

# Minutes

**Location:** Piccadilly House, 48 Piccadilly, M1 2AP  
**Date:** 15<sup>th</sup> January 2020  
**Time:** 9.00am – 17.00pm

## 1. ATTENDEES

Members Name	Company	Initials
Mohammed Anwar	Ind	MA
Mubasher Ali	CCA	MAI
Aneet Kapoor (Chair)	Ind	AK
Peter Marks	AIMp	PM
Fin McCaul	Ind	FM
Jennie Watson	CCA	JW
Mohammed Patel	Ind	MP

Members Name	Company	Initials
Bruce Prentice	Ind	BP
Helen Smith	CCA	HS
Luvjit Kandula	GMLPC	LK
Helen Reed	CHL	HR
Paul Gallagher	GMLPC	PG
Rikki Smeeton	GMLPC	RS

**APOLOGIES: IFTI KHAN, GARY PICKERING**

**THE AGENDA IS ADJUSTED TO ACCOMMODATE CLOSED SECTION OF THE MEETING UNTIL 10AM**

## CLOSED SECTION

### BOARD UPDATE

### LPC UPDATE

10:00 HR, LK, PG JOIN MEETING

### Coffee break

### WELCOME, INTRODUCTION, APOLOGIES

PG is introduced to the committee as the new Chief Operating Officer and the committee introduce themselves and give some background information regarding their roles in pharmacy and at the LPC. PG provides the committee with an overview of his background and previous roles.

LK is introduced as Director of Pharmacy Transformation now she is in position and provides an overview of her previous experience.

### RECRUITMENT

Screening will be moved from current CHL screening process across to LPC leads. 3 BSA and 1 SROE will be interviewed tomorrow. PG will be lead for BSA and LK for SROE. MAI will support in interim.

### FINANCE UPDATE

MA shared budget spreadsheet prior to meeting. Budget is discussed. MA explains that there are additional items that were not predicted and have been included.

AK explains that there may be funding due back to LPC from Academy.

MA highlights that it has been difficult to allocate expenses, this has meant that surplus is lower than it would have been if work had been allocated to specific projects but LPC is still operating at a surplus.

No concerns are raised but committee agree a contingency pot does need to be planned and included in future. 5-year NHS plan enables LPC to plan.

Additional income streams through sponsorship is discussed. As all events will be via Academy in future sponsorship funds will shift across also. LPC may need to continue to fund Academy to support specific asks.

LPC may need to support scoping, with a project fund pot allocated to allow for speculative work. Elections in September – it would be positive to be able to state that LPC has been able to offer innovative opportunities.

Support for contractors is a key priority.

LK suggests that the 3 key areas to focus on for contractors is change management, resilience and efficiency.

Budget and plan for 20-21 needs to be created with deliverables and strategy and prepped in advance, this will be finalised at March meeting.

## **BUDGET**

MA has used Zero based budgeting – using Levy as income only to prepare 20-21 budget.

Office expenditure is discussed. The current rate is £1144, there are 8 desks - 4 staff members and 4 vacancies to fill so there is no additional space. There is also limited meeting space. Contract is up for renewal in June. AK and MA propose that there is a need to increase office space at increased cost. GMLPC work closely with CHL and Bolton LPC and could consider shared space. Initial reaction from CHL when proposed with Directors is positive but it will depend on detail.

Committee agree that the current location is good. Central Manchester is ideal as need to be close to NHSE at PP3 so that close working relationship is enabled. Central is also best base for supporting all contractors.

It is suggested that we need 680-720sqft for GMLPC or 1000 with CHL.

Also, could consider having additional space available for breakouts, training, meetings, etc, which would be of benefit.

Committee agree increase is needed and budget can be inflated to £3000 as upper limit. Same Square foot price should be searched for.

Stationery and Printing – costs are high. Contract for printer is until October. It is possible to switch to a different deal during this time which would save money but would extend contract.

Print costs have been mainly Academy. Potential to outsource to print copy.

Agreement for PG to investigate options. Budgeted for £200pm.

Postage - £1 per contractor, budget 2 mailshots per contractors.

Elections and AGM.

Electronic methods available, will need to be well managed and well maintained.

Survey Monkey no longer used saves £300+ per year – use Microsoft forms as alternative.

Office mobile – will aim to reduce from £30 - £10. Sim only.

BT phone – Costs have increased as out of contract. Looking into other alternatives.

Recruitment – rolling expenses agreed.

Committee expenses – need to ensure all expenses are fully categorised.

Meeting room hire has been agreed as reduced rate.

Staff expenditure – Accountant to add.

PSNC Levy frozen for next year. Special Levy will be around £4000.

Staff training – Proposal will be created post recruitment.

Ellis Whittam

Spreadsheet of contracts with dates, and costings and contacts needed.

Quickbooks will remain the same. Potentially will need to increase in future if additional features added.

PCN can be agreed during the PCN section later in the meeting.

Committee agree they are happy with work on the budget so far.

Internal sign off is suggested for spending up to a certain limit.

Allow % flex for treasurer and finance group to work with. 3- 5% allowed for inflation. Above 10% before sign-off required.

Figure for finance group to sign-off on new projects discussed. £500 can be approved by exec. £2500 can be approved by committee remotely, anything above would need to be brought to committee.

Finalisation and details of this to be agreed.

ACTION: PG to work with AK.

#### **DECLARATION OF INTEREST (DOI)**

AK now has employed role at GMLPC.

PM has done some remunerated work.

#### **MINUTES FROM PREVIOUS MEETING**

Minutes from previous meeting are agreed as an accurate record.

#### **ACTION LOG**

The action log is discussed; completed actions are removed and comments and updates are added to any that are outstanding.

#### **ACADEMY CIG PLATFORM**

AK gives update – weekly calls are happening on Tuesdays.

NHS mail accounts will be used. Usernames will be based on Fcodes.

Content developing.

On track to launch on 3<sup>rd</sup> February.

Will need to arrange Academy Url transfer.

#### **COMMITTEE DISCUSSIONS**

- **LPC/PSNC REVIEW – NATIONAL SURVEY AND FEBRUARY – MICHAEL TWIGG**

AK provides overview and highlights issues and difficulties with communication and engagement.

Month long survey will be happening in February. Additional details requested. A meeting will need to be arranged for February as a Zoom call. Information will be sent in advance of meeting.

GMLPC office meeting with Michael Twigg on Monday. Opportunity to feed into the review. CCA view to be shared with committee. Committee to feedback to AK anything they wish to be shared.

Training is discussed and whether LPC funds should be used.

- **SUBSTANCE MISUSE ISSUES**

Issues with commissioners and handling of prescriptions. Bury contractors notified of changes that has caused concerns and issues. LPC has paused this and is meeting with commissioners.

Survey sent to all GM pharmacies (open until Monday) to gauge issues. 20 responses received on 1<sup>st</sup> day.

- **GM HEALTH CAMPAIGNS**

GM over the last few years has mandated different campaigns from the national. Alignment is needed. Scheduling with other pharmacy commitments need to be considered.

A meeting with GMHSCP and Bolton LPC was held to discuss this.

Contractors were sent campaign calendar directly by Sarah Ward but this had not been agreed and signed off by the LPCs. Agreed response to this will be sent to contractors providing clarity.

9 campaigns included on calendar – 6 mandatory will be national with option to engage in local.

### **CPCS – ROLLOUT UPDATE AND CHALLENGES**

LK provides update. Support went live on 31<sup>st</sup> November.

Calls held with contractors to engage, support and encourage completion of uncompleted referrals. GM is doing well.

NHS 111 team proactive sending referrals.

Pharmacies delivering. – Above 97% of contractors signed up.

One contractor has actioned 80 referrals. Possible case study opportunity.

Feedback from calls is mainly positive but there are a few issues highlighted.

LK will summarise in a paper and share.

Engagement events proposed.

Current national guidance will be used. Support will be mainly verbal.

NHS 111 lead is a good contact – possibly invite them to LPC meeting.

CPCS was discussed at the PCN events which may have helped drive engagement.

Deadline for transition payments is today.

Discussion regarding service availability and patients attending pharmacy without referral.

Potential private service opportunities.

CPPE training discussed.

CPCS plus service opportunities, would be commissioned locally not nationally.

GP service will increase referrals.

### **PQS – CURRENT STATUS AND DATA**

JW has supported LK to assess GM completion. LK has started to make calls, newsletters are being sent. Updated spreadsheets have been requested. 20 contractors that have met 3 have not met gateway 1 or 2.

### **PCN – UPDATE**

LK provides update explaining which areas have not got a Lead nomination. LK will send report and list to committee. Voting will be held where there is more than one nomination.

Clinical Director contacts requested from Ben Squire. Introductory email will be sent by Primary Care Board.

Quarterly meetings proposed. LK and RS will attend initially and feedback. Funding pot may be available.

LPC will be providing baseline engagement across GM. PCN leads will need to roll that out. Training and development may be required.

Comms has been developed and MOU.  
LK and RS have sent to Sub Group for agreement.

#### **CHL UPDATE – SCRUTINY COMMITTEE**

CHL report presented.

Inhaler is going to be relaunched under new agreement.

DMIRs Radcliffe practice going live.

NM delivery is low but referral results are good.

HLD contract has been renewed.

Rochdale Palliative care is on hold awaiting sign off.

Additional CCG moving onto PharmOutcomes as per commissioning model.

Articles will transition to model articles and will then be going out to recruit members. Articles are discussed.

CHL have asked for clear direction of travel from LPC and business plans. Committee agree for this to be shared once refreshed with 5-year plan.

#### **WORKING LUNCH**

RS JOINS THE MEETING AT 13:00

#### **WORKSTREAM WORKING: PLAN AND PRIORITIES FOR 2020**

The committee split into working groups.

##### **WORKSTREAM FEEDBACK AND SUMMARY**

AK, LK and PG moved between working groups during the session.

- **WS2 - GMHC Academy**

JW, HS, MA & HR

Discussed TCAM and CPCS training events to provisionally book.

Services Sub Group to feed into CPCS training request. BP will send to committee.

Reviewed Dan Greenwoods Academy document and will send feedback to him by Tuesday.

DG report overall very good.

- **WS3 - Service Dashboard and maximising income**

BP & MP

GP is services lead and is not present but has emailed information.

Suggest reviewing services plan and group aims due to changing priorities nationally. Change work group to Services and Engagement to reflect changes proposed.

Minor Ailments scheme was discussed, particularly regarding proposed fee. Service is currently well engaged, if fee is reduced LPC would not support.

GP to pharmacy referrals for Inhaler is a good example of a scheme that could be taken to PCN networks if viable.

Action: request CHL report from AS on this service.

Delivery and development of local services sitting with CHL national with LPC.

- **WS4 – Neighbourhoods and PCNs**

RS, PM, FM, Mal

15 Areas have more than one nomination for Lead – vote process is detailed. If there is a tie then approach local clinical directors for opinion.

11 Areas with no lead nominations – these are discussed, and various head offices contacted. During the workshop 3 of these have been sorted, and are hopeful that the contacts made will cover all areas, aiming for over 95% coverage.

Training and funding is discussed.

Quarterly meetings running half a day, potential to arrange add on to these for upskilling and training. 4 full days allocated for this. 2 further days recommended, this is 1 contingency and 1 for training prior to 1<sup>st</sup> quarterly meeting. Fair and equitable manner for delivery. £80k funding requested to support this.

Suggestion from pharmacies in some PCN areas to all contribute to fund PCN Lead. Leadership training.

Formal Leadership support for Primary Care from SR and GMHSCP as a potential opportunity.

Full support offered to leads, chaperoning of leads discussed and will be decided on individual basis, LPC will be attending the quarterly meetings.

#### **AOB**

- **SEPTEMBER LPC MEETING**

New committee will be in from October following elections, schedule September meeting to October to accommodate new committee. Principle agreed. Preparation for votes and new term will need to be reviewed.

Regional PSNC lead to speak to Chair.

- **PM APPROACHED BY GLYN BAGSHAW PCT CONCERNED WITH DEMAND WITH MDS**

Paper needs to be created and survey to validate concerns sent out, paper to be circulated prior to next meeting and it will be an agenda item to discuss and agree GM outlook on situation and guidance for contractors.

Action: PM to formulate paper and share with committee.

Blister packs and dosettes and the challenges are discussed.

- **GARY PICKERING REDUNDANCY**

GP has emailed during the meeting to notify that due to redundancy he may not be able to continue in his position on the committee. Committee all express their sadness at this news and hope his other job opportunities allow him to continue as a committee member.

**MEETING CLOSED AT 16:45**