

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 29 NOVEMBER 2016**

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

MEMBER	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	13/09/16 Day	29/11/16 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Ravi Mohan (Vice Chair) (Resigned 09/16)	+ (Chair)	+	+	+	A	+	R	R
Claire Thomas (Chief Officer)	N/A	+	+	+	+	+	+	Maternity Leave
Brigid Murphy (Treasurer) (Resigned 3/16)	+	+	+ (10am – 11am)	+	R	R	R	R
Greg Campbell (Treasurer) (Apt 4/16)	N/A	N/A	N/A	N/A	+	+	+	A
Crispin Bliss	+	+	+	+ (am)	+	A	+	+
Stewart Kelly (Appointed 04/14)	+	A	+	A	A	+	+	+
Sajid Razaq (Appointed 04/14 / Resigned 06/16)	+	+	A	A	A	R	R	R
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	A	A	+	+	A	+
Shammi Khosla (Boots) (Apt 4/14)	A	A	A	+	A	A	+	+ (pm)
Matt Webster (Well) (Apt 06/2012) (Resigned 09/16)	A	A	A	A	+	A	R	R
Luke Downs (Lloyds)	+	A	+	A	+	+	+	A
Terry Relf (Lloyds)	+	A	+	+	A	+	+	+
Adam Yates (Weldricks) (Appointed 12/2013) (Resigning 10/16)	+	+	+	+	+	+	+	R
Nima Raei (Rowlands) (Appointed 03/16)	N/A	N/A	N/A	N/A	+	+	+	+
Garry Myers (PSNC Rep)	+	A	+	A	+	+	+	+
Susie Coates (LPC Support Manager) Appointed November 2012	+	+	A	+	+	+	+	+
Tom Bisset (Adviser)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
<i>Observers</i>								
Richard Oliver (NHSSCCG)	+	N/A	N/A	N/A	A	N/A	N/A	N/A
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)	+	A	+	N/A	+	A	+	+
Paul Mason (Lo's Pharmacy)	+	A	+	N/A	A	A	A	A
Jon Whitelam (Boots)	N/A	N/A	N/A	N/A	+	A	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>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>Welcome and Introductions:</p> <p>New members to the Committee Rachel Crookes and Andrew Hartley, together with Martin Bennett from Wicker Pharmacy as an Observer, were welcomed to the meeting with around the table introductions.</p>	
4.	<p>Minutes:</p> <p>The both sets of Minutes of the meetings held on 13 September 2016 (ordinary meeting and AGM) were reviewed and accepted as accurate records of proceedings and signed by the Chair.</p>	
5.	<p>Matters Arising:</p> <p>The Chair ran through the action points from the last meeting minutes and it was confirmed that most items were already included on the Agenda. David referred to the Care Homes Service which it had been decided to continue under the same format this year. The idea of de-prescribing had been parked for now rather than abandoned. Regarding the MAR Chart concerns and recommended cessation of provision through community pharmacy, it was understood that Steve Freedman was seeking to arrange a meeting with key stakeholders; this would be discussed in more detail when Peter Magirr attended from the CCG.</p>	
6.	<p>CCA Reporting:</p> <p>David kindly offered to submit the CCA report for the current quarter (October-December).</p>	DR
7.	<p>Tobacco Control Consultation:</p> <p>Dr Jason Horsley, Public Health Consultant from Sheffield City Council, attended the meeting to outline the proposals being considered for future tobacco control commissioning in Sheffield. He explained that they were fortunate to have the same budget maintained, but they needed to consider the most cost effective way to utilise the funding and that it might be useful to move the funding around. He asked that the Committee look at the consultation document and give an opinion (consultation period 3 months – closing date 31 March 2017). He indicated that they already concluded it would be better to move away from the 4-week quit target as this was unreliable indicative data. Sheffield City Council and Partners are currently refreshing the Tobacco Control Strategy for 2017-2022. On 31 March 2017, all current contracts are due to end. This provides an opportunity to review what they have in place, and consider how they can do better to support smokers in the City to stop, and children and young people not to start. They are consulting with the public and several key stakeholders to understand views and opinions about the proposed new strategy.</p> <p>The 'Sheffield Tobacco Control Strategy consultation 2017- 2022' is now open and will run until the 2 January 2017. As a key partner, CPS were asked to take part in the consultation, accessed via SCC Citizen Space https://sheffield.citizenspace.com/place-business-strategy/sheffield-tobacco-control-strategy-2017-2022/consult_view. There is also a set of FAQs which are helpful background.</p>	ALL
8.	<p>Officer Reports:</p> <p>Chair – David outlined the details of meetings he had attended and work with which he had been involved including he, Jo Tsoneva and Crispin's presentations on the Community Pharmacy side of the Prime Minister's Challenge Fund initiative at the Pharmacy Show. David highlighted that the full CPAF is out now and that relevant visits will be scheduled to take place between January to March 2017. David and Crispin referred to the APG's consideration of reducing prescribing of Prednisolone soluble as it is so much more expensive than standard tablets and asking patients to crush, but this was not considered acceptable. However, this was to be looked at again after collection of data. Martin offered to share a form used at the Wicker Pharmacy drawing prescribers' attention to any issues of concern of items being prescribed 'off licence' (sent by fax) with the suggestion of an alternative. Also, a form to give to patients advising an item is 'off licence' and that they may wish to check with the GP. Post Meeting Note: Forms shared with Committee as kindly forwarded by Martin.</p>	MB/SC

	<p>David went on to give feedback from the LPC Conference and to say discussions at the Chairs' and Secretary's meeting in London the previous day came soon after the cuts had been announced and the emphasis was for the focus to be on local services. There is further great concern over what might be planned for 2018. Tom referred to a meeting he had attended at Sheffield City Council to discuss the cuts and that Alison Knowles, Director from NHSE, had also been there and had agreed to join the South Yorkshire LPC Network meeting in January.</p> <p>Treasurer – Greg was incapacitated after a recent operation but had kindly sent through his report and was willing to be contacted by phone if there were any queries. However, members were satisfied with the detail provided. It was acknowledged that query had been raised about reducing the levy due to the impending cuts. Tom pointed out Sheffield's levy is considerably less than Doncaster and Rotherham LPCs. Sheffield had already reduced the Committee size to save on costs and offered levy holidays whenever it was possible. This would continue to be reviewed.</p> <p>Vice Chair – Crispin reported on a meeting he had attended reviewing the Prime Minister's Challenge Fund and advised that most of the feedback had been very positive about the pharmacy scheme. Members discussed the need to look for more viable solutions to divert people away from A&E as secondary care is struggling as much with capacity as cost. It was suggested that the current NHS111 referral for emergency supplies could be improved by cutting out NHS111 so that patients could go straight to community pharmacy. Martin mentioned he had written to Maddy Ruff at the CCG regarding her work with the System Resilience Group and made practical suggestions which she had acknowledged and passed to relevant staff to consider further.</p>	
<p>9.</p>	<p>NHS Sheffield CCG Update:</p> <p>Peter Magirr attended to outline the CCG's current priorities. He emphasised the huge savings of £2.5 million that the Medicines Management Team were being asked to find under the QIPP Programme for 2017/18 and flagged the difficulty this presented given the patterns of prescribing in Sheffield. For instance, Sheffield has very high costs in prescribing for dementia patients – as a result of active programmes to identify and support these patients. In a similar vein, there are severe cost pressures on prescribing as a result of increasing use of the new oral anti-coagulants – which may deliver better outcomes for patients further down the line. This has led to looking at areas such as more widespread use of branded generics and working to develop the 'STOP' list which sets out preparations or groups of preparations which are not considered suitable for NHS prescribing in Sheffield. It was noted that the list can also be used to support de-prescribing for these patients through use of MURs.</p> <p>Peter also highlighted some switches which were taking place in two GP surgeries with Blood Glucose strips involving community pharmacy support in discussing the switch with patients to support the transition. They are looking at this work as a proof of concept before consideration of further roll out, working in partnership with community pharmacy. He emphasised the challenge being to find cost savings without adversely affecting patient care.</p> <p>On the wider footprint he updated on the local Sustainability and Transformation Plan (STPs) of which there were 44 across the country, the local one covering Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. These present opportunities to commission services across a larger area – for example a harmonised Minor Ailments Service was a possibility. Peter explained that he would keep the Committee apprised of developments but warned that some decisions are made quickly.</p> <p>Regarding the Committee's stance with community pharmacy provision of MAR charts, Peter highlighted the concern that patients would not receive the same support in the same way and that there were on-going discussions with Sheffield City Council and the CCG. The Medication Policy relies upon the MAR chart for supported patients. David pointed out this was on the Agenda for discussion later in the day and they would report back as soon as possible.</p> <p>Regarding the POL – still 9 practices involved and they were looking at expansion around the evolution of the new GP 'neighbourhood' areas linking with the 5 year Forward View. Peter agreed to share a list of the neighbourhoods with CPS. Post Meeting Note: <i>Susie now has a copy available at the CPS office.</i> The POL service currently only works with SystemOn practices not EMIS. Peter said there was a clearer picture emerging from the data available; the greater percentage of a practice prescriptions that go through the POL the greater the impact. There has been good feedback from patients. The impact clearly depends on the volume of requests. Out of 10,000 prescriptions if only 500 have gone through the POL the impact is minimal.</p> <p>Peter referred to work with STH starting to send out TTOs via PharmaOutcomes by scanning and showing changes in MDS. It seemed a bit clunky initially but this does also support the New Medicines Service (NMS).</p>	<p>DR</p> <p>PM</p>

10.	<p>Sub-Committee Groups – Members agreed revised membership of the groups to take account of members leaving and new members joining the Committee. Andrew H agreed to join the Service Development Group; Rachel the Governance Group, Crispin would move to Governance. There remains a CCA vacancy for Matt Webster, which David had chased and been advised would be confirmed shortly. Susie would update the Terms of Reference for these groups.</p>	SC
11.	<p>PSNC Update: Gary Myers as PSNC Regional Representative, attended to provide a general update on PSNC's work and suggested there would be an announcement from PSNC by the end of the week.</p>	
12.	<p>Community Pharmacy 2016-17 and Beyond – Tom, acting in an advisory capacity during Claire's maternity leave, kindly gave an overview presentation of the main elements of the proposed contract changes. He emphasised the two days of the year (28 April and 24 November) that had been set for measuring whether the quality criteria had been met which would activate the additional payments. He advised that CPPE were offering HLP one day training and that it would be useful to offer this in May / June. David agreed to undertake further work on the CPS website to ensure it provided the most useful links for contractors regarding the impending changes. Susie would continue to highlight the website in her weekly bulletins. Post Meeting Note: <i>This has been done.</i></p> <p>Members revisited the idea of establishing a Provider Company but again believed the associated costs could not be risked now, but that the issue be kept on the Agenda for review in line with liaison with neighbouring LPCs.</p>	SC/DR DR/SC
13.	<p>MAR Charts – David advised that there had been various discussions with the CCG, Sheffield City Council and Care Providers, who are all sympathetic to the view of CPS regarding community pharmacy provision of MAR charts. The CCG had been seeking to pull together a working group as mentioned by Peter earlier. Care Agency owners have agreed that MAR charts are a problem and that the support needs sorting out. Members discussed in detail and due to concern over the patient risks, agreed to commit to talk further and so delay the recommendation to cease MAR chart provision from 1 January to 1 April 2017. It was estimated that there were approximately 3,500 carers in Sheffield. It would be useful to look at any other schemes established across the country to consider options. Susie agreed to check with PSNC. Post Meeting Note: <i>This had been actioned.</i> A specific Sub-Group was agreed to look at this (David, Stewart, Crispin, Nima and Andrew) with a view to seeking the opinion of contractors. David would speak to Peter to advise on the agreement reached. Post Meeting Note: <i>This had been actioned and stakeholders and contractors advised accordingly by email from Susie.</i></p>	SC DR
14.	<p>Flu Vaccination Service – The national 'Advance Service' Flu service was securing good rates of vaccination in community pharmacy but the locally commissioned service via the Yorkshire Ambulance Service (YAS) had proved disappointing with very low uptake and there had been reports of vaccinations taking place internally within the YAS itself. However, setting up of the service had been very successful with Community Pharmacy West Yorkshire doing a sterling job in liaising with all involved, this demonstrated Yorkshire and the Humber work well together.</p>	
15.	<p>Market Entry – Susie outlined the latest changes and referred to the 'Unforeseen Benefits' application which had been received in the Attercliffe area. Crispin had undertaken a site visit and gave a presentation to the Committee. Members with any interest to declare did not take part in discussions. The Committee agreed that the area of the application did not demonstrate sufficient development to suggest another pharmacy was appropriate and agreed that representations should be submitted asking that the application be refused.</p>	TB/DR/ SC
16.	<p>HENRY / MIND Publicity Materials – Susie outlined various approaches she had received from organisations wishing to highlight their services through mailshots to community pharmacy and the Committee agreed that provided there was no issue of conflict involved, then these organisations could distribute materials to Sheffield pharmacies, at their own cost, albeit that there were no guarantees or obligations on individual pharmacies to display same. These two organisations (HENRY – support for childhood obesity and MIND giving the link to their Mental Health website) were particularly useful to pharmacies in supporting patients with specific health needs. Susie had highlighted in her bulletin.</p>	SC
17.	<p>Meeting Dates for 2017: 7 February 12 September (inc AGM) 25 April 21 November 20 June</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