Community Pharmacy Hertfordshire

CPH MINUTES
26 November 2025
The Fielder Centre, Hatfield

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

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

Apologies
Viral Patel
Adrian Price
Suraj Varia

Guests
Kate Latham (KL) – LMC (item 5)

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Minute No.	Agenda Item	Lead
1	**WELCOME & APOLOGIES** RS welcomed everyone to the meeting. Apologies were received from committee members Viral Patel, Adrian Price and Suraj Varia. For transparency of attendance, the committee recorded the following early departures (noted for administration only): • Sheelan Shah at 3:10pm • Vinesh Naidoo at 3:30pm • Karsan Chandegra at 4:00pm Members acknowledged and celebrated the awards and nominations received by CPH, highlighting the recognition of the organisation's contributions and achievements.	
2	**DECLARATION OF INTEREST** None.	
3	**ITEMS OF URGENT BUSINESS** None.	
4 4.1 4.2 4.2.1 4.3	**MINUTES OF MEETING HELD ON 10 SEPTEMBER 2025** The minutes were received and approved by the committee. The outstanding actions were received. It was agreed to merge items 4, 5 and 8 in relation to comms with the ICB and LMC. It was agreed to close item 7 after signposting contractors to NHS resources on the stop smoking service. It was noted that the action tracker will be taken to Executive Team meetings for a more in-depth review once a month and to the committee for comments as is current practice. <u>Review of engagement data</u> The paper was received. NS gave an update. The Committee endorsed ongoing engagement analytics; data to be included in annual report to inform communications strategy. The completed actions were received for information.	
5	**LMC** RS welcomed KL to the meeting. KL provided an update on current developments within general practice and the national GP contract. The committee discussed ongoing issues with Pharmacy First referrals, including variation in uptake across practices and the impact of staff turnover. Some inappropriate referrals were noted, alongside continued reluctance from some GPs to shift activity into community pharmacy.	

	Healthera referral issues in Hertfordshire were acknowledged, which had caused confusion for both patients and pharmacies. It was agreed that clear communication should be issued to GP practices to help address the impact on the reputation of local pharmacy services. **ACTION: NS to work with KL to issue joint communications about Healthera's impact to be included in LMC newsletter.** The committee noted positive progress with the contraception service, which is helping strengthen engagement between pharmacies and GP practices. Members highlighted the importance of demonstrating the workload shift and outcomes achieved to support future development. GP Connect has now been rolled out without major issues being raised by practices. However, members noted that they remain unclear on how to access or use the service. **ACTION: CPH to provide guidance to contractors on the practical use of GP Connect, including how to access the system.**	**NS/KL** **NS**
6 **6.1** **6.2**	**CPH Governance for Ratification** Treasurers Report including Q2 The paper was received. VN gave an update. Current forecast shows an improved position compared to the original budget assumptions. VN clarified how to interpret the financial variances: **+ income** means more money received than budgeted, and **– expenditure** means cost savings achieved. It was agreed to be more mindful of this in future documents. Committee confirmed understanding of figures and implications and approved the Treasurer's report. It was noted that the Treasurer's workload currently exceeds the expected two hours per month. The committee agreed that a structured framework should be introduced to track additional duties for future recognition or honorarium consideration. This will be incorporated into the Capacity Plan for all officers in the future. As VN is a new post-holder, he will carry out an audit of his current workload. The same framework will apply to all officers in future, but it was acknowledged that the Chair and Vice Chair have already undertaken this process over the past year, so no audit is required for them at this time. **ACTION: Officers audit to be discussed with the Executive Team.** **Action: VN to conduct audit of current workload.** Draft 2026/27 Budget The paper was received. It was noted that forthcoming outcomes from the Central East work may impact future budget planning. The committee was reminded that the draft budget was suggested with a planned deficit; if trends	**HM / Exec Team** **VN**

	continue, year-end will be improved vs budgeted forecast. The overspend will be funded by reserves but will keep our reserves within the agreed levels. The committee acknowledged the draft budget and as there were still many variables to come back to the January meeting, no further decisions could be made. The committee acknowledged responsibility and awareness of approved overspend. Treasurer will continue to report variance trends to enable early corrective action. It was agreed benchmarking with similar roles to the CPH office would come back to the January 2026 meeting, that we may have further detail from CPE on their levy and the capacity plan would also have an impact on budget The committee agreed that the decision on retaining an observer should be reviewed alongside the budget. Observers remain important for succession planning and wider engagement, but the budget needs to be more accurate. An attendance analysis over the past three years will be undertaken to inform this, and CPH will continue to budget for one observer. **Action: Analysis of committee meeting attendance to be completed for the last 3 years.**	**SN**
6.3	<u>Expenses Policy</u> The paper was received. The policy will be revised for clarity and fairness in line with changes to the Finance Guide and brought back to the next meeting. **Action: Update Expenses Policy and bring to January meeting.**	**HM**
6.4	<u>Finance Guide</u> The paper was received. The committee noted the minor updates to the CPE Finance Guide and ratified the adoption. It was agreed to update the current Terms of Reference to reflect the deviations. The committee approved the Internal Financial Controls Policy in principle, to be ratified once changes are made. It was agreed that the Business Officer will submit expenses in bulk monthly for Treasurer approval. **Action: Update the Terms of Reference and circulate to the Committee.** **Action: Discuss the Internal Financial Controls Policy with the Executive Team and submit the revised version to the Committee for ratification.**	**HM** **HM**
6.5	<u>CPH Training Policy and budget increase</u> The paper was received. The Committee noted that there was insufficient detail to make a decision, particularly regarding what the proposed costs would cover and the value they would bring to the organisation. The Committee agreed that CPH is supportive of staff training and development in principle. However, the potential costs could be significant and can only be approved if the budget permits. It was also noted that the current	

	training policy does not include a "payback" clause in the event a staff member leaves after receiving funded training, and this should be addressed. **Action: Bring revised training policy and development policy to January meeting, along with a more detailed paper outlining the proposed training and policy budget increase.**	**NS**
6.6	<u>Pre-CPH committee survey feedback</u> The paper was received. NS gave an update which was noted and approved by the committee. It was acknowledged that only three contractors responded, however, the feedback received was strong and considered more valuable than some previous surveys. Members highlighted the positive contractor comments about CPH, recognising the importance of capturing and sharing positive feedback. There was discussion on the existing contractor satisfaction survey process. It was noted that contractors experience survey fatigue due to workload pressures. CPH will continue with the mixed methods of pre-committee surveys for the rest of the financial year. The WhatsApp contractor group was acknowledged as highly active.	
7	**CENTRAL EAST LPC COLLABORATIVE WORKING** The papers were received. RS gave an update and stated productive conversations took place. RS confirmed the next meeting will take place on 6 January 2026. A range of structural options for collaboration were discussed. All six options were considered in detail, and the committee acknowledged the value of facilitated discussions. While Option 6 had initially emerged as the strongest model in collaborative discussions, the committee felt there was also merit in exploring Option 4 through the facilitated sessions. Members were comfortable waiting for that discussion before reaching a final view. The committee confirmed that a full merger is not supported at this stage. Members recognised that new ways of working will be required regardless of the final model, to support consistency, reduce duplication, and strengthen collective influence across the Central East footprint. The committee emphasised that any proposed option must include clear governance arrangements, efficient use of existing resources, and strong local representation. It was also noted that if alternative options require additional resource, the financial implications must be fully costed, as levy increases would not be appropriate. Any additional work would therefore need to be absorbed through a shift in existing activity.	
8	**ECG TESTING IN COMMUNITY PHARMACY** The paper was received. The committee noted the need for further information to assess financial viability, with the potential to expand across Hertfordshire. Next steps include developing a business case to support a pilot. **ACTION: HM to scope the service and collaborate with the interested GP to develop a pilot, subject to financial viability.**	**HM**

9	**CPE** Anil Sharma sent apologies. HM provided an update following the CPE Conference of LPCs. Workforce pressures and the role of Independent Prescribing (IP) were acknowledged nationally, and the committee highlighted the importance of commissioning services that enable IP-trained pharmacists to deliver effectively. The recent CPE Conference was noted to have been significantly improved, with good engagement and networking opportunities.	
10 10.1	**CPH STRATEGIC OBJECTIVES, AIMS & EVALUATION METRICS** The committee received the paper outlining CPH's strategic aims and recent activities, noting progress made. The office team provided updates on their work and outputs since the last meeting. Members acknowledged challenges to workstreams arising from ICB changes, including impacts on PCN Leads' activities and the IP Pathfinder programme. <u>Member Questions from Chief Officer Update</u> The update was received, and no questions were raised.	
11	**10 YEAR PLAN AND EVOLVING COMMISSIONING LANDSCAPE** The committee received the paper and HM briefed on the evolving NHS landscape and implications for community pharmacy. The NHS aims to shift more care into the community, enhance digital capabilities, and focus on prevention. Community pharmacies are expected to play a greater role in delivering clinical and preventative services, with local priorities in cardiovascular disease, diabetes, and women's health. Members noted that resource competition, ICB restructuring, and investment in digital capabilities may impact progress and pharmacy integration. The committee discussed where CPH office resource should be focused going forward. It was agreed that the current workplan should be revised to reflect this shift in focus. **ACTION: Workstreams to be reviewed, with a proposal outlining which items may be deferred and the rationale, to be presented at the next Executive Team meeting.** **ACTION: HM to revise roadmap and circulate to committee.**	**HM/ NS** **HM**
11	**AOB** <u>Sara Norwood</u> The Committee noted that Sara will be leaving the organisation after 20 years of dedicated service. The Chair and members thanked her for her significant contributions, professionalism, and positive impact over the years, and wished her every success in the future. Sara reflected that it had been a difficult decision to leave and that she will miss the organisation. <u>Health Campaign</u>	

	The Committee discussed the local health campaign and noted concerns about poor communication from the ICB to CPH and contractors regarding timing and requirements. Materials and information were received late, and initial deadlines were challenging given peak service pressures. CPH intervened, securing extended deadlines into January 2026 and confirmation that contractors would not be penalised for delays outside their control. Despite these challenges, contractors remained engaged through WhatsApp channels. The Committee requested improved planning and greater visibility of campaign outcomes for future initiatives. **Action: Request the ICB team to provide a post-campaign impact report.** <u>Flu Walk-In Provision</u> The Committee discussed the flu walk-in service and clarified Hertfordshire's position. It was emphasised that Hertfordshire supports walk-ins, while recognising that pharmacies must retain flexibility to suspend walk-ins during peak periods for safety and operational reasons. Additional considerations for children's flu were noted, with bookings often required to manage workload. The Committee agreed that communications should reinforce support for walk-ins while highlighting practical safeguards.	**HM**
	NEXT MEETING 14 January 2026 (9am-5pm), The Fielder Centre, Hatfield, AL10 9TP	