


**18 September 2024**  
9.00am – 5.00pm  
**The Fielder Centre, Hatfield**

No.	Agenda Item	Lead	Page No.
<b>1.</b> 9.00am	<b>Welcome and Apologies</b> <i>Apologies received from Frank McLaughlan, CPH Services and Engagement Lead Officer</i>	Rachel Solanki	
<b>2.</b> 9.00am	<b>Declaration of Interest</b> <i>Members to express any specific conflicts of interest regarding items on agenda that have not already been declared.</i>	Rachel Solanki	Appendices
<b>3.</b> 9.00am	<b>Items of Urgent Business</b> <i>Any items to be notified to the Chair at least 24 hours before the meeting.</i>	Rachel Solanki	
<b>4.</b> 9.05am	<b>Minutes of Meeting held on 10 July 2024</b>		
4.1	Minutes to be signed by the Chair	Rachel Solanki	4-14
4.2	Outstanding actions	Helen Musson	15
	• James Gleed ICB update		16-17
4.3	Completed actions (for information only)		Appendices
<b>5.</b> 9.10am	<b>Items for Discussion</b>		
5.1	Pre-CPH meeting contractor survey feedback	Farhan Moulana	18-19
<b>6.</b> 9.20am	<b>CPH Workstreams</b>		
6.1	Workstreams 2024/25	Helen Musson	20-27
6.1.1	• Pharmacy First		
6.1.2	• Community pharmacy communication and engagement		
6.1.2.1	• Pharmacy visit update		28-29
6.1.3	• Community pharmacy workforce		
6.1.4	• Prescribing and medicines optimisation services		
6.1.5	• Public Health		
6.2	Member questions from Chief Officer video update	Members	
<b>7.</b> 10.20am	<b>Items for Decision</b>		
7.1	AGM 2024 minutes – to approve		30-33
7.2	<a href="#">Conference of LPC representatives</a> – 7 November 2024		34
	<b>TEA BREAK 10.30am-10.45am</b>		
<b>8.</b>	<b>Items for Decision</b>		
8.1 10.45am	Treasurers Report including Q1 for approval	Karsan Chandegra	35-36
8.2 11.00am	Treasurer elections	Rachel Solanki	37-38
8.3 11.15am	CPE meeting held on 30 July 2024 – DMS	Helen Musson	39-49
8.4 12.00pm	Strategic Plan development	Helen Musson	50-64
	<b>LUNCH 12.45pm-1.45pm</b>		

	<b>Words from our Sponsor</b> <ul style="list-style-type: none"> <li>Exeltis</li> </ul>	Tanya Lewis	
<b>9. 1.50pm</b> 9.1	<b>Subcommittees</b> <b>Finance &amp; Audit</b> <i>Sheelan Shah (Chair), Karsan Chandegra, Mohamed Moledina, Vikash Patel, Niru Sivanesan, Ann-Marie Carrey, Sara Norwood</i> <ul style="list-style-type: none"> <li>Savings account for CPH</li> <li>Finance Guide – to identify gaps</li> <li>Reserves Guidance for LPCs</li> <li>Risk Register – to review</li> <li>Minutes 8 May 2024 – for reference</li> </ul>		Appendices
9.2	<b>Governance</b> <i>Adrian Price (Chair), Girish Mehta, Vinesh Naidoo, Parag Oza, Suraj Varia, Farhan Moulana</i> <ul style="list-style-type: none"> <li>Governance Framework – to identify gaps</li> <li>Code of Conduct – to identify gaps</li> <li>Member Dol</li> <li>Review Pay Reward Policy</li> <li>Appraisal process</li> <li>Risk Register – to review</li> <li>Minutes 8 May 2024 – for reference</li> </ul>		Appendices
<b>10. 4.00pm</b>	<b>Subcommittee Feedback</b> Feedback discussion and committee to agree/ratify next steps		
<b>11. 4.30pm</b> 11.1 11.2 11.3 11.4	<b>Items for Information</b> Executive Team meeting update (7 August 2024) Contract report Member report Pharmaceutical Needs Assessment development update	Sara Norwood	Appendices
<b>12. 4.45pm</b>	<b>AOB</b>		
<b>13.</b>	<b>Future CPH Meeting Dates</b> To note and approve future meeting dates for 2025 <ul style="list-style-type: none"> <li>22 January</li> <li>19 March</li> <li>14 May</li> <li>2 July <b>AGM</b></li> <li>16 July</li> <li>10 September</li> <li>5 November</li> </ul>		

	<b>Next Meeting</b> 27 November 2024 (9am to 5pm) The Comet, Hatfield, AL10 9RH		
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CPH committee members accepted at the first meeting of its term in October 2023 the following guiding principles for members of the Committee:

- **Accountability** – Members of CPH are accountable for their decisions and actions to contractors and the public and therefore submit to scrutiny.
- **Openness** – Members should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions, and restrict information only for short term tactical reasons, or when the wider public interest clearly demands.
- **Honesty** – Members have a clear duty to declare any private interest relating to their CPH duties and take steps to resolve any conflicts arising.
- **Leadership** – Members should promote and support the above principles by leadership and by example.
- **Representativeness** (Selflessness) – members must reflect the interests of the contractors who elected or appointed them to CPH and must make decisions in the interests of the general body of contractors; they must not make decisions to gain financial or other material benefits for themselves, family or friends.
- **Integrity** – members must not put themselves under any obligation that might influence their performance at CPH or their ability to reflect the interests of the contractors who elected or appointed them or to make decisions in the interests of the general body of contractors.
- **Objectivity** – in making decisions and in carrying out the business of CPH members should act within the constitution and make decisions only on merit.

**CPH MINUTES**  
**10 July 2024**  
The View, Welwyn Garden City

**Present**

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

**Apologies**

Karsan Chandegra (KC)

**Professional**

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

**Apologies**

Lorna Girling (LG)

**Guests**

Emily Clarke – Public Health (item 6)  
Ruth Dean – Public Health (item 6)  
Cathy Geeson – HWE ICB (item 7)  
James Gleed – HWE ICB (item 7)  
Kate Latham – LMC (item 10.1)



	<p>included an evaluation. It was agreed that CP PCN Leads should be invited to strategic meetings within their PCN but would not support with GP practice training visits arranged by the CPH office although they would be informed when it was taking place to support with communications with local pharmacies. The committee acknowledged this is a distinct piece of work to use up the residual funds from Dacorum and Hertsmere agreed. the committee approved the proposal to support the development of strategic and communication documents to support GP practices that was targeted at those PCNs and practices with no or low referrals for Pharmacy First. It was agreed that this would include an evaluation which could be outsourced and funded if it did not total more than approximately 8 days of costed Chief Officer time.</p> <p><u>TAPR and CPEssex</u> RS stated an email has been sent to CPEssex but has received no formal response. CPH expressed disappointment at the lack of feedback from CPEssex and discussed the memorandum of understanding. suggesting closing the action unless there are further developments. <b>ACTION: It was agreed to close this item.</b></p>	SN
4.3	The completed actions were received for information only.	
5	<p><b>ITEMS FOR DISCUSSION</b> <u>Pre-CPH meeting contractor survey feedback</u> The paper was received. Two pharmacy contractors responded to the survey. Committee discussed the point raised on drug costs and pharmacy pressures. It was suggested to highlight the issue in the e-news with updates to raise awareness, and emphasise the importance of addressing the issue at both local and national levels. It was noted there were concerns about the lack of response in stock requests and urges for better collaboration to address the challenges. <b>ACTION: CPH office would include in communications to contractors in e-news highlighting medicine shortages resources that are available from CPE and encouraging use of local pharmacy WhatsApp groups to identify medicines availability to support patients.</b></p> <p><b>ACTION: Email contractor who raised drug shortages issue and ask if there was anything specific they would like CPH to action.</b></p> <p><b>ACTION: CPH to highlight the stock issues at MODIG meetings on a regular basis and to also add to weekly newsletter from the Medicine optimisation team</b></p>	<p>LG</p> <p>FM</p> <p>FM/HM</p>
6	<p><b>PUBLIC HEALTH</b> RS welcomed Emily Clarke to the meeting. Concern was expressed that Sarah Perman had not been able to attend this meeting and it was therefore agreed to invite to attend a future meeting. EC gave an update presentation. It was noted regarding the Drug and Alcohol Strategy that CPH have had no input into this document and EC would</p>	

	<p>feedback this to the team. EC gave an update on the pause of health checks for pharmacies, the challenges in referrals for the Diabetes Prevention Programme (NDPP), and the upcoming changes in weight management services. The limitations of point of care testing were highlighted and the need for flexibility in funding structures to enhance service provision, emphasising the importance of engaging different stakeholders to improve service engagement.</p> <p>EC provided details about the launch of a new health services bus, including its purpose of delivering health services and signposting, as well as taking expressions of interest from community groups. The importance of targeted communication to specific stakeholders was recognised such as community pharmacies and GP practices, and the need for a systematic way of sharing useful information without overwhelming recipients.</p> <p><b>ACTION: EC to investigate how CPs will be informed of the health bus schedule and location in order to support signposting of patients.</b></p> <p><b>ACTION: Invite Sarah Perman to the November 2024 meeting.</b></p> <p>RS welcomed Ruth Dean to the meeting. RD gave an update on the Healthwatch survey and Hitch Insight report including:</p> <ul style="list-style-type: none"> <li>• the rise in gonorrhoea diagnoses and stable but prevalent chlamydia diagnoses, emphasizing the importance of testing to address these conditions early;</li> <li>• preferences for online and face-to-face STI testing and the barriers and facilitators for accessing testing in community pharmacies;</li> <li>• decline in activity around dual testing and EHC since 2018-19; and</li> <li>• barriers and opportunities around dual testing and EHC in community pharmacies</li> </ul> <p>CPH thanked Public Health for the collaboration and emphasised the importance of working together to overcome barriers, RD acknowledged the significance of community pharmacies and the need to nurture their presence to support sexual health. It was recognised that educational and promotional materials were developed with availability of printed resources for community pharmacies. CPH highlighted that pharmacies already providing the National Contraception Service can support with the delivery of Dual testing kits and the EHC supply. RD mentioned the need for infrastructure before driving more providers to join, and the importance of training and role play to improve the standard of service delivery.</p> <p><b>ACTION: RD to inform CPH on what Metro are doing for their outreach and awareness work particularly in schools.</b></p> <p><b>ACTION: CPH to discuss with PH the commissioning of additional contractors to the commissioned EHC service particularly those delivering the Pharmacy Contraception Service.</b></p>	<p>EC</p> <p>SN</p> <p>RD/Metro</p> <p>CPH/PH</p>
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7	<p><b>HERTFORDSHIRE and WEST ESSEX INTEGRATED CARE BOARD (ICB)</b></p> <p>RS welcomed Cathy Geeson to the meeting. CG gave an update presentation on foundation training, independent prescribers and workforce strategy. CG addressed the workforce challenges in community pharmacy, emphasizing the changes in foundation training, the training of current pharmacists to be independent prescribers, and the upcoming ICB workforce strategy. The issue of limited access to DPPs and the importance of multi-sector training sites for the future was recognised. The following areas would also be addressed as part of the Workforce Strategy:</p> <ul style="list-style-type: none"> <li>• Pharmacy Technician Workforce Strategy</li> <li>• Foundation Training Changes</li> <li>• Independent Prescribing Training</li> <li>• Designated Prescribing Practitioners (DPPs)</li> </ul> <p>It was noted there was no clear strategy for community pharmacy education and training. CPH requested the ICB address the succession planning issue particularly regarding Foundation Trainees. It was noted that community pharmacies signed up to host foundation trainees would be on the Oriel system and contractors that do not have a DPP in place would be contacted individually. The ICB will collect data on community pharmacies that have signed up for foundation training and provide support for finding DPPs for those without affiliations. The ICB is also developing a database to match learners with DPPs and support the rotational model for foundation training.</p> <p>CG provided an overview of the Additional Roles Reimbursement Scheme (ARRS scheme) for pharmacy staff in general practice, emphasising the inclusion of a DPP role and the potential to leverage unspent funding for professional hours. CG also shared insights from a survey on community pharmacists' interest in becoming independent prescribers and the difficulties in finding DPPs, along with discussions on the barriers to prescribing and the need for clear mandates for trained independent prescribers.</p> <p>Concern was expressed regarding the challenges and complexities of prescribing in community pharmacy settings, expressing doubts about the feasibility of meeting prescribing requirements within this environment. CPH emphasised the need for a supportive and competent environment for pharmacists to prescribe safely and raised concerns about the potential risks and pressures faced by pharmacists in prescribing roles. The importance of appropriate training and the need to protect pharmacists from undue pressure to prescribe was recognised.</p> <p>It was noted that the ICB is investigating the possibility of funding for DPPs and developing a strategy for supporting independent prescribers and is working closely to ensure the integration and delivery of DPPs in tandem and to scope the expectations of what DPPs are willing to do.</p> <p>On the pharmacy workforce strategy, there was emphasis on attracting and retaining staff, building capacity for independent prescribing, and supporting</p>
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	<p>pharmacy technicians. The need to commission opportunities for prescribing in community pharmacy and the importance of preparing the pipeline for future commissioning, while acknowledging the challenges and uncertainties in the current landscape. The ICB is working with regional funding and national funding to support cross-sector and single-sector training opportunities for foundation pharmacists and pharmacy technicians.</p> <p><b>ACTION: CPH Office and ICB to continue to work together on the issues identified and to bring an update to the next CPH meeting.</b></p> <p>RS welcomed James Gleed to the meeting. JG gave a presentation on the following items:</p> <p><u>ICB Governance</u></p> <p>JG provided an overview of the governance changes within the ICB, highlighting the establishment of the Primary Care Transformation Committee and its indirect reporting structure to the ICB board. He emphasised the need to review membership and increase leadership prominence within the group, while also touching on the evolving role of Health Care Professionals and the challenges related to community pharmacy.</p> <p>The impact of involving community pharmacy in decision-making, emphasising the need for collaboration and integration in healthcare was recognised. CPH highlighted barriers and stigma between different sectors of primary care and advocated for a united approach to improve patient care. The challenges in relationship building were noted by CPH and CPH requested support from the ICB in championing best practices.</p> <p><u>Pharmacy First</u></p> <p>JG presented data showing an increase in overall activity and a shift towards self-referrals. Concerns were raised about the lack of strategic planning and support for GP practices in increasing referrals, emphasising the need for collaboration and a closed loop in patient care. <del>JG also stated the importance of empowering patients to take control of their health and the potential risks of improper referrals. JG, whilst appreciating the concerns raised by CPH colleagues about patients being seen in the Pharmacy First service without a referral from their GP, highlighted the importance of empowering patients to take control of their own health, the benefits to ensuring patients are seen by the right person, in the right place at the right time and removing avoidable hand-offs which delay care and also the requirement to consider patient safety in the round – in that the consumption of GP practice time in making referrals may lead to other patients, perhaps those less able to advocate for their own needs, failing to obtain any care.</del> CPH shared their experiences and frustrations in trying to engage GP practices in implementing Pharmacy First referrals, emphasising the need for strategy, collaboration, and better data to address the challenges but acknowledged the impact on GP reception staff and the importance of alleviating their pressure to improve the process.</p>	<p>CG/HM</p> <p>JG</p>
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	<p>CPH expressed concern that there was no clear strategy plan on how to increase GP practice referrals and asked JG to take this back to ICB and find out what they are doing for community pharmacy and general practice before winter 2024. <u>JG advised that there are divergent views on whether GP referral is the most appropriate mechanism for patients to be seen within Pharmacy First Service. JG also highlighted that the current framework makes provision for patients to be seen by Pharmacy First without a referral from their GP practice and as such the ICB doesn't have the ability, even if felt was appropriate, to compel GP practices to refer patients. GP advised that relationships and a shared understanding of the issues and constraints across general practice are pivotal, GP also advised that the new Community Pharmacy PCVN Integration Leads are expected to have a significant impact on issues such as this and that the ICB will supporting them to ensure are part of the membership of relevant groups and committees.</u></p> <p><b>ACTION: ICB to respond to the concerns raised by CPH and to present a clear plan of how they will be supporting the increase in GP practice referrals.</b></p> <p><b>ACTION: Look at what strategies other top referring ICBs have implemented. CPH Office to share examples of other area strategies it is aware of.</b></p> <p><u>Medicines Optimisation LIS</u></p> <p>JG confirmed that the development of a community pharmacy medicines optimisation local incentive scheme is on hold due to the current financial position of the ICB. CPH stated they were very disappointed as the time commitment spent on this was considerable. <u>JG highlighted that he too was disappointed at the latest development and that he and colleagues had also invested considerable time in the work to-date.</u> It was queried what we could do so we are not in the same position again next year. It was suggested that the only way to make this really work is by ensuring this dovetails into the GP LIS. It was agreed both CPH and ICB would keep this as a live topic for discussion.</p> <p><u>PCN Engagement Leads</u></p> <p>JG updated on the new Community Pharmacy Engagement Lead roles for which the interviews are taking place in July 2024 recognising a short gap in support. Induction Plans will be created and CPH offered its help to support. JG highlighted <u>the importance of learning from the pilot with regards to the importance of</u> strategic planning and support for colleagues, and acknowledged the positive impact of the CP PCN integration programme. <u>JG advised that the ICB recognises the previous challenges that some of the leads experienced and is committed to wants to ensuring that all of the newly leads appointed, are (and feel) properly integrated as part of the wider primary care leadership team; the ICB is taking proactive steps to ensure this is the case, starting with arranging a comprehensive induction programme.</u></p> <p>CPH asked what is the plan on the national vaccination strategy particularly the recommendations for ICBs and how community pharmacy will be included. <u>JG highlighted that this was linked to the NHSE delegation plans for</u></p>	JG/FM
		JG SN

**Commented [HM1]:** Comment from James Gleed: Sorry, I don't recall agreeing to present a 'clear plan' of how the ICB will be supporting an increase in GP referrals – per edits above I explained that perspectives on this matter differ. I did agree that the ICB would look at data from other areas for the purposes of benchmarking and any learning that would benefit patient care in HWE (the action below). I advised that it was important that these issues were discussed locally on locality /PCN footprints and that the ICB will be further supporting the new PCN Integration Leads ensure they are engaged in the necessary fora and that primary care transformation teams help all primary care (and wider system) providers to have constructive discussions about and other key areas of service provision.

	<p><del>screening and Imms and would take this back to ICB. JG would take this back to ICB.</del></p> <p><b>ACTION: JG to arrange an update from ICB on implementation of the NHSE vaccination strategy. JG to provide and update from ICB on vaccination strategy, local implementation, community pharmacy involvement and next steps to CPH.</b></p> <p><b>ACTION: Share JGs presentation with CPH committee.</b></p>	
<b>8</b>	<b>ITEMS FOR DISCUSSION</b>	
<b>8.1</b>	<p><u>PNA – process and timescales</u></p> <p>The paper was received. The committee was asked to note the information provided, discuss any areas of consideration as part of the PNA process and any learning needed by members to support the development of the PNA and the approval process. CPH agreed that it was important to get pharmacy contractors and patients to complete the PNA questionnaires.</p> <p><b>ACTION: Highlight timescales and key areas and bring back update to the September 2024 meeting.</b></p> <p><b>ACTION: Members were asked to self-identify if they require support in understanding the process to HM.</b></p> <p><b>ACTION: Develop a communications plan to promote the patient and community pharmacy survey to encourage completion.</b></p>	<p><b>HM</b></p> <p><b>Members</b></p> <p><b>HM</b></p>
<b>8.2</b>	<p><u>Flu vaccination pilot in a GP practice and pharmacy update</u></p> <p>The paper was received outlining the outcomes of the flu vaccination pilot in one GP practice and pharmacy. The committee was asked to agree on the signposting process to community pharmacies via EPS notification and text messaging. The committee agreed the signposting process and the development of the guide that would be share with them for final comments.</p> <p><b>ACTION: Share the guide with committee members for comments when developed.</b></p>	<b>FM</b>
<b>9</b>	<b>CPH APPRAISAL PROCESS</b>	
<b>9.1</b>	<p><u>CPH appraisal process – to review pay review increase</u></p> <p>PO chaired to remind the committee of the Pay Review and Reward Policy and the six key elements of the policy, namely – introduction, inflationary increases, pay review increase, market rate adjustments, appraisal and 360 degree feedback and staff rewards. The committee was asked to review the policy for 2024/25 and it was agreed that this would be taken to the Governance subcommittee in September 2024 for a fuller review and recommendation on the policy.</p> <p><b>ACTION: The Governance subcommittee to review the Pay Review and Reward Policy and bring back to the Executive Team for ratification.</b></p>	<b>Gov Subcom</b>
<b>9.2</b>	<p><u>Chief Officer appraisal 2024 – right of appeal</u></p> <p>PO chaired as per the Pay Review and Reward Policy. PO shared the top line context behind the appeal. HM (Chief Officer) was invited to share her</p>	

	<p>reasons for her appeal with RS (Chair) not present, to the committee. RS was then invited to share her reasons for the decision she made on the specifics of the review with HM not present. The committee discussed the two views and in light of the evidence presented, made the decision that whilst hugely appreciative of the work done by HM and the organisation, they did not uphold the appeal.</p> <p><b>ACTION: PO to feedback the decision to Helen Musson and Rachel Solanki.</b></p>	PO
10	<p><b>CPH WORKSTREAMS</b></p>	
10.1	<p><u>Workstreams 2024/25</u></p> <p>The paper was received. The committee agreed it was a good working document and to include and highlight the updates since the previous meeting.</p> <p><b>ACTION: Include on the workstream document data where available of where we are now versus the target number on the document.</b></p>	SN
10.1.1	<p><u>Pharmacy First</u></p> <p>RS welcome Kate Latham from the LMC to the meeting. KL noted GP Connect was turned off with one of the main area of concerns around data sharing with other providers and emphasised this was not in relation to not wishing to share data of Pharmacy First with pharmacists. The LMC was unaware of how this decision would affect community pharmacies locally. CPH confirmed that they believed there should not be much impact but was seeking national clarification. CPH expressed concern that some community pharmacies would think this was about GP practices not wanting to support the Pharmacy First service and joint communications on this would be helpful. CPH expressed concern about the low GP practice referrals and KL suggested a joint meeting with the ICB regarding data and any gaps going forward and also area based webinars where there are any issues.</p> <p><b>ACTION: CPH and LMC to develop joint communications on the issue to help community pharmacies understand the issues.</b></p>	HM/KL
	<p><b>ACTION: CPH feedback to LMC regarding Pharmacy First GP practice referrals and KL to consider inviting to upcoming LMC meeting with ICB to discuss.</b></p>	KL
	<p>Regarding the ICB advanced service data spreadsheet the committee were requested to approve including figures on the activity delivered rather than the current data that does not show numbers delivered. Concerns were raised as to whether the data is relevant to others as this spreadsheet is shared with all GP practices and PCNs. The committee was asked to vote on whether they approve the actual delivery figures for community pharmacy advanced services that are already publicly available to be included within the ICB published spreadsheet. Including the delivery figures was approved: 8 votes for and 1 vote against.</p>	
10.1.2	<p><u>Community pharmacy communications and engagement</u></p> <p>The committee did not have any questions so there was no further discussion.</p>	

10.1.3	<u>Community pharmacy workforce</u> This item had been discussed in detail under item 7 and was therefore not discussed any further.	
10.1.4	<u>Prescribing and medicines optimisation services</u> This item had been discussed in detail under item 4.2 and 7 was not discussed any further.	
10.1.5	<u>Public Health</u> The committee did not have any questions so there was no further discussion.	
10.2	<u>Member questions</u> The video update was received. No questions were raised.	
11	<b>ITEMS FOR DISCUSSION</b>	
11.1	<u>Event update</u> The paper was received. It was suggested to try a QR code to scan or use Slido for event feedback from contractors.	
11.2	<u>Pharmacy visit update</u> The paper was received. The committee were asked to note the report and identify any areas for improvement. The committee acknowledged the progress in this workstream in supporting contractors. The committee asked to separate actions from outcomes and highlight any concurrent issues and bring back to the next meeting. It was agreed to continue with the current process and was noted that these are kept as supportive visits and nothing more. <b>ACTION: Update paper to include an overview only and separate actions from outcomes for next CPH meeting.</b>	FMc/AMC
11.3	<u>Pharmacy claims for bank holidays</u> The paper was received. The committee was asked to feedback on the information requested on the claim form and whether they are comfortable with the amount of information that is being collated and whether there any other concerns regarding the form or data requested. It was identified that the service specification does not mandate filling in all the information requested. FM noted the payment rates across other regions which have been raised at the EoE CLOT meetings. The committee was asked if they are happy for CPH to negotiate a new bank holiday payment structure in collaboration with the rest of East of England. Committee agreed to renegotiate the bank holiday rates and the service specification to also include other bank holidays. It was also agreed that a differential rate could be agreed for Christmas and Easter Sunday. <b>ACTION: CPH in conjunction with EOE CPLs to renegotiate with the commissioner the bank holiday rates in line with inflation and include other bank holidays.</b>	FM

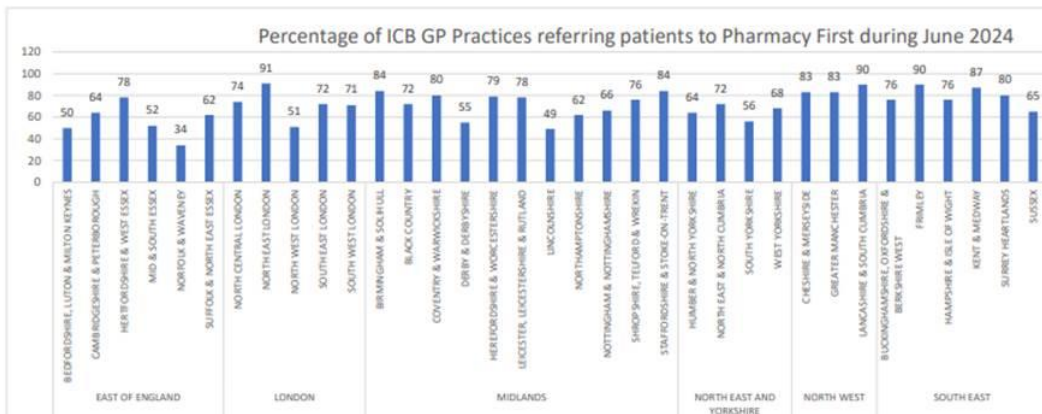
	<b>ACTION: Feedback to the contractor that the data on the form is not mandated.</b>	<b>FM</b>
<b>12</b>	<b>ITEMS FOR INFORMATION</b>	
<b>12.1</b>	<u>Executive Team Meeting</u> The notes from the meeting were included for information.	
<b>12.2</b>	<u>Treasurers Report</u> The paper was included for information.	
<b>12.3</b>	<u>Contract Report</u> The paper was included for information.	
<b>12.4</b>	<u>Member Report</u> The paper was included for information.	
<b>12.5</b>	<u>Forum of LPC Chairs ToR</u> The paper was included for information.	
<b>12.6</b>	<u>CPE Regional Rep feedback</u> The paper was included for information.	
<b>13</b>	<b>AOB</b> AGM – RS thanked the office team for their hard work in putting on the AGM on 3 July 2024.	
	<b>NEXT MEETING</b> 18 September 2024 (9am–5pm) The Fielder Centre, Hatfield, AL10 9TP	

				CPH ACTION PLAN					
	Priority	Date raised	Topic	Decision/Action	Owner	Due by	Status	Complete	
1		13/03/24 item 9	ICB: UEC Strategy	Support LPCs to become involved with the local HCPs to continue the discussion regarding the implementation of UEC strategy.	HJ	Jul-24	HM to remind JG regarding this.		
2	1	10/07/24 item 10.1.1	Workstreams: Pharmacy First/LMC	CPH feedback to LMC regarding Pharmacy First GP practice referrals and KL to consider inviting to upcoming LMC meeting with ICB to discuss.	KL	Sep-24	SN requested update for the September 2024 meeting. HM to follow up.		
3	1	10/07/24 item 10.1.1	Workstreams: Pharmacy First/LMC	CPH and LMC to develop joint communications on the issue to help community pharmacies understand the issues.	HM / KL	Sep-24	SN requested update for the September 2024 meeting. HM to follow up.		
4	1	10/07/24 item 7	HWE ICB: Pharmacy First	ICB to respond to the concerns raised by CPH and to present a clear plan of how they will be supporting the increase in GP practice referrals.	JG	Sep-24	Plan has been presented and shared with CPH office. This is being reviewed and committee members will be updated before this item is closed.		
5	1	04/10/23 item 9.1.1	Workstreams: CP locally commissioned services	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.	HM / FM	Sep-24	Raised at recent MODIG and Medicines Optimisation meetings. FM to action needs to be undertaken to CP group. Meeting held 4/7/24. <b>Update: next follow up meeting being held on 16/9/24.</b>		
6	2	10/07/24 item 11.3	Pharmacy claims for BH	CPH in conjunction with EOE CPLs to renegotiate with the commissioner the bank holiday rates in line with inflation and include other bank holidays.	FM	Nov-24	Joint EoE letter sent to hub contracts team at HWE.		
7	2	10/07/24 item 7	HWE ICB: Workforce Strategy	CPH Office and ICB to continue to work together on the issues identified and to bring an update to the next CPH meeting.	CG / HM	Nov-24			
8	2	10/07/24 item 6	Public Health: Sexual Health	CPH to discuss with PH the commissioning of additional contractors to the commissioned EHC service particularly those delivering the Pharmacy Contraception Service.	CPH / PH	Nov-24			
9	2	10/07/24 item 6	Public Health: Sexual Health	RD to inform CPH on what Metro are doing for their outreach and awareness work particularly in schools.	RD / Metro	Nov-24			
10	2	10/07/24 item 6	Public Health	EC to investigate how CPs will be informed of the health bus schedule and location in order to support signposting of patients.	EC	Nov-24			
11	2	10/07/24 item 4.2	DMS Referrals	CPH office to continue to provide an update on the plug-in that supports digital and trial with Watford hospital.	HM / FM	Nov-24			
12	2	17/01/24 item 7.1.3	CPH Expense Policy	Officers to undertake an audit of their time regarding the current honoraria rate by September 2024 and feedback by the November 2024 meeting for budget preparations.	Exec Team	Nov-24			
			Priority Key						
			1	To be completed by next meeting					
			2	To be completed within six months					
			3	To be completed within one year					
			4	Ongoing					
				Overdue					

18 September 2024

Title	ICB Update – James Glead
Purpose	To update CPH members
Report authors	Helen Musson
Short summary of the paper	<p><b>Pharmacy First Service and PCN CP Engagement Leads Update</b></p> <p>We look forward to continuing to work with our CPH colleagues to ensure as many patients as possible benefit from the Pharmacy First service; I know that Mefino has already done a great deal in terms of working with place team colleagues, presenting and promoting pharmacy first in locality meetings, arranging training and ensuring timely comms etc which has been really important and am sure will continue</p> <p>However increasing activity in Pharmacy First will form a pivotal objective for our newly appointed PCN CP Integration leads and Mefino is currently working with Avni and Head of Primary Care Place Teams to develop a comprehensive induction package to help build critical relationships and also a consistent framework within which they can effectively operate – inclusion in relevant committee /group membership.</p> <p>I also believe the recent appointment of an Associate Primary Care Partner, who is a community pharmacist, working alongside the other 3 Primary Care Partners (GPS) on the ICB Board is a key development, from a strategic leadership and integration perspective. I really look forward to seeing all this culminate in (amongst other positive developments) patients making greater and more consistent use of the Pharmacy First service across HWE.</p> <p>With regards to the action concerning other systems’ performance, I am really pleased to say it appears that we (HWE) are in fact the highest referring system in the EoE Region. Please see the below excerpt from the national Pharmacy First operational report July 2024 (June data) which indicates that Hertfordshire and West Essex had the highest percentage of ICB GP practices referring patients to Pharmacy First across East of England as below:</p>

Percentage of ICB GP Practices referring patients to Pharmacy First during June 2024



Region	ICB	Percentage (%)
EAST OF ENGLAND	BEDFORDSHIRE, LUTON & MILTON KEYNES	50
	CAMBRIDGESHIRE & PETERBOROUGH	64
	HERTFORDSHIRE & WEST ESSEX	78
	MID & SOUTH ESSEX	52
	NORFOLK & WARENIE	34
	SUFFOLK & NORTH EAST ESSEX	62
	NORTH CENTRAL LONDON	74
	NORTH EAST LONDON	91
	NORTH WEST LONDON	51
	SOUTH EAST LONDON	72
LONDON	SOUTH WEST LONDON	71
	BRISTOL & SOUTH GLoucestershire	84
	BLACK COUNTRY	72
	COVENTRY & WARWICKSHIRE	80
	DERBY & DERBYSHIRE	55
	HERTFORDSHIRE & WORCESTER	79
	LEICESTER, LEICESTERSHIRE & RUTLAND	78
	LINCOLNSHIRE	49
	NORTH HAMPTONSHIRE	62
	NOTTINGHAM & NOTTINGHAMSHIRE	66
MIDLANDS	SHROPSHIRE, TELFORD & WREKIN	76
	STAFFORDSHIRE & STOKES ON TRENT	84
	HUMBER & NORTH YORKSHIRE	64
	NORTH EAST & NORTH CUMBRIA	72
	SOUTH YORKSHIRE	56
	WEST YORKSHIRE	68
	CHESHIRE & MERESIDE	83
	GREATER MANCHESTER	83
	LANCASHIRE & SOUTH CUMBRIA	90
	BLACKBURN, LANCASHIRE & COTSWOLDS	76
NORTH EAST AND YORKSHIRE	BRISTOL WEST	90
	HAMPSHIRE & ISLE OF WIGHT	76
	KENT & MEDWAY	87
	SURREY HEATHLANDS	80
	SUSSEX	65



**Vaccination Strategy**

With regards to the update on the ICB approach to delivery of the NHSE vaccination strategy raised at the July CPH meeting, as I mentioned at the meeting this is inextricably linked with the delegation of screening and immunisation services from NHSE; I subsequently discussed this with Avni; it appears that the ICB would be 'ultra vires' in attempting to redesign clinical services for which it doesn't yet have formal delegated authority. We do appreciate however that the NHSE strategy references seasonal flu and covid vaccination – areas of commissioning in which the ICB is currently involved.

Penny Thomas is our senior management vaccination lead, based in Cathy Galione's ENH place transformation team. Penny will provide an update to CPH colleagues on our current plans for future seasonal flu and covid vaccination provision within HWE.

18 September 2024

<b>Title</b>	Pre-CPH Committee Meeting Survey Responses
<b>Purpose</b>	Summary of the feedback from community pharmacies captured through the pre-CPH committee meeting survey.
<b>Report authors</b>	Farhan Moulana
<b>Short summary of the paper</b>	<p>The survey was open over a two-week period and was in the weekly e-news every week supported by WhatsApp messages to promote participation.</p> <p>Four responses were received from the following pharmacies: Rooneys Pharmacy, Punni Pharmacy, Metro Pharmacy and Tesco Pharmacy Watford.</p> <p>Below are areas contractors were asked on and their feedback:</p> <p><b>National Hypertension Case Finding Service.</b> One respondent commented that it is a brilliant service that we are offering as pharmacies, and one respondent mentioned that there were not many referrals from GP practices. This is continued work stream for CPH to influence regarding GP practice referrals.</p> <p><b>Locally commissioned substance misuse Core MAT (medication assisted treatment) service.</b> One respondent mentioned issues with the template on PharmOutcomes for the service. The contractor was contacted and the issue has now been resolved.</p> <p><b>Question on training need to help deliver services effectively.</b> There were no responses in regards to training needs or any additional training to support current service delivery.</p> <p><b>Local points or issues for CPH committee</b> Three respondents raised the issue of GP practices not formally sending Pharmacy First Referrals to pharmacies. One respondent raised a point about communication between pharmacy and the GP practices. Having contacted the contractor, they clarified the issue of not being able to get through to GP practices for queries and that there should be better means or direct access for pharmacies to contact GP practices. It was explained to the contractor that bypass numbers were made available to pharmacies and having a conversation with the GP practices can lead to a locally agreed contact access.</p>

<b>Recommendations</b>	<p>As agreed at the last meeting the CPH office will be progressing support to Pharmacy First GP referrals. It is recommended that the committee note this as part of the work stream updates.</p> <p>It is recommended that the committee note the survey outcomes and the CPH response to the survey responses.</p>
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Workstream (ordered in rank according to highest priority)	Objective	Outcome 2024-25	Evaluation Metric 2024-25	Committee Update September 2024 July 2024 updates are included in blue – these have stopped and continue on an ongoing basis
1. Pharmacy First	<p>To deliver integrated local pathways for the benefit of patients in Hertfordshire and the system with the following services:</p> <ol style="list-style-type: none"> <li>1. Pharmacy First (PF)</li> <li>2. Hypertension Case-Finding (HCF)</li> <li>3. Contraception (PCS)</li> </ol>	<p>That Pharmacy First, hypertension and contraception services are fully integrated as part of the local system and community pharmacy is recognised as a part of primary care for these services thereby increasing community pharmacies clinical value and revenue, with primary recovery plan targets met by all pharmacies registered.</p>	<ul style="list-style-type: none"> <li>• 90% of pharmacies in Hertfordshire are registered to deliver Pharmacy First, Hypertension Case Finding and Contraception by December 2024. <b>As of August 2024 222 (100%) pharmacies are registered for Pharmacy First; 207 (93%) pharmacies are registered for Hypertension Case Finding and 169 (76%) pharmacies are registered for Contraception.</b></li> <li>• Of all the community pharmacies in Hertfordshire registered for Pharmacy First the minimum monthly incentive threshold every month is delivered averaged across Hertfordshire pharmacies by December 2024 and thereafter. <b>As at May 2024, on average pharmacies were delivering 15 clinical pathway consultations. The minimum threshold for May 2024 was 10.</b></li> <li>• Of all the community pharmacies in Hertfordshire registered for hypertension case-finding 25 blood pressures checks and 3 ABPMs are delivered every</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Delivered successful AGM with top tips and peer excellence demonstrated.</li> <li>• <b>Mapping of which pharmacies are offering services included on website and updated regularly.</b></li> <li>• <b>Special e-news item focusing on Pharmacy First updates and will be updated to incorporate contraception and hypertension.</b></li> <li>• <b>Top tips developed for all services.</b></li> <li>• <b>Pharmacy visits focused on three services and delivery.</b></li> <li>• <b>AGM focused on these three services to support delivery.</b></li> </ul> <p><b>Pharmacy First</b></p> <ul style="list-style-type: none"> <li>• Included in CPH communications regarding Pharmacy First monthly minimum delivery threshold changes.</li> <li>• Chased up and supported individual pharmacies that had not yet submitted and met the minimum threshold for February and March 2024.</li> <li>• Identified and agreed date of September 2024 to launch Pharmacy First referrals from the Watford Urgent Care Centre. May slip until January 2025 – communications plan being developed.</li> <li>• Practice visits and processes to support practices to refer being arranged for September/October.</li> <li>• Pharmacy First plan developed and shared with CPH office.</li> </ul>

			<p>month averaged across Hertfordshire pharmacies by December 2024. <b>As at May 2024, 19 BP checks and 1 ABPM are delivered on average of those registered.</b></p> <ul style="list-style-type: none"> <li>• Of all community pharmacies in Hertfordshire registered for the contraception service 8 consultations are delivered every month averaged across Hertfordshire pharmacies by December 2024. <b>As at May 2024, 2 consultations are delivered every month on average of those registered.</b></li> <li>• Referrals from other providers i.e. NHS 111; urgent care and GP practices are increased by 25% in each of the relevant services: Pharmacy First, hypertension case-finding and contraception by March 2025. <b>To provide future update – seeking most accurate data.</b></li> <li>• Options for a pilot for the extension to the national minor illness services (Pharmacy First) that may include extended opening hours for rollout across HWE has been implemented by March 2025.</li> </ul>	<ul style="list-style-type: none"> <li>• Supported ICB with Pharmacy First events for GP practices with their IT systems.</li> <li>• Two webinars to support contractors held in May 2024.</li> <li>• Represented as part of working group to extend Pharmacy First Referrals from Urgent Care Centre at Watford Hospital.</li> <li>• Supported practices/PCN in collaboration with PCN lead to increase referrals in Hatfield.</li> <li>• Presented to LMC 1 May 2024.</li> <li>• Discussed at HWE ICB Transformation Group.</li> <li>• Discussed ICB support for Pharmacy First for GP practices and pharmacies and asked for a strategic implementation plan of what this looks like to be clear for others.</li> </ul> <p><b>Contraception</b></p> <ul style="list-style-type: none"> <li>• Developed spreadsheet identifying those delivering contraception and would be interested in developed local sexual health service and those delivering the local sexual health service that are not yet delivering contraception. Identified support have been provided to these pharmacies.</li> <li>• Identified and shared list of those pharmacies delivering contraception that Public Health Hertfordshire can commission local sexual health service from October 2024.</li> <li>• Sexual Health Hertfordshire in discussion with CPH about referring to community pharmacies more instead of the using the online service.</li> </ul>
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				<ul style="list-style-type: none"> <li>• Raised the profile of this service at the sexual health network.</li> <li>• Created waiting list for those interested in delivering the sexual health service that are also delivering the national service.</li> </ul> <p><b>Hypertension</b></p> <ul style="list-style-type: none"> <li>• Information on optometry and dentist practices that will be delivering hypertension and the process shared with local pharmacies via e-news. Following up with ICB to ensure introductions are made from the local optometry and dentist practices are reaching out to local pharmacies.</li> <li>• Part of health inequalities group reviewing checks in community and how this is integrated with community pharmacy.</li> <li>• Discussed at HWE ICB Transformation Group about how to support dentistry and optometry pilot in undertaking blood pressure checks.</li> </ul>
2. <b>Community Pharmacy Communication and Engagement</b>	To implement a succession planning process for future community pharmacy leaders and to influence the integration of resourced community pharmacy leads as part of the ICB whilst developing all community pharmacy contractors to	An engagement plan for all community pharmacies (with a focus on those less engaged) and succession planning for community pharmacy leaders has been implemented with clear communications for all community pharmacies for the benefit of patient outcomes and better	<ul style="list-style-type: none"> <li>• Provided engagement visits to 50% of local Hertfordshire community pharmacies by March 2025 on average 10 a month. <b>As at August 2024 = 33% (on average 15 a month).</b></li> <li>• Pharmacies that fed back following visits demonstrate added value.</li> <li>• At least one community pharmacy representative is nominated for all clinical lead positions in Hertfordshire, with CPH intervention, to the local ICB or the appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Visit process continuing – see separate paper for update.</li> <li>• Community Pharmacy PCN Engagement Leads interviews held with applications for every position in Hertfordshire. Positions due to start at end of September.</li> <li>• Chief Officer attending University of Hertfordshire stakeholder event in September 2024.</li> <li>• Local pharmacy guide outlining all services in Hertfordshire published and visit process agreed for change of ownership and new pharmacy staff/new pharmacies.</li> </ul>

	engage with CPH and peers sharing best practice and supporting those that are challenged with delivering pharmacy services.	primary care provider working.	<p>process being undertaken in 2024-25. <b>Every advertised area of Hertfordshire had an applications in May/June 2024 which was supported by the Deputy Chief Officer.</b></p> <ul style="list-style-type: none"> <li>• A toolkit and communications mechanism in which to engage with ICB Community PCN Leads in Hertfordshire by CPH has been implemented and a survey of these leads indicate that 100% of these leads understand the role of CPH and have been supported by CPH to undertake their role by March 2025.</li> <li>• Presented to University of Hertfordshire pharmacy students on the LPC role at least once by March 2025 and explored other activities to promote community pharmacy to students.</li> </ul>	<ul style="list-style-type: none"> <li>• Visit process in place and schedule of visits in place until September 2024 based upon delivery data. Weblink sent to all pharmacies visited by email afterwards.</li> <li>• Supported community pharmacy contractors to nominate for Community Pharmacy PCN Engagement Leads including a webinar in collaboration with HWE ICB and Community Pharmacy Essex.</li> <li>• Pharmacy Guide published and to be promoted at AGM.</li> <li>• Meeting with university of Hertfordshire in June 2024 and presentations to students agreed.</li> </ul>
<b>3. Community Pharmacy Workforce</b>	That community pharmacy is included as part of HWE ICB primary care education and training delivery and supported to host educational placements.	Community pharmacies are a key partner in the ICB pharmacy workforce strategy with identified support for community pharmacies with quality education and training with a focus on developing better use of pharmacy skill mix and increasing utilisation of	<ul style="list-style-type: none"> <li>• Community Pharmacy PIP has been commissioned and rolled out to be offered by all community pharmacies in HWE by March 2025.</li> <li>• CPH works in collaboration with the ICB to identify and support a minimum of 20 community pharmacists to start their independent prescribing qualification in a relevant area of scope linked</li> </ul>	<ul style="list-style-type: none"> <li>• Community Pharmacy PIP moving forward with meetings being arranged with local practices to identify go live dates.</li> <li>• Community Pharmacy PIP specification finalised.</li> <li>• CPH regular attendee of steering group and considering how it can further support implementation of this service.</li> <li>• CPH regular attendee of workforce meetings and inputting to the strategy</li> </ul>

		Pharmacist Independent Prescribers (PIP).	<p>to the ICB pilot PIP and to develop a documented strategy for ongoing training for the current workforce that wishes to undertake their IP qualification by March 2025</p> <ul style="list-style-type: none"> <li>• The Hertfordshire and West Essex Training Hub has integrated community pharmacy workforce and education information and workshops available via its website by March 2025.</li> <li>• There is a 10% increase by March 2025 in community pharmacies offering placements to Foundation Trainees in for the 2026-27 students from the current figure of 37 pharmacies.</li> </ul>	<p>and implementation plan that is being presented to the committee in July 2024.</p> <ul style="list-style-type: none"> <li>• Information on community pharmacy has been updated on <a href="#">Hertfordshire and West Essex Training Hub website</a>.</li> <li>• Survey sent out to all pharmacy contractors re foundation trainees for 2025/26 and 2026/27 by HWE ICB.</li> </ul>
<b>4. Prescribing and Medicines Optimisation Services</b>	To deliver integrated local pathways that increases provider collaboration and referrals for local prescribing services that community pharmacy engages with thereby improving patient quality through medicines optimisation.	That NMS and DMS services and community pharmacy dispensing services are fully integrated within local pathways at HWE ICB thereby increasing community pharmacies clinical value and revenue.	<ul style="list-style-type: none"> <li>• Increased delivery numbers of 25% in community pharmacies for NMS completions and DMS services across Hertfordshire from December 2023 to December 2024. <b>As at May 2024 NMS services have increased by 29% from December 2023 to May 2024. Seeking accurate accessible information for DMS.</b></li> <li>• Local incentive scheme consulted and agreed in HWE with minimum 50% of pharmacy contractors delivering the service by March 2025. <b>Local incentive</b></li> </ul>	<ul style="list-style-type: none"> <li>• Item on DMS went in e-news following discussion at last committee meeting. Item for discussion on NMS and DMS on CPH agenda for September.</li> <li>• <b>Top tips developed for NMS and DMS.</b></li> <li>• <b>Pharmacy visits incorporate NMS and DMS support.</b></li> <li>• <b>Meeting with national Community Pharmacy Patient Safety Group to discuss issues with Watford Hospital.</b></li> <li>• <b>Requested update from HWE ICB re incentive scheme at informal meeting that will come to committee meeting in July 2024.</b></li> </ul>



			scheme delayed and will not be implemented in 2024-25.	
5. Public Health	To enable delivery of the national advanced service for the Smoking Cessation Service by community pharmacies and to extend vaccination services to be commissioned locally from community pharmacies for shingles, childhood immunisations and pertussis in Hertfordshire for the benefit of patients.	That local hospitals can refer to community pharmacies for the Smoking Cessation Service and that community pharmacies are fully integrated as part of the local system for vaccination services bringing community pharmacies additional income and providing greater access to services for local communities.	<ul style="list-style-type: none"> <li>An extension for a vaccination services pilot consulted and agreed in HWE with minimum 100% of pharmacy contractors registered delivering the service within the pilot area and a documented service strategy for roll out to all community pharmacies by March 2025. Delegated commissioning has been delayed for another year so unlikely to be agreed at local ICB level.</li> <li>10 referrals have been made from each Hospital Trust in Hertfordshire and West Essex (Watford Hospital; Lister Hospital and Princess Alexandra Hospital by March 2025 from a current base of zero. No referrals made and service not yet set up.</li> </ul>	<ul style="list-style-type: none"> <li>Update from ICB on CPH September agenda.</li> <li>Regularly attend vaccination cell and regional meeting for COVID and flu vaccinations.</li> <li>Response received from ICB re vaccination services being locally commissioned in community pharmacies.</li> <li>To raise vaccination services with James Gleed at meeting in July 2024.</li> <li>RSV vaccination pilot service being tested in MSE and SNEE ICB areas. CPH has input into the development of the process for this pilot.</li> </ul>

## CPH Core Responsibility

## Aims

## Committee Update September 2024

July 2024 updates are included in blue – these have stopped and continue on an ongoing basis

<b>1. To represent community pharmacy in Hertfordshire to all stakeholders.</b>	<ul style="list-style-type: none"> <li>• Engaging with stakeholders such as Local Representative Committees, Pharmaceutical companies, other LPCs and PSNC on a regular basis.</li> <li>• Attending regular meetings and engage with commissioning and provider stakeholders within the local health and care environment. This includes medicines management meetings and locality meetings. The current focus is on Clinical Commissioning Groups, Public Health Hertfordshire, NHS England and NHS Improvement and the transition to the Integrated Care System.</li> <li>• Maximising delivery and integration of community pharmacy with other providers in discussions with provider and commissioner colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>• CPE regional meeting in July 2024 attended by Chief Officer and Chair.</li> <li>• COVID and flu meetings more active with regular discussions on implementation of new season. Flu guide for GP practices promoted and included in CPH e-news.</li> <li>• Supporting representation at locality meetings while gap in CP PCN Engagement Leads.</li> <li>• Attend LMC meetings.</li> <li>• Invite pharmaceutical companies to be represented at meetings.</li> <li>• Attend CPE conferences and training where appropriate (digital training recently attended by BOs and DCO) comms recently).</li> <li>• Have regional representation on CLOT (CPE).</li> <li>• Supported the COVID stock issues at national and regional level.</li> <li>• Attend LIN meetings.</li> <li>• Attend operational meetings with regional ICB hub team.</li> <li>• Attend MODIG and APC and seek committee/pharmacy input.</li> <li>• Organised and support joint operational public health meeting.</li> <li>• Attend and promote pharmacist professional meetings in relevant area.</li> <li>• Encourage PCN leads to attend locality meetings in some areas and brief in advance where possible.</li> </ul>
<b>2. To provide leadership and development of community pharmacy to meet future challenges.</b>	<ul style="list-style-type: none"> <li>• Delivering training/education/events that are not already provided or signposting existing events to support community pharmacy contractors and their teams to deliver on existing and new services.</li> <li>• Identifying gaps in community pharmacy delivery and identifying support/guidance to aid delivery.</li> <li>• Reminding community pharmacy contractors of best practice in areas identified as challenges.</li> </ul>	<ul style="list-style-type: none"> <li>• Recorded video developed by sexual health Hertfordshire on local service and promoted via CPH communications and on website.</li> <li>• AGM held and successfully delivered resources and best practice.</li> <li>• Presented at Tesco Managers meeting in September regarding the role of CPH.</li> <li>• Development of training needs survey to ascertain what pharmacies may need from CPH over the next six months.</li> <li>• Training and education signposting included on website and e-news.</li> <li>• Best practice to be showcased at AGM by local community pharmacies and supported by annual awards.</li> <li>• Developed top tips to support delivery of key services.</li> </ul>

<p><b>3. To enable community pharmacies to be able to deliver existing and new commissioned/contracted services, nationally and locally, successfully.</b></p>	<ul style="list-style-type: none"> <li>• Supporting community pharmacy contractors and their teams to deliver their community pharmacy contractual framework and any local services sharing best practice and data on delivery, signposting to supportive information and feeding back on impractical aspects of contracts/services to commissioners/other providers to enact change.</li> <li>• Responding and resolving queries and contacts from community pharmacy contractors and their teams on a daily basis.</li> <li>• Keeping community pharmacy contractors and their teams updated and briefed on changes to their Community Pharmacy Contractual Framework through the website, regular news communications and social media.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed and published local services payment timetable for locally commissioned services mirroring the national tracker available from CPE for national services.</li> <li>• Supported contractors to complete their CPAF screening questionnaire. 100% of pharmacies in Hertfordshire have completed this with exception of one pharmacy that closed in August 2024.</li> <li>• Developed and supported communications regarding completion of the public and contractor Pharmaceutical Needs Assessment (PNA) survey.</li> <li>• Frequently Asked Questions have been updated on the contraception service CPH webpage following feedback from pharmacy contractors.</li> <li>• Supported pharmacy contractors to complete the pre acceptance audit for waste to support with continuing pharmaceutical waste requirements.</li> <li>• Supported pharmacy contractors with prescribing queries and shared best practice regarding unlicensed specials and identified other areas to remind GP practices with regarding key prescribing reminders.</li> <li>• Supported contractual sign up to sexual health / MAT service by CGL / Immediate access to emergency medicines</li> <li>• Supported contractors to complete DSP in timeframe indicated and key contractual dates highlighted in e-news.</li> <li>• Comms planner developed shared regularly at team meetings.</li> </ul>
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18 September 2024

<b>Title</b>	Pharmacy Visit Update												
<b>Purpose</b>	To update CPH members on pharmacy visits undertaken to date												
<b>Report authors</b>	Ann-Marie Carrey and Frank McLaughlan												
<b>Short summary of the paper</b>	<p>We have undertaken 75 pharmacy visits in the last 5 months which represents approximately 34% of our CPH contractors.</p> <table border="1"> <thead> <tr> <th>Month</th><th>Number Visited</th></tr> </thead> <tbody> <tr> <td>April</td><td>9</td></tr> <tr> <td>May</td><td>16</td></tr> <tr> <td>June</td><td>17</td></tr> <tr> <td>July</td><td>23</td></tr> <tr> <td>August</td><td>10</td></tr> </tbody> </table> <p>Of these contractors:</p> <ul style="list-style-type: none"> <li>• 47 (63%) are independent</li> <li>• 28 (37%) are CCA members.</li> </ul> <p>This mirrors the breakdown of representation across Hertfordshire.</p> <p><b>We have 17 visits planned for September.</b></p> <p>6 feedback forms have been returned from pharmacy visits:</p> <ul style="list-style-type: none"> <li>• 100% were very satisfied with their recent visit.</li> <li>• 100% agreed that they would welcome another visit from CPH.</li> </ul> <p>The following comments regarding learnings and improvements were received from the feedback forms.</p> <div> <p><b>Were there any learnings or actions you took away from the visit?</b></p> <p>The video to watch to become more confident in contraception initiation. Also sharing the good practises that work in our pharmacy</p> <p>Yes, I was reminded to complete the SLA form and was explained how to do so, which I actioned immediately.</p> <p>Definitely helpful as always</p> <p>Yes</p> <p>Additional information for contraception service.</p> <p>useful QR code for support info</p> </div> <div> <p><b>What could we improve about our visits?</b></p> <p>the visit was amazing and we are so happy to have your support in these trying times</p> <p>Frank's visit was very helpful and gave me some insights about the future of Pharmacy First services.</p> <p>It was nice to get that support from PCN as we are all working together to provide the best service</p> <p>We can benefit from more visit</p> <p>Nothing</p> <p>n/a</p> </div>	Month	Number Visited	April	9	May	16	June	17	July	23	August	10
Month	Number Visited												
April	9												
May	16												
June	17												
July	23												
August	10												

	<p><b>Overview:</b> Most pharmacies visited are actively engaged in or expanding patient-facing services Pharmacy First (PF), blood pressure (BP) monitoring, and New Medicine Service (NMS).</p> <p>Some have successfully implemented the Pharmacy Contraception service (PCS) and we have discussed the Sexual Health Service contract and have added to a waiting list.</p> <p>Many are demonstrating good collaboration with GPs and this is reflected in their Pharmacy First figures.</p> <p>We have identified new pharmacy managers and added them to our CPH WhatsApp groups and shared the new guide for <a href="#">community pharmacies in Hertfordshire</a>.</p> <p>Some pharmacies face challenges with understaffing, inconsistent management, and technical issues (e.g., PharmOutcome system) and their communication with GP surgeries need improvement for referrals.</p> <p>As leads we are aware that not all our contractors have a desire to take part in the services available, but we will continue to raise the profile of all services, to encourage our contractors to make the decision that compliments their business and workforce model.</p> <p>We will continue to look for ways we can support our contractors through advice and guidance and share best practice through visits, e-news, WhatsApp and by sharing tools available on our website.</p>
<b>Recommendations</b>	Members to note report from the Service and Engagement Lead Officers.

18 September 2024

<b>Title</b>	AGM Minutes (3 July 2024)
<b>Purpose</b>	For ratification by CPH members
<b>Report author</b>	Sara Norwood
<b>Short summary of the paper</b>	<p>The AGM minutes have been added to the e-news and website for comment from contractors in attendance at the AGM.</p> <p>For governance purposes the AGM minutes are being brought to the committee for approval. No comments or suggested amendments were received from community pharmacy contractors.</p>
<b>Recommendations</b>	CPH members to approve the AGM minutes.

#### Appendices

- AGM Minutes 2024

## AGM MINUTES

**3 July 2024**

The Fielder Centre, Hatfield

### **Present**

Rachel Solanki (Chair)  
Karsan Chandegra  
Mohamed Moledina  
Vinesh Naidoo  
Parag Oza  
Sheelan Shah  
Niru Sivanesan  
Suraj Varia

### **Professional**

Helen Musson  
Farhan Moulana  
Sara Norwood  
Ann-Marie Carrey  
Frank McLaughlan  
Lorna Girling

### **Apologies**

Girish Mehta  
Vikash Patel  
Adrian Price

### **Guests**

Gordon Hockey – CPE

### **Community Pharmacy Contractors Present**

Archer, Stevenage  
Aarjay Healthcare, Hemel Hempstead  
Boots representatives  
Byrons, Hemel Hempstead  
Chiswell, St Albans  
Crescent, Hertford  
Cristals, Cheshunt  
Crown, Shenley  
Dave, Rickmansworth  
Gate2Pharma, Welwyn Garden City  
Globe, Letchworth  
Greenlight, Borehamwood  
Heath, Bushey Heath  
Jade Group  
Laxtons, Broxbourne  
Letchworth, Letchworth

Lex, Cheshunt  
Manor, Harpenden  
Manor, Radlett  
Morrisons, St Albans  
Niti, Waltham Cross  
Oaks Cross, Stevenage  
Parade, Chorleywood  
Punnni, Cheshunt  
Quadrant, St Albans  
Salepick, Cuffley  
SL Anderson, Stevenage  
St Albans, St Albans  
Tesco representatives  
Ware Cross, Hoddesdon  
Wellswood, Borehamwood  
Woods, Hemel Hempstead

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🌐 [www.cpherts.org.uk](http://www.cpherts.org.uk)

Minute No.	Agenda Item
	<p><b>Words from our sponsors</b> – Jamie Power at Dexcom and Balal Anwar at MedInspire.</p> <p>We would like to thank our other sponsors who contributed and had a stand: AstraZeneca, Cipla, Dexcom, EMIS (PharmOutcomes), Exeltis, Ferring, Meditech, Nestle, NovoNordisk and Redmoor Health.</p>
1	<p><b>WELCOME &amp; APOLOGIES</b></p> <p>Chair welcomed everyone to the meeting.</p>
2	<p><b>CONFIRMATION of 2023 AGM MINUTES</b></p> <p>The minutes were approved and signed off by the Chair. They are on the CPH website.</p>
3	<p><b>ANNUAL REPORT</b></p> <p>Chair presented the Annual Report and reported on CPHs achievements. Chair reminded everyone that CPH is here to support all contractors. Chief Officer thanked and presented to office staff for their continued work.</p>
4	<p><b>APPROVAL of CPH ACCOUNTS 2023/24</b></p> <p>The Statement of Accounts and paperwork had been forwarded to all contractors with 30 days' notice before the meeting. CPH received 48 online/postal votes and 42 on the night votes to approve the accounts. There were no abstentions and one online vote to not approve the accounts. The accounts were approved.</p>
5	<p><b>APPOINTMENT of AUDITOR</b></p> <p>Pomroy Associates Ltd, Chartered Accountants at 14a Meadway Court, Rutherford Close, Stevenage, SG1 2EF was approved.</p>
6	<p><b>Q&amp;A</b></p> <p>No questions were asked.</p>
7	<p><b>COMMUNITY PHARMACY ENGLAND (CPE) UPDATE</b></p> <p>Gordon Hockey, Director of Legal, from Community Pharmacy England presented on funding and negotiations, election and new government and CPE strategy. Gordon took questions from guests and these were addressed.</p>
8	<p><b>CASE STUDIES – Making your services work locally</b></p> <p>CPH presented hints and tips on local services. Case studies were presented from two local pharmacies – SL Anderson in Stevenage and Laxtons in Broxbourne. Questions were taken from guests.</p>
9	<p><b>CPH AWARDS of COMMUNITY PHARMACY in HERTFORDSHIRE</b></p> <p>Community pharmacies were presented with awards to recognise their achievements across the following sectors:</p> <ul style="list-style-type: none"> <li>Community Pharmacy of the Year 2023/24 Winner – <b>Letchworth Pharmacy, Letchworth</b></li> </ul>



	<p>Highly Commended – <b>Manor Pharmacy, Harpenden; Wellswood Pharmacy, Borehamwood; Boots Pharmacy, St Albans and Woodhall Pharmacy, Hemel Hempstead</b></p> <ul style="list-style-type: none"> <li>• <i>Contraception Service 2023/24</i> Winner – <b>Crescent Pharmacy, Hertford</b> Highly Commended – <b>Letchworth Pharmacy, Letchworth</b></li> <li>• <i>Hypertension Case-Finding Service 2023/24</i> Winner – <b>Wellswood Pharmacy, Borehamwood</b> Highly Commended – <b>Greenlight Pharmacy, Borehamwood and Byrons Pharmacy, Hemel Hempstead</b></li> <li>• <i>Pharmacy First Service 2023/24</i> Winner – <b>Letchworth Pharmacy, Letchworth</b> Highly Commended – <b>Lex Pharmacy, Cheshunt and Boots Pharmacy, Goffs Oak</b></li> </ul>
<b>10</b>	Chair and Chief Officer thanked everyone for attending. The meeting was formally closed.

18 September 2024

<b>Title</b>	CPE Conference (Thursday 7 November 2024)
<b>Purpose</b>	To agree CPH Members to attend above CPE Conference
<b>Report author</b>	Sara Norwood
<b>Short summary of the paper</b>	<p>We are inviting all committee members to put themselves forward to attend the CPE Conference on Thursday 7 November 2024.</p> <p>CPH is allowed a maximum of four people to attend. Please note that the Chief Officer and the CPH Chair usually attend these conferences. Therefore, this leaves two spaces for CPH members to nominate themselves to attend.</p> <p>Registration is now open and closes on 21 October 2024.</p> <p><b>Date:</b> Thursday 7 November 2024  <b>Time:</b> 11am–4pm (registration from 10.30am)  <b>Venue:</b> BMA House, Tavistock Square, London WC1H 9JP</p> <p>Further details are available here <a href="https://cpe.org.uk/our-events/conference-of-lpc-representatives-2024/">https://cpe.org.uk/our-events/conference-of-lpc-representatives-2024/</a></p> <p>Committee members attending on behalf of CPH will be reimbursed expenses in line with the CPH policy.</p>
<b>Recommendations</b>	Members to come prepared to nominate themselves to attend if available. Committee to agree nominated members to attend upcoming conference on 7 November 2024.

18 September 2024

<b>Title</b>	Treasurers Report
<b>Purpose</b>	To update members on CPH finances
<b>Report authors</b>	Karsan Chandegra
<b>Short summary of the paper</b>	<p>The spreadsheet for Q1 2024/25 is attached.</p> <p>The total income for Q1 ending 30 June 2024 was £127,276. The contractor levy was £106,996; event sponsorship £3,594 and ICB secondment £3,934. The accrued amount of £12,752 will be used for contractor's support as approved by committee members.</p> <p>Net expenses for Q1 was £103,748 – an underspend of £23,528.</p> <p>The budget has been set to the maximum salary of each office staff member, which gives flexibility for managing resignations and engaging new staff members during the year. CPH is recruiting a full-time permanent Engagement Officer and a full-time permanent Services and Engagement Lead Officer. This is in keeping with the budget and office vision of the organisation and would help CPH support contractors.</p> <p>The expenses for members attending CPH meetings show underspend due to members not claiming for attending the meetings. Members are urged to claim promptly for attending the meetings.</p> <p>Telephone costs are currently significantly overspent. There was an error which will be refunded and corrected before the end of the next quarter.</p> <p>CPH currently retains a three-month reserve on expenditure. For the end of quarter four 2024/25, this totals approximately £93,000.</p> <p>Lloyds Bank current account balance at 1 September 2024 = £173,252.</p>
<b>Recommendations</b>	Committee members to approve Treasurers report.

- **Appendices**

Q1 2024/25

Community Pharmacy Hertfordshire  
Management Accounts to June 2024 (Q1)

	Actual (3m)	Budget (3m)	Predicted (12m)	Variance	Notes
INCOME					
Contractor Levy	106,996	107,000	428,000	-4	
Event Sponsorship	3,594	1,250	5,000	2,344	
Bank Interest	0	0	0	0	
ICB Secondment	3,934	1,772	7,087	2,162	Additional income as secondment extended until July 2024.
Other Income	12,752	0	0	12,752	Hertsmere & Dacorum residual funds to be used as proposed at CPH meeting in July 2024 and approved by committee.
TOTAL	127,276	110,022	440,087	17,254	
EXPENDITURE					
Staff Employment					
Officers Honoraria	2,920	2,920	11,680	0	
Chief Officer Salary	21,262	20,138	80,551	1,124	Overspent due to ICB secondment which is covered by secondment costs.
Staff Salary	41,041	44,896	179,582	-3,855	Underspent due to full time Business Officer not utilised.
Employers NI	6,715	8,538	34,150	-1,823	Underspent due to full time Business Officer not utilised.
Employers Pension	1,264	1,951	7,803	-687	Based on 3% employers pension contributions for all employed staff.
Staff Expenses	139	300	1,200	-161	
Staff Training	388	625	2,500	-237	
Staff Rewards	113	375	1,500	-262	
HR and Recruitment	97	500	2,000	-403	
TOTAL	73,939	80,242	320,966	-6,302	
Office					
Rent	1,879	1,879	7,515	0	Internet included as part of rent.
Cleaning	200	200	800	0	
Insurance	373	100	400	273	Overspent as paid in full for the year.
Electricity	184	195	780	-11	Charged as per monthly invoice.
IT Support and Software	630	801	3,203	-171	
IT Hardware and Office Furniture	0	0	0	0	This line is zero as no new IT equipment or office furniture is expected. Depreciated items are included.
Office and Equipment Repairs (contingency)	0	375	1,500	-375	Contingency for IT items and office furniture if needed.
TOTAL	3,265	3,550	14,198	-284	
Meetings					
CPH Committee (member)	0	5,760	23,040	-5,760	No members have claimed for the May 2024 meeting.
CPH Committee (venue and catering)	702	1,296	5,184	-594	
Travel (member)	0	375	1,500	-375	
Training (member)	0	880	3,520	-880	
Other (venue and catering)	160	1,000	4,000	-840	Underspent AGM venue not yet paid for.
TOTAL	862	9,311	37,244	-8,449	
Insurance, Stationery, Telephone, etc					
Employers and Public Liability Insurance	0	0	0	0	Provided free of charge through CPE and NPA.
Directors and Officers Insurance	241	125	500	116	Paid part year in full. Renewal to be confirmed.
Stationery and Equipment	104	75	300	29	Overspent due to stationery resources needed for AGM. Expect to resolve by year end.
Postage	3	88	350	-85	
Telephone	1,458	474	1,894	984	Overspent due to BT data usage - refund in progress.
Photocopier	181	225	900	-44	
Gifts	270	125	500	145	AGM trophies and vouchers
Sundry Expenses	0	0	0	0	
TOTAL	2,257	1,111	4,444	1,146	
Levies and License Fees					
CPE Levy	22,907	22,907	91,627	0	
Accountancy Fees	0	375	1,500	-375	Will pay in full by year end.
ICO	35	9	35	26	Paid in full - will resolve by year end.
Professional Fees	0	0	0	0	No fees expected.
TOTAL	22,942	23,291	93,162	-349	
Communications					
Marketing	482	125	500	357	Overspent due to AGM materials - should resolve by year end.
TOTAL	482	125	500	357	
Finance					
Loan Interest	0	0	0	0	
Bank Charges	0	0	0	0	
TOTAL	0	0	0	0	
TOTAL COSTS	103,748	117,629	470,514	-13,881	
Surplus/(Deficit) before tax	23,528	-7,607	-30,427	31,134	
Corporation Tax	0	0	0	0	Expecting fee of £286.52
Surplus/(Deficit) after tax	23,528	-7,607	-30,427	31,134	
	actual 3m	budget 3m	predicted 12m	variance	
Money in bank account	157211.75				

18 September 2024

<b>Title</b>	Treasurer Elections
<b>Purpose</b>	To update CPH members
<b>Report authors</b>	Helen Musson
<b>Short summary of the paper</b>	<p>An email (below) was sent to all members inviting expressions of interest for the Treasurers position.</p> <p><i>"Hi All, Karsan Chandegra, CPH Treasurer, notified the Executive Team of his resignation from the role of Treasurer at the Executive Team meeting on 7 August 2024. We are hugely grateful to Karsan for the work he has undertaken across a number of years and would like to thank Karsan for his dedication and hard work.</i></p> <p><i>It was agreed that all committee members would be invited to submit an expression of interest in the Treasurer position by Tuesday 10 September 2024 in to be appointed at the next committee meeting on Wednesday 18 September 2024. To support succession planning, Karsan has agreed to continue as Treasurer until March 2025 so the new Treasurer can shadow until then when officer elections take place."</i></p> <p>To date, CPH have received no EoI for the Treasurer position.</p> <p><u>Honoraria Expenses</u></p> <p>An honoraria payment is made to CPH officers: Chair, Vice Chair and Treasurer to recognise the additional work that these members undertake over and above that is normally considered part of a committee member's duties as follows. Officers are paid at the same rate as members (£40 per hour).</p> <p>Treasurer: £2,240 per annum, inclusive of:</p> <ul style="list-style-type: none"> <li>• Executive Team meeting for two hours every month.</li> <li>• Finance meetings with CPH office for two hours every quarter.</li> <li>• Clarification queries, emails, phone calls from members and CPH office for equivalent of two hours work every month (to include Treasurer's report, annual report, payroll and financial queries).</li> </ul>
<b>Recommendations</b>	

## Appendices

- Job Description Treasurer

## LPC Treasurer

*Please note that this job description is subject to change pending further discussion with the incumbent and is a guide to current roles and responsibilities.*

### **Job Description**

The LPC Treasurer is responsible for all aspects of LPC finances. In accordance with the principles of good governance the office of LPC Treasurer shall be separate from the Secretary and the posts held by different LPC members. It is important that the LPC Treasurer is fully conversant with the responsibilities and duties of the office.

### Overall responsibility

To be accountable to the LPC for the proper management of all aspects of LPC finances and the payment of the LPC levy.

### Detailed responsibilities

- To ensure proper records and accounts are kept in order to report on and control the LPCs finances.
- To organise annual budgets to present to the LPC.
- Organise and present to the LPC proposals for the contractor levy.
- Ensure that the LPC has appropriate reserves and contingency funds.
- To organise management accounts for the LPC to be presented at least quarterly.
- To organise annual accounts for the LPC and arrange for them to be audited.
- To ensure that the audited annual accounts of the LPC are circulated to the contractors and sent to the PSNC.
- To organise the set up and control of the LPCs banking arrangements.
- To organise preparation and submission of all tax returns for the LPC.
- To organise any necessary PAYE and national insurance payments.
- To ensure that contractor levies are collected and the LPC levy is paid to PSNC.
- To organise and ensure all other duly authorised payments for the LPC.
- To ensure that LPC funds are used for the purposes set out in the LPC constitution and their use complies with the LPC's financial governance requirements.
- To keep the LPC informed about its financial duties and responsibilities.
- To ensure the processing and payment of members and officers' expenses.

### Other duties

- To oversee any LPC administrative support employed by the LPC to assist with LPC finance.
- Make a presentation of the accounts at the LPC AGM.
- Advise on the financial implications of LPC strategic plans.

March 2020

18 September 2024

<b>Title</b>	CPE Regional Meeting in East of England
<b>Purpose</b>	To update members on regional meeting held with CPE on 30 July and to discuss CPE request for committee members to consider and agree next steps
<b>Report authors</b>	Helen Musson
<b>Short summary of the paper</b>	<p>The presentation from CPE to the East of England LPCs on 30 July 2024 is attached.</p> <p>Within this presentation is a request for the committee to consider pausing local CPH promotional and support work with both commissioners and local pharmacies on increasing DMS and NMS for a short period. This is because it will have a detrimental impact on the pharmacy global sum putting further funding pressure on community pharmacies.</p> <p>Community pharmacies are not being asked to stop delivering DMS and NMS as services and each individual business will make their own decisions. Each LPC is being asked to consider by CPE pausing any proactive work on promoting a higher uptake of these services where it is not detrimental to local relationships. Each LPC is making their own decisions regarding this request.</p>
<b>Recommendations</b>	Committee members to note the request from CPE regarding pausing promotion of DMS and NMS services locally for an interim period and agree next steps particularly on adjusting the CPH work plan where relevant.

## Appendices

1. Report from Chair, Rachel Solanki
2. CPE report for regional meeting


<b>Name of CPH representative</b>	Rachel Solanki
<b>Meeting title</b>	East Of England CPH Regional Event
<b>Venue</b>	Clayton Hotel, Cambridge
<b>Date of meeting</b>	30.07.24
<b>Chaired by</b>	James Wood
<b>Summary points</b> (up to five)	<ul style="list-style-type: none"> <li>• Janet gave a quick synopsis of the current landscape. All negotiations (which were quite a long way down the line) got stopped due to the election. With a new party in power there is going to be time lag before this gets picked up as the portfolio of the minister is big. Likely not until September before there is any news. CPE are going to give the new Government the benefit of the doubt and try to work with them</li> <li>• Alistair present the current picture discussing Pharmacy First and other current and potential services (slides will be circulated, but I have attached the page summarising future “potential” enhancements)</li> <li>• The major take home from this session is that CPE would like LPCs to be concentrating on the additional services that have the £645m ringfenced (ie PF, contraception, hypertension). Their ideal is we would stop all activity on anything that comes out of the global sum (ie DMS and NMS – amongst other things). This is to be debated as CPH have these services are in our current workstreams</li> <li>• James and all delegates discussed local issues and some specific questions were raised. There were no actions (other than above) for LPCs and it was an informative session for CPE.</li> <li>• Feedback and next steps from TAPR (and the Wright review) have now been circulated</li> <li>• Networking – I spent some time discussing local issues and services with other LPC colleagues</li> <li>• Jon Lake said he would respond to my email but he had been out the business</li> <li>• The evening was open to all contractors but as so far there were no Hertfordshire contractors there. As it was hybrid I am sure some of you were online.</li> </ul>



<b>Overall impression of the meeting</b> <i>(eg. negotiated a result, productive, difficult, little value)</i>	<ul style="list-style-type: none"> <li>A very useful meeting and more interactive than when all LPCs get together. I felt Alistair's slides were more useful than previously and the attached slide does give more of the direction of travel for negotiations than I have seen in the past.</li> </ul>
<b>Were minutes of the meeting taken by the organisers?</b>  <b>Can these be forwarded to the CPH office?</b>	<ul style="list-style-type: none"> <li>I am sure they will get circulated but slides will be shared as part of our meeting paperwork</li> </ul>
<b>Date of next meeting</b>	TBC

## Priority community pharmacy service enhancements for patients, the NHS and Government

Expanded Pharmacy First	Prevention / Public Health	Women's health	Ind Prescribing and LTCs
<ul style="list-style-type: none"> <li>*Open access to the current service</li> <li>Supply of OTC meds for low-income individuals</li> </ul>	<ul style="list-style-type: none"> <li>*Expanded vaccination services</li> <li>Smoking / nicotine cessation service (open access)</li> </ul>	<ul style="list-style-type: none"> <li>*Addition of LARC to Pharmacy Contraception Service</li> <li>Emergency Contraception service</li> </ul>	<ul style="list-style-type: none"> <li>Amendment of prescriptions and deprescribing</li> <li>Management of single LTCs: hyp, lipids, asthma</li> </ul>
<ul style="list-style-type: none"> <li>*Additional Pharmacy First conditions:               <ul style="list-style-type: none"> <li>Lower resp tract infections</li> <li>Acne</li> <li>Minor skin infections</li> <li>Eczema</li> <li>Psoriasis</li> <li>Acute otitis externa</li> <li>Bacterial conjunctivitis</li> <li>Oral thrush in infants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Case-finding &amp; referral service, e.g. COPD</li> <li>Add AF detection to Hyp service</li> </ul>	<ul style="list-style-type: none"> <li>*Menopause advice service (incl. supply of HRT)</li> </ul>	<ul style="list-style-type: none"> <li>Structured medication review</li> </ul>
	<ul style="list-style-type: none"> <li>Health checks for specific target groups</li> <li>Weight management</li> </ul>		<p>* All services which involve the supply of a prescription medicine use independent prescribing instead of PGDs, where the pharmacist is an IP.</p>



**Community Pharmacy England**

# Regional meetings with LPC Chairs and Chief Officers

July 2024



# Implementing the Nuffield Trust and King's Fund Vision for community pharmacy

Preventing ill-  
health and  
supporting  
well-being

Providing  
clinical care  
for patients

Living well  
with  
medicines

Part of integrated  
primary care  
offer for  
neighbourhoods

# Priority community pharmacy service enhancements for patients, the NHS and Government

## Expanded Pharmacy First

\*Open access to the current service

Supply of OTC meds for low-income individuals

\*Additional Pharmacy First conditions:

- Lower resp tract infections
- Acne
- Minor skin infections
- Eczema
- Psoriasis
- Acute otitis externa
- Bacterial conjunctivitis
- Oral thrush in infants

## Prevention / Public Health

\*Expanded vaccination services

Smoking / nicotine cessation service (open access)

Case-finding & referral service, e.g. COPD

Add AF detection to Hyp service

Health checks for specific target groups

Weight management

## Women's health

\*Addition of LARC to Pharmacy Contraception Service

Emergency Contraception service

\*Menopause advice service (incl. supply of HRT)

## Ind Prescribing and LTCs

Amendment of prescriptions and deprescribing

Management of single LTCs: hyp, lipids, asthma

Structured medication review

\* All services which involve the supply of a prescription medicine use independent prescribing instead of PGDs, where the pharmacist is an IP.



# Pharmacy First - the first few months

- **Amazing response** by pharmacy owners and teams to get ready to provide the service, despite the timings
- With **lots of support provided by the network of LPCs**
- **96.5%** of pharmacies signed up and over **580,000** clinical pathway consultations claimed for
- **Comms campaign** was underwhelming – more needed from the NHS
- **IT issues** have been a problem for pharmacy teams





# Pharmacy First - the first few months

- The ability of pharmacy owners **to reach the monthly payment thresholds** is a major concern which we are working on
- Encouraging electronic **referrals from general practices**, not signposting – more needed from the NHS and LPCs can support via existing work and the PCN lead funding
- Support for delivery of **HCFS and PCS**, with bundling of services coming next year



# What about support for other CPCF services?

- The Global Sum funding is already squeezed too far
- Increases in volumes of services funded by the Global Sum increase the squeeze and will ultimately result in lower payment levels for the dispensing service
- We know many LPCs want to support contractors to maximise the provision of other services, such as NMS, DMS and SCS, but we suggest prioritisation of such work includes consideration of the potential adverse consequences for all pharmacies



# Funding sources for national clinical services

Service	Global Sum	Other budget	Notes
AUR & SAC	✓		Very low volume services – not a significant impact on GS
C-19 vacs		✓	Funded from separate vaccination budget
DMS	✓		
Flu vac		✓	Funded from separate vaccination budget
HCFS	✓	✓	GS spend capped and excess charged to PCRCP £645m
LFD service		✓	Funded from separate C-19 budget
NMS	✓		
PCS	✓	✓	GS spend capped and excess charged to PCRCP £645m
Pharmacy First	✓	✓	Clinical pathways consultations and fixed payments charged to PCRCP £645m
SCS	✓		





# What about support for other CPCF services?

- Prioritising work on services not funded by the Global Sum and particularly those funded from the PCRP is what we are focused on:
  - Pharmacy First clinical pathways
  - Pharmacy Contraception Service
  - Hypertension Case-finding Service



The Committee approved a strategic plan process in May 2021 that ensure that members, contractors and stakeholders were able to feed in to its development.

1. Strategic Plan to be developed every three years that identifies the following four elements:
  - a. SWOT analysis and review of current environment report;
  - b. Contractor and stakeholder engagement view report on current organisation and where it should focus its future direction;
  - c. Statements for the vision, mission and aims for the organisation over the next three years;
  - d. Yearly work streams and objectives.
2. Work streams, objectives and priorities agreed with the Committee by 1 April each year with frameworks agreed for each work stream ratified by the Committee by the next meeting in May. Updates on progress to the frameworks agreed by the Committee should be presented at each Committee meeting. Chief Officer provides a video presentation on progress of achievement of work streams on a monthly basis.
3. Six months before the Strategic Plan is due a SWOT analysis and current environment report should start to be developed. A template report will need to be identified as this has not been developed before. This should be shared with the Committee at its meeting for comments/feedback and approval in September; six months in advance of when the strategic plan is due.
4. The draft SWOT analysis and current environment report along with the existing vision, mission and aims to be sent out to relevant stakeholders and contractors requesting their views and the future direction of travel through a survey format by the January; three months in advance of the strategic plan being due. A template survey will need to be developed as this has not been used before which would focus on how well the organisation is meeting its objectives and what our future vision, mission and work plan objectives should be.
5. The final SWOT and current environment analysis report would be finalised during February along with drafting the suggested vision, mission and aims and draft yearly work plan based on the feedback received.
6. Send the Committee virtually in advance of the Committee meeting the full draft strategic plan and invite comments/amendments/additions through a survey. Committee ratification of the final strategic plan including all four key elements at the March/April meeting.
7. Publication of the final strategic plan on the CPH website and weekly news in April.

NB Current plan agreed in March 2021 and ends on 1 April 2024. Missing area for current plan is the SWOT analysis and review report of current environment and the contractor and stakeholder engagement review report. To rectify for the next Strategic Plan in 2024.

Timeline for next strategic plan in 2024:

- **August/September 2023:** Development of draft SWOT and current environment analysis report and shared with Committee members for comment/feedback at meeting in September.

- **January 2024:** Engagement and survey of stakeholders and contractors.
- **February 2024:** Finalise SWOT and current environment analysis report and develop draft strategic plan statements.
- **March 2024:** Virtually consult of draft complete strategic plan with Committee members and ratify final version with Committee at its meeting.
- **April 2024:** Publish final CPH strategic plan.

# Preparing the CPH Strategic Plan 2025 - 2028



In May 2021 the committee agreed its strategic plan process which is now being implemented.

The following slides have been developed in isolation and are a draft start for discussion at the committee meeting in September 2024

# Potential Strengths

- Strong communications network to support community pharmacies in Hertfordshire.
- Collaborative relationships with local stakeholders fostering integrated care and a voice for community pharmacies in Hertfordshire.
- Developed and supporting community pharmacy to become an integral part of locality areas with local providers and commissioners.
- Focused on providing support for community pharmacies with the patient at the centre.
- Supporting the implementation and delivery of national Community Pharmacy Contractual Framework Services at a local level along with supporting local services.

# Potential Weaknesses



- Limited funding and staff can impact on the ability of CPH to deliver and support community pharmacies.
- Overwhelming changes and challenges in the evolving healthcare landscape and regulatory environment can impact on community pharmacies ability to engage with CPH.
- Community pharmacies are unaware of the CPH and the support it can provide.

# Potential Opportunities

- Enhanced training and development including mentorship programmes.
- Improved technology support by providing pharmacy contractors with information on the digital health of their organisation and providing tools to help contractors improve their digital health and leverage data to improve efficiency and patient care.
- Collaborate more closely with primary care providers and other healthcare organisations to reduce duplication of services.
- Advocate for policies that support community pharmacies and improve patient access to care feeding in at both a local and national level.
- Explore new funding sources primarily through services to provide additional financial support to contractors and assist contractors in identifying and implementing cost-saving measures to improve profitability.
- Assist contractors in developing succession workforce plans to ensure the continuity of their businesses and influence workforce plans at a local and regional level.

# Potential Threats

- Economic downturns and funding cuts can impact the financial viability of community pharmacies that impact on CPH support.
- Pharmacy contractors could reduce CPH's resources and limit its ability to provide support.
- The rapid pace of technological advancements may require community pharmacies to adapt quickly to stay relevant and competitive which CPH may need to consider and support.
- Wider reforms to the healthcare system, such as the introduction of new models of care or changes in primary care services, can impact the role and position of community pharmacies thereby impacting on the work of CPH.

# Current Environmental Analysis

# What is an environmental analysis?

An environmental analysis, or environmental scanning, is a strategic tool used to find internal and external elements that may affect an organisation's performance.

An environment analysis considers trends and high-level factors, such as interest rates, and how they might change a company's business. These reviews can help companies assess their current position and create better strategies for the future.

The PESTLE analysis, sometimes abbreviated to PEST, is a common method for conducting an environmental analysis. Organisations can use this to look at factors that may impact the their business. PESTLE stands for the following factors: Political, Economical, Social, Technological, Legal, Environmental.

# PESTLE Factors for CPH

Political	Economical	Social	Technological	Legal	Environmental
<b>Healthcare Reform:</b> Changes in government policies: CPCF amendments; funding cuts, prescription reimbursement can directly impact on community pharmacies and CPH support for this.	<b>Government funding:</b> Community pharmacies are under severe financial strain, with widespread profitability concerns. Can impact on CPH's ability to provide support.	<b>Health Awareness:</b> Increasing public awareness and of community pharmacy support for their health.	<b>Automation:</b> Changes to current dispensing operations: hub and spoke dispensing; robotics could impact on the types of support needed for CPH.	<b>Data Privacy:</b> CPH must comply with data privacy regulations, such as GDPR.	<b>Sustainability:</b> Increasing consumer and regulatory focus on sustainability can impact community pharmacies, requiring CPH to provide guidance on sustainable practices and support for implementing them.
<b>Regulatory Changes:</b> New regulations or changes to existing regulations: independent prescribing; pharmacist/ technician supervision/hub and spoke dispensing model requiring CPH to adapt its support.	<b>Economic downturns:</b> Economic downturns can affect the financial viability of community pharmacies, potentially increasing their need for support.	<b>Demographic changes:</b> Changes in population may change the local health needs of the community that requires different support and negotiation of services.	<b>Digital integration:</b> Changes to digital means of community pharmacy and data for pharmacy services not shared requiring CPH to provide guidance and support.		