

GMLPC May 2023 Virtual Committee Meeting

Date: 26/05/2023

Venue: Virtual Meeting on Microsoft Teams

Time: 09:30-13:00

ATTENDEES

| Committee Members' Name | Company | Initials |
|-------------------------|---------|----------|
| Janice Perkins | GMLPC | JP |
| Mohammed Anwar | Ind | MAAn |
| Wesley Jones | CCA | WJ |
| Peter Marks | AIMp | PM |
| Mohammed Patel | Ind | MP |
| Aneet Kapoor | Ind | AK |
| Fin McCaul | Ind | FMc |
| Jennie Watson | CCA | JW |
| Ali Dalal | Ind | AD |

| Office Team Members' Name | Company | Initials |
|---------------------------|---------|----------|
| Rikki Smeeton | GMLPC | RS |
| Louise Gatley | GMLPC | LG |
| Adrian Kuznicki | GMLPC | AKu |
| David Hogan | GMLPC | DH |
| Karishma Visram | GMLPC | KV |

WELCOME AND INTRODUCTIONS & APOLOGIES

Apologies from HS, IK and LK.

DECLARATIONS OF INTEREST

Nothing to report.

APPROVAL OF MINUTES

Minutes approved. No further comments or concerns raised.

ACTION LOG

202 – Primary Care Blueprint – discussion postponed until LK's return and will now be the topic for the June evening meeting. Committee asked to read through documents ahead of discussion. LK will provide a summary document in advance of the meeting.

215 – Monies held by CHL – LK has begun conversations around what can and cannot be rolled over and will provide update upon her return.

213 – Noise cancelling headphones – DH and AKu are sourcing and testing out more options of headphones to find most suitable one.

209 – LPC reserves – this will be agreed at the Finance meeting on 5th June.

195 – Committee meeting dates – JP shared protected meeting timeslots for any upcoming emergency topics going forwards. Full list of meeting dates already circulated to Committee Members via email. Office Team will circulate diary placeholders for the agreed meeting dates and confirm venues for the F2F sessions. MoP requested the evening meetings start at 7pm which was agreed by the committee and the Office Team.

194 – Contracts Application Process – PM held meeting with JW, MP, HS and AKu. HS to start collaborating with AKu upon the work involved with applications templates to start adapting and understanding the anticipated workload and process.

CONTRACTS APPLICATION MEETING UPDATE

PM provided key summary from the recent meeting.

AKu and LG to be invited to join the Market Entry Subgroup and become permanent members going forward.

Key concerns raised around the increase of supplementary statements following many closures and reductions of hours which leads to gaps in out of hours provision. Introduction of a funded rota system discussed as potential solution. Has been found to be financially viable in Wigan.

However, we may benefit from waiting for work to be done at NHS level and understanding the impacts of these changes before deciding to begin a rota system.

Several issues were raised that need considering before any solution can be proposed.

Market Entry Subgroup to summarise the principles which need to be considered around implementing a rota system and reviewing supplementary statement into a one pager. This will be shared with the committee.

MAN to provide an updated list of pharmacy closures to Market Entry Subgroup.

JW to plan in regular monthly placeholder dates for Market Entry Subgroup to meet.

Locality leads required for Rochdale and Oldham, in particular Rochdale who have requested a point of contact. CCA and AIMp have not yet come back with nominated representatives.

Committee requested to check circulated information is correct and flag any issues to JP.

ACHIEVEMENTS AND REQUESTS FROM TEAM

Format of slides have been amended to streamline updates. Positive feedback received in relation to these changes and how slides provide sufficient information for the committee.

Overview of work undertaken by the Office Team was provided. AKu thanked for the significant work undertaken to run BAU in DH's absence.

All Bolton contractors' information will be added directly to Mailchimp to boost engagement and visibility for new members to receive our newsletters.

A considerable amount of work has been undertaken by RS and LG in relation to local services which has included meeting several tight deadlines. RS is now reporting to LG to streamline the services workstream.

FINANCE UPDATE

MAN circulated finance slides to the committee before the meeting. Overview of current LPC surplus and accounts provided. No questions.

JOINING GMLPC – LG REFLECTIONS SO FAR

LG has been working to help migrate Bolton LPC website information to GMLPC. RS and LG has worked together to address immediate services concerns, expired services and PGDs and will continue this in the next few months.

LG raised concern around the time spent attending meetings. This is being reviewed alongside all meeting commitments to ensure resource is used appropriately and the value of attending meetings is considered.

Opportunity highlighted for office members to take on responsibility of attending meetings to support their development and enable work to be delegated.

Meeting attendees can choose to remain on mailing distribution lists to retain visibility of shared information.

PATIENT LED ORDERING (PLO)

Update provided by PM and FMc.

Key challenges noted in relation to the lack of engagement with eRD. Discussion took place around the service and the concerns to be address before going ahead.

Project principles and SOPs have been drawn up and previously shared. These include the need for GPs to educate patients and a mechanism in which pharmacies will still order for those who are unable to as per a specified list. Request that pharmacies have input into this list. Concern raised that these papers include details about problems but not how to solve them. There are also gaps in relation to accountability for different healthcare professionals.

Data is required from the Medicines Optimisation Team. Prior to a practice signing up they should communicate their practice code with BSA. BSA can then identify patients satisfying eRD criteria and the percentage of eRD the practice should be providing. This should be incorporated within the principles for GPs.

Discussions held around ensuring previous issue around various app directing patients to DSPs to be addressed.

Concern raised that the discussions have been wider than just Stockport PCN without formal agreement and principles being in place.

A need for a backstop safety mechanism identified to prevent staff abuse in pharmacies if prescriptions aren't ordered on time.

This service was successful in HSHK leading to a reduction in workload following an initial difficult few months. To combat scenarios in which patients or GPs have not ordered their medication, patients were directed back to the practice.

Discussions held around Tameside decision on PLO and their current eRD uptake levels of 3%. Despite PLO freeing up more capacity in pharmacy, it could be costly which could mean change in operating models to cater for it.

The LPC position around eRD implementation was discussed. It has been agreed that KV to produce an engagement document for contractors on PLO. The strategy document to include best practice case studies of eRD being functional and having positive impact. Suggestions to be provided upon how to use patient ordering apps and deal with different scenarios and unprecedented situations.

JP raises questions around how this will be shared with GPs through what mechanism. JP to connect PM with Jenny Allen @ RPS.

PM to update guidance document on eRD based on the discussions held and the key points raised. This will be shared with the committee and will be useful for locality leads.

There is an incorrect perception that community pharmacy/PM are the driving force behind PLO. Questions around actions put in place to deal with this misconception. FMc will emphasise this point when speaking with Rob Bellingham when providing update to the central team.

General statement surrounding apps, on PM's list. Susan doing work around app and patient ordering. Comms and framework shared around this previously. AK to find and circulate to the committee.

NATIONAL AND REGIONAL OVERVIEW

Update provided by FMc.

£645m investment in community pharmacy highlighted and its significant impact upon helping pharmacies deliver contraceptive service, hypertension, and treat common conditions. Details being finalised by NHS England and the Government on how this money will be utilised.

Work in background undertaken to ensure adequate IT is in place to access patient data.

Increases in merges, closures and acquisitions raised at Primary Strategy meeting.

Discussions around the lack of investment in the delivery of core services. This position unlikely to change within the next 12 months as the value of this work is currently not recognised. The King's Fund have been commissioned by PSNC to help address this. Details will be shared once available.

Update provided around changes to discount deduction scale. Generics changed from 17.5% to 20%. It is highlighted the change won't have long term impact on the discount pharmacies receive and will ensure funding is distributed more fairly amongst contractors.

Update on the new regulations allowing 100-hour pharmacies to reduce their hours to 72 with specific caveats. PSNC also requested regulatory easements for standard contract pharmacies, however the majority of these have been refused.

It is hoped that this change will lead to increase in availability of locum pharmacists. PSNC conducted a webinar on all other regulatory changes which will be uploaded to their website with a useful briefing document outlining the changes.

<https://cpe.org.uk/briefings/psnc-briefing-012-23-dhscs-changes-to-the-pharmaceutical-regulations/>

PUBLIC POLICY AT ICB— NUFFIELD HEALTH BLOOD PRESSURE SERVICE

Updated provided by WJ.

The charity organisation is working to roll out a free blood pressure check service around Manchester.

It has been agreed for JW to contact Jamie Higgins regarding Manchester locality involvement with Nuffield Trust and Hypertension Case Finding.

HEALTH EDUCATION ENGLAND UPDATE

Updated provided by JW.

HEE have announced a number of changes in relation to Foundation Pharmacists.

The grant will move from the drug tariff to HEE meaning that every pharmacy will no longer have the right to have a Foundation Pharmacist. Instead, from 2026 will have to place a bid to seek eligibility. All placements will be via Oriel.

HEE will control where Foundation Pharmacists are placed and will determine the suitability of a pharmacy and check if they have a Designated Prescribing Practitioner. Employers who have taken on a Foundation Pharmacist will receive £18,500.

Committee are to review the impact of the HEE changes upon the future Foundation Pharmacist Strategy.

MEETING CLOSE

Open meeting ended 12:00noon

Closed meeting ended 12.30pm