

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
6 FEBRUARY 2018**

Jordanthorpe Health Centre, Dyche Close, S8 8DJ

9.30 am to 5.00 pm

MEMBER	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	06/02/18 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	+	+	+	+	+ (Chair)	+	+
Claire Thomas (Chief Officer)	+	Maternity Leave	Maternity Leave	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	A	+	+	+	+	A	+ (part)
Stewart Kelly (Appointed 04/14)	+	+	+	A	A	+	+	A
Andrew Hartley (Appointed 10/16)	N/A	+	A	A	+	+	+	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	A	+	+	+	+	+	+	A
Shammi Khosla (Boots) (Apt 4/14)	+	+(pm)	A	+	+(am)	A	R	R
Matthew Watters (Boots) (Apt 11/17)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	+
Jamil Ahmad (Well) (Apt 01/2017)	N/A	N/A	A	+	+	A	+	A
Luke Downs (Lloyds)	+	A	+	+	+	+	+	+
Terry Relf (Lloyds)	+	+	+	+	A	+	+	A
Rachel Crookes (Lo's) (Apt 10/16)	N/A	+	+	+	+	+	+	+
Nima Raei (Rowlands) (Apt 03/16)	+	+	+	A	A	+	A	+
Garry Myers (PSNC Rep)	+	+	+	+	+	+	A	A
Susie Coates (LPC Support Manager) Apt November 2012	+	+	+	+	+	+	+	+
<i>Observers</i>								
Jo Tsoneva (NHSSCCG)	N/A	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	N/A
Peter Magirr (NHSSCCG)	+	+	A	N/A	N/A	N/A	N/A	N/A
Martin Bennett (Wicker Pharmacy)	N/A	+	+	N/A	N/A	A	A	A
Steven Haigh (PCS)	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 and Welcome: Apologies for absence are as noted on the attendance sheet.</p>	
2.	<p>Committee Corporate Governance: 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>CCA Reporting: Luke kindly offered to submit the CCA report for the quarter (January to March) which would cover the period to the end of this Committee's Term of Office.</p>	LD
4.	<p>Minutes: The Minutes of the meeting held on 21 November 2017 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 evening 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 which clarified many of the queries raised and the Council were assisting 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 closely to the Medication Policy which is already 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 she had found.</p> <p>Stop Smoking Services – Claire referred to the scheduled Update Event on 26 February for this and Sexual Health Services. This would revisit revised PGDs etc and outline Sheffield's policy on E-Cigarettes. Claire copied draft documents to members for consideration and comment where appropriate. Sarah Hepworth (SCC) and Maggie Milne (SWYFT) were to present at the event about the E-Cig Policy and stop smoking services in Community Pharmacy respectively.</p> <p>Sustainability and Transformation Plans / Accountable Care Programme / Local Care Network – Claire reported on the meeting she and Susie had attended in Rotherham at which Tom Bisset (representing South Yorkshire LPCs) had been asked to present. Tom is taking this work forward, preparing a Business Case etc.</p> <p>NHS Sheffield CCG Review of Urgent Care Consultation - Claire's response to the consultation was shared with members, for which she was thanked. It was noted that the concept of changes did not appear to link with the Care Navigation process (see later item). Claire was liaising with Steve Freedman at the CCG regarding the benefits of submitting a business case for pharmacy triaging of patients following some work done in the North East. The CCG had advised that a need for this kind of service would need to come from the GPs, therefore Claire had approached the LMC to try and arrange a meeting to seek their views. Claire to follow up.</p> <p>Claire also mentioned that she had attended an Urgent and Emergency Care Network meeting on behalf of SYB LPCs and shared some slides with members detailing their plans for 2017-2019, for their information.</p>	<p>CT</p> <p>ALL</p> <p>CT</p>

<p>CCG Prescription Order Line Service – Jo Tsoneva had updated CPS for their meeting, referring to the service having been set up in April 2016; now including 14 GP practices (11 SystemOne / 3 EMIS). The level of provision is the limit that can be delivered within the CCG facilities at 722; their Clinical Commissioning Committee at their meeting in March, is to consider any possible alternative options currently being explored.</p>	
<p>Members agreed community pharmacy could play an important part in a formalised ordering process but that now more than ever before, this would need to be funded. Claire would raise this as appropriate with relevant parties.</p>	CT
<p>STH Discharge to Community Pharmacy via PharmOutcomes – Activity remained low and Andrew mentioned that at Vantage Manor Top they had received several discharge notes via fax rather than via PharmOutcomes and that the quality of these was poor with error rates high including wrong doses, incorrect information etc. Andrew had reported these incidents. David and Andrew highlighted that they had not received the PharmOutcome messages from Steve that he had indicated had been issued when he presented at the Update meeting on 29 January; Claire would raise with Steve.</p>	CT
<p>Young Carers and Prescriptions – Claire reported that this service was ready to go live via PharmOutcomes as arranged by the Council; but highlighted that there was no specific funding for community pharmacies to refer, although this could be a useful, minimum effort, tool to use in appropriate circumstances; with limited numbers expected. Some guidance would be added to the PharmOutcomes platform; Claire to follow up.</p>	CT
<p>Primary Care Sheffield (PCS) Bid – Steven Haigh from PCS, had been invited to the meeting and would update in the afternoon regarding clinical pharmacists in GP practices.</p>	
<p>Public Health Campaigns / Healthy Living Pharmacies – The national Stay Well Campaign was to commence on 12 February with packs being delivered to pharmacies. Further discussion was to take place at the Regional meeting about further campaigns.</p>	
<p>Pharmacy in Sheffield – Joint Working Group – Peter Magirr was meeting with Rebecca Joyce the incoming Director of the Accountable Care Partnership (ACP) Programme to determine the way forward and it was expected to hear further shortly. <i>Post Meeting Note: Peter Magirr had advised that Rebecca is very supportive of the value to the City of such a group and has offered assistance in getting it established within the NHS local structures and securing high level Sponsorship. The next step is for he and Sarah Alton to present at the Executive Delivery Group (EDG) of the ACP (probably in March) which should include, in addition to setting out the rationale for the Group, a summary of what the pharmacy resource within the City currently comprises. Relevant data was being pulled together to support this.</i></p>	CT
<p>Care Navigation and Referral Process – Claire referred to Steve’s presentation at the recent Update Event which had unfortunately been diverted to focus rather too much on the tool which could be used for pharmacies to refer back to practices in limited circumstances, than the benefits of pharmacies dealing with patients who do not need to see their GP. There had been suggestion of a carbonised pad which could be used both to highlight to practices when patients had been referred inappropriately to them, but also as a means of recording signposting from community pharmacy as part of Essential Services. Contractors had been concerned that what was expected went beyond the usual self-care element and appeared more of a triage service for which proper funding should be offered. Claire and David intended meeting with the LMC (as mentioned above) to discuss this amongst other issues.</p>	CT/DR
<p>Members discussed the pros and cons of using carbonised pads and decided it was not worth Claire pursuing this. Andrew mentioned that the NPA already produce something similar.</p>	
<p>DACT / Physeptone – Claire was pleased to report that the DACT had decided against changing to a branded version of methadone and buprenorphine and would continue generic prescribing. Claire had arranged a meeting with Helen Phillips-Jackson as Stewart had not managed to attend the last couple of Clinical Network meetings.</p>	

	<p>Community Pharmacy Script Switch Support Service Update – David reported that he had done a few switches outside of the pilot and he and Crispin agreed it would be useful for them to approach the CCG to extend the original pilot as them having access to the GP system to help demonstrate what could be achieved was of real benefit. David to contact Steve.</p>	DR
6.	<p>Current Issues:</p> <p>BBC Inside Out Programme on Boots / Shared Learning Opportunities – Members discussed the detail of the programme and agreed that as there had been little shared learning via Susie’s weekly bulletin option, but that members would share examples which could be shared as patient safety alerts and discussed at future meetings and highlighted in the bulletin to encourage reporting and learning. Crispin agreed to share the NPA tool.</p> <p>Regional Medicines Optimisation Committee – Shared Funding of Regional Representative – It was agreed to take part in funding a proportion of a regional representative attending these meetings to feedback, provided information was forthcoming. Claire would respond.</p> <p>Yorkshire Cancer Research Bid: Claire referred to considerable work which had taken place in 2016 with the CCG with a view to submitting a bid involving community pharmacy identifying and supporting patients. The bid had been abandoned by the CCG at the last minute. Claire offered to look at this latest funding opportunity to see if it was worth submitting a community pharmacy bid. Community Pharmacy West Yorkshire had been funded the previous year for a ‘Wise Up to Cancer’ campaign so any future bid would need to be on different lines. Members made various suggestions as to what they believed could prove useful to make a difference. Nima offered to share with Claire some work he had seen in West Yorkshire; Claire to also discuss with the LMC.</p> <p>Incident Reporting Form (Care Home Services) – Members reviewed the form which had been shared and did not feel it was suitable for community pharmacy use but rather that it would be more helpful to have a named person at the Council with whom pharmacists could log concerns, or a simpler on-line form to log basic details and provide a contact number. Luke to feed back at next RFT medication group meeting.</p> <p>MECC / Mental Health / HLP Survey – David is creating a questionnaire for HLP pharmacies to ascertain if they are interested in more Leadership training, particularly for non-pharmacists. There was still some funding remaining from that secured from HEE. The next quality payment declaration was due in July, so if useful to pharmacies this needs to be ascertained and delivered before then. There would need to be a minimum of 20 attendees. Liam Stapleton was offering training. Claire would follow up and check with Jo Tsoneva about future HLP training.</p> <p>NUMSAS Activity – In noting that this Advanced Service had been extended, members did not consider it was worth spending more time on as it did not work as well as the previous local service.</p> <p>Future LPC Structure / Collaborative Working – It was suggested that the Committee determine a list of topics it was believed could be done across the South Yorkshire and Bassetlaw footprint to take to the next meeting. It was agreed future structure decisions should be made by the new CPS Committee.</p> <p>Lobbying and Communications Strategy – Jack Davies, CEO from Community Pharmacy North Yorkshire had put forward ideas of having a stronger voice to the All-Party Group, using shared responses. A meeting was scheduled on 15 February in Doncaster to discuss further. David is to attend and would feed back.</p> <p>Community Pharmacy and Public Health Discussion – The CCG had arranged a discussion opportunity with colleagues from NHS England, the CCG, Public Health England, Sheffield City Council and CPS to identify how community pharmacy could be better utilised in line with various recent publications such as Draft NICE Guideline ‘Community Pharmacies: promoting health and wellbeing’ Jan 2018, Public Health England, ‘Pharmacy: A way forward for Public Health’ Sept 2017. The meeting was scheduled for 27 March 2018 to look at the need for a commissioning strategy for the region. Claire would report back to the next meeting in April.</p>	<p>ALL CB</p> <p>CT</p> <p>CT</p> <p>NR/CT</p> <p>CT</p> <p>CT</p> <p>ALL</p> <p>DR</p> <p>CT</p>

	<p>Benzodiazepines and Suicide / Coroner Letter – Members noted the content of a letter from the National Clinical Director for Mental Health and the Head of Medicines Strategy in Mental Health (Prof. Tim Kendall and Peter Pratt) wishing to raise awareness of the potential risks of suicide associated with these drugs being prescribed and withdrawal. It was expected that this topic would be considered by the Area Prescribing Group and to await that consideration.</p> <p>Workforce Consultation ‘Facing the Facts, Shaping the Future’ – This had been highlighted by Keith Kendall, Community Pharmacy Integration Lead, asking LPCs to respond to the consultation; deadline 23 March 2018.</p> <p>Future Venue for CPS Meetings – Under new booking arrangements for Jordanthorpe HC which now incurred costings, Luke kindly agreed to see if the room could be booked via Lloydspharmacy as based on site. The venue for future meetings would be decided thereafter.</p> <p>CPS Elections - As Returning Officer for the Elections due for the new Committee effective from 1 April 2018, Susie reported that there had been some late and not fully compliant submissions resulting in two vacancies under the independent membership of the Committee. Confirmation of the CCA and AIM nominations were awaited. The final outcome would be notified when these had been confirmed. The new Committee from April 2018 could decide on future elected members.</p>	<p>DR</p> <p>CT</p> <p>LD DR/CT</p> <p>CT/SC</p>
7.	<p>PSNC Update – David and Claire referred to the briefing Garry Myers had given at the recent Pharmacy update event and suggested there were no additional funding cuts planned in April. See link to the presentations for the evening which include Garry’s slides here.</p>	
8.	<p>Market Entry: Susie had received the latest updated spreadsheet from the NHS England local team which confirmed that the application in neighbouring Waverley had been refused and that two new Distance Selling Pharmacy applications had been permitted extensions to commencement of service to April 2018. These details had been incorporated into the Market Entry update on the CPS website.</p>	
9.	<p>CPS Finances – Greg tabled a copy of his latest spreadsheet setting out the current finances. There remained £7k from the funding given for HLP training from HEE and NHSE which members were considering how best to use to support HLP pharmacies. As the funds were in a healthy position it was agreed a further levy holiday could possibly be given to contractors in March 2018. Greg agreed to engage Terry, Stewart and Andrew in separate discussions to consider this in more detail to approve.</p>	<p>GC/ SK/ AH</p>
10.	<p>Update Event Schedule: Claire / David highlighted various topics which were under consideration for future Update Events for Contractors and the Pharmacy Support Team in order to seek members’ views. Ideas agreed related to Wound Care and Diabetes (Dr Jenny Stephenson had offered to speak regarding diabetes in pregnancy, plus other input from colleagues relating to support for patients with long term conditions (LTCs). Claire had also been seeking to arrange meetings on Electronic Repeat Prescribing / Dispensing; ideally jointly with GP attendance, but more likely to suit afternoon attendance for GPs and evening attendance for pharmacy staff. Claire and Susie would build events from the ideas discussed during April/May and June. Additional events for September / November would be planned thereafter.</p>	<p>CT/SC</p>
11.	<p>Private Facebook Forum Etc: David and Claire referred to suggestions from an ex-CPS member to help improve the CPS image and comms options via various media options such as Facebook, Twitter etc. Members noted what was already available and the options for additional links and agreed rules must be posted/pinned about use. David agreed to administer the links, which followed on from other work he had kindly been undertaking on the website. Claire agreed to check if PSNC had any guidance on this.</p>	<p>DR CT</p>
12.	<p>Pharmaceutical Needs Assessment (PNA) 2018-2021: Claire updated members on the consultation that had taken place with meetings with SCC and the CCG regarding the new PNA. There was some disappointment that not all the comments submitted by CPS had been incorporated into the final consultation document, but it was acknowledged during a final meeting with Louise Brewins at the Council that the issues involved had been acknowledged for future work.</p>	

	<p>It was unfortunate that the consultation had started late whilst awaiting links with other authorities for the data collection template etc., and that the timescales had been very tight to submit comments and collate responses; Louise had done an excellent job in overseeing the whole process and had been thanked. The final PNA document was scheduled to be approved at the SCC Health and Wellbeing Board meeting on 22 February ready for publication. A link to this will be included in the CPS weekly bulletin when published.</p>	<p>SC</p>
<p>13.</p>	<p>Primary Care Sheffield (PCS): Steven Haigh attended from PCS to outline the work of the federation (which includes every GP practice in Sheffield) first hand; to share progress to date in the work arising from their successful bid for funding from NHS England to recruit clinical practice pharmacists into GP practices in Sheffield; confirming the aim was to secure one for every 30,000 population, which would eventually equate to 20 posts across the City. There are 10 basic grade posts and two Senior Pharmacist (one of whom is Neil Heslop who has been appointed as the Head of Service). They wanted to build on the excellent work undertaken through the Prime Minister’s Challenge Fund (PMCF) work but latterly found this could not include community pharmacists due to the clarity which had been forthcoming from NHSE as the bid progressed.</p> <p>40 GP practices have currently signed up to having a clinical practice pharmacist in their practice amounting to 12 wte which had been secured following three rounds of recruitment. The scheme is called a ‘Programme’ and the recruits have been taken on a permanent basis, even with only 3 years tapered funding being given by NHSE. Practices have an SLA which ensures they stay engaged as at the end of the 3 years, the practices will be fully liable. The CCG has also committed some limited funding towards the Programme.</p> <p>The Programme is very much developmental. Liability and Indemnity insurance has been gained via the PDA with the proviso of adding modules for independent prescribing and clinical triage as the pharmacists develop their roles in general practice. The individuals contribute towards the core insurance costs, but PCS covers the rest.</p> <p>The aim is to bring more practices on board over the course of the 3-year Programme; another 30 practices are already interested but need to meet the 30K population ratio to be accepted.</p> <p>Steven explained some of the nuances of being a “Provider Company” and offered guidance and support if CPS decided it would be useful to adopt this approach itself. He was also willing to work with CPS on issues of mutual interest in a more formal way in future and agreed that he or Neil Heslop would be happy to attend CPS meetings to update on progress and engage on other matters. Susie would issue the dates of 2018 CPS meetings.</p>	<p>SC</p>
<p>14.</p>	<p>Officer Reports – David and Claire had covered the majority of the points in their written Reports (as issued to members with the Agenda) during the course of the meeting.</p>	
<p>15.</p>	<p>AOB</p> <p>7/28/84 Day Prescribing: David referred to a draft letter from Steve Freedman at the CCG which he wished to re-issue from a 2011 edition, to update and remind GPs about appropriate prescribing. The CCG is wishing to advise GP practices that prescribing periodicity should be in line with clinical need. Members were asked to consider the details of the letter and feed back to David so that he could respond to Steve on the content of the draft, which would then go to APG for approval.</p> <p>Matt had also raised concern as he had heard of some Sheffield GPs issuing 84-day prescriptions. No members present were aware of this so Matt was asked to provide further details if possible, so this could be followed up.</p>	<p>ALL/ DR</p> <p>DR/MW</p>

<p>16.</p>	<p>Meeting Dates for 2018: Members were reminded of the meeting dates set for next year via the Agenda as follows: 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>	<p>ALL</p>
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**NB THESE MINUTES REMAIN IN DRAFT FORMAT UNTIL APPROVED
BY THE FOLLOWING MEETING OF THE COMMITTEE**