GMLPC October 2023 F2F Committee Meeting

Date: 18/10/2023
Venue: Portland Room, Townhouse, 101 Portland Street, Manchester, M1 6DF
Time: 9:00am – 5.00pm

ATTENDANCE

Committee Members' Name	Initials
Janice Perkins	JP
Peter Marks	PM
Mohammed Anwar	MAn
Helen Smith	HS
Abdenour Khalfoui	AKh
Fin McCaul	FMc *
Ali Dalal	AD
Jennie Watson (Virtually)	JW
Aneet Kapoor (Virtually)	AKa
Mohamed Patel (Virtually)	MP

Office Team Members' Name	Initials
Louise Gatley	LG
Luvjit Kandula	LK
Helen Reed CHL (Virtually)	HR
Adrian Kuznicki	AKu
Karishma Visram	KV

WELCOME & APOLOGIES

Apologies from EP, WJ, RS, IK.

JW, AK, HR and MP have joined the meeting virtually through Microsoft Teams. * FMc morning session only

DOI

Nothing to report.

APPROVAL OF MINUTES LOG

Minutes approved.

ACTION UPDATES

Great feedback around Bolton locality guide; remaining locality guides are currently being branded.

Locality Leaders will receive specific Locality Leaders' Guides which includes useful information and top tips. The guide will go to the Locality/PCN subgroup for initial sign off and then will be "tested" by Locality Leaders to inform the final version.

Expectations of committee draft summarised. Deadline for response to be included within subject of email and clarity around the action required.

Two weeks response time agreed for any response on documentation. Committee to be required to attend CPE new members training as required and send summary notes of meetings attended.

MEDICINE VALUE AND THE GM SYSTEM

Refer to slides.

Discussions around how the committee can influence existing conversations. How to work with the system to tackle inequalities and support better social and economic standards for patients.

16 national priorities. All the objectives are interlinked. No area is expected to deliver all 16, however expectation is for each area is to deliver at least 5. Targets will be prioritised however all will be covered within the next 5-year period.

Blood glucose and testing trips highlighted as a key area of focus. Question raised around contractor engagement.

Current conversation involves ten different local decisions and the risk of having ten different formularies if we choose not to engage. FMc recommends that we work collaboratively upon one collective formulary for all localities.

Chief Pharmacist is trying to influence decision at a strategic level across all localities.

Principles of engagement were discussed. Benefit to contractors is reduced stock holding, maintained margin and lower cost to purchase.

Other points raised were the need for variable notice periods dependent on the product, introducing a testing phase of 2-3 months and the need to prepare a communication plan to explain the rationale to contractors.

Everyone was supportive of one conversation, having an agreed set of principles involving stock margins, wastage, frequency of change, what contractors can expect. Should also mention the role of the Chief Pharmacist and our support for his role in standardisation.

LG to collaborate with Joel. Feedback to be provided back once narrative has been finalised alongside a set of principles.

One pagers on each topic to be produced to support discussions at locality level which are moving at different pace. It's important to understand where and when conversations are happening at locality level across GM.

Locality Leaders to communicate with the Head of Meds Optimisation regarding plan for next 12 months period, finding out how conversations are taking place. Any feedback gathered to be submitted back to FMc and LK.

Firm message required from LPC about alignment within GM. We need to use work currently ongoing with Chief Pharmacist to influence budgets at locality level. Opportunity to manage it at GM, mitigate now and influence longer-term.

Locality Leaders need a one pager on blood glucose testing strips to present at locality meetings.

Initial draft to be produced and circulated for review Will work with FMc and PM, end of November timeframe. To be on the Dec board meeting agenda

Discussion held around Edoxaban. We're comfortable with what's happening at GM system level and recognise that small initiatives influence change. Same principles apply. Further focus required on better service delivery and value for money for patients.

Needs to be incorporated into PCN work, can do lots more at locality level, adapting ability to identify patients, be proactive and improve cost savings.

Potential workstream for LPC, encouraging pharmacy teams to perform and engage better in Hypertension Case Finding and the possible opportunity of Structured Medication Reviews.

This work to be part of the Services Subgroup. Issue raised around potential PharmOutcomes license fees, data accessibility and the impact this could have on availability of data.

This could also connect to IP Pathfinder and can be incorporated into the workstream. Dicsussion around what is expected from services subgroup. Meeting needed specifically focusing on this by end of November. Draft to be prepared for December board meeting.

Primary Care Blueprint signed off. Launch event is delayed due to lack of funding. GM want to make it more interactive. Question raised around how it will be incorporated into our daily practice and focus on more than prescribing.

Antimicrobial prescribing is under consideration as be prescribed through PGDs as part of the Common Conditions Service.

Lot of work already done to reduce carbon emissions from inhalers. LG has been invited to the meetings but was not able to attend. Abdenour has agreed to attend and will be briefed by LG.

Other areas of focus are opioids, valproate and branded generics.

Branded generics being pushed at a local level, and this is a harder issue to address. Focusing on finalising other actions first, then developing branded generics principles over the next 6 months.

Local switching info to be shared with LK and FMc via Microsoft form.

FINANCE REPORT + OFFICE LEASE UPDATE

Decision made to move office to Suite 6 on same floor of current building.

Awaiting update on contract, will be reviewed and signed once received.

Current office asset log done in background, MAn to continue working with AKu on office equipment ordering and aim to have office furniture, equipment sorted before December.

CPE VISION AND REGIONAL UPDATE

CPE gathered feedback from 5,000 contractors on ground level.

Independent economic review requested by NHS England and agreed to by Community Pharmacy England. Difficulty around defining expectations. Importance raised around getting it right, slowly progressing.

Currently out to tender to find a supplier.

Common Conditions Service expected to release 12m consultations annually from GPs. FMc will try and work out what this means for GM.

Finance work ongoing around the £645m. When the service was proposed nothing was in place so had to work at pace. Digital infrastructure must be built by end of January.

CCS was originally an 18-month plan, now a 15-month plan, seen as a trial. 7 common conditions will continue after 2024, commitment made around delivering these services. If done right, will expand. No choice but to sign up and deliver. All 7 common conditions are walk-ins.

CPCS will remain as referrals.

Once detail is available may need an additional committee meeting to discuss how we support contractors.

Infographic summarising complex timeframes around negotiations shown. General Election to take place within next 12 months. Another year will be required to understand the expectations. Means the current contract may roll over for up to 3 years.

CPE vision resources available on the CPE website. Chairs and CO had conference last week. Webinar being planned to support ICB engagement. Date TBC. Discussion around whether CPGM should hold its own event. Need to understand the content of the national event first.

CPE VISION AND ICS ACTIONS (WS3 NEW)

Discussion around the status in GM. We are in a good place in terms of the Blueprint, workforce and digital but further things need to be done.

Risks outlined in relation to lack of funding and consistent inclusion of primary care from governance perspective.

Key role for ICB leaders via the ICS GM committee. They are reviewing commissioning arrangements of all current services and quality schemes due to the financial deficit.

Key enablers discussed. A lot of investment done within GM. Immediate challenge is maintaining funding for the EMIS/PO button which provides our access to data.

Need a stakeholder map and comms plan to drive engagement. Need to review existing resources before we produce anything else.

Lot of similarities between what we're asking for as GM in terms of standardisation and what is happening at national level.

CPE vision needs mapping to the Blueprint and key areas where there's synergy need highlighting. Demonstrate how we can support delivery of the Blueprint.

Require an agenda slot within the January Primary Care Summit event.

Communication plan required, information mentioned within newsletters, emails etc.

Need a CPGM/CPPB statement, supporting CPE vision showing we have alignment. This can be cascaded at a locality level.

Initial statement to be drafted by LK and circulated by end of October for review. Aim to raise the profile around what we are currently doing. Discussion around our new website. Do we want a section for this or signpost straight to CPE website.

Vision will be available in the Locality Leaders' packs. Individual locality guides are about services. Locality Leaders to decided what additional resources are needed.

LG to engage Bolton, collaborate with AKh to develop information for individual locality breakdown. Still need feedback around locality governance structures.

Joint statement to be made, locality leaders to review the resources, feedback if they are found helpful. Dependent on that, slide deck about vision, simplified information breakdown about blueprint, which locality leaders can be used to initiate conversations. Slides format discussed, only core information, use speaker notes for additional detail.

Slides to be taken out singularly and circulated to committee members for review within two weeks. January board meeting to be dedicated towards discussing feedback.

WS1 UPDATE

Question raised around winter pressures and the ongoing funding challenges.

At the July meeting the Board agreed that we focus on minor ailments.

Concern has been raised around bank holiday cover and so additional funding has been requested to encourage contractors to volunteer and cover the extra costs incurred.

£2m is held at GM for Winter Pressure and the scheme is £56k so the question was asked whether we should offer anything additional against the challenge of whether there is any capacity in the system to deliver.

Risk was highlighted that in some localities MAS is being blocked by certain individuals. Given we can't get through this barrier it was felt we'd be wasting our time pursuing other opportunities.

Agreed that CPGM will write to Kenny Li with cc Rob Bellingham as soon as possible. Draft of letter to be produced by LK. AKa happy to support.

Agreement around renewal cost of Virtual Outcomes licence. Details of bite-size modules will be included in the Spotlight on Services newsletters.

It was suggested we agree targets for uptake and measuring and driving engagement. LK to discuss with HR.

LK requested that Locality Leaders provide a list of the key meetings and boards they attend as LPC representative. A MS Form will be created and circulated.

Everyone was asked to call out when the words "Primary Care" were being misused in meetings and to clarify whether this meant Primary Care or GPs so we could all try and correct this misconception.

CHL REPORT

Monthly report provided and summarised by HR. Overview of work done within the month.

Working actively on set of contracts. Payments are made on behalf of commissioners, including Bury council, GMMH.

Risks outlined included a delay in receiving funds for Trafford palliative care resulting in payments being late to some pharmacies. Changes in the financial accounting system have contributed to the issue. LPC fully involved in these discussions.

Invoices for Rochdale EHC have not been generated within PharmOutcomes for this quarter, Pinnacle contacted, awaiting response.

Recent focus on Stop Smoking, NRT referrals provided through PharmOutcomes, Trafford has gone live past month, Tameside went live this week.

Regular weekly meetings held with services with LG, RS, AKu. Meetings useful and helps collaboration. Work done with LK on CPPB.

Recently supported recruitment of newly appointed Support Officer.

Vaccination training has been arranged at a reduced cost. Further sessions could be made available however the Board felt these weren't needed.

It is highlighted that CHL board members receive weekly reports from HR. Monthly updates provided by HR for scrutiny.

Report to be split into themes, headings, visual breakdown. LPC Board felt it was beneficial for HR to attend and provide an update.

GOOD EMPLOYMENT CHARTER

Presentation provided by guest speaker. Slides to be issued to Board.

Online registration form is available, which goes through internal system, generates self-questionnaire to complete. Can take reasonable amount of time to submit the questionnaire. Gaining Supporter status is straight forward however more stringent requirements in place to be a member.

Resources available to share online and some shared during the meeting.

Range of benefits outlined for local employers to host good employment charter. Helps with staff retention, cost savings, employee loyalty and improved reputation.

GM has a 2026 target for all employers to become a good local employer. Current benchmark for real living wage is £10.90 per hour as of time of meeting. This will increase soon.

Sole traders cannot sign up, you must be an employer with at least 1 employee.

Core challenges faced outlined. Living wage, leadership, practice model used, operational commitment, senior leadership.

This is a program of integrity with evidence behind the criteria.

LPC's engagement with this to be discussed within closed session.

Regardless of engagement, mutual agreement upon sharing awareness with contractors and will decide on communication method.

SERVICES PERFORMANCE (WS3)

AKu now has access to all PharmOutcomes data.

Some concerns around "Provider Pays" model. High percentage of contractors now using PharmOutcomes though there are still some that haven't signed up to a system. Concerns that support can't be offered as no data available and also that they may sit outside the trigger process.

Flu weekly working group is in place, AKu supports whenever possible.

Diagram summarised around work on services provided by the program team. Progress has been made and now fewer calls and emails are needed.

Current work on four triggers levels outlined. Still being refined and tested by the program team and reported back each month to Services subgroup.

Real concern shown around DMS. NHS England currently aware of the current issues, allow time for warnings. A 4-month warning period is in place before trigger 4 is activated.

Engagement work with area managers will be discussed at the next Services subgroup meeting.

Advanced Services webinar recorded in September and included info on pharmacy pressures. The webinar has been split into bitesize sections so can easily be referenced in general communications. Experimenting with new ways to boost contractor engagement.

Slides shared of current performance and number of pharmacies who've reached each trigger point. Discussion around how best to follow up with contractors.

Historically area manager meetings had great engagement and feedback. It was raised that quarterly was too frequent so it was agreed to explore the option of hosting one or two meetings per year. A lot of information is already cascaded to area managers internally. LG and LK to scope the overview before decisions made. Work ongoing with acquiring latest contact details for right individuals.

Pharmacy visits outlined. LG and RS alongside EHG focusing on pharmacies on trigger list. AKu and KV focusing on general visits. AKu providing summary data reports ahead of all visits. Themes/trends are collated and discussed at the start of each month.

Spotlight on Services starting weekly from November. Will be circulated via various communications channels.

DMS overview slide summarised and locality variances discussed.

Feedback requested by LG from committee based on format of slides. Deep dive of data found very useful, current level of detail is enough, visual financial breakdown is crucial. Any further breakdown of data can be requested outside of meeting and circulated.

Focus on GPCPCS and MAS at January meeting.

PHARMACY STUDENTS (WS2)

Verbal update provided by JW.

2025-26 changes will be made to the foundation year. Tariff agreed for student placements equating to £25/day and is non-negotiable. Can't be topped up by the University.

Students will undertake two weeks of placement every academic year. Locations will depend on where universities can secure placements. A lot of work ongoing around assessment of competence and quality assurance.

We've been approached by University of Manchester, to support the community pharmacy placement programme and raise awareness with contractors.

Can be quite complex as different pharmacies do and offer different things. Discussion around importance of getting this right if choose to engage. Can help promote the profession and make it more attractive to the student population.

Benefits and drawbacks of the LPC engaging discussed.

If LPC decides to engage, we need to influence and be involved with the design of the programme which needs to reflect the variation in types of pharmacy where placements are undertaken. This is recognised as a big commitment on a long-term basis.

As a bare minimum, we have responsibility to share information and promote it to contractors. Initiative will take place whether we are engaged or not.

Discussion around focus on one university or all six universities in our catchment area. There's an opportunity to have access to a higher quality of students. If we get involved in the programme development, we'd need to bring in some extra experienced resource.

Communication will be issued to contractors outlining the changes and what needs to be considered before taking a student on placement.

NEW OPPORTUNITIES

Tameside would like to set up a Pharmacy Alliance like the existing GP Alliance. Good opportunity to drive engagement locally, build relationships with GPs and address some operational and communication issues.

In principle it sounds good, however we need to overcome the challenge of backfill and capacity and no funding is available.

Frequency of meetings is unknown. Agreed to support in principle and contact Tameside contractors to gauge the level of interest and engagement. A short questionnaire/form to be created and circulated to Tameside contractors. MAn to draft the form within next two weeks and circulate to office team after having conversations with Faisal.

53 community pharmacies across Tameside. Need to profile the skill set required so the right people are involved that can express the views of others and not just their own opinion.

None of the detail has been agreed and is all open to discussion.

WhatsApp structure mentioned, PCN groups to be changed to ten locality groups and information circulated will include information what PCN group it is referring to.

TPAS in Trafford

Opportunity to create an additional referral pathway to TPAS. Only available Monday – Friday so would add complexity to the process.

Risk of number of phone calls during winter will significantly increase, with current capacity issues. If service to become available, it must be available seven days a week due to current capacity and workload issues.

LK to collaborate with LG before taking any further steps.

ACHIEVEMENTS FROM OFFICE TEAM

GM care record staring to move at pace. Pharmacist logging into PharmOutcomes to have direct access to patient GM records.

Initial comms gone out to contractors within newsletters, IP addresses and comms will be sent out to area managers within the next coming weeks, supported by message from Pharm Outcomes.

Committee bios need updating to match rebranding of new website.

REVIEW OF MEETING

HR to continue providing a CHL update at board meetings.

Office team to periodically update on their personal learning development time.

BOARD UPDATE

Closed session.