

CPH MINUTES
5 October 2022
Tewin Bury Farm, Welwyn

Present

Rachel Solanki (C)
Karsan Chandegra
Zahra Choudhry
Sean Gage
Girish Mehta
Mohamed Moledina
Vinesh Naidoo
Parag Oza
Vikash Patel
Sheelan Shah

Apologies

Suraj Varia

Professional

Helen Musson
Farhan Moulana
Sara Norwood
Lorna Girling

Apologies

Ingrid Cruickshank

Guests

Anurita Rohilla – Herts & West Essex ICB (item 6 only)

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES FOR ABSENCE RS welcomed everyone to the meeting. Apologies were received from Ingrid Cruickshank and Suraj Varia and guests Bharat Patel, PSNC and Michael Sissens, LMC.</p>	
2	<p>DECLARATION OF INTEREST None.</p>	
3	<p>ITEMS OF URGENT BUSINESS None.</p>	
4	<p>MINUTES OF CPH MEETING HELD ON 20 JULY 2022</p>	
4.1	The minutes were received and approved by the committee.	
4.2	The outstanding actions were received. Items 1 and 2 have been moved to November 2022.	
4.3	The completed actions were received for information only.	
5	<p>ITEMS FOR DECISION</p>	
5.1	<p><u>LPC Constitution</u> The paper was received. Members were asked to review the draft model consultation and to agree any comments for HM to feedback to PSNC. Members were reminded they must understand the document as they are signing it off on behalf of the contractors before adoption of the final version when published.</p> <p>The committee consensus was that there were concerns about the new rules section and the governance around this as they felt committees may have the power to amend rules at a whim without consultation with contractors. The committee was also confused about the additional section regarding a pharmacy contractor with up to 9 NHS pharmacy premises in England not being an AIMp member for the purposes of the constitution and requested further detail and clarity for this section.</p> <p>ACTION: HM to feedback committee comments on the draft constitution made at the CPH meeting to PSNC by 12 October 2022.</p>	HM
5.2	<p><u>Transforming Pharmacy Representation (TAPR)</u> The paper was received. Members were asked to familiarise themselves with the TAPR programme with the resources provided and agree a CPH implementation action plan. Breakout groups were tasked with discussing the TAPR proposals to check understanding and identify any questions with particular reference to pages 54, 55 and 64.</p> <p>The committee came together and discussed the four options presented using the PSNC options appraisal template and ranked their preference. A fifth option was also discussed that took into consideration if neighbouring LPCs did not support any of the models proposed. The discussion and ranking were agreed as follows:</p> <ol style="list-style-type: none"> 1. <u>Hertfordshire and West Essex LPC</u> – committee believe this is their future vision for now and in the future. This give the contractors ONE 	

WHOLE Integrated Care Board (ICB), the fewest number of county councils and the smallest geographical footprint with the right number of contractors to ensure office efficiencies.

2. Community Pharmacy Hertfordshire – committee believes that staying as we are is an option (with the acceptance of the contractors in Royston having a choice to move to Cambridgeshire and Peterborough C&P). This option is more favourable than the next three options. We are aligned to one ICB although some federated working would need to be agreed; we have one county council and are financially viable without an increase in levy with the acceptance that some already agreed workforce investments may need to be reviewed and not necessarily implemented.
3. Cambridgeshire, Hertfordshire, Peterborough and West Essex LPC - committee do not believe this is a future option as they are concerned committee members based in a different patch would be making decisions for contractors in a completely different area therefore this is no longer local representation. However, the committee would consider this as a more viable option that could be scoped if approached by the relevant LPC/s particularly as we already have pharmacies within the area that are in C&P ICB. The committee felt this scoping would take some time and would therefore make this a longer-term plan, not an immediate option. This option was slightly more favourable to the option ranked fourth due to a reduced number of county councils.
4. Bedfordshire, Luton, Hertfordshire, Milton Keynes and West Essex LPC – committee do not believe this a future option as they are concerned committee members based in a different patch would be making decisions for contractors in a completely different area therefore this is no longer local representation. However, the committee would consider that this could be scoped if approached by the relevant LPC/s. The committee felt this scoping would take some time and would therefore make this a longer-term plan, not an immediate option.
5. Essex, Hertfordshire and Suffolk LPC – committee do not believe this is an option. They do not believe that geographical representation makes this a vision for anything they would want to move to in the future and would be worried that committee members based in a different patch would be making decisions for contractors in a completely different area therefore this is no longer local representation. The committee is yet to be convinced of any benefits to the individual contractor that a large organisation that covers several ICBs and numerous county councils can offer. It was felt office teams would not be able to form meaningful relationships with individuals and geographical factors would make committee representation challenging. It was agreed without changes to the constitution, it would be very difficult to maintain locality representation on the committee.

ACTION: Take CPHs' future vision to the regional meeting on 12 October 2022.

RS/HM

The committee discussed the PSNC proposal that elections should not take place in April 2023 but be delayed to July 2023.

<p>5.3</p>	<p>ACTION: Elections – bring discussion regarding extension to LPC members terms of office back and when to hold elections to the November 2022 meeting.</p> <p>ACTION: Subcommittee – add to the November 2022 agenda a proposal of a subcommittee to develop the TAPR implementation plan.</p> <p>ACTION: Update members with video comms regarding the outcome of regional meeting held on 12 October 2022.</p> <p><u>East of England Pharmacy Strategy</u> The paper was received. Members were asked to discuss the East of England Regional Community Pharmacy Strategy. It was agreed that as the document had been circulated later than the papers members would be given further time to review. HM reported that a number of edits had been made to the document following a meeting with all LPCs and ICBs the day before. Members particularly requested that the ICB section is updated to be more consistent.</p> <p>ACTION: Send Word document to members to highlight any track changes on the H&WE section only and return to office by 10 October 2022 in order to feedback comments to East of England by deadline of 12 October 2022.</p>	<p>SN</p> <p>SN</p> <p>HM</p> <p>SN/HM</p>
<p>5.4</p>	<p><u>Treasurers Report</u> The paper was received. No questions were raised. Members approved the Q1 budget report.</p>	
<p>6</p>	<p>HERTS & WEST ESSEX INTEGRATED CARE BOARD (ICB) RS welcomed Anurita Rohilla to the meeting. AR introduced herself as the Chief Pharmacist and Associate Director for Allied Health Professions at HWE ICB. AR gave a brief background of her pharmacy experience and her current role with the ICB and how they can work with CPH to build relationships and champion community pharmacy. Members thanked AR for her introduction, acknowledged her passion for community pharmacy and looked forward to working with her in the future. As a result of round table discussions, the following actions were agreed:</p> <p>ACTION: CPH to share hypertension pathway SOP (acknowledging the need to remove digital section, as it is not ICB wide) with AR and the ICB.</p> <p>ACTION: To share hypertension pilot evaluation data with ICB when available in early 2023 and to keep updated on pilot project.</p> <p>ACTION: Map PCNs, their priorities and who may be willing to support community pharmacy projects.</p> <p>ACTION: Develop a network of local pharmacists in Hertfordshire based on the west Essex model.</p> <p>ACTION: Feedback any key vision/gaps/challenges facing community pharmacy to AR for a meeting with the Chief Pharmaceutical Officer.</p>	<p>FM/LG</p> <p>FM</p> <p>HM/AR</p> <p>HM/AR</p> <p>HM</p>
<p>7</p>	<p>CPH WORKSTREAMS</p>	

7.1-7.6	<p><u>Workstreams framework 2022/23</u> The paper outlining a progress update on all the workstreams was received that had been already been agreed and signed off by email.</p>	
7.1	<p><u>National CPCF Services – making it work locally</u> Members agreed to add to this workstream, the contraception service as a fifth area in the objectives. ACTION: Add contraception service to the workstream document.</p>	SN
7.2	<p><u>Primary Care Networks (PCNs)</u> The paper outlining the funding proposal for community pharmacy leads in Hertfordshire and West Essex was received. Chair acknowledged this is an exciting opportunity and we will need to support the project as an organisation to help contractors to demonstrate their commitment to joint working.</p>	
7.4	<p><u>Integrated Care Systems and preparing for commissioning transition</u> The presentation paper presented to the Hertfordshire and West Essex (HWE) Primary Care Board was received.</p>	
7.7	<p><u>CGL – Supervised Consumption Service</u> The paper was received. FM gave an update. Members were asked to discuss and approve the CGL MAT service proposal with a view to replacing the existing supervised consumption service in Hertfordshire. Committee members were concerned that the new service would not be financially viable for the level of work to be undertaken. It was felt that community pharmacies delivering large volumes of supervised consumption would be better placed to advise on the time and effort involved in the proposed changes that should be reported back to the next meeting. ACTION: Request contractors who are doing large volumes how long it takes to do one supervised consumption according to the current specification and prediction for the new specification and include costs. ACTION: Bring a proposal based on the feedback to the November 2022 meeting to agree next steps. ACTION: Ask CGL if a community pharmacy signs up to do non-supervised consumption quarterly reviews whether they have to provide supervised consumption under the same contract.</p>	FM FM FM
7.8	<p><u>Member questions</u> The video had previously been sent to members. No additional questions were received by members. Discussion was held about members taking time to review the video and the Chair would expect this as a minimum. ACTION: Office to send the members video update link in a more obvious way – not just within the agenda.</p>	Office
8 8.1	<p>ITEMS FOR DISCUSSION <u>Drug Tariff pricing challenges – local support</u> The challenges regarding Drug Tariff pricing was acknowledged although it was recognised that this was a national issue. Committee members recognised that GP practices were also being impacted and had less knowledge regarding the situation. Whilst it was noted that CPH cannot do anything to influence changes to the Drug Tariff; reminders about key areas</p>	

	<p>to action and empathy about the difficult situation in which contractors were finding themselves should be reiterated in CPH communications.</p> <p>ACTION: Work with LMC on a joint statement acknowledging the problems around medicines shortages and some patient communications for GP practices to support.</p> <p>ACTION: Publish when agreed the joint statement on CPH website and e-news.</p> <p>ACTION: Continue to publicise in e-news the actions for contractors on medicine shortage and show empathy.</p>	<p>HM</p> <p>LG/SN</p> <p>LG/SN</p>
9	ITEMS FOR INFORMATION	
9.1	<p><u>Executive Team meeting update</u> The notes from the meeting were received. No questions were raised.</p>	
9.2	<p><u>Contract Report</u> The report was received. No questions were raised.</p>	
9.3	<p><u>Member Report</u> The report was received. No questions were raised. HM reminded members to self-identify themselves from the report and to contact the office of any concerns.</p>	
10	<p>AOB</p> <p><u>CPH meeting dates 2023</u> Confirmation of the next CPH meeting on 25 January 2023. Future dates tbc once the outcome of the future decision regarding LPC configuration is clearer.</p> <p><u>CPH meeting papers</u> Members noted the meeting papers were too big in order to digest all the information in preparation for the CPH meeting. It was suggested to maybe include an appendix section within the papers that could be referred to for further reading so that members read the essential areas to support discussions at meetings.</p>	SN
	<p>NEXT MEETING 16 November 2022 (9am-1pm) via videoconference</p>	