

Minutes

Location: Zoom Call
Date: 18th March 2020
Time: 9.00am – 14.00pm

1. ATTENDEES

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

Members Name	Company	Initials
Bruce Prentice	Ind	BP
Luvjit Kandula	GMLPC	LK
Paul Gallagher	GMLPC	PG
Helen Reed	CHL	HR

APOLOGIES: Ifti Khan, Gary Pickering, Mohammad Anwar

09:00 CLOSED SECTION

09:30 HR, LK, PG JOIN MEETING

WELCOME, INTRODUCTION, APOLOGIES

AK thanks everyone for joining and for accommodating the change to a remote meeting, AK explains the system and apologises for having to issue last minute papers.

AK announces that this would have been GPs last committee meeting and wanted to take the opportunity to thank him for the huge amount of fantastic work he has done for the LPC, particularly highlighting the brilliant support he provided mentoring RS.

DECLARATION OF INTEREST (DOI)

No updates are declared.

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.

BOARD UPDATE (COO)

PG provides an update regarding some of the work he has completed to date. He highlights the following:

- Office team are now in place and are settling in very well. It is a happy place.
- Conducted several meetings with key suppliers
- Created and implemented new finance processes
- Financial savings by using MS Forms instead of Survey monkey and replacing printer – huge saving of £1800 per year, restricted colour printing.
- Managing finances and contributing to budget.
- Researching office relocation as lease due to expire in June/July. Ideally would like to acquire additional office next to current office. Have viewed alternatives but not found anything suitable.

2 other Office options explored:

- Charlotte Street - Kitchen, Meeting room, etc, higher cost than discussed
- Arthur House - Cheaper but no kitchen, small meeting. Doesn't quite fit needs.

AK adds that Charlotte street would be ideal except for the costs. Ideal space for sharing with CHL/Academy. It was very nice. Attractive price per sqft but additional costs are high as rates and utilities not included. This highlighted that current office space with rates and utilities included is very good value and so AK would like to explore other options with Emerson.

- Has rearranged and reorganised office space with plans to continue improvements.
- Visited pharmacies and completed 1:2:1 meetings
- Sharepoint reorganisation project – reviewed existing site and mapped out plan.

PG thanks IK for recommending training materials which have been useful.

Data capture exercise has been completed and currently consolidating duplicates and unwanted files. Will soon begin site redesign and data migration with new processes. Intend to keep this simple. Progress report for and timeline is shared. May require some downtime whilst migrating.

- RACI of office tasks, including office team has been devised and followed. Project RACI also completed.
- People management. Developed development plans and appraisals. Had 1:1s. Direct reports will be developed in line with what the board would like to receive.
- Holiday process reviewed and amended. Free Ellis Whittam HR software has been set up and will launch from April. PG will be admin, LK manager. – Image shown as example. Timesheet available, and personal development plans can be stored here.
- Health and Safety Training from Ellis Whittam will be completed by June by all office staff.

AK highlighted that the sharepoint redesign is a significant piece of work. It is already being used in a more interactive way than it was previously and is working well.

AK thanks PG.

BOARD UPDATE (DOPT)

LK provides an overview of some of the work she has been focusing on.

PCNs.

- Finalising workplan and strategy for 2020/21 which has been sent to committee for comment.
- PCB close working with GMHSCP to socialise Leads with CDs
- NSHE/I agreed to consider proposal for tier 2 leadership training – in development with Bolton LPC
- Progress log created
- 2 leaders network attended, engaging with GP, PCN and LMC leads, was able to feed into discussion regarding pharmacy related challenges for COVID-19.
- Leadership support for CP leads has been developed and communicated. First online webinar had 21 attendees.
- Local developments. Some meetings and communications happening directly with leads others with support from office.
- GMLPC will focus engagement with Oldham and Trafford as CURE and smoking cessation.
- Update calls have been taking place in PCNs

Next steps highlighted are

- Primary Care strategy implementation group
- Exploring electronic capture for reporting.
- Target agreed number of PCN leads per quarter

LK asks all to look at excel spreadsheet sent to board detailing the phases of the strategy.

Key piece of work is the tracker for all PCNs in GM that has been developed.

LK discusses how COVID-19 is likely to disrupt developments.

LK suggests considerations for the committee – highlighting that the original planned approach is not now a priority due to current crisis. LK suggests decisions needs to be made regarding deployment of resource.

AK highlights that PCN leads are not established enough to manage current issues and therefore GMLPC / RS will likely need to be COVID focused and support leads more than expected.

FM has had indications that his PCN will be reducing the focus on these workstreams during this period. PM agrees that COVID is only current priority

Services

- LK reports that LPC are still in process of recruiting SRO.

- Team have identified that service log and records are slightly out of date (as of Aug19) and so a stocktaking exercise is taking place. Including updating template and linking to service specs. Also will be updating website.
- Developing Services handover document
- Services dashboard demo has been shared with sub group and a lot of work has been completed.
- Services scoping meeting will be held regularly between CHL, GMLPC and BLPC. Developing accountabilities and will define processes and track progress.
- RS is continuing to support Service engagement.
- LK has attended numerous meetings.
- Neil Jenkinson attended GMLPC and CPPB to discuss Women's Sexual Health service design – highlighted as a potentially good service for CP.
- TCAM were on track to rollout in GM but there have been some delays due to technology. Recent events were supported by JW.
- MAS – have been able to agree £3.40 fee for CP.
- ACHIEVE meeting for substance misuse to agree processes.
- GP has provided excellent notes and handover – LK thanks GP for his hard work and support.

Next steps –

- Complete update of services log, identify services expiring in March, ensure website is updated
- Follow up meetings regarding the various potential services.
- Team has identified 126 meetings for attendance by GMLPC

Risks highlighted

Main risks are COVID 19 disruptions and resources, and that committee member support will be more limited.

Important to consider which meetings need to stop, start and continue.

Consider immediate temporary resource to support services work.

PQS

LK provides update highlighting that contractors who had not met criterion were contacted. Identified with JW support. Difficulties with information provided due to errors in data.

LK has also begun to support the Academy

LK has completed considerable work on COVID-19, this includes:

- developed webinar – 82 attendees
- Engaging with commissioners
- Joint letter to LMCs

- Working with substance misuse providers to develop guidance and protocols

LK has also been involved in Recruitment screening and interviewing.

LK intends to develop with PG a report to ensure that the board is kept up to date.

AK thanks LK for her overview and says well done to both LK and PG. He highlights how well they have both done settling in and developing the team, especially during such a busy time.

Comfort break 11 – 11.10

FINANCE UPDATE

MA has recorded an audio update with slides which is played. He provides an overview of the current finances. Including:

- Explaining what the LPC has received that is actual income and what are pass through payments.
- Levy is only actual income. Levy came through twice in Dec and will not come in March
- Oldham Council made a payment in error which has been returned.
- Negative spend in March due to no levy.
- No additional income due to come in so projections are likely to be accurate.
- Costs and budgets are described, and total surplus is £58863 which will be carried into the next year.
- Project Expenditure is discussed, and it is highlighted that some historic money will be transferred to CHL for Stockport once MOU agreed.
- Academy budget could now be used elsewhere as funding has been received. Academy funding has been transferred to CHL – This was held on behalf of GMHSCP so was not GMLPC money
- Inhaler funds have also transferred to CHL
- £19145 remaining in account number 2, this is now up to date

AK highlights and explains a slight error in spreadsheet due to duplication, which he will ensure is corrected. Management of accounts will now be easier as LPC is no longer holding as much external funds.

No questions or comments raised.

WORKSTREAM UPDATES:

AK states that as LK provided a full overview earlier in the meeting the following work stream updates can be kept brief.

- **WS2 - GMHC Academy**
JW informs that Academy will be interviewing at the end of the month for Admin and Director roles.

Online Platform is now live and comms have gone out to pharmacies, AK highlights that this may need to relaunch again at a later date as this will likely have been missed due to current pressures.

FM suggests that COVID resources be hosted on Academy site.

LK informs that Jane Brown is leaving LPN.

An Academy board has been set up to agree strategy and reporting. Structured progress report will be provided by CHL going forward. Will ensure there are accountable people. This Will feed in to LPN.

All face to face events will be cancelled for the foreseeable future or will run remotely where possible.

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

GP was leading and has shared comprehensive notes with LK and sub group.

No further update required

- **WS4 – Neighbourhoods and PCNs**

No further update required

AK highlights that the committee may no longer be leading in the same capacity as they were previously, and that handover will be completed to LK. LK raises concern with not having the SROs in place for services and engagement and therefore capacity is an issue so work needs to be prioritised.

BP suggests that topics be moved down the agenda and RS be utilised differently.

AK agrees with LK that work needs to be prioritised and although he is requesting LK to lead these subgroups she will not be entirely responsible for completion of the work itself.

STRATEGY AND WORKPLAN

This was intended to be an interactive workshop. Instead LK provides an overview of the Pharmacy Transformation workplan and strategy that she has been working on and developing and highlights the three key themes. She will bring this to the board in future for face to face discussion and ratification.

HEE DISCUSSION

The meeting that was planned for next week has been stood down, and it is unlikely that it will be held remotely due to nature of session. This item will therefore be moved to an agenda at a future meeting, once it has been rescheduled.

LK adds that she will taking part in a call with HEE and AK to follow up some work streams.

COVID 19 UPDATE

There has been a lot of activity. AK explains that the office approach has been engagement with commissioners and contractors. Work has included:

- Shared mailbox has been set up for COVID19.
- Local information also being gathered by committee members in response.
- Prescription direction letter has been drafted
- Webinar collaboration with Bolton and Lancashire and suite of documents and templates created.
- Notice of closure and suspension of services information.

Different approaches taken in different localities; AK ask for committee to feed in any local details they are involved/aware.

AK highlights that we may need to rely on pharmacy workforce that have been out of CP and require refreshing on up to date practices – suggests possible webinar.

LK highlights that slide deck and documents (including tips and FAQ) is in progress. SR has helped to ratify. Suite of posters also in development.

LK requests clear steer on work for next few weeks to be able to plan in what LPC focuses on.

BP suggests that SmartCards should be a focus – AK responds to confirm that RA have increased hours available and LPC have relaxed requirements for sponsorship.

AK adds that SR has taken pragmatic approach and been working well with LPCs.

AK highlights the importance that Contractors need to ensure that they are communicating to patients the steps that are being taken.

AK asks FM to consider and respond to the following points in his PSNC update:

- Healthcare Workers – updated guidance and clarity regarding self-isolating is needed.
- Protection for staff needs to be considered further
- Contingency payments, cashflow issues and upfront payments
- Lobbying GPHC regarding working practices for pharmacists – concerns with offsite working proposals

PSNC UPDATE

FM provides overview of current work and highlights that a webinar for LPCs will be taking place and that guidance is being created and will be released in the next few days.

FM highlights that any LPC guidance needs to ensure that it is within the remit of the LPCs knowledge and that it is correct.

FM confirms that work is happening to address concerns and issues. Some requirements (Audit, etc) have been cancelled or postponed lessening demand on Pharmacy.

LK requests guidance on what LPCs will receive from PSNC, and clarity on what is expected from LPCs. FM confirms that this will be requested.

AK shares draft notification of unplanned temporary suspension document. IK has sent in comments that it is long and could be daunting. MA agrees that it is too lengthy and adds that it needs to be simplified. AK suggests that reformatting would improve ease of completion. For example change to tick boxes rather than text box and remove some unnecessary questions. AK shares example from another area that is much simpler and could be built upon to include the additional information required locally.

BP highlights the need to record restricted access as well as closure, and also raises concerns regarding difficulty with access and completion of a form for many contractors. He suggests that a phone call may be more beneficial. AK highlights that capacity at NHSE makes this difficult but possibility for an online form to be used is an alternative.

LK agrees that form could cater for 3 scenarios: Closure, restricted access and suspended services.

Capabilities of MS form is discussed and benefits of automatically emailing responses and creating a record.

FM asks if reporting is once or daily and AK explains that there is a question requesting dates and a notice prompting that contractors must notify once services resume.

PM raises high figures and changes happening daily

BP highlights the need to collect data so that it is possible to direct to open pharmacies.

AK asks for thoughts regarding use of pharmacy students. FM states that he would want them in advance of actual need to ensure they are capable. JW adds agreement with FM and highlights that students may not want to put themselves at risk, and that it is important to also ensure they have some experience. AK requests JW to draft response.

Board agree to use online form for notifications.

AOB

- **CHL MEMBERSHIP**

CHL have postponed membership recruitment.

- **CONTRACEPTIVE SERVICE**

FM explains that Contraceptive Service in Bury is struggling. Would LPC be interested in discussing this with LA.

PM and BP highlight that whilst important the timing is not right.

AK suggests gathering further information and highlight if need is imminent then making use of previous providers may be possible.

AK thanks everyone for joining the meeting.

MEETING CLOSED AT 13:05