

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
9 FEBRUARY 2021**

VIRTUAL MEETING VIA MS TEAMS SOFTWARE

7.00 pm to 10.00 pm

MEMBER	19.11.19 Day	11.2.2020 Day	30.06.20 Eve	18.08.20 Eve	15.09.20 Eve	24.11.20 Eve	12.01.21 Eve	09.02.21 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)	+	+	A	+	+	+
Andrew Hartley (Appointed 10/16)	+	+	+	+	+	+	R	R
Simon Hay (Appointed 4/18)	+	+	+	A	A	+	R	R
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	A	A	+	+	+	+	+	+
Matthew Watters (Boots) (Apt 11/17)	+	A	+	+	+	+	+	+
Jamil Ahmad (Well) (Apt 01/2017)	+	+	+	A	+	+	A	A
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Joel Blakemore (Weldrick's) (Apt 10/20)	N/A	N/A	N/A	N/A	N/A	+	+	+
Dougie Mistry (Day Lewis) (Apt 4/18)	+	A	A	+	+	+	+	+
Louise Gurney (Boots) (Apt 5/19)	A	A	+	A	+	+	A	+
Garry Myers (PSNC Rep)	N/A	A	+	N/A	N/A	N/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	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	A	N/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>Welcome / Apologies:</p> <p>David welcomed everyone to the virtual meeting and thanked all for giving up part of their evening after busy days at work. Apologies as noted in the cover sheet.</p>	
2.	<p>Committee Corporate Governance</p> <p>David 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 12 January 2021</p> <p>Further to circulation of the Minutes with the Agenda papers, it was noted matters arising were already on the Agenda. The minutes were accepted as an accurate record of proceedings.</p>	
5.	<p>Matters Arising:</p> <p>Flu Data – Claire had sought to gain access to local flu data and had some information via the CCG but not from a regular source. Members agreed this was not a priority for Claire's time at the moment but that it would be useful to have access for the next Flu Season and if pharmacy comes on board, for Covid-19 vaccinations in the future.</p> <p>CCG MARRCh Pilot in Care Homes – Claire updated that the CCG had been invoiced for the fund for this service, with the aim to secure 200 patients over a six months period, but that they had been disappointed as not yet been able to secure capacity even with the funding available. Louise mentioned that Boots had raised a couple of discrepancies in the Service Specification they wished to have clarified, but if resolved they would be involved in offering the service. Claire asked Louise to refer back if issues not resolved. .</p>	CT LG/CT
6.	<p>Current Priorities:</p> <p>GP-CPCS – Claire updated that Seven Hills PCN are taking forward implementation starting with Darnall Primary Care Centre. The surgery was quite keen to use PharmRef but this will not be available via the SystemOne supplier for some months. Claire to follow up to seek an IT solution so they can get started or look for alternatives.</p> <p>It was noted that EMIS is due to have the linked support (EMIS Patient Access) in place for GP referrals within the next few weeks. Crispin explained that practices are still so tied up with delivering C-19 vaccinations they have no capacity to consider a new process of formal referral to Community Pharmacy. An evening meeting had been arranged for 18 February to move forward on the Seven Hills pilot. It was not anticipated that there would be huge numbers, but ultimately patients needed to have a choice rather than only one pharmacy being involved. Claire referred to some implementation funding secured for SYB from NHSE&I amounting to just over £11k from a bid of £13k. Barnsley LPC are administering the fund for SYB LPCs and collating weekly spread sheets from each LPC on activity etc. It was important to claim against this fund promptly. Post Meeting Note: EMIS patient access is only available for practices that use EMIS Web so this is not an option for most Sheffield practices.</p> <p>PCN Leads Funding / Strategy – Claire confirmed that NHSE&I had secured more funding (half that of the previous year) to help support PCN Leads locally. It had been agreed across SYB to develop a Strategy identifying the barriers etc. Claire had offered to undertake this work this week. A Memorandum of Understanding (MOU) had been drawn up to be signed by each LPC agreeing the process; reporting arrangements and limitations on fund usage.</p>	CT CT

<p>DMS Update - Claire explained that the PharmOutcomes “Transfer of Care” platform created by Steve Freedman at the CCG on the CCG PharmOutcomes licence had not been used in Sheffield as staff at the hospital found the system ‘clunky’. There needed to be an integrated system but DMS is not currently on the Trust’s list of IT priorities. Claire had been in liaison with Kavitha Sethumadhavan who has been looking at the SYB approach to this and inturn been in liaison with Damian Child at STH for Sheffield and also referring to AHSN regarding any potential funds still available to support the costs of an integrated solution (as had been given to earlier TCAM projects). Claire had started discussions with Sarah Alton, Lead of the Community Services Team at STH to identify a small cohort of discharges which might work well to both support her Team in reducing time involved in home visits and test the system. Any amendments to the current CCG PharmOutcomes platform might be time consuming. Claire had become aware that some pharmacies had been receiving discharge summaries by secure NHS email, mainly relating to MDS patients. The LMC had concerns that the DMS could cause duplication of work and GPs had raised issues of an increased workload. Post Meeting Note: An integrated referral solution e.g. PharmOutcomes is the Trusts preferred option (rather than using NHS mail) funding is the issue.</p>	
<p>There were concerns raised about the requirement to check the SCR and thereby secure patient consent. Claire would double check the notes from the recent PLOT meeting where this had been discussed. Post Meeting Note: Advice now on PSNC website under FAQs; expectation is for pharmacists to use the PMR system.</p>	CT
<p>Claire advised that a Working Group had been established involving relevant CCG, PCS and Trust members to facilitate cross sector discussions on implementation of the service as it will require actions/changes in practice from the Trust, Community Pharmacies and GP Practices.</p>	
<p>MS Teams / SYB Zoom Licence – Claire referred to the difficulties she and Susie had experienced in gaining access to their current MS Office package in order to identify whether MS Teams could be added. Former Chief Officer – James Wood – had utilised IT support from within Wicker Pharmacy (via Mark Taylor) to initially set up the LPC IT processes and the Committee agreed Claire could approach Mark for further assistance in resolving various IT issues.</p>	CT
<p>Consideration was also being given to a joint zoom licence across SYB but David suggested individual licences would still be required. Claire will follow up with SYB colleagues.</p>	CT
<p>SYB Joint Funding / Backfill – David recapped on previous discussions and referred to a recent discussion with Tom Bisset from Barnsley about the work he had undertaken with the ICS on behalf of SYB LPCs over the previous year. Members had been provided with various documents Tom had prepared which outlined various options for funding, which included the employment of a Support Representative to take forward both DMS and GP-CPCS across SYB on a 12 month basis. The Committee agreed to the scoping out of suggestions of collarotative working that the CPS Executive could make decisions on behalf of CPS and refer back via email with anything urgent; to share notes of the joint meetings for transparency. David advised that the joint SYB meetings were reverting to quarterly (with monthly virtual CO catch ups in between). Claire suggested Susie could share the SYB Agendas with CPS members so queries could be raised if required in advance of the actual meetings.</p>	CT/SC SC
<p>DACT – Claire reported that no further progress on the revised scheme discussed with Amy at the DACT. Luke had attended the latest meeting but did not feel there had been much progress. A timeline to a contract variation was awaited. However, in the meantime it was agreed that services in other areas (via the Services Data Base held by PSNC) should be researched as comparators and then for a small CPS Working Group to consider options to refer back to Amy with a suggested outline service utilising the available fund against the number of patients supported in Sheffield. Claire would block out time for this for the following week. PSNC are also considering this nationally and a paper is due to be published.</p>	CT

	<p>COVID-19 Vaccination of Patients / Vaccination of Staff – David referred to the media coverage via the Sheffield Star and Radio Sheffield that he and Claire had provided, plus during an MP visit when he was assisting at a GP hub Vaccination Centre, about the potential for Community Pharmacy offering COVID-19 vaccinations in the future. However, he emphasised that the supply chain is currently quite fragile and it would be best to look to be involved further down the line of the priority patient cohort provisions.</p> <p>In regard to staff vaccinations, some PCNs had been engaged in offering vaccinations within the PCN hub arrangements, others had not. A service was then initially offered at the University Health Service and most recently a CCG email address provided for pharmacy companies where possible or independent pharmacy branches to register an initial enquiry; they will then be contacted to check they are eligible and to secure the staff information. They had been inundated with individual requests which they were struggling to manage. Susie highlighted that she was still receiving numerous requests to register for vaccination; she was advising of the current process to follow as had been set out in an urgent bulletin issued the previous week. Second vaccinations would be offered in due course.</p>	
<p>7.</p>	<p>Independent Member Vacancies – Copies of three Expressions of Interest in joining Community Pharmacy Sheffield as Independent Members had been shared with members for the two current vacancies. As there had been a packed Agenda for the evening it was acknowledged there was little time available to give due consideration to the individual applications; members were asked to feed back to Susie on their two preferences. The applicants would be advised of the unavoidable delay in a decision being possible as soon as had been envisaged.</p>	<p>ALL SC</p>
<p>8.</p>	<p>Market Entry – Susie had shared the latest Market Entry spreadsheet but there was nothing new to note from the previous one issued the month before.</p>	
<p>9.</p>	<p>AOB:</p> <p>POL – Claire asked members what their thoughts would be if the POL was rolled out across the City – would Community Pharmacies be interested in exploring options for being involved in delivering a city wide service? Crispin suggested that there is encouragement for patients on regular medications and with internet access, to order on line. Some proxy ordering for Care Homes is also being considered with some access to order direct with GP practices for patients. It was agreed Claire liaise to see what ideas involving Community Pharmacy were envisaged.</p> <p>Healthy Start Vitamins – Jo Tsoneva at the CCG had asked whether Community Pharmacies in target communities would be prepared to hold a small supply of Healthy Start Vitamin / Vitamin D supplements to be given out free of charge to relevant patients (eg newly pregnant women), supplies delivered via Wicker Pharmacy and topped up as required. This is due to Clinics currently being closed due to the Pandemic. Unfortunately, there is no funding stream for this. It was agreed that, regrettably, Community Pharmacy does not have capacity for unfunded activities. Claire would refer back.</p> <p>Nomad Issues – Claire had met with the LMC recently and they had raised concerns about some pharmacies allegedly refusing to provide MDS without the surgery issuing 7-day Rx's. It was acknowledged that pharmacies should rather say they do not have capacity. It was suggested any individual cases be addressed direct and that it might be helpful to produce a briefing for the LMC to include in their GP bulletin highlighting the pressures Community Pharmacy is under, clarifying the effect of script volume against employable staff numbers and taking the opportunity to explain the provisions of GP referrals via the CPCS which might help improve the new funding process when GP practices regularly, informally refer patients to Community Pharmacy (some even with a messages on their answer phone suggesting patients refer to pharmacy).</p>	<p>CT</p> <p>CT</p> <p>CT</p>

	<p>Aspirin Sales to Pregnant Women – this matter had been raised at the Formulary Sub Group at the end of last year as the hospital guidance was encouraging pregnant women to buy aspirin but pharmacists are very reluctant to sell off licence. Claire would seek to ensure guidance was altered and put an item in the bulletin to highlight pharmacies may get requests for these in the meantime.</p> <p>Members' Time – in noting this meeting had a packed Agenda and run over the envisaged two hour slot, members were advised to claim for the 3 hours meeting time, plus an hour's reading time.</p>	<p>CT</p> <p>ALL</p>
<p>10.</p>	<p>CPS Meeting Dates for 2021:</p> <p>20 April 8 June 21 September (AGM) 23 November</p> <p>Whilst the meetings continue to be held in the evenings, it was hoped to keep these to approximately 2 hours in acknowledging everyone was already tired from a full working day.</p>	

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