CPH MINUTES
22 January 2025
The Fielder Centre, Hatfield

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

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

Apologies
Niru Sivanesan

Apologies
Helen Musson

Guests
Avni Shah (AS) - HWE ICB (item 8)

Observers
Nasir Khan (NK) – Stevenage Pharmacy, Stevenage

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Minute No.	Agenda Item	Lead
1	**WELCOME & APOLOGIES** RS welcomed everyone to the meeting including observer Nasir Khan from Stevenage Pharmacy in Stevenage. Apologies were received from Helen Musson and committee member Niru Sivanesan.	
2	**DECLARATION OF INTEREST** None.	
3	**ITEMS OF URGENT BUSINESS** None.	
4 **4.1** **4.2**	**SUBCOMMITTEES** The session was split in to the subcommittees. The items below were discussed. <u>Finance and Audit</u> Sheelan Shah (Chair), Karsan Chandegra, Izzy Hicks, Nasir Khan (as observer), Mohamed Moledina, Vinesh Naidoo, Sara Norwood, and Vikash Patel. • Savings account • Finance Guide Notes • Reserves Guidance for LPCs <u>Governance</u> Adrian Price (Chair), Girish Mehta, Parag Oza and Suraj Varia. • Pay Review and Reward Policy	
5 **5.1** **5.2**	**SUBCOMMITTEE FEEDBACK** <u>Finance and Audit</u> The subcommittee reviewed the Reserves Guidance and agreed to keep a 3 month reserve for 2025/26 but be mindful that CPH are close to the 3 month reserves limit. A review of the existing Finance Guide notes was undertaken to identify any potential gaps or areas for improvement. The subcommittee also noted the current status of the CPH savings account. **ACTION: Open new savings account in April 2025 when new Treasurer in place with new signatories.** **ACTION: Create internal controls document and send to Finance and Audit subcommittee for review and sign-off.** **ACTION: Finance and Audit Subcommittee to document the rationale for the 3 month reserve.** <u>Governance</u> The subcommittee discussed the Pay Review and Reward Policy with the aim of agreeing on recommendations and subsequently developing a comprehensive policy.	 **Treasurer** **SN** **F&A Subcom**

	ACTION: A report on the Pay Review & Reward Policy update will be provided to Chair to agree next steps. <u>Feedback on Subcommitees</u> Following the subcommittee sessions, the Chair invited feedback from the committee regarding the current subcommittee structure and its effectiveness. The following key concerns were noted: • Several members expressed uncertainty regarding their specific responsibilities and expectations within their respective subcommittees. • Concerns were raised regarding the clarity and effectiveness of communication surrounding subcommittee activities. • Members felt that more specific briefing for subcommittee chairs prior to each meeting would be beneficial. • Any additional time for individuals should be resourced. • The impact on the office should be considered. **ACTION: Executive Team will proactively discuss upcoming agenda items with the relevant subcommittee Chairs to ensure better alignment and preparation.** **ACTION: The current subcommittee structure will be maintained with each subcommittee allocated one hour within each CPH meeting for their discussions.** **ACTION: Executive Team to discuss the mechanics and practicalities of feedback to the subcommittee Chairs after each Executive Team meeting and expected time commitment for each subcommittee Chair.**	**AP / RS** **Exec Team** **SN** **RS / HM**
6	**ITEMS FOR DISCUSSION** <u>Pre-CPH Meeting Contractor Survey Feedback</u> The paper was received. The committee discussed the feedback from contractors who had completed the pre-CPH meeting survey on training needs, budget/levy transparency and local pressures. **ACTION: Respond to the contractor with feedback to the points raised and providing signposts to relevant training resources on the CPH website, direct them to our annual report and to minutes on CPH website and invite them to a CPH meeting.**	**FM**
7 **7.1** **7.2** **7.3**	**MINUTES OF MEETING HELD ON 27 NOVEMBER 2024** The minutes were received and approved by the committee. The outstanding actions were received. The following items were noted: It was agreed to close items 1, 4, 5 and 7. It was agreed to amend date to March 2025 on items 8 and 9 (please see Action Plan). **ACTION: Update and make amendments to the action plan as agreed by Committee.** The completed actions were received for information only.	 **SN**

8	**CPH WORKSTREAMS 2024/25** The paper was received. RS welcomed Avni Shah to the meeting.	
8.1	<u>Pharmacy First</u> A discussion was held on the Pharmacy First service where CPH highlighted that while the number of pharmacy consultations has increased, many pharmacies are still struggling to meet the required thresholds due to higher targets and low GP referrals. CPH emphasised the need for greater GP engagement and asked if Pharmacy First is a priority for the ICB. AS confirmed that Pharmacy First aligns with the ICBs medium-term financial plan to improve access by directing patients to the right professionals, including community pharmacies. However, GP practice models vary with total triaging affecting referral patterns. To boost GP referrals, CPH suggested incorporating Pharmacy First into local incentive schemes to encourage engagement. The committee recognised that increasing GP participation and public awareness is crucial for the success of the service. Improving public awareness was discussed, as current messaging is not resonating effectively. CPH stressed the need to refine communications to change public perceptions and dispel myths about Pharmacy First. AS confirmed that the ICB will support targeted communications and is open to CPHs input on messaging. Suggested outreach strategies include social media (Facebook), online content and radio campaigns. CPH will help identify the best channels to reach the right audience. Technical challenges with referrals, particularly for practices using SystmOne, were also raised. The possibility of developing better referral tools to streamline the process was discussed. The decreasing trend for Pharmacy First referrals by NHS111 was also discussed. **ACTION: ICB to explore incorporating Pharmacy First referrals into local incentive schemes to encourage GP engagement.** **ACTION: ICB to provide information on where and what Pharmacy First communications have been distributed and enhance public awareness efforts via targeted communications.** **ACTION: ICB to assess potential implementation of referral tools such as PharmRefer for GP practices using SystmOne to ensure a smoother referral process. CPH to provide information to the ICB.** **ACTION: CPH to provide input to the ICB comms team on Pharmacy First comms to improve public perception and engagement.** <u>Contraception</u> The paper containing data was received. The committee discussed the need to improve GP awareness of the pharmacy contraception service. While	**ICB** **ICB** **ICB / CPH** **CPH**

	pharmacies engage with patients, many GPs are unaware they provide this service, limiting referrals and uptake. Shifting contraception workload to pharmacies could help reduce pressure on GP practices. To support this, the ICB will explore a communication strategy, including updating GP practice websites, involving reception staff in raising awareness, and assessing the possibility of adding the service to the NHS app. **ACTION: ICB to improve awareness of the contraception service through comms to GP practices, practice websites, reception staff and potential NHS app inclusion.** <u>Hypertension</u> The paper containing data was received. The group discussed ways to improve GP awareness of pharmacy hypertension service and strengthen collaboration. AS mentioned that some Ambulatory Blood Pressure Monitoring (ABPM) referrals were not being completed by pharmacies, impacting GP confidence in the service. AS suggested addressing this with the Primary Care Network Leads to ensure pharmacies are consistently delivering ABPM. AS mentioned, that there is a gap in hypertension prevalence across the ICB, and pharmacies could play a greater role in case finding. While a pathway exists, a more structured approach could improve coordination between GP practices and pharmacies. An issue was raised regarding normal pharmacy-recorded blood pressure (BP) readings not always being electronically transmitted to GP practices. This has been resolved but CPH will investigate further and escalate it to the national team if needed. Improving communication between GP practices and pharmacies was highlighted as essential. More targeted messaging and engagement are needed to ensure GPs fully utilise pharmacy services for hypertension management. **ACTION: CPH to work with ICB to make sure local pathway disseminated to GPs and LMC.** **ACTION: Explore ways to standardise the referral pathway for the hypertension service across practices to improve coordination between GP practices and pharmacies.** **ACTION: CPH to investigate issues with "normal range" BP readings not being sent electronically to GP practices and escalate to the national team if required.**	**ICB** **CPH / ICB** **ICB / CPH** **CPH**
8.2	<u>Community Pharmacy Communication and Engagement</u> The paper was received. CP and FMc gave an update on the pharmacy visits progress. The purpose of pharmacy visits was discussed, with clarification	

	that these are informal, supportive visits aimed at assisting contractors. It was emphasised that the visit outcomes are not shared externally to maintain their supportive nature. The ICBs involvement in pharmacy visits was considered and CPH view is that the ICB is welcome to attend a pharmacy with CPH but these must be planned visits with contractor agreement. There was also a discussion on how to improve communication of regulatory requirements to pharmacies, particularly around issues such as closures and controlled drugs (CDs). CPH send out communications to pharmacies on such issues. Separate regulatory visits, such as those related to CPAF are attended by CPH to help contractors prepare. These differ from service and engagement visits which focus on CPH priorities. Additionally, the Training Hub website was discussed with feedback that community pharmacies cannot currently access its modules. However, it was confirmed that Pharmacy First training is available on the Training Hub. **ACTION: ICB to confirm if community pharmacies can access Pharmacy First training materials on the ICB training hub.** **ACTION: ICB to ensure that the comms team and the community pharmacy clinical lead are linked in with CPH service and engagement leads on pharmacy services.**	**ICB** **ICB**
8.3	<u>Community Pharmacy Workforce</u> No comments were received.	
8.4	<u>Prescribing and Medicines Optimisation Services</u> AS confirmed that the ICB is engaging but not necessarily consulting on the Care Closer to Home model. This is not a document for consultation but rather a framework being developed to guide how services will be engaged and developed locally. Community pharmacy is expected to play a role in the five-step care model, particularly in prevention and delivering value within this framework. The committee acknowledged that Care Closer to Home will be a significant initiative with long-term impact. AS commented that the Community Pharmacy PCN Leads should be involved with the strategic conversations at neighbourhood/locality level. CPH members felt this might not be the case ICB to help facilitate the Community Pharmacy PCN Leads being involved where localities are discussing models of care for the Care Closer to Home model implementation CPH highlighted that we would very much like to work with the ICB on developing a local incentive scheme for pharmacies that is more closely	

	aligned with primary care, aiming for implementation in the following financial year.	
8.5	Public Health No comments were received.	
8.6	Member questions The video update was received by members in advance of the meeting. No questions were asked.	
8.7	CPH workstreams 2025/26 The paper was received. The committee were comfortable in principle to reducing the number of workstreams. There was discussion on the current and proposed workstreams, as well as the core responsibilities. The committee emphasised the importance of including local engagement and local services in the workstreams. A suggestion was made to have two workstreams: a national workstream covering the Contractual Framework and Pharmacy First implementation, and a local workstream focusing on local services, contractor engagement and workforce. **ACTION: A draft document to be prepared and sent to the Executive Team prior to the February 2025 meeting for further discussion and refinement.**	**HM**
9 **9.1**	**ITEMS FOR DECISION** Pharmaceutical Needs Assessment (PNA) The paper was received on the draft PNA for Hertfordshire. AS presented views on the PNA from a commissioner point of view and the importance of having adequate pharmacy services for the Hertfordshire population. The committee reviewed the draft PNA and identified data inaccuracies that need correction. While supporting the Executive Summary, the committee stressed caution in making future predictions due to uncertainties. It also noted that the PNA focuses solely on NHS-commissioned services, overlooking free non-NHS services which should be considered. The committee supports the PNAs conclusions based on current data with corrections expected to strengthen the findings. It highlighted the need to assess the impact of discontinuing non-NHS services, such as delivery services, given financial pressures on community pharmacies and potential service gaps. The committee agreed that RS, KC, PO, VP and SV will support the development of the PNA as a subgroup, providing input as needed outside of the Executive Team. **ACTION: HM to feedback on the draft Hertfordshire PNA to the PNA Steering Group Meeting including identified corrections and key discussion points.**	**HM**

9.2 **9.3** **9.4**	<u>Treasurers Report and Q3</u> The paper was received. The committee approved Q3. No further questions were raised. <u>Budget 2025/26</u> The paper was received. The committee reviewed the proposed budget for 2025/26 including a proposed 2.6% levy increase, which is in line with our policy document.. A vote was taken and the committee unanimously agreed the proposed budget and the 2.6% levy increase. <u>Strategic Plan</u> The paper was received. The committee reviewed the draft Strategic Plan and provided feedback, including suggestions for refining the "vision" section. **ACTION: On the PESTLE page under growth of large pharmacy groups amend the wording 'increasing dominance' to 'changing landscape of pharmacy'.**	**HM**
10 **10.1** **10.2** **10.3**	**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.	
11	**AOB** None.	
	NEXT MEETING 19 March 2025 (9am-5pm) The Fielder Centre, Hatfield, AL10 9TP	