

Minutes

Location: Stockport Town Hall, Edward Street, Stockport, SK1 3XE
Date: 18th July 2018
Time: 9:30am – 5.00pm

1. ATTENDEES

Members Name	Company	Initials
Mubasher Ali	CCA	MAI
Claire Dickens	GMLPC	CD
Adam Irvine	GMLPC	AI
Ifti Khan	CCA	IK
Fin Mc Caul	Ind	FM

Members Name	Company	Initials
Bruce Prentice	Ind	BP
Emer Scott	GMLPC	ES
Jennie Watson	CCA	JW
Jonathan Whiting	CCA	JWh

In addition: Kate Kinsey (KK), from Greater Manchester Health & Social Care Partnership, attended for item 8 only.

APOLOGIES: Apologies received from Mohammed Anwar (MA), Aneet Kapoor (AK), Peter Marks (PM), Mohamed Patel (MP), Sarah Simpson (SS), and Waqas Ali (WA)

1-5. CLOSED COMMITTEE DISCUSSION

6. WELCOME, INTRODUCTION, APOLOGIES, DECLARATION OF INTEREST (DOI), MINUTES

IK opened the meeting. Apologies were noted from MA, AK, PM, MP, SS and WA.

IK welcomed JWh to his first GMLPC committee meeting.

IK noted that, as the committee was not quorate, no formal decisions would be made. Members would make recommendations that would then be circulated more widely for decision by email, in line with the constitution.

AI advised that he had received JWh's Declaration of Interests and was awaiting WA's. BP had updated his Declaration of Interests.

The minutes from the previous meeting were accepted.

6.1 ACTIONS FROM PREVIOUS MEETING

Members reviewed the action log and discussed all incomplete actions that were not elsewhere on the agenda.

18/45 AI informed members that AK would provide dates for the remaining computer upgrades by 20/07/18.

18/48 AI said that Manchester Health & Care Commissioning (MHCC) was now doing more work on assistive technology (AT) generally. FM said other areas were also looking at this area. It was agreed that GMLPC should send a message to all contractors, advising them that insurance would not automatically cover AT so they would need to check with insurers/head offices, and including the GPhC standards. It was also agreed that AI would provide an update on progress with Manchester AT work in one month. CD would send BA information about YourMeds.

18/53 FM had arranged a meeting with Rachel Macdonald and JW said she would advise on the appropriate time for a webinar on the Oriel tool before the next recruitment window. The

action would be reworded to reflect this. (**Post-meeting note:** JW has provided a draft communications timetable, suggesting newsletter items from September and a webinar in late October.)

- 18/56 CD said Dipesh Raghvani and the team had now secured full sponsorship for the conference, covering all costs.
- 18/41 IK advised that information on steps to be taken before an emergency pharmacy closure had now been collated.
- 18/06 AI said all but 3 LPCs in the region were contributing and PM was now sending them the relevant papers and information. It was agreed this action could now be closed.
- 18/07 BP advised that GMLPC was awaiting paperwork from one former LPC before it could close the account. It was agreed that the Finance sub-group would review the position and consider how best to resolve it.
- 18/08 It was agreed to close this item.

Note: 18/48 to be closed and replaced with the following actions:

Action: ES to send communication to all contractors about AT, insurance & GPhC standards by 31st July

Action: AI to provide update on progress with Manchester assistive technology work by 18th August

Action: CD to send BA information about YourMeds by 27th July

7. CEO UPDATE

AI introduced the CEO update report, noting it followed a new format suggested by the committee executive, which aimed to provide a clearer insight into progress. He added that committee members would also have access to meeting reports and supporting papers via Sharepoint, using personal Office 365 accounts. There was discussion about whether these documents should be in a members-only section of the website but it was agreed this would not be feasible due to the volume of documentation and duplication of work that would involve.

AI said the new report format covered GMLPC's four major strands of work: Matrix (of services), Dashboard, Academy, Contractor Care. He had shared draft KPIs with committee members, which would be finalised by 31/07 and shared with the office team. They would then form the basis for individual team-member objectives to be agreed by 31/08.

7.1 WORKSTREAMS

AI said a big piece of work on branded generics was underway with Richard Preece, Karen O'Brien and Helen Burgess from GMHSCP. The resulting paper would then be taken to GM medicines management with the intention of informing policies across GM. AI asked committee members to send him examples of how branded generics impacted on patient care and quality.

Action: All members to send AI examples of patient impact of branded generics by 3rd August

AI said the GMHSCP partnership executive had agreed its business plan for next year would include an aim for all areas to commission a MAS service. the Hepatitis C pilot was going live imminently, with testing in the first eight pharmacies and referral to ODN for treatment.

AI said there had been some early-stage discussions about potential for a meningitis vaccination service for students starting university in 2018, and gap-year students starting in 2019. JW queried the need for this. AI said he would find out more.

AI also said Greater Manchester had secured funding to become an exemplar for IM&T integration between professionals and care settings, and that GM IM&T leaders had been impressed at a visit to find out more about pharmacy systems.

7.2 OFFICE

CD said Reece Smith had now joined the team as Administrator. AI had negotiated a rent freeze and office upgrades at the landlord's cost. There was discussion about the need to secure HR support, including a staff handbook and HR policies. It was proposed that AI conduct a review to see what different firms could offer, and put forward recommendations as to the best option.

Action: AI to review HR support offers from different providers and share recommendations with committee by 31st July, with the aim of having support in place by 30th September

7.3 PHARMACY TRANSFORMATION

CD said she had developed a presentation with GMHSCP which could be used in discussions with local commissioners and local care organisations (LCOs). She noted this would be covered in more detail later, when Kate Kinsey from GMHSCP would be in attendance.

7.4 CONTRACTOR CARE PLAN

CD said the contractor care plan was now live in Stockport, Reece Smith was developing a CRM within the database, and Reece would have completed the first phase with all Stockport pharmacies by 31st July. It would then be rolled out in Manchester and Bury, with other areas following in stages. During contact calls, team members would seek to identify good practice/case studies and potential neighbourhood reps and that each member would become an expert in particular localities.

7.5 DASHBOARD

CD said information from the Bury, Salford and Trafford services on PharmOutcomes had now been added to the database, and that the database had been used to identify pharmacies that may be interested in the NMS event. She asked that the Services sub-group review whether GMLPC should use PharmData.

Action: Services sub-group to meet and advise on potential benefits of Pharmdata by 31st August.

7.6 COMMUNICATIONS

ES said the main areas of focus in June had been Quality Payments and the Academy. Quality Payments support had included a webinar on 6th June, tip guides, email reminders and phone queries. The Academy branding and website content had been agreed. Prospectuses had been produced for pharmacies, commissioners, and sponsors. The website was in development. Other work during the month had included phone calls to pharmacies that had not completed CPAF screening questionnaire, and inviting MPs to attend the parliamentary briefing. FM said he had attended the briefing and had met with Tony Lloyd MP (Rochdale, Lab) and an adviser to Jeff Smith MP (Manchester Withington, Lab).

7.7 LOCALITIES

CD reported on key developments in each locality, as set out in the written report, including:

Stockport	Discussions about switching to the GM HLP scheme, pilot for seamless care, MUR Academy event in October
Manchester	Meetings about LCOs and closer working with GP federations. Vitamin D service now live but some issues with supplies and uptake. Antiviral service likely to be recommissioned.

Trafford	Discussions about joint working between GPs and pharmacies e.g. flu and eRD, liaison with practice pharmacists. AF project still awaiting IT solution but new partner involved now.
Salford	Building new contacts after departure of previous commissioner. Results of e-cigarette pilot expected shortly. Care navigator work underway – may involve referral to pharmacies.
Rochdale	They have a Primary Care Academy largely aimed at GPs – may be opportunity for joint working with GM Healthcare Academy. Continuing to support Champix, C-cards and MAS.
Bury	Involvement with care navigators and ‘find and treat’ workstream. Care navigator training days in September. FM noted importance of ensuring they are appropriately trained and understand what pharmacies do and don’t offer.
Oldham	Rikki Smeeton working with them on repeat ordering. Commissioners were interested in what PharmOutcomes could offer. Potential for smoking cessation for pregnant women.
Wigan	Supporting pharmacies around MDS compliance and looking at a Healthy Routes smoking cessation case study in due course, now the new service was established.
Tameside & Glossop	Keen to do more on respiratory care and MAS. Commissioners interested in potential for simplifying commissioning process in future.

Following the update, committee members agreed the new format was much clearer and have a deeper insight into the work underway. It was agreed that the report should be circulated with the rest of the committee and that the new format should be used in future.

Action: AI to share report with all committee members and follow new format for future reports.

8. CONSULTATIONS

IK introduced a short paper summarising the national consultations currently affecting community pharmacies. It was agreed that, as a general principle, GMLPC would respond to consultations that affecting contracts/contractors but not those linked to individual practice. On that basis, it was agreed that GMLPC would respond to the GPhC consultation on regulation of pharmacies and the DHSC consultation on the role of superintendents and responsible pharmacists. It was noted that different organisations may have different views on roles of superintendents and RPs.

Action: ES and JW to draft response to GPhC consultation on pharmacy regulation and share for comment by 27th July

Action: IK to lead on drafting a response to the DHSC consultation, with input from FM and AI (and noting responses from PSNC, CCA and NPA), by 31st August

9. UPDATE FROM GMLPC PHARMACY COMMISSIONERS

IK welcomed Kate Kinsey (KK), Head of Primary Care Operations at GMHSCP, who had joined the meeting to provide an update from Greater Manchester NHS England pharmacy commissioners. KK thanked the committee for inviting her to attend.

9.1 LPN CONFERENCE

KK said the Pharmacy LPN conference on 23rd June had attracted 111 attendees, receiving very positive feedback. A report would be shared with members.

9.2 PRESCRIPTION DIRECTION

KK noted there had been some complaints about prescription direction. She shared the flowchart and form for handling contractor-to-contractor issues (not patient complaints). IK had drafted a letter for

Pharmacy Advisory Group, which would also go to GP Advisory Group and could be an opportunity for a reminder of good practice.

Action: IK to share letter that has been approved by PhAG with committee members by 20th July

Action: Committee to feed back by 27th July on whether letter needs to be strengthened to include best practice before circulation to contractors by 7th August.

9.3 NUMSAS

KK thanked GMLPC for coordinating a contractor survey on NUMSAS, noting some common themes and interesting feedback. This would be shared with the national team. There were now 57 NUMSAS providers across Greater Manchester, although provision was low in some areas. It was agreed that GMLPC would encourage contractors that have registered but not completed the sign-up process to inform GMHSCP whether they still wished to provide the service – KK said she would provide a list.

FM asked whether there was any possibility Greater Manchester could in future offer the service being piloted in the North East. AI and KK said this was being investigated.

Action: ES/Office to contact contractors who have registered but not completed sign-up, when list received from KK

9.3 CPAF

KK noted that Greater Manchester was recorded as having c100% completion rate of the CPAF screening questionnaire, with just a couple of pharmacies appearing not to have completed it.

9.4 NEW COMMISSIONING MODELS

KK delivered the presentation referred to by CD earlier, which aims to engage local commissioners in discussions about potential ways of simplifying the commissioning process and enhancing care for patients. (The slides have been developed by CD and GMHSCP.) KK noted the presentation had been delivered to the LPN Steering Group and PhAG.

She said the aim was to show how quality, consistency and access to pharmacy services could be enhanced by simplifying the commissioning process. The presentation explained why the current system was cumbersome, with a new through a single contract with CHL.

KK explained there was absolutely no intention of replacing the national contract – it could be an additional contract just for locally-commissioned services. Pharmacies would be able to liaise directly with CHL for contracts, support and any issues instead of having to contact a variety of commissioners. It would also make it easier for pharmacies to provide locally-commissioned services, as specifications and training requirements would be more harmonised. The process for claims and payments could also be simplified.

There was discussion about the impact on pharmacies. IK noted that pharmacies needed clarity about what they were signing up for and the expectations within SLAs. KK said that the new model could mean more work, increased revenue and greater security for pharmacies.

Committee members were broadly supportive of the proposals. It was noted that the presentation slides were still being finalised and that a short briefing paper was being drafted to accompany them. The slides and paper would be circulated to all committee members for consideration.

In the meantime, GMHSCP would explore potential formats and content for any contract. KK said she hoped to present the proposal to the LCO Network by November. CD said that GMLPC was already

holding meetings with local commissioners and discussing how commissioning could be simplified in future, and that this work was being well received.

Action: AI to share presentation and briefing paper with committee when received from KK

9.5 BOWEL CANCER SCREENING

KK said pharmacies had recorded almost 1,000 interventions during the bowel cancer screening awareness campaign in April. As a result, public health were now interested in pharmacies as a potential vehicle for providing kits and/or signposting, demonstrating the value of recording this data. She noted that there would be similar impetus for the Stoptober campaign in October, adding that Making Smoking History was a key priority for Greater Manchester and its Mayor.

IK thanked KK for a very informative update. KK left the meeting.

10. SUB-GROUP UPDATES

10.1 APPLICATIONS

IK said the Applications sub-group would like members' views on an application for consolidation. BP said the question was whether it met the criteria for consolidation. Members agreed to recommend further discussion on whether it was a consolidation but that the LPC would have no objection to closure.

10.2 FINANCE

BP presented the draft annual accounts for 2017/18, thanking CD for preparing them and noting that these were the first full-year accounts for GMLPC.

Action: BP to share draft accounts with all committee members for comment/feedback by 14th August

BP updated members on GMLPC's current finances. He noted that the levy income would be £588k and proposed the budget should be set at £588k, explaining how this would be spent on fixed costs, non-fixed costs and investment in pilots and one-off expenses. He proposed that the levy be kept at the same rate for the next year, with no increase. JWh asked about the level of reserves. BP and CD explained that the reserves fund included some money that was being held on behalf of other organisations for specific projects, as well as some funding that it was proposed should be invested in pilots. Business cases and costings would be developed but it was believed that, once accounted for, reserves would be at an appropriate and prudent level.

On that basis, members supported the proposal to keep the levy at the same rate.

Action: BP to contact committee members re proposal that levy should be maintained at the same rate – for response by committee members by 14th August

11. UPCOMING MEETINGS

IK noted the upcoming workshops on pharmacy regulations, which would be relevant to members and staff involved with Applications. AI expressed an interest and CD said that Lisa Mather had also expressed interest, noting that Lisa had taken on a role processing application requests but had not received any training. It was also suggested that the new member of the Applications sub-group may be interested.

Action: AI to circulate the proposed list of attendees to the committee for decision by 7th August

12. AOB

There were no items of AOB. IK closed the meeting.