

**UNADOPTED MINUTES OF THE  
COMMUNITY PHARMACY SHEFFIELD MEETING  
11 JUNE 2019**

**Copthorne Hotel, Bramall Lane, S2 4SU**

**9.30 pm to 4.30 pm**

<b>MEMBER</b>	<b>06/02/18 Day</b>	<b>24/04/18 Day</b>	<b>19/06/18 Day</b>	<b>25.09.18 Day</b>	<b>20.11.18 Day</b>	<b>12.02.19 Day</b>	<b>09.04.19 Day</b>	<b>11/06/19 Day</b>
<b><i>Nominated/ Appointed Contractors</i></b>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	+	+	+	+	+ (Chair)	+	+	+
Claire Thomas (Chief Officer)	+	+	+	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+ (part)	+	+	+	+ (part)	+ (part)	+ (part)	+
Andrew Hartley (Appointed 10/16)	+	+	+	+	+	+	+	A
Simon Hay (Appointed 4/18)	N/A	A	+	+	+	+	+	+
<b><i>Company Chemist Reps</i></b>								
Emilia Stelmach (Boots)	A	+	+	+	A	+	+	+
Matthew Watters (Boots) (Apt 11/17)	+	+	+	+	+	+	A	+
Jamil Ahmad (Well) (Apt 01/2017)	A	+	+	+	A	A	+	+
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Nicola Goodberry (Lloyds) (Apt 4/18)	N/A	A	+	A (M/L)	A (M/L)	A (M/L)	A (M/L)	R
Rachel Crookes (Lo's) (Apt 10/16)	+	A	+	+	+ (part)	+	+	+
Dougie Mistry (Day Lewis) (Apt 4/18)	N/A	+	+	+	+	+	+	A
Louise Gurney (Boots) (Apt 5/19)	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	+	+	+	+	+	+	+	+
<b><i>Observers</i></b>								
Jo Tsoneva (NHSSCCG)	N/A	N/A	N/A	N/A	N/A	+	+	+
Steve Freedman (NHSSCCG)	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)	+	+	A	N/A	+	+	N/A	N/A

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

		Action
1.	<p><b>Confirmation of Appointed Officers:</b></p> <p>David called for any other interest in filling the Officer posts; as those current officers were happy to continue, members approved the following re-appointments of Officers:</p> <p><b>Chair: David Russell</b>  <b>Vice Chair: Crispin Bliss</b>  <b>Treasurer: Greg Campbell</b></p>	
2.	<p><b>Apologies &amp; Welcome:</b></p> <p>Apologies were noted as on the attendance sheet. It was confirmed that Louise Foster (nee Gurney) had now been formally appointed as CCA member to replace Nicola Goodberry who has now moved area and would no longer be returning as a CPS Member.</p>	
3.	<p><b>Committee Corporate Governance:</b></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
4.	<p><b>CCA Reporting:</b></p> <p>Emilia kindly offered to cover CCA reporting for the next quarter.</p>	ES
5.	<p><b>Minutes:</b></p> <p>The Minutes of the meetings held on 9 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>	
6.	<p>Matters Arising:</p> <p><b>MAR Charts</b> – David confirmed that the outstanding item to secure ease of entry on the PharmOutcomes system had been agreed which makes the speed of entering data much faster.</p> <p><b>HLP / Virtual Outcomes</b> – There was further discussion about contractor engagement with the Virtual Outcomes platform and some acknowledgement that this was not currently a high priority but very useful for those who had accessed. Susie would continue to encourage use via the bulletin and update as new packages become available. Claire would write to Area Managers to encourage use. A decision about renewal would be taken in September for the November renewal date.</p> <p><b>Memorandum of Understanding with Primary Care Sheffield PCS):</b> Claire confirmed she had now received the signed copy from Dr Andy Hilton and Susie agreed to include David's e-signature to complete the process. <i>Post Meeting Note: Done.</i></p> <p><b>eMARS:</b> Luke reported that he had advised the Right First Time group that Community Pharmacy did not have the resources to use this system. David was aware of a couple of patients where he had been asked to stop providing MAR charts as the patient is now using eMARS.</p> <p><b>Pivotell:</b> Luke updated he had advised that CPS would not be supporting the use of this system.</p> <p><b>PilPouch:</b> Luke advised that this had not been discussed further. David was still trying to speak to a member of staff he was aware had some experience of the system.</p> <p><b>Out of Stock Reporting Methods:</b> Some members advised on limited stock shortages reporting on PharmOutcomes. It was understood that this feedback is included in the GP Bulletin and that the CCG were intending to create a list of Out of Stocks with suggested alternatives. Crispin agreed to look back at Formulary Sub Group comms and Claire would follow up with Steve when he was back from leave.</p>	<p>SC CT</p> <p>SC/CT</p> <p>CB/CT</p>

	<p><b>Pharmacy First / MAS Scheme:</b> Claire was to follow up with Steve Freedman as it was hoped to pursue other additions. She referred to a UTI point of care testing which had recently been raised via a Design Researcher at Sheffield Hallam University, which could identify whether a UTI was present and which antibiotic was most appropriate to treat it. David understood the Humber Scheme was successful and Claire agreed to research.</p> <p>Louise advised that the private UTI testing service had been extended in 5 Boots Sheffield stores and she would feed back in the future on any data released on this but it was evidently utilised by patients.</p>	<p>CT</p> <p>CT</p> <p>LG</p>
<p>7.</p>	<p><b>Finances:</b></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 ran through the presentation which had been given at the recent Treasurer’s meeting, highlighting the main issues. It had been noted that as many LPCs used Lloyds for banking, who did not pay interest, they had suggested they would not impose bank charges but these had still been applied so far; Greg to follow up with Lloyds.</p> <p>Greg circulated an updated spreadsheet which showed the cash flow projection and ran through relevant issues which affected the on-going budget. He highlighted that PCN work and the meetings Garry Myers was attending had not yet been budgeted for. Claire clarified the current position regarding a funding stream to be held for the IP training of 20 pharmacists across SYB for the Local Workshop Action Board (LWAB) of Health Education England. Barnsley were now interested in including 5/6 sites.</p> <p>Greg had provided a draft copy of the Accounts for 2018-19 which had been provided by Cairns Accountants and it was agreed this would be reviewed during the afternoon session.</p> <p>The issue over travel expenses was discussed further. Greg had been rather disappointed with the guidance from Clyde &amp; Co (independent Employment Advisers) which he had to chase repeatedly and their costs seemed rather steep. It was agreed to review Claire’s contract as the issue affects employees rather than members.</p> <p>David had undertaken Claire and Susie’s appraisals and in their absence from the meeting, members considered these and appropriate pay reviews. Claire and Susie were thanked for their continuing dedication to CPS.</p>	<p>GC</p> <p>RB</p> <p>DR/GC</p> <p>DR/GC</p>
<p>8.</p>	<p><b>Current Issues:</b></p> <p><b>Patient Activation Measure (PAM) Training</b> – Andrew H had already fed back by email on the useful PAM training he and Rachel had attended. Rachel advised that daytime training would need to be arranged to deliver this as it needed a minimum of 4 hours which would not work in the evening / after work for pharmacists. It was agreed it might be useful to combine a half day on this and a half day on system training for the digital interoperability leading towards provision of the Hypertension Service. It was also agreed to ask contractors to make a contribution towards the costs as had been done with previous training opportunities; thereby subsidising what was on offer when a commissioned service resulted. <i>Post Meeting Note: It has subsequently been clarified that two sessions be provided by Andrew and Rachel to other HCPs across the City, which was apparently part of the ‘free’ training offer. It has been agreed backfill should be provided by CPS where necessary and that early utilisation of the skills Andrew and Rachel had gained would be beneficial.</i></p> <p><b>Digital Interoperability (DIO) Pairings</b> – Claire referred to the engagement event being held in the evening (11 June) for pharmacists who had been chosen to link with specific surgeries who were willing to allow them access to their computer systems via a laptop link for mutual benefit. There had been a good response from pharmacists wishing to learn more about what would be involved. The meeting would allow open and frank discussion about the implications and an opportunity to highlight what an important opportunity this was to lead to the provision of the Community Pharmacy Hypertension Service which had been drafted; plus future opportunities.</p>	<p>GC</p>

Claire further updated that there had been some delays in getting the laptops up and running with access to the GP systems due to eMBED assuming all Community Pharmacies would have a Wifi connection for the laptop connectivity to the GP systems; individual resolutions were being considered. This would be discussed further when Jo attended later in the day.

Claire and Susie had met with representatives from CPPE and discussed a bespoke one day training package would best support the requirements of the new Hypertension Service which would incorporate leadership skills; a final quote was awaited and a date agreed. Members would review the most appropriate content later in the day.

**Primary Care Networks (PCNs) Update** – Claire advised that 15 PCNs had been put forward by the practices in Sheffield to the CCG however these had not yet been approved by NHSE. It was envisaged that once approved this could then be shared with contractors so they could see which PCN they effectively should link with. In the meantime Claire and Susie had drawn up a list of pharmacies nearest to the practices within each PCN and would be looking for representatives for each area. Claire (and other neighbouring LPC Chief Officers) had been in discussion with Gill Risby from Health Education England (HEE) about exploring any opportunities to try and secure some funds to help with covering the costs of engagement with PCNs for meetings and backfill; however this looked highly unlikely, particularly in South Yorkshire where no funds have (as yet) been released to the LWAB, and even then funding is more likely to be approved if it is associated with service delivery. It had been noted in Community Pharmacy West Yorkshire they had appointed a PCN Project Manager who was working two days per week to support and progress the development and integration of Community Pharmacy with PCNs including seeking to identify and appoint representatives to all their PCNs. Barnsley are also in the process of recruiting for a similar post. Following discussion by the Committee, it was envisaged a pharmacist and another (ie pharmacy staff) could act as PCN representatives provided they are confident to speak out enthusiastically about how Community Pharmacy can contribute effectively.

SC/CT

**Signposting Guide** – Jo at the CCG had forwarded on a query from a contractor about the production of a new Signposting Guide which used to be issued by the PCT. There were no longer resources to produce this and Jo was asking for ideas from CPS about how to support pharmacies and their patients. Crispin pointed out that Sheffield City Council now relies on their website as it was too expensive to renew hard copy guides and that pharmacy contractors were best using this link which is regularly updated, to signpost patients – see [here](#). Simon had heard that there was a new website due to be released for healthcare professionals entitled ‘Service Finder’ which you have to register for, but which would also allow pharmacy teams to signpost. There is already a Find Services NHS website – see [here](#). If the new website is launched this will be shared with Contractors in the meantime Susie will include a reminder about the Sheffield City Council website in the bulletin and Claire will feed back to Jo. **Post Meeting Note:** SCC link included in bulletin.

SC/CT

**Mental Health First Aid Training** – Claire highlighted an offer being made by the CCG to fund a staff representative from each Community Pharmacy to attend a one day training event (with backfill) to enable them to be more confident at dealing with someone in a crisis. Jo would explain more when she attends the meeting later. Rachel advised that she is to attend a 2 day course which has been organised through Lo’s.

**Prescription Switches** – Claire referred to concerns raised by a contractor about the losses incurred following certain CCG switches. This had been raised with the CCG and a formal response received which highlighted that they have impressed on the Medicines Management Team (MMT) to continue to be mindful of the potential impact on community pharmacists’ livelihoods and to have sensitivity to that. Members reported various incidents which had also caused hardship to patients affected by the confusion associated with switches. This is an on-going problem which cannot be adequately addressed until negotiations for a new Pharmacy Contract are complete. However, in the meantime PSNC has produced a branded generics guide and had also jointly updated a Guide to Community Pharmacy with the BMA which Claire would share with the CCG MMT and Neil Heslop at Primary Care Sheffield. The CCG had also asked that Contractors ensure they pick up messages via the PharmOutcomes system and NHS mail. A reminder would be placed in the bulletin. **Post Meeting Note:** Item placed in bulletin.

	<p><b>Care Navigation</b> – Claire had queried as to the current state of play for this and had been advised a different member of staff at the CCG was now taking this forward. It was noted that the Pharmacy First Scheme was still a priority referral mode but they had no data to check referrals or satisfaction. They had offered CPS the opportunity to put an item in their Newsletter if useful, regarding community pharmacy issues. This would be considered.</p> <p><b>Early Help Strategy</b> – Claire and Susie had attended a couple of meetings linking a variety of stakeholders looking to see how to best support vulnerable members of the public to try to negate them moving to a crisis situation and avoid duplication of efforts. The plan was in its early stages and CPS would continue to input to discussions.</p>	CT
9.	<p><b>AGM / September Update Event Plans:</b></p> <p>Claire outlined the plan to date to ensure the 24 September Event incorporating the AGM would be a particularly useful event for contractors and staff. The venue was booked at the SUFC ground and Garry Myers, Regional PDSNC representative would give the latest update on contract negotiations. The Committee had already previously discussed having a session on PCNs (which had already been publicised to Contractors) and speaker(s) just needed to be confirmed.</p> <p>It was acknowledged that Community Pharmacy North Yorkshire had already held a successful AGM / update event covering PCNs with audience engagement; they had gained good sponsorship; had offered to support other LPCs and it was agreed this might be a good option to secure the most worthwhile event for Contractors. Claire / Susie would take forward.</p>	CT/SC
10.	<p><b>Market Entry:</b> Schedules had been circulated with the Agenda but there was nothing new to report at the current time.</p>	
11.	<p><b>SYB LPCs Workforce/Training Development Sub-Committee</b> - Claire mentioned that there had been discussions at the SYB LPC level about setting up a Workforce/Training Development Sub-Committee and she had asked for member volunteers to attend any meetings – Jamil and Louise had offered. Community Pharmacy practice is changing. With the current national negotiations for a new CPCF along with the development of PCNs locally, the Community Pharmacy workforce will need training and support to effectively manage changes in the national contract and make the most of local opportunities through collaborative working within PCNs.</p> <p>A Sub-Committee comprising of SYB LPC members will help identify and prioritise training needs of the pharmacy workforce, workforce issues and help in writing proposals/business cases if opportunities arise for workforce development/training.</p> <p>Claire outlined the <a href="#">Interim People Plan</a>, published by the NHS which sets out how it will support the workforce to deliver the care that the NHS needs. When the NHS Long Term Plan was published in January 2019, it was recognised that changes would need to be made to the healthcare workforce to help fulfil the plan’s ambitions. The interim plan addresses the immediate actions required in the coming year. The plan prioritises urgent action on nursing shortages, but also outlines intentions to develop the workforce by making the NHS an employer of excellence, creating a culture that delivers better care, offering new types of roles, and utilising new technologies. A <a href="#">summary for the pharmacy workforce</a> as well as a <a href="#">Briefing on Future Plans</a> for the Pharmacy Workforce have been issued. Key points include: Community pharmacists should have greater freedom to deliver more clinical care, as pharmacy technicians are supported and encouraged to practise at the top of their licence; Introduction of a common foundation programme for all newly registered pharmacists; New training to support Community Pharmacy Teams in delivering care for patients with minor illnesses and supporting the public to live healthier lives; Pharmacist Prescribers will be a central part of multidisciplinary teams in Primary Care Networks (PCNs); appointing experienced Pharmacists as Clinical Directors of pharmacy and medicines in every Integrated Care System; and Strengthening the image and reputation of Pharmacy Teams to attract a larger and wider pool of people to the future pharmacy workforce. A full five-year People Plan, alongside a detailed implementation plan for the NHS Long Term Plan, will be published after the Government’s next Spending Review.</p>	

	<p>Claire suggested CPS would like to reinforce the Pharmacy First Scheme with a consistent approach and training, members and contractors may also benefit from Change Management training if we have a new national contract. Claire also referred to discussions with Louise Berwick about how to bid for some funding a SYB LPCs Training Academy (similar to other LPCs e.g. Notts and CPWY). The first Sub-Committee meeting has been arranged for 9 July.</p>	
<p><b>12.</b></p>	<p><b>Officer and Members Reporting:</b></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><b>Chief Officer</b> – Claire mentioned that she had stepped down from Chairing the ACP Neighbourhood Development Group Meetings as she felt that these meetings needed someone to lead who could spare time in between meetings to understand all the different pieces of work that should be being overseen by this group, and does not currently have the capacity (or funding) to commit more CPS time to this work. Claire will continue to ensure that she (or another CPS representative) attends meetings where possible and especially where agenda items may link with Community Pharmacy.</p> <p>Nothing further had been heard about the Sexual Health Services contract which it was noted was due to expire as at 31 July 2019. It was evident there had been further delays.</p> <p><b>Vice Chair</b> – Crispin mentioned that the Formulary Sub Group (FSG) had determined that the NICE Public Health England Guidance on antibiotics should now be used rather than the local one.</p> <p><b>Right First Time Meetings</b> – Luke reported that some contractors had apparently been refusing to provide MDS; it was noted that they need to ensure they have assessed the patient in accordance with their needs under the Equality Act. Care providers were wanting bulk flu vaccinations to be given on site, which is not currently allowed under the NHS service. The National Contract may change in the future. There was talk of Care Providers offering “medicines only” calls with a question as to who should pay for that as potentially deemed as ‘health’.</p>	
<p><b>13.</b></p>	<p><b>CPS Sub-Groups:</b></p> <p>Members split into appropriate groups to consider the following –</p> <p><b>MIES Scheme</b> – the appropriate update of the 2008 Scheme with a view to the CCG considering the value of reintroducing the service which had not really got off the ground originally. Various elements required updating, ie using NHS mail rather than faxes and creating a standard SOP rather expecting individuals to devise their own; to use eRDs for repeat medicines and to ascertain how many patients might be seen to determine whether it was viable to contractors for a £10 fee. There needs to be further consideration of this before discussing with the CCG.</p> <p><b>Bespoke CPPE Training for Hypertension Service</b> – members reviewed the current training details which had been supplied by CPPE in order to formulate the best use of the time to meet the requirements of the service. Claire agreed to feed this back to CPPE representatives.</p> <p><b>Review of Financial Statements for the year ended 31 March 2019</b> – Members considered the draft statement and raised a few points to be referred back to the Accountants via Greg for clarification.</p>	<p>CT</p> <p>CT</p> <p>CT</p> <p>CT/GC</p>
<p><b>14.</b></p>	<p><b>NHS Sheffield CCG Representation:</b> Jo Tsoneva kindly attended to discuss current issues of mutual interest. She clarified that the CCG would like to fund a bespoke one day course on Mental Health First Aid, which would include backfill, starting with a cohort of 20 then following on with further days throughout the year to take up the interest expressed. It might be appropriate for Healthy Living Champions to take this opportunity to further their support to patients.</p> <p>Jo also gave her views on the PAM training and the available software where you can register as a user and access at the pharmacy.</p>	

	<p>Jo referred to the Digital Interoperability pairings and the engagement event taking place later in the day. She explained that there were some difficulties over the Wifi access which would have to be individually addressed depending on the needs.</p>	
14.	<p><b>AOB:</b></p> <p><b>Google Reviews</b> – Louise reported that a Boots Pharmacy had noted spurious google reviews following a challenge to a competitor pharmacy over lack of appropriate EPS consent being obtained from patients. This appeared to have also involved another pharmacy in the neighbourhood. It was agreed that it was important to secure patient complaints / evidence to be able to forward to NHS England to investigate. In the meantime a visit to pharmacies in the relevant area might be useful as poor publicity and relations between pharmacies is the last thing needed when better engagement is being encouraged to work with the Primary Care Networks.</p> <p><b>Who's Who at the CCG</b> – Matt mentioned that some of his Boots branches had indicated it would be useful to know who to contact at the CCG for various issues. It was reported that Steve Freedman and Jo Tsoneva were the default contacts but Claire agreed to ask if anything could be drawn up to include in the bulletin for all pharmacies.</p>	<p>CT/SC</p> <p>CT</p>
15.	<p><b>Telephone Contacts with Independent Contractors</b> – There were a few outstanding reports to yet be received and it was agreed that it would be useful to continue the momentum of contact / support by using the morning of the Committee meeting on 9 November to visit a selection of 3 independent pharmacies each, with a revised 'visit form' to be provided in advance to members.</p>	<p>ALL</p>
16.	<p><b>Meeting Dates for 2019:</b></p> <p>Members were reminded of the meeting dates set for the remainder of the year via the Agenda as follows:</p> <p><b>All below to be held at the Copthorne Hotel, next to Sheffield United Football Ground.</b></p> <p><b>24 September (AGM) – afternoon meeting 2.00 – 5.30 pm / Eve Event from 6.30 – 9.30 pm at SUFC venue next to the Copthorne</b></p> <p><b>19 November - Copthorne</b></p> <p><i>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