

CPH MINUTES
18 May 2022
via videoconference

Present

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

Professional

Helen Musson
Farhan Moulana
Sara Norwood
Lorna Girling

Apologies

Vinesh Naidoo

Apologies

Ingrid Cruickshank

Guests

Daniel Ah-Thion – PSNC
Angela Culleton – Essex LPC
Renate Scheffer – Herts & West Essex ICS
Avni Shah – Herts & West Essex ICS
Pauline Walton – East & North Herts CCG
James Wood - PSNC

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES FOR ABSENCE RS welcomed everyone to the meeting. Apologies were received from CPH member Vinesh Naidoo and Ingrid Cruickshank.</p> <p>Member update: Raj Patel and Graham Phillips have stepped down from the committee. CPH wish to thank both Raj and Graham for their significant contribution to the Local Pharmaceutical Committee over a number of years. They will be greatly missed but will continue as valued contractors within Hertfordshire. Vikash Patel from Village Pharmacy in Stanstead Abbots has been appointed as an independent member and was welcomed to the meeting.</p> <p>Office update: Farhan Moulana has joined CPH as Deputy Chief Officer and Lorna Girling has joined CPH as Business Officer. They were welcomed to the meeting.</p>	
2	<p>DECLARATION OF INTEREST None.</p>	
3	<p>ITEMS OF URGENT BUSINESS <u>Member Vacancies</u> There was concern expressed that not enough interest had yet been received by the CPH office for the two independent member vacancies. Members were requested to come up with ideas on how to encourage independent contractor members to express an interest. ACTION: Send a one-off email to contractors outside of the e-news process advertising the vacancies. Request that PCN Community Pharmacy Leads via the gaggle group and WhatsApp send a message out to their PCN contractors about the independent member vacancy.</p> <p>ACTION: HM to contact contractors who have been in contact with office previously who may be interested in becoming a member.</p> <p><u>Review Steering Group (RSG) Proposals</u> Members were asked to read and look at the animation in advance of the meeting and to bring their views on what the direction of travel CPH should have with regard to the voting process and what support to contractors there should be. Members discussed questions that should be raised with PSNC later in the meeting and then to agree the CPH approach to communications after the PSNC discussion. Following the PSNC discussion the following actions were agreed: ACTION: Weekly countdown email on a Tuesday reminding contractors to vote on the RSG proposals.</p> <p>ACTION: Prepare careful wording for communication on the CPH view of the RSG proposals that focuses on the consequences of a vote but not to encourage them to vote one way or another.</p> <p>ACTION: HM and Executive Team to draft unanswered questions (based on committee discussion) for independent contractors to adapt and submit to the RSG via the portal.</p>	<p>SN</p> <p>HM</p> <p>SN/LG</p> <p>HM</p> <p>HM/ Members</p>

6.3	<p><u>Member Report</u> The report was received. No questions were raised.</p>	
7 7.1	<p>ITEMS FOR DISCUSSION <u>Future of Community Pharmacy IT systems</u> RS welcomed Daniel Ah-Thion (DA), NHS Community Pharmacy IT Policy Manager from PSNC to the meeting. DA gave a presentation. This set out an ambition for pharmacy services:</p> <ul style="list-style-type: none"> ➤ Increasing use of standards for dispensing and for services eg. Professional Record Standards Body's Pharmacy Info Flows standards so that multi systems could send and receive messages and systems could communicate with each other. ➤ Technical documentation for suppliers to integrate into. ➤ Suppliers to be asked on their integration timescales and potentially levers / incentives might speed progress. ➤ Reduced double keying eg. development of API specification documentation which would enable suppliers to integrate so not need to perform double data entry during MYS submission process. <p>There are challenges to overcome:</p> <ul style="list-style-type: none"> • Funding limitations • Supplier and technical challenges • Policy maker and pharmacy sector alignment • Capacity at pharmacy, supplier houses, NHS digital teams • Will new technology be able to be used? <p>The future should involve technological improvements</p> <ul style="list-style-type: none"> • efficient or automatic data entry • electronic messages in and out of pharmacy • Full ability to read and write with records <p>Other topics covered:</p> <ul style="list-style-type: none"> • How to make better use of existing IT to free up time (eg. understanding how to report items quickly and correctly) • Use of mobile devices (including for NHSmail), encouraging Real Time Exemption Checking (RTEC) Registrations • Central IT policy and Community Pharmacy IT Group work <p>Concerns raised by CPH were about how we get from where we are now to one integrated digital system that is unified for community pharmacy contractors. It was suggested that there were too many digital options that do not currently work together that make the process more bureaucratic at a pharmacy level.</p> <p>AS expressed the views:</p> <ul style="list-style-type: none"> • That there needed to be additional thought at a national level about the digital offer for national community pharmacy services that was akin to the GP practice model. • The general practice digital model was far from perfect but that digital solutions working with existing providers were considered. <p>DA offered to further discuss IT matters with CPH or contractors and shared email address reachable it@psnc.org.uk .</p>	

<p>7.2</p>	<p>ACTION: Share PSNC presentation with committee members.</p> <p>ACTION: Feedback to PSNC IT about meeting separately with Avni Shah and CPH to explore the future of digitalisation of community pharmacy.</p> <p><u>PSNC update</u></p> <p>RS welcomed James Wood, Director of Contractor & LPC Support from PSNC to the meeting. James confirmed Bharat Patel sends his apologies due to a PSNC meeting clash but that PSNC representatives hoped to be more visible to LPCs in the future. An update on the following was given.</p> <ul style="list-style-type: none"> • <u>Review Steering Group</u> <ul style="list-style-type: none"> ○ Currently in pre-vote period. PSNC have had 10 events with mixed engagement. ○ Voting opens 27 May 2022 with notifications going to all contractors via post and email that morning. Further pre-vote notices will continue to be sent. Vote window open for 3 weeks. ○ Ballot question has been set and requires a two thirds majority of those turning out to approve. ○ RSG website is open for contractors to ask questions which will be responded to and published every Friday. ○ The independent body operating the vote would contact contractors who have not voted in week 2. This information would not be provided to LPCs and LPCs were not expected to chase up individual contractors to vote. ○ It was confirmed that LPCs can give their views/steer to contractors on the voting of the RSG as individual organisation if there was a committee consensus about what to communicate. ○ It was noted that a “no” vote would be a vote for status quo as the RSG has reached the best consensus possible after working with the sector for 15 months. If the majority was for a “no” vote the proposals would be unlikely to be revisited but that PSNC and LPCs could get together to consider any critical areas to consider taking forward. There is no alternative strategy or proposals if contractors vote “no”. Contractors are not being asked to vote on particular parts of the proposal but in its entirety. ○ CPH expressed concern that community pharmacy contractors do not understand what this means for them and that the only viable option is yes which presents the vote as an ultimatum. ○ CPH also expressed concern that further resources were being input at a national level when the direction of travel had changed to be locally managed community pharmacy contracts. JW indicated that RSG had taken the view that the vast majority of contractors income will be at national level and 	<p>SN</p> <p>HM</p>
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	<p>that larger LPCs would maximise their interactions at the local level that may bring about efficiencies.</p> <ul style="list-style-type: none"> ○ ● <u>Implementation of national services at local level</u> HM and RS met with James Wood and Alastair Buxton from PSNC following committee concerns about the implementation of new services. PSNC is reflecting on the information raised at this meeting. ● <u>Future community pharmacy contract</u> Negotiations are still ongoing and contractors will be notified on outcomes in the coming weeks. 	
<p>8 8.1</p>	<p>CPH WORKSTREAMS <u>Integrated Care Systems and preparing for commissioning transition</u> RS welcomed Avni Shah, Director of Primary Care Transformation, Herts & West Essex ICS and CCGs and Pauline Walton to the meeting. Avni gave an update on the following:</p> <ul style="list-style-type: none"> ● Integrated Care Board (ICB) from July 2022 with primary care representation which in the first two years will be GP clinical members. However, it is expected that community pharmacy will be embedded and an opportunity for a non-GP professional will be sought in the future. ● From April 2023 the ICB would be delegated community pharmacy commissioning and work was being undertaken on how this would be transferred. ● AS is reviewing how the ICS embed key elements of community pharmacy transformation into the primary care strategy. ● It was reported that AS had been invited to the AGM on 4 July and further updates on the progress would be outlined at this meeting. ● PW reported that the CCG medicines management teams would be working as one team and how this practice works as an integrated team from July 2022 and that there are active plans to recruit one head internally. ● Concern was expressed that CPH had heard nothing further from the transition workshops held in 2021 and whether LPCs were being consulted on the plans for transferring commissioning to ICBs from April 2022. ● Concern was also expressed that there was no integration of the community pharmacy hypertension service and that many GP practices were unaware of the service and its implications. ● It was queried what was happening with the resourcing of community pharmacy PCN leads. HM was writing a proposal for consideration in consultation with Essex LPCs which would be submitted to the ICS in due course. 	

