

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 21 JUNE 2016**

Jordanthorpe Health Centre, Dyche Close, S8
9.30am – 5.00 pm

MEMBER	24/02/15 Day	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
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Ravi Mohan (Vice Chair)	A	A	+ (Chair)	+	+	+	A	+
Claire Thomas (Chief Officer)	N/A	N/A	N/A	+	+	+	+	+
Brigid Murphy (Treasurer) (Resigned 3/16)	+	+	+	+	+ (10am – 11am)	+	R	R
Greg Campbell (Treasurer) (Apt 4/16)	N/A	N/A	N/A	N/A	N/A	N/A	+	+
Crispin Bliss	+ (part)	A	+	+	+	+ (am)	+	A
Stewart Kelly (Appointed 04/14)	+	+	+	A	+	A	A	+
Sajid Razaq (Appointed 04/14)	+	A	+	+	A	A	A	R
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	+	A	A	+	+
Shammi Khosla (Boots) (Apt 4/14)	+	+	A	A	A	+	A	A
Matt Webster (Well) (Apt 06/2012)	+	+	A	A	A	A	+	A
Luke Downs (Lloyds)	+	+	+	A	+	A	+	+
Terry Relf (Lloyds)	+	+	+	A	+	+	A	+
Adam Yates (Weldricks) (Appointed 12/2013)	+	+	+	+	+	+	+	+
Nima Raei (Rowlands) (Appointed 03/16)	N/A	N/A	N/A	N/A	N/A	N/A	+	+
Garry Myers (PSNC Rep)	A	+	+	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
Jo Tsoneva (NHSSCCG)	+	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
Peter Magirr (NHSSCCG)	A	N/A	+	A	+	N/A	+	A
Paul Mason (Lo's Pharmacy)	N/A	+	+	A	+	N/A	A	A
Jon Whitlam (Boots)	N/A	N/A	N/A	N/A	N/A	N/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>Apologies:</p> <p>Apologies for absence are as noted on the attendance sheet.</p>	
2.	<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>	
3.	<p>Minutes:</p> <p>The Minutes of the meeting held on 21 April 2016 were reviewed and accepted as an accurate record and signed by David following a slight alteration on page 2.</p>	
4.	<p>CCA Reporting:</p> <p>Luke had already offered to submit the CCA report for the current quarter (April-June).</p>	LD
5.	<p>Matters Arising:</p> <p>Refer to Pharmacy Scheme – Members noted that the new STH IT system ‘Lorenzo’ had gone live but was still causing some problems so was working in addition to the ICE system. Emilia agreed to feedback following a further meeting she was due to attend. Steve Freedman (CCG) had written out to contractors encouraging them to secure an nhs.net email account. However, it was pointed out that provided a pharmacy is linked with PharmOutcomes it can receive an email prompt to a non-nhs.net email. Claire offered to check with PharmOutcomes regarding this. Post meeting note: CT confirmed this with Steve Freedman.</p> <p>Community Pharmacy Flu Vaccination Service – Final figures for the last flu season were still not clear and Claire agreed to check with Victoria Lindon at NHSE regarding data collection as PSNC had indicated that the NHSBSA had not finalised figures as yet. Training for this year’s flu season was discussed and it was agreed this would be raised at the South Yorkshire LPC meeting due to take place. Members queried about being able to offer a domiciliary service as permitted under the original local scheme, but this was specifically excluded under the national service. Locally, GPs seemed to be keen to see this offered. David and Claire were to liaise further to the Local Medical Committee in preparation for the next flu season. Post meeting note: CT raised domiciliary flu vaccination at the joint SYB LPC meeting with NHSE. Although there is appetite for this service from community pharmacy locally the issue is who will commission the service?</p> <p>Bank Holiday Closure Applications – It was agreed to highlight the time period for Christmas Bank Holiday applications in the next bulletin, highlighting NHSE’s openness to cohort applications.</p> <p>Update Event / AGM – 13 September – Adam updated on the theme for supporting contractors for the event in September and explained he was waiting for further feedback from his links with the University before confirming speakers and format. Members agreed this was an important event which should incorporate working with contractors to determine a Sheffield approach to community pharmacy and that the date should be highlighted as soon as possible to pharmacies. Susie agreed to include in the next bulletin.</p>	ES CT CT DR/CT CT/SC SC
6.	<p>Community Pharmacy Sheffield Strategy - Claire suggested the Strategy be considered at every other meeting and highlighted that she and Susie were still looking to work on splitting the contractor list between Committee members as deemed appropriate but other commitments had not allowed time for this piece of work as yet.</p>	CT/SC
7.	<p>PSNC Update:</p> <p>Garry Myers, PSNC Regional Representative, attended to update on the current issues. He gave a presentation on the progress of negotiations and mentioned that PSNC were closer than they had ever been to taking legal action in what they regarded as a two-year campaign. He issued further warnings that contractors should be prepared for the implementation of cuts and recovery of fees linked to Category M most likely to be imposed and encouraged contractors to carefully consider their financial plans for the year ahead and beyond.</p> <p>He emphasised that it was important to continue to check the PSNC and NPA websites for support materials which were being regularly updated for contractors and vital to keep involved in the campaign to raise the profile.</p>	ALL

<p>8.</p>	<p>Officer Reports:</p> <p>Chair – David outlined the detail of the meetings he had attended, in particular the Chairs’ and Secretaries’ meeting, which covered much of that which had been outlined by Garry in his presentation.</p> <p>It had been highlighted that it was important to work locally to secure service which were not currently possible on a national basis. Members agreed that it was important for CPS to support contractors locally with developments.</p> <p>Nima outlined some good news for Rowlands locally, where he had worked with branches to ensure that the whole pharmacy team is more closely involved in understanding the services and identifying appropriate patients that might benefit from MURs and the NMS service; promoting what they were about to patients and positive results in uptake came from their inclusivity in the service offered. This would be highlighted in Susie’s bulletin.</p> <p>Members raised the issue of the ridiculous prices of some generics which were leaving contractors very out of pocket against prices in the Drug Tariff. It was agreed this be raised via PSNC, together with the issue of compensation being offered to contractors who were forced to close due to funding cuts.</p> <p>Mention had been made of the National Provider Company established by PSNC and it was agreed this should be put on the Agenda for the next meeting.</p> <p>Concern was raised about an interaction with a specific drug for patients who were involved in Stop Smoking Programs and Claire agreed to place an alert in the weekly bulletin.</p> <p>Chief Officer - Claire drew attention to specific items of importance from her detailed report of the meetings she had attended with further relevant specifics of interest. She highlighted that ‘waste medicines’ is a huge issue for Medicine Management within the CCG and that is would be useful to revisit ideas where pharmacy can help support this at this next meeting; noting that the Prescription Order Line may have some evaluation by this time. Claire mentioned a pre-registration pharmacist project outlined at the C&D Awards where a 70% reduction had been achieved and she offered to look into this further. Nima also mentioned a ‘Patients First’ scheme for people with Long Term Conditions which involved a tool to help identify patient compliance when ordering and help avoid waste. He would share the detail. Luke referred to the huge waste problem with inhalers whereby patients would benefit from a quarterly check. It was noted efforts had been made in the past with this cohort of patients. Claire is to present at a GP Protected Learning Initiative Event (PLI) and will raise the profile.</p> <p>Claire advised that a further 20 pharmacist positions were to be created to work in GP practices and Ravi outlined some of the work he had started in Rotherham, where he had noted a distinct lack of input from community pharmacy.</p> <p>Claire referred to the support obtained from local MPs to the Pharmacy Campaign with Nick Clegg visiting Whitworths in Crookes and Louise Haigh visiting Gleadless Valley Pharmacy. Each had been very supportive in raising the plight of community pharmacy with the cuts outlined by the Government. Claire agreed to share the parliament responses to questions for information. She was also due to arrange a further pharmacy visit with Paul Blomfield in his constituency area in July.</p> <p>Claire referred to the new School of Medicines Optimisation highlighted in her report and emphasised the importance of pursuing the community pharmacy element and she was linking with other LPC colleagues in order to include their focus in this work although it was as yet early days.</p> <p>A further meeting had taken place regarding sharps waste but was awaiting the Council looking into current contractual arrangements to see what could be done. A further meeting was scheduled.</p> <p>Claire was pleased to show the C&D Award achieved the previous week for GP Partnership Working which had demonstrated the improved relationships achieved. She is to publicise the winning of the award and background to the work this week and push for improved access to IT systems to be able to progress further.</p> <p>Treasurer - Greg reported on his 2-3 months’ tenure and explained that he had a few points to clarify with the accountants who he was scheduled to meet shortly, but tabled his Cash Flow Projection and demonstrated that generally the budget was on track.</p> <p>He referred to the PSNC Treasurers’ Event he had attended recently which focused around 4 key points:</p> <ul style="list-style-type: none"> • Budgeting whereby the next year would start from a zero base so this year would be used to quantify. LPCs would be required to justify spending and see where savings could be made. It was agreed the Finance Sub-Group could be used to consider this and feed back to the Committee; • Expense Policy – to be reviewed in line with other local and PSNC policies; • Pensions – due to be offered to Claire and Susie from July; • When an LPC member is employed or not employed. 	<p>DR/SC</p> <p>SC</p> <p>SC</p> <p>CT</p> <p>CT/SC</p> <p>CT</p> <p>NR</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p>
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	<p>Greg confirmed that he was to check maternity cover legislation to identify what could be claimed back when Claire was on maternity leave but he did not envisage any problems with the budget.</p> <p>It was agreed that financial records should be cross-checked regularly via the Finance Sub-Group and annually by the Governance Lead. Claire confirmed that she had invited Mike King from PSNC to attend the September meeting to outline Governance requirements which she would personally find beneficial.</p>	<p>GC</p>
<p>9.</p>	<p>NHS SHEFFIELD CCG REPRESENTATION:</p> <p>Jo Tsoneva kindly attended from the CCG (in Peter’s absence on leave) to provide a general update on CCG related issues. She highlighted that Locally Commissioned Service contracts are currently being signed off with the work led by Jo Ward, with 12 non-responders currently identified but the deadline was the end of the month. Susie highlighted she and Claire were meeting with Jo to check on progress this week.</p> <p>With regard to the Prime Minister’s Challenge Fund initiative, Jo confirmed that Primary Care Sheffield were allowing slippage from the late start of the project in some practices to enable work to continue to the end of December 2016.</p> <p>Jo was checking pharmacists were willing to continue before linking back to practices regarding continuity. Jo fed back from the recent evening meeting attended by over 30 participants which had been extremely positive with huge enthusiasm from pharmacy.</p> <p>Clearly there were bound to be some challenges but Jo was to write out formally to surgeries seeking confirmation about continuing. Jo acknowledged the high level of detail that was involved in the initial data collection via PharmOutcomes and that this would become less onerous from July with changes to the PharmOutcomes reporting platform to reflect the expansion of the initial ‘menu of activities’ performed by pharmacists. Funding had been identified to carry out further evaluation using Alison Blenkinsopp from Bradford University over coming months in order to help identify the pros and cons of the scheme. Two pharmacies had now been given access to patient records (Well, Grenoside & Lloyds, Ecclesfield) to allow ongoing work from within the pharmacy, rather than needing to be located within the GP surgery. However, links to the hospital had not been possible to secure unless in the surgery.</p> <p>Jo explained that from her close work on the project it was evident that there was a mixture of working relationships. She agreed it would be useful to be able to identify the benefits of a ‘community’ pharmacist working in the practice and that future reporting allowing ‘free texting’ would allow participants to highlight this more clearly. They were to use the ‘Friends and Family’ test as patient feedback and encourage via medicine reviews. Jo was thanked for all her hard work in pulling this project together and pairing pharmacists with GP practices etc.</p> <p>Jo confirmed that 5 GP practices are currently taking part in the Prescription Order Line initiative (POL); all but one of which were to shortly phase out pharmacy ordering arrangements, unless involving particularly vulnerable patients. Jo had liaised with relevant Area Managers and Independents in this regard. She emphasised that the work is very much practice led with the Practice Manager approaching their local pharmacies about their plans. Some patient concern had been raised about long waits and when the system was down, but generally the scheme was well received. The service was offered from 9 am to 3 pm Monday to Friday (not Bank Holidays) with highest demand being in the mornings (quite a number were ringing before the line opened between 8 am and 9 am); it was really quiet in the afternoon. Call numbers ranged from perhaps 350 on a Monday morning to 180 on a Friday. 8 members of the team manned the order line but were also involved in other work at quiet times. Patients are ‘challenged’ more directly about their ordering.</p> <p>It was identified that the scheme removed patient choice to use their community pharmacy for ordering, which members believed was unfair to patients and despite this ultimately saving pharmacy time, it was likely they would need to pick up the difficult queries. It would be useful to gain feedback from the pharmacies affected by this.</p> <p>Jo explained there is a 6-8 week delay in being able to obtain data, so evaluation would come later but the evidence from Coventry showed a 6% saving where practices declined to accept pharmacy ordering on behalf of their patients. Jo clarified that they intended to include the equivalent of a locality profile of approximately 100k patients for the pilot, with Carterknowle Medical Centre, Dovercourt Surgery and Porter Brook Medical Centre coming on board soon.</p>	<p>CT/SC</p>

<p>10.</p>	<p>Healthwatch Sheffield: Vicky Cooper, Manager (Research & Evidence Lead) from Healthwatch Sheffield attended to show their new website to members to highlight the work of the organisation and explained the background to their development.</p> <p>She demonstrated how the site worked and where the public could place comments on services provided under the NHS. She emphasised there was a moderator element which stopped any comments going directly on-line. Where any concerns are raised staff generally contact the person direct and seek to engage those involved to reach an amicable conclusion without the need to escalate through a complaints process. However, so far feedback had been very positive. Vicky explained that there is a small Team of 5 running Healthwatch with volunteers acting as Chair and making up the Board. The website has been advertised on buses and Vicky was offering promotional presentations to various organisations to raise the profile of their services. She also explained that there are two dedicated engagement workers out and about speaking to the public. Vicky was thanked for her informative presentation.</p>	
<p>11.</p>	<p>Consultation on Professional Standards – This had been circulated at the previous meeting and members agreed they were happy for Claire to submit the formal response.</p>	<p>CT</p>
<p>12.</p>	<p>Chief Officer Maternity Cover – It was clarified that Claire’s confinement date was estimated as 14 October 2016 and the various options for cover were discussed. Claire outlined the option to have 10 ‘keep in touch days’ during her maternity leave which could allow her to still be involved in the planning and attendance at the Committee meetings in order to maintain an overview of current issues. She anticipated that she would still wish to be keeping in touch via email so as not to lose the progress she had made since her appointment.</p> <p>The various meetings Claire attended were reviewed and it was agreed that in order to further develop member participation and involvement in the business of the Committee for forward planning, it would be useful to utilise their availability and skills in attending some meetings. Members were asked to forward their regular availability to Susie / Claire. Susie had also covered some meetings since James had left as Claire was committed on some working days, which could continue. Input from Tom Bisset (who had previously supported the Committee when James left) was very valuable and David agreed to discuss with him any support he might be able to give for formal Secretary duties from his vast experience, as and when required on a formalised basis.</p>	<p>DR</p>
<p>13.</p>	<p>PSNC Change Management Event – Claire outlined the detail of an event being advertised by PSNC to help support Committees in the changing times ahead. She asked if it would be possible for she and Susie to attend the event in Manchester on 14 September (a month before Claire’s confinement date) and it was agreed this would be useful with Greg kindly agreeing to keep the date free in case Claire was indisposed.</p>	<p>CT/SC</p>
<p>14.</p>	<p>CPS Office Move – Members were advised that it had been necessary for the CPS office to move back to it’s former smaller location in offices above Wicker Pharmacy / Mobility Shop as the Wicker had received a better offer for the larger facility and were understandably needing to consider their income carefully in the current climate. The original office had been re-decorated, re-carpeted and access was being permitted to the large meeting room in the evenings when required. A month’s rent had also been given for free due in recognition of the inconvenience caused. The rent had been raised by a small percentage for the room but was still regarded as reasonable.</p>	
<p>15.</p>	<p>Market Entry:</p> <p>Members noted the spreadsheet provided by NHS England detailing the current state of play of contract applications and discussed the decisions made. It was noted that the application to open at the Walk in Centre, Rockingham House, Broad Lane had been refused but CPS had not been notified. Susie agreed to follow up with NHSE.</p>	<p>SC</p>
<p>16.</p>	<p>Current Issues:</p> <p>The following current issues were discussed and actions noted:</p> <p>Media Support – Claire outlined the costs involved in employing Kirsten Howells who had indicated an hourly rate of £75 for ad hoc project work or an unspecified retainer for specific work throughout the year. Savings could be made if linking with neighbouring LPCs for joint projects and this could be discussed at the scheduled meeting, but members were concerned at this outlay for unknown work at this stage. Furthermore, members felt it was appropriate to use the media resources of PSNC for consistency and to use what is already being paid for via the levy. It was also agreed that Claire and Susie seek to establish reliable points of contact with the local Press so that Press Releases could be issued when necessary without seeking professional advice.</p>	<p>CT/SC</p>

<p>Age UK – Sheffield Integrated Pilot – Claire had invited representatives to present this work to the Committee but they were unable to attend. However, Claire had now arranged a meeting on 13 July. Post Meeting Note: <i>Met and agreed to advertise their services in the bulletin.</i></p>	SC
<p>AGM Planning – Further to earlier discussions it was agreed that the meeting on 13 September should encompass a relevant Update Event for contractors and Pharmacy Teams to support a positive way forward in Sheffield; with a précis of where pharmacy stands at that point and plans for support. The AGM can be incorporated whilst outlining the detail of the Annual Report. Venues were discussed and Susie was asked to look into availability and costings at the Holiday Inn, Royal Victoria. The date should be publicised to contractors and pharmacy staff via the bulletin ASAP. Post Meeting Note: <i>Date highlighted in bulletin and Holiday Inn booked.</i></p>	SC
<p>World Osteoporosis Day Campaign – Claire explained that there had been insufficient time to prepare for this but that she would confirm the Committee’s support to packs being distributed to pharmacies and request support from pharmacies via the bulletin.</p>	CT/SC
<p>Social Prescribing – This had been raised at a PMCF meeting Claire had attended but she had not had time to study the detail yet. However, it is understood that social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being. This would be researched as to what might be happening in Sheffield and considered at the next meeting.</p>	CT/SC
<p>Young People and Community Pharmacy – this topic would also be considered at the next meeting.</p>	CT/SC
<p>Practice Research Portfolio - Adam outlined some work that had been taking place at Huddersfield University where he is Teacher Practitioner, which supports students to develop relevant questionnaires to undertake research and build relationships. He had seen some great work in this field and would like CPS to support by suggesting topics. Members suggested – What contributes to medicines waste? and What do Community Pharmacies offer already? Adam would take forward and report back later in the year.</p>	AY
<p>Sustainability and Transformation Plans – Claire had been looking into work around ‘Shaping Sheffield’ as CPS had been missed off the initial distribution list. It was noted Dr Tim Moorhead was involved and Claire agreed to try and find out more about this work.</p>	CT
<p>Smart Card Issues – it was reported that there were still problems in the practicalities of Sponsors, ID Checkers and card un-blockers being assigned. Susie agreed to look into information that Nima was able to share about the issue he had experienced.</p>	NR/SC
<p>Yorkshire Cancer Research – Claire explained the background to CPS involvement in a bidding process which had been started by NHS Sheffield CCG. There had been an initial meeting which Susie had attended with substantial funds being identified by YCR for innovative ways of supporting cancer prevention. After being rather out of the loop from further discussions, the CCG ultimately decided they did not have sufficient time to submit an appropriate bid in this round. Community Pharmacy West Yorkshire is already involved in some work and Claire will link further with them and the refer back for consideration as to whether a separate bid should be submitted at a future opportunity.</p>	CT
<p>Healthy Start Vitamins – Claire outlined discussions with Jo Tsoneva from the CCG and Debbie Hanson from Sheffield City Council to seek to increase the uptake of vitamins. CCG is giving £30k to the council for them to resolve the long term problem. It was suggested that this might be initiated via a Public Health Campaign where pharmacies participate in distributing packs and vitamins from an initial supply and patients are guided as to where to obtain future supplies. Nima referred to a scheme he had been involved with in Teeside where pharmacies were paid £200 per annum initially then renegotiated to a fee per patient for supply and recording on PharmOutcomes. Nima would share the SLA with Claire to consider. Members were concerned about agreeing to supply on any further basis without a fee attached and highlighted the short expiry dates associated with vitamins which had caused problems in the past.</p>	NR/CT
<p>Health Gaps Discussion – This had been raised at the Medicines Steering Group Meeting where Wicker Pharmacy had highlighted particular pressure points via a slide. Claire agreed to get more information on this and perhaps highlight to contractors to see if this was wider spread than the Wicker Pharmacy.</p>	CT

<p>17.</p>	<p>Working Group Sessions:</p> <p>Members broke into 3 groups to consider and report back as follows:</p> <p>Finance and Administration / Expenses Policy – Greg reported back their group’s consideration of the CPS policy and that of Rotherham and PSNC. They suggested combining the best of each and Greg would redraft for sharing with the Committee. Members agreed Treasurer costs should be £250 per month, plus half day attendance at meetings. Any work over and above this needs to be with prior agreement and funding would be in line with the expenses policy.</p> <p>Sexual Health Services – HIV Testing – Ravi outlined the groups discussions whereby although the finger prick test was straight forward using a point of care testing machine, the result was immediate and community pharmacy would need appropriate training to counsel patients who received a negative result and it was agreed that this may not be appropriate for a community pharmacy based service. It was suggested Claire check with Sexual Health Services whether there was an alternative test which could be sent off and patients contacted by the relevant service as was the case with Chlamydia Screening, so that pharmacy is used as a resource purely for testing in a convenient location.</p> <p>Care Homes Project Proposal – It was noted that the current fund for a Pharmacy Advice to Care Homes Service was £20-£25k per annum for a service looking to cover 140 Care Homes in Sheffield. Various options were considered but it was agreed that it would be a far better option to provide an extensive service to a smaller cohort of Care Homes incorporating a proper clinical review with a quality service which was likely to achieve far better results. Adam agreed to lead on drawing up a proposal, assisted by Stewart and Claire. Claire would also liaise with Peter Magirr, Sarah Alton and perhaps ask Care Homes Managers what they consider would be the most useful support.</p>	<p>GC ALL</p> <p>CT</p> <p>AY/SK/ CT CT</p>								
<p>18.</p>	<p>AOB</p> <p>Dr Richard Oliver Resignation – Susie outlined Richard’s message to the Committee referring to his plans to "retire" from the APG role which means he will no longer have any involvement with CCG activities thereby concluding that would also lead to him having to stop his attendance at the CPS meetings as well. He had asked Susie to extend his thanks to the Executive and the wider membership for “putting up with him” for all those years, and for the LPC’s support and help in instituting a number of changes which he thinks leave Sheffield pharmacy in a much stronger position than many other parts of the country. He expressed his sorrow in leaving the prescribing role but identified that it all forms part of the ‘wind down to retirement plan’ that he needs to put in place now. Members were very appreciative of the huge contribution Richard had made and his commitment to attending LPC / CPS meetings – they would very much miss his valuable input. David would be writing to Richard formally. Susie also referred to a social event being organised by the CCG to which members were welcome to attend.</p> <p>NHS Sheffield Guide for Patients – Claire and Susie referred to a helpful patient guide produced by NHS Sheffield CCG which detailed services available, but as in a previous year had involved a company contacting pharmacies asking if they wished to advertise their services. This was controversial as would give a limited impression of services available and had been highlighted to the CCG by Claire and Jo had confirmed pharmacy advertisements would not be included. The Committee would consider whether it was appropriate to commit resources to place an outline of the work of CPS.</p> <p>CPS Staff Handbook – David agreed to update this document for Claire and Susie as employed staff.</p> <p>Flu Support Packs – Nima had forwarded some information produced by Community Pharmacy West Yorkshire which he considered might be useful for contractors in Sheffield. This was evidentially quite an expensive production which was rather outside CPS resources and it was agreed that PSNC resources should be utilised and that Ravi could try to promote the Pharmacy Flu Vaccination Service via his links with Radio Sheffield at the appropriate time.</p> <p>Resignation of Independent Member – David advised that Sajid Razaq had decided to resign from CPS forthwith due to both work and family commitments. Members were aware that expressions of interest had been received for an independent vacancy a year ago, but it was decided most appropriate to highlight this as a new vacancy and seek expressions of interest a fresh. Susie agreed to email out.</p>	<p>DR/ALL</p> <p>CT/SC</p> <p>DR</p> <p>RM</p> <p>SC</p>								
<p>19.</p>	<p>Meeting Dates for 2016/17 (all Tuesdays) at Jordanthorpe, 9.30 am to 5.00 pm (except AGMs):</p> <table border="0"> <tr> <td>13 September 2016 (inc AGM)</td> <td>20 June 2017</td> </tr> <tr> <td>29 November 2016</td> <td>12 September 2017 (inc AGM)</td> </tr> <tr> <td>7 February 2017</td> <td>21 November 2017</td> </tr> <tr> <td>25 April 2017</td> <td></td> </tr> </table>	13 September 2016 (inc AGM)	20 June 2017	29 November 2016	12 September 2017 (inc AGM)	7 February 2017	21 November 2017	25 April 2017		<p>ALL</p>
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