

**ADOPTED MINUTES OF THE  
COMMUNITY PHARMACY SHEFFIELD MEETING  
19 November 2019**

**Yorkshire Suite, Copthorne Hotel, Bramall Lane, S2 4SU  
9.00 pm to 5.00 pm**

<b>MEMBER</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>24/09/19 Day</b>	<b>19/11/19 Day</b>
<b><i>Nominated/ Appointed Contractors</i></b>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+ (part)
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)	+	+	+	+	+	+	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	+	+	+	+
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Rachel Crookes (Lo's) (Apt 10/16)	+	+	+ (part)	+	+	+	+	A
Dougie Mistry (Day Lewis) (Apt 4/18)	+	+	+	+	+	A	+	+
Louise Gurney (Boots) (Apt 5/19)	N/A	N/A	N/A	N/A	+	+	+	A
Garry Myers (PSNC Rep)	+	+	A	+	+	A	N/A	N/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	N/A	N/A

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

		Action
1.	<p><b>Apologies &amp; Welcome:</b></p> <p>Apologies as noted as on the attendance sheet. It was acknowledged that David (Chair) was collecting Simon Dukes (PSNC, CEO) from the station to conduct pharmacy visits, so Crispin kindly Chaired the meeting.</p>	
2.	<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
3.	<p><b>CCA Reporting:</b></p> <p>Jamil kindly offered to cover CCA reporting for the current quarter.</p>	JA
4.	<p><b>Minutes:</b></p> <p>The Minutes of the two meetings held on 24 September 2019 which included the AGM, were reviewed and accepted as an accurate record of proceedings and signed by the Vice Chair. It was noted that the main matters arising from the minutes were covered under the items already listed on the Agenda.</p>	
5.	<p><b>Matters Arising:</b></p> <p><b>Hypertension Service / IP Training</b> – Claire was congratulated on the results of her liaison with Stephen Doherty at HEE who had secured the funding for pharmacists to be supported with their course fees for training to become Independent Prescribers via the LWAB and therefore those who's applications to Sheffield Hallam University that had been suspended were now being taken forward; those who had withheld submitting their applications pending the outcome of these talks, had been asked to now submit their applications promptly. Claire advised that they were still trying to confirm an evaluation partner. Dougie suggested he had a contact at Huddersfield who may be useful. Claire was also aware of a colleague in Staffordshire who might be available to undertake evaluations.</p> <p><b>Unprofessional Behaviour</b> – Claire referred to responses from the pharmacies involved who had been alerted by CPS to the concerns raised by a local GP Practice that there was a lot of confusion for patients over EPS nominations since a change in ownership of one of the pharmacies in the area; reassurances had been given that they were liaising with the surgery to resolve any misunderstandings. Claire had written back to the the Practice to ascertain if the situation had improved and it was agreed that if not, the only way forward was for referral to NHSE or the GPhC as previously suggested.</p> <p><b>Who's Who at the CCG / Healthcare Landscape Update</b> – Susie had circulated a copy of the old version of the Healthcare Landscape document as held on the CPS website with some updates; she welcomed input from the community pharmacy perspective as to what might be most useful Crispin agreed to help and Susie was to refer the updated version to him for consideration.</p> <p><b>Sexual Health Services</b> - Claire referred to the Sexual Health Services primary care element of the contract having been awarded to Primary Care Sheffield (PCS) and her meeting with Steven Haigh from CPS and Amy Buddery from Public Health, emphasising CPS's disappointment in their service model, which in the main excluded Community Pharmacies. As members were unaware of the state of play as of 30 November, when the previous contract for Community Pharmacy was due to cease, Claire emailed Primary Care Sheffield asking if current service providers had been advised and given notice. <b>Post Meeting Note:</b> <i>It was understood some extended / out of hours pharmacies were being approached directly to see if they could cover times when the PCS Hub was unavailable. There was concern CPS should be involved in supporting contractors over individual local contract negotiations in order to ensure quality and consistency. Claire had already written to all providers highlighting CPS' position in this matter.</i></p>	<p>DM/CT CT</p> <p>CT</p> <p>SC/CB</p> <p>CT</p> <p>CT</p>

	<p><b>Maternity Leave Cover</b> – It was confirmed that Andrew Hartley would help cover duties during Claire’s absence on 9-months maternity leave. Claire explained that currently her role as Chief Officer had become very reactive as so much is happening, which is proving very difficult for both she and Susie in their part time capacities. Claire would produce a handover package for Andrew so he was aware of her responsibilities and contacts. Susie would continue to support.</p>	CT
6.	<p><b>Finances:</b></p> <p>Greg tabled the latest versions of the finance spreadsheets showing the cash flow projection and ran through relevant issues. He re-emphasised that future PCN costs were still uncalculated, as unknown. However, the funds are in good shape to allow for future required spending. It was acknowledged that the fund had now been received for the IP training and relevant parties provided with a claim form; Greg had drawn up a separate spreadsheet to keep track of payments and the remaining fund. No claims had yet been received and it was agreed reminders be issued to Garry M (via Crispin) and Tina (via Andrew) – Susie would re-issue the claim form.</p> <p>It was confirmed that there are currently 128 Community Pharmacies in Sheffield and levies were to be collected appropriately.</p> <p>Greg had drawn up a form for members to sign which confirmed they are responsible for their own tax declarations on earnings via CPS. Those present signed and those not present would be asked to sign when available, likely at the next meeting in February 2020. Greg would calculate all payments made to members using an extra column in the Quick Books at year end and share.</p> <p>Greg has recharged to neighbouring LPCs for costs incurred for the Metaphor Training by Liam Stapleton as joint events. All had paid their contributions except Barnsley and Greg would contact Tom. A further invoice was due for the last event, which would be split pro rata.</p> <p>It was understood that PSNC would like increase their levy payments next year by a maximum of £1k and CPS would need to consider their position for Contractors.</p>	GC SC  GC GC  GC
7.	<p><b>Current Issues:</b></p> <p><b>Support for Local Contractors / PCN Engagement</b> – Members discussed the best way for CPS to offer support to local Contractors during this complex time of change. It was agreed to revisit the list used to assign individual members to specific Contractors (Independents &amp; DSPs) once the Pharmacy PCN Leads had all been appointed as these responsibilities could overlap. It was noted several LPC members were submitting Expressions of Interest to be Pharmacy PCN Leads in their respective areas and it would make sense for them to be linked with their relevant PCN areas. It was intended to arrange a support meeting for the new Pharmacy PCN Leads in January / February 2020 to set out expectations. As PCNs have no funds to commission services locally, it was important for CPS to be involved in ratifying ideas to be taken forward. Members were conscious that Contractors were aware that CPS are there to support when needed and were cautious not to add to current pressures by contacting them unnecessarily. It was acknowledged that the AGM format had been very successful with excellent attendance and feedback. Joint SYB events should go out to tender but it was agreed joint meetings helped with the capacity issues surrounding organising local events. It was noted that the Manchester Training Academy linked closely with CPPE and appeared successful; CPWY also appear to offer bespoke training and may be able to offer services outside their area on a commissioned basis. Claire would research accordingly. Simon H kindly offered to check CPCS activity data and contact those who appeared to be struggling as he was undertaking in his other LPC area.</p> <p>It was agreed that another reminder prompt should be issued about Expressions of Interest for Pharmacy PCN Leads and for them to let CPS know if they needed a CPS member to attend their meetings; Susie had attended the first Network North meeting and it had been useful for her to confirm the aim of PCNs and advise on current local projects. <b>Post Meeting Note:</b> This was included in the bulletin on 22 November and Claire followed up with direct emails to individuals who had expressed an interest but not arranged PCN meetings.</p>	CT/SC AH/SC  CT SH  CT



<p><b>Post Meeting note:</b> this idea was shared with the pharmacists working at the DIO pairing sites and was received very positively. Andrew will lead on taking this idea forward working with Jo at the CCG.</p>	<p>AH</p>
<p><b>Hypertension Service</b> – Claire asked members what would be useful to support patients with healthy lifestyle advice (ie weight management advice). It was suggested each patient would differ and it would be most useful to have a web based support package so as to print off what would be best suited individually, with a hard copy pack to show to patients during a consultation. Pharmacies could also link with Community Support Workers / Health Trainers for additional support locally.</p> <p><b>Post Meeting Note:</b> Jo and Steve at the CCG provided the DIO Pharmacists with a ‘pack’ at our recent support event held for these pharmacists to discuss progress with the hypertension service, they also working on adding resources to their website that we can then link to from our website.</p>	
<p><b>Sheffield City Council New Home Care Model</b> – Chris Boyle had raised this topic with Claire during a recent meeting focussing on using a different model for home care using a multi-disciplinary approach at PCN level and a review of patients’ needs to explore the use of technology to support self-administration. Chris was asking what would encourage pharmacies to become involved in assessing patients to identify their medication needs; with a different service model, improving the patient experience and ultimately reducing the number of inappropriate Nomads in situ. This links in with Claire’s intention to work with Peter Magirr to develop some guidance on the Equality Act to support those on MDS. Luke mentioned that the Group whose meetings he attends – ‘Right First Time’ are reviewing patients on MDS, with discussions about who would be responsible to pay for this care – medical or social care funding. Luke would feed into these discussions. It was recognised that it helped shorten carers visit times if patients had MDS but this is not deemed appropriate as not provided to help the individual patient personally. It was agreed that a fee would need to be included for a pharmacist assessment to be considered further and Claire agreed to feed back to Chris Boyle. This could be another topic that PCN Leads could use to begin discussions with their PCNs as this is starting in only one, possibly two PCNs next year.</p>	<p>LD CT AH</p>
<p><b>Urgent Care</b> – Claire asked members their opinions on how best CPS could help educate Pharmacy Staff about the public messages that will be promoted through a marketing campaign about the outcome of the Urgent Care Consultation and how to best promote what pathways / services there are available to patients. Andrew had attended the first Task and Finish Group meeting (which appears to be a sub-group of the ACP Urgent Care Delivery Board) and Claire the second, which had a time limit to deliver objectives around communications. It was evident the CCG have moved away from the idea of closing the Walk in Centre at Broad Lane and are intending to review their comms to all to ensure patients are referred appropriately. They were holding PLI events for GP practices and encouraging ‘walk in my shoes’ initiatives, neither of which are feasible for Community Pharmacy (at least not without funding for backfill).</p>	
<p>It was noted that Community Pharmacy is not even mentioned as a resource for patients in many instances, so this would be highlighted, particularly relating to CPCS. It was agreed that whilst revisiting the Healthcare Landscape document for sharing with Community Pharmacies, it would be helpful to include the pathways which are confirmed in the coming months. It might be useful to create an A4 poster showing a flow chart of who needs to go where and where that is!</p>	<p>AH/SC</p>
<p><b>Regional Medicines Optimisation Committee (RMOC)</b> – Claire had shared various documents from the RMOC, one of which set out a proposal to move from 4 to 7 RMOCs; this might have cost implications for the LPC. Claire explained that CPS contributes to the work of the RMOC and receives their minutes etc. Garry Myers sometimes attends the CVD Prevention Task Group of the SYB ICS. It was noted that costs would be minimal and that there was no immediate impact. Claire / Andrew would keep members advised where appropriate.</p>	<p>CT/AH</p>
<p><b>Funding to Support Pharmacists Piloting Local Services</b> – It was acknowledged that a lot of the pilot Locally Commissioned Services (e.g. the hypertension service pilot) rely on goodwill at the moment, due to the large amount of time commitment from the Contractor to try and get the service up and running e.g. learning the GP clinical system, trying to engage with the practice staff etc.</p>	

	<p>With the transformation of the scope of pharmacy practice there needs to be funding support for Contractors in the interim and it was wondered whether the national 'Pharmacy Integration Fund' could be accessed. This would be raised with Simon Dukes when he attends the CPS meeting in the afternoon and Claire would also seek advice from other colleagues to look for all possible resources.</p> <p><b>CVD</b> – Claire had shared an overview from Karen Pearson from Public Health England (Yorks &amp; Humber) about their efforts to get public health messages across to patients about the 10 year cardiovascular ambitions for England which included using cards to go into pharmacy prescription bags. The Committee felt this would be very useful for Community Pharmacies; did not have any suggestions for Sheffield specific messages, but would be interested in how they would be distributed. Claire to feedback. <b>Post Meeting Note:</b> <i>Susie shared pharmacy labels and separate details of the pharmacies offering the Hypertension Service as it was considered most relevant for them to have the bigger supply of cards.</i></p> <p><b>Supervised Administration / Needle Exchange</b> – A Contractor had asked CPS to negotiate for an increase in the fees applicable to these services as they believed this had not been reviewed for many years and did not reflect the level of service provided. As Andrew regularly attends the DACT meetings it was clear that the relevant Local Authority budget is already overspent and that it would be difficult to secure new funding, particularly as a tendering process is currently underway. It was agreed to canvass current providers for their views to determine the best approach. Claire to follow up with the DACT to highlight concerns raised; Susie to update the relevant Contractor who raised the matter, on action to be taken. <b>Post Meeting Note:</b> <i>Contact has been made with Helen Phillips-Jackson at the DACT and discussions have begun regarding exploring options for trying to make the needle exchange service recording requirements more efficient.</i></p>	<p>CT</p> <p>CT/SC</p> <p>CT/SC</p> <p>CT/AH</p>
<p>9.</p>	<p><b>Simon Dukes, CEO PSNC:</b></p> <p>Simon had agreed to visit Sheffield and had forwarded a presentation but elected to speak without, explaining that the picture was changing so frequently, it was difficult to keep a presentation up to date. He outlined the background to the funding negotiations which had taken place, explaining that the DH had historically held a poor view of Community Pharmacy, seeing them as unwilling to change and he decided to make a fresh start by working with the Government to seek to achieve their aims and objectives whilst securing a more stable funding position for Contractors. He emphasised the importance of making the CPCS a success as this underpins the concept that Community Pharmacy is the first port of call for patients for many minor conditions.</p> <p>Simon mentioned the referrals from NHS111 and that if this confirms a demand which is fulfilled, this would demonstrate a favourable outcome. The five-year deal had been important to achieve so that there was a platform for change. Reviews are set to take place each October with the ability to submit Business Cases about capacity and the increasing use of Community Pharmacy.</p> <p>It was acknowledged that as patients become more familiar with the benefit of using Community Pharmacy, they will self-refer rather than using NHS111 to be referred; recorded activity will then reduce, so it was important to demonstrate this and find models to measure usage without additional demands on recording requirements for Contractors (eg checking national walk in rates). Simon stressed the need to make hub and spoke dispensing fair and equitable and to make the best use of the Pharmacy Workforce.</p> <p>Simon pointed out that as they are asking Contractors to change a lot to meet the aims of the NHS Long Term Plan, it implies the need for LPCs to change too and he referred to the current National Review of the Representation and Support of Community Pharmacy Contractors taking place. The advent of Primary Care Networks (PCNs) will require Contractors to work and collaborate in a way they have rarely done in the past and in so doing the requirements on those organisations that represent and support them at a local and national level, will also need to change. The Review will look at local and national structures and make recommendations for the future.</p>	

	<p>The Review has a main objective – to ensure the best possible representations and support for Community Pharmacy Contractors as they embark upon the delivery of the NHS Long Term Plan and the new CPCF. It was anticipated that this would improve Contractor satisfaction and reduce duplication across the support estate, with better use of the current workforce and better use of available resources. It is intended that the Review should be complete by the end of March 2020. The cost of the Review to be shared by PSNC (30%) and LPCs (70%) – paid via the 2020/21 levy. It was likely the Independent Review will be undertaken by an academic, independent of the Sector. <b>Post Meeting Note:</b> It has been announced that the review will be lead by Dr David Wright Professor of Pharmacy Practice at the University of East Anglia and Professor of Clinical Pharmacy at the University of Bergen.</p> <p>Simon stressed that both PSNC and LPCs had expanded hugely from where they once were. The future vision was to explore and secure new pilots (eg CVD, Hepatitis C, Palliative Care). The Profession is regulated and there needs to be a journey of improved trust / confidence in the profession, building a case for developing further services. There will be yet further negotiations in 2024/25 for the next 5-year deal, again to create stability for Contractors.</p> <p>The remainder of the meeting continued with a question and answer session and the emphasis was that Community Pharmacy is on a transformation journey and that it was important to take the NHS with it in demonstrating the benefits / effectiveness on offer. It was evident there are many on-going discussions taking place regarding a wide variety of topics (ie branded generics). Simon referred to the increased use of virtual meetings (such as Zoom) which should be considered locally. Simon was thanked for visiting Sheffield and being open in his views.</p>	
10.	<p><b>Market Entry:</b> Schedules had been circulated with the Agenda; the only matters of note are the confirmation of the purchase by Oakfield Pharma Ltd of another of Lloydspharmacy branch at Market Square, Woodhouse, effective date to be confirmed, plus the relocation of Fir Vale Pharmacy combined with a change of ownership. A link to the Market Entry update will be included in the bulletin for Contractors to note.</p>	SC
11.	<p><b>Strategy and Work Plan Review:</b></p> <p>Claire thanked those members who had kindly attended the evening meeting to go through the Strategy and Workplan ready for the November CPS meeting. This had been particularly helpful in defining actions for the year ahead with Claire’s impending maternity leave from mid January. Claire ran through with members and confirmed the final version. This would be published on the CPS website in due course.</p>	CT
12.	<p><b>Officer and Members Reporting:</b></p> <p>David and Claire outlined the 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>At the ACP Pharmacy Transformation Board there had been an action to provide an update to the LWAB on the training support spend required, which the Transformation Group were seeking to collate. In regard to EU Exit planning, it had been agreed that members of the group, plus a deputy, join a messaging group app ‘Forward’ to ensure rapid and effective distribution of important supply issue messages.</p> <p>In regard to the Primary Care Board, it was likely following the October review, that meetings might only be bi-monthly from January 2020. However, Claire suggested it would be useful to check what is being considered by the Delivery Group or Sub-Groups which might call for input regarding community pharmacy issues.</p> <p><b>Flu Vaccination / DACT</b> – Andrew asked if anyone was available for the flu meeting on 12 December 1- 3pm at Prince of Wales Road but no-one was able to deputise, so he would submit his apologies.</p>	AH/SC  AH

<b>13.</b>	<b>CPS Meeting Dates for 2020:</b>  11 February 21 April 16 June 22 Septebmer (inc AGM) – venue TBC 24 November  All on Tuesdays and excepting the AGM, to be held at the Copthorne Hotel, Bramall Lane. Meetings generally run from 9.30 am to 5.00 pm. The Agenda for the meetings will be issued the week before and linked to the CPS website.	<b>ALL SC</b>
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**NB THESE MINUTES REMAIN IN DRAFT FORMAT UNTIL APPROVED  
BY THE FOLLOWING MEETING OF THE COMMITTEE**