

CPH MINUTES
13 March 2024
Comet Hotel, Hatfield

Present

Karsan Chandegra (KC)
Girish Mehta (GM)
Mohamed Moledina (MM)
Parag Oza (PO)
Vikash Patel (VP)
Adrian Price (AP)
Niru Sivanesan (NS)
Rachel Solanki (RS – Chair)
Sheelan Shah (SS)
Suraj Varia (SV)

Apologies

Vinesh Naidoo

Professional

Helen Musson (HM)
Farhan Moulana (FM)
Sara Norwood (SN)
Lorna Girling (LG)

Apologies

Ann-Marie Carrey
Mefino Ogedegbe (item 9)
Avni Shah (item 9)

Guests

Emily Clarke – Public Health Hertfordshire (item 6)
James Gleed – HWE ICB (item 9)
Dr Holly Jenkins – HWE ICB (item 9)
Philip Sweeney – HWE ICB (item 9)

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES</p> <p>RS welcomed everyone to the meeting. Apologies were received from committee member Vinesh Naidoo and CPH office staff Ann-Marie Carrey. Helen Musson was not present for item 6.</p>	
2	<p>DECLARATION OF INTEREST</p> <p>HM declared a conflict of interest as being employed part-time by HWE ICB within the Training Hub as Primary Care Workforce Project Manager particularly for item 9.</p>	
3	<p>ITEMS OF URGENT BUSINESS</p> <p>Officer elections – as per the constitution “Officers other than those who are employed by or engaged under a contract for services to the Committee shall be appointed at the first meeting of the Committee and annually thereafter...” an annual election should be held for officers. Due to the member elections taking place later and the committee and Officers only being elected from 1 October 2023, it was suggested and agreed by the committee that on this occasion only the Officer elections would be delayed to March 2025 and to revert to annually after this.</p>	
<p>4</p> <p>4.1</p> <p>4.2</p>	<p>MINUTES OF MEETING HELD ON 17 JANUARY 2024</p> <p>The minutes were received and approved by the committee.</p> <p>The outstanding actions were received. The following items were noted: Workstreams: PCNs (item 1) – it would be useful to have LMC feedback on the Pharmacy First service and encourage LMC to attend and update at CPH meetings regarding this.</p> <p>TAPR (items 14/15/16) – RS updated that the agreement made at the committee in November 2023 was not now being taken forward due to a committee vote taken by Community Pharmacy committee members that a vote could not be taken to Essex contractors because it did not have a two thirds majority of committee members. Therefore, it was agreed to revisit the MOU and discuss future ways of working between the affected LPC Chairs going forward. It was agreed to combine the outstanding items into one action and that the CPH office should no longer focus on this work. It was agreed that in the interim it was entirely appropriate for all communications with stakeholders to state that we only represent Hertfordshire contractors. The committee also agreed to ask CPEssex for formal feedback that they do not intend to take forward the agreed actions from the joint committee meeting in November 2023.</p> <p>ACTION: RS and Executive Team will lead on working with CPEssex with a discussion on the MOU.</p> <p>ACTION: Ask CPEssex for formal feedback that they do not intend to take forward the agreed actions from the joint November 2023 meeting.</p>	<p>RS / Exec Team</p> <p>RS</p>

4.3	The completed actions were received for information only.	
5 5.1	<p>CPH WORKSTREAMS</p> <p><u>Workstreams priorities 2023/24 – achievements</u> The paper was received. Members discussed the document recognising the work that had been undertaken during the last year. The committee agreed the residual funds for diabetes should be moved into the bank account with CPH substantiating what they have done for project management and how much work has gone into the service. ACTION: Justify the spend for the diabetes service with a quick operational note to be signed off at the next Executive Team meeting.</p> <p>ACTION: Take an outline of outstanding funds remaining for Hertsmere and Dacorum to the next Executive Team meeting for discussion to agree a suggested way forward for committee approval.</p>	HM / FM HM / AMC
5.2	<p><u>Strategic Plan</u> The paper was received. The committee agreed to delay the new Strategic Plan until April 2025 to enable the process as previously agreed to be implemented. ACTION: Implement the Strategic Plan process in 2024 to develop the final plan for publication in April 2025.</p> <p><u>Workstream priorities 2024/25</u> The paper was received. It was noted the word ‘draft’ should be made across the document and that these were not yet agreed and were for committee discussion.</p> <p>The committee discussed the new annual priority workstreams for 2024/25 with the following suggestions:</p> <ul style="list-style-type: none"> • Align ICB strategic plan to CPH workstreams. • Clearly explain what the Local Incentive Scheme means. • Be bold in our approach and targets if we want to achieve headlines. • Quantify how time is distributed and how we deliver value for contractors. <p><u>Pharmacy First</u> No changes suggested.</p> <p><u>Medicines Optimisation Services</u></p> <ul style="list-style-type: none"> • Suggested that supporting delivery of the New Medicines Service and Discharge Medicines Service are part of the core responsibilities of CPH and that the priority focus should be on the strategic support for community pharmacies in delivering this service. 	HM

5.3	<ul style="list-style-type: none"> • There was general support for a local incentive scheme for community pharmacies ensuring that it is not too onerous and equitably remunerated for the work to be undertaken. <p><u>Community Pharmacy Workforce</u></p> <ul style="list-style-type: none"> • Suggested that this remained but included DPP and foundation training for pharmacists. • There was no consensus on priority but agreed that workforce and Independent Prescribing Pathfinder should be considered together. <p><u>Community Pharmacy Communication and Engagement</u></p> <ul style="list-style-type: none"> • Suggested that this remained but added in recognition and showcasing of the work of CPH at a national and local level. <p><u>Public Health</u></p> <ul style="list-style-type: none"> • It was noted that supporting national flu and COVID vaccinations are part of the core responsibilities of CPH and do not need to be included as a priority workstream. • Make this item more strategic and not on support for delivery of services. <p><u>Community Pharmacy Independent Prescribing</u></p> <ul style="list-style-type: none"> • Suggested that this work was put under the community pharmacy workforce priority workstream. <p><u>Urgent and Emergency Care</u></p> <ul style="list-style-type: none"> • Suggested that this work was put under Pharmacy First priority workstream. <p>ACTION: Take the final suggested model of workstreams to the next Executive Team meeting with committee to approve and sign off electronically by end of April 2024.</p> <p><u>Member questions</u> The video update was received. No comments were received.</p>	HM
6	<p>PUBLIC HEALTH</p> <p>RS welcomed Emily Clarke to the meeting. EC presented the strategic update on Public Health initiatives including sexual health, stop smoking and drugs and alcohol. EC answered questions from the committee with the following actions agreed.</p> <p>ACTION: Feedback to CPH on how community pharmacies are able to refer for weight management as part of the national diabetes prevention programme.</p> <p>ACTION: Confirm when tier 2 weight management service goes live and how pharmacies can access the self-referral link.</p>	EC EC

	ACTION: CPH to ask EC to provide resources/tools where community pharmacy can access relevant links in one place rather than lots of different places.	FM
7 7.1	<p>ITEMS FOR DECISION</p> <p><u>Succession planning for CPH officers and members</u></p> <p>The paper was received. The committee were asked to discuss and agree a way forward for succession planning. The following suggestions were made:</p> <p>CPH member succession planning:</p> <ul style="list-style-type: none"> • Invite PCN Leads to CPH meetings. • Include short videos of member biographies on the CPH website. • Roaming additional observer member to be put in place that has investment already included as part of budget. Existing independent committee members to bring one guest (local contractors) to committee meetings in the forthcoming year. • Foundation Trainees could be brought along to committee meetings. • Be clear on how much time on the role/commitment/reimbursement of members. • 60 second video on 'what CPH has done for the month' to pharmacy contractors – include member feedback within video. <p>CPH officer (Chair, Vice-Chair, Treasurer) succession planning:</p> <ul style="list-style-type: none"> • Offer members an opportunity to attend Executive Team meetings as an observer. • Be clear on the accountability of CPH officers for the different roles – Chair, Vice-Chair and Treasurer (make more visible the accountability document already agreed by committee). • Ensure an open vote and provide members with the confidence to put themselves forward regardless of others. • Consider the opportunity for those interested to shadow officer roles for a set period. • Clarity of the officer role and how much time/commitment is needed for the role. • Officers (Chair/Vice-Chair/Treasurer) to do periodic report/videos for committee members. <p>ACTION: Create a final implementation succession plan paper and bring to the next committee meeting for approval in May 2024.</p>	
7.2	<p><u>Treasurers Report including Q3 for approval</u></p> <p>The paper was received. The committee approved Q3. No further questions were raised.</p> <p><u>Contractor Levy</u></p> <p>The contractor levy increase notification was published in the CPH weekly e-news on 4 March 2024 and on the CPH website.</p>	HM

	<p>CPH received queries from three pharmacy contractor owners regarding the levy increase and discussed them at this meeting.</p> <p>Committee members discussed the community pharmacy contractors' responses in detail. Committee members agreed that they did not want to revisit the decision as nothing had changed from what the committee members had reached agreement upon in January 2024. The reasons for changing the levy still stood. Committee members recognised and agreed that the rationale to contractors on the levy change had not been included within the notification which was an omission and should be rectified.</p> <p>The committee took a vote on whether they would like to revisit the decision made on the CPH Levy in January 2024 and all members unanimously agreed that they did not wish to revisit the decision for all the reasons previously discussed that were still applicable.</p> <p>However, it was agreed that the communications could have been more explanatory and CPH committee should write to all contractors on the reasons behind the levy changes, CPH finances, support and value for community pharmacy contractors in Hertfordshire and how the decision was reached.</p> <p>It was agreed that this was a committee decision and therefore the response should be developed and signed off by the committee led by the Executive Team and not by CPH office staff including the Chief Officer. ACTION: Respond individually to the three contractors who submitted a query.</p> <p>ACTION: Draft a rationale for the CPH levy changes in 2024/25 and send individually to contractors.</p>	<p>RS</p> <p>RS / PO</p>
<p>8 8.1</p>	<p>ITEMS FOR DISCUSSION <u>Contractor survey</u> (CPE and local) The paper was received. The committee was asked to discuss and agree a way forward for using the CPE data to inform local committee discussion on key topics and whether CPH should implement our own local process for surveying pharmacy contractors in advance of committee meetings. It was agreed that CPH should do surveys before committee meetings over the next year. There was a discussion about using a WhatsApp poll but it was agreed to use something more formal like MS Teams to avoid the negativity that can sometimes be associated with WhatsApp. The responses and response rates would be reviewed across the next year. It was agreed that committee members should not respond to the survey although they could support and encourage others to complete it. ACTION: To create and promote a pharmacy survey before committee meetings and to bring a report back to the committee at each meeting on the outcomes.</p>	<p>SN / LG / FM</p>

8.2	<p><u>Community pharmacy vacancies and NHS jobs</u></p> <p>The paper was received. In recognition of the challenges with pharmacy recruitment the committee had previously approved a pharmacy vacancies section on the CPH website. It was recognised and reported by the CPH office that this facility is not well used by local pharmacies so it is suggested that it is removed. The committee approved the removal of the pharmacy vacancies section from the CPH website. The committee was mindful that there are still ongoing challenges with pharmacy recruitment and therefore the committee approved the promotion of the NHS jobs facility for community pharmacy contractors that had been undertaken by Community Pharmacy Suffolk.</p> <p>ACTION: Remove the pharmacy vacancies page from CPH website and undertake promotion of the NHS jobs facility for community pharmacies.</p>	LG / SN
9	<p>HERTFORDSHIRE AND WEST ESSEX (HWE) INTEGRATED CARE BOARD (ICB)</p> <p>RS welcomed James Gleed, Holly Jenkins and Philip Sweeney to the meeting. The ICB presented on the following:</p> <p><u>Urgent and Emergency Care (UEC) Strategy</u></p> <p>The paper was received. CPH submitted their response to the strategy on 31 January 2024. The committee was asked to discuss next steps to involve community pharmacy with the ICB. HJ acknowledged responses have informed the strategy which will be signed off in March 2024. The committee emphasised that digital interoperability across providers is a key enabler to supporting patients better as part of urgent and emergency care through community pharmacy. The committee requested how the ICB would be supporting community pharmacy with implementation of the strategy. HJ reported that the three Health Care Partnerships (HCPs) at place level in HWE will be implementing the strategy and that this may look different at each level. It was recognised that community pharmacy representation was not well embedded within the local HCPs.</p> <p>ACTION: Support LPCs to become involved with the local HCPs to continue the discussion regarding the implementation of UEC strategy.</p> <p>ACTION: Share final UEC strategy with CPH.</p> <p><u>Community pharmacy Local Incentive Scheme (LIS)</u></p> <p>James Gleed presented on the proposal and progress of the scheme. JG stated there had not been much further progress since a recent meeting with CPH and CPE, but there remained a commitment to continue to develop this and implement something within the next year.</p> <p>ACTION: Continue discussions on a community pharmacy LIS with the CPH office and update at the next meeting in July 2024.</p> <p><u>Pharmacy First Service</u></p> <p>Helen Musson presented on communications and support on the service. It was noted that a communications plan had been developed and that a</p>	<p>HJ</p> <p>HJ</p> <p>JG</p>

	<p>communication for MPs and Councillors is in progress and will be sent out soon. Committee members suggested to ask GPs how the Pharmacy First Service is working for them.</p> <p><u>Community Pharmacy PCN Integration Leads and Integration Programme</u> Helen Musson gave a presentation and update on the above projects. ACTION: Share outstanding pharmacy contractors that have not yet been paid for the Community Pharmacy Integration Programme with LPCs for support.</p> <p>ACTION: ICB to send request for involvement in the PCN leads evaluation recognising that it should be office and members not also employed as PCN leads.</p>	<p>HM</p> <p>HM</p>
10	ITEMS FOR INFORMATION	
10.1	<p><u>Executive Team Meeting</u> The notes from the meeting were included for information.</p>	
10.2	<p><u>Contract Report</u> The paper was included for information.</p>	
10.3	<p><u>Member Report</u> The paper was included for information.</p>	
11	<p>AOB GM raised the issue that a document on PCN and locality data on health outcomes had just been received. The CPH office had only received this document the day before therefore this item was deferred for discussion until the next meeting.</p>	
	<p>NEXT MEETING 8 May 2024 (9am–5pm) The Fielder Centre, Hatfield, AL10 9TP</p>	