

## Meeting Content

### Topics discussed:

Use the space below to provide a summary of meeting content.  
What topics were discussed? What was on the agenda?

Where possible, copy and paste the MEETING AGENDA in this section. Please expand on any agenda item you feel was specifically relevant to pharmacy, providing a concise explanation

1. Welcome and Introductions
2. Bradford Community Partnership Model
3. Community Partnership Priorities and Progress  
Initially we had a look at some of the health data from the area (provided by the local public health team). Discussed 3 priorities for PCN (Respiratory Disease, Alcohol Awareness and Frailty).
4. NHS England Primary Care Networks and Future Funding
5. Directed Enhanced Service (DES) Network Contract
  - a. Submission of initial Network Agreement by 15 May 2019
  - b. Clinical Director agreed by the PCN and submitted to commissioner
  - c. Details for PCN's nominated payee
6. City Health GP Federation
7. Open Discussion  
Provided an explanation of NMS and MUR services, followed by discussion of possibility of referrals into the services, especially NMS. Discussed lack of MUR feedback back to pharmacies and possible ways of improving this.
8. Next Steps
  - a. Nominations for Clinical Director Role
  - b. Voting - Independent Process
  - c. Confirmation for PCN Membership & DES
9. AOB

## Sharing Success

### Success/items progressed:

Use the space below to record anything you considered went well at the meeting. What areas are to be progressed?  
This will be used as learning and shared with other areas.

We had a good, positive start. When I mentioned using our delivery drivers to spot vulnerable patients in cold houses there was a collective 'Ooh yes!'. At the end of the meeting XXX said to me that he was glad to see Pharmacy represented as he thought we were a really under-utilised resource.

A bid for funding was made to tackle 'frailty' in Leeds details: <https://www.frailtytoolkit.org/frailty-fulcrum-animation/>  
The survey brought up the 3 key areas that people wanted to concentrate on as Diabetes, Cardiovascular disease and mental health.

Pharmacy Inhaler Technique Service has been approved by the leadership team. Have asked me to look at funding from pharma companies to bring down the training costs to allow maximum benefit for actual number of consultations.

## Barriers

### Barriers identified/items causing issues:

Use the space below to record IF any barriers were identified and/or to record potential issues.

This will help identify areas where additional support may be required.

Confusion within the meeting regarding what a primary care network is and how this fits in with the previous community trust. Lack of understanding how pharmacy can help/fit in.

Significant use of abbreviations, unknown to myself thereby requiring a lot of explanation.

Significant language / communication issues in this area as it is a 'reception' area for incoming populations. Ghost patients - many patients simply disappear - as they are highly mobile.

## Feedback for Pharmacy Teams

### Feedback for pharmacy teams:

Use the space below to record any feedback for pharmacy teams within the locality/area or even West Yorkshire.

Feedback will be circulated to relevant pharmacies by CPWY

Opportunity to focus our HLP pharmacies towards local health inequalities e.g. weight, sugary drinks, smoking & dental care

Do pharmacies know what services are available to patients/clients in community? What services do pharmacies offer? How can we signpost patients more effectively?

The main focuses for the year in our area were identified as 1. Inactivity- trying to increase activity across all ages

2. Friendly communities- encouraging dementia friendly communities and good neighbours

3. Isolation/loneliness - across all ages

## Feedback for CPWY

### Support/information required from CPWY:

Do you need support with anything? Please use the space below to let CPWY know if any support is needed.

It is hard to represent without a good idea of how or what other colleagues are doing. Most opinion was therefore based on personal experience with a covering caveat that other colleagues might have a completely different view.

See Email about Post Discharge MUR. I think we could do with exploring this further and having conversations with the relevant people to see how this could be made a reality, as it was very well received and the GP and practice managers.

## Other Comments

### Other comments/items or information to note:

Use the space below to record any other comments. Please include any ideas for future integration not already captured above.

The away day will hopefully be an effective approach to kick start the project working and using the funding.

It was decided to increase the frequency of the meetings to monthly, but possibly not everyone would need to be there for every meeting.

It was felt that it would be wrong to limit input by having smaller groups for certain topics as you may miss helpful points from other providers who might not have an obvious interest in a subject.

## Actions & Next Steps

Please record ONE action per box and ensure you complete the details on the right hand side (who and when).

Contact XXX on at turning point to discuss graduates who are qualified to deliver peer support for those on substance misuse programmes

Email XXX to remind her to send me information.

Liaise with district nurse and self-care champion