

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 20 JUNE 2017**

Jordanthorpe Health Centre, Dyche Lane, S8 8DJ
9.30 am – 5.00 pm

MEMBER	09/02/16 Day	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
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+ (am)	+	A	+	+	+	+	+
Claire Thomas (Chief Officer)	+	+	+	+	Maternity Leave	Maternity Leave	+	+
Greg Campbell (Treasurer) (Apt 4/16)	N/A	+	+	+	A	+	+	+
Stewart Kelly (Appointed 04/14)	A	A	+	+	+	+	A	A
Andrew Hartley (Appointed 10/16)	N/A	N/A	N/A	N/A	+	A	A	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	A	+	+	A	+	+	+	+
Shammi Khosla (Boots) (Apt 4/14)	+	A	A	+	+	A	+	+
Jamil Ahmad (Well) (Appointed 01/2017)	N/A	N/A	N/A	N/A	N/A	A	+	+
Luke Downs (Lloyds)	A	+	+	+	A	+	+	+
Terry Relf (Lloyds)	+	A	+	+	+	+	+	A
Rachel Crookes (Lo's) (Appointed 10/16)	N/A	N/A	N/A	N/A	+	+	+	+
Nima Raei (Rowlands) (Appointed 03/16)	N/A	+	+	+	+	+	A	A
Garry Myers (PSNC Rep)	A	+	+	+	+	+	+	+
Susie Coates (LPC Support Manager) Appointed November 2012	+	+	+	+	+	+	+	+
Tom Bisset (Adviser)	N/A	N/A	N/A	N/A	+	+	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)	N/A	+	A	+	+	A	N/A	N/A
Jon Whitelam (Boots)	N/A	+	A	A	A	+	N/A	N/A
Martin Bennett (Wicker Pharmacy)	N/A	N/A	N/A	N/A	+	+	N/A	N/A
Dr Marion Sloan (CCG)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
Alastair Mew (CCG)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
Kate Gleave (CCG)	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

	<p>Blood Test Strip Switches – David reported that he had liaised with the pharmacist at Oakbrook Pharmacy undertaking this work who had confirmed that the main stumbling block was gaining patient acceptance to switching their current strips. David was to discuss with Steve Freedman again on Steve’s return from leave.</p> <p>HLP Update – Susie confirmed that the first Healthy Living Champion (HLC) training event had taken place, provided by trainers from Weldricks Pharmacy, with 3 more scheduled in June, July and August. The Healthy Living Pharmacy Leadership (CPPE) training event had also taken place in early June. From the first HLC event there had been 4 attendees who had not passed the exam, one of which had booked a resit at the event on 30 June. The Committee agreed to cover the cost involved in one resit per candidate. Weldricks had put forward proposals for a mop up session both for resits and any late engagers in the HLP concept across the SY footprint, based at their training centre in Doncaster and CPS were interested in taking part, dependent on demand. Post Meeting Note: <i>Susie had confirmed this to Weldricks.</i> Susie had only received minimal interest in further Leadership training and it was agreed this was not sufficient to set up a further event. Outstanding pharmacists should be referred to the CPPE on-line training available or perhaps check if there was any availability in neighbouring LPC areas.</p>	<p>DR</p> <p>SC</p> <p>SC</p>
6.	<p>PSNC Update: Garry Myers, Regional Representative for PSNC, attended and provided an overview post the Judicial Review outcome and outlined the work currently being undertaken by PSNC. Garry referred to the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP). It sets out the vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector. It is being shared widely, with views sought from staff, patients and the public on the high-level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place. The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. Garry agreed to share the links to the summary and full report with Claire. Post Meeting Note: See link to summary report here and the full report here.</p>	GM
7.	<p>Discussion items:</p> <p>MAR Charts – David had forwarded on to members a draft Service Specification which followed on several meetings with relevant stakeholders on a commissioned service for the future pharmacy provision of MAR charts. The funding was yet to be agreed and the documentation finalised. There was some concern that the draft Service Specification referred to a ‘contract’ which the multiples would find difficult to accept. Shammi agreed to refer to Boots policies in order to help take this forward. One of the working groups was tasked with looking more closely at the draft spec in the afternoon slot.</p> <p>Osteoporosis Education – Claire had initially liaised with Toby Arrowsmith from Kyowa Kirin in regard to his ideas to engage pharmacy in patient education and Susie had recently met with him and another representative. Susie explained that their aim was to help improve adherence by better education of patients in using calcium Vitamin D3. There is currently an Osteoporosis Therapy Review being undertaken across Sheffield GP practices highlighting patients at risk of fragility fractures; if they could add a clause to the protocol signposting appropriate patients to community pharmacy following a new prescription or identified need, it might be possible to include this under a NMS or MUR review in pharmacy. They have an on-line training package pharmacy could use and link to CPD. Susie had already indicated that pharmacists might not be keen to engage in the training and might have sufficient patients for their MUR quota. Members agreed that this was not the right time for taking forward in the manner suggested but wondered whether this might be linked well with a Local Professional Forum (LPF) / CPPE future event and suggested Susie put Toby in touch with the relevant bodies. Also, if the company wished to consider sponsoring a future Sheffield training / update event, they could present their work to contractors. Claire confirmed that this linked well with previous research work she had undertaken with Falls etc and that she would be happy to keep in touch with Toby to see what else was possible to support patient adherence.</p>	<p>SK</p> <p>SC</p> <p>CT</p>
8.	<p>Review of Urgent Care / On the Day Care: Dr Marion Sloan, Alastair Mew and Kate Gleave from the CCG attended to give an overview of the work they had been undertaking on improving how patients were seen in primary care and signposted to the most appropriate support whilst avoiding unnecessary hospital attendances. Kate gave a PowerPoint presentation explaining that time scales had been delayed due to the election and purdah and that they were now aiming for new processes to be put in place by February 2018. There is a national lead for review of these services and local research they had undertaken demonstrated the need for change as the current systems were unsustainable and patients were all too frequently turning up at hospital as unable to get an early appointment with their GP. Members contributed to ideas put forward and highlighted where difficulties had arisen in the past when pharmacists had become qualified as Independent Prescribers but had been unable to use their skills as there was no prescribing budget available to them.</p>	

	<p>Kate asked members to refer back to her if any other thoughts or contributions arose.</p> <p>Members discussed the need for a relaunch of awareness of the Minor Ailments Scheme which was clearly a relevant signposting avenue to support urgent care and it was important to ensure contractors were claiming appropriately for 'advice only' consultations.</p> <p>Susie had received feedback at a Care Navigation Meeting she had recently attended, that some practices were reluctant to refer their patients to the Minor Ailments Scheme (MAS) as availability and advice given was inconsistent, particularly if locum cover was involved.</p> <p>Susie had highlighted that MAS should work in all pharmacies as although the pharmacist takes responsibility for the consultation, much can be administered by the pharmacy staff, then referred to the pharmacist for ultimate decision. She had asked Practice Managers to contact her with any specific instances that she could follow up on to support pharmacies to ensure consistent provision of the service. It was agreed that it would be useful to hold an update event, perhaps in the autumn to run through commissioned services and also give top tips on EPS as Susie had also received feedback from eMBED of situations where pharmacies were asking for paper scripts rather than EPS scripts. It was agreed it would be valuable to have a guest speaker like Mohammed Hussain to support contractors and ensure people were aware of the best way to use EPS for maximum benefit.</p>	<p>ALL</p> <p>CT/SC</p>
<p>9.</p>	<p>Working Sub Groups:</p> <p>Members split into sub-groups to consider the following:</p> <ul style="list-style-type: none"> • MAR Charts Service Specification (DR, CB, AH, RC, LD) • CPS Work Plan / Self-Evaluation (CT, TB, JA, GC, ES) • Finances (GC) <p>They fed back the following:</p> <ul style="list-style-type: none"> • MAR Charts – Various options were considered but the Group recommended that the Service Specification be appropriately 'tweaked' to enable MAR Chart provision to be continued but on a commissioned basis and that the associated SCC 'Medication Policy' should be reviewed to be more appropriate to the service pharmacy is able to offer. Luke kindly offered to re-write certain parts using the latest NICE Guidance. Claire offered to support. Luke said the document would need to cover everyone's responsibilities so that the Council can adopt as the best option. He would double check the contract issues raised by Shammi. It was clear more work was necessary before the commissioned service could commence but funding could be agreed by the end of June so that future activity could be used as the basis for back payments to 1 April 2017. It was agreed that Susie could update contractors / pharmacies in the weekly bulletin to confirm that negotiations were progressing well, with a draft Service Specification being discussed. • Self-Evaluation – Claire fed back from the self-evaluation questionnaires which had been kindly drawn up by Tom for members to complete and discussed within the group. Overall the outcome was very positive and there was a clear pattern of issues which required prioritising but there were no real surprises from the draft work plan Claire had already updated. Priorities were identified as communications – in particular the updating of the CPS website; move to Mailchimp for bulletins and the review of twitter usage. On contract development to offer more support to locally commissioned services by offering an update event with top tips and guidance to new PharmOutcomes users and an IT event to include EPS, SCR, NHSmail, NHSUK (Choices) etc. For Stakeholder relationships, to review CCG role and re-establish CPS representation on the STP. In acknowledging the future for community pharmacy would not be based on items but on services, it was a priority to ensure Sheffield pharmacies have the best opportunity to make the most of the available services which in turn will benefit Sheffield patients. • Finance - Greg had provided members with spreadsheets showing the cash flow projection and profit and loss and was pleased to report resources were on target. He also reported on the Treasurer's meeting he had attended in London; that letters were to be issued to Claire and Susie regarding pension rights and that the NPA Insurance had been renewed. He had set up processes to deal with the income for HLP training, linking with the out-goings on training services provided and accommodation booked using Tom's formula. He referred to there being a substantial number of accruals which would need some adjustments and that the accounts are currently with the Accountant for review. Query was raised about the cost of Fasthosts which services the email addresses for the Exec, Claire and Susie. Susie said she would aim to get the background to this being set up originally. Future consideration would be given to paying the PSNC levy monthly rather than six-monthly for cash flow purposes. 	<p>LD/CT</p> <p>LD</p> <p>CT</p> <p>SC</p> <p>GC</p>

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10.	<p>Market Entry – Susie referred to the current list of pharmacy application activity as secured from the local NHSE team and referred to an appeal which had been registered against their decision to refuse an application made under the ‘unforeseen benefits’ criteria in Attercliffe. The Committee could not see that anything had changed since the original comments on this application were made and that the need remained speculative; that acknowledgement be made with a request for CPS to be kept informed of progress on consideration of the appeal.</p>	DR/SC
11.	<p>Officer Reports – in addition to David’s written report, he, Chief Officer, Vice Chair, Treasurer and Tom as Adviser to CPS, confirmed that issues with which they had been involved had already been discussed under previous business of the Committee.</p>	
12.	<p>AOB</p> <p>Susie referred to a report on a project which had been undertaken by a Huddersfield University student in regard to Prescription Order Line initiatives. It was suggested that the student be given the opportunity to present his research and findings to a future Pharmacy Update Event. Members were asked to put forward any ideas for future student projects to Tom for him to take to a meeting on 4 July. One idea was cost verses benefit of Minor Ailments Schemes and the potential under the Quality Payments Scheme.</p>	SC ALL
13.	<p>Meeting Dates for 2017: 14 September (inc AGM) – NB Revised from 12 September – Royal Victoria Holiday Inn 21 November</p> <p><i>All meetings excepting the AGM to be held at Jordanthorpe Health Centre, 1 Dyche Close.</i></p>	ALL

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