October 2024 Committee Meeting

Date: 16/10/2024

Venue: Suite 6, Barlow House, Manchester, M1 3DZ

Time: 9.30am – 5pm

Attendance

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| **Committee member** | **Initials** |
| **Ifti Khan** | Apologies |
| **Peter Marks** | PM |
| **Mohammed Anwar** | MoA |
| **Aneet Kapoor** | AKa |
| **Elliott Patrick** | EP |
| **Jennie Watson** | JW |
| **Ali Dalal** | AD |
| **Fin McCaul** | FMc\* |
| **Mohamed Patel** | MoP |
| **Helen Smith** | HS |
| **Wesley Jones** | WJ |
| **Abdenour Khalfoui** | AKh |

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| **Team member** | **Initials** |
| **Janice Perkins (Exec Chair)** | JP |
| **Adrian Kuznicki** | AKu |
| **Louise Gatley** | LG |
| **Luvjit Kandula** | LK |
| **Rikki Smeeton** | LG |
| **Karishma Visram** | KV |

**\***FMc virtual pm

**Guests:**

Rob Severn (RSe) – LPC Support Manager CCA (morning session only)

**Welcome, introductions and apologies**

JP welcomed everyone and announced apologies from IK. FMc will join the session virtually in the afternoon for a CPE update. External guest RSe joined the session in the morning.

**Declaration of interest**

Nothing declared.

**Approval of minutes**

Minutes approved.

**Action Log Update**

**ORIEL Update (LK)**

* Still ongoing. No actions currently necessary from LK.
* Awaiting other parties to complete their actions and report back.

**Market Entry (AKu)**

* Update provided on volume of market entry applications.
* No pharmacy closures reported since September.

**Vaccination Update (LK)**

* Data around EOIs has been provided.
* National team have advised PSR is the correct route and cannot use a direct route.
* Very positive affirmations around GM about community pharmacy.
* RSV provision – GM have already commissioned maternity and GPs prior to the national announcement. Commissioning CPs will be considered if there are any gaps.
* CP has made a strong start to the programme and delivered the most as a single delivery pillar
* Committee members to identify potential pharmacy team members who might speak certain highlighted languages for flu service.
* LK to contact Healthwatch.

**Occupational health**

Update provided by LK.

Funding is in place, communications have been shared.

SOPs and guidance documents have been reviewed and updated.

The likely project delivery timeline is set for end of November.

**CCA Strategy**

Update provided by RSa.

The CCA consists of 12 board members, an executive team and various working groups.

Strategic focus for 2024 outlined, key pillars include:

* Funding for current and future needs
* Improved funding models for contractors
* Workforce development and technician placements
* Local via effective LPC collaboration

Overview of community pharmacy model and strategic priorities alongside community pharmacy operations.

Discussed CCA’s external relations activities in 2023, including the recent round-table to discuss opportunities and challenges with Pharmacy First.

Continued support for LPCs is a key focus, including timely filling of vacancies and providing up-to-date information through newsletters.

Focus on promoting Pharmacy First services, enhancing engagement with integrated care systems (ICS) and supporting GP referrals.

Advocating for increased local service specification fees and standardising contracts.

CCA are requesting that all LPCs review their financial reserves in accordance with new CPE guidance. The volatility of contractor numbers in the sector was highlighted and the impact this will have on the composition of LPC committees.

Brief discussion on upcoming election.

**CPE update**

Update provided by FMc.

Full committee last met in London on 11th and 12th September 2024. Discussed the outlook and tactics for the 2024/25 CPCF negotiations.

The Service Development subcommittee reviewed the rollout of the PF service, addressing ongoing issues with the monthly payment threshold. They also covered updates on flu vaccinations and the new RSV vaccination program.

Funding and Contract subcommittee discussed reimbursement and remuneration issues and reviewed a number of key updates.

Legislation and Regulatory subcommittee discussed preparations for the hub and spoke dispensing models and the delay to the rollout.

Anticipated budget release in two weeks, with a call for clarity for pharmacy owners about future directions.

CPCF provided with a discussion on the importance of understanding economic issues through broader participation in the IQVIA review. A strong marketing campaign is needed to promote engagement and participation.

IPA members update; FMc reported that new representatives for the IPA should be in place by January, and alignment of definitions between AimP/IPA, CPE, and LPC constitution was discussed.

**Actions:**

* FMc to circulate an email update example of a strong marketing campaign to wider committee.
* Encourage involvement in the economic review initiative via various comms channels

**Patient led ordering (PLO)**

LK summarised the meeting slides.

Key deliverables highlighted, focus on increasing the utilisation of the NHS App for prescription ordering.

Standardised approach agreed by the Blueprint Implementation Group (BIG) group for local implementation by system partners. Aim is to reduce pressure on community pharmacy (CP).

Established GM governance with a task and finish group. LK will provide resources and toolkits to AKu to upload to the CPGM Members area.

LK requested decision from the board on engagement dates to develop a deployment plan.

Plans for a webinar to be recorded and distributed to contractors. LK to give PM the dates for the bi-weekly meetings.

LK to discuss PLO issues with AKa and MoP and raise with the GM system. Request Kenny Li to bring national dashboard data to the December meeting if applicable.

LK to share the pack with JW and finalise the PCB lists for circulation. Locality leaders to reach out to main contacts at appropriate moment.

**Actions:**

* LK to share resources and toolkits with AKu
* LK to share the pack with JW and finalise PCB lists for circulation
* LK to discuss PLO issues with AKa and MoP and raise with the ICB
* LK to provide meeting dates to PM

**Pharmacy Excellence**

LK provided insights on the Revive RX engagement.

Pharmacy diagnostics reported on the number of pharmacies completing the full diagnostic health check and shared other relevant figures.

Data insights presented average domain scores from pharmacies.

Next steps outlined for ongoing activities. Future insights and additional data shown, including updates on coaching calls and follow-ups will be shared once available.

Plans for a structured weekly communications campaign and promotion via WhatsApp with new promotional assets for CPGM campaign.

Incorporation of pharmacy excellence messaging into temperature check calls and visits for engagement enhancement.

Cost consideration for postage and materials. Feedback requested on the proposed plan. Committee members are encouraged to engage with the programme and express an interest through completing online questionnaire or receive a coaching call.

Need for consideration of sharing best practices amongst CPs, with funding required to support further progress.

**Contractor training plan**

Update from LG.

Discussed available funding sources, including project monies from NHS GM, CPPB, GMHCA and sponsorship.

WhatsApp polls initiated to identify the evolving needs of pharmacy teams. Positive feedback received on pre-recorded videos, with an overall preference for 30-minute and 5-10minute formats.

Pharmacists expressed high interest in training for Pharmacy First and contraception, while New Medicine Service (NMS) training was less desired.

Workshop themes discussed and different focus areas for training, balancing clinical content with consultation skills and service delivery.

Communication strategies overview; need to explore further new platforms like TikTok, podcasts, and videos to reach a broader audience and simplify message. Short videos (30 seconds to 1-3 minutes) will be important for outreach; proposal to produce “Spotlight on …” in different media content for contractors.

CPPE will host webinars on contraception. DMS workshop also scheduled for early November, in collaboration with GMMMH and Pennine Care, with invites already circulated. Contraception workshops planned for start of 2025, with comments requested on training agreements and budget allocation.

A training calendar to be developed, considering all bank holidays and religious festivals.

Emphasis on promoting existing resources and developing briefings post-events.

Workshop logistics discussed, testing demand for workshops with a limit of 40 participants each, including a waitlist within the registration process for each locality. Funding considerations overviewed, need for clarification around budget allocations and funding sources for the workshops.

Agreed to run 3-4 workshops. CPGM will fund the venue and refreshment costs. Agreed to review the situation post training and supplement with additional training sessions by Allied Health if needed.

Next meeting scheduled for October 28th to gather additional information.

**PCB budget**

Funding challenges outlined, discussion on overlapping project funding and the need to clarify where funds are allocated.

LK is tasked with reporting to Ben Galbraith and CPB on focus areas and corresponding funding sources.

LK provided an overview of the financial status of CPPB.

Funds are split into three categories:

* **Delegated funds:** Support for CPPB operations, including attendance, board development, and administrative support
* **Functional Leadership Areas:** Details on new PCB policy shifting focus from representation to provider leadership
* **Programme Development and Delivery:** Funding for future programs and ongoing engagement

Agreement needed on the format for claims regarding attendance reimbursement. Need for clarity on the frequency and metrics for financial reporting.

Emphasis on supporting clinical roles within the system to advocate for practices within the leadership program.

Discussion on how to allocate funds for programs effectively. Current proposal includes £40k to cover necessary hours and skills mix for workload management. Requirement to determine how much funding should shift from one budget category to another. LK will create a business case detailing locality board representation and resource needs.

**Actions:**

* LK to create a business case detailing locality board representation and resource needs for November board meeting.
* Standardised process to be agreed going forwards for attendance reimbursement claims.

**Project monies**

Discussion on the current status of CHL project funding. LK to coordinate with HR regarding the finalisation of HEE pre-reg funding.

Suggestions for use of project monies:

* Marketing campaign to support PLO, PF and GP interface principles.
* Locality Leaders hosting meeting
* Mental Health First Aid Training
* Resilience training
* Extend support for Pharmacy Excellence
* Fund clinician time
* Awards/celebrate success event

**Dec meeting agenda**

Overview of the proposed agenda items for upcoming December board meeting:

* Service fee review strategy
* Review of the current budget and financial forecasts
* Election update
* Kenny Li (KL) providing updates on appointments within the leadership team.
* Alison Scowcroft (AS) sharing updates regarding the Independent Prescribing (IP) pathfinder initiative

**Meeting closed**