

GMLPC Committee Meeting - Agenda

Date: 18/01/2023

Venue: Manchester no.49 Piccadilly House

Time: 09:30-17:00

ATTENDEES

Members Name	Company	Initials	Members Name	Company	Initials
Ifti Khan	CCA	IK	Dave Hogan	GMLPC	DH
Helen Smith	CCA	HS	Karishma Visram	GMLPC	KV
Wesley Jones	CCA	WS	Adrian Kuznicki	GMLPC	AKu
Peter Marks	Ind	PM	Luvjit Kandula	GMLPC	LK
Mohamed Patel	Ind	MP			
Fin McCaul	Ind	FMc			
Gulamhusein Arsiwalla	AIMp	GA			
Mohammed Anwar	Ind	MAAn			
Aneet Kapoor	Ind	AK			
Ali Dalal	Ind	AD			

WELCOME AND INTRODUCTION

EH, RS, and JW send apologies. AK attending virtually.

Minutes – AKu, KV

DECLARATION OF INTEREST (DOI)

Nothing further declared.

APPROVAL OF MINUTES

Minutes approved.

ACTION LOG

160 – Action has developed, LK to request that standardised contractors' expectations of locums such as having a smartcard and CPCS training are communicated out to locum groups.

171 – MAn sent budget over, action complete.

181 – FMc Still to follow up with EH regarding availability to support Rochdale.

182 – Templates being finalised, final details around SGM agreed. Once documents finalised, governance subgroup to review. Office team to setup Choice voting platform, cascade calendar invites to all contractors and setup Eventbrite page.

187 – LK to amend wording of access theme 1.7 in GM ICS PC Strategy LPC themes document. Also 2 – 2.3 in Integrated Working in Neighbourhoods requiring a change about IPS.

189 - Increase visibility of the mental health resources available via Virtual Outcomes

190 – GM to hold a listening forum for contractors to vocalise their pressures faced.

COMMUNITY PHARMACY PRESSURES

Positive communications to be sent to all contractors, underlining the difference their engagement with the daily antibiotic stock availability form made. The quick turnaround and high uptake of pharmacies submitting critical data was integral to portraying the current pressures to the region and getting proposed changes accepted.

Current pressures and solutions discussed. There is a constant challenge surrounding recruitment, high energy bills, stock issues, staff costs, inflation and increased workload. Pharmacies need flexibility around opening/core hours. Option to work behind closed doors, support from the system to develop a comms plan to better protect pharmacy teams from abuse and encourage use of zero-tolerance policy posters. Increase visibility of the mental health resources available via Virtual Outcomes, and GM Primary Care options.

Discussion around sharing data locally to help predict when pharmacies will reach a tipping point. One key metric could be determined by which day script pharmacies are dispensing. Propose a short confidential MS form for pharmacists to be created including a RAG scoring system. Red would indicate behind usual operations, and green indicating that the pharmacy is functioning normally. Option to instead use a scale of 1-10 which may be easier for pharmacies to use and evaluate themselves. Test with committee before using to a wider contractor base.

Accompanying comms should emphasise the potential positive impact of contractor engagement, the need for this information and how it will be used to identify specific issues and gain assistance from the ICS in order to ease pressures.

Discussions around methods to help contractors and pharmacies on ground level. Committee to hold a meeting regarding this conversation at a later date. Potential of GM holding a listening forum for contractors to detail the issues faced and feed back to the system.

PRIMARY CARE STRATEGY – LPC FEEDBACK AND NEXT STEPS

Agreed to gather more feedback from CPPB. Focus placed on prioritising key outcomes, what can GM do to help the workforce, with support from ICS.

Repeat of prescriptions discussed, funds be available for transformation, to be discussed at later date. Hybrid working in future, community pharmacy working with the system to enable better care of patients.

Discussion around a possible collaborative model taking individuals on as placement instead of an employee title. System needs to know there is a national pilot, greater responsibility is required in management of prescribing medicines.

Management of patients' medication raised, need for patient review to optimise patients ordering.

Discussions regarding repeat dispensing. LK met with Michael Smith, discussing potential developed hybrid roles.

Talks around investment in community pharmacy, more involvement with ICS to better reach intended targets. Roadmap to delivery outlined, few things that benefit the system and LPC, for all 9 themes.

Theme of reducing inequalities raised, core 20+ brought up. Operational planning guidance discussed amongst key priorities for 2023/24. We have a key role in delivering mental health and NHS long-term plan ambitions.

LK shared document solutions tab, working with services subgroup in background. Excel project in progress, LK will report back with themes prioritised. Document reviewed; few amendments agreed.

Ambition of scale for each locality, one or two integrated delivery models of some description across all GM localities.

Importance of scaling up mentioned, if model is effective, to be commissioned and deployed across GM at locality level. Must show evidence of model being successful at PCN level.

It has been highlighted that GM has been selected as part of early cancer diagnosis pilot.

TAPR RSG & SGM – LPC DISCUSSION

Bolton decided to join Greater Manchester. Three initial workstreams to be finalised. LK shared form with rough timelines for actions.

7-28 days in advance required for distribution of documents. Once drafts finalised, governance subgroup to review. LPC to formally cascade to contractors and send calendar invites. Formal written comms to NHSE about the vote.

No election required; date agreed to hold SGM. Event to be virtual, further details upon the meeting to be decided outside the committee meeting.

FMc working on finance report in background. Transfer of information/assets aimed to be finalised for March.

APPROVAL OF GMLPC LOCALITY LEAD ROLES AND RESPONSIBILITIES

Discussions around capacity and commitment to core meetings. Pressures in community pharmacy identified, clarity needed as GM locality lead is stepping down, key people being absent.

Estimated breakdown of finance needed annually for attending the core meetings for 9 localities.

A trial to the system suggested for one year, review and confirm to extend long-term if efficient. Conversation around how we utilise core capacity and commitment approach to core meetings.

LK mentions difficulty in new members attending core meetings. People attending the meetings must be suitable. JW has started mapping out some actions, PM and LK to collaborate. Talks of mentioning another section for risks.

Discussion around investment, measuring the outcome of implementation of the localities. Talks of locality leads proposal, inclusion of pharmacy, PCN leads need to confirm their position.

AK suggests retaining individuals is crucial, integrating them within the structure going forwards.

MAN mentions a potential new finance model, requiring new invoices setup. IK suggesting articulating KPIs into benefits. FMc requiring structure for areas, every month report is needed as next steps for each locality.

AKu and DH to support LK and PM with outgoing actions where appropriate for next meeting.

DOPT REPORT

Progress has been made in Rochdale with an invite secured for Effective Leadership. FMc to chase Kathy for Bury. Trafford and Oldham have been followed up. FMc to follow up with EH regarding representation of Rochdale. Engagement from Leads required from all localities to push forward implementation of GP/pharmacy interface principles.

Proposals of winter surge plans to be sent to GMMMG, be approved formally. Clinical input needed for PGDs. MAS eligibility not to be extended at this time. Winter surge plans to be ready to go live by next winter after any outstanding issues are resolved. Further discussions to be had around funding.

Review has taken place around PCB governance including TOR. Appointment of chair and vice chair impending following vote at the end of the month. Reporting will now enable 360 visibility and finance committee will be setup to provide scrutiny.

Successful bid by CPPB to support implementation of advanced services. Recruitment taking place via CPPB. JD and job adverts have been produced. Awaiting signoff.

Updated list of trusts now live with SCS has been communicated to GM pharmacies. Monthly report detailing engagement will be produced.

Discussion around pharmacy integration pilots. Currently awaiting ratification. Those selected for the pilot will need support.

Money has been acquired for the role of Shared Care Records in GM. Project steering group setup in December. PM assigned to support delivery via Health Innovation Manchester, FMc/WJ will act as Community pharmacy representative. LK to support with governance. Project manager assigned. Bolton LPC are currently working to identify what the benefits for contractors are.

ADVANCED SERVICE DELIVERY DATA

AKu outlined the current steps taken towards gathering intel regarding what data sets are available and how often these data sources are published. Continue to collate the data and understand how to access it, when, and how to use it most efficiently.

Understanding the data is key to comprehend where we rank in terms of performance against the KPIs we benchmark ourselves against and how we compare to other LPCs in the country.

Discussions around next steps to undertake, calculating how much income has been brought in each month for contractors for each advanced service. Working out an average, excluding pharmacies who have not provided any of the services, and prioritise ones that have engaged.

The bottom line is to focus on how we can use the variant data available to us to help the contractors to perform better and offer patients a better service.

BAU REPORT

Ongoing discussions around keeping contractor and stakeholder lists up to date. Security of large quantity of external contacts has been mentioned, ensuring the information is kept safe and secure and placing measures to ensure this.

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.

PRO UPDATE

Nothing to report due to RS being absent.

COMMS REPORT UPDATE – LPC DISCUSSION

Discussion around keeping data anonymous to protect individual pharmacies. KV summarised phone shortcuts being resolved with previous reported issues.

Overview of social media engagement for different social media platforms. Work ongoing in background on annual contractor survey.

Discussion surrounding addition of a new section to the survey on pressures, asking contractors what they require support on. LK asking committee if it's worth collating it together or keeping it separate.

Mention of current busy period with PQS, should keep it separate, and try and keeping it short to complete for time efficiency. Decision to delay release of annual survey, focusing on pressures and shaping it as a priority due to time efficiency. Conversations held upon what metrics can be used to measure our effectiveness.

GMLPC STRATEGY UPDATE 23/24

LK has shared previous strategy, imposing no new changes, except for services and PCN workstreams. Both workstreams need reviewing. PCN workstream requires its' KPIs reviews due to a change in contracts, with current no PCN lead appointed, the workstream not as relevant as before, suggesting a more hybrid role for the group.

LPC Office and Co to review proposed amends from committee and Subgroups to collate for approval at the next upcoming committee meeting for 2023/24 delivery. Services subgroup to come back with suggested KPIs for services workstream.

Success of current KPIs to be determined by retrospective achievements past 12-18 months. To be discussed further at next meeting. LK ensures that sufficient time is dedicated and feedback to be provided from committee in advance.

FINANCE UPDATE

Finance summary reviewed. 6-month operation costs covered; remaining figure is left as a surplus. MAn planning to have the budget finalised and proposed for upcoming year by March, collaborating with IK.

REGIONAL PSNC UPDATE

Huge pressures and chaos surrounding antibiotics, however, no new matters to report by FMc. Unless pharmacy starts to implement change in functionality and daily operations, there will be no new funding received.

Large number of strikes either currently taking place or scheduled to take place shortly in various sectors, not just community pharmacy, wide-scale problem.

LPN CHAIR UPDATE

Nothing to report.

ACADEMY UPDATE

It has been highlighted that training is available on virtual outcomes, which has been mentioned within the comms circulated to contractors. Funding has been secured for HLP Champions Leadership Training.

Safety and security funding has been circulated around, currently in process of continuing to proceed with any outstanding requests still coming through with sent invoices.

AOB

Patient led ordering is moving ahead in Stockport. On board papers for Stockport Primary Care Board meeting tomorrow have received positive reaction.

Conversation around PM having 6 papers, which will be circulated amongst the committee. PM will feedback what takes place in the Stockport Primary Care Board meeting from Rob and Tracey to the committee. LK sent out initial feedback comments, been agreed the committee will review and provide feedback after the papers are circulated by PM.

BOARD CLOSED SESSION – 16:00 – 17.00