

Minutes

Location: Helly Hansen Watersports Centre, 15 The Quays, Salford. M50 3SQ

Date: 21st March 2018

Time: 9:30am – 5.00pm

1. ATTENDEES

Members Name	Company	Initials
Mohammed Anwar	Ind	MA
Mubasher Ali	CCA	MAI
Adam Irvine	GMLPC	AI
Ifti Khan	CCA	IK
Fin Mc Caul	Ind	FM
Peter Marks	AIMp	PM
Lisa Mather	GMLPC	LM

Members Name	Company	Initials
Mohamed Patel	Ind	MP
Bruce Prentice	Ind	BP
Sarah Simpson	AIMp	SS
Helen Smith	CCA	HS
Gillian Stone	CCA	GS
Jennie Watson	CCA	JW

APOLOGIES: Apologies received from: Aneet Kapoor (AK) and Phil Maslin (PhM).

1. CLOSED COMMITTEE DISCUSSION

2. WELCOME, INTRODUCTION, APOLOGIES, DECLARATION OF INTEREST (DOI), MINUTES AND ACTIONS.

IK opened the meeting. Apologies were noted from AK and PhM.

The minutes from the previous meeting were accepted.

There were no additional Declarations of Interests.

2.4 ACTIONS FROM PREVIOUS MEETING

All actions were discussed and were either completed, on the agenda or ongoing. IK asked for the incomplete from previous meetings to be removed as these have been incorporated into newer tasks.

3. CHL/LPC WAYS OF WORKING

A discussion was had around how CHL work with the LPC and the issue of membership. Membership causes an issue particularly with the issue of becoming corporately responsible. It was asked of the committee if it would support the action of getting legal advice on the next steps – with CHL using the loan monies overseen by the scrutiny committee. GMLPC agrees with this approach for its view on the scrutiny committee.

The evaluation of the Care plan is currently underway and the date has been revised to April. PM to pick the conversations with the University on this as a director of CHL. Once completed the evaluation will come to the committee and to the CCA's who did the CPF project for input.

Action – PM to pick up the evaluation conversations with the University and NHS

4. CEO REPORT & COMMUNITY PHARMACY PAPER UPDATE

AI provided an overview of the CEO report and reported that the Community Pharmacy Activation paper has been taken to various groups. Feedback has been positive and the paper is to be worked into the LPN strategy.

AI explained that there had been a meeting regarding Hep C, no indication of timelines currently looking at the volume of needle exchange and supervised consumption in GM. Funding around

treatment options in community pharmacy needs to be ironed out due to the high cost per patient of the medication.

PM asked what was happening with COPD AI advised that this is currently with HiM.

IK advised that there had been a couple of issues around applications from outside sources and we need to be mindful of how we respond.

5. WORKING WITH NEIGHBOURING LPC'S

AI advised that there had been a discussion with Bolton around the LPC's working together. An MOU needs to be firmed up. Lancashire could also be brought into this and the workload on things that we are all doing shared. It was agreed that working more closely with neighbouring LPC's would be an advantage to contractors and as 2 LPCs in GM, working closely is hugely advantageous to both.

6. NEIGHBOURHOOD WORKING – INVOLVING PHARMACISTS IN NEIGHBOURHOODS.

IK advised that there is little or no pharmacy attendance at some of the smaller neighbourhood meetings. The committee was asked to think of ways this could be improved over lunch.

Lunch Break

It was suggested that we ask contractors if this is something that they would be interested in doing on behalf of the LPC. This could take the format of Contactor attends meeting; the office team contact for a 5 minutes overview and distribute notes to all local contractors. Possibility of this being funded (2hrs) by LPC but other funding options and supporting programmes could be explored if they come available i.e. Walk in my shoes or NHS Collaborate. Locations to be trialled are Manchester, Stockport and Bury. The committee were happy to delegate responsibility to AI if other localities are ready.

7. CONTRACTOR SUPPORT

GDPR - With the upcoming rollout of GDPR it was discussed as to what type of support could we offer to contactors to help them become compliant. Emer Scott to lead on presenting GDPR information for contractors, however we do not anticipate producing our own materials for this as national should lead either PSNC or NHS England – our role is around signposting and explaining the consequences of non compliance. IK would be happy to answer occasional query that the office may need help with and volunteered to share some information that he has with the committee in preparation.

Our own compliance as an organisation was also discussed as we will need to ensure we are compliant. There is guidance coming out of PSNC which will give clarity on where the LPC need to take action.

Quality Criteria Support– A discussion was had around how we can support contactors without regurgitating information already out there with the possibility of doing joint work with other LPC's to see if we can do it at zero additional cost.

FM advised that the IG deadline is 31st March and that IG is changing PSNC and NPA will provide guidance.

Action – IK to provide GDPR information

8. SUB GROUP UPDATES AND WORKPLAN

Workforce Development – Academy

There is now an agreement for 9 months – 4 venues per month after a meeting with Claire Dickens, FM and NHS England. The outcome of which was favourable for our proposals. There may be some funding available for working together to get outcomes.

The LPN are interested but there is work to be done around collaboration. There is a potential for the Academy to be rolled out further with optoms and dentists.

Clarity on where we propose the stakeholder group controlling the academy was sought and the committee agreed with the recommendation for the LPN Training & Development group to host if the group are willing – with the added support of the workforce development group of the LPC on that group also.

PM & GS left the meeting at 3pm

Service Development - There was a discussion around Sub-group meetings with the possibility of held dates for Committee meetings being utilised. It was suggested that the April date be used for the Services subgroup to meet. AI to invite, BP to draw agenda up.

HR – New LPC team structure presented by AI and update around the workings of the group.

Applications – No issues, corresponding via email is working well.

Governance – As per the produced papers

Finance – Looking at a company to set up quick books for us. PhM is wrapping up the old LPC stuff as there are still some accounts open.

The strategic plan is to be split by sub group and gone through to advise of status. AI advised this could be done by filtering and will report appropriately.

It was stated that the localities need to be sorted and that as work ramps up further support may be needed. A possible source of additional support for localities is old LPC reps. This call for willing volunteers could be included in the GDPR consent for the mailing list.

Action - AI to invite the services sub group meeting on the 18th April, BP to work with CD on agenda.

Action – ES to include willing volunteer as a data capture when we do the GDPR activity.

9. MEDIA TRAINING AND LEADERSHIP TRAINING

IK advised that Kate Kinsey has some resources to help with leadership and media training. They would like to collate who has had what and who would be interested. Several the committee said they had had some media training. AI to put forward AI and MA for this with FM, AK & PM as refreshers. The leadership training need to be quantified as to what they are offering and at what level and cost to the LPC – AI would be interested in the next level NHS Leadership Academy (beyond Mary Seacole).

Action – AI to nominate individuals for media training & seek details of the leadership development

AOB.

A discussion was held around visitors to the LPC meetings. It was concluded that all NHS commissioners and stakeholders would be welcome should they have a message to deliver. The GMHSCP pharmacy team it was felt would be welcoming of the engagement with the committee.

Action – AI to talk to Kate Kinsey around future meetings.

Pharmacy closures during the recent bad weather was raised as a concern. IK has asked for clarity on what steps need to be taken should this happen again. Kate Kinsey has agreed to take it to HSC partnership and get a plan. There is a need for a notification form – steps to take beforehand.

IK nominated GS for action.

Action – GS to collate information of steps required before an emergency pharmacy closure is implemented.

PSNC have asked if there is anything they can do differently to help us with HR etc as they are aware that larger LPCs operate differently.

Action – AI to go back to PSNC with any additional requirements.