

# GMLPC July 2023 Virtual Committee Meeting

**Date:** 26/07/2023

**Venue:** Bolton arena, Arena Approach, Horwich, Bolton, BL6 6LB

**Time:** 10:00-14:45

## ATTENDANCE

Committee Members' Name	Initials
Janice Perkins	JP
Fin McCaul	FMc
Ifti Khan	IK
Peter Marks	PM
Aneet Kapoor	AK
Mohammed Anwar	MAAn
Helen Smith	HS
Mohamed Patel	MP
Wesley Jones	WJ
Elliott Patrick	EP
Abdenour Khalfoui	AKa

Office Team Members' Name	Initials
Louise Gatley	LG
Luvjit Kandula	LK
Adrian Kuznicki	AKu
Karishma Visram	KV

## WELCOME AND INTRODUCTIONS & APOLOGIES

AD joined for closed session, RS, DH, JW sends apologies.

## DECLARATIONS OF INTEREST

New members signed governance paperwork.

## NOLAN PRINCIPLES – ANNUAL UPDATE

Annual reminder of Nolan principles and formal Declarations of interest proposed to Committee.

Nolan principle form and declaration of interest to be re-circulated amongst Committee by Office Team for signature. No objections regarding this.

## APPROVAL OF MINUTES

Approved. No issues.

### ACTION LOG UPDATE

JW has outstanding actions, but currently absent, will catchup with JP upon her return.

Action 219 – Meeting scheduled for Friday 4<sup>th</sup> August; update will be provided after meeting.

### PATIENT LED ORDERING?

Summary of Patient led Ordering circulated within Committee pack. LK and PM attended GM task and finish group.

Request highlighted to move the meeting due to diary clashes.

Meeting on Patient Led Ordering took place, challenges identified and raised to Community Board.

Discussion around SOPs needing to be built and adopt within principles of localities. Stockport will become GM documents. Objection made around how SOPs are written.

Challenges need to be addressed, otherwise two issues can become aligned, as NHS app release is imminent later this year.

Views requested upon Community Pharmacy current workload. Feedback to be provided back to the system.

GM group setup and work ongoing, SOPs need to be improved going forwards.

GM task group setup is led by the system, question raised why workload is superseded at GM footprint. Agreement needed in place for task group to complete anticipated work.

Discussion around GM localities, each locality currently has different engagement. Question raised how the task finish group will align with whole of GM.

Distinction needs to be clear before raised. Issues on ground level, important to solve it collectively with current attendees.

Issues raised around documents, inconsistent for pharmacy for GPs, the language used. Does not address fundamental issues, stopping pharmacy ordering. Documents must be fit for purpose.

LK happy to support responsibility within GMLPC around the documents, but somebody or some group need to finalise the work first.

LK to collaborate with task force group, PM to delay current meetings in diary. JP will speak to Elaine regarding the meetings being delayed.

### PHARMACY EXCELLENCE WORKSTREAM UPDATE

LK provides update on the pharmacy excellence.

CPPB receives new funding to support current workforce issues. GP excellence program reference, discussion around primary care extension, linked to Community Pharmacy. Plan of implementation deadline has been extended.

Discussion around bid of support, aim of the programme is to improve efficiency, maximise resources and capacity.

Core offer is solution available to contractors online, specific focus on the bitesize module, appropriate teams made to facilitate support and relevant webinars put in place.

Use of funding summarised. Change management and behavioural skills support highlighted.

Each locality to be provided with electronic copy of key services contacts and commissioner details based on contractor feedback.

Sustainable support offer data will be looked at by LG, proactive targeted work to take place, promote healthier position for pharmacies.

Further breakdown of captivating solutions offers, modules and webinars becoming available for contractors. They have been well received across GM.

Webinars to be broken down to facilitate pharmacies if no sufficient time to attend the webinar in one sitting.

Discussion raised around the program developed based on the bid. Question around bitesize chunks and opportunity accessibility for contractors who will not be ready to engage now but ready in June.

Modules can be done separate, but within a F2F setting. Currently it is a year access. Potential discussion of extending this to two years to facilitate current pressures.

Locality guide mentioned, ability to link it to SAF. NMS mentioned.

Pharmacy teams and importance mentioned of providing them with support tools and right education, mutual agreement around this and funding available.

Timeframes discussed as presented by LK.

Contractor engagement mentioned, dedicated time required as a committee to vocalise this.

NHS locally pharmacy teams struggling through local plan, if they can share with LPC, the tool can help with their workflow and ease current pressures.

Discussion regarding delaying the webinar, but online resources available. Important to manage expectations around contractor engagement. 2–3-year programme requiring enough people to engage.

It is suggested that webinars do not start till January, but online resources to become available online.

LK and LG work done in background on pharmacy services performances.

Waiting is not an option, need to undertake the work now and learn from it simultaneously. Contractors who can engage now will have ability to do so, and opportunities to engage from January onwards also available.

No disagreements to this, to be proposed back to primary care board. Work to be done with KV upon engagement level.

#### ICS GOVERNANCE UPDATE

Update provided upon current position.

The ICB system governance provide arrangements an overview of the decision-making forums for GM ICB for commissioning and provider representation.

Highlight report on locality boards for GM system board, that feedback is given to GM.

Important Farrar report published. Recognition of inconsistency with the understanding of current roles and responsibilities. Eight recommendations representing Mark Fisher provided and this summarised within the slide deck.

Finance discussed; recruitment currently being reviewed. Finance and performance required, plan in place for NHS England on how the current strategy will be delivered.

Discussion around requirement for need of boards, duplication, focus on greater precision in role of ICB, localities, PFB – secondary care provider.

Mutual understanding of the model in ICS, greater focus is being placed to achieve this. Primary care not included in initial slides as seen by LK, this was raised. Mark Fisher is leading on the work, harmonization, can't decommission current place in the neighbourhood.

Priorities are agreed and being put in place, making sure an existing RACI for this is implemented.

Primary Care commissioning governance arrangements outlined within slide deck at locality level. Importance placed on each locality lead being aware of the expectations set and what type of information is fed back to LK.

More support needed for locality leaders, outlining what meetings are critical to attend. Structure is in process of being provided.

Risk management mentioned around budget allocation.

Need for a stakeholder map around diagram outlined for community pharmacy. Prioritising influence and power grid, how each element sits with our current relationship. Focus upon one element that we can influence and most realistic positive change upon contractors and how to elevate it on a larger scale.

Farrar report will provide transparency outline of current work within the system.

Question raised around GMMMG and localities for medicine spends, how they sit within the structure. LK and Kenny held discussions, issue with interface optimisation and adaptation with primary care optimisation. Missing is how GMMMG and med optimisation and pharmacy of medicines ties in with the reporting of ICB.

LK and FMc collaboration ongoing on winter surge plans as CPPB chair and Deputy.

Closer collaboration needed between locality leads in terms of information accessibility. Each Locality Lead is to find out what the mapped structure is within their respectable locality and report back.

All-important organisation memory work to be live documented. LK to make a video instead of document.

Summary diagram provided how each entity operates and who they report to. LG requested for these slides to be separated from the slide deck and be referenced back to.

Decentralisation mentioned at locality level. Tools to be implemented for support.

JP to update members upon relevant changes made within the closed session. Important that message is more needed at locality level and information is accessed and shared to LK.

Important to understand what is at locality level, but also issues contractors are facing in front of commissioners. Difficult to influence change without placing importance on the identified issues.

#### FINANCE REPORT

Finance summary provided by MAn.

Levy increase highlighted for next year. Current reserves discussed. MAn to work with finance subgroup upon actions utilising reserves going forwards.

Updates of current position to be provided at upcoming AGM.

Ongoing discussions surrounding current office lease and its expiry date.

Discussion held around structure of Bolton voting for AGM. GMLPC and Bolton contractors to individually vote for their respectable financial accounts. AKu to implement.

Clarity provided around date of documentation needing to be sent out to contractors as per constitutional requirement.

#### BRANDED GENERICS AND REBATE SCHEMES

Update provided by FMc.

Discussion held around branded generics. Paper has been shared and discussed around approving or not for this to roll at GM level.

Argue against rationale over the perceived value of savings, how that value is calculated. Rationale for similar version of value, has been around rebate schemes. Value used to be perceived saving across GM.

Operational costs discussed at detail.

It is mentioned paper has been written from a system perspective, little consideration of CP and patients.

Discussion held around inclusion and exclusion criteria that might not be accurate.

Consistency important at locality level to enable across GM. Each locality has currently own independent budgets, targets to deliver.

Links need updating within the paper as they are not functional.

Discussion and issues raised around some of the objectives set within the paper and potentially against patient safety.

LK to share papers she has written. IK to summarise his comments and circulate to FMc who will pinpoint key themes. Question of representation raised.

Summary to be circulated amongst committee board by chosen representative before presenting. FMc and LK to collate information and current work, and IK to present the finalised product summary.

#### PHARMACOGENOMICS

Presentation delivered by Jessica Keen upon Pharmacogenomics.

Discussion held around role within GM, identifying best areas. Bringing transformation into the way CP operates. Engaging with pharmacy professionals, how services are delivered not only on a pilot, but identifiable barriers, challenges, and opportunities available.

Conversation around how genomics led to medicine optimisation. Allowing patients to have access to tests and data used then to help with their conditions.

Importance highlighted around patient safety. Current number of patients tested highlighted, constantly monitored and reevaluated.

Online patient files storage outlined, removing timeframes and simultaneously improving knowledge of patient history records.

Ideal position mentioned of having access and using data as a preventable measure to stop the patient becoming ill in the first place.

Further discussion held around testing and ongoing search for funding.

Agreement in NHS standard contract to have this roll out at local and national level, but also must look at enablers of this project.

Local pilot with NHS funding, there might be no funding for a national scale. It will not happen unless it's properly rewarded and properly funded.

Pharmacies will need some type of involvement, proactively check patients on the medication when dispensing, identifying patients that is not working for. Pharmacies face current capacity issues and patients are struggling to get a hold of appointments.

Pharmacies need to have knowledge of the service as patients will ask questions. 20 patients across two practices. Submissive plan submitted to NHS England and expecting a response.

#### SERVICES SUBGROUP

Summary of PGDs provided.

UEC Update Pilots are not continuing.

Key learning outlined from the pilot around training not found adequate, training to be provided by ourselves, Elaine involved.

Next steps and funding received to provide the training outlined by LG.

Advanced services support summarised by LG. Program team have started collaborating.

Data dashboard provided for May 2023 regarding GPCPCS referrals. Shape of data presented is found useful, but feedback around manipulating the data onto PCN level. The master data has PCN level data accessible.

Data will be used for targeted pharmacy visits to promote services engagement. Training sessions of completing referrals are being re-distributed amongst pharmacies.

LG highlights grand total of referrals completed doesn't necessary mean completed. Completed means contacted the patient and invited them for first appointment as based on Pharm Outcomes.

Current resources within the team will be re-distributed to facilitate additional support for services workstream.

Question raised surrounding how the data will be used to help pharmacies that are struggling with low % of data. Services to provide number of contractors by the % completion of referrals to have a better insight into the data.

Ongoing discussions at national level surrounding ABPM, issues with downloading the data. Issues also with training at practices to overcome these challenges, as well as pharmacies using variety of different ABPM machines.

Difficult to fix but pharmacies which high deliverance % of ABPM to be visited and information shared with other pharmacies how their model is effective and functional.

Opportunity mentioned for CP, identifying certain demographics, sending out single message to CP, providing assurance of delivery.

#### WINTER SURGE

LK requesting for views from board members around need for engagement for Winter surge this year.

Discussions around time spent towards winter surge taken place last year.

PM received invitation to winter surge meeting, it is agreed we placed a bid in, including MAS harmonisation.

Decision is to do enhanced MAS, some type of engagement to generate extra income for pharmacy, do both potentially. LK to work with services subgroup to develop the plans for winter surge.

#### LPC CONFERENCE OCTOBER

F2F Annual conference to take place and limited number of delegates able to attend. Attendees to register.

It has been agreed amongst committee upon the number of attendees going.

#### ACHIEVEMENTS AND REQUESTS FROM TEAM

Positive feedback around slides format and content.

Bring challenges and issues back into the meeting if there are any barriers or real risks, put in bold potentially within the slide. If it is a big issue, it would have a spot on the agenda.

#### REVIEW OF MEETING

Positive feedback regarding the venue and meeting room.

Lunch adequate, positive feedback regarding whole meeting.

#### BOARD UPDATE

Closed session.