Community Pharmacy Greater Manchester

March 2024 Committee Meeting

Date: 20/03/2024
Venue: Suite 6, Barlow House, Minshull Street, M1 3DZ
Time: 9:15am – 4:45pm

Attendance

Committee member	Initials
Janice Perkins (Exec Chair)	JP
Ifti Khan	Apologies
Peter Marks	PM
Mohammed Anwar	MAn
Aneet Kapoor	AKa
Elliott Patrick	EP
Jennie Watson	Apologies
Ali Dalal	AD
Fin McCaul	FMc
Mohamed Patel	Apologies
Helen Smith	Apologies
Wesley Jones	WJ
Abdenour Khalfoui	AKh

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

Guests	Initials
Conor Daly	CD
Ben Squires	BS

Welcome, introductions and apologies

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

Declaration of Interest

None made.

IK has updated his declaration of interest as per the declaration at the January meeting.

Approval of minutes

Minutes from January and February have been approved.

Action log update

All actions are underway and on track. No queries were raised.

JP asked that everyone was realistic about the timescales they were committing to when actions were agreed.

PM asked about the urgency for the Governance subcommittee meeting to take place. JP stated that this was urgent as there were 3 policy documents to be reviewed before the committee could sign off. Once this is done a Microsoft Form will be circulated for completion.

Finance Report

Accounts have been issued previously and also included with the papers. Levy letter for 2024/25 has been received from CPE. The calculation is outlined in the slides and means CPGM are required to pay and additional £6k which is a 2.1% increase over what was previously budgeted.

FMc clarified that the levy is based on overall income which includes prescriptions and service income. The total pot of money given to CPE by LPCs does not change only the split of monies between LPCs.

Committee approved the Treasurer's request to add this to the budget.

Finance/Audit/HR subcommittee to agree how much contingency to budget annually in anticipation of future increases.

There will be no change to the levy paid by individual contractors.

Blueprint Update (WS1) – see slides

The Blueprint and agreed deliverables were shared before the meeting. Prior to Conor arriving there was a brief discussion about what it was important to cover.

- Clarity on where updates will come from
- AKa noted that the system thinks that a conversation with PCB is a conversation with CPGM. Clarity is needed on the lines of communication and speaking to LK does not mean CPGM engagement or sign off.
- FMc sits on the Blueprint delivery group so the test of whether CPGM has been engaged is FMc being aware
- Need to agree whether a deputy/2nd person is required for this group.
- LK & FMc attend as CPPB. TC & JC attend as PCB
- System is confused by the number of hats that individuals wear

Key points from Conor's presentation:

- Deliver plan needs to be tangible and workable
- Q1 is about identifying good practice and supporting rollout where practical to do so
- Risks need to be recorded, monitored and actioned
- All in this together and the approach taken needs to be collaborative across the system
- Reporting will be quarterly
- Year 1 launch is at the Primary Care Summit on 21st March
- CP deliverables are as agreed at the previous board meeting and are in the deliverables document
- Quality chapter focusses on the development of standards for all 4 disciplines

JP asked about what resource will be available to support delivery of the plan in CP. This has yet to be determined. CD to take this away for discussion.

FMc stated there's a lot of expectation on CP to deliver. How is success being measured, how will we know whether we're on track and what will we do if we're not. The core funding isn't enough to deliver the Blueprint and contractors are having to make difficult decisions around whether to supply medicines or deliver services. CD to take this away for discussion.

LK highlighted the Blueprint is very GP focussed. Assurance required that any national monies would flow direct to CPPB and will not be seen as PCB funds.

FMc highlighted the change to ARSS funding streams for PCNs. This provides a real opportunity for collaborative working and changes to working practice.

FMc was confirmed as the point of contact for any follow up re CP.

JP asked what support CD required from CPGM. CD need to come back on this

FMc highlighted that there was an escalation of negative feedback about PF which needs to be balanced with positive stories.

JP highlighted the importance of context and that a focus on what's gone well will be beneficial in building relationships. One incident is not systemic and everyone needs to be data led and factual.

WJ requested defined measurables behind any reporting. These need to be agreed and signed off by CPGM

LK shared a slide about the CP/GP interface principles. This has been emailed to committee members separately.

GMMG consultation and principles discussion

Complicated situation that requires CP to play its part in supporting the achievement of £30m saving on medicines in 2024/25. It's likely this will be an annual challenges.

Some savings have already been identified e.g. apixaban, blood glucose testing strips, Lufrobec switch from Fostair, doxazosin 8mg MR. Savings are delegated to locality boards so each can save their fair share.

Rebates

- Paper was shared at the last board meeting
- Won't impact anything that CP does. FMc and Aka recommended the committee accept the paper.
- FMc to share updated paper after the meeting
- PM has forwarded GMMMG papers. JP to share with committee.
- LK - acceptance should be conditional on having an agreed process

Branded Generics

- Scriptswitch and OptimiseRx flag to GPs when something may be cheaper. Local teams have limited control though Scriptswitch is felt to be more collaborative. Ideally GM would use a standard system so there is one profile we can influence
- GPs are often unaware of the implications of accepting recommendations
- The 10 localities all do their own thing with Bolton and Stockport being very heavy users. Other localities have light use and are better controlled.
- Proposal is to have a maximum of 30 lines split into core and secondary line choices.

- We need to be part of the system in order to influence
- Refusal to participate will be resolved by Kenny Li

Principles:

- £10,000K savings threshold
- Control the number of products on the list
- Intention to change has been agreed
- Product specific notice period
- Minimum change process
- No CAT A lines included
- Guaranteed stock availability
- Not linked to a direct to pharmacy scheme
- Allow time to reduce stock – pushed for 4 months
- Info available for contractors to support patient queries
- Input needed into the formulary (LK).
- Need to update our principles
- Separate meeting to discuss comms to contractors

Actions:

- Existing principles document to be updated
- Set up meeting to discuss contractor comms

GMMMG Supporting the system

What can CP do to support the system and contribute to the delivery of the £30m? Need to consider what capacity, if any is available, and what impact this could have on contractors.

Key challenges:

- Overprescribing
- Reducing medicines waste

Potential Solutions:

- Patient led ordering
- Not dispensed schemes

Actions:

- Share info on existing not dispensed schemes
- Services subcommittee to discuss and work up a proposal

Contractor survey and website update

The committee noted the website update and acknowledged the volume of work the team had done.

Committee accepted the recommendation from the Finance/Audit/HR committee to fund £200 to incentivise completion.

Actions:

- Finalise wording for the services question
- Work up details of the incentive scheme
- Issue website and newsletter comms to contractors w/c 15th April
- Issue survey comms during May

National Vaccination Strategy and Primary Care Update

BS acknowledged the key role that CP can play in delivering the strategy. He is keen to engage all providers and take a strategic approach to ensure the effective use of skill mix and resources. Accessibility and outreach are important. Accepts this needs to be appropriately resourced due to current pressures. Need to be an equitable playing field.

Questions around pressures:
How can we make it easier for CP to engage and deliver?
What support is needed?
What can we do over and above the national "must do's ?"

LK highlighted the work done by PCB however feels there's a gap with LPC engagement and developing new things for CP. Requested regular catch ups. BS was in agreement however stated these must not be duplicated elsewhere and requested meetings and attendees should be mapped. BS felt the communication gap was specific LPC functions rather than the system specific issues which are discussed multiple times.

FMc highlighted the risk created by permanent closures which impacts the ability to deliver.

AKa stated that the challenge of the same people wearing multiple hats attending meetings with the same content. This is a result of the governance framework. Others need to be involved to get new thinking.

Three main areas of work:

- LPC specific work – CPAF, PNA, concerns, contractor relationships
- National discussions – where are we up to and are there things we can put in place locally to mitigate national issues
- Pressures and medicines supply

FMc highlighted that whilst professionally everyone is fully supportive of the new national services it's the core work that is killing CP. He estimated that 70-95% of pharmacies are operating at a loss. The challenge of rising drug costs, increases in wages, decreased margin, recruitment challenges is only going to make the situation worse. BS recognised the issues though has little ability to impact national issues.

MMR

- New pilot for MMR though GM approach is different to the rest of the NW.
- Proposed launch date is 8th April.
- 36 key concerns raised.
- NW proposal includes ages 5–11 whereas the GM model is ages 16-25
- Now agreed that walk in patient of any age can be vaccinated to facilitate access
- LK and LG have reviewed the specs and there's no age restriction included
- Roving clinics are not currently permitted under the regulations though are in the spec to future proof it in case of regulatory change
- Volume unknown as is the capacity of participating pharmacies
- Concern raised as lack of transparency around the selection process for the pharmacies in the pilot and lack of LPC engagement.
- Pharmacies were picked on population health, demographics and previous experience.
- Risk of needing to close if a patient presents with measles.

Actions:

- Services working group to review specs and feedback by noon on Thurs 28th March
- Discussion needed on how the service can be expanded of needed
- Agree comms for contractors in case of queries around the selection process
- Obtain copy of final list of contractors

Pharmacy First Update (WS3)

LK provided an update including the performance data

Actions:

- Analyse the rejection data based on age
- Remind contractors they can still provide a minor illness consultation and receive payment
- Discuss reporting to PCNs with the Programme Team
- Develop contractor survey to identify any need for additional training

Minor Ailments Service (WS3)

Robust discussion about the value of MAS and the likely position from 1st April.

- Service is valued by patients
- Only financially viable as part of Pharmacy First not as a standalone service
- Need a GM standardised service and formulary to prevent inequalities

Actions:

- If MAS is being stood down a comms to contractors is needed
- Discuss an extension with BS until the data review has been completed
- Update PharmOutcomes to reflect any changes

Regional Update – see slides

FMc provided an update. Current contract is likely to rollover due to the complexity of the negotiation, the pending general election and possible change of government. Consultants have been employed to support the negotiations. Medicines distribution is valued however there is no desire to pay to maintain pharmacy numbers. New Governance and People subcommittee created chaired by Adrian Price.

Foundation Trainees and Oriel

LK provide an update

Clarity needed on roles and responsibilities. Concern raised about the number of contractors who are not taking on trainees.

Team Achievements - see slides

Actions:

- Committee members to update bios and photos

Chair Update

- One committee member a month to write a blog on a topic of their choice

- Committee members to revisit the ways of working document relating to deadlines for responses
- Note the date for the NPA contractor event – 15th May 6.30 – 9.30pm
- Committee to note that the CPGM election cycle is out of step with all other LPCs. This will be an April agenda item for discussion.