

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 26 APRIL 2016**

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

MEMBER	17/11/14 Day	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
<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	N/A	+	+	+	+
Brigid Murphy (Treasurer) (Resigned 3/16)	A	+	+	+	+	+ (10am – 11am)	+	R
Greg Campbell (Treasurer) (Apt 4/16)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
Crispin Bliss	+	+ (part)	A	+	+	+	+ (am)	+
Stewart Kelly (Appointed 04/14)	+	+	+	+	A	+	A	A
Sajid Razaq (Appointed 04/14)	+	+	A	+	+	A	A	A
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	+	+	A	A	+
Shammi Khosla (Boots) (Apt 4/14)	+	+	+	A	A	A	+	A
Matt Webster (Well) (Apt 06/2012)	+	+	+	A	A	A	A	+
Luke Downs (Lloyds)	A	+	+	+	A	+	A	+
Terry Relf (Lloyds)	+	+	+	+	A	+	+	A
Greg Campbell (Lloyds) (Appointed 01/2013)	+	+	+	+	+	A	+	R
Adam Yates (Weldricks) (Appointed 12/2013)	+	+	+	+	+	+	+	+
Adrian Nichols (Rowlands) (Appointed 06/15) (Resigned 2/16)	N/A	N/A	N/A	A	+	A	+	R
Nima Raei (Rowlands) (Appointed 03/16)	N/A	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)	A	+	N/A	+	N/A	N/A	N/A	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	+
Paul Mason (Lo's Pharmacy)	N/A	N/A	+	+	A	+	N/A	A
Jon Whitelam (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>Apologies:</p> <p>Apologies for absence are as noted on the attendance sheet.</p>	
2.	<p>Appointment of Officers:</p> <p>The following appointments were made and members thanked for their commitment to these roles:</p> <ul style="list-style-type: none"> • Chair – David Russell • Vice Chair – Ravi Mohan • Treasurer – Greg Campbell 	
3.	<p>Introductions:</p> <p>Nima Raei, Area Manager (Rowlands new CCA appointment, replacing Adrian Nichols) and Jon Whitelam, Healthcare Partnership Manager (observer from Boots) were welcomed to the meeting with around the table introductions. Jon explained he is CCA representative in Community Pharmacy Humber. Nima mentioned he had been on other LPCs.</p>	
4.	<p>Committee Membership:</p> <p>David outlined some changes which had arisen within the Committee membership whereby Ravi had left Green Cross Chemists Ltd and has currently taken up some part-time employment out of Sheffield, so he has had to resign as a member under his 'independent' status. Greg has left Lloydspharmacy and query had been raised by Rotherham LPC about his on-going status as a CCA member as he continued in their Treasurer role. Members discussed the implications of reducing the official membership number to 11, whilst retaining current officers as non-members, resulting in 7 CCA, 3 Independent and 1 AIMp representative. It was agreed that rather than declare vacancies and invite new members, it would be appropriate at the moment to retain consistency with the current membership, albeit officially with Claire, Ravi and Greg being non-members. This would be reviewed on an on-going basis to ensure efficiency of the Committee.</p>	DR/CT
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. Nima Raei as a new member, completed a declaration of interest and confidentiality statement.</p>	
6.	<p>Minutes:</p> <p>The Minutes of the meeting held on 9 February 2016 were reviewed and accepted as an accurate record and signed by David.</p>	
7.	<p>CCA Reporting:</p> <p>Luke offered to submit the CCA report for the next quarter (April-June).</p>	LD
8.	<p>Matters Arising:</p> <p>Refer to Pharmacy Scheme – It was noted that STH are nearing completion of the launch of their Lorenzo, electronic patient record system, intending to launch in June/July. It is hoped this will fit with PharmOutcomes. It was agreed that it would be most pertinent to look at the referral scheme again then. Luke pointed out that it would be beneficial to patients if GPs referred them to pharmacy for advice and support. Emilia advised that the system she operates in Boots at RHH no longer involves faxing pharmacies but rather that patients are given a letter, urging them to seek advice and support from their local pharmacy. As she is based in Out Patients they do not have access to the medical records. Adam outlined some problems he had been experiencing with a GP practice, which Claire agreed to follow up.</p> <p>Community Pharmacy Flu Vaccination Service – Matt Auckland, NHSE had just released some figures passed to them by the NHSBSA which showed that there had been claims for 16,980 flu vaccinations by community pharmacies in South Yorkshire and Bassetlaw to the end of February 2016, which represented an average of 73.5 per signed up pharmacy. Members anticipated the final figure would be greater but that this was a good result. Post Meeting Note: <i>National Flu Service being commissioned for 2016/17.</i></p> <p>Bank Holiday Closure Applications – Claire reported that this had been raised at the South Yorkshire LPC meeting with NHSE. They had indicated that they would be prepared to consider applications made by a cohort of pharmacies in close proximity to have one pharmacy open but this pharmacy would have to stay open for the length of time of the longest opening hours (even if this is longer than their usual open hours) e.g. 4 pharmacies in close proximity, one opens 8.30 am - 6.30 pm, the others 9.00 am – 6.00 pm, the</p>	CT

	<p>pharmacy who will open will have to open 8.30 am - 6.30 pm to secure a reasonable service to support patients in their area for a reduced period of time.</p> <p>It was agreed that this should be highlighted to contractors in time for the Christmas Bank Holiday period, although as Christmas Day fell on a Sunday this year; the situation might not be as difficult for contractors.</p>	<p>CT/SC</p>
<p>9.</p>	<p>CURRENT ISSUES:</p> <p>Primary Care Strategy - The current draft of the Strategy had been circulated with the papers and Claire outlined the background to the work which had been undertaken by Becky Meadows and Katrina Cleary to reach an agreed format with all stakeholders. Claire highlighted the part of the Strategy which set out community pharmacy services in Sheffield, which included the latest linkages with general practice through the Prime Minister's Challenge Fund work. Various aspects requiring some clarity were highlighted and Claire was to feedback asap after this meeting to meet the CCG's deadlines for approval of the Strategy by the relevant Authority.</p> <p>Medicines Optimisation Scheme in Care Homes Proposal 2017 – The Committee watched a video on a bespoke service operating in Northumbria which involved the patient in the care home (and their family) being closely involved in decisions made on their medication regime; involving the GP and community pharmacist. Claire explained that there had been low take up of the local Enhanced Service - Pharmacy Service Advice to Care Homes for 2015/16, leaving a surplus in funding which it was originally hoped to use in some specific enhanced work with community pharmacy. However, the CCG decided to leave it for this year and concentrate on developing a new service along the lines shown in the video. Claire is due to meet with Jo Tsoneva to discuss a way forward. It was acknowledged that the CCG were open to suggestions from other providers, not just pharmacy so it was important for the Committee to draw up a viable proposal which will help reduce prescribing costs. It was agreed Ravi could help Claire with this piece of work and that they should link with Northumbria regarding their experiences. It was understood there is a similar service operating in West Yorkshire. Matt suggested it would be useful for pharmacists working in GP practices under the PMCF to seek to influence such developments. It was understood parts of the PMCF was being given funding to extend this work to the end of March 2017. Members agreed IT access for pharmacy needed to be improved to really make a difference to what could be achieved.</p>	<p>CT</p> <p>CT/RM</p>
<p>10.</p>	<p>Community Pharmacy Sheffield Strategy:</p> <p>Claire had prepared a revised version of the Strategy document; both versions having been circulated with the papers for the meeting. She highlighted where it had been possible to move forward. Claire and Susie had been struggling in their part-time capacities to deal with current demands and complete some of the targets set, but it was acknowledged good progress had been made. Claire had précised the actions which required the most urgent attention which included updating of the CPS website and use of Mailchimp for contractor communications. Ravi and Greg had offered to dedicate a block of time to take these priorities forward. With regard to Media – Claire and Susie had met (together with LPC representation from Barnsley, Rotherham and Doncaster) with a lady with recommended expertise in the field who had put forward a set of questions which Claire asked the Committee to consider to determine priority action. Claire would also liaise with the other LPC reps to determine how best to engage in the most cost effective manner. Jon kindly advised that having recently reviewed several LPC website, he regarded Community Pharmacy Sheffield's as very informative and one of the best.</p> <p>It was agreed that contractors should be further canvassed as to what they would like from their local representative committee and that this might be best engaged via phone contact from members of the Committee making direct approaches to raise awareness of support available and the openness to respond to ideas about how to take community pharmacy forward both locally and nationally. Claire and Susie were to complete a division of contractors to share out between members and a set of questions as a proposal to bring to the next meeting. Ravi may be able to assist with this work. Claire mentioned that it had been highlighted that Sheffield pharmacies were achieving lower uptake of the Advanced Services of MURs and NMS than other neighbouring areas. It was important to investigate this in order to support contractors where necessary. Adam suggested a City Wide Update Event to help support contractors to improve uptake. He agreed to link with Susie on this. Crispin suggested it would be helpful to have information about set campaigns and identified resources for local campaigns, particularly for HLPs. The new accreditation criteria for HLPs would be advertised and links to self-evaluation included in the bulletin.</p> <p>Mention was made of the ICE programme within STH and Emilia agreed to check on the current situation.</p>	<p>GC/RM</p> <p>ALL/CT</p> <p>CT/RM/ SC</p> <p>AY/SC</p> <p>CT/SC</p> <p>ES</p>

11.	<p>PSNC Update:</p> <p>Garry Myers, PSNC Regional Representative, attended to update on the current issues. He warned that contractors should be prepared for a further cut in income linked to Category M adjustments in addition to that envisaged if the Government's cuts are imposed in October, and must plan accordingly.</p> <p>He referred to the PSNC further counter proposal to the funding cuts, see http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-026.16-PSNC's-counter-proposal-to-the-Government's-plans-for-community-pharmacy-in-201617-and-beyond.pdf and ran through the details with members.</p> <p>Garry believed an announcement regarding the Community Pharmacy Flu Vaccination Service for 2016/17 was imminent. He confirmed there would be no central training arrangements and that contractors are best advised to source their own training as appropriate. Post Meeting Note: <i>National Contract confirmed.</i></p>	ALL
12.	<p>Officer Reports:</p> <p>Chair – David outlined the detail of the meetings he had attended; referring to the meeting notes he had also linked to the Agenda papers. He highlighted a significant event which had arisen regarding Naseptin being prescribed for a patient with a nut allergy and suggested it might be useful to raise this in the 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.</p> <p>She explained that evaluation so far by Sheffield Hallam University on the PMCF work had been disappointing and that the CCG is to undertake a more in depth evaluation. Members agreed it would be useful for individual contractors involved in the project to feed into this process. Nima identified that 7 Rowlands Pharmacy branches are taking part and that the CCG had identified that further hours were to be funded.</p> <p>Claire canvassed interest from members in "World Osteoporosis Day" on 20 October and whether a timing update event might be of interest to Sheffield pharmacies. It was agreed this should be further explored.</p> <p>Pfizer were also keen to present at a Committee meeting regarding COPD – perhaps the next meeting in June. They had useful support materials for community pharmacy which Susie had seen and she agreed to review these for sharing.</p> <p>Claire mentioned PSNC training she had attended which had been invaluable and she asked members to consider what was available that might be useful so it could be decided whether attendance could be supported if of value to the Committee as a whole.</p> <p>Claire outlined the work of the Sexual Health Task and Finish Group and the renewal of the contract for 2016/17 but that a review was being conducted in order to redesign the best service for 2017 onwards. Claire prompted members to think of ideas of how community pharmacy could improve the service offered and to pass these on to Claire asap.</p> <p>Reference was made to the exacerbation of the problem of used needles being dumped causing huge risks to the public. This would be highlighted again in the bulletin to seek to improve discussions in Needle Exchange Pharmacies with their clients.</p> <p>Treasurer - Greg referred to the current financial position in Sheffield and the way he had undertaken his Treasurer duties in Rotherham, which he would replicate in his role in Sheffield and submit to members for their consideration.</p>	<p>DR/SC</p> <p>CT/SC</p> <p>SC</p> <p>ALL</p> <p>ALL</p> <p>CT/SC</p> <p>GC</p>
13.	<p>NHS SHEFFIELD CCG REPRESENTATION:</p> <p>Peter Magirr attended from the CCG to provide a general update on both CCG and LPN activity. Peter advised that he had relinquished his role as Head of Medicines Managements and that following interview, Gary Barnfield had been appointed to this role. Peter is to retain his Chair role of the Local Pharmacy Network (LPN), at least until October, by when the national position on LPNs should be clarified. He will now work 3 days for the CCG on Quality and Strategy and on new service developments in community pharmacy. Gary now leads the Medicines Management Team for the CCG.</p> <p>Peter advised that the LPN had submitted a response to the Pharmacy Integration Fund consultation and agreed to check if he could share this with the Committee. It was further noted that Dr Richard Oliver will be leaving his APG Chair role at the end of July and that consideration should be given to who might be appropriate to link with community pharmacy. Kevin Clifford is also retiring in the summer and Penny Brooks has been appointed as new Chief Nurse on a part time basis.</p>	PM

	<p>Peter was asked about the CCG position regarding Category M adjustments and he highlighted that in Sheffield the CCG has advocated generic prescribing, resulting in a benefit when prices are reduced.</p> <p>He acknowledged the Committee's view of destabilising pharmacies locally with various cuts but explained the CCG's position of needing to making huge savings and that short term savings had to be considered.</p> <p>Peter discussed the Prescription Ordering Line confirming that 3 practices had gone live as of Monday and that this was progressing very slowly. A 4th practice was due to commence within two weeks, followed by one more. The project would then be evaluated before deciding how to proceed. E pact data will not be available for 2 months to assess impact. A second phase could involve a quarter of the City (around a locality) but they want to establish the evidence first. The call volume was increasing and practices were working closely with affected pharmacies. The patient feedback was good. Six staff were currently involved in taking calls between 9 am and 3.00 pm but they were also able to continue their medicines management work concurrently.</p> <p>It was confirmed that the PMCF work was to be funded locally to the end of the year and Peter advised that he had flagged the scheme to NHS England as being of consideration for support from the Integration Fund. They were currently sourcing some specialist evaluation of the PMCF work as it was important to be able to demonstrate the important outcomes of this ground-breaking project.</p> <p>A new addition to the NHS Contract specifying that Conflicts of Interest should be declared was discussed. Peter suggested a link with the CCG who could provide a copy of the form they use in case this would be of use to pharmacies. Claire agreed to seek guidance from PSNC.</p>	CT/PM
14.	<p>CURRENT ISSUES (Continued):</p> <p>Smoking Cessation – It was noted that a new SLA and revised PGD had been issued, effective from 1 April 2016.</p> <p>Prime Minister's Challenge Fund Project / C&D Awards – Members had been circulated with a copy of the submission Claire had made with acknowledgements to those who had supported this; which had led to success in being short-listed for the C&D Awards.</p> <p>Public Health Priorities – Claire referred to her meeting with Greg Fell, Director of Public Health and outlined the LA's priorities and their review of current spending. Claire asked members to let her have ideas to add to her own so that she could refer back to highlight what community pharmacy can do to produce good health outcomes. Greg had mentioned an event held the previous week that he was surprised CPS had not been part of around 'Shaping Health and Care in Sheffield'. Claire agreed to look further into this.</p> <p>Post Meeting Note: <i>Jo Tsoneva had highlighted this after the meeting and given links to the organisers to ensure CPS is involved in future.</i></p> <p>Meeting with LMC – As mentioned briefly in David and Claire's earlier reports, they had met with representatives of the LMC and discussed issues of mutual interest.</p> <p>Age UK – Sheffield Integrated Pilot – Claire shared the information she had been given about secured funding to take referrals from GPs for patients with long term conditions to an Independent Living Co-ordinator who would visit the patient and help them explore their needs for independent living. It was agreed a clearer indication of the pathway needed to be elicited and how this worked with current projects. Claire agreed to refer back.</p> <p>STH MAR Charts – Sarah Alton, Head of Medicines Management at STH had outlined their policy that support works administering medication must not administer unless the time is indicated on the MAR chart which she understood was not always included in what was offered by pharmacies in Sheffield. Members agreed quite strongly that STH could only expect pharmacists to take on this responsibility under a commissioned service and that provision of MAR charts in any form was generally offered as a gesture of good will. Claire agreed to report back to Sarah.</p> <p>Planning for CPS AGM – Members discussed the best approach to this year's AGM and agreed it might be most productive to revert back to holding this the same evening as a City Wide Update event to gain contractor engagement. Susie would link with Adam regarding his earlier ideas for an event to establish if this could be arranged for the AGM date scheduled on 13 September 2016.</p>	ALL CT CT CT CT/AY/ SC
15.	<p>PSNC Response to the Pharmacy Integration Fund (PHIF) Consultation:</p> <p>Members had been circulated with the PSNC response and that prepared by Claire.</p>	ALL

16.	<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 acknowledged that Susie maintains a spreadsheet on the CPS website and highlights applications to contractors via the bulletin as they arise.</p>	
17.	<p>Consultation on Professional Standards:</p> <p>Relevant members agreed to consider the detail of this consultation document for final review at the next meeting in June in order to submit comments by the deadline of 27 June. Contractors should also be encouraged via the bulletin to submit their own responses to strengthen arguments.</p>	ALL/ CT/SC
18.	<p>Amendments to the Human Resources Medicines Regulations 2012:</p> <p>Claire highlighted the issues of concern within this document and members agreed it was important for CPS to submit a response. Greg and Ravi had offered to dedicate some time to support Claire in this piece of work and members thanked them.</p>	GC/RM
19.	<p>Update on Pharmacy Campaign:</p> <p>Claire outlined the work she had done in highlighting the main issues of the campaign to MPs and the Director of Public Health. She was in the process of inviting MPs to some specific pharmacies to make the stories real and gain their support in order to get coverage in the local press. She was to link with PSNC for support with this.</p>	CT
20.	<p>Meeting Dates for 2016:</p> <p>21 June 13 September (inc AGM) 29 November</p> <p><i>NB Meetings (excluding AGM) scheduled to be held at Jordanthorpe Health Centre, Dyche Close, S8 from 9.30 am to 5.00 pm.</i></p>	ALL

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