

# **GMLPC Committee Minutes**

Location:	Virtual
Date:	28/09/2022
Time:	09:30 – 13:30

#### ATTENDEES

Members Name	Company	Initials
lfti Khan	CCA	IK
Helen Smith	CCA	HS
Jennie Watson	CCA	JW
Mohamed Patel	Ind	MP
Aneet Kapoor	Ind	AK
Ali Dalal	Ind	AD
Fin McCaul	Ind	FMc
Gulamhusein Arsiwalla	AIMp	GA
Mohamed Anwar	Ind	MAn

Members Name	Company	Initials
Dave Hogan	GMLPC	DH
Karishma Visram	GMLPC	KV

## WELCOME AND INTRODUCTION

KV and DH present from Office Team LK and AKu send apologies – prior agreed commitments MA, no longer with the LPC Minutes – KV, DH

## **DECLARATION OF INTEREST (DOI)**

Nothing further declared.

#### MATTERS ARISING

MA no longer with LPC – position vacant.

#### **APPROVAL OF MINUTES**

Minute approved.

#### ACTION LOG

- 172 Latest version of GDPR handbook to be acquired and sent to IK for sign off.
- **171 –** Office Laptop Budget MAn to pick up with DH.
- **169** Payment donation to pharmacy support has been made Action Closed
- **164** PM to work on locality development lead role and take to subgroup by end of October 2022.



**145** – Field personnel job specification – Action Closed.

146 – AF Case Finding webinar to help contractors with blood pressure service – Action Closed

**175** – Committee given deadline of 4 weeks to review ICS integration. Committee to review and provide draft feedback preferably 2 sides of A4.

**176** – GMLPC Committee Members Table to be updated to reflect changes of locality leads – Action Closed

#### TAPR PROGRAMME AND GM IMPLICATIONS

FMc provided an overview of the changes and implications for GM pharmacies and GMLPC.

TAPR is made up of 8 key workstreams: Vision and Strategy, Influencing and Negotiation, Governance, Finance and Levy, LPC Support, Engagement and Joint Working, Branding and Visual Awareness and Communications.

Discussion around a potential name change. It is noted that in the event a change is implemented, we should still use GMLPC (rather than CPGM) as we are recognised in the sector by that name. Name change to be reviewed following publication of guidance.

Discussion around the potential for GMLPC to join with Bolton LPC, FMc to write to Bolton LPC to inform that GMLPC would be happy to move this forward once a merger has been agreed by the Bolton LPC board and contractors. Ensure they are aware GMLPC will not be holding elections next year. A Committee decision has to be made from a Governance perception to move this forward.

Discussion relating to LPC and PSNC membership. PCNC have reduced their membership form 32 to 26. Contractors with up to 9 contractors are now classed as Independents (not AIMp). Need to ensure election process is robust enough to result in fair outcomes for all contractor group representation. The make-up of our committee and its representation of contractor groups may need review.

TAPR programme to be included as ongoing agenda item going forward.

Thanks, and appreciation expressed for MA. FMc to pass on regards on behalf of committee. New CCA rep to be appointed shortly.

#### COFFEE BREAK

#### SUBGROUPS – AGREED WAYS OF WORKING/MEMBERSHIP

Discussion surrounding market entry, Finance and HR subgroups and the performances. Each entity is working well, thus no changes required.

EH to review available subgroups and volunteer as found appropriate.



PCN Subgroup to introduce and identify recommendations to change their current approach. Suggestion has been made to realign academy into a workforce subgroup. Proposal of this has been accepted and moved forward. Members of subgroup academy are to identify group objectives by the next committee meeting.

Discussion was held around subgroup academy picking up membership again, however, it has been agreed that this will be revisited when the committee is in full attendance.

## CURRENT PRESSURES IN THE SECTOR - LPC SUPPORT OPTIONS

DH delivered presentation focusing upon the overview of current changes and options that are available to provide support for contractors. During the presentation, key challenges faced by pharmacy teams were identified as resource constraints, workplace stress and high demand.

A prospect of a boost morale idea was brought up, sending out certificates of achievement to recognise great work, and reward the completion of training modules. Reasoning behind a rewarding system is to encourage training modules to be completed within a specific timeframe when a new employee is recruited and assist with retention long-term.

After discussion amongst the committee, it has been agreed that if this option is implemented, then certificates should be downloadable and accessible virtually from our official website to lower the distribution costs faced.

A suggestion was made within the discussion that we should formally get agreement from NHS in Manchester to provide funding to support this, highlighting the recognition of the good work of pharmacy.

Decision made to continue arrangement in which sponsorship funds are paid to pharmacy support. Due to cost of living and other pressures this is now more important than ever. It is noted that we could see which training and support we can leverage from pharmacy support in exchange for this money.

Suggestion to look for an organisation which also provides support to staff/contractors as well as pharmacy teams. Some sponsor funds will also be used to pay for in person meeting venue bookings.

Further discussion of options to boosting morale, is to focus on implementing an LPC champion in each pharmacy. This would be the single point of contact between the LPC and a pharmacy when communicating key messages to branches. As a result, providing sense of achievement, encouragement for performance and assist the LPC with staff retention.

Another point of focus was ensuring contractors are in line with the averages for service delivery such as number of consultations. By achieving this, it enables the opportunity for contractors to earn more money which can be used towards tackling the financial pressures they are currently facing.

## LOCALITY LEADS GROUP DISCUSSION – KEY RESPONSIBILITIES

AK is currently doing work in Salford and Rochdale localities.



AD now represents Bury and MP has swapped to Wigan.

To ensure that appropriate measures of finance expense claims are covered, the number of hours required for external meetings and meetings preparation to be agreed in advance. Payment will not be issued without report of meeting.

Locality leads to identify which meetings they are obligated to attend to avoid duplication of work within schedule. Furthermore, locality leads are to write one page paper detailing status within their area, identifying essential meetings they are required to attend each month and which key meetings take place on an occasional basis.

# **BAU REPORT**

Discussion focusing on attendance of previous AGM events, it has been agreed that comms relating to LPC offering support around workforce pressures and maximising services will be circulated.

Ongoing discussion around maintaining contractor and stakeholder lists up to date. Highlighted importance around ensuring details held are relevant and are latest received details. It has been pointed out that CRM would be found useful within carrying out this task, enabling the protection of integrity of the data. FMc and DH to collaborate and pick this up.

Positive feedback has been received in relation to the new refreshed approach to newsletters including the reduction in frequency and the condensing of content. High engagement rate from contractors has been highlighted, and it's important to retain and keep building on this.

DH has reached out to potential sponsors for future held committee meeting dates.

Discussion around HR packages has been brought up. PSNC has offered all LPC's use of a free HR package. A review to take place to determine the differences between this and our current HR package and whether the new package will meet our requirements.

The office team to analyse Asana further, evaluating the advantages and in contrast, the drawbacks of purchasing Asana premium. After evaluation, provide recommendations upon which package of Asana tool is most beneficial going forward long-term.

# **COMMUNICATIONS AND ENGAGEMENT REPORT**

Previous discussion earlier in the meeting has been revisited around the frequency of newsletters. Actions have been agreed to maintain current frequency of two newsletters per week due to high open rates achieved of over 90%. Contractors are to be contacted to request their stories in relation to the best practice. This could be in form of written article blogs or video interview.

It is noted that it would be useful for GMLPC to collate Greater Manchester data relating to how many tonnes of waste has been collated via the PenCycle initiative.



Suggestions arisen that the LPC ask Healthwatch academy to collate their own data in relation to patient experiences in pharmacy and any delay challenges. This information can support the data that we present back to Healthwatch around the pressures faced by community pharmacies.

Discussion held around ways of improving the engagement achieved on social media entities. It has been suggested that we encourage individuals within the organisation to comment, share posts to encourage further engagement levels. Light-hearted content and information around wellbeing will also be posted going forward.

PSNC to be contacted regarding the function to enable contractors to add website to their phone home screens as a shortcut.

# FINANCE UPDATE

Discussion held around refreshing the approach to way in which LPs should hold Levy. PSNC to be asked to provide a recommendation on how to manage Levy reserves.

## **REGIONAL PSNC UPDATE**

Discount deduction scheme has been pivotal point of discussion. The scheme prioritises the redistribution of funding to make system more equitable going forwards. Branches that dispensed branded medication will now be compensated more fairly. Year 4 and 5 CPCF contract announcement made last week.

## LPN UPDATE

Work around system leadership has been ongoing. Pharmacist role job advertisement for pharmacy position has closed on 25<sup>th</sup> September. Ongoing further work taking place in relation to recruitment of individuals positioned outside of Primary Care. Task and finished group to collaborate and collate details upon this matter.

Concern raised around the deadline extensions for safety and security bid. Contractors that have submitted within the original deadline are awaiting responses.

## AOB

New prescription ordering scheme has launched as a trial in Stockport PCN. CP will not be able to order prescription on behalf of patients. This trial may be rolled out across Stockport and then later the whole of Greater Manchester. Any comms related to this matter will need to make it clear that the decision to take ordering away from CP has been made from higher above and not by the sector.

OPEN SESSION - ENDED AT 12:50PM

## **BOARD UPDATE AND MEETING CLOSE**