

Minutes

Location: Zoom Call
Date: 20th May 2020
Time: 9.30am – 14.00pm

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
Mohamed Patel	Ind	MP
Laura Browse (Guest)	GMHSCP	LB

Members Name	Company	Initials
Ifti Khan	CCA	IK
Bruce Prentice	Ind	BP
Helen Smith	CCA	HS
Luvjit Kandula	GMLPC	LK
Rikki Smeeton	GMLPC	RS
Alison Scowcroft	CHL	AS
Louise Gatley	Bolton LPC	LG
Steve Riley (Guest)	GMHSCP	SR

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

CLOSED SECTION

BOARD UPDATE – DIRECTOR OF STRATEGY

WELCOME, INTRODUCTIONS AND APOLOGIES

FM coming in and out due to PSNC meeting

MAI coming in and out

AS and LG joining at 1PM

LB and SR joining at 1PM

10:08 LK JOINS MEETING

DECLARATIONS OF INTEREST

None

MINUTES FROM PREVIOUS MEETING

Minutes agreed

ACTION LOG

Updated on action log

CONSTITUTIONAL REVIEW

- **AGREED WORDING TO THE CONSTITUTION**

CCA and PSNC happy with proposals and wording, but the words were not written by PSNC. Some organisations have raised issues with regard to business continuity and fear that this could be used to delay the election again.

Votes in favour 54.5%, so did not go through. LK has spoken to the CCA to inform result of vote and that the wording would be amended and that it would be sent out again for another vote. This would be ratified with IK.

Now need to get agreement from PSNC to the proposed new wording. This should then mitigate risk of any other challenges.

This is now urgent as we could have constitutional issue

FINANCE UPDATE

£20,000 has been sent to CHL

CPCS £7,400 moved over to CHL from the previous year

Coffee Break – 10:45 – 11:15

DOPT REPORT

- **WS2 – ACADEMY – DECISIONS**

LK raised Capacity and Resource to deliver the Academy programme.

It was recommended that recruitment of operational project support to deliver on website, contractor facing communications and engagement with the CIG platform is progressed.

The Processes and ways of working currently being reviewed by the LPCs, CHL and GMHSCP via the Academy board.

It was acknowledged that the CHL team work very hard and contribute significantly to CP but require more resource and support to deliver the academy

Team is in transition and have a capacity and recourse issue currently.

Recruitment was on hold due to Covid. Concern that there is not enough capacity at CHL without the recruitment.

CHL need to be held to account.

Project is too critical to CP and processes are being reviewed, needs more planning and decision.

Need formal report from CHL back to the LPCs

Review in 3 months time to see where we are and how we are doing.

SLA needs KPIs and key deliverables with training calendars, attendance, presentations, targeted engagement. SLA needs numbers adding.

CIG platform needs to be looked at, has been on hold.

LPC roles will be to promote, engage and cascade.

Does there need to be a CHL director on the board—there needs true representation for direction from people representing the organisations. There then needs to be a working group.

Not questioning the work and ethics of the CHL team, it was appreciated how hard they are working.

GMLPC needs to ensure that the resource is in place for CHL. We have now secured 12 months

funding for the academy, there is then concern about the LPC providing resource. In 12 months time CHL needs to bring back a training solution back to the LPCs for further resource.

Managing training schedules is operationally demanding and is a current gap with regard to management and actually doing it—managing the whole end to end process.

- **WS3 – SERVICES – DECISIONS**

90% updated, commissioners contacted to complete final 10%.

- Salford CCG have new commissioners who have reduced some fees without any discussions with the LPC. They have now apologised and updated to old fees, discussing carbon monoxide meters and have extended PGDs by 6 months,
- Salford are looking at electronic NRT referrals and looking to expand offer to care homes and their staff. Asked to extend to all contractors in Salford and have agreed a £2.50 fee for the supply of NRT materials.
- SharePoint project is 40% complete and the team have been asked to prioritise this.
- Newsletters going out with 25-30% opening rate.

- **WS4 – PCN**

WEBINARS

The first webinar had a good attendance despite the fact that it was only advertised to contractors a few days before the event. CHL acknowledged that there were lessons to be learnt, in future events/webinars will be planned and advertised with more appropriate notice.

HR UPDATE – RECRUITMENT

Adverts still running with an increased number of applicants, dates planned with possible applicants being asked for interviews. Two interviews scheduled for 20/02/2020.

This covers office manager and SROs—looking in more detail at exactly what we need.

Office manager role needs separating from the official constructional CO role.

Dual role proposed for office manager taking on SRO services role.

Communication/engagement officer would be separate.

Recruitment Summary

LK and AK provided an overview of the proposed office structure going forward.

The Office Manager Role will need to be separated from the constitutional CO role.

The CO would also be leading on the Services SRO Agenda as a clinical lead, interface between the LPC and the Office team, Services related stakeholder engagement and supporting the office team

The Communication and engagement officer is a strategic lead who is responsible for the execution of the agreed strategy through social media, appropriate channels, communications and policy development. This person will be responsible for planning, development and publishing all external facing communications.

SRO academy who will be responsible for input into the academy's training programme and provide oversight/scrutiny on behalf of the LPC to ensure the agreed KPIs and deliverables are being met.

PCN SRO will be responsible on leading integrated working within the NHS supporting PCN lead development.

Concerns that Dan can only do 7.5 hours per week and not the 15 hours as previously discussed— this has been highlighted to the HR subgroup and may result in the need to review the secondment.

BUSINESS RECOVERY

Building from discussions at the last LPC meeting.

Presentation from LK in readiness for the afternoon's discussion with LB and SR

N.B The slides used for this presentation were sent to all committee members by AK following the meeting.

AK provided an update on the proposed session with LB and SR to the LPC committee.

LK updated the committee by providing an overview of the current proposal and presentation.

The presentation was structured to provide an overview of the economic/social impact, impact of covid-19 on community pharmacy, Phase 1, 2 and 3 Business recovery proposals and an overview of immediate priorities.

Feedback and comments were provided by the LPC and updated in preparation for the session.

Break

AOB

Flu

PM gave a brief update from the Stockport flu meeting he attended on May 19th 2020. This meeting looked at the possible options available to GPs and CPs for delivering this service during the upcoming season in light of the problems being faced with social distancing and PPE requirements. PM clarified that until our profession gets further guidance/updates from NHS England and PSNC, we would be unable to commit to anything.

It was clearly accepted by all parties (including the LMC) that a collaborative approach would be a positive move.

Suggested Vaccine Delivery Strategies (From Dr David Baxter Public Health Consultant Stockport)

We will need the agreement of each Practice (lead GP (s) and Practice Manager) for any approach.

The following are the six possible ways of carrying out this season's influenza programme assuming that Covid-19 measures will still include a requirement for some element of shielding and social distancing, vaccine will come around September 10th, there will be a slightly increased demand for influenza vaccine particularly among those at risk, there will be no more vaccine available and the trivalent adjuvanted influenza vaccine, Fluvad will continue to be used only in those aged 65 years and older.

1—A domiciliary programme for selected practice patients.

2--The practice carry out the programme at the health centre – this could also include opportunistic face to face vaccinations.

3--Some/ all patients come to one of the mass sites with the numbers attending depending on the group e.g. 65 years and over – there are 24 planned mass central sites (see below).

4--Vaccination will be carried out by the Community pharmacist (approximately 6,000 vaccines are administered annually to a heterogeneous group of patients and the worried well).

5--Vaccination could be carried out at the hospital for selected patients.

6--We could do a hybrid of the above depending on the patient group and the particular practice (which is the likely outcome for all 37 GP practices).

Steve Riley has invited the LPC to attend a pharmacy flu meeting

Capability of doing outside the pharmacy premises is an issue that needs to be explored---NHS England will have to change the PGDs to enable this.

Would need appointment booking system—CHL involvement? Pinnacle are working on an App for this.

BUSINESS RECOVERY DISCUSSION

MA – LB & SR

LK delivered her presentation highlighting the economic and social impacts of Covid-19, moving onto the pre-Covid and post-Covid pressures on community pharmacies.

Significant pressures on the profession.

AK highlighted the business recovery phases. Discussed the stop, start and continue parts of phase 1. Moving to phase 2 around the end of the year, engaging with digital care and formalising prescription requests and eRD. What are the measures and KPIs for pharmacies and practices regarding eRD.

What would the “new normal” look like?

NHS England (GM) are formulating plans. The end of June recovery plans are going in as a system-wide response. In terms of CP, LB is impressed with what has been set out in LK’s paper. Discussed phase 2 and what CP can contribute. What do GP services, CP services and A&E look like in the “new normal”.

PCPB has a slot next week for LB and highlighted the wider CP contribution. Commissioners need to build on this. SR’s paper has just been shared with the LPC and both documents can be tied into the single system response for CP.

SR highlighted what is needed from the GM enablers, TCAM, digital enablers and CP commissioning framework.

Highlighted bringing the commissioners paper together with the LPC paper.

Action/next steps required for the end of June?

Bringing together all commissioners to include NHS England, CCGs, LAs and other commissioners.

For next Wednesday, need to ensure that the response is looked at from an overriding perspective and that it knits in to the wider NHS system, taking into account national regulations and requests.

Important to ensure that it is all joined up.

Priorities? How do we keep close to this being a system wide response encompassing what can be and what will be delivered. What then helps to develop the future framework.

MDS workstream across the NW looking at guidance principles defining on what good looks like and what will be required—ensure that MDSs are not just a default.

Flu—strategic flu group across GM. Expecting guidance over next couple of weeks, how the service will be commissioned.

MUR/NMS predicated on national sign-off. Remote authorising could be defined based on national guidance..

Remote provision of services—set of principles could be developed defining gold standards.

What is the appropriate governance forum for business recovery? PCB and then ensure that it is linked in with the wider system. Need to capture within the wider primary care forum. Discussed pharmacy cell, out of hospital cell and the recover cell make sure that bottom-up thinking/directing is adhered to.

Need to understand the data, the importance of it and then how it is used. Review with other stakeholders (GPs and secondary care) looking at what their workload is and whether the CP profession can help to alleviate the pressures within the systems. What could be channelled through to CP?

Have conversation with all primary care providers which could help to develop plans going forwards. When do we have these wider stakeholder engagement? But need to have solution ready to address the problems. Asking LB when she feels we should do this—LB to come back to AK on this point.

Timelines will be discussed at the meeting next Wednesday.

GM primary care digital board has just been reconstituted, would pharmacy consider agree to attending—positive response given.

Mass Covid testing across the whole of the GM CP network—need pharmacy numbers for mass testing, to include clinical and non-clinical members of staff. This is needed urgently. AK described a will to engage.

MEETING CLOSED AT 14:00