

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 9 FEBRUARY 2016**

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

MEMBER	23/09/14 Day	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
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Ravi Mohan (Vice Chair)	+	+	A	A	+ (Chair)	+	+	+
Claire Thomas (Chief Officer)	N/A	N/A	N/A	N/A	N/A	+	+	+
James Wood (Chief Officer)	+	+	+	+	R	+	R	R
Brigid Murphy (Treasurer)	A	A	+	+	+	+	+ (10am – 11am)	+
Tom Bisset (Interim CO)	N/A	N/A	N/A	N/A	+	+	N/A	N/A
Crispin Bliss	+	+	+ (part)	A	+	+	+	+ (am)
Stewart Kelly (Appointed 04/14)	+	+	+	+	+	A	+	A
Sajid Razaq (Appointed 04/14)	+	+	+	A	+	+	A	A
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	+	+	+	A	A
Shammi Khosla (Boots) (Apt 4/14)	+	+	+	+	A	A	A	+
Matt Webster (Well) (Apt 06/2012)	A	+	+	+	A	A	A	A
Luke Downs (Lloyds)	+	A	+	+	+	A	+	A
Terry Relf (Lloyds)	A	+	+	+	+	A	+	+
Greg Campbell (Lloyds) (Appointed 01/2013)	A	+	+	+	+	+	A	+
Laura Reed (Rowlands) (Resigned 06/15)	+	+	+	+	R	R	R	R
Adam Yates (Weldricks) (Appointed 12/2013)	+	+	+	+	+	+	+	+
Adrian Nichols (Rowlands) (Appointed 06/15)						+	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
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	N/A	+	+	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>Welcome:</p> <p>David as Chair welcomed everyone to the meeting.</p>	
3.	<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>	
4.	<p>Minutes:</p> <p>The Minutes of the meeting held on 25 November 2015 were reviewed and accepted as an accurate record and signed by David.</p>	
5.	<p>CCA Reporting:</p> <p>David offered to submit the CCA report for the last and next quarter, noting that Adrian had agreed an extension to submission of the report on line, to this week. Post Meeting Note: <i>David confirmed he had submitted the report which was due.</i></p>	DR
6.	<p>Matters Arising:</p> <p>South Yorkshire LPC Meeting – David highlighted that the next meeting was scheduled for 2 March and asked members to forward any issues they would like raised, to him or to Claire as soon as possible.</p> <p>PREVENT (Awareness) – Claire reported that she and Susie had recently met with Sue Mace, Designated Nurse for Safeguarding Children at the CCG, who was responsible for the detail of the Assurance Tool which required completion as part of the contracting process for their Locally Commissioned Services. She had clarified the requirements that had been posing some problems for contractors with last year's declarations. Post meeting, she had shared leaflets for PREVENT and Safeguarding Children and Adults (the latter two of which she offered to make available in a more generic format for pharmacy use). These explain the key issues involved in the declarations, whereby under Level 1 staff declare to their managers that they have read the leaflets; these are included in new starter Induction Packs. These will be issued via Susie's bulletin to all pharmacies. Post Meeting Note: <i>The Prevent Leaflet has been issued.</i> Discussions with Sue and Jo Ward, Contract Lead, were useful in helping formulate an easier process for completion of the declarations for the next year, which were due for issue shortly by Jo.</p> <p>Leadership Academy – David reported that unfortunately Claire had been unsuccessful in her application for take part in this PSNC initiative. Claire clarified that she had spoken to Mike King at PSNC who had explained they were looking for people who already had some experience in a Leadership Role, which had been unclear from the original documentation. It was suggested this be highlighted to Garry Myers (PSNC Rep).</p> <p>Refer to Pharmacy Scheme – There had been suggestion that the CCG might use PharmOutcomes to take this scheme forward but nothing had been mentioned recently. Crispin mentioned the scheme was operational in Derby and Chesterfield. Claire agreed to follow up.</p> <p>EPS and Post Dated Prescriptions – Adam advised that there remained some issues with a practice in regard to emergency supplies and clarified that this related to post dated prescriptions rather than repeat dispensing. Prescriptions cannot be downloaded from the Spine in advance if post-dated. David suggested he and Claire mention this at the LMC meeting. Ravi remind members to take part in the EPS survey which had been highlighted in Susie's bulletin (<i>reminder to be issued to pharmacies – done via Bulletin</i>). Adrian pointed out that surgery staff got very little support to understand the EPS system post Go-live and problems were often linked to them not understanding how the EPS system works. It was suggested that this also be raised at the SY LPC meeting to assess whether it was a common problem which should be addressed more formally. David agreed to raise the issue with Jo Tsoneva with a view to this being considered via the PMCF so that the pharmacist working in practice, could help support.</p> <p>Anti-microbiologist Trainer – David suggested this would be raised at the meeting with the LMC.</p> <p>DACT – Claire explained that the PharmOutcomes platform had been amended for Needle Exchange so that once a patient has been set up on the system, their details are there for future supplies rather than needing to be entered each time. There is an initial setting up process, but this platform saves time with on-going supplies.</p>	<p>ALL</p> <p>SC</p> <p>DR</p> <p>CT</p> <p>SC</p> <p>DR/CT</p> <p>DR</p> <p>DR</p>

	<p>Flu Vaccination Service – Greg had kindly agreed to attend the Flu meetings representing CPS and he advised that there had been masses of data produced at the last meeting, with pharmacy provision being only a small part. Final evaluation was still awaited.</p>	
<p>7.</p>	<p>Officer Reports:</p> <p>Chair – David outlined the detail of the meetings he had attended as set out in his Summary of Activities Report, highlighting points of particular interest. He advised that at the PMCF meeting there had been discussion about mental health and whether this was something community pharmacy could become involved in identifying following training. Claire mentioned that community nurses had become involved in screening for mental health, seeking to identify undiagnosed depression. David confirmed he had undertaken Susie’s appraisal.</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 detail of interest.</p> <p>She explained the detail of the Prescribing Ordering Direct (POD) Service which was to be introduced by the CCG; this followed on from research into a service already operating in Coventry which had been successful in securing considerable savings. The scheme removes the pharmacy from the ordering process and directs patients to use a Prescription Ordering Service telephone number where they speak to a member of the Medicines Management Team who discusses their medication whilst referring to their medical record via the surgery System One computer access and determine what medication is required under repeat, thereby seeking to remove the potential for over-ordering and waste; this is then authorised by the GP and sent via the EPS Spine to the nominated pharmacy. Consequently, this will only involve surgeries who are using EPS. Patients are encouraged to nominate their preferred pharmacy who will dispense as per usual arrangements. Referrals back to pharmacies will also be generated for MURs and NMS. The service is said to save pharmacy staff time who currently order for patients to allow them to engage in other developing needs within the pharmacy. The order line will be manned by Technicians and Prescription Ordering Clerks 7 hours per day. There will be consultation with patients organisations and surgeries who elect to take part will give good will notice to pharmacies of one month. The aim was to commence in 7 surgeries from 1 April, pending staff recruitment and required consultation. There was an acknowledgement of vulnerable patients who may not easily utilise a telephone service and the CCG were looking at the potential for commissioning an alternative service for this cohort of patients. Shammi offered to refer to colleagues in Coventry to assess the pharmacy perception of this service. Members agreed that pharmacies should be advised of the development of this service via the bulletin in advance of the determination of the practices taking part. (Post Meeting Note: Pharmacies have been advised via the bulletin).</p> <p>The CCG are also looking at the potential commissioning of a C-reactive protein (CRP) test service in community pharmacy whereby a test can be undertaken to determine whether a patient is suffering from a condition which requires antibiotic treatment, which could then be provided with an antibiotic via a PGD. Shammi advised that Boots provide a private service along these lines and agreed to share the detail.</p> <p>Claire also shared the detail of a meeting regarding the current Care Home Service which had not provided the outcomes intended relating to inhaler technique support for patients. The underspend was being considered for a service linked to Care Homes to help reduce waste involving community pharmacy expertise.</p> <p>Claire explained the detail of a meeting with CCG contract and safeguarding staff in order to seek to improve the signing off of Locally Commissioned Service contracts for the coming year. It was acknowledged that contractors had experienced difficulties with completing the Assurance Tool linked to safeguarding and this was to be revised to aid future completion. Clarity was provided in regard to the requirements of PREVENT which aimed to raise awareness about counter terrorism. A leaflet was to be issued via Susie’s bulletin (PMN: Done).</p> <p>Concern had been raised that there had been inappropriate entries for the Minor Ailments and Not Dispensed Schemes and that contractors should be advised that the CCG were looking closely at entries to minimise anomalies and protect the future commissioning of these services. The CCG were proposing to implement a nominal adjustment to payments where entries were not made promptly involving a reduction by 10% (40 p per claim). The MAS scheme does rely on prompt entries being made to avert patient abuse of the service and this is part of the intention of the Service Specification. Claire suggested contractors would be encouraged to review their procedures for recording claims for locally commissioned services to ensure they are complying with the contracts to avoid the potential for any decommissioning of services (PMN: Done).</p> <p>There is also an intention to help support people ‘Living with and Beyond Cancer’ previously referred to as ‘Cancer Survivorship’ by encouraging them to use the Minor Ailments Scheme for associated conditions such as sore mouth, constipation, dry skin, nausea etc., using mainly the current formulary but for different conditions. New monographs were to be issued. Steve Freedman has set a launch event on 21 April to give more details. Details to follow in the bulletin.</p>	<p>SKh</p> <p>SC</p> <p>SKh</p> <p>SC</p> <p>SC</p> <p>CT/SC</p> <p>SC</p>

<p>8.</p>	<p>Budget:</p> <p>Members were advised that Brigid had submitted her resignation as Treasurer due to current personal pressures of work and home life. David thanked her for her sterling work over the past ten years and Brigid was presented with some gifts of appreciation. She has agreed to stay on until a replacement could be found and a handover secured but her aim was to finish at the end of the financial year. David canvassed interest in the position and Greg kindly agreed to take on the mantel which linked with his Treasurer duties with Rotherham LPC. Greg was thanked for agreeing to take on this role; he and Brigid would liaise over a handover.</p> <p>Brigid ran through the breakdown of the budget as issued, which showed CPS being on target with PSNC guidelines but that reverting back to the £12k levy was necessary. Members agreed that there needed to be a 'fighting fund' linked to the current DH proposals for comms etc. It was agreed that it would be a useful means of communication to develop webinars so contractors and staff can participate and also refer back to the discussions held, at the most convenient time. These could also be used for HLP updates. The comms used for Ramadan used by Community Pharmacy West Yorkshire was a good example of how to get important messages across. There was also discussion about providing webinars for contractors and their staff so that staff could access training whilst at work. Members agreed it might be a good option to engage someone who was media savvy to assist with tweets and blogs etc. David and Claire agreed to look into this option.</p>	<p>BM/GC</p> <p>DR/CT</p> <p>DR/CT</p>
<p>9.</p>	<p>Market Entry:</p> <p>Members noted the spreadsheet provided by NHS England detailing the current state of play of contract applications. There had been an appeal registered against the Distance Selling Pharmacy in Sheffield 8 which was out for consultation and had therefore delayed the commence date. It was acknowledged that Susie maintains a spreadsheet on the CPS website and highlights applications to contractors via the bulletin as they arise.</p>	
<p>10.</p>	<p>Current Issues:</p> <p>Healthy Living Pharmacies (HLPs): Jo Tsoneva (CCG) had asked for the CPS view on the on-going support of HLPs. There was insufficient funding remaining to commission a further wave but it was agreed that those pharmacies who had invested staff time and effort in participating in this initiative. It was acknowledged that Public Health England are backing commission from HLPs. It was agreed that CPPE on-line training could be considered for on-going Leadership within current pharmacies to ensure their ability to maintain accreditation status. Claire mentioned there was talk of changing the HLP criteria and she would look further into this.</p> <p>Contractor Engagement – Particularly due to the current issues requiring contractor support, members agreed that the pairing of independent contractors with individual members of the Committee should be revisited. It was accepted that those based within multiples tend to have the links already via Area Managers etc. This would help raise the profile of the Committee and its willingness to support contractors through these difficult times as independents in particular can feel very isolated. Via these contacts, contractors would be encouraged to tweet local stories. Claire would work on identifying pairings and refer back.</p> <p>Smoking Cessation – Claire referred to the current situation of caps being considered due to a shortfall in the budget locally. It was acknowledged that Sheffield pharmacies were much more reluctant to participate in the one to one support but were continuing to offer the NRT voucher scheme. The evening training event on 26 January had been most useful in clarifying the current situation by the commissioners and the External Speaker had been very interesting in demonstrating human behaviour and how best to engage generally. Susie expressed her disappointment at the low turn out for this event as they take a lot of organising but it was acknowledged that January is not the best month and that community pharmacy is currently somewhat reeling from the DH proposals which leads to disengagement. Adam referred to the verbal abuse he had suffered from smoking cessation patients who he was reluctant to dispense Champix to due to their history of mental illness, which coupled with KPIs which were hard to achieve, led to disengagement with the service.</p> <p>PMCF C&D Award Entry – Claire thanked Crispin for his feedback on his experience of the PMCF initiative of working in general practice which was to be used as part of the submission for the C&D award. Ravi agreed to forward his feedback and referred to his blog. A few further contractors were also mentioned for follow up for feedback – Susie and Claire to liaise. It was suggested Dr Marion Sloan be asked to support the application from a GP participation perspective, as she had been very positive about the pilot.</p> <p>Media – Consideration was being given to the potential for a South Yorkshire expert in media rather than commissioning further services via Hallam FM.</p>	<p>CT</p> <p>CT</p> <p>RM CT CT/SC</p>

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	<p>Local Medical Committee Meeting – Members were asked to email Claire / David with any additional items to those already discussed.</p> <p>Monitored Dosage Systems (MDS) – There had been various reports of GPs rescinding the provision of 7-day scripts for patients needing MDS. The original changes which were introduced several years before were only supposed to relate to new patients not existing MDS patients. The PSNC recent briefing on this had been most useful. Adam referred to the Equality Act Assessment. Claire agreed to review further.</p> <p>Bank Holiday Closure Requests – Ravi raised the unhelpful stance of NHS England in refusing all requests relating to Bank Holiday closures and earlier closures at Christmas and New Year periods. Members noted the lack of patient demand at these times and believed NHSE should be more accommodating in allowing closures where appropriate. It was suggested that neighbouring pharmacies in identified areas could agree to open on a Rota basis over a period of years. If contractors were not able to put forward such a suggestion themselves, perhaps CPS could spend time co-ordinating this type of suggestion. It was agreed this should be raised at the SY LPC meeting to establish what NHSE might accept as reasonable to allow this.</p> <p>Committee Membership – David emphasised the need to ensure there are sufficient members attending CPS meetings and also the importance of responding to emails in between meetings on matters of high priority which require urgent consideration. Members were asked to check they were able to attend the meetings already scheduled and listed on the Agenda.</p> <p>CPS Strategy – Members had noted Claire’s draft strategy and work plan (to be discussed as a separate Agenda item) and that it was appropriate for this to be a 12-month plan due to the current situation.</p> <p>CPS Work Plan – Claire was thanked for her extensive work on the proposed Strategy and Work Plan which was broken down in to the 3 main headings of Communication, Development and Delivery and Governance. Members went through the full content of the draft making various suggestions where appropriate. It was agreed it would be useful to include some information about Committee members on the website and to perhaps including biographies in future bulletins to introduce and make more personal the Committee to pharmacies. Shammi offered to share an example. David agreed to maintain tweets on activity with Adam joining to support. Greg agreed to look into a Facebook page for the Committee to increase media links.</p> <p>It was agreed that the Sub-Committee detail should be included in the Work Plan.</p>	<p>ALL</p> <p>CT</p> <p>DR/CT</p> <p>ALL</p> <p>ALL/ SC SKh AY/GC</p> <p>CT</p>
<p>11.</p>	<p>AOB</p> <p>High Prescriptions Costs – Steve Freedman (CCG) had highlighted that they were looking at high prescription cost items (specials) with a view to encouraging pharmacies to highlight high cost items prescribed by GPs. Members emphasised that this was a time consuming task for pharmacies who could not be expected to check the cost of items before dispensing. However, it was agreed pharmacies should be advised that the CCG are looking at these items.</p> <p>Susie’s Review – Susie was asked to leave the room whilst her annual review was considered by the Committee. Susie was then thanked for her hard work and commitment during a difficult year when James Wood had left post as Chief Officer, whereby she had attended various high profile meetings and maintained contractor support.</p> <p>PRESCRIBING A BRANDED INHALER (SIRDUPLA) TO SAVE £0.5M? The Clinical Reference Group (CRG) have been discussing implementation of prescribing a branded inhaler. James Wood suggested that this should be an item for discussion by the Committee and for CPS to provide a response. Richard Oliver asked: <i>“ Given that there are now (at least) two inhalers with the same generic descriptor then we probably do need to decide on a brand in order to manage these sorts of points. I would be interested to hear a community pharmacy view outlining how they might deal with a generic prescription”</i></p> <p>CPS members highlighted that it would depend on the individual pharmacy presented with the generic prescription and whether they have a branded deal with their supplier. There was also an issue of licensed use and prescribing for patients under 18 years of age. Claire agreed to look in to this further and write a CPS response. David said there was some standard wording that CPS have used to write similar responses in the past that could be given to Claire to use.</p> <p>Member Resignation – Adrian Nichols had submitted his resignation as he is to work on a different patch and was thanked for his contributions to the work of CPS. Confirmation was awaited of his successor as a CCA member on the Committee.</p>	<p>SC</p> <p>CT DR</p>
<p>12.</p>	<p>Community Pharmacy in 2016/17 and beyond NHS:</p> <p>Members considered in detail the above document which provided a Stakeholder briefing on future proposals. Claire went through the various questions posed, seeking member input in order for her to prepare a CPS response.</p>	

13.	<p>Meeting Dates for 2016:</p> <p>26 April 21 June 13 September (inc AGM) 29 November</p> <p><i>NB All 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
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**NB THESE MINUTES REMAIN IN DRAFT FORMAT UNTIL APPROVED
BY THE FOLLOWING MEETING OF THE COMMITTEE**