CPH MINUTES
16 July 2025
The Fielder Centre, Hatfield

Present
Karsan Chandegra (KC)
Mohamed Moledina (MM)
Girish Mehta (GM)
Vinesh Naidoo (VN)
Parag Oza (PO)
Viral Patel (VPa)
Adrian Price (AP)
Rachel Solanki (RS - Chair)

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

Apologies
Vikash Patel (VP)
Sheelan Shah (SS)
Suraj Varia (SV)

Guests
Anurita Rohilla - HWE ICB (item 10 only)
Anil Sharma – CPE (item 7 only)

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Minute No.	Agenda Item	Lead
1	**WELCOME & APOLOGIES** RS welcomed everyone to the meeting. Apologies were received from committee members Vikash Patel, Sheelan Shah and Suraj Varia.	
2	**DECLARATION OF INTEREST** None.	
3	**ITEMS OF URGENT BUSINESS** None.	
4	**MINUTES OF MEETING HELD ON 14 MAY 2025**	
4.1	The minutes were received and approved by the committee.	
4.2	The outstanding actions were received. The following items were noted: (1) CPE: GP Contract It was agreed to progress this action by contacting Alastair Buxton from CPE. (5) Pharmacy First: Contraception It was agreed that this action should still be promoted despite changes within the ICB. It was agreed that CPH should also be empowering contractors to work with patients and educate them on the service and to also take the lead on comms to GP practices working with the LMC and ICB. **ACTION: Develop communications to contractors re contraception service sharing this with stakeholders particularly noting initiation, 3-month supply and good practice and also write comms for the ICB and ask for it to be added to the GP newsletter promoting contraception.** (6) Pharmacy First It was agreed to close this action as the ICB had shared where the Pharmacy First communications had been distributed and were continuing to share Pharmacy First messages. CPH would continue to ensure communications for Pharmacy First were promoted wherever possible as part of their work plan. (16) DPP funded courses It was agreed to inform contractors to approach GP practices with the supplied information and close the action. (17) DMS It was noted that all hospitals were referring locally and that Hertfordshire had one of the highest levels of referral for DMS nationally. It was agreed that this action should be closed but that it should continue to be part of the CPH work plan.	**CP / IH**
4.3	The completed actions were received for information only.	

5 **5.1**	**PRE-CPH MEETING CONTRACTOR SURVEY** Feedback from July 2025 survey The paper was received. No responses were received. The committee noted the findings of this social media engagement trial, acknowledged the low qualitative feedback received and the potential limiting factors identified. Also noted was the cost-benefit analysis table provided in doing this piece of work that was agreed as the best way in which to capture this information for a discussion at the committee in March 2026. Action: It was agreed to add a column on the number of contractors that were reached in the table for future versions.	
6	**POST-EVENT REVIEW: CPH AGM 'EMPOWERING YOUR PHARMACY: SHARED EXPERIENCES AND LOCAL SOLUTIONS'** The paper was received. The committee extended their thanks to the CPH team for their hard work in putting on the very successful event. The committee discussed the valuable insights gathered from both the event evaluation and the interactive session on best practices and challenges. It was agreed that Community Pharmacy PCN Engagement Leads should have an open invite to attend CPH committee meetings. In considering the strategic recommendations for future events, the committee specifically addressed: • The feasibility of holding events on weekends to accommodate a broader range of attendees. • The integration of CPD opportunities to attract wider pharmacy teams and staff. • Strategies to allow more time for interactive discussions and Q&A sessions. Building on these points, the following was suggested: • Focus on locality. • Interactive sessions need to be longer. • Look at 'hot topics' rather than CPD. • Remove the 'words from sponsors' due to time constraints. **ACTION: Create a WhatsApp poll asking contractors on their preference to hold the next event either on a weekday evening or Sunday daytime and make a decision following the result.** **ACTION: Review budget to see whether it is viable to CPH to remove sponsors speaking at the start of the event.**	**IH / Exec Team** **SN / Treasurer**
7	**CPE** RS welcomed Anil Sharma to the meeting. AnS held an interactive session based on the recent CPE workshops on funding. The session emphasised the differing views of those in the room about the best way forward for contract	

	negotiations for the Community Pharmacy Contractual Framework and it was recognised how difficult this could be at a national level. AnS received the feedback and will take this back to the CPE meeting.	
8	**FUTURE COMMITTEE MEETINGS** The paper was received. The committee received a proposal to adapt Community Pharmacy Hertfordshire (CPH) committee meetings to a more focused and impactful format, aiming to foster strategic development of members and their impact in the role. The proposed new way of working will be trialled with the following considerations for each element: • **Adoption of a New Meeting Structure:** The committee agreed to trial reframing meetings towards a topic-centric, strategically focused development approach, moving away from the previous detailed agenda structure. This trial is contingent on ensuring the topics are valuable to all members, relevant to contractors now or in the future, and align with clear outcomes and principles for CPH, including adding value to contractors, fitting with the ICB, and allowing for local influence. It was noted that changes should be implemented gradually. • **Implementation of Topic-Based Future Pharmacy Practice Discussions:** The committee agreed to trial dedicating a significant portion of meeting time to in-depth discussions on specific future pharmacy practice topics. The selection of specific topics for the forthcoming year will follow the development of clear outcomes and principles by the Executive Team and will involve using the WhatsApp group for member input prior to meetings. Frailty was specifically agreed as the first topic for discussion at the next meeting in September 2025. • **Introduction of a Strategic Development Element:** The inclusion of a dedicated strategic development session in each meeting, led by committee members or external experts, was agreed to be trialled. These sessions must be relevant as a 'team topic,' have clarity of purpose prior to the meeting, and particularly benefit new members. • **Streamlined Governance and Workstream Updates:** The revised approach to managing governance items (focusing on ratification only), integrating information-sharing into workstream updates, and decentralising certain updates (Executive Team, Contract Reports, Member Reports) for real-time access outside of meetings was agreed. • **Formalisation of the External Guests Policy:** The principle of limiting external guest invitations generally to those whose expertise directly relates to specific future pharmacy practice topics or CPH workstreams was agreed. It was specifically agreed that the ICB and	

	LMC should be invited to every meeting, with the office managing all invites. **ACTION: The Office Team will work up the suggested outcomes with a clear steer and detailed plan for these new meeting elements, considering the time required for preparation and will discuss with the Executive Team for decision on how best to trial the changes. Some elements of the new structure will be piloted at the September 2025 committee meeting.**	**Office**
9	**10 YEAR PLAN & ICB CHANGES** The committee received the paper and discussed local opportunities and challenges related to embedding community pharmacy within the 10-Year Plan. It was agreed to utilise PCN Leads to disseminate CPH messaging, ensuring they are well-briefed on the 10-Year Plan. However, the committee noted the importance of ensuring the sustainability of these roles given potential funding changes, and the need for CPH to articulate their unique value. The committee affirmed that CPH must secure a seat within the new Integrated Care Board (ICB) structure and collaborate closely with Community Pharmacy England (CPE). Discussions highlighted community pharmacy's significant potential, particularly within the prevention agenda. There was also concern about how to make community pharmacy's contribution indispensable in the current climate, especially regarding the PCN Lead roles. The ICB has valued the PCN Leads, and the conversation revolved around using existing funding in different ways and the potential for shifts to a neighbourhood level. **ACTION: By September 2025, the Chief Officer and Chair will engage with other Local Pharmaceutical Committees (LPCs) to gauge interest in collaboration on the 10-Year Plan, demonstrating CPH's commitment to finding solutions and presenting a unified voice for contractors.** **ACTION: Strategise on how best to advocate for continued funding for PCN Leads, which includes sharing PCN Lead feedback with the ICB, specifically detailing what would be lost if the PCN Lead roles were discontinued, and highlighting community pharmacy's value as an enabler for the ICB's objectives.** **ACTION: Develop a roadmap for community pharmacy's role in the 10-Year Plan, including a 'plan on a page' that outlines CPH's current contributions to the ICB and explores how best to articulate risk and optimise engagement as funding structures evolve. This tool will also be useful for PCN Leads.**	**HM / RS** **HM / NS** **HM / NS**
10	**IMPLEMENTATION OF TIRZEPATIDE IN PRIMARY CARE TO SUPPORT WEIGHT MANAGEMENT** The paper was received.	

	RS welcomed Anurita Rohilla (AR) to the meeting. The discussion began with the implementation of Tirzepatide. AR apologised for the difficulties encountered, acknowledging that the ICB should have engaged with CPH prior to its implementation, especially regarding the requirement for service providers to monitor patients. The discussion then broadened to ICB engagement and the 10-Year Plan. CPH enquired how the ICB would involve them in future discussions. AR suggested HM/NS reflect on whether they are currently on the most appropriate forums and encouraged a more proactive approach. CPH questioned the influence of PCN Leads, the possibility of extending their roles, and their contribution to the new neighbourhood structures. AR confirmed the value of the Leads but stated current funding is likely to be unavailable due to ICB changes. It was noted that new governance structures are imminent, with the new ICB Chair's approval expected in August 2025 and the executive team confirmed by September 2025. HM was advised to maintain contact with the ICB to ensure community pharmacy's involvement in these new structures and neighbourhood developments, and with ICB strategic commissioners. Key Reflections for CPH: • To try to Ensure community pharmacy representation at all Integrated Neighbourhood Team (INT) meetings via Office team or CP Leads. • Strategically consider the role and future of PCN Leads. • Take forward actions from the 10-Year Plan. • Actively articulate the risks of not involving community pharmacy to ensure CPH is embedded in the ICB's strategic vision and journey towards delivering the 10-Year Plan. This includes securing representation not only at INT levels but also within commissioning discussions.	
11 **11.1–11.3**	**CPH STRATEGIC OBJECTIVES, AIMS & EVALUATION METRICS** The committee received the paper outlining CPH's strategic aims and recent activities, noting the progress made. The office team presented on their role profiles and achievements since the last meeting, which the committee welcomed. In response to the paper's recommendations, the following was agreed: • Support for Contractors: The CPH office will consider additional strategies to help contractors mitigate challenges related to drug tariffs, stock shortages, service bundling, and the time burden of service delivery. • Sharing Best Practices: Planned initiatives for sharing best practices, such as case studies and videos, were endorsed and will be supported. • PCN and GP Engagement: Efforts to strengthen engagement with Primary Care Networks (PCNs) and General Practices (GPs) will be	

	prioritised to drive service uptake and reduce reliance on GP referrals. • Operational Enhancements: CPH's internal operational enhancements and team development were acknowledged.	
11.4	Independent Prescribing HM delivered a presentation on the Independent Prescribing Pathfinder Programme, which the committee found very helpful, including a local contractor's case study. It was agreed to push ahead with this programme over the next six months. The programme, largely initiated in November 2024, is set to conclude in December 2025. A local evaluation with the ICB is underway, utilising PharmOutcomes data to inform future commissioning.	
11.5	Member Questions from Chief Officer Update Due to technical issues the video update could not be heard and therefore no questions were raised.	
12 **12.1** **12.2** **12.3** **12.4**	**ITEMS FOR INFORMATION** Executive Team Meeting The notes from the meetings were included for information. Treasurer Report VN gave a verbal update and confirmed Q1 would be sent to the committee via email for approval/comment before the next meeting. Contract Report The paper was included for information. Member Report The paper was included for information.	
13	**AOB** Pay Review & Reward Policy The office staff were excused for this agenda item. The Chair updated the committee on the Pay Review & Reward Policy and will inform the Chief Officer and relevant team members of the findings. November 2025 committee meeting It was noted that the November 2025 committee meeting clashes with a CCA regional meeting. Unfortunately, due to the timing and other external commitments, it was agreed that this meeting could not be rescheduled.	
	NEXT MEETING 10 September 2025 (9am-5pm) The Fielder Centre, Hatfield, AL10 9TP	