

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
TUESDAY 21 NOVEMBER 2017**

Jordanthorpe Health Centre, Dyche Close, S8 8DJ

9.30 am to 4.00 pm

MEMBER	21/06/16 Day	13/09/16 Day	29/11/16 Day	07/02/17 Day	25/04/17 Day	20/06/17 Day	14/09/17 Day	21/11/17 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	A	+	+	+	+	+	+ (Chair)	+
Claire Thomas (Chief Officer)	+	+	Maternity Leave	Maternity Leave	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	+	A	+	+	+	+	A
Stewart Kelly (Appointed 04/14)	+	+	+	+	A	A	+	+
Andrew Hartley (Appointed 10/16)	N/A	N/A	+	A	A	+	+	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	A	+	+	+	+	+	+
Shammi Khosla (Boots) (Apt 4/14)	A	+	+	A	+	+	A	R
			(pm)			(am)		
Matthew Watters (Boots) (Apt 11/17)	N/A	+						
Jamil Ahmad (Well) (Apt 01/2017)	N/A	N/A	N/A	A	+	+	A	+
Luke Downs (Lloyds)	+	+	A	+	+	+	+	+
Terry Relf (Lloyds)	+	+	+	+	+	A	+	+
Rachel Crookes (Lo's) (Apt 10/16)	N/A	N/A	+	+	+	+	+	+
Nima Raei (Rowlands) (Apt 03/16)	+	+	+	+	A	A	+	A
Garry Myers (PSNC Rep)	+	+	+	+	+	+	+	A
Susie Coates (LPC Support Manager) Apt November 2012	+	+	+	+	+	+	+	+
Tom Bisset (Adviser)	N/A	N/A	+	+	A	+	N/A	N/A
<i>Observers</i>								
Jo Tsoneva (NHSSCCG)	+	N/A	N/A	+	N/A	N/A	N/A	N/A
Steve Freedman (NHSSCCG)	N/A							
Peter Magirr (NHSSCCG)	A	+	+	A	N/A	N/A	N/A	N/A
Martin Bennett (Wicker Pharmacy)	N/A	N/A	+	+	N/A	N/A	A	A

+ = PRESENT A = APOLOGIES FOR ABSENCE R = RESIGNED N/A = NOT APPLICABLE

		Action
1.	<p>Apologies and Welcome:</p> <p>Apologies for absence are as noted on the attendance sheet. Matthew Watters attended his first official meeting as new CCA member from Boots, replacing Shammi Khosla who had resigned. Matthew was welcomed with around the table introductions.</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. David was looking to include updated declarations of interest on the CPS website.</p>	DR
3.	<p>CCA Reporting:</p> <p>Jamil kindly offered to submit the CCA report for the quarter (October - December) which would cover the November meeting.</p>	JA
4.	<p>Minutes:</p> <p>The Minutes of the two meetings held on 14 September 2017 (standard meeting and Update / AGM) were reviewed and accepted as an accurate record of proceedings and signed by the Chair. It was noted that the main matters arising were covered under the items already listed on the Agenda.</p>	
5.	<p>Matters Arising:</p> <p>MAR Charts – David and Claire referred to the current tendering process and the dedicated Event which had been held on 29 January, attended by over 80 people. A breakdown of Q&As had been issued at the end of the previous week and the Council were doing their best to assist contractors in navigating the website. It was agreed to wait until the MAR Chart Service has gone live before deciding whether to produce any more detailed guidance which would link to the Medication Policy which is under review. Luke was thanked for his work on this document.</p> <p>Whistleblower Policies – Following further concern being raised by other LPCs in regard to conflict of interest of LPCs assisting contractors when representing them, the matter was to be discussed further at the Regional meeting to be held on 14 February. In the meantime, contractors can refer to Susie if required in Sheffield. Claire was to check for further training availability as Susie had been unable to log into one potential site.</p> <p>Stop Smoking Services – Claire referred to an update from Maggie Milne, Service Lead who had explained that the PGD for the revised service had been delayed due to concerns raised regarding psychiatric illness; the amendment had been included and would go before the Drug and Therapeutic Committee on 5 December for sign off. The voucher for Zyban is out for printing and distribution with the SLA. Stewart mentioned that a visit from Maggie to his pharmacy had demonstrated some flexibility in approach which had not been apparent from the presentation given to the Committee in September and it was hoped a system could be agreed that would enable Community Pharmacy to play an important role in securing quits. Andrew mentioned that there had been a considerable increase in demand at their pharmacy with their adviser increasing committed hours spent on supporting patients. The Committee was concerned about the sensitive nature of some of the information they were asked to gather and in future discussions would push to remove anything which is not of specific value to the service.</p> <p>E-Cigarettes Policy – The Sheffield Tobacco Control Board (STCB) had issued a draft Policy Position on Electronic Cigarettes promoting their use as part of a harm reduction policy. They had asked for CPS support as part of the consultation process. Members considered the detail and were on the whole happy to endorse the e-cigarette policy statement.</p> <p>There was some discussion/debate as to whether the Committee was able to instruct pharmacies that they must stock E-cigarettes that are registered with the MHRA and are compliant with the requirements of the Tobacco Products Directive Regulations 2016 (TPD), however as there are now a large number of products registered with the MHRA (revised list November 2017) there is a professional element to choosing which products to sell and therefore there was confidence that community pharmacies in Sheffield will be selling registered products already. Once circulated the E-cigarette Policy Statement will act as a further re-enforcer.</p>	<p>CT/DR</p> <p>CT</p> <p>CT</p>

<p>The Committee felt that training should be offered to pharmacy teams, particularly as the speed at which the evidence has moved has meant this has not been well covered; to combine this with update training on Very Brief Advice for Smoking Cessation and issues relating to the revised service in pharmacy, would be most effective. Claire agreed to liaise with Maggie Milne and Sarah Hepworth to take this forward with a view to a training package being offered early in the New Year.</p>	<p>CT/DR</p>
<p>Sustainability and Transformation Plans / Accountable Care Programme / Local Care Network – Tom Bisset (representing South Yorkshire LPCs) had been asked to present at an event on 29 November; ideas had been canvassed. Unfortunately, the Refer to Pharmacy Scheme in Sheffield from STH has been making slow progress (14 referrals since commencing in July 2017) and Damian Child, Chief Pharmacist from STH has explained the pressures pharmacists and technicians are under dealing with new in-house procedures without the addition of using a new on-line platform to refer to pharmacy; however, securing extra funding through STP might improve the situation via usage of PharmOutcomes as an automated link and be of great benefit to community pharmacy, STH and patients. Perhaps where pharmacies are already up to their MUR/NMS target limits there could be a local payment for referrals from STH with same £28 payment attached. Claire or David will also seek to attend the event to support.</p>	<p>TR CT</p>
<p>POL Evaluation / Expansion – Claire referred to her Report and reiterated that Peter Magirr has no intention to expand the service at this point; no physical room in the offices for more staff and no major savings identified from data thus far. Members had understood locally that there had been suggestion that GP practices would need to contribute financially for any expansion to the POL. There was also a report that some patients had been re-nominated via the POL / EPS – more clarity was required to investigate further. Claire agreed to check the current position in Rotherham. It was understood some GP practices were not keen to remove pharmacies from ordering arrangements.</p>	<p>CT/SC</p>
<p>STH Discharge to Community Pharmacy via PharmOutcomes – As reported above, there has been slow progress so far in regular discharge referrals being made to community pharmacy from STH. There was support from the CCG for this to become regular practice and it remained a keen aim to implement with the potential for huge benefits.</p>	<p>CT</p>
<p>Young Carers and Prescriptions – Claire had met with Carol Fordham, Vulnerable Children and Young People’s Commissioning Manager at SCC to discuss how Community Pharmacies might identify and support young carers, referring to a Carer Friendly Pharmacy Pilot Toolkit on PharmOutcomes, which followed on from earlier discussions with Sheffield Young Carers. Carol is looking into the feasibility of adding to the current Platform to enable pharmacies that identify a young carer to be able to highlight and refer for support and inform their GP that they are a carer. Despite this, it was envisaged this could be particularly useful to HLPs which could be promoted at the Update Event in the Spring.</p>	<p>CT</p>
<p>Primary Care Sheffield (PCS) Bid – Claire reported that 11 Clinical Pharmacist appointments had been made, the majority of which had an Independent Prescriber qualification. Neil Heslop had been appointed as Senior Clinical Pharmacist, currently working in Barnsley; he had previously held a position within the Medicines Management Team of NHS Sheffield CCG. PCS are hoping to have appointees in place by late January / early February. There would be an engagement event with GP practices in December to which Claire had been invited. Crispin reported that Bruce Warner had mentioned that through the GP Forward View they were struggling to get sufficient pharmacists in post and that they might reconsider opening this up to Community Pharmacy to be involved as with the Sheffield PMCF programme.</p>	<p>DR</p>
<p>Public Health Campaigns / Healthy Living Pharmacies – Members had not seen any local campaigns and it was agreed anything that comes through will be highlighted in the bulletin. Post Meeting Note: Links are to be made for a meeting in the New Year to discuss further with relevant stakeholders.</p>	
<p>Work was underway to improve the resources available on the CPS website, including using PSNC resources; with thanks to David who had been working hard on this.</p>	
<p>Market Entry – It was confirmed that the Oral Appeal Hearing of the application for a new Pharmacy in Attercliffe under the ‘unforeseen benefits’ criteria which had been turned down by NHSE, had upheld the original application; an opening date was yet to be confirmed but it was understood the Distance Selling Pharmacy (same owner) would close at the same time. Members noted that this decision overrode the PNA findings that there is adequate community pharmacy provision in Sheffield.</p>	

	<p>Pharmacy in Sheffield – Joint Working Group – Claire had met with Peter Magirr, Gary Barnfield, Steve Freedman (CCG), Jackie Wainwright (SCC), Damian Child / Sarah Alton (STH) and other representatives from the Children’s Hospital and Learning Disabilities to discuss shared interests and to break down the barriers between the various pharmacy roles; the discussions were quite secondary care focussed so far. It was envisaged their discussions would feed into the SYB Accountable Care Programme (ACP) Board which was in shadow form until April 2018. The Active Support and Recovery Board had accepted a paper putting forward that the Pharmacy Joint Working Group should continue; meeting dates yet to be set.</p> <p>Community Pharmacy Advice to Care Homes – Claire reported that she could not find anything which related to a Social Service Scheme and that it was evident the CCG were likely to decommission their scheme due to the lack of interest which had been shown from the approach to Care Homes.</p> <p>Autumn Update Event – It was noted that the meeting originally scheduled for 29 November had been cancelled due to difficulty in securing a required Speaker for the EHC PGD. It was also agreed that it would be useful to hold a meeting to go through the new MAR Chart Commissioned Service, Care Navigation and Smoking Cessation in mid-January and a further meeting to discuss other Locally Commissioned Services including the Minor Ailments Scheme and Sexual Health - at a meeting in mid-February as there had been a few delays in updating the EHC PGD.</p>	<p>CT/SC</p>
<p>6.</p>	<p>Current Issues:</p> <p>LPC Conference Feedback: David referred to his Chair’s Report and outlined that there had been an emphasis for a move towards Commissioning for Care rather than for prescription items for Community Pharmacy and for individual branches to demonstrate that it adds value, so it was important for dispensing / counter staff to alert pharmacists when there was a new patient or a new item which might benefit from the Pharmacist’s intervention. The outcome of the Murray Review had apparently been shelved. The Pharmacy Minister – Steve Brine MP (who replaced David Mowatt in the summer - see Mr Brine’s website) is described as a “passionate defender” of primary care as the gateway to the NHS and is encouraging of Community Pharmacy read/write SCR access. Apparently, Keith Ridge had indicated this was not necessary.</p> <p>There had been encouragement to invite Healthwatch to LPC meetings. It was acknowledged that a representative attended a CPS meeting earlier in the year and Claire would follow up with a more regular invitation.</p> <p>PSNC had confirmed that they would not be asking for any more money from LPCs towards the Judicial Review, which it was understood was due to be heard in June 2018.</p> <p>Sue Sharpe had advised LPCs not to waste time and resources on Committee re-structures / mergers and emphasised that it was important to build on local relationships – in Sheffield this could be helped by Community Pharmacy links to the 16 Neighbourhoods which equate to the new national ‘Primary Care Home’ concept covering a population of 30-50,000.</p> <p>LMC Feedback: David again referred to his report and mentioned repeated concerns about aggressive marketing of flu vaccination. It had been agreed that the LMC and CPS would issue a joint letter to GPs and pharmacy contractors in advance of the flu season next year (similar to that issued in Doncaster this year) to encourage joint working for the benefit of patients whilst acknowledging there was a level playing field of provision and patient’s choice.</p> <p>Care Navigation: Claire referred to the further 4 training workshops which had taken place for GP practice staff to detail how Care Navigation should work. Claire and Steve Freedman had given presentations about the use of the Minor Ailments Scheme as a method of referring patients for self-care rather than them seeing the GP and table discussions had also been supported by Susie. It was acknowledged that it was important to have a reliable method of referring patients back where appropriate so that in circumstances where it was more appropriate for them to be seen urgently by a GP, this could be confirmed. Andrew mentioned that the NPA had devised a referral sheet. Stewart referred to a scheme in Grimsby which linked to the Minor Ailments Scheme where a form was sent with the patient if referred back.</p> <p>Claire suggested data could be collected via PharmOutcomes which would help collect pharmacy involvement. She would link further with Steve Freedman at the CCG who was hoping to pilot this in the North of the City. It was agreed information about this could be tagged to an update event in the New Year.</p>	<p>CT</p> <p>CT/SC</p> <p>CT</p> <p>CT</p>

	<p>It was also agreed that it would be useful to build links with the Local Optometry Committee who were also involved in the Care Navigation Pathway via the PEARS scheme and could perhaps accept referrals from community pharmacy.</p> <p>It was important for pharmacies to work with GP practices to encourage repeat dispensing which would be of huge benefit to everyone. There remained a need for training and Claire was liaising with Steve Freedman at the CCG to seek to arrange a joint training event with GPs for shared learning of best practice to help improve usage. Crispin mentioned that nurses are more inclined to use repeat dispensing. Potential for HEE investment for training will be explored.</p> <p>Making Every Contact Count (MECC) – Claire still to look into the possibility of on-line MECC training whilst acknowledging this also required cover, even if staff training on-line in house. This might be another avenue HEE might be prepared to support. Members also discussed the possibility of looking at Leadership training for non-pharmacist branch managers and technicians. Claire agreed to send out a survey to check the appetite for this. It would also be useful to identify what has worked well in established HLPs, so this could be replicated and built on. Claire and Susie would make enquiries.</p> <p>DACT Physeptone Issue – Stewart informed the Committee that the DACT Team are proposing to cease the prescribing of generic methadone and generic buprenorphine, switching instead to prescribing the brands ‘Physeptone’ and ‘Espranor’ respectively, as it is believed this will make cost savings. Committee Members expressed concerns about this proposal as it will lead to problems if there is a stock shortage of the prescribed brand as currently prescribing generically ensures that if one brand isn’t available pharmacies can supply an alternative without a delay in supplying to a client while a new prescription is issued. It was discussed that we should also look in to the margin that contractors may make by dispensing generic methadone and the fees for this service as they had not been reviewed for some time, if this proposal goes ahead and the margin contractors will make dispensing Physeptone and Espranor is much smaller than the generic without an increase in the fee for providing the service some contractors may decide it is no longer worth while providing the service. Contractors will also require sufficient notice of the switch to change to brand prescribing so that they have sufficient time to run pharmacy stock down. Claire will look in to this and arrange a meeting with Helen Phillips-Jackson.</p> <p>CPS Election 2018 – David outlined the calculations he had done for the split of membership from 1 April 2018 based on 129 contractors as at 31 October 2017. There will be vacancies for 6 CCA members, 2 AIM and 3 Independents. Susie as Returning Officer, would work with David to arrange the process of notifying relevant bodies and inviting nominations.</p> <p>NUMSAS – Members noted that the Advanced Service had recently been extended for a further six months to 30 September 2018. Members suggested that the national service involved too much paperwork and was a backwards step to the local scheme which had been in place in Sheffield; it was over complicated and under-effective compared to the local scheme. There had been a breakdown in communication with the GP Collaborative who were not aware of the national scheme and the CCG had helped to resolve issues so referrals could now be smoothly made. Claire would check with PSNC if it was possible to feed into the evaluation of the Advanced Service.</p> <p>Future LPC Size and Structure / Collaborative Working – David referred to the briefing from PSNC which had been included with the Agenda papers and advised that this had been discussed at the SY LPC Meeting with mixed feelings between remaining independent to merging. However, from a comment made by Sue Sharpe at the recent meeting and from local discussions with other stakeholders, it was agreed to remain autonomous for now as it is not the right time to merge. Local relations are very important and would be diminished under any merger proposals. Joint working with neighbouring LPCs remained very important and could perhaps be expanded upon to mutual benefit. David would feed back to the SY LPC meeting that Sheffield is happy to stay as it is and work collaboratively. It might be something the new Committee in April 2018 might wish to re-visit.</p> <p>Lobbying and Comms – Claire informed the Committee that a Yorkshire and Humber MP Lobbying meeting had been arranged by Jack Davies Chief Officer for Community Pharmacy North Yorkshire for the 30 November which Claire intended to attend. Susie had written out to all local MPs to invite them to the PSNC event held on the 21 November – two Sheffield MPs attended.</p>	<p>CT/SC</p> <p>CT</p> <p>CT/SC</p> <p>CT</p> <p>DR/SC</p>
<p>8.</p>	<p>Finances: Greg had sent through his financial update but was unable to attend the meeting due to other commitments. He was available by phone during the meeting and confirmed it would be possible to afford a one month levy holiday for contractors which Susie would confirm in the weekly bulletin.</p> <p>It was hoped this would be possible for the end of December payment. Post Meeting Note: This was confirmed and contractors advised via the bulletin.</p>	<p>SC</p>

9.	<p>Review of urgent Care – “Making Urgent Care Work Better in Sheffield” - members had been circulated with the consultation document with the Agenda papers and were concerned that there was little mention of Community Pharmacy within, despite them being probably the biggest provider of urgent care to patients. It was acknowledged that representatives from the CCG had been to a previous meeting of CPS but Claire had struggled to engage further with Alastair Mew. Feedback was required by 18 December and members were encouraged to have their say via the on-line survey. Post Meeting Note: <i>The CCG had approached to meet again and an evening meeting was to be scheduled with the Executive Members to put forward the community pharmacy perspective. Any input welcome from contractors via Susie.</i></p>	
10.	<p>Pharmaceutical Needs Assessment (PNA) 2018-2021: The draft PNA had been distributed with the Agenda papers as part of the consultation process. There had been some delays in the commencement of the consultation process due to the merging of data collection through SY processes and Louise Brewins at Sheffield City Council had done a sterling job in pulling the information together to revisit the previous version and update where appropriate. It was noted that there was mention of stark inequalities without a plan to change; that the Pharmacy Advice to Care Homes service was still incorporated (now known to be due to be decommissioned) and that NUMSAS should show the extended provision to the end of September 2018. Claire agreed to liaise with Louise regarding the formal input to the consultation in addition to background issues it might be possible to work on outside the PNA consultation process. Members believed it was important to include a statement that with the right commissioning opportunities, existing community pharmacy services could be more effectively utilised. The consultation process closes on 19 December.</p>	CT
11.	<p>Health Service Products – Consultation – The deadline for this Consultation was before the CPS meeting; Claire wrote a response on behalf of CPS utilising information provided by PSNC, this was approved by the Exec members before submission.</p>	
12.	<p>Officer Reports – David had covered the majority of the points in his written Report during the course of the meeting. Claire similarly, but also referred to the Right First Time Steering Group which had been looking at the Nice Guidance NG67 – Managing Medicines for Adults receiving Social Care in the Community; she and Luke had attended a workshop which had been very positive with everyone wishing to achieve improvements in the current management of medicines. The Committee also wished Luke’s work to be fed into the plan for the new Medication Policy.</p> <p>Claire also referred to a report which had been shared by Jo Tsoneva at the CCG regarding the Community Pharmacy Script Switch Support Service (pilot) which had run from October 2016 to March 2017. Two GP practices and two community pharmacies had been involved. However, only five switches had been made within one of the pharmacies; within the other location the GP practice had identified the switches and generated the change themselves. The report was hampered by lack of activity and recommended that the service is tested with a larger patient / pharmacy cohort, using the service planning and delivery learning from the pilot. David was to look at this again at Well, Grenoside. Claire to follow up too.</p> <p>Out of Pocket Expenses – Claire referred to a Panel Meeting at SYB NHSE to which she had been invited to review claims which had been referred on from the CCG querying their validity under the Out of Pocket Expenses Policy. It was evident the majority of the claims related to a particular product (dermacolor creme) which it was found did have limited availability and the claims were regarded as acceptable. A further claim for gluten free products was not considered reasonable as a regular order and the fees claimed were to be recovered. Claire had declared an interest but attended to ensure fair consideration was given. Lessons had been learned from this process and Claire was liaising with the CCG to seek to ensure these concerns were raised with CPS first before referring to NHSE to seek to resolve with minimal upset. A member present had been concerned about the letter from NHSE suggesting potential fraud, which was concerning. He had assumed he must have claimed inappropriately and did not submit a response. The Committee believed it was highly likely that many pharmacies do not claim Out of Pocket Expenses when they are in fact due. Contractors would be asked to refer to CPS if they had any queries about OOP Expenses, via the weekly bulletin.</p>	CT CT
13.	<p>AOB</p> <p>Out of Area Pharmacy Application – Waverley, Rotherham – Claire was drafting a response to an application made under the ‘Unforeseen Benefits’ criteria for a neighbouring area which was under huge development but not yet considered ready for new community pharmacy resources.</p>	CT/SC

CPS – 21 November 2017

	<p>Mental Health Patient – Luke outlined a very difficult situation which had arisen in his pharmacy with a patient suffering from mental health problems who was threatening self-harm and due to him being unable to gain any immediate assistance, ultimately necessitated the Police and an ambulance being summoned. It was agreed that it would be useful to contractors to have a reliable source of support under Safeguarding which could be reiterated to contractors to keep handy. Claire / Susie would look into this to include in bulletin. <i>Post Meeting Note: Item placed in 8 December bulletin with some useful contacts.</i></p>	CT/SC
14.	<p>Meeting Dates for 2018:</p> <p>Members were advised of the meeting dates set for next year via the Agenda as follows:</p> <p>6 February 2018 24 April 19 June 25 September (AGM) 20 November</p> <p><i>All meetings fall on Tuesdays and excepting the AGM are 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**