

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)

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

Professional

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



- Second Contract Contr
- Init 27b Weltech Centre, Ridgeway, Welwyn Garden City, AL7 2AA
- www.cpherts.org.uk

Minute No.	Agenda Item	Lead
1	WELCOME & APOLOGIES RS welcomed everyone to the meeting. RS welcomed new office members Chloe Papadopoulos, Services and Engagement Lead Officer and Izzy Hicks Engagement Officer; observers Viral Patel from Laxtons Pharmacy in Broxbourne and Tunde Sokoya an Essex pharmacy contractor and Community Pharmacy Essex representative, present for the morning session. Apologies were received from Committee members Sheelan Shah and Suraj Varia.	
2	DECLARATION OF INTEREST None.	
3	ITEMS OF URGENT BUSINESSNHS England central flu vaccine procurement and supply provider engagement surveyThe Committee was asked their opinion on the best way forward on this consultation. It was agreed to promote to contractors to help them understand the questions being asked and encourage them to complete the consultation particularly focusing on distribution and margin in the responses. Contractors should be reminded that all questions were optional and they did not have answer any questions that may compromise their commercial buying such as cost of vaccinations.ACTION: Promote the central flu vaccine procurement and supply survey to pharmacy contractors to encourage completion by 17 December 2024 with key hints and tips on completing the survey covered in this promotionNHS 10 Year Plan Consultation The Committee was asked their opinion on the best way forward on this consultation. It was noted CPH had not yet had sight of the CPE guidance although it was imminent. It was agreed a CPH view was necessary which	ІН / СР
	would focus on local services. It was agreed to create a draft response when the CPE guidance had been received and send to Committee for comments recognising the short timescales. ACTION: Create response to the NHS 10 year plan consultation focusing on local services and send to Committee for comments and submit by the organisations deadline of 2 December 2024.	FM / HM
	ACTION: Promote the NHS 10 year plan consultation to pharmacies and contractors making them aware of the CPH response.	н
4 4.1	MINUTES OF MEETING HELD ON 18 SEPTEMBER 2024 The minutes were received and approved by the committee.	
4.2	The outstanding actions were received. The following items were noted: <u>Item 1 and 2 – LMC: Pharmacy First</u> It was agreed to merge items 1 and 2.	

4.3	Item 3 – Savings AccountsKC updated and informed the Committee a new savings account has now been opened with the transfer of £35,000.ACTION: Transfer £35,000 into the new savings account.Item 4 – Community Pharmacy Workforce It was agreed to close this item but move it into 'ongoing' section.Item 5 – Bank Holiday Claims It was agreed to change the due by date to March 2025.The completed actions were received for information only.	SN
5	ITEMS FOR DISCUSSION <u>Pre-CPH Meeting Contractors Survey Feedback</u> The paper was received. No responses were received. ACTION: Add a question to the next pre-meet survey asking 'what action would pharmacy contractors like CPH to undertake recognising the local pressures on community pharmacy'.	SN / IH
6 6.1	 PUBLIC HEALTH Drugs and Alcohol Strategy RS welcomed Michael Nadasdy to the meeting. The presentation was received. CPH asked how do we support the strategy at an early stage. MN confirmed the delivery plan is being drafted around the strategy, which had to be sent to several internal committees for approval. CPH asked if it was expected that Public Health would continue to commission CGL as their drugs and alcohol provider in the future and if services would continue to be subcontracted to community pharmacies via this mechanism. It was noted that the strategy was separate from commissioning of services although it would be expected that any provider commissioned would be implementing the strategy agreed. It was noted that the ICB would welcome working closer with Public Health Hertfordshire particularly around the priority of opiate deprescribing and it was agreed to touch base outside of the meeting. CPH felt strongly that community pharmacy could do more if commissioned and properly resourced particularly around alcohol identification and support/monitoring for Acamprosate. These discussions had been held with CGL but it was suggested that these should be incorporated within a strategy. ACTION: Meet with CPH and Public Health Hertfordshire early January 2025 to discuss the 2025/30 strategy. 	MN / FM / CP
6.2	Operational Update RS welcomed Emily Clarke to the meeting. The paper was received. EC confirmed a grant had been secured in principle for five years for the local authority smoking service. Allocations will be provided on an annual basis. EC noted that there may be an opportunity to discuss potential bonus payments for stop smoking services although not a change to the baseline payment model	

	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.	
	ACTION: Discuss potential changes to the funding of the smoking cessation service in-year and in the next financial year.	EC / FM / CP
	ACTION: Discuss NRT provision being available from all community pharmacies and the next steps.	EC / FM / CP
6.3	Strategic Update 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.	
	ACTION: Share SP presentation with committee.	SN
	LMC 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.	
8	HERTS & WEST ESSEX ICB RS welcomed Anurita Rohilla and Mefino Ogedegbe to the meeting.	
8.1	Integrating community pharmacy within primary care 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.	
	CPH asked what the strategy of the community pharmacy independent prescribing pathfinder programme is within the ICB. MO outlined the	

	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.	
8.2	<u>Potential solutions to improve collaboration and communication</u> 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.	
8.3	Specific areas where the GP practice ECF can be adapted 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. ACTION: Request the ICB to include an item to incentivise GPs to engage with community pharmacy eg. Pharmacy First referrals.	HM / RS / AR
8.4	Pharmacy First GP Referral Plan 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.	

	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.	
	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. ACTION: Feedback to CPH on the communications campaign for	МО
	Pharmacy First from the ICB. ACTION: Develop resources linked to myth busting and good practice of	МО
	Pharmacy First. ACTION: Present to local practice manager meetings in HWE re Pharmacy	мо
	First. ACTION: Collaborate on communications regarding Pharmacy First and how the ICB may support.	HM / KL
	ACTION: Send MO presentation slides to Committee.	SN
8.5	<u>Community Pharmacy Incentive Scheme</u> 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 HWEICB being part of the scheme. AR suggested adding to the NHS 10 year change consultation encouraging individual and organisational input.	

8.6	Workforce Update	
	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	Workstreams 2024/25	
	The paper was received.	
9.1.1	Pharmacy First	
	No comments were received.	
	<u>Contraception</u>	
	No comments were received.	
	<u>Hypertension</u>	
	No comments were received.	
9.1.2	Community Pharmacy Communication and Engagement	
	No comments were received. CP gave an update on the pharmacy visits	
	progress.	
9.1.3	Community Phormooy Workforce	
9.1.5	<u>Community Pharmacy Workforce</u> No comments were received.	
	No comments were received.	
9.1.4	Prescribing and Medicines Optimisation Services	
5.1.4	No comments were received.	
9.1.5	Public Health	
	No comments were received.	
9.2	Member questions	
	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 11.1	ITEMS FOR DECISION <u>CPH Budget 2025/26</u> 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. 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.	SN
11.1.1	Pay Review and Reward Policy 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. ACTION: Chair to feedback to Governance Subcommittee from the staff consultations.	RS / SN / AP Gov
11.1.2	develop the policy at January 2025 meeting. <u>Treasurers Report including Q2</u> The paper was received. The committee approved Q2. No further questions	Subcom
	were raised.	
11.1.3	Staff Inflationary Increase 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.	
11.1.4	<u>CPH Expenses Policy</u> 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.	

	Office Resources 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.	
12 12.1	ITEMS FOR INFORMATION Executive Team Meeting The notes from the meeting were included for information.	
12.2	<u>Contract Report</u> The paper was included for information.	
12.3	<u>Member Report</u> The paper was included for information.	
12.4	<u>Member Training</u> The paper was included for information.	
13	AOB <u>Services Training Day</u> 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. ACTION: Signpost contractors to available training on the relevant services. <u>Pharmacy First comms</u> 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.	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	