GMLPC Committee Meeting - Agenda

Date: 29/03/2023
Venue: Marriott Worsley Park Country Club
Time: 09:30-17:00

ATTENDEES

Members Name	Company	Initials	Members Name	Company	Initials
Janice Perkins	GMLPC	JP	**Louise Gatley**	GMLPC	LG
Ifti Khan	CCA	IK	**Karishma Visram**	GMLPC	KV
Helen Smith	CCA	HS	**Rikki Smeeton**	GMLPC	RS
Wesley Jones	CCA	WS	**Luvjit Kandula**	GMLPC	LK
Peter Marks	AIMp	PM			
Mohamed Patel	Ind	MP			
Fin McCaul	Ind	FMc			
Jennie Watson	CCA	JW			
Mohammed Anwar	Ind	MAn			
Aneet Kapoor	Ind	AK			
Ali Dalal	Ind	AD			

WELCOME AND INTRODUCTIONS & APOLOGIES

GMLPC welcomes Louise Gatley and Janice Perkins to the LPC.

AKu and DH send apologies.

APPOINTMENT OF CHAIR AND VICE CHAIRS

Decision made to appoint JP as Non-executive Chair. Appointment confirmed, no objections raised.

Vice Chair nominations received for IK and FMc. No objections raised. IK and FMc appointed as LPC Vice Chairs. Suggestion raised that HR responsibilities should be moved back towards the Vice Chairs or LPC leadership group.

DECLARATIONS OF INTEREST

JP declared that herself and Elaine are involved in a business partnership. This work takes place separately from the LPC. IK is on the Supervision Practise Group.

MATTERS ARISING

Office team thanked for their work around the LPC merger and getting this project to completion.

APPROVAL OF MINUTES

Minutes approved. No further comments or concerns raised.

ACTION LOG

Suggestion to introduce the use of blue for complete tasks. Green will then solely be used to demonstrate that a task is on track.

186 – action to be amended to amber. Survey has not been sent out due to being superseded by national pressures survey. Short survey still required including 3 questions – locality, how many days behind normal dispensing and how many days will it take you to recover. To be completed by contractors when they are experiencing difficulty. Hold off until end of April while LK asks for timelines around when sit rep will be reviewed.

181 – action complete – FMc has spoken to EH regarding locality lead availability.

172 – GPDR handbook to be completed by end of April.

LOCALITY LEADS UPDATE

Information sent out ahead of the meeting. Related work around this is to be reviewed.

Concern raises around how locality areas are not covered equally with CP more embedded in some more than others. Need to ensure they are all equally protected. Discussions to be had around how engagement in other areas can be improved. Feedback is being collated into review document.

CP PRESSURES - WORK COMPLETED TO DATE

Challenges have been shared with Northwest and GM boards. Overview of principles to help release capacity such as the standardising of services, implementing patient ordering via the NHS app and flexible working options have been put forward.

PATIENT LED ORDERING AND E-RD UPDATE

To ensure the success of patient led ordering, an increase in e-RD and training for staff is required. Communication is important to keep all informed of the changes and train patients how to use patient apps. An update was presented at Healthwatch Stockport meeting. Overarching principles and comms plan to be drafted.

GP CPCS IN BOLTON

LG reported success around implementing GPCPCS in Bolton and was able to organise for a fellow GP to inform practices about the service. Training was then set up and early adopter sites identified. While activity levels differed among practices, good uptake was seen overall.

Engaging GP fed could be advantage. RAG data was useful for a while so maybe should stop now. Monthly data seems to be much more useful. Data expert required within the LPC. Data BI dashboard development conversations are taking place and we don't want to duplicate any work. To be reviewed alongside team skills. Be aware of data paralysis – only analyse and share what is needed and helpful – we need to think about the outputs.

FUTURE PRESSURES - STOP, START, CONTINUE DISCUSSION

Invoice now raised around project management support for EUC rollout. New CPPB roles will be taken up over the next 2 months.

Clarification needed around which CPPB projects we are going forward with following successful funding bids to help release capacity through operational changes and mentorship. Risks noted around losing the money or not using it effectively.

Operational efficiency

Concern raised that money secured may not be enough for implementation - buying support tools for contractors might be more effective to support them with ideal principles of operation. Existing tools to be sourced from providers such as Pharmacy Complete, Velresco etc and hosted on our website. LK to seek agreement that money can be repurposed in this manner. If not, money can be returned.

Mentoring

This has been delayed due to pressures at the end of last year. LPC to look externally for people to support with this and to raise profile of pharmacy. Plan of next steps to be determined by March 2024.

IP pathway and Cancer Diagnosis

It is noted that we need to step back from something as bucket is currently too full. Cancer diagnosis could be dropped as IP pathway is more enabling.

Cancer alliance Bid has been submitted on behalf of CP in relation to making every contact count. Bespoke cancer modules are being developed with cancer alliance. Concerns raised around contractors' capacity to engage with new initiatives. A substantial fee would need to be attached or a payment given per intervention made in order to make this appealing enough to engage with. Significant workload pressures may result in some not able to engage. Useful to identify a few branches that can successfully commit to providing the service long term.

Discussion around whether to prioritise IP pathway or Pharmacy First scheme locally. There are currently too many unknowns to make a decision. It may not be either/or.

We need to consider is it better to be at the forefront of delivery or how do we become the best at delivery with what we have? We need two years to get our ducks in order. We may then also see a

surplus of IP and many may not want it at that point. The office team needs to have workload reviewed as changes on the ground affect them.

Discussion around pharmacy closures. When closures occur, over 60% of prescription volume is redirected. LPC could play a role in making NHS aware of our current full picture, link with Diane/Sarah in order to get involved with proactive comms and mapping exercises. LPC should be notified of closures when NHS receive this information. Suggestion to proactively communicate with PNA lead about closures and report back to committee.

Closures need mapping and PNA gaps to be checked. Applications subgroup should meet with Adrian to develop process/pull framework together - by end of April.

Services subgroup to review locally commissioned services fees.

Discussion around Subgroups and their membership. Suggestion that Academy subgroup may need to be moved elsewhere to become part of workforce development, LPN or workforce collaborative.

Subgroups to be better organised going forward with group members in charge of organising meetings rather than the office.

Compile Accurate list of group membership and review where people's skills are better utilised/streamlined. HR, Governance and Exec subgroups to merge into one.

Ifti to talk to CCA re membership. LK to contact AIMp re rep.

PRIMARY CARE BLUEPRINT UPDATE AND DISCUSSION

Blueprint will be developed along 10 key themes. Feedback process is underway.

Clarity needed about what blueprint should include not just broad principles. Committee requested to look at early draft and confirm what needs to be included. Committee to review and provide written feedback around top 5 deliverables by Friday 14th April.

NATIONAL CP STRATEGY UPDATE

Current stance is that CP is keen to do more, act as triage point of primary care and help with the long-term condition management. However, the sector has cannot do more based on existing funding package. Discussions have been had around Pharmacy First. Primary care review will take place soon and any funding for Pharmacy First will come through this paper.

Transition payment fee will change to a flat fee for contractors from April 2023.

PSNC have published updated guidance on HRT.

A change has taken place in relation to NHS England and the terms of contract with pharma outcomes for GPCPCS. 10% of contractors have signed up to third party software- now all switched off and referrals will go to NHS email instead. Risk that contractor may not know this change has happened. Ongoing issue that is being worked on with PSNC– might need separate comms. FMc to inform KV if comms are required.

LPN Update

AK's role to change – focus will shift and be brought more in line with the LPN core function.

GMLPC Strategy 2023/2024 Discussion

Discussion around strategy, and whether these are still the most relevant aspects to include going forward. 3-5 years required to work through strategy.

In line with a previous agreement to review Services and PCN KPIs, an overview of proposed KPIs were presented by RS and PM. Comments and feedback requested from the committee.

In order to satisfy the first PCN KPI, 100% of locality leads are to be in place. An update/report will be required from each locality lead on a monthly/quarterly basis demonstrating outputs of what they have done. It is noted that a reasonable outcome is currently hard to identify as the locality board is still being implemented. In order to improve performance, best practise needs to be shared across localities. We need to be proactive, develop our thoughts and take these to the boards rather than trying to react after the fact in order to fit an external agenda.

KPIs to extended to include measures. Actions that sit behind each of the KPIs are included in a supporting paper. Suggestion raised that meetings could be rag rated in relation to their importance. It is noted that these meeting are key in increasing esteem and reputation of pharmacy. KPIs to be taken away to be worked on further.

Overview of the updated Services KPIs provided.

In relation to managing an active repository of service-related documents, a significant amount of work has begun around reviewing all specifications. Staggered milestones to be implemented in order to track the progress of this work

Feedback provided that the 3rd KPI in relation to supporting the Roll-Out & Implementation of Advanced Services and delivering contractor support for Service-Related CPCF/PQS announcements should be made smart. In relation to this KPI we need to identify which services to focus on and which to prioritise. DMS not included because the focus was on services in which the contractors can themselves drive activity and not have to rely on referrals from elsewhere.

The first KPI should be amended to include the need to ensure PGDs are also reviewed and kept up to date. Wording to also be amended to read "To manage an active and updated repository of service-related documents."

Concern raise that despite multiple attempts to contact commissioners on a quarterly basis, some services specifications remain out of date. Option for LPC to communicate to contractors and encouraging them to consider or not it is suitable for them to provide a service for the existing fee.

Finance Report

Questions raised around interest rates and the reserves the LPC need to hold.

Overview provided of next year's budget incorporating the increased PSNC levy. Following the GMLPC and Bolton LPC merger, Bolton reserves will be added to the overall LPC pot. Budget approved by the committee. No objections raised.

ACHIEVEMENTS AND REQUESTS FROM TEAM

An overview of the key achievements from each workstream provided. Significant engagement work has taken place in relation to community pharmacy pressures.

A governance review has taken place at the primary care board. ToR has now been defined. It is noted that the appointment of roles going forward require a strong governance framework. Nominations for Vice Chair and Chair roles will need to be submitted by May.

Suggestion raised that the inclusion of an individual from Pharmacy at senior level of the board will be beneficial. While further investigation is required to identify the workload and time required for such a post all members agree that LK is best placed to take up a senior role (possibly Vice Chair) on the Primary Care Board.

Updated provided around shared care records. An engagement event was set up and attended. A steering group has now been set up around this. A project plan has also been developed.

RS requested the committee to provide feedback around which services data we need. Committee to provide this feedback by 21st April.

Discussion around the annual contractor engagement survey. Decision made to send out the survey in June. Additional questions to be include how contractors are dealing with workload, how far behind they are, scale of workload/pressures impact, are you comfortable delivering services and do you have capacity for more services. Draft to be sent to committee for review. Committee feedback required by 5th May.

REVIEW OF MEETING FEEDBACK

Positive feedback received in relation to the condense reporting format. Reduces repetition. It is noted that the meeting was conducted in a clear and structured manner and that the use of blue in the action log helps to successfully differentiate between completed and on-track tasks.

Feedback received that some of the text within the slide deck is not clear and easy to read. This will be amended going forward.

Agreement reached that slides and meeting papers are to be sent 7 days ahead of the meeting in order to provide adequate time for these to be read and digested.

BOARD UPDATE DISCUSSION – CLOSED SESSION

MEETING CLOSE