

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
15 SEPTEMBER 2020**

VIRTUAL MEETING VIA MS TEAMS SOFTWARE

7.00 pm to 9.00 pm

MEMBER	09.04.19 Day	11.06.19 Day	24.09.19 Day	19.11.19 Day	11.2.2020 Day	30.06.20 Eve	18.08.20 Eve	15.09.20 Eve
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+ (part)	+	+	+	+
Crispin Bliss (Vice Chair)	+	+	+	+	+	+	A	+
Claire Thomas (Chief Officer)	+	+	+	+	Mat leave	Mat leave	Mat leave	+
Greg Campbell (Treasurer) (Apt 4/16)	+ (part)	+	+	+ (part)	+ (part)	+	+	A
Andrew Hartley (Appointed 10/16)	+	A	+	+	+	+	+	+
Simon Hay (Appointed 4/18)	+	+	A	+	+	+	A	A
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	A	A	+	+	+
Matthew Watters (Boots) (Apt 11/17)	A	+	+	+	A	+	+	+
Jamil Ahmad (Well) (Apt 01/2017)	+	+	+	+	+	+	A	+
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Rachel Crookes (Lo's) (Apt 10/16)	+	+	+	A	+	+	R	R
Dougie Mistry (Day Lewis) (Apt 4/18)	+	A	+	+	A	A	+	+
Louise Gurney (Boots) (Apt 5/19)	+	+	+	A	A	+	A	+
Garry Myers (PSNC Rep)	+	A	N/A	N/A	A	+	N/A	N/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
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	N/A
Steven Haigh / Neil Heslop / Yvonne Elliott / Andy Hilton (PCS)	N/A	N/A	N/A	N/A	A	N/A	N/A	N/A

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

		Action
1.	<p>Apologies:</p> <p>Apologies as noted as on the attendance sheet. There is currently a vacancy on the Committee as Rachel Crookes has resigned from her position at Lo's Pharmacy. CPS is awaiting a new member nomination from AIM.</p>	
2.	<p>Committee Corporate Governance</p> <p>David welcomed everyone 'virtually' to the Meeting and referred to the usual governance requirements and highlighted that although members were not face to face to access the Governance folder, the detail was available if required and members should declare / register any relevant interests as necessary.</p>	
3.	<p>CCA Reporting</p> <p>Luke kindly agreed to continue to report on the Committee Meetings.</p>	LD
4.	<p>Minutes of the Meetings held on 30 June and 18 August 2020</p> <p>Further to circulation of the Minutes with the Agenda papers, these were also displayed on screen for members and run through for ready reference. It was noted that all actions in 30 June Minutes has been undertaken.</p> <p>The Minutes of 18 August 2020, showed the responses to the 4 questions posed by Simon Dukes, PSNC regarding the next steps of the Review. It was confirmed these had been submitted. Each set of Minutes were accepted as an accurate record of proceedings.</p>	
5.	<p>Finance Reports</p> <p>David explained that when Susie had circulated the Annual Report and Financial Statements, there had been a query about the drop in reserves. He advised that the brief detail in the statements did not explain the complicated background which was available to members throughout the year, which included Claire's maternity leave, Andrew and Susie's work during the early stages of the pandemic and training costs, with some costs now recovered, which will show in the 2020-21 Accounts. Also, savings were now being made due to 'virtual' Committee meetings etc. Greg is to liaise with the Accountants to seek to ensure there is more clarification in future Financial Statements. Claire advised that this had been raised the previous year so it was important to ensure it was clear what was required. It was agreed explanatory notes would be useful for the next year.</p>	GC/CT
6.	<p>Contractor Support</p> <p>Andrew, Acting Chief Officer, provided an overview of the significant issues which he had been involved over the past fews month (Members had already been circulated with his Activity Logs).</p> <p>DACT - had agreed to continue with the Supervised Administration Service payments to Contractors based on previous average, until a re-draft of the Service was complete. The aim was to build a more holistic approach to the care of clients rather than based on numbers. It was acknowledged that consideration would need to be given to the varying needs of individual clients both individually and on an on-going basis. The DACT had to give grave consideration to the overspend on the Service which had been a problem for some time. Some research into what other areas might be attempting in this field, was being pursued. Andrew asked members to message him outwith the meeting, with any points of note which could form part of the review of the Service which could be invaluable.</p>	

7-Day Rxs - Andrew outlined some concerns which had been raised as a result of Lloydspharmacy at Crystal Peaks being due to close and the transfer of patients using monitored dosage systems etc, with particular concerns over suggested inappropriate 7-day Rx requests. These concerns had been raised with the individual pharmacies involved and a reminder put in the weekly bulletin about appropriate requests for 7-day Rxs (it being inappropriate if delivering 4 weeks of trays in one go); a further reminder with a link to the previous 2018 agreement was to be circulated this week.

Chris Boyle at Sheffield City Council had raised a concern about an isolated patient related incident which related to charges being introduced for deliveries by Lloydspharmacies. The response generated by David and Andrew was shared with members. This demonstrated the complexities of dealing with deliveries under the current financial restraints. Andrew explained that they are currently working up a new service which would use one assessment tool for all relevant, vulnerable patients, which would lead to the relevant service being provided at an identified funded cost, which would be easily transferrable between pharmacies if necessary and could link up with the MAR Chart commissioned Service. Where a patient does not meet the criteria, they would need to self-fund or collect. Andrew reported that the CCG are looking at the potential for extending the Prescription Order Line (POL) and encouraging patient use of the NHS App System for ordering Rxs.

Luke reported that these matters had also been raised at the Medicines Steering Group which he attends on behalf of CPS. It had been acknowledged that the costs that would be involved in either Community Nurses or even Carers in undertaking the deliveries would far surpass the cost introduced by Lloydspharmacies of £5 per month (£60 per annum). It was encouraging that various bodies were prepared to take discussions further on this and the hopefully a new commissioned service, which would benefit all, could be introduced. This is a good opportunity to finally make some progress, now Community Pharmacies were in closer agreement that they could not continue to provide free services. David, Claire or Andrew would try to raise this under an appropriate breakout group at the follow day 'virtual' LPC Conference.

Andrew reminded Members that Simon Dukes, PSNC, had asked Contractors not to provide services for nothing, as this undermines the case that PSNC are seeking to negotiate for appropriately funded services. Louise confirmed that Boots still provide some free delivery but are generally similar to Lloydspharmacy. David was unaware if Well were introducing delivery charges yet; he had not been advised to. Members agreed the Exec should continue to seek to move forward along this route.

Flu Vaccination - Members agreed that the Care Homes Flu Service introduced this year, was not viable for Community Pharmacy. However, the LMC had approached CPS encouraging collaboration over service provision which had been communicated to both surgeries and pharmacies alike.

Concerns were raised over highly inappropriate messages which had been reported by patients from some GP practices, purporting that Community Pharmacies did not have the appropriate Flu Vaccines or that if patients used the Community Pharmacy for their Flu vaccination, there would be delays in other services offered by the GP practice (ie repeat Rxs). There had been comments made on a Facebook page. Members were encouraged to raise concerns direct with the practices involved (using screen shots if available) and if unresolved take to the CCG and ultimately NHSE&I and PSNC to take up nationally if necessary.

	<p>Primary Care Sheffield (PCS) – Andrew referred to the Memo of Understanding which had been drawn up with PCS but reported on a few concerns which did not appear to reflect the agreement. Discussions were on-going and Andrew would report back as appropriate.</p> <p>Hepatitis C Service – Andrew confirmed that the service had been rolled out across Sheffield but understandably hampered due to the pandemic. Dougie reported seeing a few patients. Andrew had shared details of the recently announced national service with Mark Cassell of STH who was very willing to engage to enhance that already set up.</p> <p>NHS Sheffield CCG – Andrew highlighted that in his discussions with Peter Magirr, Steve Freedman and Jo Tsoneva at the CCG there was keen interest to explore ways of Community Pharmacy supporting Primary Care generally and they were acting as a broker with GP Practices so that Community Pharmacists could be more involved in clinical services, using the skills of Pharmacists with the Independent Prescriber qualification and those with special interests. David highlighted the difficulty there had been for IP students securing GP mentors (DMPs) and reports that DMPs were busy supporting PCN Pharmacists; on the back of this there was a move to seek to allow appropriate Community Pharmacists to act as mentors for future cohorts. It was agreed it would be useful to seek to arrange a ‘brain storming’ meeting with appropriate bodies to try to move this forward.</p> <p>Annual General Meeting / Annual Report - The Annual Report and Financial Statements had been issued as mentioned above and 80 votes had already been received accepting the Accounts. It had already been agreed that due to the pandemic it would be necessary for the AGM to be ‘virtual’ and so far there were only limited numbers expressing an interest in linking in. However, members were encouraged to take part. Jack Davies from CPNY had been in touch recently to advise that sponsorship was available from some Pharma colleagues, but members agreed this was short notice to change the AGM Agenda and extend the presentation time envisaged for the evening. As food and venue costs were not being incurred on this occasion, it would be best to hold the offer for a future, more appropriate occasion. Andrew agreed to refer back to Jack thanking him for his kind consideration on this.</p>	<p>AH</p> <p>DR??</p> <p>AH</p>
<p>7.</p>	<p>Market Entry – Members had been circulated with the latest information received from NHSE&I, noting the closure of Abbeydale Pharmacy and change of ownership of the Boots branch across the road and relocation into the premises of the former Abbeydale Pharmacy. Members also noted the amalgamation of Woodhouse Pharmacy Direct, Woodhouse Pharmacy & Lloyds at Woodhouse into Market Street Pharmacy, Woodhouse under new ownership. The impending Lloydspharmacy at Crystal Peaks closure had already been mentioned under a previous Agenda item.</p>	
<p>8.</p>	<p>Officer Reports:</p> <p>Chair – David outlined the work he had been involved in over the past few months including a Regional PSNC Meeting, Regional LPC & NHSE&I. Local arrangements had been agreed which were then superseded by national agreements, but the discussions had been useful. There had been caution raised by PSNC over out-patient electronic RXs which could, it was feared, could affect the global sum. Mike Dent at PSNC was seeking to assess the cost of COVID-19 to Community Pharmacies, estimated at £20-30 million a month. There was an emphasis on Contractors reporting shortages and above tariff prices to affect price concessions allocated. Andrew would share a link with Susie for the bulletin as a reminder of the importance.</p>	<p>AH/SC</p>

	<p>David referred to on-going encouragement for joint working across Regions. Two items agreed – Workforce and GP work displacement / shift of care. Ruth Buchan was to refer to CEOs on this.</p> <p>David also advised that he had been re-vamping the CPS website and asked members to check periodically and advise if they found anything outdated which could be amended.</p>	<p>ALL</p>
<p>9. AOB</p>	<p>Conference Break Out Groups Discussions – Claire outlined the topic for the breakout group she had been assigned to and members gave feedback on services which had been affected by COVID-19 which included the Hypertension Service and pilot GP-CPCS service. David and Crispin were seeking to encourage more activity in their respective practices as Woodhouse Surgery appeared unable to take this forward. David advised that his Anti-coagulation patients had reduced greatly (70 down to 20) as there had been a concerted effort to transfer them onto DOACs. The Minor Ailments Scheme had been more limited as unable to examine patients due to COVID worries. It would be interesting to know how the activity figures reflected this. Steve Freedman was currently on leave but would be asked for figures to report back.</p> <p>It was agreed that it is an ideal time to discuss moving some services to Community Pharmacy if they are a viable proposition. The Hypertension Service payment does not really reflect the work involved although may be useful in demonstrating a way forward with appropriate funding.</p> <p>Claire thanked everyone for their updates (during her maternity leave). Claire is due back back in mid November and expressed her optimism over some of the services highlighted which could prove of benefit to all with exciting opportunities. Andrew would copy Claire into all future comms and discussions.</p>	<p>DR/CB</p> <p>SC/SF</p>
<p>10. CPS Meeting Dates for 2020:</p>	<p>It was agreed that it would not be practical to seek to arrange a face to face meeting in November due to current status of COVID-19 but rather to split the meetings to both tag onto the AGM (23 Sept) with feedback from the Conference (16 Sept) and use a 2 hour slot in mid-October (evening TBC) and on 24 November for further ‘virtual’ updates.</p>	<p>DR/AH /SC/ ALL</p>

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