

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 13 SEPTEMBER 2016**

CPS Office, 65a Wicker, S3 8HT

12.30am – 5.30 pm

MEMBER	21/04/15 Day	30/06/15 Day	22/09/15 Day/Eve	25/11/15 Day	09/02/16 Day	26/4/16 Day	21/06/16 Day	13/09/16 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Ravi Mohan (Vice Chair) (Resigned 09/16)	A	+ (Chair)	+	+	+	A	+	R
Claire Thomas (Chief Officer)	N/A	N/A	+	+	+	+	+	+
Brigid Murphy (Treasurer) (Resigned 3/16)	+	+	+	+ (10am – 11am)	+	R	R	R
Greg Campbell (Treasurer) (Apt 4/16)	N/A	N/A	N/A	N/A	N/A	+	+	+
Crispin Bliss	A	+	+	+	+ (am)	+	A	+
Stewart Kelly (Appointed 04/14)	+	+	A	+	A	A	+	+
Sajid Razaq (Appointed 04/14 / Resigned 06/16)	A	+	+	A	A	A	R	R
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	A	A	+	+	A
Shammi Khosla (Boots) (Apt 4/14)	+	A	A	A	+	A	A	+
Matt Webster (Well) (Apt 06/2012) (Resigned 09/16)	+	A	A	A	A	+	A	R
Luke Downs (Lloyds)	+	+	A	+	A	+	+	+
Terry Relf (Lloyds)	+	+	A	+	+	A	+	+
Adam Yates (Weldricks) (Appointed 12/2013) (Resigning 10/16)	+	+	+	+	+	+	+	+
Nima Raei (Rowlands) (Appointed 03/16)	N/A	N/A	N/A	N/A	N/A	+	+	+
Garry Myers (PSNC Rep)	+	+	A	+	A	+	+	+
Susie Coates (LPC Support Manager) Appointed November 2012	+	+	+	A	+	+	+	+
<i>Observers</i>								
Richard Oliver (NHSSCCG)	N/A	+	N/A	N/A	N/A	A	N/A	N/A
Jo Tsoneva (NHSSCCG)	N/A	N/A	+	N/A	N/A	N/A	+	N/A
Steve Freedman (NHSSCCG)	N/A	N/A	N/A	+	N/A	N/A	N/A	N/A
Peter Magirr (NHSSCCG)	N/A	+	A	+	N/A	+	A	+
Paul Mason (Lo's Pharmacy)	+	+	A	+	N/A	A	A	A
Jon Whitelam (Boots)	N/A	N/A	N/A	N/A	N/A	+	A	A
Vicky Cooper (Healthwatch Sheffield)	N/A	N/A	N/A	N/A	N/A	N/A	+	N/A

+ = PRESENT A = APOLOGIES FOR ABSENCE R = RESIGNED N/A = NOT APPLICABLE

		Action
1.	<p>PSNC Update:</p> <p>Garry Myers, Regional PSNC Representative attended to update the Committee on current developments. His main message was to continue to prepare for the future cuts and not to make assumptions about the funding cuts. More news was anticipated shortly and that contractors should check PSNC and NPA website for current information and updates. Post Meeting Note: <i>Subsequent announcement of further re-negotiations are to take place between DH & PSNC use following link to keep up to date http://psnc.us7.list-manage.com/track/click?u=86d41ab7fa4c7c2c5d7210782&id=d6662852b4&e=433fe5a6aa</i></p>	ALL
2.	<p>Corporate Governance PSNC Overview:</p> <p>Mike King had been invited by Claire T to attend the meeting to give an overview / update on LPC Corporate Governance. David introduced members and Mike ran through a basic check list that LPCs should adhere to. The Executive and members agreed that CPS were compliant with requirements.</p> <p>Mike had also been asked to outline pertinent information relating to the establishment of LPC Provider Companies. Mike explained that some LPCs had joined forces to establish a Provider Company and that generally speaking, although they are relatively easy to set up, they are more difficult to run, bearing in mind that it can be costly to respond to a tender exercise (£6-£7K) without any assurance of winning.</p>	
3.	<p>NHS Sheffield CCG Update:</p> <p>Peter Magirr attended to update the Committee on developments within the CCG. He updated the Committee on the budget deficit that the CCG was facing and its efforts to improve the financial position. He noted that the CCG Quality, Innovation, Productivity and Prevention (QIPP Programme) involved pressure on the Medicines Management Team to make yet more cost savings to help bridge the gap. There were three areas that Peter advised may affect community pharmacy. 1) Greater use of generics (i.e. where branded, switch to generic). 2) Working to reduce the prescribing of medicines with limited evidence of effectiveness. 3) Extension of the Prescription Order Line (POL) beyond the current footprint.</p> <p>In regard to the POL, Peter advised that 9 practices were now involved with 77,000 patients in Sheffield representing less than 15% of the city total. During the 5 months of operation to date, there had been around 17,000 telephone calls; and allowing for a margin of over-estimation of each call representing the ordering of 5 items, suggesting 100,000 items ordered. When set against the 6 million plus items being dispensed in Sheffield during the same period this demonstrates the modest scale of the intervention. Detailed analysis of the scheme was being undertaken by the CCG but so far the data were insufficient to draw firm conclusions - however, as the picture becomes clearer the CCG will decide what to do. Anecdotal feedback to date has been very good, with many instances of patients being supported by the service and these contributions to medicines optimisation and quality gains in general would be considered in addition to immediate cost savings. Peter noted that provision of the service was a significant commitment of the medicines management team resource and this too would need to be taken into account if further roll out was decided upon.</p> <p>Peter also outlined further ideas being considered in the context of the QIPP Programme and under discussion with Community Pharmacy Sheffield, for example exploring whether community pharmacy could be involved in supporting cost saving switches in order to gain greater impact and support patients – one potential area being blood glucose testing strips and whether community pharmacists could support de-prescribing to help address polypharmacy.</p> <p>Picking up on this theme of greater pharmacy involvement, Crispin highlighted how through the Prime Minister's Challenge Fund scheme, changes were taken through rather than just highlighted then forgotten by the practice. Peter reported that it was really important to learn all that we can from the PMCF scheme in Sheffield and that Alison Blenkinsopp is supporting analysis of the initiative (which ceases at the end of December 2016) and where relevant this will be used to inform debate on the Pharmacy Forward View. David confirmed that he was now set up to work with his practice, with access via a laptop.</p>	
4.	<p>Apologies:</p> <p>Apologies for absence are as noted on the attendance sheet.</p>	
5.	<p>Committee Corporate Governance:</p> <p>Members were asked to note the contents of the corporate governance principles and inform the Chair of any changes to their declarations of interest.</p>	

	There was concern that this might relate to errors on the part of the newly established Primary Care Support England (PCSE) as there had been many reports of failings. Members asked that this be investigated and if issues identified, NHSE and PSNC should be made aware.	CT/SC
11.	Ask Your Pharmacist Week: 7-14 November 2016 – Members discussed the feasibility of organising a public event to raise awareness and acknowledged that the team Leading on the Living with and beyond Cancer support, were holding a series of stalls to raise awareness and support patients and their carers. It was noted that the last one of these fell on 18 October, which was some time in advance of the AYP week but it was agreed this might be a good opportunity to raise the profile.	CT/SC
12.	DACT Clinical Network Meetings – Susie had been attending these meetings since James Wood had left as they are generally held on Tuesday mornings when Claire has been unable to attend. Susie was happy to continue this but was concerned that clinical input from a practising pharmacist would be valuable to the group. Stewart volunteered and was thanked for his interest. Susie would follow up with the DACT.	SC
13.	Review of Action Plan – Claire outlined the updated plan and highlighted the work which still required attention and which was envisaged may be taken forward during her absence on maternity leave. It was agreed that the work plan should be reviewed at every other meeting and that CPS should focus on local options for future commissioning possibilities.	
14.	Chief Officer Maternity Leave Cover – David outlined his agreement with Tom B to assist with whatever support was required to Susie, the Committee and Sheffield contractors. Claire explained that she was in the process of drawing up a handover sheet which confirms who is to attend which meetings as part of the development of members’ skills and support. As mentioned under the previous item, the main items requiring attention from the work plan are Mailchimp to be used to issue weekly bulletins.; involving the correlation of email addresses and separate lists for more effective communication when required. The updating of the CPS website through methodical checking (Claire to undertake a website review prior to her maternity leave to aid direction and as a learning point for her). Support training to be given by Tom to Greg, David and Crispin, allowing additional support to the website overall maintenance. Tom suggested that it is useful to add ‘update website’ to the meeting Agenda as an aide memoire to take forward alterations after any meeting. Tom also added that he was happy to help support meeting attendance if required.	SC
15.	AOB MAS Formulary Additions – David outlined a concern raised by a contractor in regard to additions in support of the Living with and Beyond Cancer support which tended to be more expensive items. It was agreed this could be highlighted to the CCG to keep a close eye on, but noted that the average costing per transaction still rendered contractors in an arguably reasonable position compared to other schemes in the country.	DR
16.	Meeting Dates for 2016: 29 November Meeting Dates for 2017: 7 February 25 April 20 June 12 September (inc AGM) 21 November All meetings excepting AGM to be held at Jordanthorpe Health Centre, 1 Dyche Close, S8	ALL

**NB THESE MINUTES REMAIN IN DRAFT FORMAT UNTIL APPROVED
BY THE FOLLOWING MEETING OF THE COMMITTEE**