

**ADOPTED MINUTES OF THE  
COMMUNITY PHARMACY SHEFFIELD MEETING  
24 APRIL 2018**

**Jordanthorpe Health Centre, Dyche Close, S8 8DJ**

**9.30 am to 5.30 pm**

<b>MEMBER</b>	<b>29/11/16 Day</b>	<b>07/02/17 Day</b>	<b>25/04/17 Day</b>	<b>20/06/17 Day</b>	<b>14/09/17 Day</b>	<b>21/11/17 Day</b>	<b>06/02/18 Day</b>	<b>24/04/18 Day</b>
<b><i>Nominated/ Appointed Contractors</i></b>								
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)	+
Andrew Hartley (Appointed 10/16)	+	A	A	+	+	+	+	+
Simon Hay (Appointed 4/18)	N/A	A						
<b><i>Company Chemist Reps</i></b>								
Emilia Stelmach (Boots)	+	+	+	+	+	+	A	+
Matthew Watters (Boots) (Apt 11/17)	N/A	N/A	N/A	N/A	N/A	N/A	+	+
Jamil Ahmad (Well) (Apt 01/2017)	N/A	A	+	+	A	+	A	+
Luke Downs (Lloyds)	A	+	+	+	+	+	+	+
Nicola Goodberry (Lloyds) (Apt 4/18)	N/A	A						
Rachel Crookes (Lo's) (Apt 10/16)	+	+	+	+	+	+	+	A
Dougie Mistry (Day Lewis) (Apt 4/18)	N/A	+						
Garry Myers (PSNC Rep)	+	+	+	+	+	A	A	+
Susie Coates (LPC Support Manager) Apt November 2012	+	+	+	+	+	+	+	+
<b><i>Observers</i></b>								
Jo Tsoneva (NHSSCCG)	N/A	+	N/A	N/A	N/A	N/A	N/A	N/A
Steve Freedman (NHSSCCG)	N/A							
Peter Magirr (NHSSCCG)	+	A	N/A	N/A	N/A	N/A	N/A	N/A
Martin Bennett (Wicker Pharmacy)	+	+	N/A	N/A	A	A	A	A
Steven Haigh (PCS)	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><b>Apologies and Welcome:</b></p> <p>Apologies for absence are as noted on the attendance sheet. Dougie Mistry as newly appointed AIM member from Day Lewis, was welcomed with around the table introductions. Nicola Goodberry is the other new CCA member, who had apologised for this meeting along with Simon Hay as newly appointed independent member.</p>	
2.	<p><b>Committee Corporate Governance:</b></p> <p>Members were asked to note the contents of the corporate governance principles and to complete new Declarations of Interest and Confidentiality Agreements as part of the newly formed Committee, which would be linked to the CPS website as part of the agreed Strategy.</p>	ALL
3.	<p><b>CCA Reporting:</b></p> <p>Luke kindly offered again to submit the CCA report for the quarter (April to June).</p>	LD
4.	<p><b>Minutes:</b></p> <p>The Minutes of the meetings held on 6 February and 11 April 2018 were reviewed and accepted as an accurate record of proceedings and signed by the Chair, with a slight amendment to Matt's attendance details which had been recorded incorrectly by Susie. The adopted version on the website is accurate. It was noted that Andrew Hartley and Simon Hay had been appointed as Independent Members at the meeting on 11 April, when expressions of interest had been considered. It was further noted that the main matters arising from the minutes were covered under the items already listed on the Agenda.</p>	
5.	<p><b>Matters Arising:</b></p> <p><b>MAR Charts</b> – David confirmed that this Commissioned Service went live on 19 March 2018. There had been some issues over payment calculations via PharmOutcomes but hopefully this would be resolved shortly. There had been some confusion by Pharmacy Staff in regard to the completion of the Authorisation Form (they believed they needed a completed Authorisation Form before they could issue a MAR chart) and David suggested contractors should register the patients with the minimum data available and ensure a completed Authorisation Form is obtained within 12 months. David was finalising a PharmOutcomes Guide, a draft of which had been circulated with the papers for the meeting and this would be shared with contractors to seek to provide additional support. The Council are gathering data over the first six months of the service, in order to calculate back pay as an average for the previous year. Contractors could also enter March claims after the deadline. Claire was checking some issues raised at a pharmacy she visited the previous week, where they could not find the Council Service Provider from the dropdown box. It had also been noted that PharmOutcomes was generating a GP notification each time a MAR chart was issued, which was unnecessary. David was looking into this. Any further clarity would be given in the weekly bulletin.</p> <p><b>Whistleblower Policies</b> – This matter was discussed at the Regional meeting in February and suggested that the responsibility for this lay with the NHSE Accountable Officer - Gazala Khan and that Tom Bisset had written to her accordingly and was awaiting a response. In the meantime, contractors can refer to Susie if required in Sheffield.</p> <p><b>Stop Smoking Services</b> – Sarah Hepworth (SCC) and Maggie Milne (SWYFT) had presented at the Pharmacy Update Event in February about the E-Cig Policy and Stop Smoking Services in Community Pharmacy respectively. Members reported pockets of reasonable activity and reports of some relaxing of the KPIs on CO monitoring at 12 weeks. Maggie would be contacted for an update on activity and clarification about the requirements for the 12-week quit confirmation.</p> <p><b>Sustainability and Transformation Plans / Accountable Care Programme / Shadow Integrated Care System (sICS)</b> – Claire said there was little to update at the moment but that she was attending a Shadow Integrated Care System (sICS) meeting the next day.</p>	<p>CT</p> <p>DR SC</p> <p>ALL</p> <p>CT/SC</p> <p>CT</p>

TB had put a proposal forward for a hospital discharge service for pharmacies across SYB to receive discharge information however there has been no update on this.

This led to a discussion regarding a recent issue raised by a contractor regarding the delayed discharge of a MDS/NOMAD patient and the huge amount of work involved in reconciling information in order to dispense the trays for the patient.

Luke emphasised that 7 days was too short a period for discharge medication dispensing within STH when patients are using NOMADs. It was acknowledged that it is 14 days for other medication. David would raise again at APG; look at the process and devise guidance. A commissioned service of support from community pharmacy on patients discharge from hospital would reconcile the problem and reimburse community pharmacy towards the vast amount of work they currently undertake unfunded. It would assist greatly if community pharmacy could have access to the ICE system; it was understood this was being worked on currently but no definite idea of when it might come to fruition. It was emphasised how many hospital re-admissions there must be when patients are discharged without adequate procedures in place to ensure their medication is accurate.

DR

**Young Carers PharmOutcomes Platform** – Claire confirmed the platform is up and running and available for use, which had been highlighted in the bulletin, but it was acknowledged that this is not a funded service and therefore deemed as inappropriate to include a presentation at an Update Event.

**NHS Sheffield CCG Review of Urgent Care Consultation** – Claire reported that there had been considerable feedback to the consultation process with common themes being against many of the proposals which had led to further work being undertaken to engage and reach agreement. Claire will be attending a workshop being held by the CCG on the evening of the 8 May. It was suggested a view could be sort from Steven Haigh from Primary Care Sheffield when he attended later.

CT

**Care Navigation** – Susie reported on the follow-up workshop she had attended where reception staff and Practice Managers had reviewed who had got where so far. Most had done the on-line training, but many still to decide when they would commence. Claire had been advised that 19 practices had signed up to participate so far. As the first line of navigation was recommended to be community pharmacy, it was important to remain engaged with this work but there was some scepticism about its value.

**Pharmacy in Sheffield – Joint Working Group** – Claire reported that Peter Magirr (CCG) and Sarah Alton (STH) had put a proposal for a System Wide Pharmacy Transformation Programme to the Sheffield Accountable Care Partnership – Executive Delivery Group, with very positive reception. The Group accepted all of the proposals which supported inclusion of the following: Sponsor the proposed Group and nominate representative(s) to ensure integration with wider programme aims; promote pharmacy representation within relevant work streams e.g. primary care, urgent care and long-term conditions; champion development of co-ordinated pharmacy services across the City; champion innovation and extension of pharmacy roles as part of the wider workforce redesign strategy; provide project support to facilitate delivery of the Transformation Programme. This was a very positive result although there was a lot of work to do and it was agreed that Claire should dedicate her resources to this initiative as a priority.

CT

**Out of stock items:** Claire updated the Committee about her introductory meeting with Neil Heslop (the new Head of Service - Senior Clinical Pharmacist) and his colleague Alistair, from Primary Care Sheffield (PCS); in which they had raised the issue of out of stock medicines and whether the LPC could do more to address the problems this causes for patients and practices. The members acknowledged that the issue of out of stocks was so complicated and Susie and Claire would not have the capacity and contractors would not have the time, to inform them of the constantly changing situation. However, members agreed that under 'patient centred care' which community pharmacy work to, they must try to recommend alternative medication rather than simply refer the patient back to their GP. It was agreed that a lot depended on the individual Wholesaler and enforced quotas.

	<p>Claire had indicated that CPS was open to any new ideas PCS had to offer and suggested perhaps their newly recruited pharmacists could work with community pharmacy to help the situation. Cessation of ad hoc changes would also help.</p> <p>Members were concerned that both GPs and Medicines Management colleagues did not fully understand the problems caused by branded generic prescribing. Crispin agreed to pull together a briefing for Claire to share with Neil regarding the issues surrounding out of stock items and an item would be put in the bulletin to encourage good practice from contractors when they cannot obtain an item for a patient.</p>	<p>CB</p> <p>CT</p>
<p>6.</p>	<p><b>Current Issues:</b></p> <p><b>Community Pharmacy and Public Health Discussion</b> – 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.</p> <p>The meeting was very positive, and the CCG/CPS were tasked with seeking to facilitate greater collaboration with the Neighbourhood Teams. Claire and Susie are to meet with Sarah Chance, Project Support Officer for the Neighbourhoods. It was evident that not much had moved forward since the early ‘Big Tent’ events which Susie had attended with some Boots representation at a particular City centre group and David having attended in his area in the North.</p> <p><b>Not Dispensed Activity</b> – Steve Freedman had shared a breakdown of data from January 2018 which demonstrated there had been a considerable decline in participation by community pharmacy in the ND Scheme. Members believed the Scheme needed a relaunch as it had likely gone off the radar in community pharmacy; outline guidance to support the initiative would be useful.</p> <p><b>On-Going HLP Resources / Support</b> – It was noted that one of the new members – Simon Hay (not present at first meeting) had been working with another LPC to support community pharmacies with the HLP initiative to enable them to meet the requirements of the Quality Payments criteria and better engage staff to get the most out of the scheme and best benefit patients. Claire and Susie were to meet with Simon shortly and could discuss his ideas and link back with Jo Tsoneva who had been so successful in the on-going training of HLCs in the past.</p>	<p>CT/SC</p> <p>CT</p> <p>CT/SC</p>
<p>7.</p>	<p><b>A Clinical Initiative – Pre-Conception Care in Diabetic Patients</b> – Dr Soon H Song, Consultant Physician and Diabetologist and his colleague Sallianne Kavanagh, STH Diabetes Pharmacist, attended the meeting to outline their ideas. They gave a very informative outline; explaining the basic fundamental principles on pre-conception care for women with diabetes as recommended by national guidelines, which is part of the general diabetes care. In addition, they explained that increasingly more young women with type 2 diabetes are becoming pregnant, half of which are from ethnic minority group and this is a group which can be difficult to engage with, so they would value community pharmacists’ views on the ways to reach out to them in the community when they come for their prescriptions to raise awareness at the pre-conception stage. An update event had been scheduled by CPS for 30 April, but due to the lack of registered attendees it was decided it was necessary to cancel. In recognising Dr Soon’s clinical and research interest in young type 2 diabetes, together with Sallianne’s enthusiasm of explaining how pharmacy could be involved in identifying and helping their local communities, it was agreed a second attempt should be made to offer an evening session on this topic at a future update event, perhaps in June. In the absence of a commissioned service/PGD to supply 5mg folic acid through community pharmacies it was suggested that contractors could use the MUR Prescription Intervention Service to high-light to GPs, patients that are planning to become pregnant and therefore require the higher strength folic acid dose which is a POM. Sallianne suggested they could link with Sanofi (Pharmaceutical Company) regarding non-promotional materials such as leaflets and posters. Dr Soon and Sallianne were also meeting with the CCG to discuss. NB Sallianne is due to go on maternity leave in October.</p>	<p>CT/SC</p> <p>SK</p>

8.	<p><b>PSNC Regional Representative Presentation:</b> Garry Myers ran through the presentations which had been created by PSNC as part of their work towards negotiations with the Government.</p> <p>See relevant link <a href="#">here</a> to current position. PSNC's proposals are intended to provide a possible mechanism to move towards a community pharmacy funding arrangement that fairly rewards community pharmacies for providing more patient care and support for people with long-term conditions. A briefing, infographics and a PowerPoint presentation which help to explain PSNC's proposals can be found at: <a href="http://ow.ly/D3w130jD7DG">ow.ly/D3w130jD7DG</a>. Garry detailed these and emphasised that the Minister was very interested in the proposals but that this is an early stage of negotiations.</p>	
9.	<p><b>Current Issues (Continued):</b></p> <p><b>Joint PHE/NHSE/CCG Meeting</b> – Jo Tsoneva had kindly pulled together this meeting to explore ideas about how the community pharmacy role could be more integrated into the aims of current public health work. It was agreed that there was a need to identify ways to work with the emerging neighbourhood model of care in Sheffield. Claire and Susie were arranging to meet project lead Sarah Chance to look at opportunities. It was agreed that further development of HLPs could be assisted with more HLC training offered. Susie to put item in bulletin to check appetite for training which would also link to the next Quality Payment criteria for compliance.</p>	<p>CT/SC SC</p>
10.	<p><b>CPS Sub-Committees Membership:</b> Members ran through the 3 Sub-Committee Groups already established and reviewed the membership to incorporate the recent overall changes. It was also agreed that Andrew Hartley should replace Stewart Kelly in representing CPS at the DACT local Network meetings. Susie to provide Andrew with a list of the dates of the meetings for the year.</p>	<p>SC</p>
11.	<p><b>Consultations:</b> Members had been issued with copies of the responses to consultations as submitted by Claire on the Committee's behalf in response to the following:</p> <ul style="list-style-type: none"> <li>• <a href="#">Promoting Health and Wellbeing</a>;</li> <li>• <a href="#">OTC Consultation</a>;</li> <li>• <a href="#">NHS Workforce Consultation</a></li> </ul> <p>Claire was thanked for her work on preparing these submissions.</p>	
12.	<p><b>Finances:</b> Greg as Treasurer, tabled financial reports for members perusal which followed on from the sub-group meeting with Andrew and Susie where preparatory budgets were set. The balance was within normal expectations.</p> <p>Claire and Susie were asked to leave the meeting whilst the Committee discussed their recent appraisals and decided upon their reimbursement for the year ahead. It was agreed Claire's hours should be revised to 22.5 per week to seek to cover the workload involved. They were both thanked for their dedication to their roles for CPS, noting the extent of flexibility they adopted to best serve the Committee, Sheffield contractors and pharmacies. Claire also thanked David for his commitment and support both to her and Susie, but also for his extensive work on taking forward the MAR Chart Commissioned Service and the upgrade to the CPS website.</p> <p>It was agreed that Claire and Susie should concentrate their efforts on service support and to liaise with Simon, as new member with interest in HLP, to take forward work in this field.</p>	<p>CT/SC/ SH</p>
13.	<p><b>CPS Strategy and Work Plan Review:</b> Claire ran through her PowerPoint presentation which had been updated to reflect the current position on various parts of the Strategy. This was agreed by members. David was to review the 17-19 CPS Self-Evaluation using the 'formidable' software.</p>	<p>DR</p>
14.	<p><b>Market Entry:</b> Members had been issued with the latest schedule of Market Entry applications which had been administered by NHSE. These were incorporated into the Market Entry update maintained by Susie on the CPS website. See <a href="#">here</a>. It was noted there are now 131 community pharmacies in Sheffield following a further distance selling pharmacy opening. The Committee noted the latest application under unforeseeable benefits which had been circulated regarding a proposed new community pharmacy in the current development at Waverley, Rotherham.</p>	

