CPH MINUTES
10 September 2025
The Fielder Centre, Hatfield

Present
Karsan Chandegra (KC)
Mohamed Moledina (MM)
Girish Mehta (GM)
Vinesh Naidoo (VN)
Vikash Patel (VP)
Adrian Price (AP)
Sheelan Shah (SS)
Rachel Solanki (RS - Chair) – left at item 7
Suraj Varia (SV)

Professional
Helen Musson (HM)
Niru Sivanesan (NS)
Sara Norwood (SN)
Izzy Hicks (IH)

Apologies
Parag Oza (PO)
Viral Patel (VirP)

Apologies
Chloe Papadopoulos (CP)

Guests
Christine Chaffin – HWE ICB (item 6)
Kate Latham – LMC (item 5)
Marc Nathan – Community Pharmacy PCN Engagement Lead (AM only)
Ushma Rao – Community Pharmacy PCN Engagement Lead (AM only)

Minute No.	Agenda Item	Lead
1	**WELCOME & APOLOGIES** RS welcomed everyone to the meeting. Apologies were received from committee members Parag Oza and Viral Patel and CPH office member Chloe Papadopoulos. Rachel Solanki gave her apologies for the afternoon session at which point Vinesh Naidoo took over as Chair.	
2	**DECLARATION OF INTEREST** None.	
3	**ITEMS OF URGENT BUSINESS** None.	
4 4.1 4.2 4.2.1	**MINUTES OF MEETING HELD ON 16 JULY 2025** The minutes were received and approved by the committee. The outstanding actions were received and there were no queries. <u>LPC Collaboration</u> The paper was received. RS gave an update to discuss future collaboration options for LPCs considering ICB changes and potential mergers. It was noted ICBs in Hertfordshire, Bedfordshire, Luton and Milton Keynes (BLMK), Cambridgeshire and Peterborough will eventually merge into a "super ICB," but we have no confirmed timeline. It was noted that the Chair of this new organisation had been appointed. Concerns were raised about three LPCs duplicating workloads, and it was emphasised that contractors must understand developments and remain represented. To support this, progress and the rationale for collaboration will be communicated regularly to contractors to ensure engagement and transparency. RS held a further discussion with the committee whilst the office team members were excused due to a potential conflict of interest. The committee could not agree to the recommendations as they stand within the paper but made the following decisions: 1) CPH welcomes all options to discuss future collaboration and ways of working with BLMK and Cambridgeshire and Peterborough LPCs. 2) CPH could not rule out a merger at this stage, as not enough is known about future NHS structures, particularly regarding commissioning functionality. It was noted that a larger organisation, representing multiple pharmacy contractors may have a stronger voice with commissioners. 3) CPH feel that there should be investment or "buy in" from all three committees, proportional to the number of contractors each organisation represents. 4) CPH believes the CPE Transformation toolkit should be revisited.	

	5) CPH would like to propose to the other LPCs that a "project manager" be appointed to review the three LPCs and their views on collaborative working going forward. This may include mergers, federations, or exploring other cross-functional approaches, and should consider both benefits and risks. The CPH committee expressed reservations about the proposed 'working group,' considering it likely to be costly with limited benefit. 6) From CPHs perspective, this should not incur any extra cost. **ACTION: Update the other two LPC Chairs and agree a way forward.**	**RS**
4.3	The completed actions were received for information only.	
5	**LMC** RS welcomed Kate Latham to the meeting. KL provided an update on the GP contract changes taking effect from 1 October 2025, including the rollout of GP Connect and ensuring that online communications methods are available during GP practice opening hours. KL reported that GPs had raised concerns about insufficient safeguards to ensure online consultation tools are limited to non-urgent use, the interpretation of the "doors and phones open" requirements, and the potential impact of these changes on patient safety, staff workload, and the financial sustainability of practices. Pharmacy First uptake and awareness were reviewed. KL confirmed that no issues had been reported to the LMC regarding Pharmacy First operations; however, it was agreed that practices would benefit from refreshed communications to encourage more effective referral use.	
6	**FRAILTY AS A SYSTEM PRIORITY** RS welcomed Christine Chaffin from HWE ICB, who joined the meeting online. CC delivered a presentation on current work around the seven interventions programme and provided updates on projects that place teams are leading relating to the seven interventions. The committee highlighted concerns that community pharmacies are not sufficiently represented in frailty and emphasised that community pharmacy should be integrated into the wider system strategy, considering the value it could add to this priority. **ACTION: CC to facilitate introductions for a CPH representative to be involved in the Culture Change group.** The committee emphasised that the focus for the polypharmacy workstream should be on optimising medications to help patients stay well and at home, rather than simply on deprescribing. The committee also expressed concern that additional work for community pharmacy, such as falls interventions, cannot be unfunded. They recommended that strategic planning should ensure appropriate resourcing is in place to support sustainable delivery of these initiatives.	**CC**

	Committee members highlighted community pharmacy's accessibility, medicines expertise, and trusted patient relationships as key strengths in frailty care. They noted that while current contributions may focus on signposting and advice, greater impact could be achieved through funded services. Committee members noted that, even within current financial constraints, community pharmacy can contribute meaningfully by signposting patients to relevant services and offering professional advice on medications. These low-cost interventions leverage pharmacists' expertise to support frail patients and their carers effectively. **ACTION: Identify no-cost frailty initiatives and report back to committee.** The committee agreed that community pharmacy should continue to monitor frailty priorities and be ready to engage if opportunities arise to establish a funded service in which pharmacy could play a meaningful role, ensuring any such service is appropriately reimbursed. **ACTION: Map and report successful community pharmacy frailty initiatives that could be applied locally.**	**NS** **NS**
7	**CPH STRATEGIC OBJECTIVES, AIMS & EVALUATION METRICS** The committee received the paper outlining CPHs strategic aims and recent activities, noting the progress made. The office team provided updates on their recent work and outputs since the last meeting. Regarding engagement with contractors, it was noted that interaction on LinkedIn and other social media platforms remains limited despite regular posting. The committee highlighted the need to review newsletter open rates and readership to ensure communications are effectively reaching the intended audience. **ACTION: CPH office to review how engagement data and analytics are collected, refine processes as needed, and ensure insights are applied effectively. To report back to the committee on this activity.** Medicines shortages were highlighted as a source of tension between pharmacies and GP surgeries, and the importance of encouraging contractors to report shortages via CPE forms was emphasised to support national lobbying efforts. **ACTION: Work with PCN Engagement Leads to distribute the CPE reporting form to contractors and pharmacy teams.** **ACTION: Feature the shortage reporting form in future communications, including e-news and WhatsApp updates.** **ACTION: CPH Office to liaise with the ICB regarding messages to GP practices about medicines shortages.** The committee discussed the use of communication channels, noting the opportunity to use ICB newsletters to deliver LPC messages.	**Office** **NS** **IH** **Office**

	ACTION: Coordinate with ICB newsletter team to include key LPC messages. A query was raised regarding the Child Flu Vaccination Service, specifically the service specification on walk-ins (item 4.11). Clarification is needed on the contractual requirement to offer walk-in clinics, as current emails sent to contractors was felt to be stronger than the actual specification. **ACTION: Seek formal clarification from CPE/Regional Vaccination Team on exact walk-in requirements and communicate this to contractors.**	**CP** **NS**
7.1	Member Questions from Chief Officer Update The update was received, and no questions were raised.	
8	**SUBCOMMITTEES** RS left the session and VN took over the Chair. The session was split into the subcommittees. The items below were discussed.	
8.1	**Governance** Adrian Price (Chair), Girish Mehta, Suraj Varia. Governance Risk Assessment The subcommittee reviewed the risk register and agreed that the document needs to reflect current environment due to the changes at ICB level. It was also agreed to change the table to remove the numbers on the document. **ACTION: CPH office to update the risk register with the new table and an addition to one of the sections about the changing environment.** Governance Framework The subcommittee reviewed the document. It was agreed that it should be aligned with other CPH policies with version control but no major changes are expected in the short term. The framework will be reviewed annually or sooner if changes occur at CPE level. Code of Conduct The subcommittee reviewed the document. It was agreed that it should be aligned with other CPH policies with version control but no major changes are expected. **ACTION: CPH office to update the Governance Framework and Code of Conduct to include a cover paper that has version control and a clear review date.**	**Office** **Office**
8.2	**Finance** Sheelan Shah (Chair), Karsan Chandegra, Mohamed Moledina, Vinesh Naidoo, Vikash Patel. Finance Risk Assessment The subcommittee reviewed the risk register and agreed some risks should be reworded, downgraded, or removed where mitigations have been implemented. No new significant risks identified. Two risks remain high	

	regarding unauthorised bank card payments, as card transaction limits (per-day and per-transaction) are still unknown. **ACTION: Confirm written policy to address the risk that remain high and circulate to members for information.**	**VN / SN**
	<u>Draft Budget 2026/27</u> The subcommittee reviewed the draft budget for 2026/27. Several anomalies were identified and corrected, with no major changes since the last draft. The 4% inflation assumption is based on a best estimate using the September CPI index and will be confirmed closer to the final budget submission. The updated budget will be presented for committee review at the November 2025 meeting.	
	<u>Savings Account</u> The committee has been discussing the need for a separate savings account for several months. Most banks declined to open an account due to the organisation's structure. Metro Bank has confirmed they could open an account for the committee based on its current structure. The committee agreed to proceed with opening a savings account with Metro Bank with signatories remaining the same as for the existing Lloyds account. **ACTION: CPH office to undertake the necessary next steps to set up the Metro bank account.**	**Office**
	<u>Finance Guide</u> A new finance guide has just been released, but too late for this meeting to review in detail. The committee agreed this should be reviewed at the next meeting (or in a separate session beforehand). Discussion noted that the £12,000 held in trust should be in a separate account, which would be incorporated as part of the Finance Guide review. **ACTION: Finance Guide to be reviewed at the Q2 finance review meeting in October 2025 along with the decision on the funds held in trust.**	**HM / VN / SN**
9 **9.1**	**CPH GOVERNANCE FOR RATIFICATION** <u>Pay Review and Reward Policy</u> The final version of the Pay Review & Reward Policy was presented. The committee confirmed this is the final approved version based on prior discussions and agreement.	
9.2	<u>CPH Committee Meeting Dates 2026</u> The paper was received. The committee discussed the scheduling of meetings for 2026. The committee agreed to retain six full-day meetings per year, held on the second Wednesday of every second month, unless a religious holiday or other significant conflict arises. The two-monthly frequency was maintained to ensure decisions are taken within the committee and to maintain strong engagement. The committee approved the proposal and ratified the 2026 committee meeting dates. **ACTION: Finalise and circulate 2026 committee meeting schedule to all members.**	**SN**

9.3	AGM 2025 Minutes The AGM minutes had been previously circulated to contractors for comment. None were received. For governance purposes, the committee approved and ratified the AGM minutes for publication on the CPH website. AGM 2026 Date The paper was received. Following a discussion at the last committee meeting, potential formats for the 2026 AGM were explored and debated whether the AGM should remain mid-week or move to a Sunday. Concerns were raised about attendance on Sundays as some felt Sunday could attract more team attendance if training is included, but risk of low turnout remains. It was agreed the AGM for 2026 will remain midweek, but further engagement work will be undertaken with contractors to explore whether a Sunday event would be feasible. **ACTION: Finalise and circulate 2026 AGM meeting date to all members.**	**SN**
9.4	Conference of LPC Representatives 2025 The paper was received. The committee agreed that the Chair and Chief Officer will attend, with the opportunity for other members to participate if interested. SS confirmed his intention to attend, and CPH will check availability with new committee member VirP. The committee suggested the following discussion topics to raise at the conference: • Funding cap and remuneration model concerns. • 10-year plan – what else should LPCs do at local level and CPE at national level. • Need for a more positive narrative around the profession. • Opportunities for collaboration across LPCs. **ACTION: Confirm and book members attending the Conference of LPC Representatives 2025.** **ACTION: Draft and agree key discussion questions to be raised at the conference.**	**SN** **HM**
9.5	Pre-CPH Committee Survey Feedback The paper was received. No responses were returned from the survey. The committee noted the findings of this trial and acknowledged the potential limiting factors identified, as well as the cost-benefit analysis table provided. During discussion, members highlighted that CPH engagement visits continue to build strong relationships and gather valuable qualitative insights, even in cases where survey responses are low.	
10	**REGULATIONS AND PSRC** HM led a session on Regulations and the Pharmaceutical Services Regulations Committee (PSRC), aiming to review recent case studies, regulatory issues, and lessons learned to build collective understanding rather than agree on formal actions. The session provided an overview of the PSRCs role in	

	overseeing contractual compliance and supporting safe pharmacy practice, with emphasis on understanding reporting obligations, change-of-ownership processes (Regulation 31), and risk mitigation. Key themes from discussion included the support role of the office in facilitation, prioritisation planning, and relationship management during contractor crises; the need to encourage a reporting culture for controlled drug incidents and regulatory breaches; superintendent oversight and succession planning risks; the value of communication via newsletters and case study sharing; and the importance of correctly interpreting Regulation 31 to avoid inappropriate refusals of ownership changes. The session concluded with recognition of the complexity of regulatory scenarios and the importance of proactive engagement, early reporting, and clear communication with contractors and regulators. Participants appreciated the opportunity to discuss real-world cases and learn from each other's approaches.	
11	**AOB** None.	
	NEXT MEETING 26 November 2025 (9am-5pm) The Fielder Centre, Hatfield, AL10 9TP	