

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
20 NOVEMBER 2018**

Jordanthorpe Health Centre, Dyche Lane, S8

9.30 pm to 5.30 pm

MEMBER	20/06/17 Day	14/09/17 Day	21/11/17 Day	06/02/18 Day	24/04/18 Day	19/06/18 Day	25.09.18 Day	20.11.18 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	+(Chair)	+	+	+	+	+	+(Chair)
Claire Thomas (Chief Officer)	+	+	+	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	+	A	+(part)	+	+	+	+(part)
Andrew Hartley (Appointed 10/16)	+	+	+	+	+	+	+	+
Simon Hay (Appointed 4/18)	N/A	N/A	N/A	N/A	A	+	+	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	A	+	+	+	A
Matthew Watters (Boots) (Apt 11/17)	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	A	+	A (M/L)	A (M/L)
Rachel Crookes (Lo's) (Apt 10/16)	+	+	+	+	A	+	+	+(part)
Dougie Mistry (Day Lewis) (Apt 4/18)	N/A	N/A	N/A	N/A	+	+	+	+
Samuel Anti (Rowlands) (covering Nicola Goodberry M/L)	N/A	N/A	N/A	N/A	N/A	N/A	+	+
Garry Myers (PSNC Rep)	+	+	A	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)	N/A	+						
Steven Haigh / Neil Heslop / Yvonne Elliott (PCS)	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>Crispin (Vice Chair) kindly chaired the meeting as David was needed in house to assist with IT issues but attended a little later. There were apologies as noted in the attendance sheet.</p>	
2.	<p>Committee Corporate Governance:</p> <p>Members were asked to note the contents of the corporate governance principles and advise of any changes to their Declarations of Interest and Confidentiality Agreements.</p>	ALL
3.	<p>CCA Reporting:</p> <p>Luke kindly offered to cover CCA reporting for the current quarter.</p>	LD
4.	<p>Minutes:</p> <p>The Minutes of the meetings held on 25 September, which included the afternoon Committee meeting and the evening AGM were reviewed and accepted as accurate records of proceedings and signed by the Vice 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>Finances:</p> <p>As our Treasurer Greg was only available for the morning session of the meeting, the Vice Chair elected to deal with Finances at this juncture of proceedings. Greg tabled the updated spreadsheets showing the cash flow projection for both the main and the debit card accounts and explained various relevant points. He confirmed that he and Susie had met the previous week, to undertake a cross check of the bank statements against account activity. Greg referred to the next joint training event costs being covered by funds still held from HEE on behalf of SYB LPCs. It was confirmed that reserves remained on track. Greg referred to work he was undertaking with Rotherham LPC to act on training given by PSNC on risk management. An example document was to be shared which Sheffield could use to fulfil this governance requirement. Greg had also asked the bank to send an alert if any payment was generated over £500 as there had been a scam in Rotherham. Claire agreed to set up a meeting before the next CPS meeting, to look at the Risk Register (example circulated with Agenda papers) taking into account the information Greg would be able to share.</p>	GC CT
6.	<p>Matters Arising:</p> <p>MAR Charts – Claire reported that SCC had now calculated back payments to contractors for this service for the year prior to commencement, of £84,302 / equating to an average of £958 per contractor, in line with activity in the current year. Luke pointed out that there had been confusion over when it was appropriate to claim initially, but as more clarity had been provided, he now felt more confident to enter relevant patient data that would only calculate one payment per patient per month. Claire offered to put an item in the weekly bulletin to emphasise the updated claiming methodology. She suggested contractors should review activity on PharmOutcomes to check that expected. Simon queried about any evidence of MAR charts being given when MDS provided, but members generally felt Sheffield contractors were complying with the intention of the Sheffield Medication Policy which directed that MAR charts should be provided instead of MDS. Claire offered to send a copy of the current Medication Policy to Simon. Luke pointed out that the current version had yet to be endorsed, expected shortly.</p> <p>Luke referred to the Right First Time meetings he had been attending on behalf of CPS and reported that a new Assessment Tool was being devised as the previous one had not really been used. It was as yet rather unclear who should be the main instigator of the Assessment. There was also query as to who the MAR chart belonged to and where information from it should be kept. A group was to consider the way forward and Luke had asked to be part of the Group to ensure community pharmacy issues were taken into account.</p>	CT CT LD

	<p>Whistleblower Policies – Claire pointed out that this item had remained on the CPS Agenda for some considerable time and clarification was yet awaited from NHSE as to who should be responsible. Susie had offered to take any queries in the meantime, but local LPCs had reservations about LPC involvement in the process. Simon offered to check what was happening in other areas.</p> <p>Stop Smoking Services – Susie had chased contractors who did not appear to have returned the relevant signed SLA paperwork to Maggie Milne, despite there being evidence of activity. It was hoped this had assisted in resolving the outstanding contracts. Members were in agreement that the service was underfunded and that the situation had worsened since the latest tendering exercise. Simon referred to a service in Sandwell / Coventry where contractors were paid £75 per quit.</p> <p>Sustainability and Transformation Plans / Accountable Care Programme / Integrated Care System (ICS) – Claire referred to the 3 associated workstreams (Primary Care Board / Workforce Planning / Medicines Optimisation and explained how Community Pharmacy representation was being played into each, although Claire (and now Tom Bisset who sits on the Primary Care Board) are still trying to get a place on the Medicines Optimisation Group. This team had led on the SYB 569 million reasons campaign linked to self-care, which emphasised that by spending less money on treating conditions that will get better by themselves, or can be easily treated at home, they will have more money to spend on maintaining the services they have and investing in new ones. Claire had been disappointed to note that the posters or website produced, contained no reference to seeking advice from your Community Pharmacist and that it had transpired that there had been no consultation with LPCs before producing the literature; this gave added weight for the need for pharmacy representation on the group.</p> <p>Claire also referred to the potential agreement being reached of remaining funds for the LPN Chair role (formerly held by Dr Peter Magirr) to be used for Community Pharmacy Services through the ICS. There is only a relatively small fund available, but better spent on Community Pharmacy representation at meetings etc if possible, than lost.</p>	<p>SH</p>
<p>6.</p>	<p>Current Issues:</p> <p>DACT – Draft Guidance for under 18s – Claire outlined a confidential draft document shared by Helen at the DACT seeking to provide support for under 18s substance misuse clients. Andrew highlighted that such a service had been set up in Rotherham some time ago and offered to look for the relevant paperwork on his computer. He recalled that there had been very low usage and that the scheme had been established with a very pragmatic approach and was very supportive to those in need; operating from one outlet. Members agreed that the same funding approach to the supply of EHC should be adopted as the consultation would take longer than adult users. Claire would refer to Nick Hunter, CO in Rotherham LPC in relation to the detail of their scheme. Members pointed out that the draft made reference to the most senior pharmacy member of staff being responsible for the service and that this should be the ‘pharmacist’ to avoid ambiguity.</p> <p>Sexual Health Services – Claire reiterated the current delay in the tender process as reported in the last minutes. Claire confirmed that PharmOutcomes had been launched for the EHC service but had included a section which requested confirmation that participating pharmacists hold a DBS check, with the reference number. It was subsequently identified that the Service Specification still held reference to a CRB check being required. Sexual Health Services have emailed current providers to survey the number of DBS checks required and had agreed to fund where necessary. Members were asked to encourage their contractors to respond so this matter could be resolved as soon as possible. Some frustration over the need for a DBS check was expressed due to the established reportable professional declarations made by all pharmacists to the GPhC, but where individual Commissioners included these requirements, linked to safeguarding standards, it was unavoidable.</p> <p>BSA Support for increasing EPS – Claire reported that someone from the BSA had approached her asking for LPC support in encouraging contractors to engage with additional training that they could provide, but members agreed it was GP practice staff that needed the most support.</p>	<p>AH</p> <p>CT</p> <p>CT</p> <p>ALL</p>

<p>HLP / Virtual Outcomes – Members were shown the on-line training packages which had been purchased for Sheffield Contractors by CPS and launched via the Mailchimp bulletin to all pharmacies and highlighted to Area Managers etc. Simon referred to the experiences he had had in other parts of the country with take up. Where multiples engaged and acknowledged the benefit, this had worked quite well but it had proved quite difficult to encourage engagement. Each member of staff in the pharmacy, enter their individual details for each module in order to receive individual certificates of competence. The details would be included repeatedly in the weekly bulletin. Greg confirmed that the cost of this would come out of the remaining CPS HLP funds held.</p> <p>Post Meeting Note: <i>It is intended to issue a copy of the VirtualOutcomes Guide along with the flyer to be produced for the HLC training event on 30 January, to help raise awareness and pharmacy sign up.</i></p>	SC
<p>Regional Medicines Optimisation Committee (North) (RMOC) – Members had been circulated with the Agenda and notes of the most recent meeting on 1 November 2018 covering various issues like Polypharmacy, Shared Care etc. Claire advised that there are multiple papers distributed with for these meetings and that the RMOC is really keen to engage LPCs over joint topics of interest such as Branded Generics. Members agreed a high-light report was sufficient. Members referred to the Sheffield Formulary Sub-Group which feeds to the Area Prescribing Group covering many of these topics. Claire would feedback on CPS views and maintain links over the information distributed and circulate where appropriate.</p> <p>Neighbourhoods – Claire provided an overview of on-going activity in Sheffield and across the country, where the groups are often referred to as “Primary Care Homes” with 30-50,000 population groups. These remain very varied over how well they work together. The ACP Primary Care Board is trying to move on actions and is in the process of establishing a working group on Neighbourhoods. Claire has asked for pharmacy representation.</p> <p>Post meeting note: <i>Claire will be joint Lead/Chair for this working group alongside Nicki Doherty at the CCG.</i></p>	CT
<p>Accountable Care Partnership (ACP) Pharmacy Transformation / ACP Primary Care Board Updates – Claire referred to lots of work taking place with both these groups. She and Peter Magirr had put forward a joint presentation to the Executive Delivery Group (EDG) on their vision for transforming the scope of pharmacy practice, by starting off with a Community Pharmacy Hypertension Service (as had been successful in Canada) which had been well received by the EDG and agreed in principle. Work now needs to begin to draw up a Service Specification and present a more detailed business case to the EDG by January. Claire explained how work was progressing within the Pharmacy Transformation Group on the digital interoperability work; providing access to the GP clinical system to a number of community pharmacists (6-7 potential pairings have been identified). Claire listed the potential pairings. Garry Myers and Crispin had kindly worked on a draft data sharing agreement that the CCG were reviewing as a template to use at each site. Claire and Peter had also worked on and submitted a business case to Health Education England for training support to help train 20 community pharmacists as Independent Prescribers. It was acknowledged that securing GP mentors was one of the biggest challenges. Peter Magirr would likely elaborate on this work when he attends the meeting later.</p> <p>Minor Ailments Scheme / Pharmacy First – Claire had met with Steve at the CCG with some ideas on how Pharmacy First could be developed in light of several self-care medicines being withdrawn from GP prescribing, thereby affecting the service. Claire was suggesting a more ‘patient supportive service’ where pharmacies are paid for the consultation and specific advice delivered i.e. supply and instruction on spacer device for children / Medicines Cabinet Campaign / Therapeutic Substitution Service. Simon recalled a similar service starting in Hereford and offered to look for details. The CCG were doing a further cost analysis to assess the average costings with a view to perhaps returning to paying for a consultation and medication separately.</p>	SH
<p>NUMSAS – The CCG were looking for increased uptake of the Scheme to help support urgent care needs, but members were unanimous that the current Advanced Scheme is cumbersome and time consuming, particularly as not locally linked to PharmOutcomes. However, it was suggested if certain areas of the City could be identified as in particularly in need, current provision could be reviewed with providers. It was understood that Doncaster commission their own service.</p>	

	<p>Support for Self-Care - The CCG Communications Department had produced some self-care promotional materials on which Claire had commented and Brigid Murphy at Norfolk Park Pharmacy had kindly agreed to assist with some short promotional videos.</p> <p>Contractor Update Events – Claire referred to the joint SYB LPC event scheduled for 27 November, co-ordinated by Nick Hunter, to be held at the Rotherham Holiday Inn, which was focussing on quality payments and how best to achieve the maximum funding. Claire canvassed ideas for 2019 events. It was agreed it would be better to concentrate resources into fewer, but maximum benefit events and that it might be useful to have an event to brainstorm ideas about what can be done locally, to involve contractors in ideas being taken to stakeholders to ensure engagement for the way forward, including having the commissioners come along to brief contractors. Members suggested a ‘roadmap to IPs’ would be well received as pharmacists are interested but view achieving the status as quite daunting, so a guide to understanding the process and tips from those who have achieved IP status would be valuable. If set for March / April there might be a clearer view of the vision taking shape.</p>	CT/SC
7.	<p>Market Entry – The updated schedule from NHSE had been circulated with the papers and Susie highlighted the new ‘Unforeseen Benefits’ application which had been submitted to be located within 250-meter radius of the recently closed Bradway Pharmacy at the top of Twentywell Lane. Claire agreed to draft the CPS response with an overview from Andrew.</p>	CT/AH
8.	<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. David mentioned that the British Heart Foundation had supported a Cardiovascular promotion at the Pharmacy Show and Claire would seek their support for monitors in taking forward the Pharmacy Hypertension Service. Andrew’s reports from his DACT and Flu Vaccination meetings had also been shared with members. Crispin referred to his attendance at the Formulary Sub-Group and Luke the Right First Time meetings. Members were thanked for their attendance at, and feedback from these important meetings.</p> <p>There was mention of the ‘Integrating NHS Pharmacy and Medicines Optimisation (IPMO) Programme’ which was being funded via the Pharmacy Integration Fund to test the principals of a framework for NHS Pharmacy and Medicines Integration within STP and ICS pilot areas during 2018/19 in 7 pilot areas – Black Country STP; Cumbria and North East STP; Dorset ICS; Hertfordshire & West Essex STP; Lancashire & South Cumbria ICS; South East London STP and Surrey Heartlands ICS. Their work would be watched with interest.</p> <p>Claire reported about the miscalculation of MAR chart back payments which was being resolved by the Council as soon as possible.</p>	CT
9.	<p>Strategic Plan – Claire ran through with members a formidable report of the responses compiled from members to the draft self-evaluation document which had been circulated. This was a very detailed but useful piece of work which clarified the Committee’s position on the standard criteria and everyone’s perception of the current position, creating an agreed stance which was very positive, but highlighted some work to be done over the course of the next year. Claire would put the updated document on the Agenda for the next meeting in February and this would remain a standing item on future Agendae to check on progress. It was further agreed that the previous idea of ‘buddying’ Sheffield Community Pharmacy Contractors by members, should be revisited and that time should be allowed at the next meeting for members to check in with allocated pharmacies by telephone. A draft script would be created, and contractors allocated in line with previous discussions. The list of Committee Sub-Group members would also be re-circulated to members to ensure everyone knew their commitment, particularly taking into account GDPR.</p>	CT/SC
10.	<p>AOB:</p> <p>UTI Testing: Matt referred to a private service being introduced in Boots locally, offering customers UTI testing at £9.99 per test and where there were positive results, a consultation and treatment for a further £15. This compared favorably with the average NHS GP consultation cost of £30.</p>	

	<ul style="list-style-type: none"> • Federation of LPCs: Members agreed that there was no wish to federate at the moment with SY LPCs. 	CT
11.	<p>Primary Care Sheffield (PCS) Representation: Yvonne Elliott, Deputy Chief Executive of PCS kindly attended to introduce herself to the Committee and outline her background and vision for the future of PCS and services which affected Community Pharmacy.</p> <p>Yvonne had an extensive background of building the social enterprise of the “City Healthcare Partnership” in Hull, having started very small in 2010 and expanded hugely. She was very positive about what could be achieved through working with Community Pharmacies and had some background knowledge from having established a small pharmacy network within the Partnership. She emphasised that she had already held productive meetings with CPS representatives (David, Claire and Susie) which would be maintained and expanded as hotspots and gaps are examined and options become clearer as to how a way forward could be built. She was enthusiastic that plans would be taken forward by April 2019.</p>	
12.	<p>NHS Sheffield CCG Representation – Peter Magirr, kindly attended to update on CCG developments affecting Community Pharmacy. Peter emphasised current workforce planning and the development of shared care arrangements with digital links, which would be beneficial to staff as part of workforce development and patients for convenient support with long term conditions. He explained the benefits of refocusing the work of Community Pharmacy with different funding and contractual arrangements, which could attract high remuneration to fill gaps which are rapidly developing in patient care. Peter referred to the Hypertension Service successful in Canada, which had been outlined to potential Sheffield Commissioners, demonstrating the value in mobilising the Community Pharmacy Workforce. For example, huge savings were possible in identifying patients at risk of a stroke, commencing relevant treatments; thereby saving the hospital admissions (currently estimated as costing £50k per patient, per stroke, including necessary intermediate care).</p> <p>As highlighted by Claire earlier, Peter referred to the potential pairings of GP practices and Community Pharmacies for Digital Interoperability; with pharmacists becoming Independent Prescribers, so that they could identify cases, initiate treatment and monitor patients. There were various Service Specifications for Hypertension available which were being reviewed. Peter mentioned data that Garry Myers had shared from the most recent Jaunty Springs Practice work. They are now looking at quotes for IT systems. The intention was to start work in January 2019. Members of the Committee were very enthusiastic in taking this important work forward. It was acknowledged that there would be frustrations that it was necessary to start with a small number of pairings in order to demonstrate what is possible, before seeking to expand, but that meanwhile pharmacists could be looking into gaining IP status. Peter mentioned that success with a Hypertension Service would pave the way to look at Asthma next.</p> <p>Members agreed the importance of working with PCS and that it would be useful to look at Articles of Association for a Provider Company. Simon agreed to research.</p>	SH
13.	<p>Meeting Dates for 2019:</p> <p>Members were reminded of the meeting dates set for the next year via the Agenda as follows:</p> <p>All below to be held at the Copthorne Hotel, next to Sheffield United Football Ground.</p> <p>12 February 9 April 11 June 24 September (AGM) 19 November</p> <p><i>All meetings fall on Tuesdays – 9.30 - 5.00 pm</i></p>	ALL