

CPH MINUTES
4 October 2023
The Comet, Hatfield

Present

Karsan Chandegra
Girish Mehta
Mohamed Moledina
Vikash Patel
Adrian Price
Rachel Solanki
Sheelan Shah

Professional

Helen Musson
Farhan Moulana
Ann-Marie Carrey (left at item 9)
Sara Norwood
Lorna Girling

Apologies

Vinesh Naidoo
Parag Oza
Niru Sivanesan
Suraj Varia

Guests

Mefino Ogedegbe – Herts & West Essex ICB (item 11)
Anurita Rohilla – Herts & West Essex ICB (item 11)
Michael Sissens – Herts & Beds LMC (item 11)

Minute No.	Agenda Item	Lead
1	WELCOME & APOLOGIES HM welcomed everyone to the meeting. Apologies were received from CPH members Vinesh Naidoo, Parag Oza, Niru Sivanesan and Suraj Varia.	
2	DECLARATION OF INTEREST HM declared a conflict of interest as being employed part-time by HWE ICB within the Training Hub as Primary Care Workforce Project Manager.	
3	CPH MEMBERS WELCOME HM welcomed the new committee. Members were asked to come prepared to outline why they wanted to be a member and what they would like CPH to achieve over the next four years. Key themes highlighted: <ul style="list-style-type: none"> • How can we help to support pharmacies – do pharmacies know what to come to CPH for? • Needs to be a level playing field for all pharmacies - CPH is a representative body not a supporting organisation. • Be proactive not reactive to services locally. • Commissioned services need to be sustainable and profitable. • Focus on where we can make the biggest difference. • Some pharmacies could benefit from business advice. • When considering contractors, CPH should be mindful that a work life balance is needed and currently many contractors are working much more than a normal working week. • Keep on promoting services that community pharmacy can provide with ICB. 	
3.1		
3.2	<u>Governance</u> The CPE Governance Checklist paper was received. The committee reviewed the document which they agreed had met the requirements. The committee approved and agreed to the Nolan principles of the committee and members. ACTION: Ask contractors if there is anything they want CPH to ask/add to agenda for future CPH meetings similar to the CPE model recently implemented. Bring back proposal to achieve this to the next meeting in November 2023. ACTION: Ask CPE for results of the national contractor survey in Hertfordshire. ACTION: Ask CPE if it is necessary to provide NHSE/ICB with the CPH Constitution.	HM SN HM
3.3	<u>Self-Assessment</u> The paper was received. It was agreed the committee will take away the assessment for completion individual. ACTION: Resend the self-assessment to the committee (in an easier to complete electronic format) for completion within two weeks. Update - post meeting it was agreed this was going to be put on hold until the new document is received from CPE.	SN

	ACTION: Collate self-assessment responses and bring back to next meeting in November 2023.	SN
4	<p>CPH CHAIR ELECTION An expression of interest was received from Rachel Solanki. RS was nominated by Parag Oza and was duly elected as CPH Chair.</p> <p>After a discussion it was proposed CPH put in place a strategic workforce package/succession plan for officer and members. This will include what commitments and timescales are expected from members and how concerns about officers will be addressed.</p> <p>ACTION: It was agreed to draft a succession plan for CPH officers and members and take to the next Executive Team meeting for discussion before going to the committee for approval in January 2024.</p>	HM / SN
5	<p>CPH VICE CHAIR ELECTION An expression of interest was received from Parag Oza. PO was nominated by Rachel Solanki and was duly elected as CPH Vice Chair.</p>	
6	<p>CPH TREASURER ELECTION An expression of interest was received from Karsan Chandegra. KC was nominated by Girish Mehta and was duly elected as CPH Treasurer.</p>	
7	<p>ITEMS OF URGENT BUSINESS None.</p>	
8	<p>MINUTES OF MEETING HELD ON 12 JULY 2023</p>	
8.1	The minutes were received and approved by the committee.	
8.2	The outstanding actions were received. FM gave a further update on item 13 Vaccinations and Immunisations confirming that the pilot was being discussed at the Hertfordshire Immunisation Board meeting in November 2023.	
8.3	The completed actions were received for information only.	
9	<p>CPH WORKSTREAMS</p>	
9.1	<p><u>Workstreams Framework</u> The update paper was received.</p>	
9.1.1	<p><u>Community Pharmacy Locally Commissioned Services</u> Concerns were raised with the continued DMS rollout IT issues in West Herts and felt this was a serious patient safety issue. ACTION: Discuss with ICB referring the DMS issue not being offered by Watford Hospital as a patient safety issue to the Community Pharmacy Patient Safety Group.</p>	HM / FM
9.1.1.1	<p><u>Public Health Service Specifications</u> The paper was received. The committee were asked to review the draft service specifications for the sexual health service, stop smoking service and the NHS health check service and provide any feedback, comments or concerns. The following points were raised and agreed to take them to the next Public Health meeting.</p>	

9.1.2	<p>Sexual Health</p> <ul style="list-style-type: none"> • The service was largely welcomed. • It was recognised that the national position was to not engage with the national contraception service but those delivering the sexual health service locally may find it beneficial to deliver the national pharmacy contraception service. • It was agreed to suggest that the sexual health service adopt the national service specification requirements training requirements. <p>ACTION: Members to feedback on any further detailed comments on the sexual health specification within one week.</p> <p>Stop Smoking</p> <ul style="list-style-type: none"> • Too much work for no remuneration particularly if the client does not quit. • The service should not be supported unless dual NRT is included unless any evidence can be presented that demonstrates single NRT is effective in supporting smokers to quit. • It was agreed to suggest adoption of the national smoking cessation service specification as it recognises pharmacy work in undertaking consultations and payment is based on all interventions not just final quits. • The suggested PH service specification was not reviewed in detail until the above key issues could be resolved. <p>The committee agreed that allowing contractors to continue to deliver a service that is not financially viable is not acceptable and the committee could not support the service in its current form.</p>	Members
	<p>ACTION: To seek information on what other stop smoking services are offering across East of England.</p> <p>Health Checks</p> <ul style="list-style-type: none"> • In principle the committee welcomed the introduction of the service but questioned the value of CPH getting involved when there were so few pharmacies that could be involved. It was unclear what benefit this would bring the wider population or Public Health and how the number of pharmacies to be involved had been identified. • The committee agreed that it cannot support a service that would be capped at a maximum delivery of 15 NHS Health Checks. It would be inefficient for staffing and resource as well as being not financially viable for any pharmacy to get involved with this service at such a low number of for delivery. It would also have a negative impact on providing good client care. • The service specification was not reviewed in detail until the above key issues could be resolved. 	FM
	<p>ACTION: It was agreed to feedback the concerns with the locally commissioned service specifications to Public Health Hertfordshire.</p> <p><u>National CPCF Services</u> No questions were received on this item.</p>	FM

<p>9.1.3</p> <p>9.1.4</p> <p>9.1.5</p> <p>9.1.6</p> <p>9.2</p>	<p><u>Primary Care Networks</u> HMs conflict of interest was noted at this point. HM remained present for the discussion.</p> <p>The committee asked if the CPH office can support PCN leads to complete documents or give any prompts when things need to be done. FM confirmed that CPH will support PCN leads in regards to support with contractors and promoting the role of CPH to contractors but would expect ICB to support with PCN lead role activities. Concern was expressed by committee members that were also PCN leads regarding the payment model. FM noted the concern raised and explained the process has now been already set up and PCN leads have engaged and have already followed the claims process and thus will be difficult to change the process. It was agreed that the payment process is unlikely to change for this pilot, but as part of the evaluation CPH should have the opportunity to input what issues there are and ensure that in future these are addressed. It was agreed to ask the ICB later in the agenda re CPH involvement in the evaluation and what they expect success to look like.</p> <p><u>Community Pharmacy Communication and Engagement</u> No questions were received on this item. However, it was suggested the CPH office put reminders on important issues on a WhatsApp group which is currently being set up.</p> <p><u>Integrated Care Board Engagement</u> No questions were received on this item.</p> <p><u>Transforming Pharmacy Representation (TAPR)</u> RS updated on planned joint meeting with CPEx. Committee members were reminded to be open with their thoughts on next steps for the two different organisations and specifically for the contractors they represent. The facilitation at the meeting will be by Richard Brown who has good knowledge on the options available to the committees. Due to potential conflict of interest, it was agreed that the initial discussions should include committee members only, and Chief Officers support staff could join for actions and forward planning. No questions were received on this item.</p> <p>ACTION: RS to update Adrian Price on the background to implementation of the TAPR recommendations in Hertfordshire.</p> <p><u>Member questions</u> The video update was received. Questions were received from GM in advance that were addressed in the following actions.</p> <p>ACTION: It was agreed that CPH office staff should be involved in the video update for relevant workstreams particularly FM.</p> <p>ACTION: As part of the CPH framework update it was agreed to add how many pharmacies are registered (and delivering where information is available) for services mentioned.</p> <p>ACTION: AMC to undertake a project to understand learnings and develop best practice based on the experience of the UTI PGD service from community pharmacies in Hertsmere and Dacorum, before rolling out across Hertfordshire and West Essex.</p>	<p></p> <p></p> <p></p> <p>RS</p> <p>HM / FM</p> <p>LG / SN</p> <p>AMC</p>
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<p>10 10.1</p>	<p>ITEMS FOR DECISION <u>AGM Minutes</u> The paper was received. Previously, the AGM minutes were taken to the following year's AGM for approval but CPH agreed this was too long a timeframe for approval. For governance purposes the AGM minutes were approved at this meeting recognising that no contractors had raised any amendments following publication in the weekly e-news. ACTION: Publish AGM minutes on the CPH website.</p>	<p>SN</p>
<p>10.2</p>	<p><u>Directors/Officers Liability Insurance</u> The paper was received. The committee were asked to discuss and decide whether CPH should consider taking out the Directors and Officers / Management Liability Insurance and whether to put CPH forward when the next window for expression opens. It was noted this was not in the budget for this year. The committee agreed to register for this immediately pending the budget. ACTION: To inform CPE about taking out the Directors and Officers / Management Liability Insurance and Treasurer to include the budget.</p>	<p>KC / SN</p>
<p>10.3</p>	<p><u>CPH Governance</u> This item was not discussed due to time constraints. It was agreed to take this item to the next CPH meeting. ACTION: Add the CPH Governance to the November 2023 agenda.</p>	<p>SN</p>
<p>11</p>	<p>HERTFORDSHIRE AND WEST ESSEX (HWE) INTEGRATED CARE BOARD (ICB) <u>Community Pharmacy Integration Programme</u> The information that had been circulated to all pharmacy contractors in Hertfordshire and West Essex was received by the committee. HM requested support from CPH to encourage engagement as only 28 completed forms had been received so far. HM reported that contractors were receiving an acknowledgement email following a question from the committee and that there was a different process in place for owners of multiple pharmacies. The committee were concerned that some pharmacies may struggle to provide the statement headed bank details. It was noted that this was a requirement by ICB finance to prevent fraud. Any pharmacies having any problems should contact the ICB via the email provided. ACTION: ICB to provide weekly update on pharmacies that have returned the required information for the Community Pharmacy Integration Programme to LPCs.</p> <p>It was queried what support the ICB would be putting in place to ensure community pharmacies fulfil the obligations within the MoU. ACTION: HM to take back to the ICB about what support for pharmacies to meet the MOU could be put in place and bring back for discussion with CPH and CPEsx.</p> <p><u>Community Pharmacy PCN Integration Leads</u> HM gave an update. All PCNs have leads in place with the exception in one area in West Essex where there has been a resignation. Two meetings for all HWE ICB leads have been held. Year one will focus on developing relationships and not necessarily patient outcomes.</p> <p>The committee requested how CPH would be involved within the evaluation. HM indicated that all stakeholders were involved with the questions sent out at the</p>	<p>HM</p> <p>HM</p>

beginning of the project. There would be interviews and surveys at the end of the project of which CPH and CPEsx would be invited to participate in. HM reported that there is a two monthly meeting where LPCs and all ICBs across the East of England meet to discuss progress and evaluation and encouraged CPH to raise how they might want to be involved in the evaluation at this meeting.

The committee asked what the ICB expects success to look like going forward. HM confirmed that this is about the development of relationships between general practice and community pharmacy as part of an integrated primary care team and that community pharmacy leadership is embedded particularly within the integrated neighbourhood teams.

Concerns were raised with communications to PCNs as it was noted Clinical Directors are not always aware of the new community pharmacy PCN lead role. HM indicated that the key role of the Community Pharmacy PCN Lead role was to focus on the development of the relationship with PCNs as the local leader. Support had been put in place as part of the leadership training programme for this and had been addressed at the PCN leads meeting on 14 September 2023. HM also reported that all Clinical Directors, PCNs and all ICB staff were informed about the new role at the time of recruitment and that the communications introducing the leads were sent to all of these key stakeholders although it may be useful to revisit this at all these meetings. HM welcomed contact from any HWE ICB Community Pharmacy PCN Lead that experienced any challenges.

ACTION: HM to look at further communications or attendance at meetings to raise the profile of the Community Pharmacy PCN Leads amongst PCNs.

HM

It was suggested and agreed that any communications sent to PCNs regarding the Lead role should be shared with PCN leads so all are aware of the messaging.

Community Pharmacy Services Data

Mefino Ogedegbe presented and gave an update. It was noted on the notes page the caveats on the presentation of the data and that it focused on the eight advanced services within the community pharmacy contractual framework. The data document will be updated monthly. The committee asked how do we share success with contractors and it was suggested sharing data on the top five contractors. Concerns on the visuals of the presentation appeared negative with red, amber and green and it was agreed to update it and keep the data all neutral in grey.

ACTION: Work with the ICB to publish the community pharmacy advanced services data with a regular update on the top five performing contractors and sharing best practice.

MO / FM

Independent Prescribing Pathfinder

Mefino Ogedegbe gave an update. Fourteen sites were put forward for the above pathfinder but only five sites had been approved due to funding constraints. The three clinical topics covered are asthma, blood pressure and minor illness. MO confirmed there is an NHS England MoU in place for the ICB to sign-off. Guidance and SLAs are being prepared by NHS England. It was noted this is a LES however CPH were not consulted. Concerns were also raised that the service will expire at end of March 2024 and the service has not yet been implemented. It was suggested that there might be an extension but nothing had been confirmed yet.

Immediate Access to Emergency Medicines (palliative care) Services

	<p>Mefino Ogedegbe gave an update. Eols went out in the summer with 65 received which are now being reviewed and prioritised. Payment agreed of £400 annually via PharmOutcomes. CPH requested to be informed of the selection criteria and which contractors were being turned down. Concerns were raised about what would happen to existing pharmacies offering the service that may be decommissioned particularly in regards to any stock they may be holding to ensure they are not disadvantaged.</p> <p>ACTION: MO to liaise with the CPH office regarding the selection criteria for the palliative care service and next steps.</p> <p>ACTION: MO to reflect on any pharmacies being decommissioned for the palliative care service and any impacts.</p> <p><u>ICB Medicines Optimisation – priorities and finance</u> Anurita Rohilla presented and gave an update. AR reported that the ICB would no longer support branded switches which CPH welcomed. AR asked if community pharmacy shared the same vision of improve sustainability and health outcomes; reduce medicines related admissions; increase medication safety and increase financial stability. The committee agreed we need to work jointly to put this into practice but CPH must have a clear message before we take back to pharmacies.</p> <p>HM asked what can we do to support and how to communicate this to pharmacies on savings and branded generics and other issues highlighted within the presentation.</p> <p>CPH was committed to support but that the ICB needs to be clearer and realistic about what they expect from community pharmacies as there is too much information to engage with. The ICB must also be mindful of the workload as there is not enough capacity to take on extra work in community pharmacy.</p> <p>It was noted that the presentation had been updated since it had been presented to the LMC. The LMC was also concerned about the lack of clarity of what it was being asked to engage with and was concerned about the opioid communications.</p> <p>ACTION: Forward ICB presentation made by AR to the committee.</p> <p>ACTION: CPH office to get further information from the ICB about their savings proposals and present clear options to the committee to agree the detail and how to move forward.</p>	<p>MO / HM / FM</p> <p>MO</p> <p>SN</p> <p>HM</p>
<p>12</p> <p>12.1</p> <p>12.2</p>	<p>ITEMS FOR DISCUSSION</p> <p><u>Community Pharmacy Vision – local implementation and promotion</u> This item was not discussed in detail due to time constraints.</p> <p><u>CPH elections and contractor engagement</u> Concerns were raised about the lack of engagement from contractors voting on the CPH elections. It was noted that the CPH office communications for the nominations and elections was comprehensive but contractors are just not interested due to workload pressures.</p> <p>ACTION: CPH office and members reflect on how to get the message out to contractors explaining who we are and what we offer recognising that not one size fits all.</p>	<p>Office</p>

13	ITEMS FOR INFORMATION	
13.1	<u>Executive Team Meeting</u> The notes from the meeting were included for information.	
13.2	<u>Contract Report</u> The paper was included for information.	
13.3	<u>Member Report</u> The report was included for information. It was noted that this document will start afresh now the new committee is in place.	
13.4	<u>Event Evaluation Report</u> The paper was included for information.	
13.5	<u>CPH response to developing governance framework, values and behaviours</u> The paper was included for information.	
13.6	<u>Healthwatch Hertfordshire – views on community pharmacies report</u> The paper was included for information.	
14	AOB No items were raised.	
	NEXT MEETING 22 November 2023 (9am-5pm) at The Marriott Hotel, Waltham Abbey, EN9 3LX	