

Minutes

Location: Piccadilly House, Manchester, M1 2AP
Date: 10th October 2018
Time: 9:30am – 5pm

1. ATTENDEES

Members Name	Company	Initials
Mohammed Anwar	Ind	MA
Claire Dickens	GMLPC	CD
Adam Irvine	GMLPC	AI
Aneet Kapoor (Chair)	Ind	AK
Ifti Khan	CCA	IK
Peter Marks	AIMp	PM

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

APOLOGIES: Mubasher Ali, Waqas Ali, Fin Mc Caul, Mohamed Patel, Sarah Simpson.

1-5. CLOSED COMMITTEE DISCUSSION

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

AK welcomed members to the meeting. Aneet Kapoor explained he had to leave at 2pm and that Ifti Khan would chair the remainder of the meeting. No new declarations of interest had been received. The committee approved the minutes from the previous meeting subject to two minor changes.

6.1 ACTIONS FROM PREVIOUS MEETING

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

18/78 CD and BP advised that they had not had a response from IS or PhM. CD would check if PhM had the ability to counter-sign documents to close the old LPC account. IK noted that, in the interim, it may be worth transferring the money to the GMLPC account. JWh said he would speak to PhM.

Action: JWh to speak to PhM regarding counter-signing documents to close the old account. CD to meet former treasurer and bring paperwork for him to sign. By 16th November.

18/79 It was agreed that this action should be RAG-rated red. AI advised he had received no further examples. PM said he would send ES examples that could be included in the newsletter with a message inviting contractors to submit further examples.

Action: PM to send ES examples of impact of branded generics on patients so ES can include them in newsletter. By 9th November.

18/85 AI informed members that the prescription direction work was on the team's workplan for the third week in October, and the material would be brought back to the committee in November for approval. CD asked if committee members were happy with the draft distance-selling pharmacy (DSP) document. Committee members approved the draft DSP document.

Action: AI to progress prescription direction work and bring back to November committee meeting. By 2nd November.

18/86 AI informed members that a draft letter had been shared with the GM GP & primary care lead and AI was continuing to seek a response. AI advised that commissioners were aware the draft letter had been shared and no response received to date, and were also aware of the

information GMLPC had sent to pharmacy contractors. There was discussion about next steps. It was agreed that IK should request this item be added to the agenda for PCAG. AK also suggested copying the draft letter to senior GM leads.

Action: IK to request that joint working with GP practices on flu vaccinations be added to the next PCAG meeting agenda. By 7th November.

18/72 ES advised that she had still not received details from commissioners of pharmacies that they said had not completed NUMSAS sign-up. AK commented that a number of pharmacies had signed up to NUMSAS and completed their part of the process but the service had not yet been rolled out to them. It was agreed to invite commissioners to the November meeting to present full details of how many pharmacies had signed up, any that had not yet gone live, and what action was needed, and to discuss NHS 111 referrals.

Action: AI to invite the area team to the November meeting to present an update on NUMSAS and NHS 111, as above, so that all signed-up pharmacies could go live. By 31st October.

7. AGM & CONFERENCE REVIEW - LEARNINGS

AI presented a short evaluation report for the Greater Manchester Community Pharmacy Conference & GMLPC AGM on 23rd September. It was noted that feedback on the event and the CPD seminar streams had been very positive with 95% rating the event as Excellent or Good. Costs for the event had been covered by the sponsorship raised. Sponsors were also extremely positive, with several interested in supporting future events and the GM Healthcare Academy. The venue facilities were rated less positively. Verbal feedback on the day indicated this may have been due to the food, which was not in line with what had been agreed.

BP praised the office team's success at raising sponsorship. There was discussion about attendance numbers, which were in line with 2017, and about whether the same format should be followed for next year. The evaluation report noted that many LPCs ran much shorter events. BP suggested that, in future, the AGM could be run as an evening event with the AGM presentation run at other LPC / Academy events in the month before the AGM itself. AK suggested that the conference be separated out from the AGM, so there was a AGM event aimed at contractors and a separate CPD conference once a year aimed at wider pharmacy teams.

There was discussion about combining the AGM and other contractor events with GMLPC committee meetings and perhaps rotating venues, with half of committee meetings in central Manchester and the remainder at locations across Greater Manchester so that contractors could be invited to attend an evening event afterwards. One of these could be the 2019 AGM. It was also agreed that committee members who attended the event could claim two hours' time plus travel expenses.

Action: GMLPC committee meeting times and locations for 2019 – and the possibility of combining them with the AGM and three other quarterly contractor events – to be discussed at November's meeting. By 9th November.

8. LOCALITY LEAD PLANNING

CD and AI introduced the item by distributing draft locality-specific information folders for each locality lead. CD explained that the folders had been compiled at short notice to inform discussion at and invite feedback, so were still a work in progress. The draft packs contained details of current workstreams in the locality, which meetings the locality lead should attend, areas to showcase, any areas of concern, etc. Locality leads were asked to provide feedback to CD, including any suggested amendments to the contents.

AK suggested adding a note on the pharmacy list to indicate whether a pharmacy was bricks-and-mortar and advised that the packs should be clearly marked on the front to state they were confidential and were the property of GMLPC.

Actions: Committee members to provide feedback on draft packs to CD. CD to amend packs to include details of pharmacy type (e.g. DSP) and ensure clear confidentiality statement on the front, as above. By 9th November.

AI presented the locality proposal, noting that locality leads should contact the office team after each meeting they attended to brief the office team on outcomes and any action required so this could be added to Asana and incorporated into other work including the contractor support programme. AI commented that there was significant variation in strictures and progress in different localities and that PharmData had been asked to develop neighbourhood-level dashboards for GMLPC. AI added that there were governance issues around setting up neighbourhood hubs with non-LPC committee members and that he was speaking to other LPCs to see how they managed this and ensure compliance with the Nolan principles.

IK suggested that Telegram may be a good way of communicating with pharmacists at neighbourhood level and enabling them to communicate and support each other. AK commented that, as each locality was so different, locality leads needed to get to know their own area and decide what was appropriate, as well as how best to get information from contractors.

IK commented that at the CCA roadshow it had become clear that many people do not understand NHS structures. He said the LPC needed to take people on a journey and explain referrals, pathways, services and opportunities. IK suggested a webex session on GM devolution and STP update initially, followed by locality events. He also said he would seek permission to share information from the CCA slides. CD added that LCOs had been asked to find funding to support attendance by pharmacists, as GP attendance was already funded.

AK said that locality leads would need to identify which neighbourhoods should be activated. CD commented that all the LCOs were now keen for pharmacy input. JWh suggested that locality leads should visit pharmacies in their areas to introduce themselves.

Action: CD to build devolution webinar and locality events into Academy programme for 2019. By 16th November.

Action: AI to set up locality-specific email accounts for locality leads e.g. manchester@gmlpc.org.uk when appropriate.

9. MANCHESTER HEALTH & CARE COMMISSIONING – ASSISTIVE TECHNOLOGIES

AI informed members that he had gone back to MHCC to see if they were willing to commission a service including consultations and fulfilment. AK said that GMLPC had presented MHCC with two options and that a decision was now needed. He said that if MHCC did not wish to commission a service, then the current guidance for contractors regarding clinical risks would remain in place.

Anet Kapoor left the meeting at this point and IK chaired the remaining items.

10. CONTRACTOR CARE PLAN

AI presented the revised proposal for the contractor care plan, noting that the Stockport pilot indicated each call would take an average of 20 minutes (including preparation and reports

afterwards). The committee approved the proposal but suggested the programme we renamed contractor support to avoid confusion with the pharmacy care plan. It was suggested that GMLPC should also invite contractors to complete a short survey indicating whether they had found the call useful. IK said that the team should share Pharmacy Support's details with contractors who indicated they would find their services useful.

Action: Office team to contact CCA and AIMp field representatives to inform them about the programme and that we would be contacting their branches. (AI to assign this task.) By 24th October.

Action: AI/ES to ensure team briefed on Pharmacy Support so details can be shared with contractors. By 24th October.

11. CONSULTATIONS

AI introduced the item, noting that a draft process for identifying consultations, determining whether GMLPC should respond, and agreeing that response. IK said he would send ES his comments on the draft proposal by 19th October so it could be agreed at the November meeting.

AI also presented the current consultations log. It was agreed that GMLPC should respond to the RCGP consultation on future working of GPs and the NHS England consultation on the contracting format for Integrated Care Providers (ICPs). Committee members asked if PSNC had a similar log of consultations it was responding to. ES said she had emailed PSNC's communications lead to ask whether they had a consultation log, whether PSNC would be responding to the RCGP and NHS England consultations, and if they could share key messages with GMLPC if they were.

Action: ES to incorporate IK comments on draft consultations process and bring to November meeting for approval. By 16th November.

Action: AI and ES to review RCGP and NHS England consultations and develop draft responses for committee. NHSE consultation deadline is 26th October. RCGP consultation deadline is 1st November.

12-13. CLOSED COMMITTEE DISCUSSION

14. GM HEALTHCARE ACADEMY

JW explained that there would be two regular GM Healthcare Academy events in November focusing on integrated working with GPs and practice pharmacists, along with Quality Payments – in particular, those aspects of Quality Payments (e.g. asthma and audit) that included communications with GP practices.

She also outlined the format for the event on 22nd November focusing on FMD (1hr, presented by Raj Patel), Quality Payments (20mins presented by JW) and the new Data Security & Protection Toolkit (10mins), followed by 30 minutes for questions. JW asked for a committee member volunteer to present the section on data security and HS volunteered.

Action: HS to prepare slides for Data Security and Protection Toolkit section of the event and send to JW. By 17th October.

15. ANY OTHER BUSINESS

PM said he had been talking about exchange of data and seamless care with Dai Roberts for a Stockport-led project and a group including GPs was looking for around six pharmacies to participate

in a pilot. PM said it was hoped that data such as HbA1c could be shared by secure NHSmail. BP said Salford Royal had not gone live yet with PharmOutcomes. AI said that DR was attending the implementation meetings and the LPN seamless care group then planned wider rollout across Greater Manchester. AI said there was no information yet on funding for wider rollout beyond Salford.

IK noted that GMLPC was listed as not having completed the PSNC self-evaluation. It was agreed that committee members would complete the self-evaluation individually and share this with the office team so a combined response could be brought to the November meeting for approval.

Action: CD to send self-evaluation to committee members. By 12th October.

Action: Committee to send responses to CD. By 17th October.

Action: AI to bring draft GMLPC self-evaluation to November meeting for approval. By 16th November.

IK inquired about the LPN workforce development group, and asked whether the lead should be invited to attend a GMLPC meeting. AI said that FM had attended the group's first meeting, that work was still in very early stages, but that GMLPC would be fully involved.

IK asked about Virtual Outcomes. AI said GMLPC had been contacted and had decided not to progress until the Academy was set up, but it may now be time to review.

IK asked whether members would be interested in receiving an update from CCA on its work, plans and priorities. CD and other attendees said they would be very interested in this.

There were no other items of business and IK closed the meeting.