

CPH MINUTES
27 November 2024
The Comet, Hatfield

Present

Karsan Chandegra (KC)
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)

Professional

Helen Musson (HM)
Farhan Moulana (FM)
Sara Norwood (SN)
Chloe Papadopoulos (CP)
Frank McLaughlan (FMc)
Izzy Hicks (IH)

Apologies

Sheelan Shah
Suraj Varia

Guests

Emily Clarke – Public Health (item 6)
Kate Latham – LMC (item 7)
Michael Nadasdy – Public Health (item 6)
Mefino Ogedegbe – HWE ICB (item 8)
Sarah Perman – Public Health (item 6)
Anurita Rohilla – HWE ICB (item 8)
Anil Shah – CPE (item 10)

Observers

Viral Patel – Laxtons Pharmacy, Broxbourne
Tunde Sokoya – Community Pharmacy Essex

6.3	<p>and welcomed CPH input on an urgent discussion to be held outside the meeting regarding this opportunity of additional funding to support pharmacy contractors in providing the stop smoking service.</p> <p>ACTION: Discuss potential changes to the funding of the smoking cessation service in-year and in the next financial year.</p> <p>ACTION: Discuss NRT provision being available from all community pharmacies and the next steps.</p> <p><u>Strategic Update</u></p> <p>RS welcomed Sarah Perman to the meeting. SP introduced herself as the Director of Public Health and gave a presentation. CPH expressed concern about how Public Health invest in community pharmacy as community pharmacies and their potential are often considered after other providers eg. health checks. SP confirmed they want to work with community pharmacy and upscale Healthy Living Pharmacy. CPH noted Public Health must recognise that community pharmacy are part of the same team and that the public often look to community pharmacy as their first step including prevention.</p> <p>ACTION: Share SP presentation with committee.</p>	<p>EC / FM / CP</p> <p>EC / FM / CP</p> <p>SN</p>
	<p>LMC</p> <p>RS welcomed Kate Latham to the meeting. KL confirmed they are no further forward on the GP connect position in relation to the GP collective action. It was noted that the LMC is considering local actions where GP practices may be undertaking work that brings clinical risk and that they are not commissioned to provide. KL acknowledged that headlines regarding the LMC conference regarding pharmacy albeit this was a very small part of the agenda. KL noted that the main mood and theme at the recent LMC conference was for GPs and community pharmacy to work together. The LMC and CPH agreed going forward to work together on joint comms to give the local stance when national issues are published. The NPA collective action was noted.</p>	
8 8.1	<p>HERTS & WEST ESSEX ICB</p> <p>RS welcomed Anurita Rohilla and Mefino Ogedegbe to the meeting.</p> <p><u>Integrating community pharmacy within primary care</u></p> <p>AR outlined a piece of work to encourage patients to ask about their medicines and there was a suggestion of inclusion about asking your community pharmacist. CPH was supportive of improving patient safety however due to the capacity and resource constraints within community pharmacy at the current time CPH could not support an initiative that promoted patients to attend community pharmacy unless it was appropriately funded for their time to have these conversations with patients.</p> <p>CPH asked what the strategy of the community pharmacy independent prescribing pathfinder programme is within the ICB. MO outlined the</p>	

	<p>pathfinder programme is currently nationally funded until March 2025 and there is a potential plan to extend for a further six months to widen although not yet confirmed. Two sites were currently live and the ICB mentioned they are potentially looking at some additional sites. CPH queried what would happen when the pilots are completed. AR noted that this would depend on the success of the evaluation whether local or national. It was queried that the national evaluation may take some time and that a local evaluation to review what has happened in HWE would be useful and the University of Hertfordshire was put forward as a suggestion.</p>	
8.2	<p><u>Potential solutions to improve collaboration and communication</u></p> <p>It was noted that the ICB believe the PCN engagement leads in each locality were a key driver to support and improve collaboration between GP practices and community pharmacies.</p>	
8.3	<p><u>Specific areas where the GP practice ECF can be adapted</u></p> <p>CPH expressed concern that they have not been involved or consulted on the GP practice ECF for 2025/26 and there could be areas that we had some insight upon to support collaborative working. Community pharmacy wants to work collaboratively as a part of primary care and not feel isolated or not considered. It was suggested that Pharmacy First referrals should be considered for inclusion within next years' GP practice ECF. AR agreed to consider this if CPH could draft something and submit it although it would need to be sent in as soon as possible due to the time constraints of developing the ECF.</p> <p>ACTION: Request the ICB to include an item to incentivise GPs to engage with community pharmacy eg. Pharmacy First referrals.</p>	HM / RS / AR
8.4	<p><u>Pharmacy First GP Referral Plan</u></p> <p>MO gave a presentation. CPH asked with the 23% decrease in the total number of referrals from April–August 2024 from GPs, what is the plan/strategy to help increase referrals from GP practices. It was also noted CPH are unclear on what the ICB are doing as GP practices are not engaged. The presentation delivered by MO included information regarding the ICB strategy to support increased Pharmacy First consultations and referrals. Hertfordshire and West Essex had the highest percentage of ICB GP practices referring patients to Pharmacy First across East of England in August 2024 according to the national NHS England operational report. MO highlighted that approximately 87% of GP practices referred patients to Pharmacy first in July 2024 and 84% in August 2024. MO mentioned that there are various reasons why there may have been a reduction in GP referrals including the summer holiday period and GP collective action MO confirmed the ICB is monitoring the data and are aware of the gaps.</p> <p>CPH pointed out the ICB need to use correct figures in the data and need to target those that may be struggling to make referrals to understand why. MO outlined that the local dashboard(s) were developed by BI colleague(s) and this data is extracted from EMIS/PharmOutcomes and NHS England. Using PCN Leads is not the only way forward unless they receive facilitated support</p>	

8.5	<p>from the ICB at a strategic level. It was agreed a strong public message needs to go out explaining the need not to always use GP practices amongst patients. MO raised that there has been overall increase in Pharmacy First consultations within HWE since launch and agrees that patients should be encouraged to visit a pharmacy in the first instance. CPH asked if GPs are aware of Pharmacy First communications and what is led by the ICB for GP practices and patients to promote Pharmacy First. It was noted that the communications team at the ICB lead on this area and this could be taken back to be clear about next steps on this.</p> <p>CPH asked the LMC and ICB what we could do to understand the challenges for GP practices of implementation of the national services: Pharmacy First, Hypertension and Contraception. KL noted that GP practices do not seem to understand Pharmacy First due to a lack of communication and largely rely on admin/triage in-house. It was agreed the need is to focus on how we both work locally collaboratively together to get messages out jointly with an emphasis on GPs being supportive of Pharmacy First. KL confirmed that she was unaware of any communications being sent to GP practices around Pharmacy First and that aiming presentations at the Practice Managers meetings would be a good start.</p> <p>ACTION: Feedback to CPH on the communications campaign for Pharmacy First from the ICB.</p> <p>ACTION: Develop resources linked to myth busting and good practice of Pharmacy First.</p> <p>ACTION: Present to local practice manager meetings in HWE re Pharmacy First.</p> <p>ACTION: Collaborate on communications regarding Pharmacy First and how the ICB may support.</p> <p>ACTION: Send MO presentation slides to Committee.</p> <p><u>Community Pharmacy Incentive Scheme</u></p> <p>AR confirmed there is currently no budget to support a community pharmacy incentive scheme for 2024/25 due to the financial constraints at the ICB. CPH shared their frustrations as investment in drawing up suggested pieces of work had been undertaken and feel the ICB had not realised the potential benefits that community pharmacy could bring if they were part of the solution and resourced appropriately. It was recognised the value of a scheme but that this needed to be highlighted to the right people within the ICB. CPH asked what we could do differently for 2025/26 to ensure our voices are heard and the ECF was not written without the whole of Primary Care (not just GPs) in HWE/ICB being part of the scheme. AR suggested adding to the NHS 10 year change consultation encouraging individual and organisational input.</p>	<p>MO</p> <p>MO</p> <p>MO</p> <p>HM / KL</p> <p>SN</p>
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8.6	<u>Workforce Update</u> The paper was received from Cathy Geeson. It was recognised that there was a lot of ongoing work led by the ICB that included the pharmacy workforce and the CPH office continued to engage with this work.	
9	CPH WORKSTREAMS	
9.1	<u>Workstreams 2024/25</u> The paper was received.	
9.1.1	<u>Pharmacy First</u> No comments were received. <u>Contraception</u> No comments were received. <u>Hypertension</u> No comments were received.	
9.1.2	<u>Community Pharmacy Communication and Engagement</u> No comments were received. CP gave an update on the pharmacy visits progress.	
9.1.3	<u>Community Pharmacy Workforce</u> No comments were received.	
9.1.4	<u>Prescribing and Medicines Optimisation Services</u> No comments were received.	
9.1.5	<u>Public Health</u> No comments were received.	
9.2	<u>Member questions</u> The video update was received by members in advance of the meeting. No questions were asked.	
10	COMMUNITY PHARMACY ENGLAND RS welcomed Anil Shah to the meeting. AS gave an update from the recent CPE committee meeting. CPH requested to have clarity regarding what they should be doing with their existing workstreams particularly engagement and promotion of Pharmacy First, Hypertension and Contraception as there was no clarity on what would happen beyond April 2025. AS confirmed negotiations on the Community Pharmacy Contractual Framework have not started yet and suggested CPH carry on as usual with their workstreams as no unified decisions have been discussed or made. CPH members expressed frustration that they were not kept in the communications loop. AS confirmed that several actions are taking place in the background at CPE that cannot be shared and that frustrations around this are recognised.	

	CPH asked AS how the LPC voice could better feed into CPE negotiations and service development. It was recognised that this was an ongoing piece of work. It was queried how CPH could support CPE in its work and AS suggested that LPCs continue to engage with their local MPs.	
11	ITEMS FOR DECISION	
11.1	<p><u>CPH Budget 2025/26</u></p> <p>The paper was received. The committee was asked to discuss and agree the CPH budget for 2025/26 and agreed to the proposed medium budget at 2.6% with the caveat of any other discussion items that had been agreed to be incorporated for final approval at the January 2025 meeting.</p> <p>ACTION: Update medium budget sheet 2025/26 and include national and regional Chairs meeting expenses where appropriate and bring back to the January 2025 meeting for approval.</p>	SN
11.1.1	<p><u>Pay Review and Reward Policy</u></p> <p>No conclusion had yet been reached on the Pay Review and Reward Policy although it was in progress with a view to completing a final version before March 2025. It was noted that the Governance Subcommittee has made recommendations to the Chair and all office staff have been consulted. Chair will take this feedback including any budgetary implications to the Governance Subcommittee in January 2025. It was noted that as there may be budgetary implications that the subcommittees would meet in the morning to feed into the budget discussion in the afternoon.</p> <p>ACTION: Chair to feedback to Governance Subcommittee from the staff consultations.</p> <p>ACTION: Governance Subcommittee to agree their recommendations and develop the policy at January 2025 meeting.</p>	RS / SN / AP Gov Subcom
11.1.2	<p><u>Treasurers Report including Q2</u></p> <p>The paper was received. The committee approved Q2. No further questions were raised.</p>	
11.1.3	<p><u>Staff Inflationary Increase</u></p> <p>The paper was received. The committee was asked to discuss, consider and agree the CPH office inflationary increase for 2025/26. Staff were asked to leave the meeting for this item. The committee agreed an increase of 2.6% in line with the current RPI (as per current Pay Reward Policy) for staff salary from April 2025.</p>	
11.1.4	<p><u>CPH Expenses Policy</u></p> <p>The paper was received. The committee was asked to approve the CPH Expenses Policy in line with the budget proposal and to review officers' honoraria. The committee approved the policy retaining the £40 per hourly rate for members and officers along with retaining the current pay for the officers' honoraria as demonstrated by the recent audit.</p>	

	<p><u>Office Resources</u></p> <p>The paper was received. The committee approved retaining an office at the current time and acknowledged there was to be an additional HR review by the Executive Team to incorporate and standardise staff working practices. In line with the presented paper, it was agreed that the purchase of new IT and licenses due to expiration of existing equipment and software was necessary, and a change in a new HR digital package that would be cost neutral.</p>	
12	<p>ITEMS FOR INFORMATION</p>	
12.1	<p><u>Executive Team Meeting</u></p> <p>The notes from the meeting were included for information.</p>	
12.2	<p><u>Contract Report</u></p> <p>The paper was included for information.</p>	
12.3	<p><u>Member Report</u></p> <p>The paper was included for information.</p>	
12.4	<p><u>Member Training</u></p> <p>The paper was included for information.</p>	
13	<p>AOB</p> <p><u>Services Training Day</u></p> <p>It was proposed that CPH hold a services training day in February 2025 for contractors covering Pharmacy First, Hypertension and Contraception based upon feedback from contractors. It was being brought to the committee because it would likely cost the organisation £4,000 which was available in the budget. It was also suggested that CPH could hold a smaller event in conjunction with CPPE just focusing on initiation of contraception. It was noted that the venue would not be as expensive and we could get sponsorship for these events. Members felt that this training was not required at the current time as training could be sourced for alternate providers. CPH office members felt that it was needed based on feedback from pharmacy contractors and would not be a repeat of other training providers. A vote was held on the option of a services training day (0 votes); a CPPE contraception initiation training (1 vote) or hold no in person event (5 votes). Others not counted in the vote abstained. There will be no training event in the format suggested but CPH will signpost contractors to available training.</p> <p>ACTION: Signpost contractors to available training on the relevant services.</p> <p><u>Pharmacy First comms</u></p> <p>It was queried about whether there were any communications regarding Pharmacy First in schools. It was recognised that CPH could not coordinate this but Public Health that have reach to schools in Hertfordshire could.</p>	IH / CP

	ACTION: Ask Public Health (HCC) re comms to schools on Pharmacy First to inform parents to use community pharmacy for the seven clinical conditions.	FM / CP
	NEXT MEETING 22 January 2025 (9am-5pm) The Fielder Centre, Hatfield, AL10 9TP	