

**UNADOPTED MINUTES OF THE
COMMUNITY PHARMACY SHEFFIELD MEETING
21 September 2021**

PJ Taste Meeting Room, Attercliffe, S9 3HB

11.00 am to 4.00 pm

MEMBER	18.08.20 Eve	15.09.20 Eve	24.11.20 Eve	12.01.21 Eve	09.02.21 Eve	20.04.21 Eve	08.06.21 Eve	21.09.21 Day
<i>Nominated/ Appointed Contractors</i>								
David Russell (Well) (Chair)	+	+	+	+	+	+	+	+
Crispin Bliss (Vice Chair)	A	+	+	+	+	+	+	+
Claire Thomas (Chief Officer)	Mat leave	+	+	+	+	+	+	+
Greg Campbell (Treasurer) (Apt 4/16)	+	A	+	+	+	+	+	+
Ellie Bennett (Wicker) (Appointed 03/21)	N/A	N/A	N/A	N/A	N/A	+	+	+
Vikas Kumar (G&A) (Appointed 03/21)	N/A	N/A	N/A	N/A	N/A	+	+	A
<i>Company Chemist Reps</i>								
Emilia Stelmach (Boots)	+	+	+	+	+	+	+	+
Matthew Watters (Boots) (Apt 11/17)	+	+	+	+	+	+	+	+
Robert Doran (Well) (Apt 07/2021)	N/A	+						
Luke Downs (Lloyds)	+	+	+	+	+	+	+	+
Joel Blakemore (Weldrick's) (Apt 10/20)	N/A	N/A	+	+	+	+	+	+
Dougie Mistry (Day Lewis) (Apt 4/18)	+	+	+	+	+	+	+	+
Louise Gurney (Boots) (Apt 5/19)	A	+	+	A	+	+	A	R
Garry Myers (PSNC Rep)	N/A	R						
Susie Coates (LPC Support Manager) Apt November 2012	+	+	+	+	+	+	+	+
Laura Richardson (nee Chester) Apt Aug 2021	N/A	+						
<i>Observers</i>								
Jo Tsoneva (NHSSCCG)	N/A							
Steve Freedman (NHSSCCG)	N/A							
Kavitha Sethumadhavan (SYB ICS)	N/A	+						

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

	<p>Sandie referred to her slides in her presentation covering both the background to the move to the dissolution of CCGs and the instigation of the Integrated Care Board in it's place, with an illustration which helps explore some of the key features of the emerging operating model. She emphasised that Contractors would initially see little change from April 2022 and that staff below Board level had an 'employment promise' under a 'lift and shift' policy, so we would deal with the same staff over the same issues. The aim was to build on the work to date from the instigation of the ICS SYB from 2016, with the firm belief of community being at the heart of what they do.</p> <p>The Health and Social Care Bill, which is due royal assent in April 2022, is the progression from the Long Term Plan to better integrate health and social care and they are currently looking at the pathway with Sheffield City Council. This would be in 'shadow form' from January 2022. The aim was to take away competitiveness so as to work more collaboratively and in partnership, at the same time streamlining services. The South Yorkshire Integrated Care Board would now exclude Bassetlaw as it was due to fall under Nottinghamshire in future, so included four places - Sheffield, Barnsley, Doncaster and Rotherham. As part of the transition roadmap they are recruiting the Chief Executive Officer which was due to be confirmed by the end of October. The Chairman - Pearce Butler has already been appointed. Sandie confirmed that local commissioning would still be considered and would be built into the planning guidance, currently awaited. It was important for Community Pharmacy representation to be involved in discussions. Sandie believed that opportunities should grow.</p>	
<p>7.</p>	<p>MARRCh Pilot: Susie outlined the progress to date on the Medication Administration Record Review for Care Homes (MARRCh) Service in Sheffield. Activity was greatest at Global Pharmacy (DSP) who had been up and running for several months; there had been delays with Boots, The Moor, starting due to issues with the contract variation which had been issued. Ellie confirmed that Wicker Pharmacy had now commenced and found it a valuable service to both deliver and receive. They had used a separate pharmacist to make the visit and run through relevant records etc. She would check data entry on PharmOutcomes for the required data collection. Activity had also started at Woodhouse but there appeared to have been some difficulties with showing the PO data entries which were being followed up. Further updates to follow.</p>	<p>EB SC</p>
<p>8.</p>	<p>Officer Reports: David referred to the Chairman report he had circulated which linked with much contained within Claire's Chief Officer Report. He referred to the migration of the PSNC/CPS websites in October and it being an ideal opportunity to review the local content.</p> <p>He raised that some LPCs are getting quotes for BP machines to support the new Hypertension Service with a view to seeking to buy in bulk for Contractors – mainly relating to independents and the multiples already secured discounts. Claire agreed to check with SY colleagues on the practicalities at a SY level. Kavitha referred to the initial set up costs that would be reimbursed gradually as the service was offered. Members considered this might be a service to look at once the Flu Season was out of the way.</p> <p>In regard to the collaborative approach, David suggested it would be helpful for he and Laura to provide some guidance for PCN Leads to share on their individual patches. Claire agreed to check with the CCG about the possibility of their POs licence being used to support the Hypertension Case Finding Service.</p> <p>Kavitha referred to the Yorkshire Humber Care Record (YHCR) but acknowledged this was not ready to handle DMS referrals and that it was unlikely this would be achieved in year; Kavitha was seeking to escalate as this was an IPMO priority for the next month. The STH procurement for a new EPR system had fallen through as suppliers could not meet the criteria and it was now unlikely to change before 2025/26.</p> <p>Claire referred to her detailed report and asked members to refer to her if they had any queries.</p>	<p>CT DR/LR CT KS ALL</p>

<p>9.</p>	<p>Current Priorities:</p> <p>Sub-Committee Membership: It was noted that the Sub-Committees needed reviewing as there had been changes in membership since the last revision. The following membership was agreed:</p> <p>Finance and Administration: Greg C, Rob D & Vikas K (plus Louise’s replacement) Governance and Performance: Matt W, Luke D, Crispin B & Emily S Development and Support: Ellie B, Joel B & Dougie M.</p> <p>Susie would update the schedule and circulate for information.</p> <p>Contractor Events: Laura outlined the successful events which are regularly held in Barnsley know as ‘BEST’ (Barnsley Education Support and Training) which was funded and supported by the CCG; these include local topics but also cover national developments and allow time for Q&As. They are held virtually and allow attendees to listen in, even if unable to contribute themselves; attendance and feedback is good. They often only last a maximum of an hour but keep Contractors engaged with the LPC. Laura agreed to send an invite via Susie to share with CPS members, so they could attend virtually and assess the value of joining forces for some of these. It was acknowledged Sheffield had no access to funding from their CCG.</p> <p>PCN Leads Update – Laura advised that there are 14 vacancies in the 35 positions across SY. Sheffield has 6 vacancies out of the 15 PCNs. She had initiated newsletters in Barnsley and Sheffield, contacted Area Managers CCA reps etc to seek to address the situation and had just started to embark on individual phone calls – some pharmacists had not checked or seen newsletters, others didn't fully understand the role. She was working with Tom to pull together information to issue invites to talk through virtually what is involved, incorporating feedback from current PCN Leads with an overview of the PQS domain relevance etc. It was agreed as important to emphasise that current PCN Leads submit their activity and make claims. There was an intention to simplify the claim form which incorporated activity. There had only been 7 claiming out of 35. Greg suggested only one person seemed to use the current claim form. The event could recap on what can be claimed for and the relevance of including all activity however inconsequential it might appear, it still helped move things forward and keep local, helpful communications going. The PCN Lead role was likely to get bigger and needed to be firmly embedded asap. The SY funding element would be reconsidered by the SY LPC Group with Laura authorising and Greg paying the claims. There would be a cut off date, which if missed would fall into the next month’s claims. Laura reiterated her offer of support with any difficulties PCN Leads were having in engagement with their local pharmacies.</p> <p>GP-CPCS Update: Claire outlined her extensive work in both promoting and setting up “Go-Lives” for 13 GP practices in Sheffield and the minimal teething troubles which had arisen. The CCG had agreed to support the further roll out of the service and it was agreed a ‘crib sheet’ would be useful which she would share with the group including emphasizing what is available on the Minor Ailments Scheme as it was evident there were referrals with the expectation pharmacies could provide all products free of charge; it would be helpful for GPs to highlight that in seeing the pharmacist they might have to purchase a product where required. Claire agreed that it would be useful to issue regular comms on the service until it became ‘business as usual’.</p> <p>Primary Care Collaborative: Claire suggested that as referred to Sandie Buchan, until the Chief Executive Officer is in place for the ICB it was unlikely the formation of the various Forum Groups including the Pharmacy Forum, would be firmed up. This was not an LPC Group, it must be a Contractor Led membership. This could include 8 representatives but include ad hoc input via other relevant invites.</p> <p>CPCF Year 3: Kavitha referred to the Integrated Pharmacy Plan in Public Health England and the wish to utilise Community Pharmacy in weight management in difficult to reach patients. Claire mentioned that Heidi at the CCG had been looking at Pharmacy Team roles in health inequalities and she would share this with Kavitha. Ellie also referred to an NPA webinar she had visited on vaccinations ‘Doctors of the World’ which she would share with Claire for Kavitha.</p>	<p>SC</p> <p>LR/SC</p> <p>CT LR/GC</p> <p>CT</p> <p>CT/KS EB/CT/ KS</p>
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	<p>Future Meetings: Members gave their individual feedback on how comfortable they were with face to face and virtual meetings. The concensus was to seek to arrange a mixture of face to face and virtual meetings, but in the day rather than evening as more productive. It was agreed to change the November meeting from 23 to Thursday 25 November as a virtual day meeting commencing at 9.30 am.</p> <p>Pharmacies as ‘Anchor Point’: This was an action from the Medicines Optimisation and Vulnerable patients group; which comprised representatives from SCC, CCG, general practice, membership of which has recently been expanded to include community services and home care provider representatives. A further meeting had been held after this Committee meeting agenda had been set. This suggestion of pharmacies being an “anchor point’ had come about because a document had been produced by members of the group as an aid for home care workers to identify if there were signs of issues with medication use when visiting patients for home care and it was suggested that if an issue was identified that the community pharmacy should be contacted who could then signpost to the relevant health care professional/service that could help resolve the issue if the pharmacy themselves couldn’t. However at the last meeting when this document was discussed, feedback from the Home Care Manager was that providers already had procedures in place on how to deal with such situations, and in most cases it wasn’t the community pharmacy that the home care worker would contact. What Home Care Providers would like is when they take on a new client for a Pharmacist to visit the home to do a full medication review and assessment of the level of support a patient may need. Therefore this action for CPS to consider Pharmacies as an “Anchor point” is no longer required. Work continues and there is currently a piece of work that Paul Higginbottom (SCC) is leading on using a questionnaire for Health Care Providers to complete for clients with the highest care input, to identify what issues there are around support for medicines optimisation.</p> <p>Delivery Drivers – Martin Bennett at Wicker Pharmacy had revisited the value of checking on patients during medicines deliveries to identify where support was needed to avoid further incidents and this would be built into the above discussions about vulnerable patients.</p>	<p>CT</p>
<p>10.</p>	<p>Finance Statement Updates: Greg ran through the statements he had prepared as circulated with the Agenda for members and various issues were clarified. During the meeting it was noted that a request from PSNC for an additional levy contribution to match PSNC funding for the Review Steering Committee work was being sought; this would likely equate to approximately £1k and was approved by the Committee. There remained funds available for the IP Training as not all had been utilised as offered. This would be discussed at the SY Group the following week. The PCN Lead Fund was also under utilised and it was agreed to hold a further PCN Lead meeting in early October with an emphasis on claims. It was acknowledged that the Pandemic had a major effect on business as usual and could account for lack of spending on these funds.</p> <p>Greg confirmed that the new format for the Annual Report incorporated an Executive Summary which was consistent across all LPCs, with individual accounts attached at the back. This would be completed for the next Annual Report in 2022.</p>	<p>GC CT DR/CT/ LR GC/CT/ SC</p>
<p>11.</p>	<p>Market Entry: Susie referred to the latest schedule shared by NHSE&I and highlighted the further application of a DSP to offer a service from Abbey Lane, S8 which had previously been rejected. It also confirmed the change of ownership of the Lloyds branch at Buchanan Road to Oakfield Pharma Ltd and some minor, one off applications relating to changes of core hours over the Christmas 2021 and New Year 2022 holiday period.</p>	
<p>12.</p>	<p>DACT - Proposals for Review: Claire, David and Members who had been involved in discussions about the revised scheme and funding of the Substance Misuse Service, expressed their grave concerns about the funding being proposed and unanimously agreed it was not possible to offer the current service at the rate suggested and that there were considerable risks associated with the amount of methodone being dispensed without supervision since the Pandemic.</p>	

	<p>Members of the DACT Team had been tasked with providing a written response to the concerns raised. Ellie emphasised that supervision was first introduced due to the death of a child some 10 years before. Claire advised that there is a meeting scheduled for the following Friday to discuss further with the DACT and relevant members were welcome to join to contribute as appropriate. Claire would share the link. It was also noted that Claire had not received a response to the request for data on funding which had been made, which she would follow up. It was agreed that the top up payments helped keep the service afloat until a long term solution was found. The DACT current proposals were driving inequalities in the system. It was agreed the CCG should be made aware of the patient safety concerns.</p> <p>Outcome of Strategy Day: Claire had circulated the revised Strategic Plan which had been drafted by Jack Davies following his assistance with the Strategy Day in July. This had been devised to demonstrate the short, medium and long term aims. It was evident that capacity is a major issue and despite the uncertainty about the future it was agreed that CPS needed another member in the Team to support future planning and support. This was also important for contingency planning. It was unanimously agreed to take on a further Team Member, with consideration first being given to what was best needed both for the Team and Contractors. Claire would share some options with Members via email in order to move forward as swiftly as possible with preferences. It was important for governance purposes that all Members respond.</p> <p>Consideration was given to some feedback from Independent Contractors who did not wish to support the extension of the current membership a further year. Whilst appreciating the concerns expressed, it was agreed awaiting the outcome of the Wright Review Steering Group recommendations was important to move forward. It was acknowledged that most Contractors would not know what it involved in the work of CPS and it might be useful to re-establish the ‘buddying’ arrangements previously in place, whereby each CPS member had a responsibility to liaise with a set number of Contractors to individually explain the work going on and deal with any queries raised. Claire agreed to prepare some briefings which could be usefully shared.</p> <p>Members were asked to submit any further comments on the draft Strategic Plan by 30 September 2021.</p>	<p>CT</p> <p>CT</p> <p>CT/ ALL</p> <p>CT</p> <p>ALL</p>
<p>13.</p>	<p>Boots Deliveries to Nursing Homes: Query was raised about a change in policy by Boots, which was also confirmed by Lloyds, that each Home receives a delivery once per month, decided on an individual basis, with acute Rx's being dealt with separately by local pharmacies. It was noted that for Lloyds, with less than 30 patients in a Home, they generally provided monthly deliveries.</p> <p>Chair Position: David outlined his change in career direction in having successfully applied to be a PCN based Pharmacist in order to better utilise his clinical skills, likely effective from 1 November 2021. However, it was likely he would still be able to maintain a limited CCA role with Well, which would mean he could retain the CPS Chair position if agreed by CPS Members, for the time being. Members were asked to consider if they would be interested in the Chair role themselves and to feedback with any queries.</p>	<p>ALL</p>

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