

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
THURSDAY 14 SEPTEMBER 2017**

Royal Victoria Holiday Inn, S4 7YE
2.00 pm – 6.00 pm

MEMBER	26/4/16 Day	21/06/16 Day	13/09/16 Day	29/11/16 Day	07/02/17 Day	25/04/17 Day	20/06/17 Day	14/09/17 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	A	+	+	+	+	+	+ (Chair)
Claire Thomas (Chief Officer)	+	+	+	Maternity Leave	Maternity Leave	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	+	+	A	+	+	+	+
Stewart Kelly (Appointed 04/14)	A	+	+	+	+	A	A	+
Andrew Hartley (Appointed 10/16)	N/A	N/A	N/A	+	A	A	+	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	A	+	+	+	+	+
Shammi Khosla (Boots) (Apt 4/14)	A	A	+	+	A	+	+	A
Jamil Ahmad (Well) (Appointed 01/2017)	N/A	N/A	N/A	N/A	A	+	+	A
Luke Downs (Lloyds)	+	+	+	A	+	+	+	+
Terry Relf (Lloyds)	A	+	+	+	+	+	A	+
Rachel Crookes (Lo's) (Appointed 10/16)	N/A	N/A	N/A	+	+	+	+	+
Nima Raei (Rowlands) (Appointed 03/16)	+	+	+	+	+	A	A	+
Garry Myers (PSNC Rep)	+	+	+	+	+	+	+	+
Susie Coates (LPC Support Manager) Appointed November 2012	+	+	+	+	+	+	+	+
Tom Bisset (Adviser)	N/A	N/A	N/A	+	+	A	+	N/A
<i>Observers</i>								
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	N/A
Peter Magirr (NHSSCCG)	+	A	+	+	A	N/A	N/A	N/A
Jon Whitelam (Boots)	+	A	A	A	+	N/A	N/A	N/A
Martin Bennett (Wicker Pharmacy)	N/A	N/A	N/A	+	+	N/A	N/A	A

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

		Action
1.	<p>Apologies:</p> <p>Apologies for absence are as noted on the attendance sheet.</p>	
2.	<p>Stop Smoking Services / Tobacco Control Bid: Maggie Milne, Service Manager for South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Yorkshire Smokefree Sheffield, attended to outline the future plans for the operation of the service from 1 October following their successful bid to continue with Stop Smoking support for adults. She advised that there will be a separate Service for anyone under the age of 18 by ZEST to whom separate referrals could be made direct for relevant clients. This does not affect the dispensing of vouchers for clients under 18. The Adult Service will comprise of two tiers. Tier 1 – a Universal Service where clients are triaged from a list of priority groups at point of access. They can be supported by referral to a Stop Smoking Group with self-purchase of medication (NRT); Groups will be offered support on a rolling programme at sessions to be established in various localities - Woodhouse, Victoria Hall - City Centre, Crookes and one in Sheffield 5 – venues to be confirmed. A Specialist Service will also be maintained within Sheffield Moor Market. Tier 2 – Priority Service – 1:1 support for clients identified in priority groups by GP practices and pharmacies; robust triage method; NRT via vouchers and Champix via PGD; there will also be a PGD for Zyban which can be offered without GP prescription. The intention is for GPs to refer patients to specialist services, which will result in an increased number of vouchers given for all service related drugs; other than Stop Smoking Services from the Pregnancy Service, all Stop Smoking Medications will now be given on a voucher not an FP10. Query was raised about the legality of GPs refusing FP10s for this service. Claire agreed to raise this with the CCG. Under the 1:1 Support Programme clients will be given support for 12 weeks with a quit needing to be confirmed at 12 weeks via CO monitoring; full details yet to be confirmed. It was hoped some community pharmacies who are still providing the service might trial the best way of operating the new service. Maggie asked for support from representatives from multiples to ensure Head Offices link with individual branches to confirm whether they are participating in any part of the service as currently there were mixed messages where Head Offices had signed the contract but individual branches have said they are not providing the service, be it 1:1 or vouchers. CT suggested CPS may want to consider including training for Pharmacists on the PGDs in the November Update event.</p>	<p>CT</p> <p>ALL</p>
3.	<p>Committee Corporate Governance:</p> <p>Members were asked to note the contents of the corporate governance principles and inform the Vice Chair of any changes to their declarations of interest.</p>	
4.	<p>CCA Reporting:</p> <p>Emilia kindly offered to submit the CCA report for the current quarter (July - September).</p>	ES
5.	<p>Minutes:</p> <p>The Minutes of the meetings held on 20 June 2017 were reviewed and accepted as an accurate record of proceedings and signed by the Vice Chair.</p>	
6.	<p>Matters Arising:</p> <p>Sustainability and Transformation Plans / Accountable Care Systems – Claire reported that Tom Bisset is now leading on this on behalf of South Yorkshire LPCs as agreed at their last meeting. Tom has joined the Steering Group and made good progress by meeting Dr Tim Moorhead and Maddy Ruff, giving detailed feedback. They are looking to develop a draft Charter for 2017-21 building on the ideas in the GP Forward View. With Tom’s input, Community Pharmacy is now included in the most recent draft charter.</p> <p>POL Evaluation / Expansion – No evaluation was yet available from the CCG although it had been noted their Annual Report quoted that it had saved over £200,000 and was being expanded. One member said at their pharmacy they were getting daily queries which caused a lot of chasing around for multiple prescriptions; particular difficulties with items which need re-authorisation, which causes them to be split. Claire agreed to refer back to the CCG.</p> <p>STH Discharge to Community Pharmacy via PharmOutcomes – Claire reported that there had been 3 on-line referrals 2 from Sarah Alton’s Team and 1 from STH. Each had needed a prompt at the pharmacy to pick up from PharmOutcomes as they were unaware of it. However, two led to actions. It was acknowledged that this was a very low number from the 100s of discharges there must have been. It was understood this was being piloted in one clinic and Claire agreed to refer back for clarity. It was appreciated that pharmacies were unlikely to be looking for these at the moment, when numbers were so low; long term these could be of great benefit to pharmacies and patients.</p>	<p>CT</p> <p>CT</p>

	<p>Young Carers and Prescriptions – Claire had obtained relevant contact details from Tom regarding his work on this and was to meet with Laura Selby on 26 September with a view to linking this with safeguarding procedures.</p> <p>PCS Bid – Claire outlined how the PCS bid for pharmacy time in General Practice had gained support from Community Pharmacy Sheffield on the premise that this could build on the concept developed through the Prime Minister’s Challenge Fund (PMCF), using Community Pharmacists, however, since the bid had been successful, it had been confirmed that the NHS England rules determined that recruits had to be whole time equivalents which ruled out community pharmacists working part time in their local practices. Pharmacists needed to become employed by PCS or the CCG.</p> <p>Claire had attended the first Steering Group meeting where it was clear there remained a lot of queries yet to be answered. Take up by practices had been less than original interest shown. Recruitment had taken place; shortlisting the 27 applications received was imminent. They are looking to employ 3 Senior Pharmacists (inc one Head of Service), plus approximately 15 Clinical Pharmacists. They are hoping to commence the service from January 2018. Apparently, PSNC and the NPA do not support these initiatives which cut out Community Pharmacists. Claire advised that Jo Tsoneva had been aligned to work for PCS two days per week as Project Manager.</p> <p>David suggested that there remained scope to work with the CCG to replicate PMCF work which had been so successful as they were open to suggestions in the form of business cases. David suggested he (Well Grenoside), Crispin (Shires Pharmacies, Charnock) and Nathan (Lloyds, Ecclesfield) should liaise in this regard and work with Claire. It was agreed that Claire keep updated on progress via Jo and any meetings with Steven Haigh on various issues, but that her time should not be allocated to the Steering Group Meetings specifically for the PCS Project as Community Pharmacy is not directly involved, but rather to work associated with the previous PMCF.</p> <p>Public Health Campaigns / Healthy Living Pharmacies – The calendar of Public Health Campaigns was yet to be published but CPS was linking with Public Health. Claire referred to the need to update the CPS website with better resource links. There had been a comprehensive plan before her maternity leave which would be revisited.</p> <p>Review of Urgent Care – Claire advised that she had a meeting booked with Alastair Mew from the CCG to get an update on developments.</p> <p>Market Entry – Susie advised that the application for a new pharmacy in Attercliffe which had been refused, had been the subject of an appeal and was now set for an Oral Hearing on 28 September which Claire was attending but not to give evidence. The Committee remained of the view that there were not yet sufficient developments in the area to warrant another pharmacy and that at this stage any such application was purely speculative. Crispin agreed to share his findings from his site visit with Claire in preparation for the hearing.</p> <p>MAR Charts – David outlined the detail of various meetings which had taken place with stakeholders and members discussed the most recent Service Specification which David had circulated in advance of the meeting. The final service has to officially go out to tender to individual pharmacies (via Head Offices as per other contracts) under “YORTender”. Claire agreed to chase the Guidance document for this. It was agreed that in addition to the Service Specification an internal guidance document should support the scheme to cover inevitable questions and support safety in provision of the service. The next step in this process was to review the Medication Policy and access to SCR to make the service work well. There also needed to be training for Care Staff on how to use the MAR charts. Post Meeting Note: <i>How to register for YORTender issued via Susie’s bulletin 28.9.17.</i></p>	<p>DR/CB /CT</p> <p>CT</p> <p>CB</p> <p>CT</p>
<p>7.</p>	<p>Discussion items:</p> <p>Care Navigation: Claire reminded members that Susie had attended the two ‘scoping’ Care Navigation Workshops on this initiative, which used Wakefield as trainers from the work they had successful done in their area and involved an algorithm for receptionists to use when booking appointments which would automatically direct callers to alternative services that might meet their needs without them requiring a GP appointment, most notably to Pharmacy First. This approach would create consistency from all surgeries which participated. The next stage of the process involved 4 training days which unfortunately (despite availability being given) all fell on days Claire and Susie did not work, but they had liaised to cover these between them, providing a presentation Claire was to compile from similar projects in other areas which had already taken place.</p>	<p>CT/SC</p>

	<p>Making Every Contact Count (MECC) – Claire advised that this training provided by Sheffield City Council trainers to enhance the HLP concept for staff other than Pharmacists and HLCs, was taking place the same afternoon at the Holiday Inn with 11 attendees. It was also supported by Jo Tsoneva to link in her vast knowledge of HLP from her work with early adopters of the concept in Sheffield. It was hoped that this could be built on to develop more ‘Train the Trainers’ in Sheffield to help roll out the initiative in as many pharmacies as possible. Backfill had been offered for staff to attend, but it was acknowledged that both September was still a busy holiday time, but also due to the severe funding cuts, it was harder to have staff available to cover absent staff on training. Claire offered to look into the possibility of on-line MECC training whilst acknowledging this also required cover, even if staff training on-line in house.</p> <p>Pharmacy in Sheffield – Claire advised that Peter Magirr at the CCG was looking to draw up a local network of pharmacy to work on areas of joint interest in a similar manner to the old Joint Planning Group meetings which used to take place at the PCT. This would involve Damian Child from STH, Sheffield Children’s Hospital, Gary Barnfield (Medicines Management) etc working across pharmacy organisations. CPS agreed it would be useful to support this and see how the idea pans out.</p> <p>Community Pharmacy Advice to Care Homes – Susie referred to the different approach the CCG were taking in asking Care Homes to identify their needs and put forward suggestions via a set form, whilst involving their relevant pharmacies in ideas. There had not been a good take up and Susie had referred to some pharmacies to ask that they might build on previous work and make contact with relevant Care Homes to lead on the work. Members pointed out that there might be some apathy as the payment previously given was not sufficient for the time spent and pharmacies had ceased provision. However, this request for bids asked for declarations of potential costs which might be well received if linked to a service which could be demonstrated as beneficial. Claire had heard anecdotally that Social Services were looking to commission support to Care Homes and she would try to glean more information.</p> <p>Autumn Update Event – Claire referred to the plan to hold an Update Event in November to support contractors and staff in the provision of the Locally Commissioned Services including the Minor Ailments Scheme, MAR Charts and Stop Smoking, plus STH referrals.</p> <p>CPS Election 2018 – David outlined the process of appointing the new Committee from 1 April 2018 which commenced with seeking nominations and then securing votes from contractors. The information would be issued via the bulletin by Susie as Returning Officer for CPS.</p>	<p style="text-align: center;">CT</p> <p style="text-align: center;">CT</p> <p style="text-align: center;">CT/SC</p> <p style="text-align: center;">SC</p>
<p>8.</p>	<p>Finances: Greg outlined the financial position and members again considered the prospect of offering a Levy Holiday, however with the outcome of the appeal against the funding cuts still unclear, it was agreed this should be reconsidered at the appropriate time. It was agreed that Claire should work 2.5 days per week effective from 1 October 2017. It was also suggested that a budget could be allocated for specific pieces of work required.</p>	<p style="text-align: center;">GC</p>
<p>9.</p>	<p>Preview of Evening Update Event and AGM: Claire outlined the Agenda for the evening event, which would commence with a Public Health overview by Greg Fell, Director of Public Health at the Local Authority, followed by presentations by Amy Buddery from Sexual Health Sheffield and her colleagues Jody Wigfull and Karen Rodstag talking about the Chlamydia Screening Service and Child Exploitation. Steve Freedman would give a brief CCG Update on activity; Garry Myers, Regional Representative for PSNC on the funding cuts and the current position, to finish with the AGM. Members confirmed they were in the main able to remain for the evening event.</p>	
<p>10.</p>	<p>PSNC Presentation: Garry Myers gave a detailed PowerPoint presentation of the background to the funding cuts, the work of PSNC in attempting negotiation; the granting of the Judicial Review incorporating the case from the NPA and the awaited Appeal likely in the next few months. The bulk of cost for work associated with this had been in pulling together the original evidence, but it was yet unclear as to what further costs might be incurred.</p>	
<p>11.</p>	<p>Officer Reports – David gave a verbal report referring to the bulk of his time being spent on MAR chart meetings. Claire had loaded her detailed report to the Dropbox link for members and outlined the main issues. She referred to her meeting with Amy Buddery, Sexual Health Services relating to the EHC service which she outlined. SCC had agreed to use PharmOutcomes. It was evident that the Service is looking more to secure positive Chlamydia tests in high prevalence areas and would like to use community pharmacies as a base to hold self-testing kits.</p>	

	<p>Members agreed an annual retainer should be applied to any agreement to host self-testing kits in pharmacies and that Claire should seek more clarity about how much room was necessary for these to be displayed. Consideration was given to a fee for any tests returned which had come from a pharmacy, but viewed as too time consuming for all involved to administer. There were further targeted support options Sexual Health would like to develop, particularly in the City Centre where provision had reduced with the closure of the Central Health Clinic which merged with GUM at the Royal Hallamshire Hospital. Looking at a two-tier model (similar to one used in Birmingham):</p> <p style="padding-left: 40px;">Tier/level 1: basic retainer fee for e.g. chlamydia self-testing and sexual health promotion Tier/level 2: (in addition to level 1) payment for services such as OC, depo, Hep B vac</p> <p>Claire gave an update on the current situation regarding the EllaOne and Levonorgestrel PGDs. The EllaOne PGD has been suspended due to reclassification of EllaOne from a POM to a PMed (PGD no longer required) a guidance doc/service spec is being produced for pharmacies as guidance on how and when to supply EllaOne. In March 2017, the Faculty of Sexual and Reproductive Health (FSRH) change the guidelines regarding the use of Levonorgestrel for patients with a BMI over 26. These changes are being discussed at the Formulary Subgroup and APG (next meeting 21st sept) depending on the outcome the Levonorgestrel service spec may need amending. It remains the same for now.</p> <p>SCC are currently in discussions with the CCG about removing the age restriction on the supply of EHC, until anything has been agreed with the CCG, Amy had suggested that the age limit could be increased to 24yrs from October 2017. Claire put this suggestion to the committee which was unanimously supported. Claire will feedback to Amy that the committee would like this change to go ahead.</p> <p>There was discussion about providing training for pharmacists on Sexual Health. SCC had suggested they may be able to provide backfill for pharmacists, the committee high-lighted that even with backfill paid it is difficult to obtain cover therefore an evening event would be better.</p> <p>Crispin referred to a meeting with Richard Crosby, Medicines Management at the CCG where he had listed various drugs they were looking to switch at practice level: Galantamine MR to Luventa Duoresp, Spiromax to Symbicort, Cerazette / Cerelle to Desogestrel, Tolterodine MR to Neditol XL, Fentanyl Patches to Matrifen, Rivastigmine Patches to Azilest; some of which are new, some they are revisiting.</p> <p>The Executive confirmed that other issues with which they had been involved had already been discussed under previous business of the Committee.</p>	
<p>12.</p>	<p>AOB</p> <p>Whistleblower Policies - Susie referred to an approach she had received from an Independent Pharmacy looking for LPC support for a Whistleblower 'Speak Up' Guardian as indicated in some recent guidance issued by PSNC. With Susie's agreement members suggested that Susie could be used for this when required and that some training should be provided for Susie for this role and contractors advised of the process to follow when required, via the bulletin. Post Meeting Note: Contractors were advised of the process via Susie's bulletin on 20.9.17.</p> <p>PSNC Levy – David mentioned that there had been a proposal from within South Yorkshire LPCs for the PSNC Levy to be paid on a monthly basis rather than six-monthly to allow better financial planning for LPCs. The Committee was in agreement to support this at the Regional meeting.</p>	<p>CT/SC</p> <p>DR</p>
<p>13.</p>	<p>Meeting Dates for 2017/18:</p> <p>Members were advised of the meeting dates set for next year via the Agenda as follows:</p> <p>21 November 2017 6 February 2018 24 April 19 June 25 September (AGM) 20 November</p> <p><i>All meetings fall on Tuesdays and excepting the AGM are to be held at Jordanthorpe Health Centre, 1 Dyche Close.</i></p>	<p>ALL</p>

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