

Empowering Your Pharmacy: Shared Experiences, Local Solutions

2 July 2025



We would like to thank
**Avonnex, BD, Cambrian Alliance,
Cipla, Exeltis, Nestle, Pfizer, PocDoc**
that have sponsored the AGM meeting.



Please note they have had no input into the content of the presentations.



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COMMUNITY PHARMACY HERTFORDSHIRE
(CPH)



Continuous Improvement Focus – Meeting CPCF Regulations

Essential Governance (Quick Checks)

- **Annual Complaints Review:** Submit returns (even nil returns) as soon as possible after March 31st.
- **Equipment Maintenance:** Maintain comprehensive logs, including PAT testing.
- **Whistleblowing:** Have a clear Whistleblowing Policy in place.
- **Equality Act 2010:** Monitor and record arrangements for disability.

Controlled Drugs (CD) Arrangements

- **CD Reporting:** Ensure you are registered and know how to report incidents on the CD reporting platform.
- **Accountable Officer:** Be aware of your Accountable Officer's details.
- **Stock Destruction:** Submit Schedule 2 controlled drug destruction requests regularly to prevent unsafe build-up of expired stock.
- **Waste Exemption:** Ensure you have a valid T28 waste exemption certificate.

Information to support you can be found on the CPH website: cpherts.org.uk and is included in our weekly e-news

Common Pitfalls & Solutions

- **NHS Mail Accounts:** Maintain two linked staff accounts, conduct regular checks, and promptly unlink accounts for leavers to prevent breaches.
- **Opening Hours and DoS:** Verify and update information on NHS Profile Manager. Submit all changes to the Contracting Team.
- **Standard Operating Procedures (SOPs):** Review and update every two years (or sooner). Ensure SOPs are accessible, are being followed, staff understand them, and they are formally signed off.
- **Incident Reporting & Analysis:** Implement robust systems for regular review and root cause analysis. Report near misses and incidents to LFPSE for learning.
- **Staff Training & Development:** Maintain a comprehensive training log for all staff (including locums and drivers). Ensure all mandatory, safeguarding (to appropriate levels), and role-specific training is completed.

Key Service and Payment Reminders: Be Ready for Changes!

Pharmacy First

Submit claims the final day of the month following the consultation (e.g., June consultations due by 31 July).

A new banded approach (£500 for 20-29 consultations, £1,000 for 30+) is introduced, tied to Hypertension Case Finding and Contraception Service registration.

Caps are based on prior performance (e.g., from July 2025, Band 1 max 32, Band 6 up to 130).

Review the updated draft pathways and PGDs; commencement will be announced by NHS England so continue to follow current documentation.

New Medicines Service (NMS)

£14 per intervention or follow-up consultation (total £28 if both completed). Payment is only for completed consultations.

Until MYS is amended, enter total intervention and follow-up consultations.

Future NMS will restrict remote consultations by pharmacists not employed by the pharmacy owner, but employed pharmacists can still provide NMS remotely/off-site.

Contraception Service Remains unchanged (for now). Continue to follow current documentation. Review the NHSBSA June 2025 update for draft specifications and PGDs that includes emergency contraception to get ready for commencement when announced by NHS England.

Discharge Medicines Service (DMS) A new, shortened MYS claiming process is available from July 1, 2025.

Supporting Pharmacy Excellence



Proactive Support Visits: We have actively supported **202** Pharmacies within Hertfordshire within the last year. This represents **90%** of pharmacies in our patch.

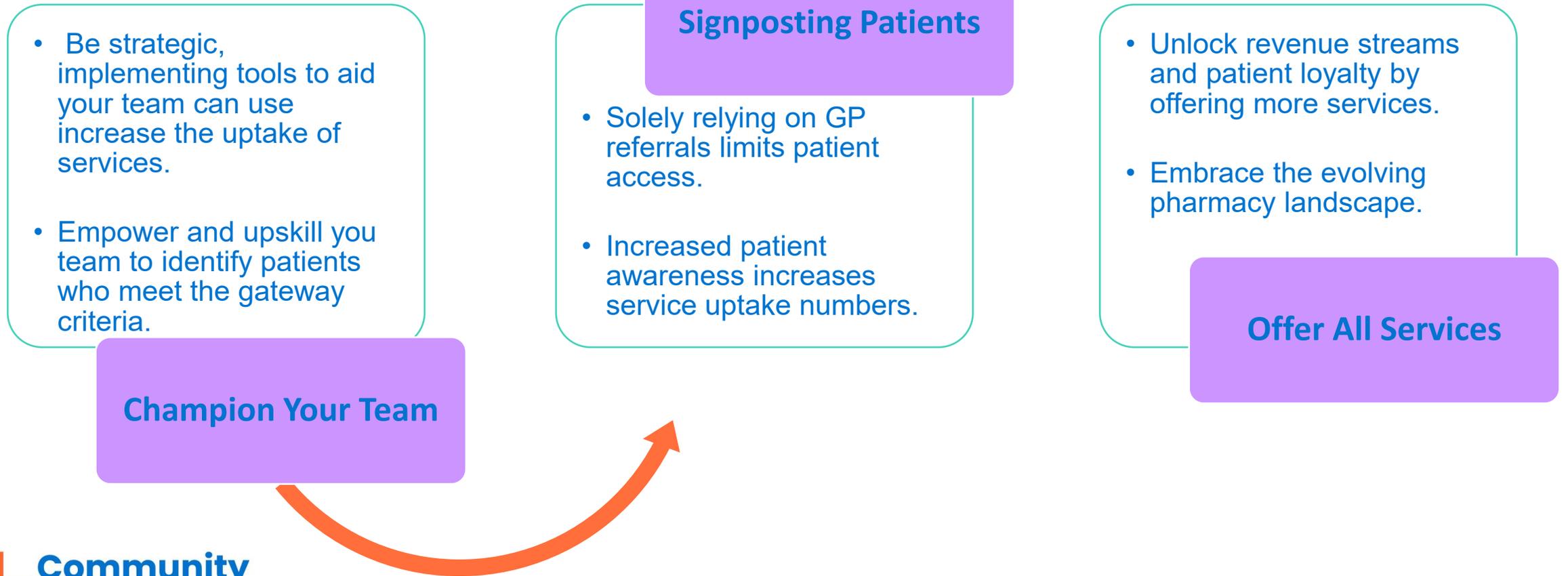


Embedding Key Services: Our Primary focus has been to provide hands-on support and insights to help contractors to optimise local, national and essential services.



Listening to you: We Gathered vital feedback on service challenges and workload allowing us to champion your needs and develop useful support resources.

Innovating Through Shared Learning



NHS Organisational Changes: What you need to know

1. The End of NHS England (NHSE)

What's Happening: NHSE is being phased out and its functions will be absorbed directly into the **Department of Health and Social Care (DHSC)**.

Why: Aims to reduce bureaucracy, streamline decision-making, and centralise control of the NHS directly under the government.

Impact: Expect more direct political accountability for national NHS strategy and performance.

2. Hertfordshire's ICB is Merging

The Big Picture: Hertfordshire and West Essex (HWE) ICB is merging with **Bedfordshire, Luton and Milton Keynes (BLMK) ICB** and **Cambridgeshire and Peterborough (C&P) ICB**.

The Result: This creates a much larger "Super-ICB" covering approximately **3.2 million people** in the East of England.

Why: Driven by national mandates for ICBs to significantly cut running costs and operate at a larger, more "efficient" scale.

Timeline: Expected to be complete by **March 2026**.

3. Your Role: Even More Critical at Local Level

Strategic Focus: The new, larger ICB will focus on strategic commissioning and population health.

Local Power: Day-to-day delivery and integrated care will rely even more heavily on strong **Primary Care Networks (PCNs)** and **"Place-based partnerships"**.

Action: Build strong relationships locally within your PCN and advocate for community pharmacy's value within this evolving, more centralised, yet locally-driven system.

Our Population – what the data tells us

- Population Health Management PHM data shows us that ENH has a similar profile to the ICB average, with general levels of good health. There are areas of deprivation in Stevenage, Broxbourne and Hatfield that are associated with poorer outcomes. People in these areas are more likely to live with long term conditions, require emergency care and die before the age of 75
- Cardiovascular disease (CVD) and cancer are the leading causes of inequalities in premature deaths (deaths that are considered preventable), between the most and least deprived
- Spend on emergency care is in line with the ICB average and there has been a 5.8% increase in spend compared to the year before. There is growth in rates of emergency admissions across CYP (particularly aged < 5) and older adults, as well as for chronic ambulatory care sensitive conditions (ACSC) (although the rate of admission for ACSC is the lowest across the ICB)
- ENH has the highest rate of contacts with mental health secondary care services within the ICS and has seen a levelling off in the rate of emergency admission for self-harm after seeing improvements between 2021/22 and 2023/24
- Among older adults, the rate of emergency admission is increasing, there has been a significant increase in the proportion of people who have three or more admissions in the last 90 days of life, however, the rate of admission for falls is stable



ENH Strategic objectives and priorities

Strategic objective 1

Improve the health and wellbeing of our population

- Priority 1** Tackle health inequalities in access, experience, and outcomes.
- Priority 2** Improve outcomes for adults and children and young people.

Strategic objective 2

Transform health, care and wellbeing services to meet local needs and promote independence

- Priority 1** More personalised, preventative, and proactive care.
- Priority 2** Embed use of population health management
- Priority 3** Improved join-up of care for people with physical and mental health needs and learning disabilities

Strategic objective 3

Establish an efficient, effective and sustainable partnership

- Priority 1** Ensure effective collaboration.
- Priority 2** Address wider determinants of health through strong relationships with non-health partners
- Priority 3** Develop an accountable, efficient, effective and inclusive partnership with the right capabilities.





**South and West Herts
Health and Care
Partnership**

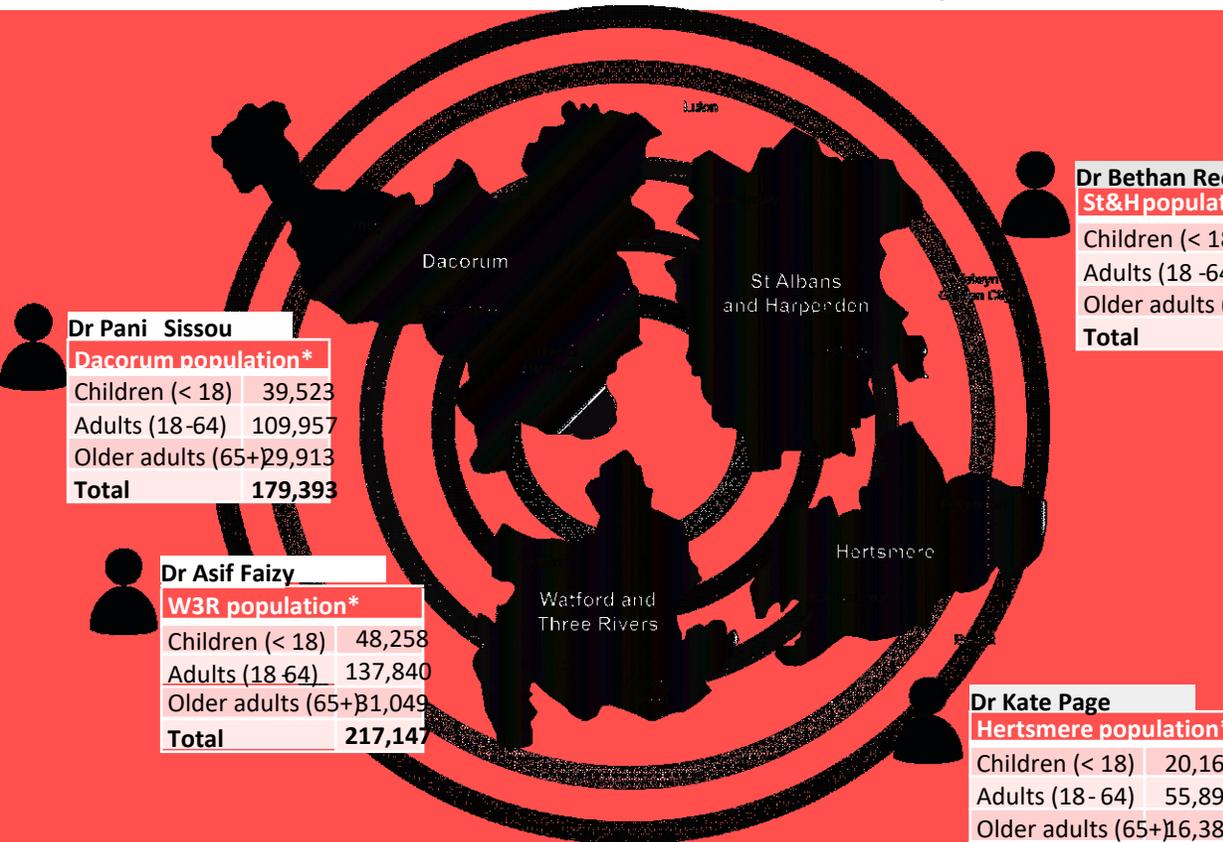
SWH HCP has four neighbourhoods representing the **patients registered in the GP practices** residing in each neighbourhood

Each locality is led by a clinical lead, supported by a leadership and management team.

Each locality will have a dedicated base where the core teams will be expected to co-locate



**Hertfordshire and
West Essex
Integrated Care Board**



Dr Pani Sissou
Dacorum population*

Children (< 18)	39,523
Adults (18-64)	109,957
Older adults (65+)	29,913
Total	179,393

Dr Asif Faizy
W3R population*

Children (< 18)	48,258
Adults (18-64)	137,840
Older adults (65+)	31,049
Total	217,147

Dr Bethan Rees
St&H population*

Children (< 18)	35,941
Adults (18-64)	91,802
Older adults (65+)	23,582
Total	151,325

Dr Kate Page
Hertsmere population*

Children (< 18)	20,169
Adults (18-64)	55,895
Older adults (65+)	16,386
Total	92,450



Neighbourhood	Neighbourhood Clinical Lead	Integration Lead	Secondary Care Consultant	Community Service Director	Neighbourhood base
Dacorum	Dr Pani Sissou	Debbie Foster	Sarah Klinger	Leanne Fishwick Frankie Pepper	The Forum
St Albans & Harpenden	Dr Bethan Rees	Freya Powell	Mike Koa-Wing	John Harle Una McCann	Harpenden Memorial Hospital
Watford & Three Rivers	Dr Asif Faizy	Amanda Burfot	Deepan Vyas	Kevin Barrett Gill Jacobs	BRE
Hertsmere	Dr Kate Page Dr Liam Chapman	Aimee Venner	Chanpreet Arhi	Louise Ayres Chris MacKay	Hertsmere Borough Council

**Working together
for a healthier future**

During 2024/25 the HCP has made significant progress both in establishing and embedding new ways of working and in transforming our models of care to deliver tangible improvements for our local population. Key successes include:

Transforming our ways of working

- **Governance:** Reviewing the HCP's governance structure and establishing new sub-committees (Finance & Commissioning committee and Quality & Performance committee) to ensure the HCP has the correct infrastructure in readiness for delegation 2025/26
- **Leadership:** The HCP has established an executive team with clinical and managerial leadership from key partners within the HCP including WHTH, CLCH and the ICB to drive the strategic agenda and ensuring the delivery plan is implemented. Our executive team includes our 4 neighbourhood clinical leads
- **Collaboration:** The HCP has made significant progress in developing strong relationships that have enabled effective collaborative working and joint decision-making. This has included regular touch points with key stakeholders including district councils and the VCFSE sector
- **Delegation:** The HCP has developed a framework for delegation which has been approved by both the ICB and the HCP's host provider (WHTH). This is ground-breaking thought leadership which will help shape national approaches to delegation

Transforming our models of care

- **Urgent and emergency care:** SWH has achieved sustained improvements through collaborative working via the System Resilience Group which sets clear, strategic deliverables as system partners. Successes include our A&E 4-hour target (performance in January was 80.3% and WHTH was 8th nationally), increasing our Access to Stack by 100% and reducing our nMCTR numbers from over 100 to c60-70 and DTA overstayers by 50% in one month. An exemplar of our partnership working in UEC is embedding a secondary care consultant within the Urgent Community Response service
- **Elective, cancer and diagnostics:** SWH's improvements in elective, cancer and diagnostics performance have been achieved through collaborative working and joint decision-making, including top-performing in the region on 65 week waits and strong performance on diagnostics and cancer standards, with 98.6% of cancer patients starting treatment within 31 days of agreeing a treatment plan in December. We are working as a place partnership to plan and deliver new CDCs at St Albans and Hemel Hempstead and a community ultrasound clinic in Hertsmere
- **Primary care:** SWH has appointed a Care Closer to Home Clinical Lead and 4 Neighbourhood Clinical Leads who will provide leadership to our neighbourhoods, including ensuring the continuing progress and delivery of our Integrated Neighbourhood Team Initiatives which take localised approaches to targeted, preventative care to our frail, elderly population
- **Virtual hospital:** SWH has established a high performing virtual hospital which has supported over 3,000 patients. The VH has reduced hospital length of stay, non-elective admissions, and is continuing to expand and evolve (launching a new general medical pathways in October and reaching over 100 beds in step-down pathways by December)
- **Proactive and preventative care:** SWH has approved a pilot for proactive model of care which will offer a holistic, multi-disciplinary team approach to keep our most vulnerable older patients at home where possible, reducing risk of further deterioration. This model is funded using a Social Funding model which minimises risk to the HCP and enables multi-year investment in transformation
- **Joint integrated respiratory service:** SWH co-designed and agreed a new service model for integrated respiratory care which is fully integrated, bringing together teams from CLCH and WHTH to provide seamless pathways across primary, community, and secondary care services, removing duplication of diagnostic tests and outpatient appointment

PCN Leads

Your Voice
at the
Table

Building
Strong
Partnerships

Shape
Services
That Work
for You

Better
Patient
Referrals &
Uptake

Unlocking Potential: PCN Leads

1:1 Support

- *Introductions & expectations set with each Lead (Mar 2025)*

Monthly Peer Meeting

- *Sharing learning, solving problems together*

Resources

- *Clear, practical guidance to support the role*

System Connector

- *Escalate issues, share learning, and amplify the pharmacy voice*

ANIL SHARMA
East of England Representative
COMMUNITY PHARMACY
ENGLAND (CPE)



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, dermatology)

Structured medication review

Key:

High priority

Medium priority

Current contract: TOTAL £3,073 million

BREAKDOWN

£900 million = margin (29%)

£1800 million = SAF - £1.46 per item now (59%)

£300 million = services – NMS, SCS, AUR, SAC, LFD (10%)

£73 million = PQS, PHAS (2%)

£215 million – PF, PCS, HCFS

£193 million – write off

- 1) In an ideal world how would you allocate funding ?
- 2) What are the biggest challenges in allocation that are needed in the contract?
- 3) Where is the most important place to put any new investment in the sector?
- 4) Which clinical services are the priorities for national commissioning?

CPH AWARDS

Judges

Rita Bali – Community Pharmacy Cambridgeshire & Peterborough

Melanie Turner – Public Health, Herts County Council

Cathy Geeson – Strategy and Pharmacy Workforce Development,
HWE ICB

Vicki Roberts – Community Pharmacy England