CPGM December 2023 Virtual Committee Meeting

Date: 06/12/2023
Venue: Virtual via Teams
Time: 9.30am – 3:00pm

ATTENDANCE

Committee Members' Name	Initials
Janice Perkins	JP
Ifti Khan	IK
Peter Marks	PM
Mohammed Anwar	MAn
Aneet Kapoor	AK
Elliott Patrick	EP
Abdenour Khalfoui	AKa
Jennie Watson	JW
Ali Dalal	AD
Fin McCaul	FMc
Mohamed Patel	MP

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

WELCOME & APOLOGIES

Apologies from WJ, HS, RS.

DECLARATIONS OF INTEREST

AIMp communication has been highlighted, FMc to discuss from a committee perspective. To be discussed later within the meeting.

APPROVAL OF MINUTES

Approved.

ACTION LOG UPDATE

Every committee and office member has responsibility to make their own notes when relating to actions that are associated to them.

MAn has completed action 291 on the Action log.

PM has made progress on action 287 by making contact with Peter Buckley. PM has been asked regarding uptake of community pharmacy, identified discrepancy in referral submissions and acceptance by GPs. PM will aim to gather more information.

Any incomplete actions currently pending for further updates.

CPE NEW FINANCE GUIDE

Community Pharmacy England (CPE) circulates a new finance guide annually. Opportunity for all LPC treasures to educate their committee board the current framework of operations, be aware of obligations and ensuring as an LPC we meet the standards.

MAn summarised main elements of the guide, providing brief description and whether GMLPC has met the demands of each section.

Regular communication highlighted within finance subgroup committee. Excellent business continuity protocols in place within the subgroup. MAn to update the terms of reference of finance and subgroup committee.

Common problems encountered highlighted and summarised. GMLPC meets and fulfils each common issue raised.

New CPE template used as inspiration by MAn to incorporate the template and improve the budget. No unresolved issues.

Reserves policy to be reviewed. MAn awaiting on advice to be provided.

MAn to email James to receive document feedback.

MAn to write to CHL (CPPB) regarding policy review and identify which AMU documents are missing.

PHARMACY EXCELLENCE (WS2)

LK provides brief update.

Pharmacy Excellence Programme funded by Primary Care Board. £100k funding secured, agreed to roll over to at least March 2024.

Aim of the programme is to support pharmacies to strengthen capacity.

Current challenges highlighted faced within the sector; staff shortages, growing prescription volumes, extended services.

Revive Rx introduced. Three steps outlined. First step concerns operational wellness audit. Created diagnostic questionnaire, pharmacies who complete the questionnaire receive key areas of concern and focus on key areas for improvement.

Following steps include how to improve operational wellness and service expansion and last step providing tailored training prescription guiding pharmacies to achieve operational excellence.

LK highlights 4 areas around digital training curriculum. Mini modules contain in each area. The questionnaire will point pharmacies towards where to focus their efforts.

Program implementation outlined. Timelines provided. First target contains raising ignition of interest, raise awareness of the program. Then intention to make and circulate the questionnaire to pharmacies.

Proceeding to then implementing improvements based on feedback and selected pharmacies receive personalised coaching and validating value where training has been improved for clinical services.

Proposal pricing points summarised. Mentions of using advanced service data to identify which pharmacies are truly struggling to place focus on them for training assets.

LK advances to impose questions to the LPC board.

Pharmacy workforce strategy needs imbedding into this project, shaping core direction of strategy. Work currently ongoing to raise awareness.

£20k out of £100k will be used towards the proposal. Discussions around employing somebody external to do some ground work.

LK mentions health check tool not ready yet. Volunteers are required to test it, some committee members might be interested.

The reasoning behind engagement is crucial for contractors. It is mentioned could use other areas and other case studies for inspiration. Any work we can get from other areas to strengthen the case study could be vital.

Consideration need on finance aspect cost point of view, VAT is included on this, no current mechanism in place to claim VAT back.

Success criteria mentioned, The proposal has to demonstrate success and executed plan in order to retain funding. Questions around how we measure current engagement, what metrics of service performance needed.

Need of weekly reporting of engagement, how many people accessing modules, what modules are completed. Assessment of pharmacies be crucial, cross reference the performance to services.

Discussion group to be crated consisting of FMc, LK, IK, AK and LG. Group to be setup and topics discussed before Christmas.

Further discussions around the amount of pharmacies to engage with the proposal. Initial plan was 10 pharmacies to go through the process and if it provides good outcome, will bring expansion.

The main outcome and plan needs finalising to ensure future funding. The group are to discuss how 10 pharmacies are chosen to engage with the proposal.

Decision need to be made in a timely manner. LK mentions it is important to ensure test phase is completed first.

JW highlights potential in targeting best 10 pharmacies across GM rather than 1 pharmacy per locality. Importance around which pharmacies are engaging with the initial testing phase for the proposal to demonstrate successful implementation.

It is mentioned current funding enables to have more than 10 pharmacies engaging. The created group are to identify 10 fast-track pharmacies and 10 struggling pharmacies.

Benefit comms are to be sent throughout December before Christmas, simplified, potential short-video and added to GM comms plan.

Expression of interest is first phase of proposal, second phase is collaborating with LG and Alison analysing the data which pharmacies are suitable candidates.

LK happy to change the process testing phase slightly if agreed mutually.

AK is to share with the care network.

Webinar dates discussed, dates clashing with half-term and bank holiday weeks are to be avoided. Currently 2 webinars are taking place in March 24' and further 2 in May 2024. March webinars could be potentially pushed into April or early March due to easter break.

PHARMACY FIRST

FMc provides update on Pharmacy First. The launch date will be 31st January 2024, subject to IT being ready.

CPCS will be incorporated into the new service, it's pharmacy first for the seven common conditions.

Payments are discussed, key targets are 5 completed consultations by end of March 2024 for initial fixed payment of £2k, £15 payment per consultation.

Pharmacy Contraception service webinar has been held, receiving very high demand and had to be capped at 1,000 registrations. Webinar taking place soon for Hypertension which has been changed to make better use of skill mix and increase provision of ABPM.

FMc discusses funding further, breaking down core contract of £30m per year for contraception and hypertension services in core contract. Additional £75m per year from Recovery Plan fund. £76m fee over-delivery written off for 2021/2022 and 2022/23, £36m fee over-delivery permitted for 2023/24.

DHSC and NHSE will review separate terms of service for distance selling pharmacies, currently unknown yet.

Timeline has been summarised with key dates. November agreement announced, late February/March public campaign for pharmacy first begins.

Next steps outlined. Members of pharmacy health, NHS England, CPE part of tripartite implementation group. Significant piece of work for contractors to deliver. Several elements in place to support pharmacy owners, working with CPE, providing guidance and resources, webinars taking place throughout December and January, training and development in place.

Anyone registered who can longer attend encouraged to de-register due to high demand. Recording will become available after webinar.

Discussion around how LPCs can help, providing local GPs with briefings via LMCs, working with ICBs, particularly with CPCLs and Chief Pharmacists.

Key concern from LK raised is preparing contractors around training element. Assessment needed what type of training is firstly required. Mention of validity in creating a questionnaire and circulating to contractors what might be in demand in terms of training.

Free training is provided on Minor Ailment, anyone can attend, essential training need highlighted for pharmacists.

Discussions around high volume of documents being circulated, placing high pressure on contractors before the start of initiative. Low number of contractors have the time to read all the documents, understand what is within the PGDs specifications etc. The essentials need to be identified with the pharmacists. CPE webinars will assist with this.

Increase in confidence needed, majority of pharmacy teams already completed training, needs to be re-visited. Learning can be done by looking at other countries and their implementation.

LPC website mentioned, whether a new section is required to provide vital information and resources to locums, or sign-post to CPE, action plan need to be finalised.

Impact of delivery of advanced services, issues mentioned around locums, locum agencies to be informed about the changes.

Existing pharmacies under immense pressure due to higher number of pharmacy closures, discussion of implementation of Pharmacy First bringing more pressure on the pharmacy teams, unrealistic on ground level. Huge workforce and capacity issues. Staff shortages just staring ahead of Christmas and winter, members of pharmacy teams absent due to illness i.e.

Issues around whether all pharmacies who are delivering CPCS will sign-up for Pharmacy First, whether they will be ready for launch date of end of January. Also a big risk imposed of pharmacies signing up to deliver the service and not ending up delivering it, which is already an existing issue.

Funding and money is efficient, but is getting to the stage to get the pharmacy teams into the position to be able to deliver the service sufficiently.

Discussions around the threshold criteria, 1 per month and steadily increasing long-term. Pharmacies can reach the threshold and might have to sign-post the rest of consultations to other pharmacies to manage capacity and current workforce issues.

Free advertising vacancies have opened on Primary care careers. Conversations live around supporting recruitment for dispending GM Primary Care force lead, progress made which might help workforce issues in the medium term.

Discussions around sustainable MAS service across all 10 localities for short-term. MAS formulary to be reviewed to accompany the needs of all localities. Gateway criteria not financially viable for pharmacists to go through the criteria for every patient walking into CP. Pharmacy teams need to understand the criteria, the 7 common conditions, and whether they are eligible for the inclusion criteria.

Pharmacists to upskill their skills set and experience who are not independent prescribers. Need highlighted for a step-by-step guide pathway. Lessons can be learnt from Scotland, who do significant volume and numbers. Models discussed which can be viable long-term for pharmacies.

FMc shares data of spread for CPCS across GM.

Top 20 performing pharmacies across GM highlighted for last 6-months as well as 20 pharmacies that received and completed the least. Volume important to some extent however, volume received daily for it to be imbedded into the daily routine.

PM had request to provide update around Pharmacy First within Cheadle PCN meeting, received desire to hold more frequent PCN meetings, every 4-6 weeks in the evenings.

GM plan is to be outlined for Pharmacy First, elements mentioned of sharing best practice performances across GM. Effective communication, professional standards, engagement with locums, use of implementation money i.e.

Simplified briefing to be provided for contractors, historically done around PQS, which has been effective.

FMc will check with CPE what is being produced to avoid work duplication. This is needed before Christmas. LG will collaborate with LK, FMc and KV to support from Communications element.

Discussions around event taking place mid-December, plot within next 10 days, FMc will feed into those conversations, if we have not heard by 22nd December, we will produce something ourselves for upcoming new year.

Engagement with GPs mentioned, not all required information provided just yet, awaiting updates.

Discussions around localities, the desire is for all localities launching pharmacy first within the briefings January absolute earliest. Mentions of locality leaders attending their PCN meetings, Manchester has high volume, so does Bolton. Work needed with PCNs at locality level. Office team to map out the process, and share with FMc.

Most localities have network meetings, arranging their PCNs in one place. Clinical directors, taking them back to their practice.

Survey is to be created, follow-up provided on non-responders, and to be mapped out within action plan.

IP PATHFINDER (WS1)

Draft developed by NHS team to reflect changes, shared with LG.

Ongoing work nationally around IT element, GP connect. No clarity yet on current progress.

A lot of work ongoing on clinical assurance and systems to support the IP pathfinder with the right input, as well as regarding governance support on developing templates.

Mostly all is progressing well mentioned by LK, a lot of detail that is still awaited from the national team, operational plan in motion, LK can share slides.

At current stage, live date is not known, dependent on key details and templates to be finalised. Provisional launch date of January, currently on track.

Question raised surrounding the number of pharmacies that will be involved across GM and North west. The system resource required to set this up. LK mentions initially limited part funding was provided, all 42 ICBs would have one operational pharmacy.

EOI process has big requirements, certain criteria is to be met.

LK to work with KV upon updating website with current pilots.

CPGM REBRANDING

KV provides update around adopting new identity of CPE and what has been progressed thus far.

Social media comms have been circulated, new banners updated on all platforms, linktree also updated.

All templates updated based on templates provided by CPE. Arial size 10 font implemented within emails and templates.

Office team underwent training, demo provided on key templates and how to use them.

Website still currently operating under old template, but banner changed to CPGM.

Key timeframes identified for next set of actions.

Committee board asked to review their current website bios, provide new information if desire to update. They are also to update their current email signatures. FMc requested a guide to do this for google and outlook. KV to provide the guide to committee members and how to use various different signatures.

Question raised to the board members if there is a desire for a training session upon how to use the new templates. Requests received from PM and JW.

SCS (WS3)

SCS weekly discussed at Services Working Group. Concerns raised more frequently compared to other services. 136 calls made in year 2023 related to SCS out of 476.

Performances are not improving despite interceptions and support by the services team.

Referral numbers are low which makes it difficult to drive activity.

Barriers mentioned, not-following up patients that don't attend, pharmacists aren't trained. Big real challenge from a pharmacy perspective.

If a pharmacy wants to de-register from the service, they have to provide 1 month notice to NHSBSA.

Weekly emails continue to circulate, amongst weekly phone calls for 3 or more outstanding referrals.

Escalation/triggers are in place across all services.

Pharmacy visits continuing every month. Spotlight on services has started and circulated weekly to contractors.

LG mentions work in progress to identify good performing pharmacies to have testimonials to share with pharmacies who are not performing as well.

Question raised to the board if any example can be provided of branches which are performing well for SCS.

Question also brought up asking how much effort is meant to be put into SCS compared to other services, to balance the time, efforts and resources.

LG has requested from the committee members to share their most up to date area manager contact details.

GM CARE RECORD

£400k funding secured from NHSE Primary Care Digital Transformation dedicated to CP to roll out the GM Care Record.

Steering CP Group setup earlier this year are dedicated to this project. CP all have access to Pinnacle.

Heavy scrutiny from governance perspective around the project, ICB deficit currently under special measures.

The GM care record is not a mandatory requirement, to use it or to sign up.

There are no costs to contractors as the access to the GMCR will be via PharmOutcomes which pharmacies can access now.

Demo video available, short video (7 mins), training will be provided but it is not mandatory.

GP connect will provide access to GP record only. GP connect is being released in phases and the initial phase will only provide access to prescribed medications, observations and tests. GP connect will be available via the national care record (replacing SCR).

The GMCR record will give access to the full GP record, social care and mental health elements in one place. Access will be via Pharm outcomes, which all GM pharmacies can already access.

Any sign-ups that are linked to PharmOutcomes, it can be accessed by everyone or singular account.

Next steps outlined by LK.

Onboarding comms to be sent to all contractors to collate required data.

Continue work with pinnacle to complete the technical work required. Dates TBC.

The end user interface to be developed and shared with the project steering group for feedback.

Testing to commence with selected pharmacies and test the interface.

Access will be made available to IP pathfinder sites and early stages.

WINTER PRESSURES AND PLO (WS 1+2)

System letter already shared, was attached amongst board papers.

Extensive engagement in GM system and PC groups are to push for support.

Community Pharmacy includes bank holiday cover funding and MAS full eligibility for all localities.

On going work with GM Finance and GM comms to finalise funding flow. Chief Pharmacist and Head of GM PC/LPN/Clinical lead supporting.

Next steps outlined by LK.

Dates to be agreed for launch of MAS once localities agree. MAS business case developed for permanent extension post winter with AS.

CPPB switch on PharmOutcomes and issue comms for contractors.

Patient led ordering GM task and finish group convened. Linked to medicines waste and IPMO meds value group.

Comms toolkit close to finalisation, feedback has been sent.

Provided overview of risks and recommendations including the need support materials in advance of launch.

GM ICS has been notified that the LPC is reviewing the proposed SOPs (in progress with the team).

Mindful of comms being circulated to primary care and wider pharmacies. GPNC inspector to be made aware of the rollout plan, may support contractors.

LK to think about threshold triggers, identifying poor practice. Having process for practices to be de-registered.

Comms to be agreed to practices and primary care.

CCA LPC QUESTIONNAIRE

Questionnaire shared with the LPC board already.

Reasoning behind questionnaire is sharing topics CCA might be interested in. Particularly emailing out to CCA reps, opportunity to provide feedback on some elements of the questionnaire.

LPC are working well as an ICS, opportunity to learn from others upon where to improve.

Question raised if as an LPC we are supporting our contractors to the best of our ability, or can we do something more, if so, what.