

# Minutes

**Location:** Zoom Call  
**Date:** 8<sup>th</sup> February 2022  
**Time:** 14:00 – 17:00pm

## ATTENDEES

Members Name	Company	Initials
Fin McCaul - (Chair)	Ind	FMC
Mubasher Ali	CCA	MA
Mujahid Al Amin	CCA	MAA
Peter Marks	AIMp	PM
Helen Smith	CCA	HS
Jennie Watson	CCA	JW
Mohamed Patel	Ind	MP
Ifti Khan	CCA	IK
Aneet Kapoor	Ind	AK

Members Name	Company	Initials
Mohammed Anwar	Ind	MAAn
Ali Dalal	Ind	AD
Adam Kharaz	GMLPC	AKh
Rikki Smeeton	GMLPC	RS
Karishma Visram	GMLPC	KV

Kashif Yaqoob	Bristol Myers Squibb	KY
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## WELCOME AND INTRODUCTION

PM and JW will join later due to prior commitments.  
 LK and GA send apologies. Committee wish LK well.  
 Team thanked for stepping up and undertaking additional work to cover absences.  
 Minute takers KV and AK.

## SPONSORSHIP

Sponsor Presentation – Bristol Myers Squibb Pharmaceuticals

Presentation delivered by KY.  
 Introductions to the office team and committee members.

Benefits of Eliquis discussed. Data presented to show that when compared to Warfarin, Eliquis offers a reduction in the rate of strokes, major bleeding and all-cause mortality.

Not all DOACs are the same – they have different outcomes and dosing. However, when administering Eliquis the requirement to adjust dosage is decreased as anyone up to the age of 80 with mild or moderate renal impairment can be given the same 5mg dose.

BMS also run educational sessions. Anyone interested in these are encouraged to contact KY or pass their details to FMC.

Discussion around the ways in which we can make GP and other health professionals aware of the Hypertension service that pharmacies are beginning to provide. This is something on their radar also

at BMS. KY to look into how a pathway for GP to refer into can be set up or if there is something similar already in place that can be utilised in Manchester. Changes may be experienced due to the upcoming shift to the ICS structure.

Discussion about a DOACs National discount scheme. There is now a tiering structure in place for DOACs. National recommendations have been published which take into account acquisition cost alone and rank drugs according. As yet it is not clear what the actual discounts for a drug within a particular tier are. This system goes against NICE recommendations which states that patients should have access to any NICE recommended treatment without funding and formulary restrictions. Final decision around which DOAC is prescribed still sits with prescriber or clinician.

#### DECLARATION OF INTEREST (DOI)

Nothing further declared.

#### MATTERS ARISING

No requirements raised.

#### APPROVAL OF MINUTES

Amend required on page 2. No further issues raised.

#### ACTION LOG

142 – CP Pressures Form - in progress.

141 – identifying the time allocated to each project - in progress.

138 – Resource for GPCPCS - action completed.

137 – PCN leads case study - to be chased.

135 – Rebates -ongoing.

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 & BAU REPORT

##### FUNDING AND BIDS

A number of bids and proposals for funding are in progress to support with IT and deployment, PMO support, CP pressures, post Covid recovery, safety and security and workforce training.

##### KPIs

KPIs were previously presented to the committee and the relevant subgroups have now made any required amends. These have now been approved by all subgroups.

##### UPDATE OF WORKPLAN AND SERVICE ACTIVITY

Discussion on workplan going forward and the current status of services. Rachel has now been appointed as PMO for CPPB and will be taking on relevant duties.

Bury's Lateral Flow Distribution Service has now gone live. Training for GPCPCS is ongoing and RS is thanked for stepping up and taking on additional work. Community Pharmacy has stepped up and delivered 160,000 flu vaccinations in Greater Manchester.

## ICSS

Discussion around the impending shift to ICSSs. Due to the pandemic the introduction of ICSSs has been delayed until 1st July. This will mean we now have more time to ensure CP is better placed before the change takes place.

Greater Manchester as an ICSS will have delegated funding for pharmacy. It has been recommended that any money currently at a locality level, stays at a locality level and we are to be involved at a locality level in order to influence any change. All locality authority funds and programmes should stay at that level. These should not come into the centre at least the first year or two.

## CONTRACTOR FUNDING FOR SAFETY AND SECURITY

Discussion around funding to support safety and security and how to fairly distribute that money among our contractors. It is recognised that community pharmacy have had to fund their own security for many years. Thus we could set up a tiered model based on the levels of security contractors already have in place so that they could claim back money spent on security and staff safety measures. This would include a grading system and payments based on banding. Each contractor would need to evidence their past investments in security measures. Payments would be mostly retrospective but could include an aspirational tier.

## BAU UPDATE

An update was provided on BAU activity. The office lease has now been extended and several new platforms are being utilised in order to facilitate the drive to recruit Business Support Officers. Sponsorship for committee meetings has now been secured until next year and venues for quarterly face to face committee meetings are being reviewed. New HR software, YouManage will be implemented at the beginning of the next financial year.

An overview of the website migration project and the various support packages by Make was provided. The migration of GMLPC's website onto the new site is due to start on 21st February. The Setup+ package was recommended and it was also suggested that it might be necessary to contact Make in order to get a further bespoke support package due to the scale of our operation. There is the risk of us losing our most visited webpages if these are not linked properly and migrated by a professional.

Discussion around office equipment for new starters. Following a review, it was identified that we require 1-2 new laptops and a contingency laptop. It was suggested that we sell older laptops which no longer work. However this could pose a data risk if they are not correctly wiped. No objections raised to the funding of the laptops. IK to provide MAn with laptop specifications.

Summary provided of the tasks within the Services workstream that have been picked up in the absence on a Services SRO.

## PCN UPDATE

An update was provided on activity within the PCN workstream and the significant resource required to ensure all PCN areas had a lead in place.

Key achievements this year are that PCN leads have been able to talk to more clinical directors. Despite significant challenges and setbacks, 100% of leads were appointed. However, PCN leads recruitment is an ongoing issue and continually requires resource with 3 leads having stepped down

and some difficulties in contacting some of the existing leads. It is agreed that if after multiple unsuccessful attempts have been made to contact a lead, they should be written to in order to encourage them to establish contact should they wish to remain in the role. As long as activity has been completed before 31st December, PQS payments can be claimed regardless of whether a PCN lead in any area steps down.

#### COMMUNICATIONS UPDATE

An update was provided on Communications. A virtual drop-in call was held for contractors in order to enable them to get their questions answered and gain an insight to the work GMLPC is undertaking to support them. The event received very positive feedback and proved useful in understanding contractor issues we were not aware of. Drop-in calls will now take place on a quarterly basis going forward.

Our annual contractor engagement survey has published at the beginning of January. The survey will close in March, at which point responses will be collated and summarised into a report. Actions will then be taken based to contractor feedback to improve our comms plan and support for contractors. Committee requested to share the contractor engagement survey within their networks.

An overview of other comms activity, current metric, recent external engagement activity was provided. All MPs were contacted to inform them of the need for increased funding in the sector. A meeting has taken place with Healthwatch Manchester to discuss opportunities for collaboration.

Discussion around ideas to improve engagement with the drop-in calls. Comms for next event to emphasise the positive outcomes of the previous event. Rather than sending out too many comms directly to contractors, it may be more effective to promote the event on our channels and reach out to contractors to see which topics they would like to see included in the event agenda. Key contractor information regarding new services, announcements or changes can also be linked to the event to encourage attendance.

At a time where contractors don't want to be bombarded with comms, paying to have our website set up professionally would enable us to better promote events to website visitors, and the setting up of on-demand webinars on our website will also help drive traffic.

With the lifting of restrictions, we can now look into organising face to face visits at pharmacy sites to better understand the current wins and pressures faced.

#### COFFEE BREAK

#### FINANCE UPDATE

Overview of income and expenditure provided

Discussion around using LPC funds to drive service activity. Suggest made to employ PAs and Technicians for several months a year to visit pharmacies on the ground and help contractors deliver services, hand hold, address and overcome service knowledge barriers and share best practise. Support can be focused on key new services as well as CPCS and DMS. As funding moves away from dispensing, it's crucial that contractors are engaging with services.

The use of colleagues in the field resulted in good service uplift in pharmacy chains previously. No objections raised to employing personnel to help drive contractors' service activity. This role may be

recruited for from outside the pharmacy sector or offered as a secondment. IK to share a job specification with AKh.

Review of the LPC budget for next year. Agreement with the inclusion of funds for face-to-face meetings. No further comments made.

#### REGIONAL PSNC UPDATE

Janet Morrison has been appointed as the new Chief Executive. She will start on 1st March 2022. She has a background as the previous Chief Executive of charities and has worked closely with the government in the past.

All encouraged to complete the PSNC Audit.

Negotiations will start for year 4 of the CPCF in March or April. Discussions should take into account increasing cost pressures and the rise in overhead costs.

Discussion around RSG and the attempt to restructure PSNC to make it closer to contractors and fairer for everyone. The importance of developments need to be shared with contractors. PSNC may organise their own virtual events and we should not do anything outside of the events organised nationally. Instead, we can work with the national team and support in getting their message to our contractors.

#### LPN CHAIR UPDATE

Steve Riley has been appointed as Regional Integration Lead for Community Pharmacy in the North West for the ICSSs.

#### RMOC UPDATE

The last meeting of RMOC North has now taken place.

Going forward RMOC North will now be split into RMOC North West and RMOC North East + Yorkshire. If PM is able to continue to attend, North West LPCs will be required to contribute to the attendance cost.

Despite being contacted around the benefits of RMOC and the minimal cost to contribute some LPCs have stated that they are not interested in being involved.

PM thanked for work relating to RMOC.

#### FEEDBACK FROM LPC COMMITTEE MEMBERS – CP PRESSURES

CP Pressures are not easing off. There are still issues being experienced in relation to recruitment with vacancies not being filled.

Ongoing concerns around trained staff being lost to other primary care sectors which can offer higher salaries.

#### LOCALITY LEADS GROUP DISCUSSION

Discussion around keeping money for services local and getting involved in discussions at a locality level. We need to ensure that the correct resource, people and finance and infrastructure are in place for this to work effectively.

Need to identify challenges in the sector. Assistance from the system will then be required to help us develop those services to address current shortfalls and take advantage of new opportunities in the pipeline such as Phlebotomy.

It is suggested that we identify key stakeholders and reach out to these requesting a facilitated conversation around the current issues being faced and opportunities for CP to step up.

Concerns raised that due to current workforce pressures, some contractors are struggling to cope with the day-to-day activity and will not be in a position to provide additional services. With staff leaving the profession there is also the need for investment to build the pharmacy workforce. A potential solution that has been shown to work on vaccination sites is an altering of the staffing model with more emphasis on the delivery of services.

It is noted that contractors will need to be educated on the current direction of travel away (money moving away from dispensing and towards service delivery) to enable them to make an informed choice as to whether or not they would like to be involved in additional services and understand the risk of being left behind and the negative effect that just dispensing may have on their income in the long term.

Suggestion made to gather information from contractors within each PCN relating to who would like to participate. Data demonstrating significant interest in a PCN area or locality would help in further discussions and negotiations around services that CP can deliver.

No objections raised to exploring the benefits of working at a locality level to develop new services.

#### ACADEMY UPDATE

Updates on recent activity presented. LK has secured some money from CPPB to help with security. Academy is on track to close its board on 31st March.

At this point the Academy will become a workstream under the LPN and the jurisdiction of CPPB. CPPB and the LPN will then be accountable for the delivery of the SLA.

Existing training platform will come offline. Following the transition, they will look at training already in place through the NHS and other avenues in order to identify gaps. Discussions of whether a new training platform is required can then be picked.

#### AOB

No further topics raised.

OPEN SESSION ENDED AT 17:07PM

BOARD UPDATE AND MEETING CLOSE