

CPH MINUTES
24 May 2023
via videoconference

Present

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

Professional

Helen Musson
Sara Norwood
Mahima Firdaws

Apologies

Farhan Moulana

Guests

Mefino Ogedegbe – Herts & West Essex ICB (item 6.1)
Anurita Rohilla – Herts & West Essex ICB (item 6.1)

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES RS welcomed everyone to the meeting. Apologies were received from Farhan Moulana.</p>	
2	<p>DECLARATION OF INTEREST</p> <ul style="list-style-type: none"> • HM declared a conflict of interest as being employed part-time by HWE ICB within the Training Hub as Primary Care Workforce Project Manager. • SV declared a conflict of interest as being employed part-time by NHS England within the Workforce, Training and Education Directorate as Pharmacy Programme Facilitator. 	
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 15 MARCH 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"> • Item 1 CGL ACTION: CPH to communicate information in advance to contractors regarding the new MAT service to be implemented from November 2023 in Hertfordshire. • Items 6 and 7 Health Checks It was noted there could be a possible delay regarding the implementation of NHS Health Checks as information from Public Health Hertfordshire has indicated that they will update in quarter two so an extension to the due date may need to be considered. <p>The completed actions were received for information only.</p>	<p>FM</p>
<p>5</p> <p>5.1</p> <p>5.1.1</p>	<p>CPH WORKSTREAMS <u>Workstreams framework 2023/24</u> The paper outlining the new framework including evaluation metrics was received. Concerns were raised on some metrics if CPH were unable to exceed due to lack of numbers against certain items. Feedback on each workstream metric below:</p> <ul style="list-style-type: none"> • National CPCF Services <ul style="list-style-type: none"> ○ It was suggested that the Pharmacy First service should be added as a service for support. It was agreed that this was an important area that needed to be supported but until there was further detail it would not be included and may fall outside of the year in which we are delivering. The number of activities within the evaluation metric was broad enough to work across additional areas. This could be included later in the year and be kept under regular review. ○ It was noted that engagement with the contraception service may be limited due to the current national position related to funding of new services. 	

<p>5.1.2</p>	<ul style="list-style-type: none"> • Primary Care Networks <ul style="list-style-type: none"> ○ It was agreed that the formal evaluation should be noted and CPHs' involvement within the evaluation metric should be included. ○ It was agreed that the role of CPH is to check that the process is being implemented fairly and equitably. The focus of CPH should be to ensure all the leads are aware of CPH and their position on important issues along with supporting community pharmacy PCN leads to engage with pharmacies and vice versa. It was agreed that this should be reflected in the outcomes and evaluation metric. <p>ACTION: Update Primary Care Networks section with committee comments.</p>	<p>HM</p>
<p>5.1.3</p>	<ul style="list-style-type: none"> • Community Pharmacy Communication and Engagement <ul style="list-style-type: none"> ○ It was noted that the CPH office could track the number of people that visited our website, social media, accessed newsletters and that attended events. However, concern was expressed that some of these figures can fluctuate due to contractor numbers and things outside the control of the CPH office. It was agreed that a percentage should be added to the evaluation metric that was not linked to increasing but a total reasonable percentage of what good engagement should look like. ○ Change wording to 'have access to' not 'aware of' in evaluation metric one. ○ There was a lot of discussion about CPH's role in working with the University of Hertfordshire and whether the committee should be supporting the clinical work placements in community pharmacy to address the wider contractor workforce supply issue for the future. It was agreed that something should be added to the evaluation metric that recognises this as an area of work to be communicated to contractors and support where appropriate. <p>ACTION: Update Community Pharmacy Communication and Engagement section with committee comments.</p>	<p>HM</p>
<p>5.1.4</p>	<ul style="list-style-type: none"> • Integrated Care Board Engagement <p>The committee agreed this work stream with no amendments/additions.</p>	
<p>5.1.5</p>	<ul style="list-style-type: none"> • Transforming Pharmacy Representation (TAPR) <ul style="list-style-type: none"> ○ Members agreed that CPH as an organisation needs to put in safeguards should collaborative ways of working across boundaries not be agreed and this should be clear in the evaluation metrics section. ○ It was agreed that the outcome section is not broad or strategic enough and should be updated to reflect the CPH position. <p>ACTION: Update TAPR section with committee comments.</p>	<p>HM</p>

<p>5.1.6</p>	<ul style="list-style-type: none"> • Community Pharmacy Locally Commissioned Services <ul style="list-style-type: none"> ○ Concern was expressed that it is essential that CPH ensure pharmacy contractors get the right return on investment for local services as businesses and is not just a way to demonstrate the way in which community pharmacy can support patients. ○ It was suggested that commissioners must take more responsibility to support promotion of services and not leave to community pharmacy eg. communications. ○ It was agreed that in the evaluation metric of each of the local services that the following should be added: <ul style="list-style-type: none"> ▪ a review of all financial aspects of services should be incorporated for contractors to understand whether the service is financially viable for them; ▪ work with commissioners to identify a communications plan to support community pharmacy to deliver; and ▪ CPH should only engage with pilots where there is a commitment from the commissioner to rollout across the entire area. <p style="text-align: center;">ACTION: Update Community Pharmacy Locally Commissioned Services section with committee comments.</p>	<p>HM</p>
<p>5.2</p>	<p><u>National CPCF Services – making it work locally</u></p> <p>Members were asked to agree a CPH position following the publication of information from PSNC on the additional investment announcement for community pharmacy and imposed changes to CPCF 2023-24.</p> <p>Members agreed not to actively promote new services ie. contraception service although support would be provided to those who choose to sign up or were already part of the pilot. Business as usual would apply for existing services. It was noted that contractors should be fully briefed regarding existing advanced services and what they entail and ensuring commissioners make it as smooth as possible for implementation, where possible.</p> <p>Members agreed CPH should make contractors aware that there may be a lot work for each national service. It was suggested that CPH should consider RAG rating advanced services for their return on investment. It was felt this was outside the role of CPH as this was nationally negotiated.</p> <p>Concerns were expressed raised regarding the changes in regulations particularly understanding of these by local community pharmacy contractors. It was noted that LPCs must be consulted on the management of closures through ICB local hours plans. It was agreed to remind pharmacy contractors about the regulatory changes and what support is available from CPH along with reaching out to HWE ICB about how they will manage this process.</p> <p>ACTION: Office to communicate reminders to pharmacy contractors about changes to regulations and to raise with HWE ICB regarding how they will manage ICB local hours plans.</p> <p>It was noted there is less funding although reported to be less work for the Pharmacy Quality Scheme. As there is no further information or detail yet it was</p>	<p>Office</p>

	<p>agreed that CPH would not communicate or encourage engagement until this was available.</p> <p><u>Hypertension</u> Members questioned what the next steps were for this work as there were two separate pages with next steps. There was also confusion on the numbers as they did not seem to add up to whole numbers.</p> <p>It was queried if the pilot had been successful which it had as outlined in summary slide although it was agreed that patient outcomes needed to be clearer.</p> <p>It was suggested that in terms of evaluation it would be helpful to have comparison of numbers before pilot versus referral numbers now.</p> <p>HM indicated that all the comments received would be incorporated into an updated paper that would be taken to the community pharmacy transformation meeting linked to what the ICB is doing on transformation digitally to support community pharmacy.</p> <p>ACTION: HM to feedback comments on the hypertension pilot evaluation to FM for and updated paper to be developed.</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>Transforming Pharmacy Representation (TAPR)</u> Update received. No discussion was held on this item.</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. No questions were raised.</p>	<p>HM/FM</p>
<p>6 6.1</p>	<p>HERTS & WEST ESSEX INTEGRATED CARE BOARD (ICB) <u>Update</u> RS welcomed Anurita Rohilla and Mefino Ogedegbe to the meeting.</p> <p>Mefino Ogedegbe introduced herself and explained her role within the ICB.</p> <p>AR gave a presentation. ACTION: AR to share slides with CPH for onward circulation to members.</p> <p>AR fed back on the first Clinical Pharmacist Network meetings. Members expressed concern that the meetings were held at times that community pharmacist could not attend and suggested that some meetings were held in the evening.</p>	<p>AR/SN</p>

<p>6.2</p>	<p>An update was received on the progress of the UTI PGD service and the independent prescribing pilot application. It was noted that the UTI PGD service had launched in Hertsmere and Dacorum and the ICB was still awaiting feedback regarding whether they had been successful in their independent prescribing pilot application.</p> <p>AR outlined the ten year strategy recently published by the ICB and the medicines optimisation priorities.</p> <p>Concerns were raised about community pharmacy capacity and workforce as pharmacies are under significant pressure and feel that workload is continually passed across with no additional resource or thought given to the consequence.</p> <p>CPH asked what the future is regarding funding for local community pharmacy services. It was noted that there was very little additional resources in the system and that the ICB had to make significant savings within the next year. It was agreed that the ICB and CPH need to work together to get resources in the right place focused around patient outcomes. It was noted that the ICB is at the beginning of a journey and this was likely to take some time to achieve.</p> <p>It was agreed that the language across the health and care economy needed to change to ensure that community pharmacy is considered and embedded within primary care.</p> <p><u>Community Pharmacy Leadership Project and PCN Leads</u></p> <p>HM gave an update on the Community Pharmacy Leadership project. It was noted that both LPCs had provided support with the expression of interests process. 29 applications for the community pharmacy lead posts had been received and interviews are going ahead within the next week. Applicants should be in post by early June 2023 with the first planned conference on 14 June 2023.</p>	
<p>7</p>	<p>TAPR</p> <p>RS gave an update on the Community Pharmacy Essex (CPEsx) position. The CPEsx Chair has agreed to a joint meeting of both committees although a date has yet to be confirmed.</p> <p>The committee agreed to draw up joint objectives with the main objective being ways of working, collaboration and how we can work together across shared commissioning boundaries whilst also looking at how we can work towards meeting TAPR recommendations. It was agreed this would be facilitated by an external body who understands the pharmacy landscape ie. PSNC rep or other LPC Chair. Members felt strongly that both committees must be aware of all the facts and agreed Chief Officers should be in attendance even if only for part of the meeting to ensure all agree to the way forward.</p> <p>It was queried whether it would be a better use of time and resources for the Executive Teams to meet instead of both committees. A majority of the committee agreed the preferred option was for the two committees to meet.</p> <p>ACTION: RS to feedback to CPEsx Chair regarding the committee discussion.</p> <p>ACTION: RS to agree meeting objectives with CPEsx Chair and seek external body for facilitation.</p>	<p>RS</p> <p>RS</p>

	ACTION: Agree a meeting date for the two committees to meet.	SN
8	ITEMS FOR DECISION	
8.1	<p><u>CPH Elections</u> The paper was received. 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 October 2023. All members voted and agreed to the proposed implementation and timescales.</p> <p>Members approved and agreed that the committee size remains the same at the current time.</p> <p>Members approved and agreed that the Chief Officer, Helen Musson acts as the Returning Officer.</p> <p>Members approved and agreed that the rounding policy follows the PSNC recommendation.</p> <p>ACTION: CPH Office to take forward the actions required for a CPH election with a new committee to be in place by 1 October 2023.</p>	Office
8.2	<p><u>Expense Policy</u> The paper was received. The committee approved the Expense Policy with no amendments.</p> <p>ACTION: Amend Expense Policy to reflect approved dates and new review date and publish on the CPH website.</p> <p>The financial risk register was received for information only. However, on viewing the document, it was agreed to amend item 10 salaries, in line with the current CPH Pay Review and Reward Policy. It was agreed to move risk rating column left and add comment column right and change title to 'mitigating factors'. It was agreed to add budgeting as an item to the document. It was agreed to bring this document annually with the Expense Policy for approval.</p> <p>ACTION: Amend financial risk register to include amendments as above and circulate to members for approval. Publish on the CPH website when finalised.</p>	SN
8.3	<p><u>Treasurers report and Q4</u> The paper was received. Members approved the Treasurer's Report including a budget versus expenditure report for quarter four in 2022-23. Members were reminded they were responsible for CPHs' finances and that reviewing the document was part of their remit as being a member. Going forward it was suggested the Treasurer to report on any variance between each quarter within his report.</p> <p>It was agreed to continue the approved April-June 2023 budget for an interim period of two weeks until the discussion on a budget for the rest of the year could be discussed and approved at the next CPH meeting in July 2023.</p> <p>ACTION: Bring 2024/25 budget to November 2023 meeting.</p> <p>ACTION: Bring updated 2023/24 budget for discussion and approval to the July 2023 meeting.</p> <p>ACTION: Include previous years (or quarter) budget as a paper for comparison going forward.</p>	Treasurer /SN Treasurer /SN SN

8.4	<p><u>CPH Meetings 2023/24</u> The paper was received. The committee agreed that there was benefit in having an additional full day in person meeting in-between online meetings. The committee agreed on the future meeting format proposal below:</p> <p>January (half day) online March (full day) in person - <i>in an election year this date will be moved to April</i> May (half day) online July (full day) in person September (half day) online November (full day) in person - <i>budget discussion</i></p>	
9 9.1	<p>ITEMS FOR INFORMATION <u>Executive Team meeting update</u> The notes from the meeting were received. No questions were raised. ACTION: Take a report of contractor survey results as they stand to the July 2023 meeting for discussion and approval.</p>	Office
9.2	<p><u>Contract Report</u> The paper was received. No questions were raised.</p>	
9.3	<p><u>Member Report</u> The report was received. No questions were raised.</p>	
9.4	<p><u>Pay Review and Reward Policy</u> The paper was received. No questions were raised.</p>	
10	<p>AOB <u>Zahra Choudhry</u> It was noted this would be Zahra's last meeting as a CCA member of CPH. The committee thanked Zahra and wished her well for the future.</p> <p><u>LES for Integration</u> CPH asked if there was an update on funding that had been identified by NHS England from 2022-23 being distributed to pharmacy contractors via the ICBs. The funding proposals had come from a discussion with Chief Officers at an East of England meeting to give the funding to all community pharmacy contractors across the East of England aligned to engagement with the community pharmacy PCN lead pilot project taking place in each ICB. HWE ICB is looking at ways on how to spend the funding available and support contractors engaging with their appointed PCN community pharmacy leads. ACTION: Follow up with HWE ICB and bring back outcomes to the July 2023 meeting.</p>	FM
11	<p>Future CPH Meeting Dates The proposed future meeting dates were received. All were approved with the exception of changing the face-to-face meeting in September 2023 to 4 October 2023. It was also agreed that the October, November and March would be the in-person meetings in this transitional year. ACTION: Send members diary invites for the meeting dates.</p>	SN
	<p>NEXT MEETING 12 July 2023 (9am-1pm) via teleconference</p>	