

## **CPH MINUTES**

**16 March 2022**

The Focolare Centre, Welwyn Garden City

### **Present**

Rachel Solanki (C)  
Karsan Chandegra  
Zahra Choudhry  
Sean Gage  
Girish Mehta  
Vinesh Naidoo  
Parag Oza

### **Professional**

Helen Musson  
Ingrid Cruickshank  
Sara Norwood

### **Apologies**

Raj Patel  
Graham Phillips  
Suraj Varia

### **Apologies**

Rita Patel

Minute No.	Agenda Item	Lead
1	<p><b>WELCOME &amp; APOLOGIES FOR ABSENCE</b> RS welcomed everyone to the meeting. Apologies were received from CPH members Raj Patel, Graham Phillips and Suraj Varia.</p> <p>Member update: Nilesh Bathia has stepped down from the committee and CPH wish to thank Nilesh for his contribution to CPH.</p> <p>Office staff update: Farhan Moulana has been appointed as Deputy Chief Officer on a full-time basis from 1 May 2022. Rita Patel has agreed to extend her role as Deputy Chief Officer until 30 April 2022. We would like to thank Rita for her hard work and support and the contribution to CPCS service. Ingrid Cruickshank will continue her role two days a week from 1 May 2022. Rebecca Dunne has been appointed as Administration Officer on a fixed term contract from 7 March 2022 until 31 March 2023.</p> <p>Concerns were raised regarding the number of members present at today's meeting especially with the agenda items for discussion. It was asked if CPH could bring member elections forward and whether we advertise member vacancies to contractors. <b>ACTION: Contact PSNC and enquire if we can hold member elections now/earlier than 2023. Consider advertising member vacancies to contractors once PSNC response has been received.</b></p> <p>HM updated members on a recent meeting with LPCs in the East of the region. It was noted that all the LPCs in the East of the region are interdependent on each other regarding boundaries for the ICS. It was agreed at this meeting that a paper would be brought to all east of England LPCs upon the outcomes of the Review Steering Group (RSG) work about composition of LPCs moving forward and will only be accepted if all LPCs agree. <b>ACTION: HM to share the East of England paper for the Committee when developed and agreed.</b></p>	<p></p> <p>HM</p> <p>HM</p>
2	<p><b>DECLARATION OF INTEREST</b> None.</p>	
3	<p><b>ITEMS OF URGENT BUSINESS</b> None.</p>	
4 4.1 4.2	<p><b>MINUTES OF CPH MEETING HELD ON 17 NOVEMBER 2021</b></p> <p>4.1 The minutes were received and approved by the committee.</p> <p>4.2 The outstanding actions were received.</p> <p>Item 1: Immediate access to emergency medicines – contractors have been informed by email of CPHs decision. <b>ACTION: Send update to all contractors and request contractors to inform CPH if they receive any comms about the service.</b></p> <p>Item 2: PCNs <b>ACTION: Change due date to May 2022.</b></p>	<p>HM</p> <p>SN</p>

<p>4.3</p>	<p>Item 3: COVID costs and services letter – HM confirmed James Wood and Bharat Shah from PSNC have been invited to the May 2022 meeting.  <b>ACTION: Add information on the COVID costs and new services letters sent to PSNC to Annual Report.</b>  <b>ACTION: HM to pick up with Mike Dent regarding the COVID costs letter as had no response.</b>  <b>ACTION: Add to e-news in bullet points to make contractors aware that CPH has written to PSNC regarding concerns with new services and COVID costs.</b>  <b>ACTION: Add to e-news to inform contractors regarding the appeals process for COVID costs.</b></p> <p>Item 4: NHS111 referrals  <b>ACTION: Make contractors aware of how they can feedback on the NHS111 service using the link on the CPH website and that any feedback they make on PharmOutcomes does not get sent back to the local NHS111 provider.</b></p> <p>Items 5, 6 and 7  <b>ACTION: Change due date to May 2022.</b></p> <p>Item 8 - <b>Close</b></p> <p>The completed actions were received for information only.</p>	<p>Office</p> <p>HM</p> <p>Office</p> <p>Office</p> <p>SN</p> <p>SN</p> <p>SN</p>
<p>5</p>	<p><b>CPH WORKSTREAMS 2021/22</b>  HM gave an update on current workstreams. The following actions were raised from the audio presentation.</p> <p><u>MDS</u>  <b>ACTION: Add to e-news and ask contractors for examples of where they are getting requests from hospitals to initiate MDS.</b></p> <p><u>East of England NHS England Community Pharmacy Strategy</u>  HM informed the committee that it had been raised that the meeting was during the day when some contractors will not be able to attend  <b>ACTION: Continue to add to e-news and encourage contractors to respond to the pharmacy strategy survey and inform them of webinar.</b>  <b>ACTION: CPH office to submit a response to survey and share with members for information.</b></p>	<p>Office</p> <p>Office</p> <p>HM</p>
<p>6 6.1</p>	<p><b>ITEMS FOR DECISION</b>  <u>CPH Office Capacity Plan</u>  The paper was received. Members were asked to discuss and approve that they would like the CPH office to continue to be responsible for CPH workstreams as agreed as part of the capacity plan in 2019. Members were also asked to approve the proposed adaptation to the CPH office structure vision agreed in 2019 and to discuss the implementation plan of moving towards the future and a way forward.</p> <p>The committee agreed responsibilities for workstreams will continue to lie with the Office Team as previously agreed in the capacity plan in 2019.</p>	

<p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p> <p>6.6</p>	<p>The committee approved the proposed adaptation to the CPH office structure vision agreed in 2019.</p> <p><u>Levy</u> A vote was taken on the proposal in the paper for levy changes from 2023-24 to support a move towards the office vision in the capacity plan from 1 April 2023. All seven members present also agreed with a 6-month review at the November 2022 meeting due to the possible changes that may be published as a result of the RSG review.</p> <p><u>CPH Workstreams 2022/23</u> The paper was received. HM gave an update on the survey responses from eight members about which work streams to take forward. After starting discussions on the workstreams, it was agreed that members did not have enough background information on certain workstreams to enable them to make a decision. It was therefore unfair to ask members to make a decision on future workstreams without being presented information and views from the CPH Office. It was agreed for the CPH office to identify the workstreams for 2022-23 and the members would identify gaps. It was noted that there was a lack of clarity about what was considered core responsibilities for the CPH office which was getting confused with the priority workstreams. <b>ACTION: Reflect on member comments and CPH office take to members new workstreams and ask members if there are any gaps.</b> <b>ACTION: Office will take back to members a paper that outlines the core responsibilities of the CPH office that are not covered by priority workstreams by end of March 2022.</b></p> <p><u>CPH Office Staff Pay Review</u> The paper was received. Office staff were not part of this discussion. Members discussed the proposal. It was agreed to give the inflationary increase of 4.9% only but the market rate proposal would not be taken forward at the current time.</p> <p><u>CPH Pay Review Policy</u> The paper was received. Office staff were not part of this discussion. Members discussed the proposal and agreed to the pay review policy and the line managers guidance that included a performance review document with the caveat there would no longer be banding within staff salary. It was suggested and agreed that staff that achieved excellent should receive a 0.5% increase for the following year and staff that achieved good should receive a 0.25% increase for the following year. This is over and above any inflationary increase up to the maximum amount of the salary band.</p> <p><u>PSNC LPC Expenses Policy</u> The paper was received. After a discussion it was agreed to adopt the new PSNC policy with minor CPH additions from 1 April 2022. <b>ACTION: Accept new policy with agreed amendments, update budget and publish on CPH website.</b></p> <p><u>Budget 2022/23</u> The paper was received along with the Treasurers Report and both papers were approved. <b>ACTION: Update budget paper to reflect any changes.</b></p>	<p>Office</p> <p>Office</p> <p>HM/SN</p> <p>HM/KC/SN</p>
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<p><b>7</b> <b>7.1</b></p>	<p><b>ITEMS FOR DISCUSSION</b>  <u>Pharmaceutical Needs Assessment (PNA)</u>          The paper was received. Members discussed and agreed the following amendments:</p> <p><i>Pharmacies in Hertfordshire (pg 11)</i>          CPH do not believe it is equitable to say that community pharmacies have reduced from 254 to 234. If you cross check this against the PNA from 2018 this included the two appliance contractors and the nine distance selling pharmacies in 2018, therefore in order to be consistent and comparable you need to add in the DSPs and appliance contractors to the 234 figure.</p> <p><i>Essential Services - normal working hours (pg 11)</i>          Need to be clear about what is meant by normal working hours. CPH understand this to be 9am-6pm as outlined later in the document but this needs to be clear in the Executive Summary.</p> <p><i>Current provision of necessary services (pg 11-13)</i>          There is no definition of what a gap is – CPH request this to be included.</p> <p><i>Current and future access to locally commissioned services (pg 13)</i>          The conclusion of this section is that there is no gap in locally commissioned services. However, there is a whole appendix (O) on opportunities for community pharmacy services and therefore CPH ask if the box should say that there is no gap in pharmaceutical service caused by existing locally commissioned services.</p> <p><i>Coronavirus pandemic (pg 15)</i>          It says that there has been a net loss of pharmacies. CPH assume this is referring to a national figure and request the word "national" be inserted to make this clear.</p> <p><i>Pharmacy Quality Scheme (PQS) (pg 16)</i>          CPH request to change the sentence that reads "At the time of writing the current PQS focuses on priorities supporting COVID recovery...". PQS domains in 21-22 were not focused on COVID recovery so this is incorrect.</p> <p><i>6th sentence down from top (pg 30)</i>          This refers to Hertfordshire and West Essex as Hertfordshire and Wessex. Wessex is a completely different area and needs to be changed to West Essex. This is one example, but also appears throughout the document so will need amending throughout.</p> <p><i>Community pharmacies (pg 68)</i>          The dispensing doctors should not be included in this total and were not in the 2018 PNA. CPH request to justify why this has changed.</p> <p><i>Community pharmacies (pg 68)</i>          The following sentence is not based on fact and not sure where the "therefore" comes from: "Populations may therefore find community</p>	

pharmacies in neighbouring HWB areas more accessible and/or more convenient. CPH question on what basis is this assertion made?

*Number of community pharmacies per 100,000 population (pg 70)*

CPH do not believe the figure for the average number of pharmacies to be correct, as the DSPs and appliance contractors are not included and they were in 2018, so you are comparing different things. There is a need to be consistent with the other PNA or explain the discrepancy and change in numbers.

*Choice of community pharmacies (pg 71)*

CPH ask is there a difference between an independent and a larger independent or a multiple? There is no definition of what a multiple is and does not include larger independents ie. AIMp.

*Routine Saturday daytime access to community pharmacies (pg 76)*

CPH ask what is 'average' access? What does it mean by variable hours? This all needs to be clearer otherwise how can you end up with the assumption that there is no gap.

*Routine Sunday daytime access to community pharmacies (pg 76)*

The figures in the table seem to indicate that there is considerably less access on a Sunday - is that reasonable and does it leave a gap in service. It does not because it is based on patient need and likely serves the need of the population on a Sunday but this then needs to be presented differently. CPH believe this needs to be much clearer in this section.

*Routine bank holiday access to community pharmacies (pg 76)*

CPH do not believe that NHSE&I have taken into consideration those pharmacies that are near to hubs and out of hours providers so would suggest amending or removing.

*Advanced service provision (pg 78-79)*

It needs to be clearer in this section that there is no data for hypertension as the service had not yet been commissioned when the data was taken, CPCS was still being launched, no pharmacies had been commissioned for hepatitis C and that we were in a middle of a pandemic.

*Distance Selling Pharmacies (pg 79)*

CPH are questioning why are the DSPs listed in a set of bullet points and not included in the appendix the same as all pharmacies as would appear inequitable to all other pharmacies.

*Pharmaceutical service provision provided from outside Hertfordshire HWB area (pg 80)*

It is inappropriate to name this pharmacy for a service that was not made available for all pharmacies and was not a pharmaceutical service or commissioned as locally commissioned service. If this is included it could lead to a gap being identified particularly as it is outside Hertfordshire.

*GP practices providing extended hours (pg 84)*

This section is worded incorrectly. Only GP hubs are listed but individual GP practices also offer their own extended hours but this is not clear in the introductory paragraph.

	<p><i>Other providers (pg 85)</i> CPH ask whether Luton and Dunstable Hospital be included in this section and why are some hospitals outside the HWB ie. PAH included in the HWB and those situated in the HWB ie. Royston and Bishops Stortford are identified as outside the HWB? Please double check.</p> <p><i>Care Home Review (pg 102)</i> This service is not just provided by DSPs.</p> <p><i>Provision of Locally Commissioned Services (pg 103)</i> CPH are confused by data in the table about where it is commissioned as this does not feel correct as reducing waste is only available in Hertsmere and Care Homes only in Dacorum.</p> <p><i>Opportunities for further community pharmacy provision (pg 216-218)</i> CPH feel strongly that this whole section needs rewriting as it is subjective and it is not clear who is making the recommendations and ask if it is the steering group? CPH ask who are the 35% that said "yes" to extra commissioned services as this is not clear. CPH state the reason that the provision of Health Checks varies is because it was a pilot and was only open to a maximum of 29 pharmacies and there was a pandemic. CPH ask who are we asking to consider these opportunities - the commissioner? The data is quantified as per 100,000 in some data but not in others and this needs to be consistent. There are suggestions for a TB service but the numbers are tiny and would only be worthwhile for one community pharmacy. It seems to suggest that screening is the only opportunity which does not seem equitable. <b>ACTION: Highlight to contractors to check their hours/services when they receive the draft PNA and also look to see if they are happy in the locality given.</b> <b>ACTION: Feedback to PNA Steering Group the changes made by CPH.</b></p>	<p>Office</p> <p>HM</p>
<p>8</p> <p>8.1</p> <p>8.2</p> <p>8.3</p>	<p><b>ITEMS FOR INFORMATION</b></p> <p><u>Executive Team Meeting Update</u> The notes from the meeting were received. No questions were raised.</p> <p><u>Contract Report</u> The report was received. No questions were raised.</p> <p><u>Member Report</u> The report was received. No questions were raised.</p>	
<p>9</p>	<p><b>AOB</b></p> <p><u>Vaccinations</u> <b>ACTION: Send members details of vaccinations for pregnant women for member views.</b></p>	<p>IC / Members</p>
	<p><b>NEXT MEETING</b> 18 May 2022 (9am – 1pm) via teleconference</p>	