

CPH MINUTES
19 January 2022
via videoconference

Present

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

Professional

Helen Musson
Ingrid Cruickshank
Rita Patel
Sara Norwood
Lorna Girling

Apologies

Nilesh Bathia
Graham Phillips

Minute No.	Agenda Item	Lead
1	WELCOME & APOLOGIES FOR ABSENCE RS welcomed everyone to the meeting. Apologies were received from CPH members Niles Bathia and Graham Phillips.	
2	DECLARATION OF INTEREST None.	
3	ITEMS OF URGENT BUSINESS None.	
4	MINUTES OF CPH MEETING HELD ON 17 NOVEMBER 2021	
4.1	The minutes were received and approved by the committee.	
4.2	The outstanding actions were received. Item 1 and 2: Immediate access to emergency medicines. ACTION: Complete by end of January 2022.	HM/IC
	Item 3: CPCS IT system – No further information to date. HM working on detail in the background and plan to be complete by end of February 2022. ACTION: Members to inform office if any other detail is known.	Members
	Item 4: GP CPCS – CPH website in transition and item will be complete within two weeks.	RP
4.3	The completed actions were received for information only.	
4.3.1	<u>CPH Covid costs letter and PSNC response</u> It was agreed to publish the CPH letter on the CPH website to inform contractors that we are taking forward their feedback and raising this at the relevant level. CPH will seek approval from PSNC before publishing PSNCs response. ACTION: Publish CPH letter on CPH website.	SN/LG
	ACTION: Contact PSNC for permission to publish PSNC's response to CPH letter.	SN
	ACTION: Add to newsletter informing contractors of the letter on our website.	LG
4.3.2	<u>PSNC new services letter</u> It was agreed to make the letter more robust with additional feedback from members. ACTION: Send letter (in Word format) to members requesting any amendments using track changes to office by 27 January 2022.	SN
	ACTION: Send final version of the letter to PSNC.	SN
5	CPH WORKSTREAMS HM confirmed there was no audio member update and gave verbal updates on workstreams below.	

5.1	<p><u>Covid-19</u></p> <ul style="list-style-type: none"> Supervised LFTs - have been commissioned by the council and they are happy with coverage and engagement by pharmacies that are live. LFT devices – PSNC have been made aware of issues on ground level along with contractors not receiving communications in a timely way. HM noted this had been raised at a national level by all LPCs. It was confirmed pharmacies should be receiving a minimum of two boxes of LFTs a week which may still not meet patient demand but it was hoped that this would improve over the course of the next month. Vaccinations – It was confirmed that approximately 50 community pharmacies are providing COVID-19 vaccinations in Hertfordshire. Huge thanks from contractors to CPH office for their help and support was noted. 	
5.2	<p><u>Care Homes</u></p> <p>The paper was received. There was no additional update.</p>	
5.3	<p><u>Stockpiling</u></p> <p>The paper was received. There was no additional update.</p>	
5.4	<p><u>CPCF 2021-24</u></p> <p>HM gave an update on the following points:</p> <ul style="list-style-type: none"> CPPQ – no CPPQ for 2021/22 and there would be an update for 2022/23 following national announcement. No clinical audit at national level or practice audit at local level required. NMS – extension for PQS requirement to achieve 20 NMSs. Public health campaigns going ahead. DMS - continuing and hoping to launch mental health in March. Has now become part of the national contract for hospitals and a CQUIN which should support this become an embedded service. Flu vaccination advanced service – community pharmacy involved in early discussions. CPCS –It was noted some contractors are not acting on the referrals being sent by NHS 111 but also recognised difficulties of inappropriate referrals to community pharmacy. GP CPCS – all PCNs will have been offered support to rollout GP CPCS by the end of March 2022 with huge amounts of support to contractors from the CPH office. The Committee noted the proactivity and support provided by the CPH office for GP CPCS and thanked the team for their hard work. <p>ACTION: Share with contractors via the newsletter the work CPH office have done and achieved in getting the GP CPCS service up and running with the PCNs.</p> <p>ACTION: Work with Sean Gage to identify the example of NHS111 patient referrals being sent to pharmacies not local especially when</p>	<p>RP/LG</p> <p>HM</p>

<p>5.5</p>	<p>pharmacy closed and believed to be correct on DoS. To explore outcomes of examples and communicate any learnings to contractors on e-news.</p> <p><u>Assisted Living</u> The paper was received. After a discussion it was agreed the £20 per month payment was not cost effective and would need to be properly remunerated. Concerns over liability on pharmacies would need more detail. It was recognised that the Committee was making a decision on taking this proposal forward outside of the capacity plan review that would be taking place in March 2022. It was agreed that we should put forward a proposal to include adequate remuneration for a service to be commissioner as pharmacies were already engaging with this which could be considered for other future services and report back on outcomes. ACTION: Office to put a paper forward as a proposal to the commissioners to take this forward as a service.</p>	<p>IC</p>
<p>5.6</p>	<p><u>Public Health</u></p> <ul style="list-style-type: none"> • CPH has engaged with all district health hubs to help contractors with resources for Healthy Living Pharmacy in future. • Health check services are on hold and funds will be migrated to 2022/23 with piloted pharmacies. • Smoking and sexual health monitoring on the key performance indicators are on hold for 2021/22 in recognition of the pandemic and all pharmacies currently commissioned continue into the next year in 2022/23. Public Health confirmed they plan to change the database on recording public health services in future but have extended current PharmOutcomes license to April 2023. Concern was expressed regarding different IT systems at both a national and local level and the additional work this will cause for community pharmacy contractors. • Supervised consumption and needle exchange services continues as normal. <p>ACTION: Invite a PSNC IT representative to the meeting in May 2022 for an update on the direction of travel on community pharmacy systems.</p>	<p>HM/SN</p>
<p>5.7</p>	<p><u>PCNs</u> CPH have supported all PCN Leads to complete the PCN domain in PQS. It was noted that some PCNs have not yet met their required percentage target for flu vaccinations that means that community pharmacy contractors will not achieve the target for the PQS PCN domain. It was agreed that this was unfair and that this had been fed back nationally by LPCs. It was suggested CPH share the flu vaccination take up with those PCNs where they have not yet met their required percentage target so GP practices and community pharmacies can work together to meet this target and achieve the domain ACTION: To contact NHSE&I for flu vaccination achievement figures and communicate with the relevant PCNs that are not meeting their targets.</p> <p>ACTION: Take to ICS a proposal for top slicing the IIF for resourcing community pharmacy PCN Leads.</p>	<p>IC HM</p>

5.8	<p><u>Diabetes</u> The paper was received. HM gave an update and also noted that a request had been put forward for the service to become an audit in recognition of the pressures on community pharmacy and more detail will be known at a later date.</p>	
6 6.1	<p>ITEMS FOR DECISION <u>Treasurers Report</u> The paper was received along with quarter three budget and was approved by members.</p> <p><u>Budget 2022/23</u> The provisional paper was received.</p> <p>It was suggested that due to the increased locum costs to backfill pharmacists time, members and honoraria payments should increase to £40 per hour to enable pharmacists to have the capacity to join the committee without being out of pocket. The committee approved increasing the members' honoraria to £40 an hour from 1 April 2022 and this would remain under review if locum costs started to fall.</p> <p>It was asked if CPH have achieved everything for 2021/22 or do we need to be bolder and put in further resources to achieve what we could not due to capacity. It was agreed to discuss this for the 2023/24 budget in 2022 once the RSG decision is in place and the office have full capacity of staff. It was agreed to accept the provisional budget for 2022/23 to include any discussed amendments following the capacity discussion at the March 2022 meeting. ACTION: Agreed to include pre-read costs for both virtual and face-to-face meetings and bring final budget paper to March 2022 for approval.</p>	KC/HM/SN
7 7.1	<p>ITEMS FOR DISCUSSION <u>CPH member expectations and PSNC member days</u> The paper was received.</p> <p>Concerns were raised by members that individual circumstances should be considered before any member is penalised. The Executive Team also noted that if any members cannot commit then members must be realistic and step down from the committee. The paper was discussed and amended. It was agreed to review the document every four years and send to members every two years in line with governance documents. ACTION: Update document with comments agreed at the meeting and send to members for information.</p> <p>Members commended the office team for their continued work efforts.</p>	SN/HM
8 8.1 8.2 8.3	<p>ITEMS FOR INFORMATION <u>Executive Team Meeting Update</u> The notes from the last Executive Team 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></p>	

8.4	<p>The report was received. No questions were raised.</p> <p><u>PSNC Expenses Policy</u> The revised paper was received. It was noted the Treasurer and office will explore the changes and bring to the March 2022 meeting. ACTION: Revised PSNC Expenses Policy to be added to the March 2022 agenda for discussion.</p>	SN
9	<p>AOB <u>March 2022 meeting</u> Members were asked what they expect from the office team in preparation for the March 2022 meeting. It was agreed to bring workstreams with associated data and all other office processes that impact on their time, ie. finance, newsletters, meeting attendances to consider the pressures on the CPH office alongside other workstreams and prioritise importance of this work. ACTION: Each workstream to show services, office time, contractor involvement (delivering vs actual) including a cost analysis element from both office and contractor point of view.</p> <p>ACTION: Capacity plan to include office time spent on all areas including a cost analysis element from both office and contractor point of view.</p> <p><u>RSG</u> RSG will inform contractors of the next meeting and contractors encouraged to look out for the dates to attend.</p> <p><u>Pharmaceutical Needs Assessment</u> The draft PNA will be available towards the end of January 2022. It was asked if members create a subcommittee or do all members contribute. After a discussion it was agreed it was a good exercise for all members to be involved and would benefit from having an overview of what is happening locally. It was agreed to meet in February 2022 to discuss this and members would be remunerated (2 hours to include pre reading and time) for their time. ACTION: Send members the PNA when received in office.</p> <p>ACTION: Agreed to put a date in diary towards the end of February 2022 for two hours for all members to attend.</p>	Office Office HM HM/SN
	<p>NEXT MEETING 16 March 2022 (9am – 5pm) FACE-TO-FACE The Focolare Centre, Parkway, Welwyn Garden City, AL8 6JG</p>	