

GMLPC Committee Meeting - Agenda

Date: 30/11/2022

Venue: Manchester Art Gallery

Time: 09:30-17:00

ATTENDEES

Members Name	Company	Initials
Ifti Khan	CCA	IK
Helen Smith	CCA	HS
Wesley Jones	CCA	WS
Peter Marks	Ind	PM
Jennie Watson	CCA	JW
Mohamed Patel	Ind	MP
Fin McCaul	Ind	FMc
Gulamhusein Arsiwalla	AIMp	GA
Mohammed Anwar	Ind	MAAn

Members Name	Company	Initials
Dave Hogan	GMLPC	DH
Karishma Visram	GMLPC	KV
Adrian Kuznicki	GMLPC	AKu
Luvjit Kandula	GMLPC	LK
Rikki Smeeton	GMLPC	RS

WELCOME AND INTRODUCTION

AD, Emma Hatch (EH) and AK send apologies.

Minutes – AKu, KV, DH

DECLARATION OF INTEREST (DOI)

Nothing further declared.

APPROVAL OF MINUTES

Minutes approved.

ACTION LOG

177 – Locality leads paper circulated by PM this morning – Action Closed

175 – ICS Integration, no feedback received – Action Closed.

174 – AF agenda closed – talk today about pharmacy supporting contractors.

172 – GDPR Handbook ready, to be sent to IK within 7 working days – IK to complete in December.

171 – MAn and DH to collaborate on how to swipe the laptops and review the budget by end of December.

164 – Module already approved. Superseded by IT development through EMIS. Elaine undergoing work on this.

160 – Information from Locums to be collated. Webpage setup. KV/RS to gather contacts for locum agencies and create pharmacist newsletter around ability to provide services.

PRIMARY CARE STRATEGY

GM Primary care strategy will be developed in January, framed by 9 themes. Focus should be on what GMLPC can do differently locally and selected wish list items instead of high number of unrealistic aims.

Challenges identified around capacity, temporary closures, health inequalities, opening hours, workforce, and effective communication. Pharmacy needs to be seen as an attractive career pathway in order retain trained staff. Patient ordering implemented in Stockport and T&G to reduce workload. Review required to allow any member of pharmacy team to deliver a service.

GM commissioning model will eliminate postcode lottery. CP can support with mental health. Prevention is a priority but there is uncertainty surrounding funding. Health checks revamp is required with a formal referral system.

Integrated working identified as a key theme for GM. Office team to collate feedback via MS Form by 16th December upon which other themes are most crucial.

COMMUNITY PHARMACY PRESSURES

Reports received of ongoing finance anxieties and difficulty contacting pharmacies. Relationships with GP may be affected as a result. GP practice paper around issues will be re-circulated to committee.

All MPs have been contacted in relation to the current issues. Constructive meeting held with James Daly MP to highlight challenges. LK met with GM Healthwatch, paper focusing on current pressures has been finalised. LK asked to send infographic and all Healthwatch comms to committee.

To address current challenges flexibility opening hours are required, phone lines could be set up to take calls only within specific hours and Bluetooth headsets could enable pharmacists to multi-task. For contractors not delivering services, we need to emphasise that participating in these will generate revenue and help address financial pressures they are facing.

BUILDING CAPACITY THROUGH RESILIENCE AND OPERATIONAL EXCELLENCE

Discussion around training sessions on how to release operational effectiveness. Webinars had low engagement. Subject to review, programme will now be delivered through two online sessions supported by planning workbook. CHL may be paid to administer the project.

Questions raised in relation to whether outcomes are achievable within just two sessions. Have to understand what contractors need so that budget and resources can be used more efficiently and improvement in outcomes can be demonstrated.

Training project may be pushed back to February to avoid clash with PQS timeframes. An on-demand webinar could be made available alongside the face-to-face session for those who cannot attend in-person.

LOCALITY LEADS GROUP DISCUSSION

Locality leaders should be quality pharmacists, working to make a difference. Individuals representing GMLPC need to have sign policy documentation to ensure they are accountable as per our governance.

PCN subgroup requested approval of new principles and recognition of the need for change. Further discussion to be had regarding which meetings must be attended and prioritised and their desired outcomes. PM and RS welcome further ideas/suggestions from the committee via email. PM to receive visual infographic from LK.

JW requests agenda items from LK for the next PCC meeting in January.

FMc requests commitment from all committee members to support their locality. GA, JW, PM, HS, MP agree commitment for Oldham, Manchester, Stockport, Trafford, and Wigan respectively. MAN can commit for T&G but has some meeting clashes. LK to cover.

Gap in Rochdale highlighted. JW suggests EH takes Rochdale locality and WJ takes authority over Bolton if merger goes ahead. FMc to follow up with EH and AD, to ascertain their availability to support.

TAPR RSG – LPC DISCUSSION

FMc outlines the previous discussion and actions agreed - we are on track in terms of our progression.

Bolton LPC contractors will be voting on decision to join GMLPC. If they vote to merge a discussion will be held with Bolton to decide next steps and GMLPC contractors will then be asked to vote. No name change will be required as this was approved during previous calendar year. Elections took place two years ago, and so are not required now.

Office team to develop template documents based on the decision and outcome from Bolton.

Committee vote to approve small constitution amendments once formally received.

DOPT REPORT & ADVANCED SERVICE DELIVERY DATA

Work ongoing on winter surge plans; four plans approved. Another proposal for further funding is required. Issue highlighted around GM that money being spent without the localities influence/input.

Joint accountability feedback sent to primary care regarding advanced services bid. This will go ahead following CPPB approval. SCS deployment plan is circulated in the weekly newsletter to contractors. 83 HLP champion places have been applied for. Stockport and Bolton localities selected for Early cancer diagnosis pilot. EOI's will now be collated and submitted.

Overview provided of the data collated from NHS BSA between June-August 2022 for each advanced service. Focus to be placed on pharmacies who have done more than 0 for each advanced service, but who still need significant improvement.

BAU REPORT

Ongoing discussions around keeping contractor and stakeholder lists up to date. It is noted that a CRM would be useful in carrying out this task more efficiently, enabling the protection of integrity of the data. FMc and DH to continue to collaborate on this matter.

Discussion held surrounding newsletter open rates and engagement following revamp. AKu stated that engagement from contractors has decreased significantly, possibly due to the overhaul information of content around PQS. AKu and KV to continue evaluating and monitoring the engagement around newsletters, potentially reaching out to contractors for feedback upon how to improve the weekly content.

LPC COMMITTEE MEETING DATES & VENUES

Discussion regarding committee meeting dates and venues for the upcoming year. AKu shared new set of four dates with the committee members. Decision made that all future committee meetings will be face-to-face. Centralised venues to be prioritised. Piccadilly house venue preferred.

If Piccadilly house is not available, Mercure is the secondary chosen venue. FMc suggested that AKu collaborates with HS who has good relationship with Piccadilly House to investigate whether a better deal is available if booking several dates at once.

PRO UPDATE

Discussion around chasing commissioners for service specifications, collating the data available and collaborating with committee members. Committee requested to exchanging stakeholder contacts with team to ensure the details are up to date, and to identify any potential inconsistencies.

RS and AKu to contact each locality lead with latest PGDs information to cross-check the information provided is correct. Current review of services matrix is ongoing, RS and AKu are working to implement a more efficient system of approaching expired specifications and PGDs.

Expired PGDs should be removed from our website. Commissioners should be contacted advising them that we will be signposting patients to GPs instead. Feedback received that some pharmacies are unaware they are signed up to deliver a service. Ongoing work is taking place to address this.

RS and WJ are working on new templates, which will be circulated to the committee once finalised.

COMMS REPORT UPDATE – LPC DISCUSSION

Overview provided of recent external engagement. A patient leaflet including pharmacy messages has been produced in collaboration with Healthwatch Trafford. GMLPC infographic detailing community pharmacy pressures has been cascaded to all Healthwatch organisations and MPs in GM.

Discussion surrounding overview of social media engagement with contractors. We aim to help digitalise pharmacies by facilitating them with support guides on how to create and use social media platforms accounts.

Discussion around importance of efficient communication. While identifying a single preferred method of communication is our biggest ongoing challenge, sending comms via all channels will ensure they reach as wide as possible.

STRATEGY REFRESH – NEW FINANCIAL YEAR KPIS

Discussion in relation to refreshing KPIs for the upcoming year.

LK to share original KPIs to the committee, and the members to return with feedback in terms of changes and amends and decide what we are measuring to calculate performance and progress in January meeting.

FINANCE UPDATE

MAN provides breakdown of finance summary. Discussion had around contractor levy options. It was decided that we will not be increasing the levy in line with the national levy at this time. This will be reviewed in 6 months.

REGIONAL PSNC UPDATE

Decision made to reduce the PSNC committee's size by about a third.

Discussion held surrounding what regions will look like, this is aimed to be resolved soon, and will be shared once available. It is suggested that we have one regional representative, currently we have two. No final decision made.

To address current contractor challenges, PSNC contractor webinars to be held on the 7th and 14th of December.

Significant work is being done in the background for price concessions. PSNC has refused to have conversations on other mechanisms of payments until price concession issues are resolved.

MEETING ENDED AT 17:00PM