



Community Pharmacy Cheshire and Wirral



Meeting Minutes

For the Zoom meeting held on Wednesday 15 July 2020, 9am

1	Present						
	Members				In Attendance		
	Nadia Ali	CCA	NA	Suzanne Austin	CS&DP	SA	
	Daniel Byatt	AIMp	DB	Rachael Fairbrother	LEO	RF	
	Gordon Couper	Independent	GC	Adam Irvine	CEO	AI	
	David Crosbie	CCA	DC	Alison Williams	BSO	AW	
	Ian Cubbin	Independent	IC	William Greenwood	LMC	WG	
	Stuart Dudley	Independent	SD	Mark Dickinson	CCG	MD	
	Wesley Jones	CCA	WJ				
	Sally Lloyd	CCA	SL	Apologies			
	Dane Stratton-Powell	CCA	DSP	John Devaney	CCA	JD	
	Stephen Thomas	CCA	ST	Andrew Hodgson	Independent	AH	
	Lee Williams	Independent	LW	Amanda Reeve	CCA	AR	
	Katrina Worthington	CCA	KW				
2	Welcome, Apologies and Expressions of Interest GC welcomed members to the committee meeting. Apologies were received from JD, AH and AR. Expressions of Interest were received from NA, SL and ST (Item 16 <i>Applications</i>)						
3	Meeting Etiquette AI outlined some of the features of Zoom and shared some slides proposing a number of rules to ensure that virtual LPC meetings run smoothly; members agreed to the proposals.						
4	Pre-Guest Planning A number of guests joined the LPC meeting today and members considered and discussed the points they would like to raise.						
5	William Greenwood, Chief Executive, Cheshire Local Medical Committee (LMC) (<i>present for this agenda item only</i>) GC welcome WG to the meeting; WG gave members a general update on Cheshire LMC. Main points:						

	<ul style="list-style-type: none"> • Following a review about 2 years ago the LMC developed a programme called <i>Cheshire LMC Fit for the Future</i> • In terms of the current system the main regulator is NHS England through NHSE Cheshire & Merseyside and there is a non-statutory body called the Cheshire & Merseyside Healthcare Partnership (originally called the STP). It is largely made up of acute sector (NHSE, CCGs, etc), there is one GP who was appointed from GP federations who attends as an observer This body receives substantial central NHS money which is distributed in conversation with NHSE Cheshire & Merseyside Recently, Dr Jonathan Griffiths (an elected member of the LMC and previous CCG Chair) has been given a role on the Healthcare Partnership • On 1 April 2020 the 4 Cheshire CCGs were disestablished and re-established as Cheshire CCG. The LMC has used the opportunity to get much better relationships with the new management team of Cheshire CCG; this is already paying dividends particularly through the COVID-19 pandemic • The LMC has been heavily involved in helping practices to form the 18 Primary Care Networks across Cheshire • Last year the LMC spent time renegotiating and consulting on their constitution. The constitution has changed so that there are now 18 seats aligned to the PCNs who can nominate one of its GPs to be elected to the LMC • Integrated Care Partnerships (ICP) are groupings of providers. In Cheshire there are 2 groupings - Cheshire East and Cheshire West. These grouping started life about 3 years ago and were largely made up of medical directors, finance directors and Chief Executives from the acute trusts together with CCG senior colleagues • The ICPs appointed Chief Officers are Alison Lee (West) and Sheena Cumiskey (interim role in East) and the LMC has monthly dialogues about their plans and how this might impact on general practice Some previous CCG members of staff now work for the ICPs • All of the organisations listed above will have money devolved from the centre which will affect general practice • Part of the Fit for the Future Programme involves looking at the new organisations, their impact on general practice, how the LMC establishes positive working relations with them and gets recognition as part of the negotiating framework, particularly as some of the bodies are non-statutory • Apart from changing their constitution the LMC started to consider succession planning and training for their members. Programs will start from 2021 to help members better understand their role and how to negotiate and influence people. WG and SA have discussed this training and WG is happy for LPC members to join some of the events if that would be useful <p>LPC Comments and Questions:</p> <ul style="list-style-type: none"> • GC made WG aware that a PSNC/LPC Review report has recently been published. What this might mean for LPCs going forward is being considered and the LPC will keep WG posted as necessary • Members were interested to hear WG's view about the effects of COVID, the recovery of general practice and how it might impact community pharmacy. WG explained that he has had some discussions with Neil Evans (CCG) about how the current on-going situation will run alongside getting back to business as usual
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	<p>Neil and WG co-authored a GP Future Planning paper and this is currently out for consultation. WG shared the paper's principles in respect of general practice and what the support role of the CCG and LMC was. The proposal is for each PCN to have its own set of plans on how they move forward with tasks broken down into 100-day groupings. The next 6-9 months will see dual running; some areas might get back to normal working sooner than others as different areas have different priorities but there is a plan to share best practice</p> <ul style="list-style-type: none"> • IC asked WG to share his views on any possible future local mergers of LMCs or CCGs • AI asked WG what overall percentage of income streams are influenced by the local structure compared to the national. WG explained that the national contract was renegotiated 2 years ago when PCNs were first set up. What is clear is that more new money is going to the PCN networks (80%) rather than into the old core contract areas (20%) • PCN's are voluntary, practices do not have to belong to one, but their patients have to be covered by one. There are 79 practices across Cheshire now which is a result of several merges over the last few years • SA asked WG what he believed was the biggest area of risk with all of these changes? WG believes it is the risk of destabilisation in the sense that with the ICPs, part of their remit will be to integrate service but what does that mean in real life? We could have areas, for example, where economics determine that practices will merge and this may put pressure on pharmacy services <p>Secondly, the cost of COVID may squeeze funding in the health service. ICPs are currently dominated by secondary care which may impact on primary care</p> <ul style="list-style-type: none"> • They LMC is holding its Annual GP Conference at Nunsmere Hall on 29 September. This event will be live streamed and WG invited some LPC members to attend and/or set up a stand. The workstreams that will be covered are: <ul style="list-style-type: none"> ○ Primary Care Network Development - Next Steps ○ Personal Wellbeing ○ Premises and IT <p>GC thanked WG for attending and sharing his thoughts with the committee.</p>
6	<p>Suzanne Austin, Chair of the Cheshire LPN</p> <p>SA updated members on the following LPN/NHSE business:</p> <ul style="list-style-type: none"> • There are a number of new applications coming through to NHSE • LPN meetings were paused briefly but virtual meetings took place in June and July <p>There are currently 3 MDS workstreams that SA is involved in looking at assisting patients taking their medicines – care homes, day care and domiciliary care assisted living. A comprehensive document has been drafted setting out the issues faced by providers, commissioners and pharmacy</p> <p>WJ asked what might be on the table for community pharmacy? SA stated that there is lots on the table at the moment; nothing has been thrown out and she is pushing hard for whatever she can get for community pharmacy</p> <p>SA would welcome any examples of a pharmacy that is consistently providing an array of adjustments in addition to MDS (members)</p> <ul style="list-style-type: none"> • MIA meetings have been resumed and workstreams are being reviewed. They are keen for some of the budget to be used for community pharmacy projects but nothing has yet been determined.

	<ul style="list-style-type: none"> • CPCS continues to go well. Although the numbers dipped they are now picking up again and the number of contractors being switched off is minimal
7	<p>Stephen Thomas, PSNC Report</p> <p>ST updated members on the following PSNC business:</p> <ul style="list-style-type: none"> • The negotiations have started with DHSC about COVID funding • There has been a survey on patient intervention in the pharmacy. Whilst the results are currently being analysed an initial look shows that the participation levels and patient interactions are high which is positive and already demonstrates it has been a worthwhile exercise • There have been discussions about the Wright Review • The Pharmacy Quality Scheme (PQS) Part 1 has been announced; most of the criteria should already have been done by contractors. Part 2's PQS will be announced relatively soon <p>SA asked if there will be any Pharmacy PCN Lead funding included in Part 2. ST confirmed that there is a proposal to have some funding but this has not been agreed yet</p> <ul style="list-style-type: none"> • Flu discussions are still ongoing
8	<p>Feedback</p> <p>a) Staff and Resource (S&R)</p> <ul style="list-style-type: none"> • No meetings have taken place • AI has received his initial 2020/21 objectives and these will be cascaded to the team • AI informed the committee that the team annual reviews have taken place • GC will arrange a S&R meeting <p>b) RJWG</p> <ul style="list-style-type: none"> • The RJWG fed into the PSNC Flu Guidance • Members were happy to share details of flu training being offered by the GM provider company; the preferred venue for a single session would be Runcorn
9	<p>Minutes of CPCW Zoom Meeting – 17 June 2020</p> <p>a) The minutes were accepted and signed.</p> <p>b) Outstanding actions/updates:</p> <ol style="list-style-type: none"> Item 3bii - LW will let AW have his DOI's for 2020 WJ asked RF to elaborate on intelligence she has received from PCN leads regarding the flu service with a view to supporting them. AI highlighted that RF has been speaking to PCN leads as a contractor rather than specifically about their PCN Lead role <p>AI confirmed that several months ago the LPC contacted PCN leads encouraging them to get in touch with the LPC if they required any support; a small number have made contact. Members felt that it would be worthwhile the LPC asking the PCN leads to forward a number of questions to their clinical leads; AI will circulate a letter to them and subsequently collate the feedback</p> <p>SA shared that NHSE (C&M) has asked practices to confirm the number of vaccines they have ordered. SA has not heard of any gaps but she will ask at the next Cheshire & Mersey flu meeting she attends (27 July)</p>

	There is not currently enough information to allow sensible discussions to take place about patient prioritisation.
10	<p>Dr Mark Dickinson, Cheshire CCG (<i>present for this agenda item only</i>)</p> <p>GC welcomed MD to the meeting; MD updated members on the following Cheshire CCG business:</p> <ul style="list-style-type: none"> Cheshire CCG (population of 750k patients) came into being on 1 April 2020 covering 75-80 practices (there is some practice consolidation taking place at the moment) The new Cheshire Area Prescribing Group, which consists of 4 Trusts (CWP, Countess, Leighton and Macc) and Cheshire CCG, has met once. SA (LPC) and Pam Soo (NHSE) have been invited and SA has attended MD shared budget details for medicines for the 'system' and how this is split across secondary care, primary care and anything else that needs to be commissioned MD is Head of the Medicines Management function for Cheshire CCG with Andrea Lunt and Janet Kenyon as his deputies There are 2 operational teams – The CCG Team (Eastern/South/Vale) and the Countess Team (West) and work is taking place to harmonise ways of working across the patch The CCG core focus remains to improve quality, reduce risk, improve safety and improve cost-effectiveness NHSE/I has indicated that Cheshire, the CCG and the 4 Trusts, is responsible for achieving their control total as a 'system' rather than working in isolation. SA is involved in the monthly medication optimisation group meetings One focus of this year's GP prescribing scheme is about addressing areas where a more cost-effective drug could be used and around 50 lines have been identified. MD recognises that communication to community pharmacy is key to ensure that stock is managed MD is keen to understand where the CCG and LPC can work collaboratively at scale to help drive down costs and also asked for views and assistance to help address any areas identified in COVID-19 Wave 1 in preparation for a potential Wave 2 <p>Topics MD highlighted included:</p> <ul style="list-style-type: none"> How do we ensure that there are better direct lines of communication between pharmacies and practices? The LPC shared that some CCGs had funded mobile phones for their pharmacies commissioned to provide the palliative care service. Additionally, pharmacies rely on ServiceFinder to practice numbers and these are not always available so work needs to happen both ways. MD agreed How do we ensure that any changed pharmacy opening times are shared with local practices and the public? What can we do to help the length of queues outside of community pharmacies? How will deliveries be made once the COVID national delivery scheme comes to an end on 31 July? ST indicated that national communications for vulnerable patients is being planned Care home requisitions – stock of items, invoicing? How we can overcome the current difficulty in commissioning a 1hr delivery of palliative care stock service? How we can work together with general practice for this year's flu programme? <ul style="list-style-type: none"> eRD is new for general practice; LW (Knutsford) and DC (Nantwich) fed back some initial issues they had experienced but shared that it was generally working well

	<p>MD acknowledged that a targeted, focused communication to practices about learnings to date would be useful. AI asked for a guidance document that the LPC could share on our website for contractors who may have issues</p> <ul style="list-style-type: none"> • Members asked MD how many practices do not have EPS? He did not have the figures to hand but would be happy to find out after the meeting. • MD commented on IC's question about the potential cost pressures in relation to potential prescribing of DOACS instead of warfarin as a result of COVID-19 and the resultant effect on warfarin services. • LW asked MD what his aspirations were regarding waste reduction. MD hopes that the benefits of patient-led ordering have been recognised • MD would be keen to improve communication and build local links between Pharmacy PCN Leads and the PCN Clinical Leads. GC pointed out that pharmacy PCN leads do not currently receive funding for their role but there is a plan to write out them with some general guidance. AI highlighted that some CCGs nationally have sourced some of the pharmacy PCN lead time. AI will forward some information to MD • The LPC would be keen to understand what is planned by general practice that may impact on community pharmacy so that prepare accordingly. MD mentioned that it would be beneficial for the LPC to build links with the LMC. <p>GC thanked MD for his time; AI will pull together some discussion points/builds on some of the points raised above to send to MD</p>
11	<p>PharmOutcomes Relationship Management Tool</p> <p>AI demonstrated a PharmOutcomes template which is currently under development. The template will be used to capture information about a pharmacy and any contact made, allowing for the generation of reports and the ability to review historic contact.</p> <p>Members agreed to the proposal that the template is made available to the MALPS LPCs and the development costs (minimal) should be met from the regional funds. There will be zero ongoing costs as the current PharmOutcomes licence will cover the service.</p>
12	<p>Warrington Polypharmacy Plan</p> <p>Warrington are undertaking this piece of work and are keen for community pharmacy to be involved; members agreed for AI to pick this up.</p>
13	<p>Topics for Discussion</p> <p>a) Delivery Services</p> <p>As we are approaching the time when both the national pandemic delivery service (31 July) and local arrangement will stop SA asked members to let her know what they plan to do, if anything, regarding patient deliveries. This will ensure that the right information is given to patients and help manage stakeholder expectations.</p> <p>b) LPC Meeting Frequency/Format</p> <ul style="list-style-type: none"> • As the September meeting clashed with the LPC Conference it will be re-scheduled to 23 September (AW) • AGM Element <p>Streaming on YouTube has been set up and will allow for the AGM element of the agenda to be shared with contractors unable to attend</p> <p>AI will contact Lisa McCreesh (GPhC) to seek her availability to talk about revalidation, pre-reg etc. Her availability will influence the time of the AGM</p>

	<ul style="list-style-type: none"> • The September and October meetings will be held virtually; we will review the December meeting • AW will schedule an evening catch-up Zoom meeting at 7pm on 19 August <p>c) Post-Guest Discussion - LMC</p> <ul style="list-style-type: none"> • WJ shared some intelligence where ICPs in other areas are more mature and where there is a community pharmacy lead place on the ICP • It was recognised that relationships with the 2 ICP leads are already positively established
14	<p>Wright Review Action Plan</p> <p>Members watched an extract of Professor Wright's presentation about his review findings and recommendations which included a number of answers to delegates' questions. The report was pre-shared with members.</p> <p>Discussion points:</p> <ul style="list-style-type: none"> • There remain some fundamental questions that need to be looked at and unpicked • If it is a suggestion and it can't be enforced how will it work if some LPC's don't buy into it? • Expectation of the committee to input into the working group regarding any transformation. The working group each member was able to take sounding from the people they dealt with therefore allowing the committee to feed into the working group • It was agreed that the LPC will keep watching brief as there was nothing particular that we can do before the September conference • Aligning ourselves to NHS structure will need to go to the next MALPS (AW)
15	<p>CEO Report</p> <ul style="list-style-type: none"> • A spreadsheet was pre-circulated which contained a proposal regarding the regional PharmOutcomes Reserves. AI explained how Matt Harvey (Liverpool LPC and regional PharmOutcomes lead) had calculated the splits and members were comfortable with this. It was agreed that this mechanism for splitting the money should be applied for future years and that it did not have to come back to the committee annually for sign-off • For newer committee members IC explained the history of the licence and how the funding works • AI and AW have discussed the LPC Dashboard with Gary Warner (Pinnacle) with a view to improving the functionality of the dashboard including streamlining the data input. The dashboard has therefore been stood down for the time being and will be reinstated when the work has been completed and things return to a more normal status • The workplan will need to be reviewed as it has not been renewed since the beginning of the COVID pandemic • AI will send a staffing proposal through to the S&R team regarding a replacement Pharmacy Services Manager • AI asked members if they were aware of problems in our area in obtaining PPE? There was nothing specific, but it was noted that the prices had increased • AI has been approached by a company who would like the LPC to promote some PPE deals. Members agreed that this was not a role of the LPC and not further action was required
16	<p>Employee Report</p> <p>A report was pre-circulated to members; additional points to note:</p>

	<ul style="list-style-type: none"> RF gave a verbal updating outlining some of the general feedback she has been getting from her contractor calls RF aims to call between 8 and 10 contractors per week and has contacted 70+ to date. The duration of the calls varies depending upon how much support/information the contractor needs ST asked RF if any contractors had fed back that their patient base had shifted during the COVID period? RF explained that there has been some movement but nothing significant WJ asked RF is she was using a script of questions (the right questions at the right time is key), how the LPC is collating the information that RF is gathering and how will this be shared? RF explained that a spreadsheet has been used to date but the PharmOutcomes template (discussed in item 11) will hopefully be implemented shortly; the plan is to retrospectively put the data into the new template so that it is captured centrally WJ asked that the LPC be mindful of what we are asking contractors to answer and how often to ensure that minimal extra time pressure is put on them 						
17	Treasurer's Report <p>a) CPCW total money is £173,073</p> <table> <tr> <td>Lloyds Bank Current Account – <i>balance at 15 July 2020</i></td> <td>£115,031</td> </tr> <tr> <td>Close Brothers (12-month notice account) – <i>balance as at 15 July 2020</i></td> <td>£85,293</td> </tr> <tr> <td><i>Less Holding Money</i></td> <td>- £27,251</td> </tr> </table> <ul style="list-style-type: none"> <i>Estates</i> £11,677 <i>Inhaler Training</i> £5,834 <i>Warrington Alcohol Pilot</i> £4,500 <i>EPS Round-Off Event</i> £240 <i>CWC PH Campaign Resources</i> £5,000 <p>b) The Q1 2020/21 CPCW budget summary was shared with members; WJ asked a question about the projected employment costs and AW explained this</p> <p>c) AW will schedule an evening Zoom meeting for the Finance and Governance sub-committee</p>	Lloyds Bank Current Account – <i>balance at 15 July 2020</i>	£115,031	Close Brothers (12-month notice account) – <i>balance as at 15 July 2020</i>	£85,293	<i>Less Holding Money</i>	- £27,251
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18	Date and Time of Next Meeting Wednesday 23 September 2020, including AGM, 9am-5pm (Zoom)						

Action List

NOTE: Shaded rows indicate an action carried forward from the last meeting(s)

Min	Action	Person	Update
9bi	LW will let AW have his DOI's for 2020	LW	
6	SA would welcome any examples of a pharmacy that is consistently providing an array of adjustments in addition to MDS (members)	Members	
8a	GC will arrange a S&R meeting	GC	Complete
9bii	AI will circulate a letter to PCN Leads and subsequently collate the feedback	AI	Complete

10	AI will forward some information to MD regarding the funding of Pharmacy PCN Leads	AI	Complete
10	AI will pull together some discussion points/builds to send to MD following the meeting	AI	Verbal Conversation between SA/MD Meeting set up with MD/CW of the CCG
13a	Members will let SA have details about their plans regarding patient deliveries	Members	
13b	AW will amend September LPC booking	AW	Complete
13b	AI will contact Lisa McCreesh (GPhC) re AGM	AI	
13b	AW will schedule an evening catch-up Zoom meeting at 7pm on 19 August	AW	Complete
14	Aligning ourselves to NHS structure will need to go to the next MALPS (AW)	AW	On MALPS agenda for 23/09
15	AI will send a staffing proposal through to the S&R team regarding a replacement Pharmacy Services Manager	AI	AI in discussion with GC
17c	AW will schedule an evening Zoom meeting for the Finance and Governance sub-committee	AW	Complete