

Minutes

Location: Leigh Sports Village, WN7 4JY
Date: 21st November 2018
Time: 9:30am – 5pm

1. ATTENDEES

Members Name	Company	Initials
Mubasher Ali	CCA	MAI
Mohammed Anwar	Ind	MA
Claire Dickens	GMLPC	CD
Adam Irvine	GMLPC	AI
Aneet Kapoor (Chair)	Ind	AK
Ifti Khan	CCA	IK

Members Name	Company	Initials
Peter Marks	AIMp	PM
Fin Mc Caul	Ind	FM
Mohamed Patel	Ind	MP
Bruce Prentice	Ind	BP
Emer Scott	GMLPC	ES
Jonathan Whiting	CCA	JWh

APOLOGIES: Sarah Simpson, Helen Smith, Jennie Watson. Waqas Ali – resigned

IN ATTENDANCE: Laura Browse and Steve Riley from Greater Manchester Health & Social Care Partnership were in attendance for agenda item 11 only.

1-4. CLOSED COMMITTEE DISCUSSION

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

AK welcomed everyone to the meeting. There were no new Declarations of Interest. Minutes from the October meeting were approved with no amendments. AK noted that Waqas Ali had resigned from GMLPC due to work and family commitments and that CCA would nominate a replacement.

5.1 ACTIONS FROM PREVIOUS MEETING

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

18/99 CD said she was awaiting the response from SS but had compiled the responses from everyone
 18/100 else. It was agreed the draft submission would be brought to the January committee meeting.

Actions carried over to January.

18/07 Closed – superseded by 18/78

18/59 Closed – superseded by 18/101: **Finalise document for CHL and LPC governance arrangements and bring to January committee meeting for approval**

18/78 CD is now managing this with AK and BP in former treasurer's absence. Advice being sought from PSNC.

18/79 AI is preparing the branded generics paper without examples. Action closed

18/85 DR is preparing the prescription direction paper in w/c 26th Nov

6. PHARMACY WORKFORCE STRATEGY

FM presented an external paper summarising the draft work programme for the Greater Manchester Pharmacy Workforce Strategy being led by Nicola Gray. There was a discussion about how GMLPC should be involved in development of the strategy and it was noted that a planning meeting for the three workstreams had been arranged for 28th November. It was agreed that it was important for the LPCs to be involved, with one representative in each workstream. Members noted that the strategy

work should build on workforce surveys and other work that had already been conducted, and that most work would be carried out virtually rather than via meetings. There was also discussion about the fact that a representative from Bolton LPC was likely to attend.

It was agreed that IK and ES would represent GMLPC at the 28th November and be part of the workstreams. (Post-meeting note: RS is also attending for the first hour.)

7. SUPPLY SHORTAGES SUPPORT

AI said scenarios had been presented at the Pharmacy Cabinet, gaining agreement to produce a toolkit to help medicines management and prescriber understand why pharmacies were recommending changes. AK said discussions with AAH had resulted in agreement that they would provide pharmacies with weekly factual information about why there were shortages and how they were being resolved. There was general discussion about the difficulties shortages were imposing, and the need for urgent awareness-raising with meds management and GPs.

It was agreed that a letter and form for requesting changes should be finalised urgently and taken to PhAG for ratification, then GPAG. The approved communications would be shared with CCGs, LMCs and GP feds, and Healthwatches as soon as possible. AK would be happy to answer any queries from meds management via his mobile. Work would also continue on the toolkit.

Action: AI and ES to draft letter and form and send to AK for approval in time for ratification at PhAG on 4th December. Then share with CCG meds management, LMCs, GP feds and Healthwatches

Action: ES to include news item in newsletter to let contractors know when letter and form have been issued, and action taken by GMLPC. By 31st December

8. CONSULTATIONS LOG

ES presented the revised draft consultations process, incorporating amendments suggested by IK. The document was approved in principle, subject to addition of a two-yearly review date and addition of a flowchart summarising the process. It was agreed that the document would be recirculated for approval by email once these items had been added.

Action: ES to add review date and recirculate document including flowchart for approval by committee by email by 7th December

New consultations that had been added to the log were discussed. It was agreed that GMLPC would not respond to any of the new additions, but would inform contractors via the newsletter about the GPhC consultation on its proposed fee increases.

9. MEDIA POLICY UPDATES

ES presented the Social Media Policy and Media-Handling Policy for re-approval, as they were due for their two-yearly review. She said only minor amendments had been made, such as changing references to committee members who were no longer at GMLPC, as highlighted on the draft documents. The documents were approved. It was noted that the HR sub-group would be reviewing GMLPC policies.

10. MANCHESTER HEALTH & CARE COMMISSIONING – ASSISTIVE TECHNOLOGIES

AI updated committee members, saying two areas were under discussion:

- pharmacist input into a MDT assessing requests for patients to be provided with assistive technologies
- a new technological solution which would involve weekly payments to pharmacists for filling trays in line with a SOP. The system had been trialled nationally

IK said that the second area was a commercial decision for each pharmacy to make. AI noted that commissioners were liaising with GMLPC given the clinical safety concerns it had raised in the past about proposals to introduce other forms of assistive technology. There was discussion about whether issues highlighted during the trial of this system had been resolved. IK said he was not aware of this information having gone back to the national patient safety group. There was also discussion about the implications if there was a patient safety incident in pharmacies that agreed to provide this service.

IK noted that the service should include wraparound care such as MUR and NMS to ensure optimum patient safety and clinical outcomes.

It was agreed that GMLPC would contact the provider and commissioners to request clarification on issues raised previously, and to request that wraparound care be included within the services. If a satisfactory response was received, it was agreed that GMLPC would inform commissioners that it had no objections to the system but would also advise Manchester pharmacies that this was a matter where they must use their own judgement and make a commercial decision. They would also be reminded of their individual obligations to check their indemnity and ensure they had no clinical safety concerns about the devices.

Action: Write to the device provider and the commissioner to request a response in relation to concerns/issues raised previously, and to request that any service would include wider wraparound care to optimise patient safety and clinical outcomes. By 30th November

Action: Subject to a satisfactory response in relation to safety, advise Manchester pharmacies they should make a commercial decision but must remember their individual obligations for checking their indemnity and ensuring they had no clinical safety concerns

11. NHS ENGLAND / GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP (GMHSCP)

AK welcomed Laura Browse (LB), Deputy Director of Commissioning, and Steve Riley (SR), Senior Primary Care Manager – Optometry & Pharmacy, at Greater Manchester Health & Social Care Partnership (GMHSCP) to the meeting. Introductions were made.

NUMSAS

SR presented an update on NUMSAS in Greater Manchester, noting that it had already gone live in 96 pharmacies and a further nine were going live that day. An updated list would be sent out to GMLPC by the end of 21st November. SR said that any pharmacies that wanted to provide NUMSAS should register with NHS BSA. They would then be contacted by Diane Murphy, who would arrange a NHS111 test email and then a go-live date in batches. A further batch would go live next week, then one more in January, SR noted that currently NUMSAS was only commissioned until the end of March but it had been very successful and it was hoped that NHS England would extend it further.

Data showed that there had been 513 consultations in Greater Manchester following referrals from NHS111, of which 197 had resulted in no supply – for example, because a prescription had been found or it was a request for controlled drugs. In response to a question from committee members, SR said he would provide a more detailed breakdown of reasons for non-supply.

SR said the service was being delivered very well across Greater Manchester, with 9.181 medicines supplied in the period from October 2017 to September 2018, reducing GP attendances. SR also noted that pharmacies were reporting cases where they believed a patient had made an inappropriate request for controlled drugs.

JW asked what the commissioners' target had been for the number of pharmacies providing NUMSAS. SR said the aim had been for at least 10% of pharmacies, and Greater Manchester had already exceeded this figure with the service available in all localities. If NUMSAS was extended, the aim would be to ensure at least one NUMSAS pharmacy in each neighbourhood.

FM asked if Greater Manchester commissioners would consider a local service if national NUMSAS was not extended. LB said it was an option that would be considered as part of the urgent care agenda, although there could be no guarantees. SR added that a further 20 pharmacies were at the test stage, and that issues with non-response to test emails now appeared to have been resolved. He said that, as far as he was aware, there were no pharmacies registered to provide NUMSAS but not already live or involved in the test stage. SR asked committee members to contact him if they were aware of any.

SR flagged up that there had been some issues with pharmacies saying they could not provide the service when they had locum pharmacists, and that all pharmacy teams needed to know about the service. It was agreed that a newsletter article would be produced with good news about NUMSAS performance, and a reminder of the need to have SOPs that ensured all staff were aware and locums could access PharmOutcomes to deliver NUMSAS, and the need to include GP details even where no supply was made.

BP noted that some areas had made NUMSAS the top-ranking item on NHS111. SR said he would check how this was structured in Greater Manchester.

DMIRS

SR updated the committee on plans for a DMIRS pilot in Greater Manchester. The background was that a Digital Minor Illness Referral Service (DMIRS) had been piloted in the North East, with NHS111 referring callers to pharmacies for minor illnesses. Greater Manchester had now been selected for a similar pilot involving referrals from GP practices to pharmacies. The pilot would involve GP practices and pharmacies in Radcliffe and would build on care navigation.

Pharmacies would receive a consultation fee for assessing the patient. Any additional care provided would be claimed for separately. It was estimated that 29,000 GP appointments a year could be saved by increased use of pharmacies in Radcliffe for minor conditions. A proposal for the pilot had been supported by the GP federation, GMLPC, LPN and GMHSCP and was now being shared with the CCG. The project would be funded through the Pharmacy Integration Fund. Due to tight funding timescales, engagement would take place over the next month and the pilot would be rolled out from January.

FM highlighted the need to start slowly and build up, rather than going live in a ‘big bang’, especially given that January was the busiest month for healthcare providers. SR agreed and said it was likely that it would be rolled out in stages by condition. SR also noted that pharmacies could potentially advise GPs how many appointments they would have available that day, so patients could be booked in and staggered.

Commissioning intentions

SR said that the commissioning intentions paper had received a very positive response and that meetings had now taken place in most localities. He said the proposal also had support from GMHSCP and the GM Commissioning Hub.

SR said that GMHSCP had worked with PCC on a draft contract which would follow the LPS style but would not replace the national pharmacy contract – instead, it would be an additional local contract. The draft contract would be shared with LPCs in advance of a workshop on 14th December to review it. SR said they would also appreciate CCA input on the contract. AK noted that Greater Manchester would be leading the way nationally as it would be the first area to have a local contract of this kind.

SR said good progress was being made with service specifications and the aim was to get contracts signed off in time for April 2019, and then to extend the offer to include more services and tiering within services next year. LB said that the Joint Commissioning Board had agreed this approach as a GM-wide solution.

LB and SR then took questions from the committee. AK asked if there was any update on extension of the EPS pilot for controlled drugs. SR said he would ask Karen O’Brien for an update. AK noted that pharmacies had highlighted issues with missed medicine waste collections and being provided with half-size bins. SR asked for pharmacies to feed this back to Diane Murphy so she could raise it with the waste collection company.

FM asked if there had been any agreement on collection of waste from people with diabetes. SR said that discussions were ongoing with local authorities but no agreement had been reached. He said that waste from people with diabetes who injected insulin was treated as domestic waste. Councils were obliged to have disposal systems in place for this waste. Pharmacies were not obliged to accept it and should advise patients to contact their council’s waste collection service.

IK asked if there had been any developments in discussions about inhaler recycling. SR said he would ask Kate Kinsey, who had been leading on this.

12. CLOSED COMMITTEE DISCUSSION

There was a closed committee discussion.