

Minutes

Location: Zoom Call
Date: 28th April 2021
Time: 14:45pm – 16.35pm

ATTENDEES

| Members Name | Company | Initials |
|-------------------|---------|----------|
| Fin McCaul | Ind | FMC |
| Mubasher Ali | CCA | MA |
| Ifti Khan (Chair) | CCA | IK |
| Jennie Watson | CCA | JW |
| Aneet Kapoor | Ind | AK |
| Mohammed Anwar | Ind | MAn |
| Mubasher Ali | CCA | MA |

| Members Name | Company | Initials |
|-----------------|---------|----------|
| Helen Smith | CCA | HS |
| Peter Marks | AIMp | PM |
| Mujahid Al-Amin | CCA | MAA |
| Luvjit Kandula | GMLPC | LK |

| | | |
|----------------|----------------------|----|
| Kashif Yaquob | Bristol Myers Squibb | HC |
| Jagjiwan Khela | Bristol Myers Squibb | KW |

Open Session of Meeting started 14:45pm

WELCOME AND INTRODUCTION

Minute takers: Akh, KV, RS, EB, IH

AW and MP send their apologies.

SPONSORSHIP

Bristol Myers Squibb

Presentation delivered by Kashif Yaquob and Jagjiwan Khela. Provided an overview of the support and resources that Bristol Myers Squibb offer.

Discussed NICE Atrial Fibrillation (AF) guidelines. Noted importance of CP in healthcare. Invested in team of pharmacy account specialists. Provide peer-to-peer support and several resources to help pharmacies deliver AF services including one to one and group presentations.

Contact details to be shared with contractors.

FMc left at 2:46

Committee questions to be collated by JH and sent to speakers.

KY and JK left at 2:57

AOB

LK – Support to India via MHCC

DECLARATION OF INTEREST (DOI)

Nothing further declared.

Approval of Minutes

Previous minutes approved.

ACTION LOG

Action 111 – Action closed

Action 109 – Committee to send outstanding invoices ASAP

Action 108 and 101 – Further discussed on slides 2

Action 89 – 50% settlement being discussed on outstanding invoice. Paul account disabled so cannot access those old communications to show when we gave them initial notice. 50% settlement being discussed, due to service not being great and shortcomings on both sides

Action 66 – Email has been sent. Action closed. Noted that future sponsor comms should go to office not committee members

Action 53 – Will be picked up after lockdown eases

Action 5 – Ongoing. Paused due to availability issues. Pick up at later date

Action 1 – Paperwork sent to bank- no response yet. Follow-up in a few weeks if we don't hear back

GMLPC ROLE AND RESPONSIBILITIES - OUTSTANDING ACTIONS & SUMMARY

Reviewed periodically. Academy subgroup to decide on whether they have a shared chair or one volunteer.

Subgroup meetings to be set up and distribution groups to be updated with new roles. Office team to action

DOPT & BAU REPORT - LK

Committee sent overview slides last week.

EMIS funding secured

28 PCN areas engaged with GPCPCS. Suggested that we connect with all PCNs in Manchester through Primary Care Manchester.

Provider federation board (PFB) willing to meet re DMS. Will have 2nd June date to engage chief pharmacists, Raised community coordination cell – raised to Steve Dickson and Steve Barnard – will take to governance group to progress. Locality feedback. Some training not started due to outstanding issues such as funding of Pharmoutcomes.

Commissioner contacted to minimise patient impact of reduced SC activity. Suggested that need for SC and daily medication bottles is highlighted through discussion of coroner overdose ruling. CP Service for this should be commissioned.

MAA left at 15:13

Importance of respiratory pathways with 3 levels discussed. CP to be involved. 1. referral from GP 2. NMS – inhaler technique service 3. super pharmacy. Met with HInM – keen to include CP in this.

ICS paper to be approved on 30th April. Need to maintain and expand representation as not enough to cover every locality. To aid with ICS, LPC board members should be locality leads so that each area has a representative. Need to establish exactly what CP can offer for each of the 4 ICS priorities. Discuss the CP offer using language of the ICS paper. Previous feedback during devolution was that CP offer didn't match their language and needs.

MAA returned at 15:21

96% uptake of LFD – national average is 90%. Discussion on how to inform patients service is available. Press and Healthwatch updated. Need to engage with the partnership to see how to promote.

Report including key themes from contractor feedback being written. Concerns that information may be out of date as data is from last year. New survey will be sent out before agm and suggestion put forward for a quarterly open café to collect further contractor feedback.

PCN report detailing support provided to leads created. Positive feedback given on report.

Pharmacy awards being developed. Ceremony to take place during AGM 2021.

GPCPCS data requested. Data not currently available as localities not live yet. LK to send spreadsheet of predicted go-live dates to scrutiny group.

Feedback given that personal names and details should not appear on open session slides.

Discussion on newsletter. Feedback given that newsletter is too long and repetitive and frequency may need to be reviewed. Different levels of readership on each newsletter needs to be considered.

Suggestion that a few changes are made, and this is tested against the original to see which has higher engagement. Office team have made several changes in the past few weeks and have condensed repeated stories. Will continue to collect contractor feedback.

Sustainability projects – TerraCycle – might be opportunity for GM to look at this re blister packs etc

Nova Nordisk have approached us regarding global project - insulin pen collection in pharmacy. Want GM involved. Not funded but could be positive PR-supporting sustainability agenda. To be discussed further.

FINANCE – MA

Presentation distributed last week

Total income reduced due to levy holiday. Due to end April 2021

EB returned at 3:45

Account 2 – required to pay Pharmoutcomes license

Suggestion that money from sponsorship is collated into project fund used to deliver services and demonstrate to wider system ability of CP.

Discussion on potential uses for the surplus. Suggestions to extend levy holiday, invest in projects or permanently revise contractor levy. Finance subgroup to discuss further.

Discussion on the account reserve. Need to account for LPC contribution to PSNC wright review. Agreed that it should remain at 6 months as this is best practice– can be reviewed in September

FMc rejoined at 4:03

Regional PSNC Update - FMc

Contract negotiations have begun – to be completed by August

LPN Chair Update

First team meeting yesterday. Rob Bellingham gave update on ICS. Will be able to provide more info after June meeting.

Meeting with admin support regarding stakeholder engagement – office team to help send ideas regarding stakeholder engagement over next couple of weeks.

Will try to drive Pharmacy commissioning model and overcome barriers. Wider integration piece with meds optimisation – get everyone on board.

LPN shouldn't own the work – but get behind it, advocate and drive it

ACADEMY - JW

Administrator has left – not planning on replacing. Utilise Helen.

Offering HLP training at discounted price

JW – Ana working with Pfizer. PM to send JW details to check Pfizer contact (asap)

OFFICE WORKING DISCUSSION

2 months left on office contract – will renew for 6 months. JH to start this negotiation now

Team office working preferences collated. Majority preferred working from home or a hybrid option. While at home tech arrangements have worked well. If future working is from home bandwidth and wellbeing issues to be considered. Discussion to be picked up with subgroup in June after government guideline on social distancing are published.

AOB

Support to India via MHCC

Meeting booked to decide what support for India will look like i.e. aid, medical support

OPEN SESSION OF MEETING ENDED AT 16:27PM

Closed Session 16:27pm