GMLPC
Supporting Community Pharmacy in Greater Manchester

Minutes

Location: Zoom Call
Date: 5th May 2020
Time: 14:00– 17.30pm

1. Attendees

Members Name	Company	Initials
Mohammed Anwar	Ind	MA
Mubasher Ali	CCA	MAl
Aneet Kapoor (Chair)	Ind	AK
Peter Marks	AIMp	PM
Fin McCaul	Ind	FM
Mohamed Patel	Ind	MP
Bruce Prentice	Ind	BP

Members Name	Company	Initials
Ifti Khan	CCA	IK
Helen Smith	CCA	HS
Luvjit Kandula	GMLPC	LK
Rikki Smeeton	GMLPC	RS

Apologies: Jennie Watson. Some members joined whilst working.

The Agenda is adjusted to accommodate Closed Section of the meeting until 14:30 pm

CLOSED SECTION

Board Update – Director of Strategy

Welcome, Introduction, Declarations of Interest (DOI), Minutes

No updates. Minutes from previous meeting are agreed as an accurate record.

Action Log

No updates from the last meeting. The actions will be reviewed by AK and LK before the meeting on May 20th.

Constitutional Review

This has gone out to contractors following agreement by the committee.
Thanks to Paul—the constitution needs to be changed to enable us to get through the pandemic.
Because of the size of our LPC, we will always have an election.
Important to ensure the resilience of the LPC.
Following previous constitutional issues, there was a need to amend our constitution. This was not feasible at the time. We are looking at mirroring the constitutions of other public bodies.
Voting forms ae normally sent out with a 7-day deadline for responses, on this occasion the LPC has given a 14-day deadline. The deadline is 6pm on May 14th.

LK will act as the returning officer and has had discussions with AIMp and the CCA.

Finance Update

Slide deck from MO

The LPC expenses have been reviewed with respect to the "zero based budgeting" concept.
IK highlighted that every single cost had been investigated. There are currently no expectations around altering the levy, but this will be investigated further at a later date.
We currently do not know what will be required by the LPC to help our contractors get the profession back to normal working during the COVID recovery period.

COVID Response

The team have responded impressively to the crisis and pulled together well, often working outside their comfort zones.
The team moved to working from home and then started to think about the required strategy
Highlighted how much work has been done for CHL via Alison and Helen.
RS echoed how the team worked so well together whilst working remotely and the fact that the team was new.
Adam said that he had enjoyed working with the team and helping contractors.
Karishma enjoyed the challenge and working with colleagues.
LK thanked everyone for their support.

- **COVID 19 – Communications & Contractor Support**

  COVID19 mailbox set up for contractors to direct COVID19 specific queries to AK/LK/RS and responded to as appropriate

  Alterations to communication methods e.g. newsletter format. Wednesday's weekly newsletter remains to contain BAU and locality specific information. Additional COVID19 specific daily news alerts focusing on one hot topic to allow quick and easy digest updated information. The Friday focus is then a collation of the previous weekly news alert links

  Regular updating of website: guidance, FAQs, posters, supporting materials etc.

  Creation of COVID19 locality pages hosting vital information around 'Hot Sites' and prescription pathways, local PPE support, local volunteer collection/delivery services and local COVID19 testing inclusive of Community Pharmacy key workers enabled by AK.

  Creation and sharing of Microsoft General Feedback Form and Microsoft COVID19

  Notification of Pharmacy Closure Form in response from GMHSCP and CCG requests. This process has been superseded with development of inclusion of pharmacy into GM primary care dashboard to be sent by NHSE/I discussed at OOH cell. Pharmacy will need to complete the form.

  CHL/Bolton & GMLPC set up local access for testing for staff, access to pharmacy student volunteers and 300 sponsored store banners

Contractors support calls made to 50+ (including PCN leads) to offer support guidance and to gather information of what's happening on the ground to feed into these Microsoft forms. Feedback formed 'You said, GMLPC did…' to highlight how we are supporting contractors through the pandemic for example, set up of WhatsApp groups, substance misuse updates, patient returns, access to testing.

Fortnightly webinars for COVID-19 for contractors set up with Pharmacy Complete – handed over to CHL for operationalization

- **COVID 19 – Local Commissioner & Stakeholder Engagement & Updates**

  GMHSCP, GMLPC, Bolton LPC regular update calls to discuss contractors' issues and issues to escalate to the national NSHE/I teams and also developing comms/guidance for contractors. In addition, development of support for access to COVID19 testing for CP and Primary Care with CHL, regional delivery support service development and access to volunteers for deliveries via localities.

  Joint letter for LMCs and LPCs completed with AK (now published on GMMMG website)

  LK/AK/JW attending GM CCG MOP Leads twice weekly call, MCCH – JW, TCAM Stockport – PM and attendance to other calls as required

  Harnessing on commissioner and locality lead relationships to obtain locality information for contractors for COVID19 locality pages (e.g. 'Hot Sites' and prescription pathways, local PPE support access via locality hubs and GM (survey sent), info relating to local volunteer collection/delivery services and local COVID19 testing inclusive of Community Pharmacy key workers set up Via CHL/LPC. The hub has been regularly updated as information is gathered and received from locality engagement. Enabled by AK followed up by LK/RS.

  Currently working with substance misuse providers to develop guidance and protocols to maintain continuity of service for contractors and funding to cover income losses.

  All key stakeholders across GM Health & Social Care (over 200 stakeholders) sent a letter summarizing current challenges, key positional statements and specific requests for support in terms of policy, guidance and support for specific workstreams.

  Key updates provided to network on current issue through letters and comms to MO leads, attended regular calls and written to all commissioners and stakeholders at end of march including key positional statements and support requests including key messages around use of EPS, not changing duration of prescribing, support to commission remote consultation of services (EHC, MAS (pending with NHSE/I) and stop smoking – in progress.

DoPT Report

- **WS2 – Academy**

  GMLPC and DG have worked on GM Healthcare Academy online platform with CIG
  Registration and log in set up for contractors has been completed ready for re-launch post COVID19
  Re-launch delayed due to COVID19. Date to be confirmed

Academy board set up to provide oversight, scrutiny and steer on a monthly basis with GMHSCP which will feed into the LPN Academy steering group
GM Healthcare Academy strategy paper written and approved by DG
LK developed KPI's for Healthcare Academy board to consider and ratify for inclusion.
The transition for the delivery of GMHCA has now been transferred over to CHL for operational delivery and management of training events related to the GMHCA
DG now seconded to CHL as clinical lead for the Healthcare Academy since the 1st April 2020 (no SRO – Academy for GMLPC)

- **WS3 – SERVICES**

  Services log/service specification updates - BSA/RS have continued work to update GM Services Log template, commissioner information, obtaining up to date service specifications and ensuring the GMLPC website is updated. Agreed protected time for RS/BSA to continue work on this task
  RS/BSA identified specifications due to run out 31st March 2020 and requests were sent to commissioners for updated versions. Where received, these have been added to the services log, website and SharePoint
  Services handover document in development to allow a comprehensive handover and summary of GM services including contacts and current services for SRO services induction and handover
  Services scoping meeting between CHL GMLPC and Bolton LPC have now been postponed and replaced with COVID19 related catch up calls to establish sharing of key updates, establish responsibilities and ensure GMLPC are updated on developments.
  RS/LK holding weekly calls with CHL to develop commissioned services for COVID19 and to continue to receive regular service updates, track progress and discuss next steps to coordinate activity across GM
  This work highlighted a need to urgently devise a review

- **PRIMARY CARE/NATIONAL ENGAGEMENT DURING COVID19**

  RS formal CCG/LA meetings for 2019-2020 completed. 2020-2021 arrangements to be discussed. GMLPC committee/locality leads supporting where possible
  Weekly meetings attended for OOH Cell meeting, PCB (full board), PCB 4-way meeting, commissioning leads for Sexual Health, Making Smoking History Team, HIIM (TCAM,) CPPB and GMHSCP attended at least once weekly
  Key issues raised around access to PPE, Key messages cascaded to GPs and primary care via GMHSCP to include updates on delivery, reducing pressure re: pharmacy referrals for deliveries and ordering rx. Raised hospice and care home re-use of CDs and other key messages. Funding support follow up for management of COVID testing support – confirmed via BS they will look at this
  LK attended national Rapid Action Team PSNC calls twice weekly to feedback contractor issues and cascade national information and collate feedback to Lancs, Bolton and GMLPC to highlight key issues and feedback on development of national guidance.
  Additional group CRG – clinical reference group meeting to be attended via PCB re: GM shared care records

- **WS3: SERVICE DEVELOPMENT/COMMISSIONING**

  TCAM – guidance from HIIM has been used to form the GMLPC TCAM webpage (Stockport to go live on 4th May 2020). LK linked with HiM

GMLPC
Supporting Community Pharmacy in Greater Manchester

Palliative Care/OOH – currently working on expanding Palliative Care Stock Holding/OOH service and Rapid access to EOL drugs.
Palliative Care services commenced in Manchester, Bury, Oldham, Stockport and Trafford (managed by CHL) for COVID-19.
OOH agreed for adoption in Oldham-now live. Awaiting agreement of costings in Manchester, Bury interested in discussing further.
All localities have been provided with GM Specification template for consideration by CHL
GMMAS – Delayed roll out of GM service specification due to COVID19. GMHSCP to discuss remote consultation adoption with CCG's across GM (pending)
Substance Misuse -Supervised Consumption fees and guidance for contractors in GM – in progress. CGL and GMMH have agreed to cover loss to Supervised Consumption fees. Turning Point confirmed agreement to cover SC costs based on historical figures. 'We Are With You' (formally Addaction) contacted for further updates
Sexual Health – EHC PGD adaptation for COVID19 to include remote consultation. Live in Bury (Levonorgestrel – signed by AK), Manchester pending position to include EllaOne – LK/RS, Oldham – pending finalisation, Rochdale live – CHL, T&G reviewing proposed position. LK requested position statements from all SH commissioning leads on GM call. GMLPC are currently engaging with Wigan (EHC service spec runs out in June 2020 inclusive of ella one pgd expiry august 2021), Trafford (pending response – spec expired), Stockport (spec in date until March 2021 covered with extension letter and Salford (updated PGDs/Service Specification 31.1.2022 received 4.5.2020)
Manchester SH updated to include remote consultation for COVID-19

- **WS3 – Next Steps**

Continuation of services log/website updates/development of matrix (**Refer to matrix to understand the volume of work conducted (process ongoing)**
LK/RS currently developing COVID19 LPC Services Strategy to ensure all information is up to date on i.) SharePoint ii.) GM Services Log iii.) Website iv.) Services Handover Document in absence for SRO – Services within limited resource constraints
Follow up MAS, sexual health, NX and other services as per GP handover post COVID19
Recruitment of SRO - Services

Risks

COVID-19 is likely to continue to disrupt all development and engagement to work
Extensive resource required to update all records and ensure services are renewed/extended
Where possible, SRO PCN continue services engagement with commissioners, update service specifications, coordinate approval with LPC board, negotiate fees, develop communications relating to services including GMLPC website and extension letters (current services) and updating of internal records is workload that cannot be carried out with the current resource
LPC board member capacity to support is reduced
Risks associated with continued delivery of services due to COVID-19

- **WS4 – PCN**

RS continues supporting PCN leads with coaching, advice and guidance relating to COVID19
RS conducted 35+ PCN lead support calls during COVID19 pandemic to offer support and guidance, listen and collate feedback to shape 'You said, GMLPC did…' communications and inform the GMLPC response to COVID19
RS created WhatsApp group for PCN leads in response to feedback. RS/AK/LK included to observe and share guidance. This has been well received and prompted appetite for development 58 WhatsApp groups for each PCN area to support sharing of practice and gather feedback from contractors
LK/RS collated and sent out CP PCN Lead contact information (caveats included) to commissioners to support engagement with key communication to all Medicines Optimisation Leads to facilitate integrated working with commissions and support the COVID19 response

LEADERSHIP SUPPORT FOR CP LEADS
RS/LK supported set up training, communication and promotion of remote webinar for PCN leadership training due to face-to-face events being cancelled
Pre-workshop materials arranged to be sent to PCN Leads prior to event and post event webinar now available
3 online webinars held on 17th March 25th March and 29th March 2020 – attendance from 34 PCN Leads (including Bolton) Many had booked had to cancel due to COVID19

RS had multiple phone calls/emails around CP PCN lead meeting preparation, report forms, key Community Pharmacy topics/messages, post meeting update calls including Denton, Heywood, City Centre and Ancoats, Miles Platting, Newton Heath & Moston, Altrincham Healthcare Limited, TABA and Higher Blackley, Harpurhey and Charlestown.)

Denton PCN lead requested to speak at PCN collaboration event. LPC supported with presentation content.
PCN leads WhatsApp group has improved cross collaboration and sharing of information – positive feedback re: transparency and visibility of GMLPC work
MO leads have been shared info of PCN leads to support locality-based engagement and therefore engagement with PCNs continues

- **WS4 – PCN: NEXT STEPS (POST COVID-19)**

Finalise proposition for Tier 2 Leadership training for GMHSC to obtain funding as agreed with NHSE/I
Primary care strategy implementation group meeting raised by LK highlighted a willingness to explore cross sector arrangements support PCN work- to be explored further
explore electronic capture of meeting attendance information via Pharmoutcomes and Microsoft teams
Target agreed number of PCN leads per quarter to capture maturity level, identify engagement support requirements for PCN leads and identification of local opportunities for commissioning.
To capture intelligence and track email activity for PCN lead engagement
Expenses policy/claim form being produced for CP PCN Lead meeting attendance
Development of positional statements/key messages for PCN leads to support initial engagement with PCN CDs

Risks

COVID-19 is likely to disrupt all development and engagement work with PCN areas during the pandemic
Maturity of PCNs are variable and therefore flexibility and responsiveness required from SRO with DOPT support

Committee considerations

The original planned approach is not a priority due to the current crisis
Decision to be made regarding deployment of resource in the short to medium term
Stop, start and continue i) meetings ii) attendance of CP to locality leaders' networks attendance iii) training and development iv) direction and steer to newly appointed PCN leads

DoPT

Team are performing very well in remote working
Currently holding daily stand up calls and review at 1.30 pm
Linked with team members to understand what is going well, areas for improvement and outstanding queries to be handled post Paul's departure – feedback positive with a preference to structured ways of working such as use of templates and logs
Devised 3-fold reporting – weekly reporting written agreed, weekly team call on Friday's, Joint team action log to be completed daily with a communications log matrix to manage daily updates, newsletters and emergency comms
Meeting Undertaken to aspirations and development pathway for the team
RS's development based on wider LPC matters to enable deputisation role to be taken in the future, AK aspires to develop into an office lead and Karishma is interested in comms/engagement and media
Increased use of MS teams and associated facilities
strategic analysis and gap analysis performed to devise the team's activity re: comms, engagement and services
Specific templates developed for services management
Matrix for COVID related activity – service development and activity log for SRO and DoPT to manage all requests
Next steps: devise similar ways of working for wider comms and engagement as for PCN and services

HR Update- Recruitment

- **SRO Services lead**

  There are some candidates on reserve, but probably not of the calibre required. There is a clinical need within this role.
  Currently we need to help the office team to step up and help.
  Engagement and comms roles are something that Karishma excels in and is particularly interested in.
  There is currently a gap in engagement with contractors.
- **CO/Office Manager**

  What do we want and where do we place the role? Do we bring in an office manager together with additional support?

- **PAUL EXIT INTERVIEW**
  We recruited for an office manager and "added" the CO role and therefore is the renumeration at the appropriate level? Made a point that he had really connected with the LPC and that office/staff morale what at an excellent level.
  Highlight that this role would be supporting key workers—could be a magnet for the "right" person to fill the role.
  What is the CHL role in the above? Do we re-initiate the contract? To be discussed during the CHL meeting with the SC attending on May 6th, 2020.

BUSINESS RECOVERY
What will normal be in the future?
As identified by LK, some services have already been modified. These include NRT, MAS and EHC etc.
As we exit the pandemic, what will the above and other services look like?
What will the flu service look like for 2020/21?

  What PPE will be required to enable this service to be provided, and will it be a set per patient? Can we add in a pneumococcal service?
  The substance misuse service has been changed. What will this look like and importantly, what will the effect on contractor income be if for example supervised consumption disappears. Could a welfare check with substance misusers be a replacement income stream for contractors?
  MDS provision reset button has been pressed—what does good look like for MDSs going forward? Is there a need for the service?

- **ENABLERS**
  How do we enable these services?
  New service delivery options needs to be considered. e.g. Track and trace/antigen testing
  Are community pharmacies in a position to support the testing programme?
  We need to consider technology and digital enablement—what have we learnt during the crisis? There is a need to think about remote consultations (on-line forms/video consultations)

- **MASS INOCULATION**
  - Good for CP to be involved with this? Being discussed at PSNC.

CP to provide immunisations via a commissioned service?

What new services and opportunities are there for our profession? Shielded/vulnerable patient group will need ongoing support. The group of patients that have had COVID will need additional support (welfare check/mental health check?).

There will be the need for mental health support and safeguarding issues that could be helped by the CP profession.
How do we get a movement going for the CP profession and get some formal recognition? Patients contacting their MPs?

Concern that the DH is not truly aware of exactly what we are currently doing and, importantly what could we do in the future.

Which services do we want to start up again and, how would we deliver them? Consider the MAS service and video conferencing.

What services do the commissioners see as the most important, and we would then need to prove the worth of these services? TCAM is a good example here.
Who do we really need to influence, who are the "true" commissioners?
NW pharmacy cell is led by Laura Browse. It was suggested that AK asks Laura and Steve Riley to attend the LPC meeting in two weeks.
Concern around the "dog eat dog" scenario—who will want to deliver what?
What are the lessons learnt, what are the gaps and where can we support them? We MUST avoid doing anything for free.

We do not want to see contractors chasing prescription numbers as this will significantly harm us.

We need to be aware that CP has created the impression that they are too busy. We must ensure that the message is the CP is now ready for the next step and is no longer "too busy".

COMMITTEE SUPPORT AND FEEDBACK

LK requested the committee for feedback on areas of improvement to ensure that the office team were on the right track.

The committee were requested for feedback regarding the frequency and timing of future LPC meetings.

Do we need to change the way in which LPC meetings are run on Zoom?
Should we have more updates and then smaller meetings such as Zoom rooms?
Consider buying an appropriate licence.

AOB

1 – SAFE SPACE

This has come up recently (last 4-5 weeks) and is support for a vulnerable group of people who may be subject to domestic violence. It offers the pharmacy consultation room as a safe haven. The NPA have released a guidance document.

2 – EPS CLAIMS

Concerns that EPS claim report appeared to be short on items. This has happened in consecutive months and dispensed notification has shifted to the following month rather than in the month that it happened in.
Do we need to highlight this to contractors?

MEETING CLOSED AT 17:30