Community Pharmacy Hertfordshire

CPH MINUTES
14 May 2025
The Fielder Centre, Hatfield

Present
Karsan Chandegra (KC)
Mohamed Moledina (MM)
Vinesh Naidoo (VN)
Parag Oza (PO)
Vikash Patel (VP)
Viral Patel (VPa)
Adrian Price (AP)
Sheelan Shah (SS)
Rachel Solanki (RS - Chair)
Suraj Varia (SV)

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

Apologies
Girish Mehta

Guests
Chris Bates (CB) – CGL (item 10)
Kate Latham (KL) – LMC (item 6)
Michael Nadasdy (MN) – HCC (item 10)
Avni Shah (AvS) – HWE ICB (item 9)
Anil Sharma (AnS) – CPE (item 7)

Observers
Anish Amin – Lister Pharmacy, Bushey
Tunde Sokoya – Community Pharmacy Essex

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Minute No.	Agenda Item	Lead
1	**WELCOME & APOLOGIES** RS welcomed everyone to the meeting. Apologies were received from committee member Girish Mehta and guest Mefino Odegedbe from HWE ICB.	
2	**DECLARATION OF INTEREST** None.	
3	**ITEMS OF URGENT BUSINESS** None.	
4 4.1 4.2	**MINUTES OF MEETING HELD ON 19 MARCH 2025** The minutes were received and approved by the committee. The outstanding actions were received. The following items were noted: <u>DMS Referrals</u> HM provided an update on the Discharge Medicines Service (DMS) across local hospitals: • East & North Herts Trust: Noted continued high numbers of referrals to DMS, with an upcoming IT system change anticipated. • Princess Alexandra Hospital (PAH): Confirmed approximately 1000 patient referrals to DMS monthly aligning with previous figures, however PAH is investigating a discrepancy, as their new IT system suggests only 400 monthly referrals, • Watford Hospital: Reported 220 patient referrals to DMS per month. All three hospitals and the Integrated Care Board (ICB) reiterated their strong commitment to supporting DMS. CPH agreed to update the action log, moving this item to 'ongoing.' The committee queried the level of GP awareness regarding DMS and its supportive role. KL indicated uncertainty about current GP awareness but noted committee members highlighted the service's benefits in improving patient safety and reducing medication errors by addressing delays in discharge medicine communication between hospitals and GPs. **ACTION: CPH to work with LMC to raise awareness of DMS amongst GP that includes the clinical example outlined at the meeting by committee members and to suggest to ICB and PCN Community Pharmacy Leads to raise this at locality prescribing meetings.** <u>Local Stop Smoking Service – dual NRT</u> CP provided an update that Hertfordshire Health Improvement Service (HHIS) had confirmed that dual NRT is included as part of the voucher scheme. CP will forward this confirmation to the committee following the meeting. The completed actions were received for information only.	**NS**
4.3		

5 **5.1** **5.2**	**PRE-CPH MEETING CONTRACTOR SURVEY** <u>Contractor Survey 2025/26 plan</u> The paper was received. The committee approved the proposed plan subject to the inclusion of associated costs to be reported back for each intervention to assess the benefits versus the costs involved in March 2026. It was noted that contractors receiving pharmacy visits are keen to provide feedback directly to CPH. There was a change to HM not taking the lead responsibility for the engagement for the January 2026 committee meeting. **ACTION: CPH office will provide a breakdown of the timing costs associated with each survey feedback mechanism to facilitate a cost-benefit analysis that will be presented at each meeting but will only be discussed at the end of the year.** <u>Feedback from May 2025 survey</u> The paper was received. The committee noted the recommendations. CP noted that contractors are aware of CPH and have expressed a desire to see more information available on the CPH website.	**NS**
6	**LMC** RS welcomed Kate Latham to the meeting. Following previous discussions on GP awareness of community pharmacy's Discharge Medicines Service (DMS) processes, KL requested that CPH provide feedback on any perceived knowledge gaps among GPs. KL also inquired if CPH could share any communication materials that the LMC could use to enhance GP understanding. KL provided an update on several key areas, particularly concerning the GP contract: • GP Contract Funding: Noted a 7% increase in GP contract funding. • GP Connect: Confirmed scheduled activation by 1 October 2025. • Online Access for Core Hours: Highlighted contract renegotiations for online access during core hours, effective from 1 October 2025. • Weight Loss Drugs: Expressed concerns regarding weight loss medications prescribed by private providers. **ACTION: HM will work with KL to prepare information and communication materials for presentation at an LMC meeting. Topics to be covered include the new pharmacy contract and key services provided by community pharmacies.**	**HM / KL**
7	**CPE** RS welcomed Anil Sharma to the meeting. AnS delivered a presentation on the Community Pharmacy Contractual Framework (CPCF). CPH expressed the view that the proposed CPE roadshows may not be worthwhile in their current format unless they offer additional information beyond what is already accessible. CPH also advised that CPE should utilise their LPCs and work collaboratively with them, as this would be mutually beneficial for both organisations.	

	ACTION: Next Chairs forum PO to prepare and invite MPs to attend using the template provided by CPE with support from RS. CPH office to provide support where needed. **ACTION: CPE are formulating questions to gather feedback from pharmacy contractors for the upcoming contract. These questions are to be finalised before the AGM so that the feedback can be obtained from contractors during the AGM.** <u>GP Contract</u> Further to earlier discussion with LMC, CPH inquired whether any discussions are currently underway to prepare for the upcoming changes to the GP contract specifically one of the changes was regarding the requirement for GP practices to keep their online consultation tools open during core hours. This requirement is part of the changes to the GP contract for 2025/26 and will apply from October 2025. CPH enquired as to what work is being done at a national level to facilitate a simple online referral to community pharmacies for pharmacy first by October 2025 that negates the need for additional patient consent. GP practices are unlikely to make formal referrals if they then must get consent from the patient from information on the online form before forwarding so they will either signpost or offer an appointment. **ACTION: AnS to feedback to CPE re GP contract change discussions on the core opening hours requirement to be available online for patients and the impact of formal referrals for Pharmacy First and HM to raise at the next CLOT meeting.** <u>Pharmacy First</u> Following a query AnS indicated that there was no confirmed timeframe for the implementation of the clinical review of Pharmacy First pathways.	**PO / RS** **AnS / HM** **AnS / HM**
8	**CPH STRATEGIC OBJECTIVES, AIMS & EVALUATION METRICS** The paper was received. The committee were asked to approve / support / note the following: <u>Pharmacy Visits update</u> - approved the 2025/26 pharmacy visit strategy, focusing on identifying and sharing best practice and targeting support for underperforming pharmacies. <u>March-April 2025 activity summary</u> - supported the ongoing efforts in website development, NHS app engagement, vaccination campaigns, local directory updates, webinar planning, career promotion, PCN engagement, MP interaction, communications planning, and business operations. <u>PCN Engagement Leads update</u> - supported the continued work with PCN Engagement Leads, particularly in the areas of data utilisation, role sustainability, increasing referrals, and sharing best practices, and to note the next steps outlined.	

	It was noted that PCN Community Pharmacy Leads needed a reminder to actively engage with community pharmacies. Key issues identified for improvement included: • Regular Communication: Community pharmacies expressed a desire for more consistent and frequent communication from the leads. • Clear Benefits: The benefits of engagement to community pharmacies needed to be articulated more clearly. • Role Clarity: Greater clarity was required regarding the specific role of the engagement lead. Hertfordshire pharmacy services for healthy ageing, weight management, and unpaid carer wellbeing – noted the submission of the bid proposal to secure additional funding for community pharmacy services focused on healthy ageing, weight management, and unpaid carer wellbeing. CPH team's key early actions to support the CPCF - noted the actions identified and undertaken as part of the CPCF announcement on 31 March 2025. The committee approved the Strategic Objectives 2025/26 progress tracker document. The committee requested the addition of two columns to the tracker: one for key highlighted updates and another to note any changes made since the previous meeting. **ACTION: CPH office to update the 2025/26 progress tracker document with the agreed information.**	**HM**
9	**ICB** RS welcomed Avni Shah to the meeting via video link. AvS gave an update on the following: Update on ICB changes and impact on community pharmacy AvS provided an update on the ICB's strategic shift towards working in 'clusters'. This approach aims to leverage larger-scale operations to achieve necessary financial efficiencies. Within this model, Hertfordshire is currently exploring a cluster formation with Bedfordshire and Cambridgeshire, while West Essex would realign with Essex as a county. ICB communications on key pharmacy services AvS confirmed that the operational delivery of certain services will be transferred over time. AvS stated that the exact timeline for this transfer is currently uncertain. The receiving entities for operational delivery will be either health and care providers or integrated neighbourhoods, though the specific model is yet to be determined. ICB role in changes to the community pharmacy contract AvS noted there will be no change to Market Entry and regulations. AvS assured CPH that current achievable activities will continue. AvS advised CPH to actively engage with Community Pharmacy PCN Engagement Leads	

	over the next six months. CPH agreed to provide support and work with the ICB to explore how both organisations can collaborate effectively. It was noted that the outstanding action items regarding communication will be addressed by AvS and HM outside of this meeting**.**	
10	**DRUG & ALCOHOL STRATEGY 2025** <u>Herts County Council</u> RS welcomed Michael Nadasdy from Herts County Council to the meeting. MN confirmed that the new strategy acknowledges the role of prescription drugs. CPH sought feedback on the strategy's delivery, underscoring community pharmacy's position as a key stakeholder. It was noted that no specific funding has been allocated to support the strategy's implementation. CPH formally requested involvement in the development and execution of the new strategy's delivery plan. MN suggested that CPH also consider participating in the University of Hertfordshire symposium as an additional avenue for involvement and contribution, highlighting the potential for community pharmacy to contribute to prevention initiatives within the broader framework. **ACTION: Hertfordshire County Council to confirm how community pharmacy will be represented and included as a stakeholder in the new strategy.** <u>CGL</u> RS welcomed Chris Bates from CGL to the meeting. CB confirmed that funding is available for pharmacies to provide Naloxone. **ACTION: The Naloxone service specification will be sent to CPH as soon as possible with a view to mobilising the service within the next month. CGL and CPH office will meet to progress this.**	**MN** **CB / CP**
11	**CPH WORKSTREAMS 2025/26** The Chief Officer video update was received. It was noted the pathfinder programme on minor illness will continue to end of December 2025.	
12 **12.1** **12.2**	**ITEMS FOR DECISION** <u>Treasurers Report including Q4</u> The paper was received. The committee approved the report and Q4. <u>CPE – proposed constitutional changes ratio</u> The paper was received. The committee was asked to review the proposed changes outlined in the paper and identify any areas requiring a response to CPE. The committee requested clarification on whether the mentioned ratio of 10 more for multiples applies to LPC areas e.g. Hertfordshire specifically or at a national level. The practical considerations of this would be fed back to CPE.	

	ACTION: Feedback will be formulated based on the discussion held for proposed constitutional changes and sent to CPE for consideration along with other CPLs.	**HM**
13 **13.1**	**ITEMS FOR DISCUSSION** <u>CPCF</u> The committee considered local actions arising from the morning's discussions, particularly CPH's role in supporting CP PCN leads. • CP PCN Leads: It was agreed that CPH feels that Community Pharmacy leads should be retained, mirroring the retention of GP leads. PCN leads will serve as a crucial channel for disseminating important messages to contractors. • Engagement: Concerns were raised regarding inconsistent engagement from some PCN leads. CPH will proactively contact all leads to address barriers and encourage greater participation and regular communication with local community pharmacies. • Strategic Direction: The committee agreed that CPH should continue to advocate for continued pharmacy involvement in relevant discussions and seek formal representation at pertinent meetings. The committee agreed that the current approach will continue until March 2026, with the primary goal of benefiting contractors. CPH will continue to utilise existing PCN leads for communication and will also focus on support for CPH's own workstreams. Direct engagement with underperforming PCN leads will be prioritised to improve involvement.	
13.2	<u>CPH Communications Strategy 2025-2028</u> The paper was received. The CPH Communications Strategy 2025-2028 was received, reviewed, and approved by the committee. Approval is conditional on two amendments: making the document more concise and adding a column to the table specifying relevant communication channels for different audiences. It was noted that the strategy aligns with CPH's vision, mission, aims, the updated CPCF 2025-26, and the national vision for community pharmacy. The committee supported the strategic direction, particularly proactive stakeholder engagement, targeted event delivery (online and AGM), and enhanced social media activity for message dissemination and relationship building. It was acknowledged that communication activities would continue within existing resources, and the CPH office is supported in prioritising the strategy's implementation to boost impact and effectiveness. No additional budget is currently available for marketing. **ACTION: The Communications Strategy will be updated in line with the comments received and taken to the Executive Team for their ratification before publication.**	**NS / IH**

13.3	Future CPH Meetings The committee received a paper on future CPH meetings and actively participated in discussion groups. Members were asked to: • Contribute insights to their assigned discussion group. • Share key discussion points and potential actions from their group with the full committee. • Mandate the Executive Team to collate and review all discussion group outputs. • Request the Executive Team to develop specific recommendations for future CPH Committee ways of working and a proposed training plan for members, based on the discussion outputs. These recommendations will be presented at a subsequent committee meeting. 1. Group 1: Enhancing Meeting Structure and Engagement (VN, VP, SS, SN, IH) Key ideas included improving ownership of agenda topics by having members chair discussions, capping the amount of information in papers (with the Executive/Office Team managing this), and incorporating a "plan on a page" for meetings throughout the year. The group also suggested keeping workstream updates on every agenda with RAG status to highlight changes. Discussion also covered ensuring the office gains the contractors' viewpoint. 2. Group 2: Optimising External Guest Involvement and Value (KC, PO, SV, AA, CP). This group focused on setting clear evaluation metrics for guest involvement and prioritising stakeholders critical to contractors and the commissioning agenda. Suggestions included creating a mini-agenda with specific questions for guests and ensuring they understand CPH's role as a provider. Standard questions proposed were: "What can community pharmacy do to support you?" and "What can you do to work with community pharmacy?". The group also considered accommodating guests via online platforms for specific discussion items, while acknowledging current technological limitations and the need for better attendance if attending. A lack of understanding about community pharmacy's work, for both existing and new guests, was highlighted. 3. Group 3: Addressing Training Needs and Future Learning (MM, VP, RS, NS). The group discussed building on the induction programme with additional training sessions (e.g., two to three half-day or one-hour sessions annually) on topics of interest. Regular annual appraisals with the Chair and succession planning with relevant resources were also suggested. Feedback mechanisms for meetings, including evaluation forms that allow two-way interaction, were discussed. The group also considered how to maintain momentum, ensuring members feel supported in their roles, and making 'tweaks' rather	

	than significant overhauls. Allocating time on the agenda to explain the changing landscape and providing background on attendees was also deemed beneficial. **ACTION: The Executive Team will discuss the outputs from the groups regarding future CPH meetings and agree a way forward with recommendations for the committee to ratify.**	**HM**
14 **14.1** **14.2** **14.3** **14.4** **14.5**	**ITEMS FOR INFORMATION** <u>Executive Team Meeting</u> The notes from the meeting were included for information. <u>Contract Report</u> The paper was included for information. <u>Member Report</u> The paper was included for information. <u>Finance & Audit Subcommittee</u> the paper to ratify the 3-month reserve was included for information. <u>Pay Review & Reward Policy update</u> This item was not discussed.	
15	**AOB** <u>Executive Team Meetings</u> It was noted that the Executive Team meetings are currently being trialled on a two-weekly basis, with each meeting lasting for one hour to make them more reactive, concise and efficient. <u>Community Pharmacy Local (CPL) Collaborations</u> Considering the NHS changes CPH reflected upon any potential future collaborations or interactions between CPLs. It was agreed that consideration should include how any such future engagement might impact CPH's operations, strategy, and overall role but at the current time, further resource would not be spent exploring any collaborations.	
	NEXT MEETING 16 July 2025 (9am-5pm) The Fielder Centre, Hatfield, AL10 9TP	