

CPH MINUTES
8 May 2024
Fielder Centre, Hatfield

Present

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

Apologies

Vinesh Naidoo
Vikash Patel
Suraj Varia

Guests

Anil Sharma – CPE (item 9)

Professional

Helen Musson (HM)
Farhan Moulana (FM)
Sara Norwood (SN)
Ann-Marie Carrey (AMC)
Frank McLaughlan (FMc)

Apologies

Lorna Girling

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES</p> <p>RS welcomed everyone to the meeting. RS welcomed new office member Frank McLaughlan who works as the Services and Engagement Lead Officer and observer Naimesh Sarvaiya from John Davis Pharmacy in Watford who was present for the morning session. Apologies were received from committee members Vinesh Naidoo, Vikash Patel and Suraj Varia and CPH office member Lorna Girling.</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. AMC declared a conflict of interest as being employed part-time by Community Pharmacy BLMK. It was noted that these declarations were included within the register tabled at the meeting.</p>	
3	<p>ITEMS OF URGENT BUSINESS</p> <p>None.</p>	
4 4.1 4.2	<p>MINUTES OF MEETING HELD ON 13 MARCH 2024</p> <p>The minutes were received and approved by the committee.</p> <p>The outstanding actions were received. The following items were noted:</p> <p><u>Hertfordshire LMC</u></p> <p>Following discussion at the Executive Team meeting, HM attended and presented at the LMC meeting on 1 May 2024 regarding Pharmacy First. HM outlined that many of the GPs present did not know about eligibility criteria and that concerns were raised regarding quality and consistency of the service from community pharmacy.</p> <p>Committee members felt strongly that community pharmacies should not be the ones that have failed where GP practices do not refer. However, it was agreed GP practice staff do need training to refer correctly of Pharmacy First. In principle it was felt that it was not the role of CPH to undertake the training for Pharmacy First for GP practices, however the office team were in a unique position to deliver training in a way that reflected well on community pharmacy.</p> <p>It was suggested CPH should collate Hertfordshire figures as evidence and not rely on national figures as this does not give a true reflection locally about what is being undertaken in terms of referrals or walk-ins. It was noted getting access to the data for Pharmacy First was proving very difficult.</p> <p><u>CPH Funds</u></p> <p>It was noted that CPH has funds in reserve from the Hertsmere Stockpiling and Dacorum care home projects. HM reported that FM had requested from the locality Clinical Leads if CPH could spend the funds on Pharmacy First</p>	

4.3	<p>training to help GP practices refer correctly and to increase referrals. The committee agreed that the CPH office could use these funds for this proposal and that a plan and update on this work should be brought back to future committee meetings particularly the value added. The committee particularly needed to know if the funds were sufficient and how this could be across all of Hertfordshire.</p> <p>ACTION: Take forward Hertsmere and Dacorum funds for Pharmacy First support training to GP practices and bring proposal back to committee.</p> <p>ACTION: Send presentation to LMC.</p> <p>ACTION: Raise with ICB to ask what they are doing to support Pharmacy First with pharmacy contractors and GP practices particularly regarding support for appropriate referrals from practices.</p> <p>The completed actions were received for information only.</p>	<p>HM/FM</p> <p>HM</p> <p>HM/FM</p>
5	<p>ITEMS FOR DISCUSSION</p> <p><u>Pre-CPH meeting contractors survey feedback</u></p> <p>The paper was received. Eight pharmacy contractors responded to the survey.</p> <p>It was agreed that the contractor feedback was to be included in the agenda and would be raised as part of discussion on the Pharmacy First, locally commissioned services feedback and Independent Prescribing Pathfinder at the workstream item. Comments from contractors for the CPE committee member would be raised by FM when AS attended for their item. It was unclear on the “communication” comment from one pharmacy contractor and the committee agreed to seek further clarity from this contractor.</p> <p>ACTION: Email contractor who raised “communications” without any detail to seek clarification to raise at next committee meeting.</p> <p>ACTION: Add to e-news an outline of the survey responses received from contractors and the action the committee has undertaken in response and encourage contractors to send in their questions/issues going forward as part of the pre-survey.</p> <p>ACTION: Send the meeting paper of the responses to the eight contractors who responded and minutes when approved.</p>	<p>FM</p> <p>FM/LG</p> <p>FM/SN</p>
6 6.1	<p>CPH WORKSTREAMS</p> <p><u>Workstream priorities 2024/25</u></p> <p>The paper was received. It was noted the office team felt some of the evaluation metrics were unachievable which may be considered demotivating and to acknowledge the current workload and day job that continues. The committee confirmed if the office can demonstrate the work undertaken to achieve the evaluation metrics but if the outcomes were not met because it was beyond the control of the CPH office then as long as we could demonstrate best efforts and adaptability to our contractors, this would be acceptable. It was agreed that if we make the workstream document public on our website then the evaluation metric column should be removed as this is for committee use only.</p>	

6.2	<p>ACTION: HM, RS and PO to review and finalise the document during the subcommittee session and circulate to committee members as final document.</p>	HM/RS/PO
	<p>It was asked under the 'Comms and Engagement' workstream what value the contractors would get out of pharmacy visits from the CPH office team and how we capture the contractors feedback. It was agreed to ensure the visits are valuable for the contractors and not just the office team and a survey would be sent to contractors after visits, although it was noted that some pharmacy contractors may not complete it. The office confirmed a log of visits was in place and this would be fed back to the committee.</p>	
	<p>ACTION: Create a simple question evaluation form for contractors to complete following a pharmacy visit.</p> <p><u>NHS Community Pharmacy Independent Prescribing Pathfinder Programme</u> The paper was received. This topic was raised by a contractor from the survey feedback regarding the lack of progress with the programme. FM confirmed that the ICB is moving forward the pathfinder regardless of the national direction. It was recognised that it only involved a very small number of contractors but CPH was supporting it as the belief is this will be a very important service for all contractors in the future. The committee was also concerned specifically on how we upskill the existing workforce to become independent prescribers and it was acknowledged that this was included as part of the priority workstreams for 2024/25.</p>	FMc/LG
	<p><u>Member questions</u> The video update was received. PCN Leads - a member raised the issue of PCN Leads and their roles completing at the end of May 2024 and queried what is happening to the roles in the future. It was noted that the ICB had committed at the last leads meeting to continue the roles but is unclear what format this would take. Concern was raised as there would be a gap in roles in June 2024 as the appointment process had not yet been confirmed.</p>	
	<p>ACTION: Send ICB an email requesting clarity on the future of the community pharmacy PCN Leads role to ensure that there was no gap between current leads and an appointment process.</p>	FM
	<p>It was noted from the video update that the ICB financial position is challenging which could impact on potential future projects and funding. A member queried what CPH office is doing to scope additional investment for contractors through other means ie. social services or local councils. The committee agreed that often these additional funding streams were not sustainable and in the current climate the focus should be on existing service workstreams. Concern was expressed that we may lose out to local innovation and development of services at a local level, however the committee were mindful of the huge pressure on pharmacy contractors and their ability to delivery anything extra. It was agreed that the CPH office should be open to scoping local innovation where it meets the future</p>	

	pharmacy vision and would lead to sustainable services across the whole area.	
7	ITEMS FOR DECISION	
7.1	<p><u>Succession plan for CPH officers and members</u></p> <p>The paper was received. The committee was asked to approve the plan and actions for 2024/25. The document was approved but with the following amendments:</p> <ul style="list-style-type: none"> • No video biography from each member but use a photo and wording biography instead. • That members should not be shadowing an Officer unless the role is known to be coming to end of term and that the existing roles such as Vice-Chair should be used as the succession plan for the Chair. • Add the words 'to the committee' to bullet point five after the word 'visible'. <p>ACTION: Email Executive Team meeting dates to committee and invite as observers.</p> <p>ACTION: Add to budget for 2024/25 to include two members attending each Executive Team meeting.</p> <p>ACTION: Seek interest from members if they are interested in shadowing Officers in the future.</p> <p>ACTION: Update Succession Plan with agreed amendments.</p>	<p>SN</p> <p>KC</p> <p>SN</p> <p>SN</p>
7.2	<p><u>CPE Forum of LPC Chairs Terms of Reference (ToR)</u></p> <p>The paper was received. The committee was asked to consider whether the ToR covered all areas or whether there were areas of concern. The following points were noted:</p> <ul style="list-style-type: none"> • Item 7 – 14 days is too short a timeframe for notification of a meeting. • It was unclear how and whether Chairs would be paid for their attendance at meetings. Is it an expectation that the relevant CPL would pay for the time of their Chair? • Due to the size of the meeting, clarity to be received about whether it is a forum where items can be discussed or an information session. <p>ACTION: Feedback the committee comments to the LPC Chairs Terms of Reference.</p>	<p>SN</p>
7.3	<p><u>Treasurers Report including Q4 for approval</u></p> <p>The paper was received. The committee approved Q4. It was noted that this information would be included within the annual report so committee members had further opportunity to review and comment. No further questions were raised.</p>	
8	ITEMS FOR INFORMATION	
8.1	<p><u>Executive Team Meeting</u></p> <p>The notes from the meeting were included for information.</p>	
8.2	<p><u>Contract Report</u></p> <p>The paper was included for information.</p>	
8.3	<p><u>Member Report</u></p>	

	The paper was included for information.	
9	<p>COMMUNITY PHARMACY ENGLAND</p> <p>RS welcomed Anil Sharma, East of England Regional Representative to the meeting. AS gave a presentation. The following points were raised:</p> <ul style="list-style-type: none"> • CPH expressed concern that CPE had not demonstrated value to contractors of the work they are undertaking particularly with the extra funding from contractors to CPE. Pharmacy contractors are hugely pressured in terms of finances and workload and the CPE rhetoric is often that we got the best we could get from negotiations or the contract was imposed and CPH queried why pharmacy contractors are putting in extra investment if there will be no extra investment to their pharmacies. • CPH queried how CPE could make its annual workplan more visible and at the outset of each year with links to the annual report at the end of the year. • HM expressed concern that the national CLOT meetings led by CPE involving a nominated representative from East of England were not always effective and that East of England had highlighted this on several occasions. • It was queried what support CPE is planning to encourage referrals from other providers in bigger numbers. • It was suggested that there needs to be a better way for CPE to consult and use LPCs at a much earlier stage to help inform future negotiations and how to prepare them to cascade messages locally at an earlier stage. • Points raised by CPH contractors from the pre-committee survey were also presented which highlighted the need for better remuneration, price concessions, and a funding overhaul for community pharmacies. <p>ACTION: AS to reflect on comments raised and feedback issues raised to CPE.</p> <p>ACTION: Add the CPE Pharmacy Advice audit to e-news and encourage contractors to complete the audit from 3 June 2024.</p>	<p>AS</p> <p>LG</p>
10	<p>SUBCOMMITTEES</p> <p>The afternoon session was split in to the subcommittees and discussed the following items:</p> <p><u>Finance and Audit</u></p> <p>Members: Mohamed Moledina, Sheelan Shah, Niru Sivanesan and Karsan Chandegra (Treasurer), CPH Office: Sara Norwood and Ann-Marie Carrey</p> <ul style="list-style-type: none"> • Terms of Reference • Financial Risk Register • Savings account for CPH • LPC Finance survey <p><u>Governance</u></p>	

	<p>Members: Girish Mehta and Adrian Price, CPH Office: Frank McLaughlan and Farhan Moulana</p> <ul style="list-style-type: none"> • Terms of Reference • Governance Risk Register • Governance Framework • Code of Conduct • To note CPE CPL self-assessment to be published in July 2024 	
11	<p>SUBCOMMITTEE FEEDBACK</p> <p><u>Finance and Audit</u> Sheelan Shah was nominated as Chair. ACTION: Update Terms of Reference based on feedback at the meeting and share with all committee members for reference. ACTION: Update Finance and Audit Risk Register based on feedback at the meeting and share with all committee members for reference. ACTION: Open two savings account for CPH with two different banks – one instant access £40,000 and one fixed term £80,000. ACTION: Clarify Corporation Tax on bank interest. ACTION: Submit finance survey to CPE.</p> <p><u>Governance</u> Adrian Price was nominated as Chair. ACTION: Update Terms of Reference based on feedback at the meeting and share with all committee members for reference. ACTION: Update Governance Risk Register based on feedback at the meeting and share with all committee members for reference. ACTION: Recheck whether the declaration of interest and confidentiality forms have been signed by all members and that this is undertaken on an annual basis.</p>	<p>SN</p> <p>SN</p> <p>KC/SN</p> <p>KC SN</p> <p>FM/SN</p> <p>FM/SN</p> <p>SN</p>
12	<p>AOB</p> <p>TAPR – RS gave an update on the meeting held with CPEx Chair Jon Lake and CPSN Chair Alister Huong to discuss ways of working across borders. It was agreed to continue the conversations although there was no further agreement. It was agreed that CPH would continue to represent Hertfordshire contractors only to stakeholders and others at meetings and in correspondence.</p> <p>Press releases – the committee were reminded to be mindful if approached by the media/press and understand that CPH are here to support all contractors. ACTION: committee members to seek support from CPH when commenting on media and press as a committee member.</p> <p>PCN locality data –it was noted that this had not been included as an agenda item as requested at the last meeting. It was queried by a member what support CPH should be putting in place for PCN Leads regarding this data. It was noted that there may not be a place for the CPH office in this piece of</p>	<p>Members</p>

	work but there did need to be closer working between support for leads and CPH. It was acknowledged that this forms part of the 2024/25 workplan.	
	NEXT MEETING 10 July 2024 (9am-5pm) The View, Old Hens Lane, Welwyn Garden City, AL7 2ED	