

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
9 APRIL 2019**

Copthorne Hotel, Bramall Lane, S2 4SU

9.30 pm to 4.30 pm

MEMBER	21/11/17 Day	06/02/18 Day	24/04/18 Day	19/06/18 Day	25.09.18 Day	20.11.18 Day	12.02.19 Day	09.04.19 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	+	+	+	+	+ (Chair)	+	+
Claire Thomas (Chief Officer)	+	+	+	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	A	+ (part)	+	+	+	+ (part)	+ (part)	+ (part)
Andrew Hartley (Appointed 10/16)	+	+	+	+	+	+	+	+
Simon Hay (Appointed 4/18)	N/A	N/A	A	+	+	+	+	+
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	A	+	+	+	A	+	+
Matthew Watters (Boots) (Apt 11/17)	N/A	+	+	+	+	+	+	A
Jamil Ahmad (Well) (Apt 01/2017)	+	A	+	+	+	A	A	+
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Nicola Goodberry (Lloyds) (Apt 4/18)	N/A	N/A	A	+	A (M/L)	A (M/L)	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	+	+	+	+	+	+
Louise Gurney (covering Nicola Goodberry M/L)	N/A	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	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)	N/A	N/A	N/A	N/A	N/A	+	N/A	N/A
Steven Haigh / Neil Heslop / Yvonne Elliott / Andy Hilton (PCS)	N/A	+	+	A	N/A	+	+	N/A

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

		Action
1.	<p>Apologies & Welcome:</p> <p>There was only one apology as noted on the attendance sheet. Louise Foster (nee Gurney) was welcomed to her first CPS meeting with round the table introductions, following her CCA nomination to replace Samuel Anti who had been covering Nicola Goodberry's maternity leave. It was unclear at present when Nicola would return but Louise was keen to attend as an observer in future when her official role ceased.</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 again for the next quarter. David reminded CCA members that the end of year report form was due by 15 April.</p>	LD CCA
4.	<p>Minutes:</p> <p>The Minutes of the meetings held on 12 February 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 acknowledged there remained an outstanding issue in regard to the reporting platform and the potential for missed claims and agreed to follow up. Members agreed that there remained every likelihood that there was considerable under claiming for MAR chart supply but everything had been done to support contractors to sign up to the service. This discussion led to a further matter which had been raised with Claire about non-Sheffield City Council patients and the provision of MAR charts. It was agreed that this would be left at the judgement / determination of the individual pharmacist taking into account the DDA requirements. Louise mentioned that Boots were due to issue something shortly and she would share when it was available. It was agreed an item be placed in the bulletin to remind contractors of the commissioned service but also of their obligation to assess patients who are not in receipt of care but still require assistance in safely taking their prescribed medicines.</p> <p>HLP / Virtual Outcomes – Susie referred to some increased usage but still not what had been hoped for. Members agreed that it had been launched at a difficult time of year (November 2018) to best encourage engagement and they were asked if they could promote through their Companies where appropriate. Louise reported that having tried the platform herself, she had been better placed to encourage staff in practice to engage. It was agreed to push again in the bulletin with a link to the CPS website giving reminder guidance on signing up. It might also be useful to include a demo at a future Update Event. It was agreed that the Committee would need to consider whether it would be appropriate to re-commission the service when due for renewal if not sufficiently utilised by Contractors. Post Meeting Note: <i>Renewal due 1 November 2019.</i></p> <p>Momorandum of Understanding with Primary Care Sheffield PCS): Claire confirmed she was awaiting the signed copy from Dr Andy Hilton (when back from leave) ready for David to sign to complete the process.</p> <p>Optimal Pathway for Treating Neuropathic pain in Diabetes Mellitus: It was reported that this study had not been operating effectively as it was allegedly not possible to get through to the service by phone and there had not been any response to messages left. Susie was asked to follow up, reporting on the difficulties experienced. Post Meeting Note: <i>Susie had referred on and this was being taken up with the study Team.</i></p> <p>Integrated Care System (ICS) & Neighbourhoods – Claire advised that these matters arising would be covered in her CO Report later in the meeting.</p>	DR LG CT/SC ALL CT/SC CT/DR SC CT

	<p>DACT Re-Tendering Process – There was no further news on this and Andrew H would report further after the next meeting he was scheduled to attend on 23 April.</p>	AH
6.	<p>Finances:</p> <p>As our Treasurer Greg was only available for the morning session of the meeting, the Finance matters had been set for the morning Agenda. Greg had circulated the updated spreadsheet which now added notes relating to individual items for ready reference. The sheet showed the cash flow projection. Greg had met with Susie to cross check the bank statements against the paper copies.</p> <p>Greg, Andrew, Rachel and Susie had met to undertake a review of the budget and discuss the current Expenses Policy and Expenses Form. The Form had been updated to reflect that claims are only paid via Bank Transfer now rather than an option for a cheque to be issued.</p> <p>Greg referred to various pertinent budget matters and the likely costs to arise in the coming year eg a major cost might be supporting work with Primary Care Networks (PCNs). It was agreed that the attendance of Garry Myers at the Cardiovascular Prevention Group Meetings, should be reimbursed on an ongoing basis as input to attendances at other groups was already being covered by other SYB LPC colleagues. It was further noted that payroll was overspent due to the additional hours Claire had needed to cover the workload. David was due to undertake Claire's and Susie's appraisals when it could be decided how best to budget for this going forward.</p> <p>A question had arisen during the Finance Sub-Committee meeting which had alerted to the fact that HMRC have ruled that employees / members should not be paid travel expenses for the journey between home and place of work. This might affect staff / members living outside the City. Greg was seeking guidance from Clyde & Co (independent Employment Advisers) and would incorporate updated guidance in the Expenses Policy in due course.</p>	GC DR GC
7.	<p>PSNC Regional Representative – Garry Myers attended to update members on the current state of play. He confirmed PSNC negotiations with DHSC were imminently set to commence with anticipated changes being agreed in time for the October Drug Tarrif, so outcomes need to be in the public domain by July. Quality Payments are high on the Agenda and MURs, together with Urgent / Emergency Care. Members agreed that increased access to records greatly enhanced the variety of support Community Pharmacy could offer and it was hoped that this would be reflected in negotiations.</p> <p>Garry was advised on the success of the Hypertension Service Business Case which will be funded by NHS Sheffield CCG. He was also informed that a bid submitted to the SYB LWAB for training support for up to 20 pharmacists to train as independent prescribers had also been successful. The funding is for £96,500 (including evaluation) and is to be used to support the training of pharmacists in Sheffield and at least one other place in SYB.</p> <p>Garry agreed to continue to attend the Cardiovascular meetings referred to under the Finance minute above, with his time funded by CPS; he would provide written reports.</p> <p>Garry recommended that coal face pharmacy clinicians would be best attending the Primary Care Network meetings, who could confidentially address a GP audience about how community pharmacy can contribute to on-going patient care and prevention work.</p>	GM
8.	<p>Current Issues:</p> <p>eMARs – Luke referred to several issues which had arisen at the Right First Time meeting he had attended, one being the intended introduction of electronic MAR charts loaded onto mobile phones using their camera technology, but was unsure how this would impact on Contractors and the currently commissioned MAS Chart Service. Luke was to discuss with Steve Freedman at the CCG and report back.</p>	LD

<p>Pivotell (Pill Dispensers / Medication Reminders) – Luke reported that this is being used as a trial to reduce carer call outs or call time and their associated costs. Members were concerned that this was not safe and were reluctant to offer these to patients although they understood some were offered privately in a small number of community pharmacies. If SCC want to explore wider roll out of the Pivotell system CPS will need to begin discussions to explore development of a properly commissioned service to ensure the safe dispensing and use of such a system and appropriate reimbursement of pharmacy staff time to dispense in to the system. To be followed up through the Right First Time meeting.</p>	LD
<p>PilPouch – Luke reported that Rowlands Pharmacy were using these already in some areas and there was concern about the impact on prescribing these for patients on compliance aids if any amendments were made as they would need to be re-dispensed. Also that they were confusing for patients because if they missed one it put the rest of the supply out of synchronisation. It was pointed out that the Sheffield Medication Policy states that MAR Charts and original packs should be used. David agreed to speak to one of the supposed providers to gain more clarity.</p>	DR
<p>MIES – A contractor had queried whether it might be an opportune time to revisit the usefulness of a scheme previously commissioned by the PCT/CCG which, in liaison with the Sheffield Care Trust, had been established to seek to avoid fatalities when patients did not collect their medication, resulting in an alert to the relevant department (there had been a SUI resulting in a fatality). Previously this scheme had never really got off the ground due to lack of referrals to place patients under this regime as it required their consent. It was envisaged GPs might be more inclined to make referrals for patient safety concerns. Claire offered to raise this with the Pharmacy Transformation Group to test the appetite for revisiting and updating the old 2008 scheme.</p>	CT
<p>SYB LPC Structure – David reported that concerns had been raised within the SYB LPC Group that this matter had not been appropriately discussed at the last CPS meeting. Members agreed they did not wish to take any formal action at the current time to consider federating or to form a super structure but accepted this would need to be considered in the coming years. David outlined that the quarterly SYB LPC meetings, which linked with NHSE colleagues had agreed they needed to get smarter at sharing information about what services are being developed / commissioned in various areas although it was noted much of this is discussed via the ICS. These meetings would be more formalised in future encouraging attendance by Chair or Vice Chair from each LPC area and to be Chaired by one of these Chairs as Chief Officers are more adversely affected by some of the decisions potentially made. Members agreed that rather than employing an Engagement Officer across the SYB patch to work with the emerging Primary Care Networks (PCNs), it was better to use local pharmacists / members (once the PCN footprint is known) to most effectively interface.</p>	CT
<p>Out of Stock Items Reporting – Steve Freedman from the CCG had highlighted their concerns about stock shortages, particularly with impending Brexit no-deal concerns and he had drafted a communication to pharmacies asking them to use a PharmOutcomes Out of Stock Service by completing a tick box form when they came across out of stock items which could be urgently shared so that everyone is quickly alerted to immediate local shortages and the anticipated delay in return to stock. The database could be shared to create a weekly situation report to help minimise impact on patients. Members had reservations about the effectiveness of any reporting and the associated guidance that might be available to suggest alternatives to help patients. It was suggested it might be useful for the CCG to have access to the weekly stock bulletins issued by AAH and Phoenix. Claire would discuss further with Steve.</p>	CT
<p>Pharmacy First / Minor Ailments Service – Some contractors had raised concerns about the service not being adequately funded since the cost of drugs have increased and that the £7 fee did not reflect the minimum wage increases over the years. Crispin had cross checked the price list which Steve Freedman had provided, suggesting increases in certain items, but a further analysis had still not indicated an increase justified to the CCG. It was acknowledged that such services had already been decommissioned in many CCG areas and that individual contractors would need to make a decision as to whether they wished to continue offering the service.</p>	

	<p>CPS has repeatedly sought to move the service forward to include treatment of UTIs etc using PGDs or IPs but this had not as yet been forthcoming.</p> <p>It was agreed it would be useful to identify any data which could help demonstrate the benefits of community pharmacy undertaking this role. Some Boots pharmacies were continuing with a private UTI service and Louise offered to see what data might be available to share. Simon also offered to seek some data regarding ENT care.</p> <p>STH Referrals – Members agreed that there was no sign of any discharge referrals being made by STH as had been envisaged. There were reports of long waiting times at STH to get relevant medicines and it would be far more beneficial to all for patients to obtain their medicines via community pharmacy. Claire agreed to refer to Damian Child at STH. Post Meeting Note: Damian Child has confirmed that getting PharmOutcomes integrated into their Lorenzo e-prescribing system and operational remains one of their key IT objectives for this financial year but unfortunately progress on all IT-related issues remains slow, due to high-demand for often unfunded IT developments. In addition there are also a significant number of other higher-priority IT-related projects that need to be focused on first, therefore we are unlikely to see this integration work completed any time soon.</p> <p>Claire had met with Ben Gildersleve (Interoperability Programme Lead, Digital Workstream South Yorkshire & Bassetlaw Integrated Care System) to discuss community pharmacy access to the Sheffield Unified Shared Care Record. A Business Case is currently being developed for this work and it appears that where these shared care records have been developed in other areas of the country none of them have involved community pharmacy. (NB: this piece of work is separate to the digital interoperability work being undertaken through the ACP pharmacy transformation group). Ben had also highlighted a project in Doncaster with NHS Digital for electronic referral from secondary care to pharmacies called 'ERS'. This would involve a separate system of transmission which did not require a licence but members agreed that it would be more advantageous to use PharmOutcomes than a separate system. Post Meeting Note: Damian Child also agreed that PharmOutcomes would be the STH preferred system.</p>	<p>LG SH</p> <p>CT</p>
<p>9. Contractor Events:</p>	<p>Claire referred to the interest of the CCG to promote learning on Mental Health issues and this would be discussed again with Jo Tsoneva later in the meeting. There had been a suggestion of a joint SYB event on Hypertension (Metaphor) and a local contractor event later in the year to look at Primary Care Network (PCN) engagement but in the meantime that there should be a briefing for Contractors on PCNs locally. It was agreed this would be a useful topic for the AGM on 24 September by which time these should be further embedded locally. Claire agreed to check with Peter Magirr about future funding for the Hypertension Service and to see how pharmacists could apply for IP training through HEE. David agreed to share any information he had already gathered.</p>	<p>CT/SC</p> <p>CT DR</p>
<p>10. Officer and Members Reporting and AOB Matters:</p>	<p>David and Claire outlined main issues relating to the work they had been involved in since the last meeting; Claire referring to the detail of her written report.</p> <p>Chair – David made reference to the LPC Conference topics and the APG meetings he had attended. The North Neighbourhood Network meeting he had attended had been quite positive with discussions with Practice Managers and GPs, when talking about linkages arising from the new GP contract.</p> <p>Chief Officer – Claire referred to the work of the ACP and the Shaping Sheffield event work. Each of the Workstreams had developed a 'plan on a page' with CPS being a partner.</p> <p>In addition to Claire's own Report, she outlined details of the local joint Yorkshire and Humber LPCs meeting which had taken place that morning as attended by Nick Hunter, who had briefly reported back by phone. It was apparent that the state of play is very variable by each LPC as to how far PCNs were embedded, with Sheffield perhaps further ahead than many due to the work which had already taken place in Neighbourhoods, although these were not necessarily to be reflected in PCNs.</p>	

	<p>The footprints need to be decided by 15 May and submitted to the CCGs with these being determined by 31 May. The number is likely to be 12 in Sheffield. It was yet unclear how this would link with the ACP Neighbourhood Development Group. It was agreed that once the PCN areas were mapped out it could be better decided who could support each. It was important for all contractors to join together in demonstrating what they can bring to the table rather than working in competition. Claire was to refer to Sarah Chance at the CCG for more details.</p> <p>Claire referred to the £81 per annum invoice for RMOC engagement work which was agreed as acceptable.</p> <p>It was noted that the SOAR Leadership Training (which aims to support people to make positive changes) had been offered at a bad time to engage due to holidays etc with 3 workshops - 24 April, 9 and 21 May, all of which must be attended. The Collaboration concept is a development programme to enhance collaboration amongst Health and Social Care frontline workers in North Sheffield to develop joined up working between front line staff; tackle complex challenges affecting the people worked with; build skills, confidence and impact through problem solving and communication; seeking fresh insight to improve delivery to clients. Members had been asked to seek interest but it was unlikely at such notice. Post Meeting Note: <i>A further training programme is planned for the Autumn – Susie to high-light in bulletin when details known and request people contact her directly if they are interested/able to send a member of staff.</i></p> <p>Buprenorphine – Luke raised that some clients had been requesting Subutex due to ‘clinical need’ but members agreed this was likely because it held a higher street value. It was noted that pharmacy was likely to lose money if dispensing Subutex. Andrew advised that the DACT was looking at a huge overspend which they were struggling to address.</p> <p>Fax Machines – Steve at the CCG had raised the issue of NHS organisations being encouraged to stop using fax machines by a set date and he wondered how many Community Pharmacies were still using these on a regular basis. Members emphasised that the use of fax machines was far greater for incoming than outgoing faxes with many still being received from secondary care, urgent prescriptions from GPs and the Walk in Centre etc and that these matters needed addressing before it would be helpful for fax machines to be discarded. Claire would feed back to Steve.</p> <p>Flu Meeting – Andrew reported that Community Pharmacy had represented only 8% of the total flu vaccinations given in 18/19, so it was hoped that general practice colleagues would not regard this as a threat, although overall figures were down, which might relate to the anti-vaccination movement and that allegedly Public Health England had been slow with communications. There had been some stock problems but there was a slight increase on the previous year for those undertaken in pharmacy, which demonstrated that Community Pharmacies remained engaged in offering this service to support the effective vaccination of patients. There was some discussion about QIVC vaccine being equally effective for all, which might therefore be the best choice.</p>	<p>CT</p> <p>GC</p> <p>SC</p> <p>CT</p>
11.	<p>CPS Work Plan: The Committee ran through a quick review of the current Work Plan and David and Claire agreed to, run through the details and update where relevant when they were meeting the following day for another meeting.</p>	DR/CT
12.	<p>Market Entry: Susie had circulated the latest spreadsheets obtained from NHSE. The outcome of the ‘Unforeseen Benefits’ application at Bradway was that it had been refused. Dougie confirmed that the Day Lewis branch at Glossop Road had been sold.</p>	
13.	<p>Sub-Groups:</p> <p>Members split into two groups to discuss the draft Risk Assessment and current developments through DIO pairings.</p> <p>Claire and Susie were to look at mapping the PCNs as soon as more detail released and to then let PCNs know who they could approach in each area although it could be some time before they were ready to engage.</p>	CT/SC

<p>14.</p>	<p>NHS Sheffield CCG Representation: Jo Tsoneva kindly attended to discuss current issues of mutual interest. She agreed to liaise on an Agenda for a contractor event on 5 June centering around mental health as previously agreed and would explore who could help regarding skills and more information about where clients could be referred when needing help.</p> <p>Jo also agreed that the Pharmacy Transformation Group, could look at the former MIES Scheme (as had been raised earlier in the meeting) to see if this could be revised / adapted as a useful tool for looking at person centred care. Luke referred to two more recent incidents in his pharmacy where they needed help from a crisis team but had been unable to make contact with anyone urgently and therefore had to resort to a 999 call. Luke was to raise concerns with Sheffield City Council.</p> <p>Jo referred to the developments of the DIO parings and was pleased that David and Crispin were happy to be viewed as points of contact for any queries. She suggested it would be useful to have a separate session to plan the best way forward for all those involved and would come back with a date. She would co-ordinate pharmacy visits for Crispin, perhaps one day covering 3 practices with a month's notice. David could help support the EMIS practices.</p> <p>Jo mentioned there were some IT practicalities regarding data security with the laptops which were to be addressed.</p>	<p>JT</p> <p>LD</p> <p>JT</p>
<p>15.</p>	<p>Telephone Contacts with Independent Contractors – Members reported back on the calls they had made to their allocated contractors which had similar themes, but overall were regarded as a useful undertaking which should be completed and then repeated on a regular basis with pertinent topics being highlighted and support offers reiterated.</p>	<p>ALL</p>
<p>16.</p>	<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>11 June 24 September (AGM) 19 November</p> <p><i>All meetings fall on Tuesdays – 9.30 - 5.00 pm</i></p>	<p>ALL</p>

NB THESE MINUTES REMAIN IN DRAFT FORMAT UNTIL APPROVED
BY THE FOLLOWING MEETING OF THE COMMITTEE