

**ADOPTED MINUTES OF THE  
COMMUNITY PHARMACY SHEFFIELD MEETING  
TUESDAY 25 APRIL 2017**

Jordanthorpe Health Centre, Dyche Lane, S8 8DJ

9.30 am – 5.00 pm

<b>MEMBER</b>	<b>25/11/15 Day</b>	<b>09/02/16 Day</b>	<b>26/4/16 Day</b>	<b>21/06/16 Day</b>	<b>13/09/16 Day</b>	<b>29/11/16 Day</b>	<b>07/02/17 Day</b>	<b>25/04/17 Day</b>
<b><i>Nominated/ Appointed Contractors</i></b>								
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	N/A	+	+	+	A	+	+
Stewart Kelly (Appointed 04/14)	+	A	A	+	+	+	+	A
Andrew Hartley (Appointed 10/16)	N/A	N/A	N/A	N/A	N/A	+	A	A
<b><i>Company Chemist Reps</i></b>								
Emilia Stelmach (Boots)	A	A	+	+	A	+	+	+
Shammi Khosla (Boots) (Apt 4/14)	A	+	A	A	+	+ (pm)	A	+
Jamil Ahmad (Well) (Appointed 01/2017)	N/A	N/A	N/A	N/A	N/A	N/A	A	+
Luke Downs (Lloyds)	+	A	+	+	+	A	+	+
Terry Relf (Lloyds)	+	+	A	+	+	+	+	+
Rachel Crookes (Lo's) (Appointed 10/16)	N/A	N/A	N/A	N/A	N/A	+	+	+
Nima Raei (Rowlands) (Appointed 03/16)	N/A	N/A	+	+	+	+	+	A
Garry Myers (PSNC Rep)	+	A	+	+	+	+	+	+
Susie Coates (LPC Support Manager) Appointed November 2012	A	+	+	+	+	+	+	+
Tom Bisset (Adviser)	N/A	N/A	N/A	N/A	N/A	+	+	A
<b><i>Observers</i></b>								
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	+	+	A	N/A
Jon Whitelam (Boots)	N/A	N/A	+	A	A	A	+	N/A
Martin Bennett (Wicker Pharmacy)	N/A	N/A	N/A	N/A	N/A	+	+	N/A
Bali Kaila (Boots)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
Ravi Rajput (Pre-Reg Boots)	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><b>Apologies:</b></p> <p>Apologies for absence are as noted on the attendance sheet.</p>	
2.	<p><b>Committee Corporate Governance:</b></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. In noting these had not been updated on the CPS website for some time, it was agreed that a fresh form should be issued by Susie and members asked to complete a new version. This would not be necessary for Rachel and Jamil as they are new members and their declarations quite recent. <i>Post meeting note: Issued by email to members by Susie.</i></p>	SC
3.	<p><b>Welcome and Introductions:</b></p> <p>Jamil Ahmad was welcomed with around the table introductions, to his first meeting as a new CCA member from Well, having replaced Matt Webster. There were two additional attendees from Boots (Bali Kaila and Ravi Rajput) who were welcomed as observers to this meeting.</p>	
4.	<p><b>Appointment of Officers:</b></p> <p>The Chair called for interest from anyone who wished to take on one of the 3 officer roles of the Committee and in the absence of any volunteers, confirmed that current officers were happy to continue for a further 12 months. The current officers were appointed to continue as follows:</p> <p>Chair: David Russell Vice Chair: Crispin Bliss Treasurer: Greg Campbell</p>	
5.	<p><b>CCA Reporting:</b></p> <p>Luke kindly offered to submit the CCA report for the current quarter (April - June).</p>	LD
6.	<p><b>Minutes:</b></p> <p>The Minutes of the meetings held on 7 February 2017 were reviewed and accepted as an accurate record of proceedings and signed by the Chair.</p>	
7.	<p><b>Matters Arising:</b></p> <p>The Chair ran through the action points from the last meeting minutes, although it was confirmed that most items were already included on the Agenda.</p> <p><b>Prescription Order Line</b> – Claire advised that she had recently met (during a “keep in touch” day) with the CCG Medicines Management Team who had reported that they had noted a reduction in prescribing and improvement in quality of repeat prescribing. They had decided to extend the service on a neighbourhood basis and had written out for expressions of interest, with a view to considering rolling out with potentially putting staff into the neighbourhood to administer the service. There had not been a formal evaluation of the service. Members were keen to see more information from the CCG which had led to the view of a reduction in prescribing and improvement in quality. Some members reported that it had reduced the time element for staff taken up with ordering and that especially due to the recent funding cuts, staff time had been deployed elsewhere but there was concern if the system were to revert to previous arrangements, there would not be sufficient staff to undertake that work. Members were also interested to clarify about where the staff to extend the service, would be recruited from, with concerns that this may further undermine the community pharmacy workforce. It was agreed that CPS would advise contractors as soon as a neighbourhood had been identified for the next roll out of the service.</p> <p>Query was raised as to whether it was possible to obtain data on EPS repeat dispensing activity as clearly greater use of this would remove the need for a POL. Members believed that there are training issues both in general practice and in community pharmacies but particularly in GP practices where staff were not familiar with how to use EPS Repeating Prescribing effectively.</p> <p>Members also noted that the roll out of EPS4 would result in prescriptions going direct to a hub. Following on from this Claire picked up on a later Agenda item and asked members if they believed pharmacies would be interested in using PharmOutcomes to receive messages from Sheffield Teaching Hospitals (STH) about patient discharges which the CCG was considering supporting by paying for the relevant PO licences.</p>	CT  CT/SC  DR

	<p>This generated some discussion and members agreed they would want to support and encourage contractors to engage with this, but there were reservations as to how well STH would engage themselves as previous attempts at hospital discharge notifications to pharmacies had not taken off as so few referrals generated. Despite this, the more pharmacies are encouraged to use PO to communicate, the easier it would be to administer the development of other potential services. Members also wondered whether the roll out of NHSmail would influence this, although it was appreciated that full roll out was some time off. It was acknowledged that Claire was unfortunately left with perhaps more questions than answers with which to refer back to the CCG.</p>	<p>CT</p>
<p>8.</p>	<p><b>Officer Reports:</b></p> <p><b>Chair</b> – David gave a verbal report on his attendance at meetings, including the Regional Meeting (mainly covering the Judicial Review). Healthcare Together had given a presentation on a Tendering Scanning Service, details of which they indicated they had sent out to Chief Officers; Claire did not recall receiving it but would follow up. There had also been input from various LPCs on Sustainability and Transformation Plans (STP) but it seemed overall there was little engagement. Claire referred to her links with the STP process via Nicky Doherty before her maternity leave and that she would revisit on her formal return to post. It was acknowledged that the A&amp;E Delivery Board meetings did not have a formal representative included from CPS although Martin Bennett attended from Wicker Pharmacy and had reported back on relevant issues. This had formally been the Systems Resilience Group (SRG) on which CPS had been represented; David and Claire agreed to follow up.</p> <p>David referred to a recent meeting with South Yorkshire LPCs and the local NHSE team where it was reported that NUMSAS was technically live although no activity. The CCG had indicated they would continue with their commissioned service through April and May for continuity. The details required for the contact form, still appeared to be awaited. It was agreed this should be chased.</p> <p>CPAF visits would again be chosen for new contracts, or pharmacies who had not completed the CPAF self-declaration or where concerns had been raised. The LPCs had successfully put in a joint bid for HLP funding from HEE and NHSE and Nick Hunter was chasing the actual funding which was to come to CPS for distribution but had not yet been received. The Flu Advanced Service was to include the morbidly obese within the inclusion criteria and there was talk of a national IT solution being in place to support the service by 2020.</p> <p>David outlined the actions taken surrounding the delivery of MAR charts, explaining why there had needed to be a quick decision to delay the advice to cease offering them after a plea from the Local Authority. It was understood a meeting was taking place this week between the LA and the CCG to find a resolution.</p> <p>The CCG have been reviewing the Minor Ailments Service with a view to removing chemical treatments for head lice with further encouragement to use 'Bug Busting' kits. There were apparently to be some exceptions to the rule which would be clarified.</p> <p>Concerns had been raised about the use of Summary Care Records and the issue of specialised issue drugs via hospital prescribing, which if not kept up to date, drop off the system.</p> <p>David and Crispin had recently had a useful meeting with the Local Medical Committee (LMC) Executive; on discussing the flu service they explored the feasibility of using PharmOutcomes to send electronic notifications to GPs but this would require input of GP email addresses onto the system. The LMC had been very supportive of the Primary Care Sheffield bid involving a similar service to that under the PMCF rather than the employed pharmacist route. There had been some discussion about social media and how the LMC were revamping their links. CPS could perhaps learn from their work.</p> <p><b>CPS Adviser</b> – David reported that Tom Bisset had to submit his apologies for the meeting for personal reasons but had explained the delay in taking forward support to young carers collection medication for incapacitated parents etc was due to the need to use PharmOutcomes which as mentioned by Claire above, was not available at all pharmacies, so the development of a service could not currently be planned. If the CCG were to go ahead, this service might be possible.</p> <p><b>Chief Officer</b> - Claire reported on three meetings she had attended in March and April, during her "keep in touch" days. The Tobacco Control Stakeholder event had been very interesting and attended by a large cohort of people from a variety of organisations. There were very interactive discussions about how a new service could work. The official tendering process was due to be released shortly. This item was listed later on the Agenda.</p>	<p>CT</p> <p>DR/CT</p> <p>SC</p> <p>DR</p>

	<p>Claire has also met with Peter Magirr, Steve Freedman and Jo Tsoneva at the CCG for an update on current work etc which had been useful.</p> <p>Claire referred to information which had been disclosed indicating a GP Practice had written to their patients discouraging them from using a particular pharmacy chain, which was quite damning. This was being considered by NHSE. Members considered whether it might be useful to raise GP practice awareness to the fact they could approach CPS with any concerns about pharmacy and David agreed to raise this with the LMC who had apparently been unaware of the action taken by the practice.</p> <p>Claire referred to the Prescription Switch pilot Service looking at test strips; this had not generated much activity (5 switches so far from one pharmacy; 15 switches by the practice). Steve Freedman was to follow up. Members wondered if there were a limited number of patients appropriate for switching, causing the low take up. David agreed to have a word with the Pharmacist at the relevant branch. Crispin referred to the algorithm which was quite complex and that he would share with David and Claire.</p> <p>The last meeting attended by Claire was with Steven Haigh from Primary Care Sheffield (PCS) to discuss their current priorities. They had covered the bid submitted by PCS for the funding for clinical pharmacists in GP practices and how if successful it would be good to explore ways of building on the success of the PMCF project utilising community pharmacists to undertake some of this work for GP practices. Crispin had submitted an outline proposal to best utilise community pharmacy in the project. If successful PCS will be looking at recruiting and being up and running within 6 months.</p> <p>Claire asked the committee for their thoughts regarding setting up our own provider company and members agreed to keep this under review for the time being as the risks associated with the funding required for a Community Pharmacy Provider Company was currently too great.</p> <p><b>Vice Chair</b> – Crispin reported on the Formulary Sub-Group he attends.</p> <p><b>Treasurer</b> – Greg tabled his financial reports and was pleased to report the finances are in good order and members considered whether a levy holiday could be given, but in view of the current uncertainties regarding the Judicial Review etc, it was agreed to keep this under review. He would report further under a latter item on the Agenda.</p>	<p>DR</p> <p>DR CB</p> <p>GC</p>
<p>9.</p>	<p><b>Tobacco Control Tendering Process:</b> As per earlier comments by Claire, there had been a stakeholder event for the bid to offer Stop Smoking Services which was along different lines to the current contract held by SWYFT. Claire explained the funding and linked requirements and it was agreed by the Committee that CPS was not able to submit a stand-alone bid, but that it would be happy to link with the successful bidder regarding what community pharmacy can offer to support the target smoking quits.</p>	
<p>10.</p>	<p><b>Hospital Discharge Information to Community Pharmacy</b> – Claire outlined the information Steve Freedman had provided which set out that Sheffield Teaching Hospitals have agreed through their Operating Procedures that they would like to initially refer patients who are on MDS, sending a copy of the Discharge TTO information in a message sent via PharmOutcomes to the patient's nominated pharmacy. The expectation was that on receiving the message the pharmacy may wish to consider offering the patient a New Medicine Service (NMS) or a Medicines Use Review (NMS) or assistive technology. However, only 57 community pharmacies are currently providing services for the CCG via PharmOutcomes, so they would need to invest approximately £3,500 pa to purchase a further 70 licences and would need to justify the cost. Members had some reservations as outlined earlier above, but wished to support the concept. Claire was to refer back to Jo / Steve at the CCG.</p>	<p>CT</p>
<p>11.</p>	<p><b>Community Pharmacy 2016-17 and Beyond / Contractor Support</b> – David extended thanks to Tom Bisset (in his absence) for the level of support offered to contractors and pharmacy staff at the two special events which covered in detail the requirements of the new pharmacy contract and the Quality Payments Scheme etc.</p>	
<p>12.</p>	<p><b>Healthy Living Pharmacies / Healthy Living Champions</b> - Susie confirmed that 25 pharmacists had already booked for the Leadership Training on 8 June, the training being provided by CPPE with venue costs covered by CPS and 20 members of pharmacy staff had already booked for the Healthy Living Champion Training only advertised the previous week for 4 separate dates – 24 May, 30 June, 18 July and 16 August. This training was being provided by Weldricks as accredited providers. Only two members of staff per branch were permitted to attend at the moment. Demand would be reassessed if required. Health Education England and NHS England were providing some funding for the training across the South Yorkshire patch.</p>	
<p>13.</p>	<p><b>PSNC Update</b> – Garry attended as Regional Representative for PSNC and updated members on the current state of play and the awaited outcome of the Judicial Review.</p>	

14.	<p><b>MAR Charts</b> – As referred to in the Chair’s verbal report above, David referred to the letter dated 28 March that he had received via email from Phil Holmes, Director of Adult Services at Sheffield City Council and outlined the content to members. Phil had asked CPS to urgently reconsider their advice to contractors to cease provision of MAR charts from 1 April so that they could enter into discussions with senior-level input from both the Council and the CCG. He accepted that matters could not continue as they are for contractors and that he would ensure any agreement is backdated to 1 April 2017 so that contractors experience no detriment for the delay. David had also had a detailed discussion with Phil the following morning during which he committed to resolve the situation by the end of June. Members agreed that the CPS Executive decision to send out an urgent update to contractors was appropriate in the circumstances but that any further delay must be avoided.</p>	
15.	<p><b>QIPP</b> – David outlined issues relating to the drug switches initiated by the CCG, emphasising the concerns he had formally raised with Peter Magirr. David has expressed disquiet that the changes were not taken through the normal channel of the APG. Members expressed their particular dissatisfaction over the difficulty of stock management with such little notice of changes being given.</p>	
16.	<p><b>AGM Planning</b> – Members discussed the format that the AGM should take on 12 September and agreed it would be useful to again combine an interesting topic (perhaps respiratory) together with a PSNC Speaker (Sue Sharpe / Alistair Buxton) to reflect on the current state of play for community pharmacy. <b>Post Meeting Note:</b> <i>Following a meeting with Greg Fell, Director of Public Health at SCC on 3 May, regarding their future work with community pharmacy (notably HLPs) it was agreed that a Public Health launch event including a Sexual Health update might be useful which could be combined with the AGM. CT/SC to liaise with SCC.</i> <b>Further Post Meeting Note:</b> <i>Meeting date now re-set for 14 September 2017 to facilitate attendance of Director of Public Health.</i></p>	CT/SC
17.	<p><b>Flu Vaccination Service</b> – Greg referred to the meetings he had attended which had noted the raised number of vaccinations provided. He advised that Rachel Staniforth, Screening and Immunisation Coordinator for the North Region (Yorkshire and the Humber) NHS England, was leaving, which would be a loss to the service. Greg said other than liaising with the LMC regarding the service, there was nothing further for CPS to do.</p>	
18.	<p><b>Sexual Health Service</b> – Amy Buddery, Health Improvement Principal - Sexual Health from Sheffield City Council attended with a Alec Tinker, Public Health Intern to explain the Sexual Health Redesign that was currently taking place within SCC. Susie and Claire had attended some of the meetings to discuss how community pharmacy could continue to help support the public health aims to improve sexual health in the City. Amy shared data which showed the Sheffield pharmacies which had official rolling contracts to provide EHC, Chlamydia Screening and condom distribution via the Needle Exchange Service, showing which pharmacies were active (which was far less than for the contracts held). It was agreed that they would write out to the pharmacies checking their status and any problems they might be experiencing. Amy also agreed to revisit discussions about using PharmOutcomes for reporting and to liaise with Public Health about including Sexual Health as a Public Health Campaign for pharmacies. Following a query from a member, Amy confirmed that there is a doctor on call to give advice and that these details would be shared with Susie to pass on to pharmacies via the bulletin. <b>Post Meeting Note:</b> <i>Details issued in bulletin.</i> Ordering through the condom service was also notably low and Susie was looking to establish why pharmacies were not engaged. It was noted that the system was rather complicated and Amy agreed to consider a simplified system. Amy agreed to explore the feasibility of providing depo contraceptive injections and progesterone only pills in community pharmacy as a method of bridging contraception for women accessing EHC. Amy was to explore with Susie how to identify opportunities to promote sexual health provision in the City Centre pharmacies following the closure of the Mulberry Street Clinic.</p>	DR/SC  SC  SC/AB
19.	<p><b>Finance</b> – In addition to the information in Greg’s earlier report, he advised that there were still a few remnants of expenses to go to the Accountant via the QuickBooks system. He advised that there is a Treasurer’s meeting on 18 May. Despite the reserves being slightly over at the moment, this was due to temporary personnel issues and that this should be kept under review and scrutinised at the next meeting by the relevant Sub-Group.</p> <p>Susie was asked to leave whilst David shared the detail of her annual appraisal with the Committee; Susie was then thanked for her hard work during the difficult period of Claire’s maternity leave. David was also to undertake Claire’s annual appraisal and review her hours when she was formally back from maternity leave.</p>	SC  DR
20.	<p><b>Market Entry</b> – Members had been provided with the latest version of market entry applications. Susie highlighted that the Distance Selling Pharmacy shown on the listing at 446a London Road had now been issued for consultation after the delays previously noted.</p>	

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21.	<b>CPS Work Plan / Self Evaluation</b> – David ran through the 2016/17 work plan which had been annotated with notes by Claire, Susie and himself with further contributions from members. It was agreed an updated version compiled by Susie from discussions held, should be worked on by the appropriate Sub-Group at the next meeting.	<b>SC</b>
22.	<b>Meeting Dates for 2017:</b> <b>20 June</b> <b>14 September (inc AGM) – NB Revised from 12 September</b> <b>21 November</b>  <i>All meetings excepting the AGM to be held at Jordanthorpe Health Centre, 1 Dyche Close.</i>	<b>ALL</b>

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