we work with commissioners and our health and social care partners to promote community pharmacy (this is subject to change from April 2022).



Credit: Greater Manchester Health & Social Care Partnership

We have met all local commissioners to explain how community pharmacies can help them achieve their goals, and how we can simplify the whole process of commissioning and managing pharmacy services:

- Easy to commission from a matrix of harmonised specifications
- Easy to manage through a contract with a lead provider (e.g. CHL) which pays individual contractors and manages their performance.
- Easy to tailor to local needs, thanks to three-level approach. Services can be commissioned at a GFM-wide, locality or neighbourhood level.

Service planning & decision-making

Greater Manchester-wide

- **Greater Manchester Health & Social Care Partnership (GMHSCP)** sets the city region's overall health strategy and oversees its budget.
- It also manages nationally-commissioned pharmacy services on behalf of NHS England.

Localities

- **CCGs & local authorities** commission services for their own populations. GMLPC represents pharmacy contractors in the nine localities shown on the map. In some of them, the CCGs and local authorities have now formed joint commissioning functions covering all health and social care services.
- Each locality also has a **local care organisation (LCO)** that includes commissioners, providers & partners. LCOs' locality plans aim to improve health outcomes in their area by integrating care and ensuring that services focus on the specific health needs and priorities of their community.

Neighbourhoods / primary care networks

- Each locality comprises several neighbourhoods covering populations of roughly 30,000-50,000 people. Some localities now have **neighbourhood meetings** where providers in that neighbourhood can discuss and plan services for the 30,000-50,000 people in their area.
- GP practices are also forming **primary care networks**, in line with the NHS Long Term Plan. These may not map exactly to neighbourhoods.

Strategic Context

The NHS Long Term Plan, PCNs, and developments in Greater Manchester's health and social care system that were described above are not the only factors that influenced our work in 2020/21. The wider strategic context also included:

- **CPCF:** The publication of the new Community Pharmacy Contractual Framework (CPCF) in July 2019 whereby PSNC, NHS England and NHS Improvement (NHSE/I) and the Department of Health and Social Care (DHSC) agreed a five-year deal for Community Pharmacies, guaranteeing funding levels until 2023/24. The deal secures pharmacy funding and sets out a clear vision for the expansion of clinical service delivery over the five years, in line with the NHS Long Term Plan. This included the further development of the Pharmacy Quality Scheme (PQS) which will continue for the next 2 years.
- **COVID-19 Pandemic:** The onset of the COVID-19 pandemic has proved a significantly challenging period for pharmacy teams and the wider NHS.
- **National pharmacy contract:** Pharmacy Quality Scheme (PQS) was announced for 2020/21
- **Integrated Care Systems (ICS):** In February 2021 the government published a white paper 'Integration and innovation: working together to improve health and social care for all', setting out a number of legislative proposals for a Health and Care Bill. This included establishing Integrated Care Systems (ICSs) in statute by April 2022 and transferring the commissioning duties of Clinical Commissioning Groups (CCGs) to them. A Design Framework was published by NHSE/I in June 2021 with further information. On 6 July 2021 the Health and Care Bill received its first reading in Parliament. It outlined that the new statutory ICSs will include the creation of a statutory Integrated Care Partnership (ICP), which will be a joint committee, and an Integrated Care Board (ICB) (previously referred to as the ICS NHS body/board). This first reading takes GMHSCP one step closer to the creation of the statutory ICS from April 2022 and will also mark the start of the recruitment process for the NHS Board chair.

In Greater Manchester, GMHSCP have been working as an ICS for the last five years – with strong working partnerships between health and social care and the voluntary sector. The creation of a statutory Integrated Care Partnership and Integrated Care Board will formalise the arrangements they have in place. The new statutory nature of an ICS will allow them to build on the ambitious and ground-breaking ways they have been working over the last five years and continue to evolve to deliver even better health and care for the people of Greater Manchester.

The GM ICS will operate on three levels: neighbourhood, locality and Greater Manchester. There will continue to be teams working in neighbourhoods, localities or districts, and at GM level, just as there are now.

The new statutory ICS will mean continuing to build upon and improve partnership working across organisation boundaries; working together with VCSE colleagues, Community Pharmacy, wider Primary Care and our communities to deliver a new five-year vision and plan which we are now starting to draft with our system partners.

We supported contractors and worked with commissioners and partners. Examples included:

Working with local commissioners

- Ensuring contractors received national guidance and updates from PSNC through our various communication channels
- Working closely with commissioners to ensure that service documentation reflected the current service offer, national guidance and appropriate remuneration
- Representing on locality groups, flu groups and service development meetings to ensure that community pharmacy were involved in the conversation
- Requesting service activity data from commissioners to support with the uptake of commissioned services on a local level
- Supporting contractors to improve uptake, quality and delivery of services

Services & Local Commissioning

Pharmacy's long-term viability depends on their ability to deliver high-quality services that meet the needs of patients and commissioners - they cannot rely on dispensing alone. That's why services were the fundamental factor linking all four of our key priorities for 2020/21;

1. Communications and Engagement
2. Primary Care Networks
3. Services
4. Academy

Strengthening the Role of Our Provider Company

CHL and GMLPC continue to build collaborative approaches for the benefit of contractors in Greater Manchester by working together on key services.

This arrangement enables commissioners to sub-contract CHL not just to manage back-office work such as payments to pharmacies, but also to performance-manage contracts with pharmacies, something that LPCs are not allowed to do.

This has huge advantages for commissioners, making it much easier and more attractive for them to commission pharmacy services, while releasing capacity for GMLPC to focus on contractors' key priorities.

CHL and GMLPC meet on a weekly basis to ensure that we are working collaboratively and are kept updated with progress and changes to existing services or exploratory conversations with regards to new services.

Commissioning Model & Contract Management

GMLPC, Bolton and CHL regularly collaborate to recommission existing services and develop new innovative to support patients and citizens in the localities across GM.

The key successes we have collaborated on in 2020/21 are following;

- Working together as part of the GP CPCS Working Group set up to support the implementation of the service across GM
- Reviewing the Rochdale stop smoking fees and service offer to ensure contractors are appropriately remunerated
- Supporting with the set-up of Oldham assisted Lateral Flow Device (LFD) testing service

Pilots

In some instances, CHL are contracted by commissioners to provide service implementation support s. This releases capacity for GMLPC to spend more time on contractor support, commissioners, locality work and developing proposals for new services or pilots.

In 2020/21 CHL have been involved with the following projects in collaboration with the LPCs;

- Oldham CURE pilot
- Stop smoking Services
- Substance Misuse
- End of life Palliative Care



CHL Directors & Governance in 2020/21:

CHL's governance structure in 2020/21 required it to have:

- Two directors representing the LPCs; and
- Up to three additional directors

The current directors are:

- Aneet Kapoor (LPC Director)
- Peter Marks (LPC Director)
- Louise Gatley (Director)
- Varun Jairath (Director)

It is overseen by a scrutiny committee of nominees from GMLPC and Bolton LPC.

GM Healthcare Academy

We developed the Greater Manchester Healthcare Academy (GMHCA) to ensure that pharmacies across Greater Manchester could access cohesive, high-quality training and development that supports and empowers them today and in the future.



GMHCA focuses on developing the whole pharmacy team and provides practical guidance so pharmacies can put their learning into daily practice. Events are usually free to attend and operated on a not-for-profit basis supported by sponsorship and funding from external sources.

GMHCA is a partnership between GMLPC, Bolton LPC, CHL, GMHSCP and the Pharmacy Local Professional Network (LPN). It is supported by the Centre of Pharmacy Postgraduate Education (CPPE) and has been hosted by CHL in 2020/21. This partnership approach means:

- Training is totally aligned to pharmacy needs, commissioned services and commissioners' future plans
- Drawing on a wealth of expertise from its partner organisations
- Agreeing a cohesive programme of events across Greater Manchester, enhancing quality and reducing duplication and gaps in provision
- Helping pharmacy teams develop their expertise and play a greater role in direct patient care in the future, as well as providing those services that are already commissioned

In 2020/21 GMLPC have delivered the below training in collaboration with GMHCA to support pharmacy contractors with the following;

- Discharge Medicines Service (DMS)
- Inhaler Techniques Service
- Community Pharmacy Consultation Service (CPCS)
- General Practice Community Pharmacy Consultation Service (GP CPCS)
- COVID-19 webinars

GMHCA have also hosted and delivered other training including;

- Flu Vaccination training
- Asthma training
- Breast Cancer Awareness

Collaborative Working

We have developed very strong and positive working relationships with several neighbouring LPCs, including Bolton LPC, Community Pharmacy Lancashire and other LPCs in the North-West.

We work particularly closely with Bolton LPC as our closest neighbour and our partner in GMHCA and CHL. Bolton has been fully involved in our proposals for the new commissioning model and is working with us to develop standardised service specifications via the CPPB which includes CHL, Bolton LPC, GMHSCP and GMLPC.

We see the potential for this collaborative working to intensify over the next few years, as we further develop GMHCA to become integrated within the GM Primary Care Excellence Programme and the transition to the new ICS arrangements. To represent Community Pharmacy effectively within the emerging GM ICS structure we are collaborating between all Community Pharmacy representative organisations and the LPN to pool expertise and coordinate our approach to ensure we are working collectively for the benefit of the whole sector in GM. This includes the development of proposals to enable a GM commissioning model and harmonised service specifications to standardise provision of pharmacy services in GM, and a contractual framework to support it. In late 2019/20, we started discussions with Bolton LPC and CHL to see how we might collaborate further and/or pool expertise for mutual benefit.

Priorities for 2021/22

Our workplan for this year builds on what we achieved in 2020/21 and is informed by the strategic context in which we operate, the commissioning landscape nationally and in Greater Manchester, and the issues that contractors said they wanted us to prioritise. Key factors include the NHS Long Term Plan, the new national Community Pharmacy Contractual Framework (CPCF), integrated working with Primary Care Networks (PCNs), development and implementation of national and locally commissioned services, working to align with the emerging ICS structure in Greater Manchester, workforce development and digital enablement.

We also revised our operating structure in 2019/20 to enable us to deliver this workplan and our strategy for the next five years. The new structure was developed following a review that the new office team be recruited throughout 2020/21 to provide the roles and skills we would need, and a recognition of the increasingly collaborative way in which we work with Bolton LPC, CHL and our other partners in GMHCA.

Together, this means we are focusing on the right priorities and have the right people, skills and structures in place to deliver what our contractors need from us over the next five years.

Conclusion

This has no doubt been one of the most challenging periods that we have faced as a sector with the impact of pandemic, adapting operational models to remain open, the challenge of finding resilience and capacity to support our patients and communities. The Pandemic has also affected the lives of all our Pharmacists and Pharmacy teams in so many ways. This has also had an impact on the mental health and wellbeing of our staff. Managing out of stock medicines, relieving the pressures of the wider NHS and supporting our patients with deliveries as well as continuing to delivery services such as the Flu vaccination service and other locally commissioned services such as EHC.

GMLPC, contractors and Pharmacy teams also worked collaboratively to achieve the requirements of the Pharmacy Quality Scheme. We would like to thank our 58 Community Pharmacy Primary Care Network (PCN) lead for working collaboratively with us.

GMLPC conducted a contractor engagement survey between October and December 2020 to understand contractor concerns and collate feedback on general LPC performance in terms of offering support. We received a total number of 245 responses from 211 different pharmacies.

Understandably, the majority of concerns were Covid-19-related, followed by concerns about the relationship with General Practice highlighting that better communication with GP's would be beneficial for future collaboration across Primary Care.

On a scale from 1-5 (poor-excellent), 73% rated the LPC's performance and level of support either a 4 (very good) or 5 (excellent), and 85 contractors then went to suggest improvements.

Since closing the form in January, GMLPC has reviewed and listened to this feedback and have implemented significant changes to improve overall communications with contractors including:

- Utilising the WhatsApp groups including sending monthly deadline trackers via this channel
- Keeping contractors up-to-date with latest service developments, and regularly update the locality and services website page
- Conducting regular check-in calls and follow-up reminders for PQS, PPE Reimbursement, PSNC Advice Audit, and GP CPCS
- Initiating the meet the team/committee series to help contractors better understand LPC roles and responsibilities
- Developing an [LPC brief](#) detailing who we are, what we do, and the specific support available to contractors
- Significantly condensing the newsletters to highlight urgent updates, and developed a feedback survey to gauge engagement levels and areas of improvement
- Developing supporting documents and facilitating meetings, discussions, and training events for GPs and Community Pharmacy to help improve communication, collaboration, and effective delivery of GP CPCS

We also developed a [“You Said, We Did” article](#) which further outlines examples of the ways in which GMLPC has supported contractors this year.

We have continued to build on our engagement with locality commissioners to renew existing services and commission new services. We will continue to work towards achieving our goal of implementing a single commissioning framework to harmonise services to improve access and reduce inequalities through standardised commissioning in partnership with our Primary Care team.

Following the detailed review of the GMLPC structure in 2019/20, GMLPC undertook a recruitment process and now have a full Office team in place to enable the LPC to support our Pharmacy contractors and Pharmacy teams.

The GM Healthcare Academy (GMHCA) was hosted by CHL in 2020/21, with GMLPC supporting with strategic development.

We can look back on 2020/21 with a considerable sense of achievement, despite the extremely challenging environment we have faced.

We continue to build excellent working relationships with the wider Health and Social Care colleagues at locality level and GM level through our formal governance structure within the emerging ICS, the Community Pharmacy Provide Board (CPPB). Over time, this will lead to further support to commission new innovative services, enable digital integration and support workforce development.

There is little doubt, however, that we will need to maintain this pace throughout 2021/22 and beyond ensuring that Community Pharmacy is fully embedded in GM commissioning plans at GM, locality, neighbourhood and PCN levels.

We do not underestimate the time and effort that this will require but we believe the new operating structure and strategy we have put in place will ensure we have the right expertise and capacity to achieve the goals we have set to support and develop the Community Pharmacy sector in GM.

Annual Accounts

2020/21

Accounts for the period ending 31st March 2021

**Independent Examiner's Report to the Members of
Greater Manchester LPC (GMLPC)**

GREATER MANCHESTER L.P.C.

ACCOUNTS

YEAR ENDED 31 MARCH 2021

GREATER MANCHESTER L.P.C.

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Accountants

Proud Goulbourn
Chartered Accountant
Office 16, Hamilton Davies House
117c Liverpool Road
Cadishead
M44 5BG

GREATER MANCHESTER L.P.C.

Report of the Committee Members

Year ended 31 March 2021

Principal Activities

Greater Manchester LPC is a Local Pharmaceutical Committee ("LPC") acting in the role of a local NHS representative organisations.

Our goal is to enable Community Pharmacy to improve health now and in the future.

The Committee

Greater Manchester LPC is an association whose functions and procedures are set out in our Constitution.

During the year ended 31 March 2021 Greater Manchester LPC had 11 members on its main committee as follows:

- 5 members from CCA
- 1 members from AIMp
- 4 Independant members

A non-executive chair.

Full details of these members can be found on Greater Manchester LPC website <https://psnc/greater-manchester-lpc/>

All members have continued to adhere to corporate governance principles adopted by the Committee and the code of conduct.

Overview

The majority of 2020/2021 was impacted by the COVID-19 pandemic. The impact of COVID-19 on our families, social life and work was significant. The changes affected our sector financially, operationally, mentally and physically. GMLPC recognised the challenges that our Pharmacy teams were facing during the year and therefore, we prioritised supporting and aiding Community Pharmacy to respond to the pandemic by ensuring continued patient access to Community Pharmacy. We supported contractors to develop resilience and adapted operational models to continue service delivery safely in line with Government guidance through working with the GMHSCP, PSNC, Primary Care Board (PCB) and wider health and social care colleagues

GREATER MANCHESTER L.P.C.

Report of the Committee Members

Year ended 31 March 2021

Overview - Continued

The main areas of the LPC's activity included:

Representation of pharmacy contractors

- Arranged MP engagement event with PSNC to raise awareness of financial and operational challenges faced by contractors.
- Contacted all MPs and APPG in Greater Manchester on 4 occasions throughout 2020/21 to raise concerns and awareness of Community Pharmacy challenges
- Attended Westminster Forum to represent GMLPC to highlight the operational and financial pressures faced by the Pharmacy sector during the pandemic.

- Ensured contractors receive information and support for COVID vaccination Phase 1 applications.
- Raising awareness of critical issues affecting Community Pharmacy to PSNC, NHSE/I, Primary Care Board and the Greater Manchester Health and Social Care Partnership (GMHSCP),
- Engagement with Healthwatch to raise awareness the Community Pharmacy contribution to the NHS and being featured in Healthwatch communications.
- Regular contact with MPs on a cyclical basis throughout 18-month period to raise awareness of financial pressures, workload and support for the sector with PSNC support

Support for pharmacy contractors

- GMLPC ran numerous events in partnership with the GHMCA including DMS, COVID-19 webinars and GP CPCS.
- Ensuring contractors are updated about important issues such as the COVID-19 vaccination programme and the Review of PSNC and LPCs to enable contractors to engage with important initiatives affecting the sector
- GMLPC kept contractors updated with the latest information regarding the involvement of community pharmacy in the vaccination programme via newsletters, our dedicated Covid-19 website page, NHSmail PCN hubs and PCN WhatsApp groups to support contractors to navigate the challenges faced during the pandemic.
- Developed monthly deadline trackers to help contractors keep up-to-date with the latest activities they need to undertake each months
- Organised 7-day PCR testing access for Pharmacy staff at the early stages of the pandemic with support from GMHSCP prior to national arrangements being set up
- Supported pharmacy contractors and pharmacy teams to access the COVID-19 vaccinations working closely with the GMHSCP and localities.
- Led on extensive work engage the system to support GP CPCS deployment.
- Provided support to help contractors achieve the PQS domains and deadlines through our dedicated PQS Monday Memo, PQS website page, and over 500 calls to contractors.

GREATER MANCHESTER L.P.C.

Report of the Committee Members

Year ended 31 March 2021

Support for pharmacy contractors - Continued

- Provided leadership training and support to 58 PCN leads that were appointed by the LPC.
- Facilitated 58 PCN calls with contractors to support achievement of PCN domains of the PQS.
- Production of newsletters x3 per week offering guidance and support for PQS, COVID-19 updates, locality specific information, important deadlines, and urgent updates.
- Provided ongoing COVID 19 updates and information to contractors via our dedicated COVID 19 resource webpage.
- Organised the supply of 250 free face masks per contractor through Local Resilience Hubs for each locality during the start of the pandemic when supply was unavailable before national supplies were made available. Over 70,000 masks were distributed to contractors across GM.
- Worked with the GMHSCP to devise opening hours guidance and support for Community Pharmacy contractors to support pharmacy operations.
- Development of Test and Trace guidance and key contacts working with system leaders to minimise impact of test and trace on Pharmacy closures.
- Collation of Flu data from contractors to support system engagement and locality engagement for joint working and ensuring the role of Community Pharmacy is recognised.
- Working with commissioners to ensure all service specifications were updated to ensure remote provision was approved to allow continued service provision.
- Working with commissioners to access Supervised Consumption fees to minimise impact of reduced service activity.
- The LPC secured the recommissioning of all services aside from Bury NRT which was stood down in 2020. There were 76 active services on file as of March 2021.
- The LPC also secured the commissioning of a number of new services including an extended Salford stop smoking service in November 2020 and a needle and syringe programme in Manchester in March 2021.

Local Relationships

- 58 PCN leads appointed which enabled 96% of contractors to achieve the PQS PCN domain.
- Facilitated 58 PCN calls with 600 contractors to support achievement of PCN domains of the PQS.
- Facilitated integrated working with General practice via agreed attendance at the local leaders network working in partnership with the GMHSCP and the Primary Care Board.
- Extensive engagement with the Greater Manchester Health and Social Partnership, Primary Care Networks, Primary care Board, Localities and commissioners.

GREATER MANCHESTER L.P.C.

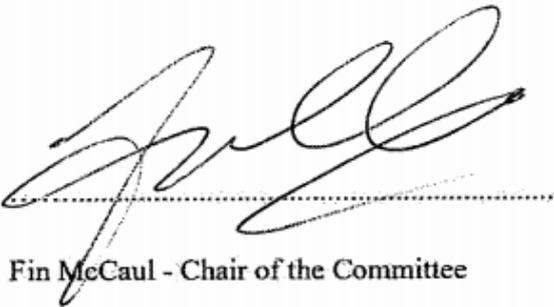
Report of the Committee Members

Year ended 31 March 2021

Governance and Finance

- Contractor levy holiday from November 2020-April 2021, cost saving of £147,000 to contractors.
- Reduced expenditure on office costs by negotiating reduced rent on the GMLPC office. A saving of £4107 in 2020/2021.
- LPC member costs reduced by centralising office functions a saving of £30,000.
- Facilitated a contractor voting process to change the GMLPC constitution and defer GMLPC elections by 6 months due to pandemic. Contractors voted in favour of the change and elections were deferred to 2021.
- Completed GMLPC elections at the start of 2021 and the new GMLPC committee took office at the beginning of April 2021.

This report was approved by the Committee on 17th August 2021 and signed on its behalf by:



Fin McCaul - Chair of the Committee

Statement of Committee Members' Responsibilities

Year ended 31 March 2021

The committee members are responsible for preparing the Report of the Committee Members and the financial statements in accordance with applicable law and regulations.

The committee members are required to prepare financial statements for each financial year. The committee members have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In preparing these financial statements, the committee members are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgments and accounting estimates that are reasonable and prudent;
- c) prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the committee will continue in operation.

The committee members are responsible for keeping adequate accounting records that are sufficient to show and explain the committee's transactions and disclose with reasonable accuracy at any time the financial position of the committee. They are also responsible for safeguarding the assets of the committee and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The committee members are responsible for the maintenance and integrity of the financial information included on the committee website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

GREATER MANCHESTER L.P.C.

Independent Examiners Report to the members of Greater Manchester L.P.C.

Year ended 31 March 2021

I report on the accounts of the L.P.C. for the year ended 31 March 2021 which are set out on pages 7 to 11.

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: 19th August 2021

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GREATER MANCHESTER L.P.C.

Income & Expenditure Account

Year ended 31 March 2021

	2021	2020
	£	£
<u>Income</u>		
Statutory Levies	465,500	588,000
Sponsorship	12,500	9,280
Other Income	2,198	1,138
Total Income	<u>480,198</u>	<u>598,418</u>
<u>Expenditure</u>		
<u>Administrative Expenses</u>		
Salary	212,122	201,785
Office Rent	9,919	13,880
Telephone & Internet	5,652	5,116
Printing, Stationery & Postage	1,963	5,774
Computer expenses & equipment	1,384	260
Travel Expenses	329	3,048
<u>P.S.N.C. Expenditure</u>		
Levy	177,451	174,522
<u>Meetings</u>		
Hire of Rooms	0	693
Members Expenses - LPC Meetings	32,764	62,190
AGM Costs	0	3,285
<u>Project Costs</u>		
GM Healthcare Academy	0	7,695
GM HLP	0	2,620
Transfer project monies to CPGM Healthcare Ltd	20,000	0
PCN	9,720	0
Flu Project	27,858	0
CPPB	14,260	0
CPCS	7,428	715
Other project costs	2,736	4,341
<u>Other Expenses</u>		
Sponsorship	5,000	0
Honorarium	0	0
Accountancy Fees	2,420	1,276
Consultancy	0	6,545
HR Professional Support	3,903	3,826
Software costs	432	400
Insurance	307	299
Staff Recruitment	1,697	3,396
Sundry Expenses	35	259
Donation	950	0
Bank Charges	0	1
Total Expenditure	<u>538,330</u>	<u>501,926</u>
Surplus for the Year before tax	-58,132	96,492
Corporation Tax Payable	0	0
Surplus/(Deficit) for the Year after tax	<u>-58,132</u>	<u>96,492</u>

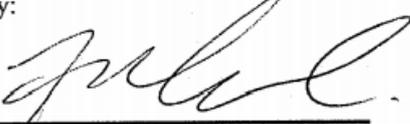
GREATER MANCHESTER L.P.C.

Balance Sheet

Year ended 31 March 2021

	Notes	31.3.21		31.3.20	
		£	£	£	£
Fixed Assets					
Tangible Assets			0		0
			<u>0</u>		<u>0</u>
Current Assets					
Debtors	3	31,300		31,300	
Cash at Bank		524,549		581,794	
		<u>555,849</u>		<u>613,094</u>	
Current Liabilities					
Creditors: Amounts falling due within one year	4	13,961		13,074	
		<u>13,961</u>		<u>13,074</u>	
Net Current Assets			541,888		600,020
Net Assets			<u>541,888</u>		<u>600,020</u>
Represented by:					
General fund					
Balance at 1 April 2020			600,020		503,528
(Deficit)/Surplus for the year			-58,132		96,492
Balance at 31 March 2021			<u>541,888</u>		<u>600,020</u>

These financial statements were approved by the Committee on 17th August 2021 and signed on its behalf by:


 Fin McCaul - Chair of the Committee


 M Anwar - LPC Treasurer

The notes on pages 9 to 11 form part of these financial statements

GREATER MANCHESTER L.P.C.

Notes to the Financial Statements

Year ended 31 March 2021

1 Accounting Policies

With the exception of some disclosures, the financial statements have been prepared in compliance with FRS 102 Section 1A and under the historical cost convention. The financial statements are prepared in sterling, which is the functional currency and monetary amounts in these accounts are rounded to the nearest £. The financial statements present information about the committee as a single entity. The following principal accounting policies have been applied:

Income and Expenditure

Both income and expenditure are accounted for on the accruals basis. The primary source of income shown in the financial statements consists of levies from NHSBA Contractors in respect of that period.

Judgements and Key Sources of Estimation Uncertainty

The preparation of the financial statements requires management to make judgements, estimates and assumptions that effect the amount reported. These estimates and judgements are continually reviewed and are based on experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Taxation

Any surplus arising from the activities of the LPC on its non-mutual activities is subject to corporation at 19%.

Pension Costs

The amounts paid during the year are charged to the income and expenditure account. Details are shown in note 6 of these accounts.

Operating Leases

Rentals in respect of operating leases are charged to the income and expenditure account as incurred.

Financial Instruments

The committee only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities like other debtors and creditors. Financial assets and liabilities are recognised when the company becomes a party to the contractual provisions of the instruments.

GREATER MANCHESTER L.P.C.

Notes to the Financial Statements

Year ended 31 March 2021

1. Accounting Policies (continued)

Debtors and creditors

Basic financial assets and liabilities, including trade debtors, other debtors and other creditors, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Such assets and liabilities are subsequently carried at amortised cost using the effective interest method, less any impairment.

Going concern

The committee members consider that there are no material uncertainties about the committee's ability to continue as a going concern. In forming their opinion, the committee members have considered a period of one year from the date of signing the financial statements.

2 Employees

Staff costs consist of:	2021	2020
	£	£
Wages and salaries	184,707	131,379
Social security costs	14,378	12,679
Pension costs	6,105	3,604
Locum cover and other employment costs	6,932	54,123
	<u>212,122</u>	<u>201,785</u>

The salary of the Chief Executive Officer was £nil (2020 £nil).

The average monthly number of persons employed during the year was 6 (2020: 4).

3 Debtors

	2021	2020
	£	£
Loan - CPGM Healthcare	31,300	31,300
	<u>31,300</u>	<u>31,300</u>

GREATER MANCHESTER L.P.C.

Notes to the Financial Statements

Year ended 31 March 2021

4 Creditors: amounts falling due within one year

	2021	2020
	£	£
Other creditors and accruals	8,989	8,409
Other taxation and social security	4,972	4,665
	<u>13961</u>	<u>13074</u>

5 Pension Scheme Costs

The employer's contributions to the money purchase scheme are 3% (2019: 3%), if employees contribute 4%. The employer will pay contributions to this maximum. The total pension charge for 2021 was £6,105 (2020: £3,604).

6 Related Party Transactions

During the year the following expenses were paid to committee members:

Amount	2021		2020	
	N.O of Members		N.O of Members	
£0 to £10,000		9		9
£10,001 to £20,000		0		0
	<u>0</u>	<u>9</u>	<u>0</u>	<u>9</u>



GMLPC

Supporting Community Pharmacy
in Greater Manchester