January 2024 Committee Meeting

Date: 24/01/2024

Venue: Suite 6, Barlow House, Minshull Street, M1 3DZ

Time: 9:30am – 5:00pm

Attendance

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| **Committee member** | **Initials** |
| **Janice Perkins** | JP |
| **Ifti Khan (pm only)** | IK |
| **Peter Marks** | PM |
| **Mohammed Anwar** | MAn |
| **Aneet Kapoor** | AKa |
| **Elliott Patrick** | EP |
| **Jennie Watson (Virtual)** | JW |
| **Ali Dalal** | AD |
| **Fin McCaul** | FMc |
| **Mohamed Patel** | MP |
| **Helen Smith** | HS |
| **Wesley Jones** | WJ |
| **Abdenour Khalfoui** | Apologies |

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| **Team member** | **Initials** |
| **Adrian Kuznicki** | AKu |
| **Louise Gatley** | LG |
| **Luvjit Kandula** | LK |
| **Rikki Smeeton** | Apologies |
| **Karishma Visram** | Apologies |

**Welcome, introductions and apologies**

JP welcomed everyone to the new CPGM offices and reminded them to sign in. Information was provided about toilets, housekeeping and health and safety.

**IP pathfinder (WS2)**

Update provided by AS – see slide deck

**Context**

* Nationally funded pathfinder programme, no cost to ICB.
* Commissioned as a local enhanced service but with majority of SLA/service specification determined nationally by NHSE.
* Qualified and competent Independent Prescribers to prescribe on the NHS for patients in community pharmacy for minor illness, hypertension and respiratory conditions in preparation for changes coming in 2026.
* Prescribing in line with NICE and GMMMG guidance as for other GM prescribers.
* Medicines prescribed by pathfinder sites will be costed to GM, however these patients would have received treatment funded by NHS GM if they had been treated outside of the Pathfinder programme so ultimately cost neutral; monitoring via ePACT and PharmOutcomes.
* Project Steering Group set up to include key stakeholders within GM to define models and oversee delivery – first meeting was 18th Jan.
* LPC involved in weekly meetings and supporting via LK

NHS England is looking to understand how IP will work in CP as a pathfinder not a pilot. Plan is to establish a framework before scaling including governance and quality assurance processes.

Benefits are improved patient access and supporting GP workload.

GM focus is on tackling health inequalities, living well with hypertension and a focus on long term conditions.

Good engagement with stakeholders.

Pathfinder will be evaluated by Midland and Lancs CSU and will be a mixture of formative and summative assessment.

Programme is expected to operate for 12 months, however there is currently no confirmation on funding for 2024-25.

3 clinical models in operation across GM. Pharmacies were selected via EOI resulting in 10 sites across 6 localities:

* Minor illness building on Pharmacy First – 10 sites
* Hypertension – 6 sites
* Respiratory builds on PQS work – 6 sites

NHS is keen that pharmacies in the pathfinder aren’t disadvantaged in delivering Pharmacy First (PF) therefore the specification allows PF PGDs to be used when the IP is not available. This has been left to the discretion of the IP.

If patient falls within the exclusion criteria for the PGD clinical pathway they can be referred to the IP instead of to the GP. This may be at a later time in the day when the IP is holding a clinic.

Potential challenges:

* No post event IP message so surgery will receive a pdf
* What information does the surgery need/want?
* How is the patient handed back to the practice?
* Meaningful and appropriate record keeping.
* Link to GM Care Record

Things for pathfinder sites to explore:

* Managing the pharmacy whilst working as an IP
* Use of double cover
* Appointment times vs walk ins
* Different operational models and their viability
* Planning the distribution of sessions during busy periods to meet demand

**Actions:**

* AS to provide monthly reports and attend a future meeting
* IP pathfinder to become a regular agenda item.
* IP pathfinder sites to be added to the visit log
* Invite a contractor to share their views

This is not a national service yet and therefore CPE are not directly involved with the pathfinder sites as these are in the remit of NHSE.

**Medicines value**

JH providing a short background and introduction to his role.

Key question – “what is medicines value?” – this depends on the patient, the situation and individual perception. Recognises that there is no magic one size fits all solution to the challenge and therefore there need to be compromise and pragmatism from all parties.

GM is being asked to spend less against a backdrop on recent increases in annual spending. The focus on spending and value has resulted in variation between localities and “patch protection” rather than looking at the bigger picture.

GM spend in the last financial year on FP10 was £535m. Estimated to be an additional £30m this year.

Unbudgeted price concessions in Bolton = £900k

Lot of changes being pushed down nationally e.g. NHSE have issued a list of blood glucose test strips that they support the use of however extensive engagement is needed across diabetic services in secondary and primary care to get buy in to implementing any change. Goal is to try and agree some common ground and reduce the number of products in use in

GM from 45 to 15. It’s accepted that this isn’t perfect however is a step towards simplifying the system and stockholding for contractors.

Currently no capacity in the system to support the changes taking place so the transition will happen in a stepwise approach dependent on the locality.

**Considerations:**

* Finding the best balance of products
* Continuity of supply from manufacturers
* Supply of updated devices
* Advance notice to contractors via deployment plan
* Visibility of compliance data
* Contingency plan for shortages and clarity around 1st and 2nd line choices
* Regular communication to contractors
* CPGM involvement
* Invest to save approach
* Timing of implementation

**Actions:**

* FMc to take this discussion forward as agreed at medicines value group supported by PM.
* LK to share CPGM views with Manisha

**Declaration of Interest**

IK will update the declaration of interest to reflect membership of Community Pharmacy Scotland.

**Approval of minutes**

Minutes from December have been approved.

**Action log update**

AKh attended the green inhaler meeting and was asked how Community Pharmacy can support the initiative and for ideas on how to promote green inhaler initiatives to patients.

LK shared that information on the GM Green inhaler campaign was on the CPGM website with information for contractors.

LK to share link to information with AKh and signpost to LPC materials. page discussed which LK will circulate.

Action 287 – PM and Paul have agreed to meet to discuss the action, some progress made.

Committee action – please check the action log when received after the meeting and note the agreed deadlines. Update JP prior to the next meeting/deadline whichever is first.

Outstanding area manager lists to be sent to AKu.

MAS and winter plan actions discussed. MAS involvement rates poor across GM localities. JP to add to March agenda.

**Pharmacy First (WS3) – see slides**

Funding secured and approved via GM ICB. 50% are funded via GMHCA and 50% via CPPB bid.

Training providers were reviewed by SWG and CPGM leads and LPN. Initial communications and engagement plan delivered to encourage sign-up to CPE webinars, clinical training and access to key resources to support readiness via GMCA and CPGM.

Clinical training sessions have been arranged for 480 places during January. All training places have been booked within 48 hours. Additional dates booked for February 2024.

Operational plan being developed by DOPT/Clinical Lead with input from SWG to coordinate communications, stakeholder engagement, contractor support, data analysis, reporting and clinical assurance.

Additional drop-in sessions for contractors and GP practices setup.

Communication, engagement and webinars with contractors, GM ICB & GPs. Good attendance and engagement highlighted.

**Pharmacy engagement**

55 visits completed so far between the Office team and EHG; 8 out of 10 localities engaged.

Visits currently split into services visits between LG, RS & EHG, and general visits for KV and AKu.

AKu will now focus on change of ownership pharmacies that are newly introduced to GM.

KV will now visit pharmacies to collate info for case studies as part of her KPI. committee members asked to provide number of pharmacies which might be viable.

Committee agreed to maintain the current KPI based on team resource constraints and were happy with the balance of engagement.

**Actions:**

* Committee to suggest pharmacies for KV to visit to collate case studies.
* Committee to suggest nominations for GM healthcare awards

**Foundation trainees & Oriel – see slides**

From 2025-26 the only route into training will be via the NHSE oriel system.

Regional meeting took place around actions completed and risks. NW webinar has been developed and will be co-hosted on 8th February with ProPharmace. This will be recorded

and shared with contractors.

Recent announcement that PCNs and GPs can host foundation trainees which could impact the recruitment pipeline. Concern was raised about the cost of delivering this, how it’ll be co-ordinated short term and the funding. Whole process is now owned by NHSE and not GPhC. Concern that PCNs and Meds Optimisation Teams may see this as a funding stream to provide them with additional support. Year 2 will be easier as contractors will have time to partner with other providers.

**Considerations:**

* Moderating the questions to streamline the event
* Use of Zoom or Slido for questions
* Setting up a practice webinar
* Thinking about what questions may come up and how these could be answered

**Actions:**

* JP to add to the agenda for regular update
* Committee members to register for the webinar
* Compile list of Oriel webinars to share with contractors LK
* Plan in practice webinar before 8th Feb
* Correct mistake on webinar comms to Thurs 8th Feb

**PC and ICB engagement (WS1)**

PCB letter sent to Mark Fisher regarding inclusion of CP and wider PC in ICB/ICP system forums and development of transformation and innovation.

Assurances of continued funding into PC. Questions around involvement in review of commissioning schemes in the context of the ICB deficit of £200m.

PCB will be part of the consultation looking at reviewing/decommissioning services.

Crucial to protect our funding so it doesn’t get lost in the deficit as its important to recognise the resource and time needed to engage effectively.

PCB met Mark Fisher last week, and response has been positive and timely. PC will be invited to and included in system leadership forums and discussions, operating plan 2024/25 and a review of funding for BP. Commitment given to work in partnership on decision making, strategic alliance development between PC and localities. Inclusion of PC in Mayor’s reform board in January 2024 to integrate with public system reform. Positive meeting overall, focused on transformation and development.

**Update on workplan and KPIs**

Most workstreams under control and on track. ABCD reports are provided every month, overview provided on RAG scoring.

JP mentioned the new approach for KPI reporting.

Trello is being used to track live activity for each workstream and each months’ activity and is reviewed at the team meeting on 1st Monday of the month.

The new branding has proven a major challenge, very time consuming and caused delays as a knock- on effect on other tasks. Considering purchasing the font type Mokoko to improved efficiency.

New comms principles were agreed at the team meeting and will be implemented over the coming weeks.

Wellbeing Wednesday will be introduced on first Wednesday of the month, showcasing the great services and tools in place to support workforce health and wellbeing.

Planning meeting scheduled for mid- March. Outputs to be shared in Q1.

**H&S inspection**

CPGM has responsibility as an employer for the Health and Safety (H&S) of its employees.

Contract with Ellis Whittam has been renewed and they will provide ongoing H&S support. Initial meeting took place on 3rd January with our assigned H&S consultant.

Health and Safety compliance is off track and therefore a risk. Actions to address this have been agreed and are in the process of being actioned.

* The H&S policy and handbook have been updated.
* Fire risk assessment has been completed
* Fire extinguishers serviced.
* All Barlow House documentation has been obtained and logged.
* Team is completing their DSE risk assessments.
* Additional risk assessments are being completed on 27th February

Aim to be back on track by April 2024. Trello will be updated and H&S will become part of the annual plan.

**Team achievements**

AKu highlights the CPGM email domain switch as a key achievement and updated on the recent Outlook issue. The team are now operating with updated CPGM emails. RS email will be updated on her return to work.

LK highlights the main key achievements from her own workstream. LK working with GM IC leads to produce toolkits. Locality boards might be communicating with PM regarding toolkits so it’s important that all finalised documentation is shared.

LK has been informed that the money obtained for HLP and mentors does not need to be reported on however the funds must be used for contractor benefit.

MAS data is showing very poor uptake. Winter surge plans ends March 31st so the extended MAS eligibility will end for Bolton and Oldham. LK start the discussion about further extension linked to the launch of Pharmacy First.

Services update highlighted contractor concerns around resource and capacity to deliver Pharmacy First.

**Actions:**

* MAS and Pharmacy First to be on March agenda
* Share info on CPGM resources for PF with locum agencies
* Send webinar link to locum agencies

**National vaccination strategy**

GM IC discussions to commence regarding implementation of the NHS national vaccination strategy. It has been published December 2023 to tackle unwanted variation, dips, and improve uptake.

Increase use of patient access to records and booking systems.

Delegation of commissioning to ICBs in 2025. Develop core offer supplemented by bespoke, targeted and outreach interventions to meet underserved parts of the population.

Jane will be leading the work. The planning phase will happen this year so it’s important we collaborate with Jane as soon as possible and have an agreed position on this. Opportunity to build on the great work done with flu and covid.

Board is happy to support with MMR challenges if we’re approached.

**Concerns:**

* Equitable access via GP and Pharmacy from 2025 onwards
* Need to define the scope of the proposed CP strategy
* Education and patient engagement
* Variation across localities
* Waste management
* Data management
* Booking system

**Considerations:**

* Opportunity to discuss MMR and how CP can support
* Need to be comfortable with not all pharmacies participating
* Adult vaccination programmes are easier to manage

**Actions:**

* Aka to invite Jane Pilkington and Ben Squires to March meeting
* Produce CPGM position based on success with Covid including solutions to the anticipated barriers LK/LG
* AKu to explore the use of SHAPE

**LPC governance documents – see slides**

Following on work that is already happening at CPE. Standardisation across LPCs.

Revised code of conduct applicable for both to LPCs and CPE. Words are different but intent is the same. LG, LK and JP collaborated with CPE and discussed the language tone within the code of conduct.

CPE are introducing a governance subcommittee with membership drawn from CPE and LPCs. Committee agreed to adopt the new code of conduct, governance framework and set up a new governance sub-committee. JP to ensure all required elements are in place before adoption. New governance subcommittee must be independent of LPC officers.

Committee accepted the recommendation that IK step down as Vice Chair so he could be part of the Governance sub-committee. PM and MoP also volunteered and we appointed as members. EP was nominated to join the Finance/Audit and HR subcommittee.

**Actions:**

* Draft policy on Bribery Act and Competition Law
* Display values and behaviours in the committee room
* Review committee members’ terms of office
* Annual review of expenses policy
* Set up new governance committee and rename Finance and HR
* Update existing sub-committee info
* Update WhatsApp and bank approval process re IK and EP

**Review of meeting**

Discussion around opportunity to invite external guests to F2F committee meetings.

Kenny Li to provide introduction to his role and his priorities and how we can best work together to achieve shared goals.

CPGM needs a persuasive offer to give to the system e.g. de-prescribing and invest to save.

**Actions:**

* Invite Kenny to May meeting – AKa/LK