

Minutes

Location: Zoom Call
Date: 6th April 2022
Time: 13:00 – 17:00pm

ATTENDEES

Members Name	Company	Initials
Fin McCaul - (Chair)	Ind	FMC
Gulamhusein Arsiwalla	AIMp	GA
Mujahid Al Amin	CCA	MAA
Peter Marks	AIMp	PM
Helen Smith	CCA	HS
Jennie Watson	CCA	JW
Mohamed Patel	Ind	MP
Katie Wright	CCA	KW
Aneet Kapoor	Ind	AK
Ali Dalal	Ind	AD

Members Name	Company	Initials
Adam Kharaz	GMLPC	AKh
Adrian Kuznicki	GMLPC	AKu
Karishma Visram	GMLPC	KV

Shahzad Ahmad	Bristol Myers Squibb	SA
Kashif Yaqoob	Bristol Myers Squibb	KY

WELCOME AND INTRODUCTION

AK and AD to join late due to prior commitments.

KW standing in for IK

MA, MAn, LK and RS send apologies

Minute takers KV and AKh and AKu.

SPONSORSHIP

Sponsor Presentation – Bristol Myers Squibb Pharmaceuticals

Presentation delivered by Kashif Yaqoob and Shahzad Ahmad

Overview given around dosing for Apixaban, VTEs and any opportunities that may arise to support us with education materials relating to this.

Eliquis 5mg BD is the dosing which is recommended for the majority of NVAf patients. However, many patients have the 2.5mg BD instead. To qualify for the lower dose patients have to meet two or more of the lower-dosing criteria: aged 80 or above, body weight of 60kg or less, Creatinine level of 1.5mg/dl. Patients that do not match any of this criteria but have severe renal impairment also qualify for the reduced dose of Eliquis.

Discussion around the existing service referral pathways available in Greater Manchester. The referral pathway for Hypertension case finding has now been established nationally. FMc to look into the details about a referral pathway for AF case finding in GM.

BMS have produced online educational modules available to all healthcare professionals via horizon.tv

Discussion around the treatment of venous thromboembolism (VTE) Pulmonary embolism (PE) and deep venous thrombosis (DVT). There is a plan to put patients on long term Anticoagulants. This will mean that work which was previously undertaken in secondary care will filter through to primary care in the future. Due to the current workforce pressures facing CP and the ongoing recovery from Covid, VTE treatment has not been a priority in pharmacies.

Discussion around the potential use of Apixaban for mechanical heart valves instead of Warfarin. When trials were undertaken high bleeding rates were seen and thus the drug was not licenced for that use. A specialist centre in Wythenshawe have expressed their desire for patients to stay on Warfarin due to worries about clotting with other drugs. There are currently no plans for additional Eliquis licences.

DECLARATION OF INTEREST (DOI)

Nothing further declared.

MATTERS ARISING

No requirements raised.

APPROVAL OF MINUTES

Previous minutes reviewed. No comments or queries raised.
February's and March's workshop minutes approved.

ACTION LOG

145 – Field personnel job specification - KW to chase up

142 – Community Pharmacy Pressures – Suggest made to just target 2 PCN areas a month in order to get a snapshot of the key issues. However it is noted that this approach may not be effective as feedback on PCN meetings shows that issues across all areas seem consistent and not likely to change in the near future and take over every PCN meeting. Office team to follow with RS and ask her to book meeting with PM to discuss these issues as part of their meeting about what to discuss at PCN subgroup meetings.

141 – Identifying time allocated to each project - Asana and timesheets have been implemented to gather this data. Information will be reviewed to see if anything needs to be stepped down. Action closed.

135 – Rebates – LK and FMc met with Peter Howarth and Andrew Martin on back of IMPO paper. They agreed that there is no such thing as an equitable debate. Good progress has been made. FMc submitted further information to Andrew martin and is waiting for a response.

130 – Glossop contractors to move to Derbyshire LPC. However due to shifts in the ICS timeline it is unclear whether this will happen on 1st April or 1st July. The date is to be decided by NHS England.

DOPT REPORT

LK absent due to illness and thus unable to submit a report to the committee.

BAU REPORT

Overview given about finance related operations undertaken. Securing sponsors for our committee meetings has enabled us to raise £3,750 for Pharmacy Support. Akh and the treasurer are working together to organise and fund face to face committee meetings in the near future. 1 or 2 more Microsoft 365 accounts are required for the office team.

Overview provided of office resource and the steps taken to sure the team have sufficient resource available to them. A full stocktake of office equipment including laptops was taken. Old laptops will now be replaced in 3 year cycles. New laptops have been purchased but an issue around the operating software has lead to delay on this. Request made those future purchases are made internally within the office in order for the office manager to be able to resolve any issues that arise internally and in a timely manner.

Details provided about new software now available to the team. Due to a recent update, WhatsApp can now be downloaded on all laptops. This has enabled a better distribution of associated workload. HR software Youmanage has now been implemented and will be used to record holiday and TOIL requests. HR health and safety training modules are to be completed by the team ahead of the Ellis Whittam inspection. The new GMLPC website is now functional. Work to set up the website and prepare the previous website for migration was undertaken by AKh. Steps have been taken to review permission levels and ensure that SharePoint is secure.

Overview of GMLPC BSO recruitment provided. While the vacancy has been listed on several websites, recruitment is taking longer than expected. A further push for candidates will take place this month. While the process has proved time-consuming we are getting the right candidates in and the new BSO Adrian is settling well and supporting on a range of projects within the BAU function and also wider team projects such as GPCPCS and the Services workstream.

An in-person office workshop took place last week in which new office processes were introduced and a discussion was had around ways of working. Notes from this discussion will be written up and discussed with LK and appropriate subgroups.

Overview of the implementation of Asana was provided. A project flow for each workstream has been created based around KPIs. The use of Asana will be monitored closely and reviewed over the next 3 months to assess its suitability. Opportunities for cross collaboration with CPPB's workflow will be explored.

The contractor and external stakeholder databases has been reviewed and updated. Support with the Service Matrix is ongoing and reviewed weekly.

Discussion around arrangements for the AGM and Pharmacy Awards. Due to ongoing pressures, it is decided that the pharmacy awards will not take this year.

An AGM project plan has been created using Asana. The event will take place in person. Due to the upcoming flu season the AGM is to be rescheduled to the 11th or 18th September from 9am – 1pm. 11th September preferred. Akh to contact the venue regarding the possibility of changing the date.

PRO REPORT

Discussion around GPCPCS email sent to area managers. It is noted that the email has had a positive impact on service delivery in March and was more effective than emails sent directly to branches. However, there is still some reluctant in branches where the regular pharmacy staff are absent. There is a need to implement GPCPCS as business as usual for all staff. Suggestion is made that this email should be sent out every Monday by RS until this is seen as BAU activity for all staff.

Quantity of referrals are likely to increase over Easter period. RS to pick up GPCPCS risks over bank holidays urgently on Friday's meeting with Alison and the team.

Request made for data to also be sent out monthly if possible. RS to pick up with subgroup on this.

RS and PM to work together on Services PGD's following ongoing work taking place at RMOC to make them more consistence across GM and less of a postcode lottery.

Overview of the status of services specifications and PCN leads provided. Suggestion to pause work to fill PCN lead gaps in the short term and pick this up again when PQS is due. For now, other priorities should be focused on.

COMMUNICATIONS REPORT

Overview provided of the work undertaken relating to the contractor survey. Data was collected from January until March. The survey was promoted across our platforms and many emails, newsletter and WhatsApp and social media reminders were sent out. To date we have received 140 responses. Most responses received are from independent contractors and we were mostly rated between 4 out of 5 and 5 out of 5 on a range of contractor support questions. Contractors provided feedback stating that they would like more in person and personalised contact with the LPC. Facebook is the most popular platform among contractors but many branches do not have any social media presence at all.

Summary provided of recent work around External engagement. Emails were sent to encourage attendance to APPG virtual event. Last month PSNC organised a briefing event for MPs. A representative for the Cheadle MP Mary Robinson attended the meeting. A discussion was had around the pressures we face across GM. Arrangements to be made for a Pharmacy visit within Cheadle. PM offered support in relation to visits and has had prior contact with Mary. All Healthwatch organisations have been contacted and invited to meet with the LPC. A meeting has taken place with a manager from the NHS's commitment to carers programme to discuss their aims are and how pharmacy can help young carers.

An overview was provided in relation to our comms metrics and effectiveness of our recent communications. As of February, 30 pharmacies had completed the PSNC audit. Following our

efforts we managed increase this number to 183. The number of pharmacies completing 20 NMS increased over 50% from October 2021 to February 2022.

Pharmacy visits are to be set up over the next few months. Committee are requested to send any information they have around interested stores. To be picked up offline with JW, MAA and HS.

COFFEE BREAK

REGIONAL PSNC UPDATE

It has been announced that 4.8 million flu vaccinations have been administered through CP, there is no change to the prescription charge this year and the patient satisfaction survey has changed and there are now 3 mandated questions. The Hepatitis C Antibody Testing Service has been extended.

Information for committee members relating to RSG can be found via the PSNC LPC member's area.

Discussion around staff testing and related guidance. There is a grey area that needs to be clarified. Guidance states that staff which have tested positive should not be working in the branch. However, there is financial backing for this. Feedback from members is their branches and chains are adhering to this guidance.

Discussion around PQS scheme deadlines this year. In some cases the deadline changes caused more confusion for contractors. It was also noted that staff leaving after being trained also meant some were unsure of what they could still claim for.

Talks around the CPCF year 4 arrangements are ongoing. We are unlikely to have any further substantial developments before mid-end May. One issue being encountered currently is the significant price changes in the market. This is due to increases in costs of delivery and packaging of products. Committee requested to send any feedback relating to pricing to FMC and/or PSNC. There is an historic excess margin currently in the system which will absorb some of this but increases will continue to reduce the margin.

End of month submissions have to now be made via the MYS portal before midnight on 5th of the month to get payment on 11 and 12th of month. For submissions made later than this the payment will be at end of month.

LPN CHAIR UPDATE

Due to capacity issues and the uncertainty that transiting to ICS has brought, only one network meeting has taken place in the year. There are a number of workstreams in place including Clinical care and professional leadership. The work around this is to be replicated through the system and across localities. This workstream is concerned with commissioning decisions and forming visions and strategy.

Discussion around pharmacy representation. We have secured a seat for wider primary care on the locality board in Salford. Dentistry, optometry, and pharmacy are to come together to form a governance framework in which an individual can speak on behalf of all 3. LK and AK are currently undertaking this work.

Once this work has been completed in Salford it is hoped that it can then be replicated across localities in GM. Locality leads need to start having these conversations to help enable effective engagement for CP at locality level.

Details provided on LPN work in relation to workforce development. Money has now been secured for support with the health and wellbeing of pharmacy teams. An MOU is in place with CPPB to hold these funds. AK to share oversight of the workforce development bids with the committee.

Another initiative is in place which involves working with kickstart to offer apprenticeships into community pharmacy, CCG teams and general practice. This includes roles for counter assistants and dispensers.

Update provided on the Academy. Transfer of the Academy is now complete with work now taking place to ascertain how hosting will work. The Academy will now be used as a portal through which all free training is available and a place where pharmacy teams can be signposted to.

Details provided on work around system leadership models within the emerging ICS. A seat has previously been secured for CP at GMMMG. IPMO has now built upon this and prompted a review of the whole of the system leadership. There is currently a triangulation leadership model in which the 3 co-chairs have an equal position at the top table. However, there is acknowledgement that this is not a practical or sustainable approach while all have day jobs. Dedicated people are required in the roles. A task and finish group has been set up to bring all this together which includes representatives from the Trust, LPN, GP, CP and JCT. There will be a total of 3 people with CP background on system leadership task and finish group. First meeting to take place on 22nd April.

LPN network meetings are due to start very soon and will include updates around the workforce bids.

Discussion around the importance of engaging with locality structures. All locality leads need to probe the emerging locality boards to gain understanding of what they are and ask how wider primary care is engaged and represented within the work they are doing.

AK and FMc to pull together a 3–5-point plan detailing next steps for how locality leads can embed within their emerging locality boards. Meeting to be set up urgently with support from Rachel at CPPB so that plan can be written up after meeting and sent out.

Work to still be done around locality structures in order to get full wider primary care representation. However, this is a challenge as there is nothing in the national documents that states that wider primary care needs to be involved.

It is noted that to avoid confusion any locality communication that comes into the office team or LK should be forwarded on to the relevant locality lead to then follow up.

Information and meeting notes should be collated into one place in order for us to build a vision for CP and a GM position. This will enable locality leads to be fully supported, better engage with local structures, and mean that lack of capacity is not a barrier that stops this engagement taking place.

RSG

RSG have spent the last 12 months looking at the Wright Review to see how these can be implemented. 28 from the overall 33 proposals have been carried forward.

Recordings of engagement events held by RSG are available via the PSNC website members area.

A final draft of the proposal will be published for contractors on 25th April. Voting on the proposal will start around 23th -25th may and contractors will be given 1 or 2 weeks to vote.

It has been requested that LPCs organise regional contractor meetings to discuss the proposal. The evening of Monday 9th May was suggested – no objections to this date.

It is noted the GMLPC need to build on the work of the RSG proposal and use this as a platform to ensure CP is best represented nationally and locality to support the interests of our contractors for the future.

MARK LYONETTE - NATIONAL PHARMACY ASSOCIATION

Introductions to the office team and committee members.

Overview provided of the NPA and their key priorities. The NPA are a membership body owned by their members. They are made up a range of independent pharmacies across the UK. Their key focuses are advocacy which involves trying to influence the landscape in favour of their members and direct service which includes arranging insurance and training.

Within their work around advocacy the aim is to promote a future for members which is economically stable and meets clinical needs. They believe that following a recovery from covid, pharmacy has a bigger part to play in the future healthcare landscape if funded appropriately. In line with this they have provided an infographic document with the aim of embedding the value of pharmacy amongst people in Westminster and plan to meet with government officials such as the secretary of state. Key win recently was the fact Sajid Javid talked about pharmacy first after getting his covid jab at an NPA member's pharmacy.

A clear positive vision for pharmacy going forward is vital. Other areas in the UK are ahead of England on this. Changes at NHS England may lead to issues but also new opportunities. NPA are working with representatives to try and shape what year 5-6 of CFCF may look like and produced data to support arguments for increased funding due to increases locum rates and inflation. Work is also being done to engage with stakeholders outside of pharmacy in order to enable external people to see the value of the sector. For example, inviting wider healthcare to NPA events. This approach is sometimes more effective than demanding to have a seat on various boards. Prince Charles has also asked the NPA to organise an event to showcase value of pharmacy. This evening will be used to engage with external healthcare and encourage them to talk to front pharmacy staff.

The NPA's work about direct service involves providing insurance and training. They are working currently on how to manage risk if the pharmacy sector becomes more clinically focused. They have an advocate and support team that took 100s of calls throughout the pandemic. Their team produced a number of related resources and are in the process of revamping their website and training. The NPA is also looking to play role in clinical service development.

Discussion around the potential opportunities for collaboration between GMLPC and NPA. A key priority for GMLPC is contractor service delivery. Due to a lack of staff, funding and fatigue following Covid some contractors are reluctant to begin delivering new services. NPA keen to collaborate with

us around this. FMc to follow up with ML around how we achieve this and explore further opportunities for collaboration between LPC and NPA.

ACADEMY UPDATE

Discussion around arrangement for the upcoming flu season. The Academy subgroup have begun to look into Flu training to see if there are any amendments or additions that need to be made. CHL usually provide this training.

The LPN chair has secured free training through the NHS. However, this training programme is lengthy and needs to be streamlined.

LOCALITY LEADS GROUP DISCUSSION

Discussion around locality engagement is continued. It is noted that we only have three months left to do this engagement work and getting the right people in place is key to this.

AOB

Expenses policy document is reviewed. There are changes around accommodation rates, hourly meeting rates and project work rates. No further comments raised. Policy accepted.

Discussion around rearranging the June and July committee meetings. Suggestion made that both are cancelled and replaced by a full day face to face committee meeting.

1st June – and move 6th July meeting move to 1jul full day meeting face to face proposal to move meeting. Office team to send out a doodle poll for meeting available during w/c 6th June, 13th June and 20th June.

OPEN SESSION ENDED AT 16:30PM

BOARD UPDATE AND MEETING CLOSE