

CPH MINUTES

15 March 2023

The View, Welwyn Garden City

Present

Rachel Solanki (C)
Karsan Chandegra
Zahra Choudhry
Sean Gage
Mohamed Moledina
Vinesh Naidoo
Parag Oza
Vikash Patel
Suraj Varia

Professional

Helen Musson
Farhan Moulana
Sara Norwood

Apologies

Girish Mehta
Sheelan Shah

Apologies

Ingrid Cruickshank
Lorna Girling

Guests

Lianne Emmerson – Public Health (item 7)
Tunde Sokoya – representative from West Essex (item 8)
Janet Weir – Herts & West Essex ICB (item 8)

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES RS welcomed everyone to the meeting. Apologies were received from CPH members Girish Mehta and Sheelan Shah, CPH office Ingrid Cruickshank and Lorna Girling.</p>	
2	<p>DECLARATION OF INTEREST HM declared her declaration of interest as being employed by HWE ICB for 1.5 days a week in relation to item 8 Herts & West Essex ICB.</p>	
3	<p>ITEMS OF URGENT BUSINESS None.</p>	
<p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>MINUTES OF MEETING HELD ON 25 JANUARY 2023 The minutes were received and approved by the committee.</p> <p>The outstanding actions were received. The following was agreed:</p> <ul style="list-style-type: none"> • Close item 3 Healthwatch Hertfordshire, items 6 and 7 LMC, items 9 and 14 HWE ICB. • Item 8 HWE ICB extended to May 2023. • Item 15 Assisted Living to be discussed at Executive Meeting in April 2023. <p>ACTION: Add to e-news a statement to inform contractors to contact CPH if there are any issues with medicine shortages and GP practices.</p> <p>ACTION: CPH to work with ICB Lead to understand the priorities of the individual PCNs and support that can be offered to the community pharmacy PCN leads.</p> <p>ACTION: ICB to feedback to the committee on pharmacist network meetings at May 2023 meeting.</p> <p>The completed actions were received for information only.</p>	<p>LG</p> <p>FM/HM</p> <p>ICB</p>
5	<p>ITEMS FOR DECISION <u>Office staff inflationary increase 2023/24</u> The paper was received. HM gave an update on the paper. CPH office staff left the discussion.</p> <p>The committee approved the annual inflationary increase for all staff based upon the market rate information provided. It was agreed that this information was provided for the purposes of inflationary increases each year but was not the place to discuss any market rate adjustments which would take place at the same time as the capacity plan review (every 3-5 years). It was noted that depending on the market rate there may be different inflationary increases for different staff job roles. This information would be added and updated within the pay review and reward policy.</p> <p>ACTION: Update Pay Review and Reward Policy and bring back for information and approval by committee.</p>	<p>HM</p>

<p>6</p> <p>6.1</p> <p>6.1.1</p> <p>6.1.2</p> <p>6.1.3</p> <p>6.1.4</p> <p>6.1.5</p> <p>6.1.6</p> <p>6.2</p>	<p>CPH WORKSTREAMS</p> <p><u>Workstreams framework 2022/23</u> The paper outlining a progress update on all the workstreams was received. ACTION: Members were encouraged to complete the CPH community pharmacy survey and encourage other contractors to complete it.</p> <p><u>National CPCF Services – making it work locally</u> It was noted that currently CPH team members are spending time supporting GPCPCS, particularly at practice level. The committee asked if CPH need to do anything differently on training and support for CPCS. The committee agreed that the focus of any training and support for CPCS should be on support for community pharmacy contractors and it was agreed to liaise with the ICB going forward on training for GP practices. ACTION: CPH to approach ICB plans for ongoing training for GP practice staff.</p> <p><u>Primary Care Networks (PCNs)</u> Update received. No discussion was held on this item.</p> <p><u>Community pharmacy communication and engagement</u> Update received. No discussion was held on this item.</p> <p><u>Integrated Care Systems and preparing for commissioning transition</u> Update received. No discussion was held on this item.</p> <p><u>Vaccinations and Immunisations</u> It was suggested that CPH need to push for guidance on the flu vaccination service for 2023 but it was recognised that this was outside the control of CPH as it was dependent upon national discussion and negotiation. It was agreed to revisit collaborative working with GP practices to improve the take up of the flu vaccination in the at-risk groups at a later date. Concerns were expressed by members on aspects of both the flu and COVID services. It was suggested to use the NHS England vaccination survey to leave feedback regarding the lack of guidance on the flu vaccination service and COVID vaccination. ACTION: Send email to remind contractors to leave feedback regarding vaccinations on the survey that had recently been sent out from NHS England.</p> <p><u>Community pharmacy locally commissioned services</u> Update received. No discussion was held on this item.</p> <p><u>Member questions</u> The video update was received. HM informed the committee that the East of England NHS England team would be hosted by HWE ICB on behalf of all ICBs to ensure consistency in areas like market entry. Each ICB would still be responsible for commissioning community pharmacies and transformation. No further questions were raised.</p>	<p>Members</p> <p>HM/FM</p> <p>Office</p>
<p>7</p>	<p>PUBLIC HEALTH</p> <p>RS welcomed Lianne Emmerson to the meeting. Lianne presented the findings from the health checks pilot evaluation and it was indicated that there was a case for health checks being commissioned from a larger number of community pharmacies. ACTION: Liaise with LE to take forward health checks and agree next steps.</p>	<p>FM</p>

	<p>ACTION: To forward a copy of the final report and presentation to CPH when finalised and approved.</p>	LE
8	<p>HERTS & WEST ESSEX INTEGRATED CARE BOARD (ICB)</p>	
8.1	<p><u>Community pharmacy PCN Leads project</u> RS welcomed Janet Weir to the meeting. HM gave an update on the community pharmacy PCN leads project on behalf of the ICB. A project group has been set up. PCN leads are being recruited and funded by Health Education England. A full training programme to support the leads and an evaluation have been agreed.</p>	
8.2	<p><u>Community pharmacy UTI project</u> The paper was received for information only. Expressions of interest have been sent out to all contractors in Dacorum and Hertsmere for a one-year pilot with a potential start at the end of April 2023. If successful then the service could be rolled out further within HWE earlier.</p>	
8.3	<p><u>Community pharmacy independent prescribing pathfinder project</u> ICB looking at support for independent prescribers to work within community pharmacy. Expressions of interest have been collated from interested independent prescribers in community pharmacy. Three areas had been put forward as part of the submission put forward by HWE ICB: hypertension, minor illness and asthma. All three areas based on expressions of interest received from the community pharmacy independent prescribers. Consultation fee had been put in to be paid through pathfinder project. Funding had been put in for GP practice support to the community pharmacies.</p>	
8.4	<p><u>Community Pharmacy Integration Lead appointment</u> JW confirmed this position has now been appointed and will be in post by the end of April 2023.</p>	
8.5	<p><u>Commissioning handover / contracting team / communication</u> JW confirmed commissioners will be moving from NHS England to be hosted by HWE ICB on behalf of all ICBs in the East. CPH welcome collaboration and feedback.</p>	
9	<p>ITEMS FOR DECISION</p>	
9.1	<p><u>CPH workstreams 2023/24</u> The paper was received. Members broke out into three groups to discuss the suggested workstreams for 2023/24. The following changes were agreed to the workstreams:</p> <p>CPCF – it was agreed to add vaccinations and immunisations to this section. Whilst it was recognised that having more immunisations services offered locally would be beneficial, this was unlikely to be a priority or possibility in the local area over the next year.</p> <p>ACTION: Move vaccinations and immunisations to the CPCF section.</p> <p>PCNs – it was agreed CPH was not responsible for the recruitment of the PCN Lead positions. However, when the leads are recruited then CPH can help with future direction.</p> <p>ACTION: Reword the outcomes section on PCNs to focus on CPH support to community pharmacy PCN leads.</p>	<p>HM</p> <p>HM</p>

<p>9.2</p>	<p>Pharmacy comms and engagement – it was agreed CPH must engage with contractors to inform them who we are and what we can do to help them by visiting them in their pharmacies. These visits would also be used to explain to contractors how to deliver the services on offer. It was suggested CPH engage with the University of Hertfordshire and pharmacy student trainees to also explain who CPH are and what we can offer. ACTION: Include with the outcomes section of the pharmacy, comms and engagement.</p> <p>ICB engagement – it was agreed this was community pharmacies opportunity in order to deliver pharmacy representation putting community pharmacy as a key part of primary care.</p> <p>Locally commissioned services – it was agreed CPH be mindful of how many contractors we represent in local services and the vast amount of time and effort CPH put into setting up services for little return on investment.</p> <p>It was noted that there was nothing included on workforce within the workstreams. It was recognised that this was important and would continue to be supported by the CPH office but did not need its own workstream as was an enabler for all. ACTION: Metrics to be discussed at the Executive Team meeting in May 2023.</p> <p>It was agreed to add Transforming Pharmacy Representation Programme (TAPR) as a new workstream. ACTION: Add TAPR as a new workstream to the document.</p> <p><u>Chief Officer secondment to HWE ICB Primary Care Workforce Project Manager</u> The paper was received. A proposal was put forward to recruit a Services and Engagement Lead for 16 hours a week with the residual funds from the Chief Officers secondment at the ICB. The committee approved the proposal. ACTION: Take forward the proposal and recruitment of the Services and Engagement Lead.</p>	<p>HM</p> <p>Executive Team</p> <p>HM</p> <p>HM</p>
<p>10 10.1</p>	<p>ITEMS FOR DISCUSSION</p> <p><u>Contract report</u> The paper was received. It was noted to be mindful of the Lloyds pharmacy closures and changes of ownerships but that this was not just confined to Lloyds as other contractors are affected too. It was the view of the committee that the PNA Steering Group should consider any implications and to monitor the landscape. It was agreed that CPH has a role to safeguard community pharmacies and that provision is still adequate at the current time unless significant evidence can be presented that demonstrates a gap in patient need. ACTION: Feedback CPHs position to PNA Steering Group when arranged.</p>	<p>HM</p>
<p>10.2</p>	<p><u>HWE ICB governance structure and CPH representation</u> The paper was received. The committee was asked to agree the way forward for CPH representation at HWE. It was noted that CPH would have representation at Primary Care Commissioning when appropriate and had representation at a number of key meetings. The clinical community pharmacy voice at HWE ICB was discussed and the committee was asked to agree whether this should come from existing LPC membership or if this should be as an identified role employed by HWE ICB. It was agreed that the ICB should be funding a position and not CPH and that there must be at least one Community Pharmacist representing their</p>	

	<p>clinical voice in place similar to those representing Primary Medical Services. It was agreed, in the interim, CPH would supply a member if renumerated while recruitment processes take place.</p> <p>ACTION: Feedback regarding pharmacy clinical voice representation to ICB.</p>	HM
11	<p>TAPR</p> <p>RS gave an update on the Essex LPC position. The committee was asked to agree the next steps for working with Essex LPC. It was agreed to contact Essex LPC after 1 April 2023 once their new Chair and committee are in place based on the original email discussion to agree a meeting between the two committees. If no positive outcome can be reached then CPH would continue to move forward as an organisation in its current state unless other LPCs made any proposals for consideration by CPH. It was also agreed to continue with CPHs' branding and stance on our position that should be communicated to all pharmacy contractors within Hertfordshire.</p> <p>ACTION: Approach and write to Essex LPC Chair and request a joint committee meeting following on from previous correspondence after 1 April 2023.</p> <p>ACTION: Communicate CPH position to contractor via newsletter and other such communications.</p> <p>The committee was asked to approve the draft MOU. It was agreed an MOU should be in place but this should not be discussed with Essex until the first step of agreeing the joint meetings had been exhausted. This is because an MOU might not be needed if it was agreed that a new organisation formed of Hertfordshire and West Essex was formed. It was agreed that if Essex LPC refused the first action already agreed then ways of working with the ICB should be agreed and a draft MOU should be put in place. It was agreed that the starting point should not be the draft MOU but a meeting between the Executive Teams in Essex, Suffolk and Hertfordshire to discuss ways of working that could lead to an agreed MOU with the draft being used as a template that can be amended/agreed as necessary.</p> <p>ACTION: Change funding on MOU to 'xxx' as this will be a discussion point between the three LPCs.</p> <p>ACTION: Approach Essex LPC with a joint meeting with Suffolk LPC to discuss ways of working but only if CPH initial approach is not taken forward.</p> <p><u>Elections</u></p> <p>The committee was asked to discuss and agree whether CPH elections should be held for our existing boundary with a view to a new committee from 1 July 2023. The committee discussed the risks and benefits of a potential new committee sooner rather than later. A vote was taken by members as to whether to hold elections now for a new committee from 1 July 2023 or decide at the CPH meeting in May 2023 – 2 members voted for now and 7 members voted for May 2023.</p> <p>ACTION: To agree timescales for implementation of elections at the CPH meeting in May 2023 once outcomes of TAPR discussions are known.</p>	<p>RS</p> <p>Office</p> <p>HM</p> <p>HM/RS</p> <p>HM</p>
12 12.1	<p>ITEMS FOR INFORMATION</p> <p><u>Executive Team meeting update</u></p> <p>The notes from the meeting were received. No questions were raised.</p>	

<p>12.2</p>	<p><u>Treasurers Report</u> The report was received including the PSNC levy letter. It was noted the wording on the Treasurers Report should read 'to note' and not 'to approve' and that the spreadsheet had not been included but that this was due to it being received at the last meeting.</p>	
<p>12.3</p>	<p><u>Member Report</u> The report was received. Members were reminded of their obligations to respond to emails.</p>	
<p>13</p>	<p>AOB <u>Ingrid Cruickshank</u> CPH acknowledged and give its huge thanks to Ingrid Cruickshank on her contribution to CPH for the last five year and community pharmacy for approximately 30 years. Ingrid has been a great asset to community pharmacy and she will be greatly missed by all at CPH and the community pharmacy world across Hertfordshire. We wish Ingrid the very best in her retirement.</p> <p><u>PSNC Year 5 CPCF</u> PSNC had communicated to all contractors and LPCs that Year 5 Community Pharmacy Contractual Framework (CPCF) services cannot go ahead without funding uplift. An email received from PSNC was received outlining that LPCs should not be encouraging referrals for existing services as there is not enough funding to pay for current services, dispensing and any new services being rolled out. The committee felt this was PSNC's issue as they agreed to the deal on the contract and services so they must negotiate with the commissioners to pay for what they agreed to at the outset The committee felt contractors do not understand dispensing costs and purchasing profit in detail particularly the discussions at a national level. The committee agreed that CPH should acknowledge that PSNC is standing up for community pharmacy and that CPH supports a strong approach however, PSNC needs to be clearer in their correspondence and what this means for CPH and contractors. It must be noted CPH will not endorse this position until there is further clarity and contractors and CPH will continue as business as normal.</p> <p>ACTION: Feedback CPHs' decision to the PLOT meeting and ask them to clarify for all LPCs what their expectations are.</p> <p><u>CPH Meetings</u> Executive Team to discuss future committee meetings with a view to discuss a proposal at the CPH meeting in May 2023.</p> <p>ACTION: Add to agenda for Executive Team meeting in April 2023.</p>	<p>HM</p> <p>SN</p>
	<p>NEXT MEETING 24 May 2023 (9am-1pm) via teleconference</p>	