



Annual Report & Accounts 2019/20

Greater Manchester Local Pharmaceutical Committee

Innovative

Collaborative

Integrity

Excellent

Supportive

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Welcome

Welcome to our Annual Report & Accounts for 2019/20.

Despite the many challenges that we have faced community pharmacies over the last year, we have achieved a great deal.

We have stayed focused on our goals of securing pharmacy services, ensuring that commissioners and partners across Greater Manchester recognise the full value of community pharmacies, simplifying the commissioning process, and supporting contractors and pharmacy teams through the resources, advice and training we provide. We have done this against a backdrop of the new Community Pharmacy Contractual Framework, COVID-19, facilitating the

appointment of Community Pharmacy Primary Care Networks Leads, Brexit uncertainties, medicine shortages, the Falsified Medicines Directive (FMD), the ongoing financial squeeze facing community pharmacies and the wider health and social care sector to support contractors.

I am delighted to present this annual report, which summarises what we accomplished from April 2019 to March 2020, and the priorities we are setting ourselves for 2020/21.

Aneet Kapoor
Chair

Highlights of the year

Over the last year, we have:

- Conducted an operational review of GMLPC structure and function in March – September 2019
- Recruited a new LPC office team in January in line with the recommendations of the review
- Held 9 events across GM to support pharmacists and teams to understand Primary Care Networks, integration of Community Pharmacy and the Community Pharmacy Consultation Service
- Supported contractors to achieve PQS and achieve the gateway criterion successfully
- Appointed 58 Community Pharmacy Primary Care Network Leads to support contractors in meeting PQS requirements
- Continued development of the GM Healthcare Academy to coordinate & deliver support training workforce development through the launch of online training and events
- Supported contractors during the COVID-19 pandemic with webinars, resources, training and advice
- Worked closely with commissioners and the NHS to support service development and integration of Community Pharmacy

About GMLPC

We are the statutory body representing people who provide community pharmacy services in Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside & Glossop, Trafford & Wigan in discussions and negotiations with commissioners. Commissioners have a legal duty to consult us on proposals affecting community pharmacy.

We were created in October 2016 after contractors voted to merge six smaller LPCs. We represent all pharmacies that hold NHS contracts to provide community pharmacy services in our area, from large chains to small independents and online distance-selling pharmacies.

Our vision

To enable community pharmacy to improve health now and in the future

Our values

- Innovative
- Collaborative
- Integrity
- Excellent
- Supportive

Our strategy

Our strategy has four strands:

- Leading pharmacy through devolution
- Developing future services
- Contractor Support
- Championing and promoting pharmacy

Our three workplan priorities are:

- Service Development
- GM Healthcare Academy and workforce development
- Primary Care Network integration

Who we are

Our committee has 11 members who have been nominated or elected to represent their sector:

- 5 independent contractors, elected by peers
- 1 member nominated by AIMp (Association of Independent Multiple Pharmacies)
- 5 members nominated by CCA (Company Chemists Association)

We also have a small team of office staff.

Committee Members

- Aneet Kapoor, Chair (Ind)
- Ifti Khan, Vice Chair (CCA)
- Mohammed Anwar, Treasurer (Ind)
- Bruce Prentice (Ind)
- Gary Pickering (CCA) – Left in Nov 2019
- Mubasher Ali (CCA)
- Mujahid Al-Amin (CCA) – Re-joined June 2020
- Peter Marks (AIMp)
- Fin Mc Caul (Ind)
- Mohamed Patel (Ind)
- Helen Smith (CCA)
- Jennie Watson (CCA)

Committee sub-groups

- Executive
- HR
- Finance
- Applications
- Governance
- GMHCA (Training and support)
- Services Development
- PCN's and Neighbourhoods

Office team: April 2019 - January 2020

- Claire Dickens - Operations Development Manager
- Rikki Smeeton - Service Development Lead
- Lisa Mather - Business Support Manager
- Helen Reed - Business Support Officer
- Kay Hooper - Administrator
- Dipesh Raghvani - Clinical Lead

We wish to thank all previous team members for their contributions to GMLPC.

Office team: January 2020 – Present

- Luvjit Kandula - Director of Pharmacy Transformation, Chief Officer
- James Hughes - Office Manager
- Rikki Smeeton - Senior Responsible Officer PCNs
- Adam Kharaz - Business Support Officer
- Karishma Visram - Business Support Officer
- Imogen Halls - Senior Responsible Officer - Communications and Engagement
- Senior Responsible Officer - Services - to be recruited
- Paul Gallagher - Chief Operating Officer (January 2020 – April 2020)

Committee membership and meeting attendance

The table below lists all committee members who served in 2019/20 and their attendance at committee meetings. Our committee meets every two months. Meetings are held in public and contractors are welcome to attend the open part of the meeting if they inform us in advance.

Member	Role(s)	Service committee on	Meeting Attendance					
			May 19	Jul 19	Sep 19	Nov 19	Jan 20	Mar 20
Mujahid Al-Amin	Locality Lead	Dec 2018 – May 2019	✓					
Mubasher Ali	Locality Lead	Sep 2017 –	✓	✓	✓	✓	✓	✓
Mohammed Anwar	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✓	✗
Aneet Kapoor	Chair	Oct 2016 –	✓	✓	✓	✓	✓	✓
Ifti Khan	Vice-Chair	Oct 2016 –	✓	✗	✓	✓	✗	✗
Peter Marks	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✓	✓
Fin Mc Caul	Workforce Lead	Oct 2016 –	✗	✗	✓	✓	✓	✓
Mohamed Patel	Locality Lead	Oct 2016 –	✓	✓	✓	✗	✓	✓
Gary Pickering	Locality Lead	Jul 2019 – Dec 2019		✓	✓	✓		
Bruce Prentice	Locality Lead	Oct 2016 –	✓	✓	✓	✓	✓	✓
Helen Smith	Locality Lead	Oct 2016 –	✓	✗	✓	✗	✓	✓
Jennie Watson	Locality Lead	Oct 2016 –	✗	✗	✓	✓	✓	✓

Chair's report

While the past year has been extremely challenging for community pharmacies, we have a vast amount to be proud of; not least the way in which pharmacies have pulled out all the stops to ensure patients continued receiving medication and great care despite the worst shortages ever recorded, funding cuts, the COVID-19 pandemic and the publication of the new Community Pharmacy Contractual Framework.

GMLPC has worked equally hard for our contractors. GMLPC conducted a deep dive into the operation of the LPC and engagement with all stakeholders in order to establish whether the LPC was functioning in the most efficient manner. There were significant findings relating to the job roles and skillsets needed to ensure the sector can adapt and meet the ever-changing NHS landscape and devolution. The LPC embarked on a recruitment drive to employ new staff in September 2019.

We have fought your corner, provided training and support, and achieved substantial progress with our plans for ensuring community pharmacy has a strong and viable future in Greater Manchester.

The strategy was further developed in late 2019 and continued to be implemented throughout 2019/20 whilst adapting to the changing NHS landscape and the publication of the NHS Long Term Plan. It correctly anticipated many of the measures published in the NHS Long Term Plan in January 2019 and is particularly well suited to the new proposals for Primary Care Networks and progress with locality health plans across Greater Manchester.

Key features include an intelligence-led approach to supporting contractors (informed by data from national datasets such as those for PQS, NMS and flu vaccination), a new commissioning model and harmonised service specifications, the academy, and community pharmacy's full involvement in health decision-making at Greater Manchester-wide, locality and neighbourhood level.

Our priorities for the year ahead focus on three key workstreams, underpinned by our new commissioning model and business as usual:

- Ongoing development of our data dashboard, enabling us to provide tailored, intelligence-led support to our contractors moving forward in 2020/21
- Secured funding for delivery of the GM Healthcare Academy to help pharmacies deliver superb patient care while building their own resilience and long-term viability. Hosting of the Academy has now passed to CHL. GMLPC continue to provide oversight, steer and scrutiny as part of the Academy Board. This includes recruitment of support staff to operationalise support to contractors.
- Support for contractors to deliver PQS and appointment of all 58 PCN leads with integrated working with the GMHCP to support collaborative working across neighbourhoods and PCNs as per the CPCF.
- Supporting the COVID-19 response by linking with localities, commissioning services and mitigating income loss from services such as substance misuse.

We will continue delivering high quality care and support to our local communities despite challenges such as the recent announcement of the new Community Pharmacy Contractual Framework, the COVID-19 pandemic, financial challenges and the operational challenges that have been faced.

This has been a real time of change and challenge but I can assure you that GMLPC will continue to ensure community pharmacy's voice is heard, support you and work as hard for you as you work for your patients.

Aneet Kapoor Chair



Treasurer's report

Dear colleagues,

I have pleasure in presenting the GMLPC accounts for the period ending 31st March 2020.

As treasurer of the GMLPC, I have responsibility to oversee the funds of the committee and to work with the other LPC officers and members to ensure that contractor's money is only used as set out in the LPC constitution.

At the end of each financial year we produce the final annual accounts which are submitted for auditing by a registered chartered accountant (K.A Rogers) for approval at the LPC AGM. After approval at the AGM a further copy of the audited accounts is sent to PSNC for their records.

This LPC has worked very hard over the years to manage our cash reserves and this year is no different. We recognise the financial struggles most contractors are facing and for that reason the levy will not be increasing for contractors in 2019/2020. There has been no levy increase for four years.

One of the key priorities of GMLPC is to use the levy as effectively as possible to deliver the best support possible for all our contractors. For 2019/2020 one of those key priorities was to support contractors with the newly announced Pharmacy Quality Schemes. Another key priority was the transition towards delivering the new Community Pharmacist Consultation Service (CPCS). I believe the LPC has helped enable contractors to achieve these goals by providing the support needed.

Summary of accounts

The total LPC administrative and contractor support costs for the year under review totalled £230K, decreased spend of nearly £95K over the previous financial year.

Levies paid by the LPC to the PSNC totalled £174,522. Moving forward, the committee has budgeted for a similar £174,522 PSNC levy this financial year too.

Income derived from levies paid by contractors to the LPC was £588k.

Over 2019/2020 the cost of running the GMLPC was £327,404. This excludes the total sum of monies paid to the PSNC (£174,522). The closing balance in the bank as of 31 March 2020 was £581,795.45 and the opening balance for the year going forward on 01 April 2020 was £630,795.47

In addition to our prepared accounts I would also like to clarify some points that may assist you when examining these accounts;

- When the budget is prepared for the year, we make sure we apply the "Zero-base budgeting" method to make sure we get the best value for contractors. This method has ensured our LPC

administrative expenses have been reduced over the year and helps us to scrutinise each expense.

- LPC statutory levies have remained at the same level as in the previous four years.
- Salary spend has reduced from £291K in 2019 to £201K in 2019/2020. This is due to the office having vacancies available which have not yet been filled.
- Members' expenses have increased from £32K in 2019 to £62K 2019/2020. This is expected as vacancies have not been fulfilled and LPC members have had to step in, and cover with their time.

Given the economic climate, we as an LPC have succeeded to bring in a significant saving over the year. A high retained surplus has been bought forward to the year 2020/2021. We understand Greater Manchester contractors work very hard to provide a great service to our communities and the public.

GMLPC recognises this and announce a reduction in the levy for 2020/2021 which amounts to a 6-month levy holiday totalling £150k with a view to review and extend a further 6-months if necessary. We intend to use these reserves to help support our contractors going forward in 2020/2021.

Members of the committee are required to attend the LPC meetings regularly as well as attend meetings on behalf of the LPC and contractors. Operating under Nolan Principles, the LPC considers that members carrying out duties on behalf of pharmacy contractors should not be out of pocket. The LPC operates within a robust Accountability and Governance Framework that is regularly monitored. All members abide by our expenses policy which is routinely reviewed and updated by the LPCs finance and governance committee.

Mohammed Anwar

Treasurer



Please see pages 23-25 for details of accounts

What we achieved in 2019/20

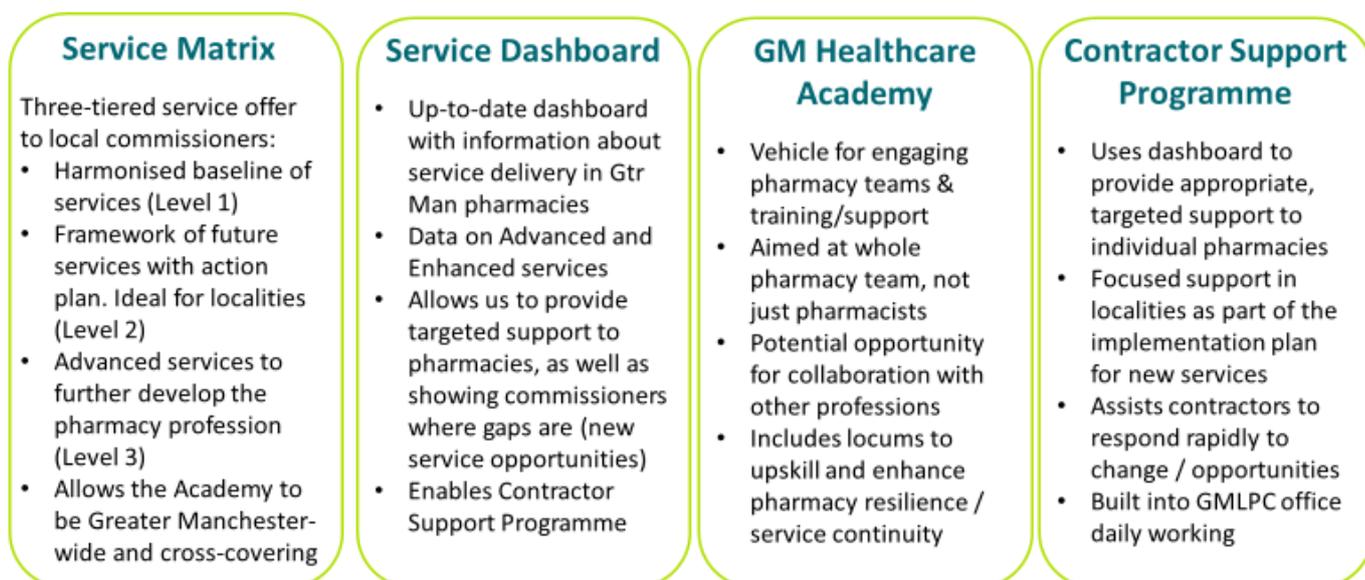
Our goals

We set ourselves four key priorities for the year, aligned to our organisational strategy.

Our strategy is:

- Leading pharmacy through devolution
- Developing new services
- Supporting Contractor and Pharmacy Teams
- Championing & promoting community pharmacy

Our priorities for 2019/20



Our priorities for 2019/20 were:

- Leading pharmacy through devolution through further development of the GM commissioned model
- Developing new innovative services to leverage the potential of community pharmacy and ensuring existing services are reviewed and re-commissioned. Continued development of the Services dashboard
- Supporting contractor and pharmacy teams through the development of the GM Healthcare Academy and provision of guidance, support and advice to contractors and pharmacy teams to ensure the workforce is fit for the future
- Championing & promoting community pharmacy through closer collaboration with the Greater Manchester Health and Social Care Partnership, localities and PCNs to support integration of Community Pharmacy in the local NHS

- The GMLPC conducted an operational review to examine the current LPC structure to better support contractors, improve delivery of care to our patients and communities through closer collaborative working with our NHS health and social care partners
- The LPC strategy and workplan will be reviewed in 2020/21 to ensure any plans are inclusive of digital developments, integrated working with PCNs and workforce development in partnership with our health and social care partners in GM

What we achieved

Service matrix:

- ✓ Secured support from CCG and local authority commissioners across Greater Manchester after visiting them to explain our vision, the benefits and how it would work in practice
- ✓ Successfully piloted and supported a number of commissioned services via the provider company, CHL, as a vehicle for contract and performance management
- ✓ Developed harmonised service specifications based on best practice for several services including needle exchange and supervised consumption. They are now in use in Rochdale, Oldham, Salford, Trafford and Bolton. We also began developing a harmonised specification for smoking cessation services
- ✓ Ongoing work with the Greater Manchester Health and Social Care Partnership on proposals for a standardised Greater Manchester contract for locally commissioned services. (The national contract would continue to be used for all other services)
- ✓ Review of currently commissioned services in GM to ensure information is up to date on our website and where required, work with commissioners to develop the service offering and review fees. All information has been updated on the website for contractor's benefit
- ✓ The development of a GM wide MAS scheme which is due to be launched imminently

Service dashboard:

- ✓ Utilising data from Pharma Data and PharmOutcomes we have developed a bespoke performance dashboard to enable us to notice trends and understand where and when our contractors need support. This dashboard is constantly in development
- ✓ Used the dashboard data and national datasets to provide contractors with targeted support and to identify high performers for case studies & examples of best practice

GM Healthcare Academy:

- ✓ Launched GM Healthcare Academy in May 2018 in partnership with Greater Manchester Health & Social Care Partnership, the Pharmacy Local Professional Network (LPN), Bolton LPC and our provider company, CHL. The Academy is also supported by CPPE, the Centre for Pharmacy Postgraduate Education at the University of Manchester

- ✓ Continued development of e-learning platform for con and training webinars to support learning and development of contractors and community pharmacy teams

Contractor support:

- ✓ Contacted all pharmacies via email and/or phone that were at risk of non-compliance with the Pharmacy Quality Scheme gateway criteria and of not completing the Community Pharmacy Assurance Framework (CPAF) survey
- ✓ Issued weekly e-bulletins to ensure contractors were aware of national updates service opportunities, training, contractual requirements, and GMLPC support and resources. This was increased to three times weekly during COVID-19 to ensure contractors receive the most up-to date information and support
- ✓ Produced a vast range of resources including guidance for newly appointed Community Pharmacy PCN leads and supporting contractors to navigate the challenges of the COVID-19 pandemic

The Commissioning Landscape

We recognise that we operate within a wider landscape, nationally and within Greater Manchester, which shapes our work.

Greater Manchester

Greater Manchester has had control of its own health and social care budget since devolution in April 2016. The pharmacy and optometry team in Greater Manchester Health & Social Care Partnership manages nationally commissioned pharmacy services on behalf of NHS England. CCGs and local authorities commission further pharmacy services such as

minor ailments schemes and emergency contraception within their own localities.

We work closely with all commissioners in Greater Manchester to demonstrate the value of community pharmacy and to secure services for contractors and patients.

The graphic on page 14 explains how commissioning works in Greater Manchester and how we work with commissioners and our health and social care partners to promote community pharmacy.

National developments

In January 2019, NHS England set out its vision for improving care over the next 10 years by publishing its Long-Term Plan.

The plan includes a greater focus on primary care and subsequent developments have included a new GP contract from April 2019 and funding for primary care networks (PCNs). PCNs will see GP practices coming together to

cover a population of 30,000-50,000. By working at scale as PCNs, they will be able to access additional funding to provide services that would not be viable for individual practices. It is very much in line with work that was already underway in Greater Manchester to develop integrated care organisations in each locality, and neighbourhood clusters covering populations of 30,000-50,000.

In 2019/20 we worked closely with the GMHSCP, CCGs and PCNs to help contractors achieve the PQS criterion relating to PCNs. For example:

- We worked in collaboration with GMHSCP to support Community Pharmacy PCN Leads to link with Clinical directors
- We provided leadership training support to newly appointed Community Pharmacy PCN Leads
- 100% of GMLPC Community Pharmacy PCN Leads claimed for the PQS
- We supported Community Pharmacy PCN Leads to build relationships with other Community Pharmacy PCN Leads and their local pharmacies by creating 59 WhatsApp groups and NHS email hubs to facilitate collaboration and communication.
- We worked with local PCN leaders to ensure Community Pharmacy PCN Leads were invited to the locality leaders' network to help build relationships and build a foundation for integrated working



Credit: Greater Manchester Health & Social Care Partnership

We have met all local commissioners to explain how community pharmacies can help them achieve their goals, and how we can simplify the whole process of commissioning and managing pharmacy services:

- Easy to commission from a matrix of harmonised specifications
- Easy to manage through a contract with a lead provider (e.g. CHL) which pays individual contractors and manages their performance.
- Easy to tailor to local needs, thanks to three-level approach. Services can be commissioned at a GFM-wide, locality or neighbourhood level.

Service planning & decision-making

Greater Manchester-wide

- **Greater Manchester Health & Social Care Partnership (GMHSCP)** sets the city region's overall health strategy and oversees its budget.
- It also manages nationally-commissioned pharmacy services on behalf of NHS England.

Localities

- **CCGs & local authorities** commission services for their own populations. GMLPC represents pharmacy contractors in the nine localities shown on the map. In some of them, the CCGs and local authorities have now formed joint commissioning functions covering all health and social care services.
- Each locality also has a **local care organisation (LCO)** that includes commissioners, providers & partners. LCOs' locality plans aim to improve health outcomes in their area by integrating care and ensuring that services focus on the specific health needs and priorities of their community.

Neighbourhoods / primary care networks

- Each locality comprises several neighbourhoods covering populations of roughly 30,000-50,000 people. Some localities now have **neighbourhood meetings** where providers in that neighbourhood can discuss and plan services for the 30,000-50,000 people in their area.
- GP practices are also forming **primary care networks**, in line with the NHS Long Term Plan. These may not map exactly to neighbourhoods.

Strategic Context

The NHS Long Term Plan, Primary Care Networks, and developments in Greater Manchester's health and social care system that were described above are not the only factors that influenced our work in 2019/20. The wider strategic context also included:

- **CPCF:** The publication of the new Community Pharmacy Contractual Framework in July 2019, PSNC, NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) agreed a five-year deal for community pharmacies, guaranteeing funding levels until 2023/24. The deal secures pharmacy funding and sets out a clear vision for the expansion of clinical service delivery over the next five years, in line with the NHS Long Term Plan. This included the further development of the Pharmacy Quality Scheme which will continue for the next 5 years.
- **COVID-19 Pandemic:** The onset of the COVID-19 pandemic has proved a significantly challenging period for Contractors and the wider NHS
- **Medicines shortages:** Shortages and pricing issues continued to occupy vast amounts of pharmacists' time. The price concessions list reached record levels
- **National pharmacy contract:** Pharmacy Quality Scheme was announced for 2019/20 in September 2019.

We supported contractors and worked with commissioners and partners. Examples included:

Pharmacy Quality Scheme

- We produced bite-sized guides and webinars to help contractors meet the criteria. It was shared in newsletters, Twitter, emails & our website
- Targeted support was provided to pharmacies at risk of non-compliance, including emails & phone calls
- Throughout 2019/2020, we contacted pharmacies every week by providing targeted support to help contractors achieve the quality criterion

Shortages

- We lobbied CCGs and prescribers to raise awareness of the issues and collaborate with us on solutions
- We contacted prescribers & commissioners with the shortages pharmacies reported to us
- We also shared details with PSNC to ensure they were included in price concessions discussions

Working with local commissioners

- We ensured contractors received national guidance and updates from PSNC and the Health Secretary. This included the importance of not stockpiling medicines & exacerbating shortages
- Ensuring we worked closely with commissioners, LMCs and other policy leads to develop communications and policies to prevent further supply issues such as use of EPS, review of prescribing policies, addressing MDS and EPS nomination issues.
- Representing on GMMMG, locality groups, flu groups and service development meetings

Services & Local Commissioning

Pharmacies' long-term viability depends on their ability to deliver high-quality services that meet the needs of patients and commissioners. They cannot rely on dispensing alone. That's why services were the fundamental factor linking all four of our key priorities for 2019/20:

- **Service matrix:** Developing a commissioning model and harmonised specifications to make it as easy as possible for commissioners to invest in pharmacy-based services.
- **Service dashboard:** Using benchmarking and performance data to help us help contractors in maximising the benefits for patients, as well as boosting pharmacy income.
- **GM Healthcare Academy:** Providing targeted training and workforce development to help pharmacies deliver services to the highest standards.
- **Contractor support:** Tailored support via visits and phone calls aimed at identifying good practice and guiding those that would like to improve.

Strengthening the Role of Our Provider Company

We have made huge progress in 2019/20 in strengthening the capacity and governance of CHL (CPGM Healthcare Ltd), the community pharmacy provider company for Greater Manchester, together with our partners, Bolton LPC. CHL was created to provide the functions that LPCs are not allowed to deliver – for example, LPCs can't performance-manage contractors or hold service contracts with commissioners.

CHL's capacity has been expanded with the appointment of a highly experienced full-time Director of Strategic Programmes, Alison Scowcroft. CHL works closely with both LPCs, providing project and contract management that releases capacity for us to focus on our core functions of supporting contractors and negotiating new services.

Crucially, a provider company is also a fundamental element in the new commissioning model we are proposing for Greater Manchester.

How we work with CHL

Commissioning model & contract management

Previously GMLPC provided back-office support for some pharmacy services: for example, we managed the payments to pharmacies for Oldham health checks and Wigan's additional bank holiday openings.



There was a limit to how much of this work we could do, which meant that some commissioners were reluctant to launch additional services or pilots because of similar capacity constraints within their own teams.

This arrangement enables commissioners to sub-contract CHL not just to manage back-office work such as payments to pharmacies: **CHL can also performance-manage contracts with pharmacies**, something that LPCs are not allowed to do.

This has huge advantages for commissioners, making it much easier and more attractive for them to commission pharmacy services, while releasing capacity within GMLPC for us to focus on contractors' key priorities.

Pilots

GMLPC negotiates a pilot with commissioners. Previously, we would also have project-managed the whole pilot, from initial rollout through to full implementation and evaluation afterwards.

Now we have the option of contracting CHL to do some of this work for us. That releases capacity within GMLPC for us to spend more time on contractor support, commissioners, locality work and developing proposals for new services or pilots.

CHL's Governance

When CHL was originally set up to tender for and deliver services, we used the model constitution and articles of association that had been developed nationally for community pharmacy provider companies. As our ambitions for CHL have grown, however, these have proved less than ideal. For example, some pharmacy chains found it difficult to join CHL; in addition, its membership comprised individual contractors and managing a company with a large number of members is burdensome.

For CHL to realise its potential, it needs articles that provide a level playing field with GP and optical provider companies. Together with Bolton LPC, our legal advisers and PSNC, we have now developed a new constitution and articles of association that will enable CHL to compete on a level playing field to commissioned as a single provider on behalf of all pharmacies in Greater Manchester, while maintaining appropriate separation from the LPCs, allowing open competition, and preventing conflicts of interest.

CHL adopted the new governance structure in 2019/20 and we believe this model could prove successful for all community pharmacy provider companies in England.

Key points:

- New articles of association which enable people to sit as ‘observers’ without directors’ responsibilities, in addition to full CHL directors who represent the LPCs and CHL members
- CHL will initially have two LPC members – Greater Manchester and Bolton – and the ability to expand to other areas, and a small number of contractor members from designated areas. All contractors will be able to become affiliate members of CHL without accepting individual liability
- GMLPC and Bolton LPC will use contractor funds to scope new services, confident that we are using this money to benefit all contractors equitably in line with our legal duties

CHL directors & governance in 2019/20:

CHL’s governance structure in 2019/20 required it to have:

- Two directors representing the LPCs; and
- Up to three additional directors.

Its current directors are:

- Aneet Kapoor (LPC Director)
- Peter Marks (LPC Director)
- Louise Gatley (Director)
- Varun Jairath (Director)

It is overseen by a scrutiny committee of nominees from GMLPC and Bolton LPC.

GM Healthcare Academy

We developed the academy to ensure that pharmacies across Greater could access cohesive, high-quality training and development that supports and empowers them today and for the future.



The academy focuses on developing the whole pharmacy team and providing practical guidance so pharmacies can put their learning into daily practice. Events are usually free to attend, and the academy operates on a not-for-profit basis, supported by sponsorship and funding from external sources.

The academy is a partnership between GMLPC, Bolton LPC, CHL, Greater Manchester Health & Social Care Partnership (GMHSCP) and the Pharmacy Local Professional Network (LPN). It is supported by CPPE. This partnership approach means:

- Training is totally aligned to pharmacies’ needs, commissioned services and commissioners’ future plans
- The academy can draw on a wealth of expertise from its partner organisations.
- Partners agree a cohesive programme of events across Greater Manchester, enhancing quality and reducing duplication and gaps in provision

- We can help pharmacy teams develop their expertise and play a greater role in direct patient care in the future, as well as providing those services that are already commissioned

GMLPC's role in GM Healthcare Academy

CHL now hosts the academy as of May 2020 and provides its organisational support. The GMLPC forms part of the GM Healthcare Academy board which continues to support the academy, provide strategic direction and input into the GM Healthcare Academy workplans.

Collaborative Working

We have developed strong and very positive working relationships with several neighbouring LPCs, including Bolton LPC, Community Pharmacy Lancashire and other LPCs in the North-West.

We work particularly closely with Bolton LPC as our closest neighbour and our partner in GM Healthcare Academy and CHL. Bolton has been fully involved in our proposals for the new commissioning model and is working with us to develop harmonised service specifications. We also work closely with CHL.

We see the potential for this collaborative working to intensify over the next few years, as we further develop GM Healthcare Academy and the new commissioning model, harmonised service specifications and a contractual framework to support it. In late 2019/20, we started discussions with Bolton LPC and CHL to see how we might collaborate further and/or pool expertise to each organisation's mutual benefit.

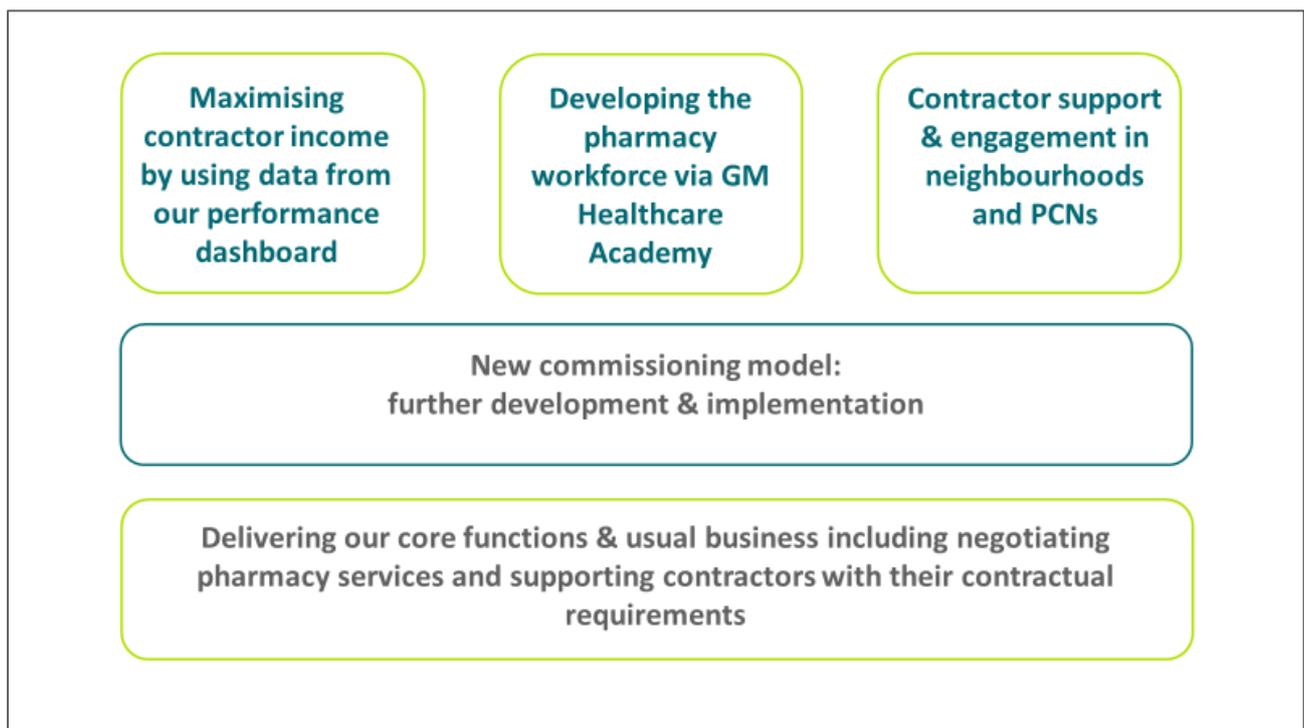
Priorities for 2020/21

Our workplan for this year builds on what we achieved in 2019/20 and is informed by the strategic context in which we operate, the commissioning landscape in Greater Manchester and nationally, and the issues that contractors said they wanted us to prioritise. Key factors include the NHS Long Term Plan, the new national Community Pharmacy Contractual Framework, the creation of Primary Care Networks, and the increasingly localised nature of commissioning decisions.

We have also revised our operating structure to enable us to deliver this workplan and our strategy for the next five years. The new structure was developed following a review that considered what roles and skills we would need, and a recognition of the increasingly collaborative way in which we work with Bolton LPC, CHL and our other partners in GM Healthcare Academy.

Together, this means we are focusing on the right priorities and have the right people, skills and structures in place to deliver what our contractors need from us for the next five years.

Our key workstreams for 2020/21:



Conclusion

This has no doubt been one of the most challenging periods that we have faced as a sector with the impact of the funding cuts, the challenge of finding resilience and capacity to deliver on the requirements of the new Community Pharmacy Contractual Framework (CPCF) and adapting our operational models to continue to deliver the highest quality of care to our patients and communities during COVID-19.

As the GMLPC undertook a detailed review of the structure between June and September 2019 to ensure the LPC structure is fit for purpose to ensure contractors receive the best value for money and outcomes, a recruitment exercise was undertaken to employ a new office team in January 2020.

The GM Healthcare academy is now hosted by CHL, and the GMLPC will continue to support the academy with strategy development.

We can look back on 2019/20 with a considerable sense of achievement, despite the extremely challenging environment posed by funding cuts, persistent medicines shortages and Brexit. We formally launched GM Healthcare Academy, made substantial progress with our plans for a new commissioning model, and achieved our goal of increasing engagement with locality commissioners, local care organisations and those neighbourhood meetings that already exist.

There is little doubt, however, that we will need to maintain this pace throughout 2020/21 and beyond. We need to support Greater Manchester contractors in maximising the opportunities and minimising the risks of the new pharmacy contract. There will also be a vast amount for us to do in terms of implementing the new commissioning model, developing a wider suite of harmonised service specifications, and ensuring that community pharmacy is fully embedded in commissioning plans at Greater Manchester, locality, neighbourhood and PCN levels.

We do not underestimate the time and effort this will require but we believe the new operating structure and strategy we have put in place will ensure we have the right expertise and capacity in place to achieve it.

Annual Accounts 2019/20

Accounts for the period ending 31st March 2020

**Independent Examiner's Report to the Members of
Greater Manchester LPC (GMLPC)**

**GREATER MANCHESTER L.P.C.
YEAR ENDED 31 MARCH 2020
INDEPENDENT EXAMINERS REPORT TO THE MEMBERS OF GMLPC**

I report on the accounts of the L.P.C. for the year ended 31 March 2020 which are set out on the following 2 pages.

RESPECTIVE RESPONSIBILITIES OF MEMBERS AND EXAMINER

The L.P.C. members are responsible for the preparation of the accounts. The L.P.C. members consider that an audit is not required for this year in accordance with the rules and that an independent examination is needed.

It is my responsibility to:

- examine the accounts;
- follow the procedures laid down in the rules of the L.P.C.; and
- state whether particular matters have come to my attention.

BASIS OF INDEPENDENT EXAMINER'S STATEMENT

My examination was carried out in accordance with the rules of the L.P.C. An examination includes a review of the accounting records kept by the L.P.C. and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeks explanations from you as members concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

INDEPENDENT EXAMINER'S STATEMENT

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements
 - to keep accounting records in accordance with the rules of the L.P.C., and
 - to prepare accounts which accord with the accounting records and to comply with the rules of the L.P.C.have not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

K.A.ROGERS
Chartered Accountant
608 Liverpool Road
Irlam
Manchester M44 5AA
Date: 26th August 2020

Income & Expenditure Account

Period ending 31st March 2020

	2020	2019
	£	£
<u>Income</u>		
Statutory Levies	588,000	588,000
LPC Transfers	0	436
Sponsorship	9,280	13,650
Other Income	1,138	8,396
Bank Interest Received (Gross)	0	420
Total Income	<u>598,418</u>	<u>610,902</u>
<u>Expenditure</u>		
<u>Administrative Expenses</u>		
Salary	201,785	291,664
Office Rent	13,880	14,025
Telephone & Internet	5,116	5,969
Printing, Stationery & Postage	5,774	4,008
Computer expenses & equipment	260	6,875
Travel Expenses	3,048	2,433
<u>P.S.N.C. Expenditure</u>		
Levy	174,522	174,522
<u>Meetings</u>		
Hire of Rooms	693	1,837
Members Expenses - LPC Meetings	62,190	31,815
Travel Expenses	0	2,108
AGM Costs	3,285	6,045
<u>Other Expenses</u>		
GM Healthcare Academy	7,695	12,630
Manchester Anti Virals	0	509
Locality Cont. Events Expenses	0	116
GM HLP	2,620	0
Other project costs	5,056	2,619
Honorarium	0	0
Accountancy Fees	1,276	1,248
Consultancy	6,545	0
HR Professional Support	3,826	0
Software costs	400	367
Insurance	299	342
Staff Training	0	1,281
Staff Recruitment	3,396	0
Sundry Expenses	259	647
Bank Charges	1	158
Total Expenditure	<u>501,926</u>	<u>561,219</u>
Surplus for the Year before tax	96,492	49,683
Corporation Tax Payable	0	80
Surplus/(Deficit) for the Year after tax	<u>96,492</u>	<u>49,603</u>
Retained Surpluses brought forward	503,528	453,925
Retained Surpluses carried forward	<u>600,020</u>	<u>503,528</u>

Balance Sheet

Period ending 31st March 2020

	31.3.20		31.3.19	
	£	£	£	£
Fixed Assets		0		0
		<u>0</u>		<u>0</u>
Current Assets				
Loan - CPGM Ltd	31,300		31,300	
Cash at Bank	581,794		478,723	
	<u>613,094</u>		<u>510,023</u>	
Current Liabilities				
Accruals	8,409		1,608	
PAYE Creditor	4,665		4,807	
Corporation Tax	0		80	
	<u>13,074</u>		<u>6,495</u>	
Net Current Assets		600,020		503,528
Net Assets		<u>600,020</u>		<u>503,528</u>
Reserves				
Income & Expenditure Account		600,020		503,528
		<u>600,020</u>		<u>503,528</u>



GMLPC

Supporting Community Pharmacy
in Greater Manchester