

**ADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
19 JUNE 2018**

Jordanthorpe Health Centre, Dyche Close, S8 8DJ

9.30 am to 5.00 pm

MEMBER	07/02/17 Day	25/04/17 Day	20/06/17 Day	14/09/17 Day	21/11/17 Day	06/02/18 Day	24/04/18 Day	19/06/18 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	+	+	+ (Chair)	+	+	+	+
Claire Thomas (Chief Officer)	Maternity Leave	+	+	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	+	+	+	A	+ (part)	+	+
Andrew Hartley (Appointed 10/16)	A	A	+	+	+	+	+	+
Simon Hay (Appointed 4/18)	N/A	N/A	N/A	N/A	N/A	N/A	A	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	+	+	A	+	+
Matthew Watters (Boots) (Apt 11/17)	N/A	N/A	N/A	N/A	N/A	+	+	+
Jamil Ahmad (Well) (Apt 01/2017)	A	+	+	A	+	A	+	+
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Nicola Goodberry (Lloyds) (Apt 4/18)	N/A	N/A	N/A	N/A	N/A	N/A	A	+
Rachel Crookes (Lo's) (Apt 10/16)	+	+	+	+	+	+	A	+
Dougie Mistry (Day Lewis) (Apt 4/18)	N/A	N/A	N/A	N/A	N/A	N/A	+	+
Garry Myers (PSNC Rep)	+	+	+	+	A	A	+	+
Susie Coates (LPC Support Manager) Apt November 2012	+	+	+	+	+	+	+	+
<i>Observers</i>								
Jo Tsoneva (NHSSCCG)	+	N/A						
Steve Freedman (NHSSCCG)	N/A							
Peter Magirr (NHSSCCG)	A	N/A						
Steven Haigh / Neil Heslop (PCS)	N/A	N/A	N/A	N/A	N/A	+	+	A

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

		Action
1.	<p>Apologies and Welcome:</p> <p>There were no apologies for absence for this meeting. Nicola Goodberry, new CCA member and Simon Hay new independent member, attended their first meeting. There were around the table, very useful, extended introductions which included a brief precis from everyone on their work history / background and some personal interests, so that everyone knew each other much better.</p>	
2.	<p>Committee Corporate Governance:</p> <p>Members were asked to note the contents of the corporate governance principles and all had been asked to complete new Declarations of Interest and Confidentiality Agreements as part of the newly formed Committee, which would be highlighted on the CPS website as part of the agreed Strategy, highlighting the declarations are available for inspection at the CPS office if required.</p>	ALL
3.	<p>CCA Reporting:</p> <p>Luke was covering reporting for the quarter April to June, which would include this meeting.</p>	LD
4.	<p>Minutes:</p> <p>The Minutes of the meeting held on 24 April were reviewed and accepted as an accurate record of proceedings and signed by the Chair. 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>Matters Arising:</p> <p>MAR Charts – David advised that they are hoping to meet with Chris Boyle from the Council to discuss activity to date and some teething problems with the scheme, particularly as the 6-month period for claiming was approaching. There was some concern that not everyone was claiming yet, when they could. The agreement had been that the Care Agencies should review patients within a 12-month period, so pharmacies would update their patient file as forms were received, with minimum details entered in the meantime in order to form a claim. Claire agreed to highlight this in the next bulletin. Claire mentioned that a couple of pharmacists had thought they could print a MAR chart via PharmOutcomes, but she had explained this had not been possible to achieve. Otherwise, the scheme was there for pharmacies to use to claim, which was a great improvement on no payment at all. It was noted that the latest revision of the Medication Policy was not perfect but there was nothing contained within it which would cause a problem for community pharmacy and was an improvement on previous editions.</p> <p>Whistleblower Policies – Claire advised that Tom was still awaiting a response from the NHSE Accountable Officer - Gazala Khan, which he was to chase in regard to his responsibility on this. In the meantime, contractors can refer to Susie if required in Sheffield.</p> <p>Stop Smoking Services – Maggie Milne, Stop Smoking Lead had confirmed that there are only 3 pharmacies now providing a 1:1 service in Sheffield: Vantage (Manor Top), Woodhouse and Wicker Pharmacies. Claire agreed to follow up with Maggie as part of a general catch up. Members agreed that as the service was not well funded, it is not a priority for participation, particularly as the paperwork is onerous as the service does not use PharmOutcomes.</p> <p>GP Faxes - Claire also advised members of fresh concerns raised recently, since GDPR regulations had been introduced, about GP practices refusing to fax details to pharmacies or vice versa, this would affect administration of the Stop Smoking Service. Claire has referred to the LMC, NHSE and PSNC about this as nhs.mail accounts are not available for all GP practices. NHSE has forwarded this on to Kathy Wakefield at the Vaccination and Immunisation Service with regard to the Flu Service which will also be affected by this change where practices should be notified within 24 hours of a vaccine having been administered. The CCG are pushing again for nhs.mail addresses from all GP practices with permission to share with PharmOutcomes. The LMC had responded that they cannot force GP practices to use fax machines.</p>	<p>CT</p> <p>ALL</p> <p>CT</p>

<p>Having received information from the CCG which suggested only 25 out of 88 practices had so far provided an NHS email address, Claire agreed to raise this with NHSE to ask for their support in improving this means of communication. PSNC are working at a national level to improve the situation but believe the solution is some way off.</p>	<p>CT</p>
<p>Claire had asked for details of contacts within Sheffield localities to seek to link more effectively over areas of mutual concern. Lisa Shackleton and Lynda Liddament had been put forward. Claire would liaise with them and also refer back to the LMC showing how few practices have nhs.mail accounts. Ultimately if read/write access to GP records was set up for all pharmacies, this would resolve the situation. Initially Claire would ask Neil Heslop if his Clinical Pharmacists could assist in their work with practices to raise the issue.</p>	<p>CT CT</p>
<p>Sustainability and Transformation Plans / Accountable Care Programme / Shadow Integrated Care System (sICS) – Claire said there was still little to update at the moment, but they are pushing for the Community Pharmacy Referral Scheme for self-care. Also, Tom Bisset was still pulling together a Business Case for the Refer to Pharmacy Scheme to be funded across SYB to integrate into their IT system, with funding for community pharmacy to follow up on referral. Karen Curran who is leading on this has broken her foot so off work at the moment and the person covering had recently cancelled a meeting to discuss.</p>	
<p>NHS Sheffield CCG Review of Urgent Care Consultation – Claire had covered this in her report. See below.</p>	
<p>Pharmacy in Sheffield – Joint Working Group – Claire reported that she had attended 3 meetings so far and committed to meetings continuing on a monthly basis. They were wanting pharmacy representation on the various Accountable Care Work Streams. Claire already sits on the Primary Care Delivery Board. Sarah Alton (STH) is to attend the meetings regarding Long Term Conditions (which is also another important workstream for Community Pharmacy), feeding back to the over-arching Working Group. Claire outlined the various ideas which had been put forward of how community pharmacy could help achieve some of the agreed aims of the pharmacy joint working group, for instance under shared care protocols, and the following priority areas are being considered:</p> <ol style="list-style-type: none"> 1. Digital interoperability 2. Improvements to hospital discharge 3. Shared care 	
<p>Neighbourhood Working Update – Claire has obtained contact details for all the 16 Neighbourhood Leads and Locality Managers to whom she had issued a blanket email explaining her role at CPS and the wish to support Neighbourhood working. Only two responses had been received so far. One of these involved a GP practice already working with a small pharmacy chain, which was productive, and Claire was hoping to take their joint working forward, funding permitting for meeting attendance by the pharmacy representation. The GP had been very supportive of the pharmacy having access to patient records. NB Neighbourhoods are known as Primary Care Networks nationally. It was understood that the LPN had been disbanded in Sheffield and it was likely all would follow suit. <i>Post meeting note – the SYB LPCs jointly with NHSE Area Team will be putting a paper together to present to the Primary Care ICS Board to try and utilise the LPN Chair funding that is available for community pharmacy projects.</i></p>	
<p>Pre-Conception Care in Diabetes Update Event - 11 June – Claire reported that the attendance at this Event was disappointing but that the content of the evening was very informative with good feedback received. There would be later discussion about how to take these events forward. There were some useful outcomes from the event with Claire working with Brenda King, Tissue Viability Nurse, to review the check list for pharmacy staff and to pull together some guidance on suitable dressings for contractors to stock and recommend for wound care. Also, to work with Sallianne Kavanagh, STH Pharmacist to produce an NMS and MUR diabetes checklist.</p>	<p>CT/SC CT</p>
<p>Sexual Health Update inc Young Peoples Campaign Evaluation – Claire reported that the evaluation was still awaited but that she had met with representatives from Sexual Health as highlighted in her report.</p>	

	<p>PCS Data / Clinical Pharmacist Details – Neil had supplied details of the clinical pharmacists showing who had been appointed to which practices. Claire and Susie would save this for use when required.</p>	<p>CT/SC</p>
<p>6.</p>	<p>Current Issues:</p> <p>CPS Representation on Seasonal Flu Operational Group Meetings – Claire mentioned that she is not in practice sufficiently to feel it appropriate for her to contribute to these meetings, similarly Greg would not be aware of local issues. Rachel and Andrew offered to cover meetings if the dates could be checked. Claire agreed to do this and could step in if no cover was available.</p> <p>LPC Leaders Forum 12 July – London – David and Claire highlighted the detail of this. It was agreed that this meeting would be useful to attend as it focussed on working together to lead and effect change. David had heard from other Chairs that this was a useful meeting, from those previously held. It would be a good networking opportunity to identify what is happening in other areas. The train travel time is also useful for David and Claire to catch up on CPS business.</p> <p>Diabetes: Hypoglycaemia Toolkit – Claire reported on a meeting she and Susie had had with a lady representing the company who was promoting this Toolkit, which was now being used in Sheffield. The project aims to enable patients and clinicians to identify and address avoidable cases and enable enhanced quality of care. There is no funding linked to this, but it was agreed it might be useful during an MUR or NMS and if highlighted in the bulletin, contractors could decide whether it would be useful to them and feedback if found useful.</p> <p>Dressings Provision – Concerns had been raised by the Community Nursing Team regarding the delivery of dressings and some contractors beginning to charge for deliveries. Claire had met with representatives from STH and the Community Nursing Team and there had been discussion about prioritising the patients’ needs to make the deliveries more ‘deliverable’. Members believed the number of patients who had no-one at all who could collect for them, was relatively small but that patients were used to a delivery service being freely available. Evidentially most had someone who shopped for them etc. STH are to draft a written note for patients explaining that there might be a charge for delivery, so they could consider their options. Also, they were going to seek to gather data to estimate the extent of the problem. Members commented that the Government had not appreciated the various knock on effects of the funding cuts.</p> <p>HLP Support – Some further funding had been secured for MECC training which could include support to HLP pharmacies. Claire was to check with Jo as to her capacity to take forward the previous work she did in supporting early adopters of the HLP concept in Sheffield, as this had been so very well received. It was acknowledged that some pharmacies are much more engaged with the concept than others and that those who might only be doing the minimum might be subjected to a reclaim of Quality Payments and a Breach of the Terms of Service Order. After some discussion it was agreed that information to help support pharmacies build their best HLP Health Zone; links to free leaflets etc would be useful. Claire agreed to also liaise with Nick Hunter (Rotherham / Doncaster LPCs Chief Officer) regarding work he was doing on this.</p> <p>Future of Update Meetings / Venue – Susie highlighted that one attendee at the last Update event who had expressed her gratitude for the work involved in setting up these beneficial events, had suggested it might be useful to vary the day of the week meetings are held as attendees might have a regular commitment on a particular night (ie a Monday). It had also been suggested to consider an alternative venue than the current location which was not supported by good car parking facilities. Susie had already been to visit the Copthorne Hotel, introduced via a contractor with links to the Sheffield United FC Ground at Bramall Lane, and had received a reasonable quote for using their facilities (although more expensive than the current one used), but which in the evenings has masses of car parking. It was considered whether it might be better to put on less events in a year but spend more on the venue and catering offered, which might attract more attendees. The use of Sponsors might also help with the costs.</p>	<p>CT/RC/AH</p> <p>DR/CT</p> <p>CT/SC</p> <p>CT</p> <p>CT</p>

	<p>Susie would link further with the venue when the next meeting had been established. It was noted the future meetings already booked were the joint LPC event at the Holiday Inn Rotherham-Sheffield on 5 July and the AGM already booked at the Hilton, Victoria Quays, Sheffield on 25 September, so any future meeting might actually not be before November.</p> <p>Susie also referred to the idea by the same contractor, of using the car park at the Bramall Lane ground to have a stand promoting 'Pharmacy First' which could be manned by pharmacy staff to highlight, particularly to the male-centred attendees on a match day, the benefits of using their local pharmacy. Expressions of interest could be sought from Sheffield Pharmacies who might be happy to help. The contractor had also offered free SUFC match tickets which could be won via a raffle if they were prepared to visit the stand to discuss health care issues and put their name on a list for a free draw.</p> <p>Claire would liaise with Nick Hunter about any promotional materials which were used for the joint Pharmacy First event a few years previously, which might still be useful.</p> <p>Susie would liaise further with the venue about the costs of using the car park and the practicalities of having a stand. Members were asked to consider how they might be able to assist with this idea either in person or with materials. It was agreed this might be useful to promote Stop Smoking Services as well as self-care messages.</p>	<p>SC</p> <p>CT/SC</p> <p>CT</p> <p>SC/ALL</p>
<p>7.</p>	<p>Minor Ailment Service (MAS) in Fox Valley, Stocksbridge – a new Boots Pharmacy, currently non-dispensing, had apparently received numerous approaches for the provision of MAS so had approached the CCG to see if a contract could be secured to offer this to Sheffield residents. The CCG were currently looking at this potentially on a trial basis and asked for a CPS view as part of their deliberations. This was discussed in some detail and agreed that if there is a demonstrated need for patients (particularly within the remote location of Stocksbridge, despite there being two participating pharmacies in Stocksbridge itself) the Committee had no objection provided the pharmacy complies with the full criteria of the contract and this is checked against the pharmaceutical regulations. Susie agreed to feedback to the CCG.</p>	<p>SC</p>
<p>8.</p>	<p>Market Entry – Susie had shared the schedules obtained from the NHSE local team which advised that Lloyds Pharmacy at Alderson Road had a change of ownership to an independent and was now called London Road Pharmacy. Official notification had not yet been received from Primary Care Support England (PCSE) which was always somewhat frustrating when evidentially these changes occur well before notifications are issued. Members also noted the further application for a new pharmacy at Waverley was going through the relevant processes, albeit that there had been a delay as an LPC response had initially not been received and included in further distribution.</p>	
<p>9.</p>	<p>Finances – Greg, as Treasurer, tabled up-to-date schedules of expenditure and also fed back from the recent Treasurer's meeting he had attended in London, which included concerns raised about updates in Employment Law which queried whether members should be employees with associated rights. It was agreed this should be put on the Agenda for the next meeting in either September or November for the Finance Sub-Committee to consider in more detail and report back, whilst also reviewing the Expenses Policy to ensure in line with recommendations. It was noted there were recommendations to keep a Financial Risk Register and to look at expenditure to ensure value for money. PSNC had provided templates. Greg advised he was preparing his Financial Report for the CPS Annual Report 2017-18.</p>	<p>GC/SC</p>
<p>10.</p>	<p>PSNC Regional Representative Presentation: Garry Myers ran through the 'hot off the press' presentation which had been created by PSNC outlining their current proposals to the Government to take community pharmacy forward. PSNC's eventual aim is to revise the Community Pharmacy Contractual Framework (CPCF) to include a "Community Pharmacy Care Plan Service" which supports patients with long-term conditions to optimise their use of medicines and manage their conditions. The outline proposals for the service are based upon the Community Pharmacy Future II Project undertaken in West Yorkshire.</p>	

11.	CPS Work Plan Review / Self Evaluation – David advised that PSNC had that week issued an update to the Self-Evaluation available which it was agreed should be shared via formidable survey, so that everyone could contribute their current view in order to formulate an updated version which could be discussed at the next meeting.	DR/CT
12.	<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. However, they each gave brief overviews of any particular issues of note. As detailed below.</p> <p>Claire referred to her meeting with the CCG which had included Dr Andrew McGinty, regarding the NHSE Consultation on NICE guidance about over the counter products etc. Dr McGinty felt that the activity figures for the Minor Ailments Scheme (MAS) demonstrated that the service was currently saving GP appointments and any change to the MAS could impact on GP appointment requests. It had been agreed that the MAS scheme would continue with potential review.</p> <p>Regarding the Urgent Care Stakeholder event, Claire highlighted that the CCG had received a lot of responses and feedback to their consultation both from the public and health care providers and therefore were having to review the options proposed.</p> <p>Gary Myers referred to the benefits of computer software for linking access to GP practices for patient records as used at his pharmacy in Basegreen, the quote for which he would share with Claire to be used in CCG discussions about taking these link opportunities forward.</p>	GM/CT
13.	Primary Care Sheffield Update: Neil Heslop had been scheduled to attend in place of Steven Haigh who had a prior engagement, but unfortunately was unable to make it on the day.	
14.	<p>AOB</p> <p>EPS Live Nominations – it was raised that several branches of Boots had ascertained that there had been numerous instances where patients had been nominated to another pharmacy without the patient’s knowledge. Other members had experienced similar incidents. However, they did not appear to be any particular pattern and it was agreed contractors should be reminded via the bulletin of the patient consent rights and asked to feedback on any instances they were aware of which adversely affected patients and their rights, so this could be investigated further where appropriate.</p> <p>Pharmacy Group Agenda – Claire raised the issues on the Agenda for the meeting the following day so that members had opportunity to feed into the topics under consideration. Claire appreciated their views which she would relay to the meeting.</p>	SC/ALL CT
15.	<p>Meeting Dates for 2018:</p> <p>Members were reminded of the meeting dates set for the year via the Agenda as follows:</p> <p>25 September (AGM) - Hilton Sheffield Hotel, Victoria Quays 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