

CPH MINUTES
14 January 2026
The Fielder Centre, Hatfield

Present

Adrian Price (AP)
Karsan Chandegra (KC)
Mohamed Moledina (MM)
Girish Mehta (GM)
Parag Oza (PO)
Vikash Patel (VP)
Sheelan Shah (SS)
Rachel Solanki (RS – Chair)

Professional

Helen Musson (HM)
Niru Sivanesan (NS)
Chloe Papadopoulos (CP)
Izzy Hicks (IH)
Olive Kyogerera (OK)

Apologies

Vinesh Naidoo
Suraj Varia

Guests

None

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES RS welcomed members to the meeting. Apologies were received from Vinesh Naidoo and Suraj Varia.</p> <p>For transparency of attendance, the committee recorded the following early departures (noted for administration only):</p> <ul style="list-style-type: none"> • Adrian Price at 3.45pm 	
2	<p>DECLARATION OF INTEREST None.</p>	
3	<p>ITEMS OF URGENT BUSINESS Concerns were raised regarding recent communications from Community Pharmacy England about flu vaccination payment adjustments. It was noted that advance payments made earlier in the year may result in reduced or negative payments in the January schedule, and that contractors may misinterpret higher December payments. The committee acknowledged the complexity of the payment mechanism and the wider financial pressures facing community pharmacy, including difficulties in understanding Drug Tariff margin arrangements and Category H. Members agreed that clearer local communication and education would be beneficial.</p> <p>Actions:</p> <ul style="list-style-type: none"> • IH to issue clear communications to contractors explaining flu payment adjustments and January payment implications. • NS to arrange a learning session for members on the Drug Tariff and pharmacy margins. 	<p>IH NS</p>
4 4.1 4.2	<p>MINUTES OF MEETING HELD ON 10 SEPTEMBER 2025</p> <p>4.1 The minutes were received and approved by the committee.</p> <p>4.2 The committee reviewed the outstanding actions. Actions 19 22, and 24 were all to be discussed in the January meeting and would therefore be closed following the meeting. It was agreed to close Action 11, with any available guidance available on the CPH website to be provided to the community pharmacy PCN engagement leads until further guidance from CPE is published.</p> <p>The committee then discussed Action 9, relating to the opening of a savings account. The committee agreed that they would open an account with Metro Bank. It was agreed that the key officials and account signatories would be the Chair: Rachel Solanki, Treasurer: Vinesh Naidoo and Chief Officer: Helen Musson. It was agreed that the account would operate under a one-signatory arrangement to enable the issuing of a bank card and allow online payments.</p> <p>Actions:</p> <ul style="list-style-type: none"> • OK to amend Action 6 wording to reflect Laxtons Pharmacy. 	<p>OK</p>

4.3	<ul style="list-style-type: none"> • NS to share hypertension pathway guidance with PCN leads. <p>The completed actions were received for information.</p>	NS
5	<p>CPH Capacity Plan</p> <p>The Chief Officer presented the proposed one-year capacity plan for 2026–27 on behalf of the CPH Treasurer.</p> <p>It was agreed that any organisational changes that may be necessary because of collaboration with other LPCs in Central East ICB would not be implemented before April 2027. Members noted that discussions on potential changes should aim to be concluded by April 27. Members agreed to consider alternative operating models and learning from other areas such as Greater Manchester and exploring alternative ways of working without altering the LPC levy.</p> <p>The paper recommendations were discussed and agreed as follows:</p> <ol style="list-style-type: none"> 1. Capacity & Strategy: Members approved a one-year capacity plan (2026–27) to maintain agility within the evolving regional landscape and discussed the current and future operating environment, including the changing expectations of LPCs. 2. Office Model: Members confirmed the continuation of the "in-house" office model originally established in 2019. 3. Staffing Restructure: It was agreed that a staffing restructure as presented in the paper will be undertaken by the Chief Officer in consultation with the Executive Team, subject to the conditions that there is no increase to the levy for Hertfordshire community pharmacy owners and that the Administration Officer's hours do not exceed 30 hours per week. 4. Remuneration Model: The Staffing Remuneration Model was not discussed in detail. It was agreed, however, that the proposed non-consolidated payments for staff at the "ceiling" would not be implemented, as this is not in line with the performance and pay reward policy agreed in September 2025. 5. Salary Uplifts: It was further agreed that the Chief Officer, in consultation with the Executive Team, will present the final percentage salary uplift for staff, using the terms agreed in our salary review policy. This is currently 4.1% provided this results in no increase to the levy for Hertfordshire community pharmacy owners. 6. Member Reimbursement and Meetings: Member reimbursement rates will remain at 2025/26 levels. The meeting schedule will be reviewed to identify savings, specifically considering a move to a four or five-meeting schedule instead of six. 7. Budget: As the previous budgetary scenarios were not agreed, a final draft budget based on these decisions will be presented to the committee for approval. 8. Levy: The 2026–27 levy will remain the same as 2025/26 levels (a 0% increase). 9. Policy: The CPH 2026–27 Expenses Policy was approved. 	

	<p>Actions:</p> <ul style="list-style-type: none"> • HM to visit other LPCs including Community Pharmacy Greater Manchester to gain understanding of their way of working. • HM to undertake CPH office staffing restructure in consultation with ET. • HM, in consultation with ET, to determine final percentage salary uplift for CPH office staff. 	<p>HM</p> <p>HM/ET</p> <p>HM/ET</p>
<p>6</p>	<p>Locally commissioned public health services focusing on Sexual Health.</p> <p>CP presented a strategic paper outlining the future direction of pharmacy-based public health services in Hertfordshire. The proposal was driven by the transition of Emergency Contraception to the national Pharmacy Contraception Service, providing a unique opportunity to reallocate local funding toward a broader, more preventative sexual health offer.</p> <p>Members took part in breakout group discussions to discuss public health strategic framework and delivery models. The Committee evaluated two frameworks: a Tiered Service Model (Option A) and a Core Service Model (Option B). Following a robust discussion on equity of access versus specialised clinical growth, the Committee reached a consensus on a "Core-plus-Specialist" Hybrid approach.</p> <ul style="list-style-type: none"> • Core Element: A mandatory baseline of services to ensure county-wide consistency and public clarity (aligning with Option B). • Specialist Element: A "Tier 3" provision for complex interventions requiring Independent Prescribers or advanced training (e.g., LARC fitting), ensuring high-need areas are served without penalising smaller pharmacies. <p>Members took part in breakout group discussions to assess the feasibility, equity, and financial viability of the proposed sexual health services menu. A central theme of the discussion was that for any expanded public health offer to be sustainable, it must be appropriately remunerated to reflect the clinical time and training required.</p> <p>The committee categorised potential sexual health services based on likely patient uptake and the capacity of the pharmacy network to deliver:</p> <ul style="list-style-type: none"> • High Priority (Immediate focus): STI screening and treatment, injectable contraception, and STI prevention. • Medium/Specialist Priority: HIV prevention (POCT and PrEP) and Hepatitis B vaccination. Members noted these as valuable but acknowledged they may sit better within the "Specialist" tier due to the specific training and equipment needed. <p>Members took part in breakout group discussions to discuss public health services in general and system-wide Integration. The discussion highlighted a clear ambition for community pharmacy to act as a primary "gateway" for prevention.</p>	

	<ul style="list-style-type: none"> • Point of Care Testing (POCT): Identified as a key tool for future delivery. • Gateway Services: Health checks and wellness consultations were seen as vital for identifying patients who require the more clinical sexual health interventions mentioned above and for other additional public health services. • Exclusivity: Members discussed the benefit of securing exclusivity for pharmacy in delivering these prevention-focused interventions to ensure a stable and predictable service volume. <p>Action:</p> <ul style="list-style-type: none"> • CP to share the committee’s recommendations with the Director of Public Health in January. 	CP
7	<p>CPH Strategic Objectives, Aims and Evaluation Metrics</p> <p>7.1 Workstreams 2025/26 – Progress Update and Q4 Focus The committee noted the consolidated 2025/26 workstreams report and discussed the need for flexibility and agility in delivery. Members agreed that, given the circumstances, it was reasonable to adjust workstreams while maintaining the underlying principles. Although some evaluation metrics may no longer be fully achievable this year and as originally written, the revised focus still broadly aligns with the original objectives.</p> <p>Members considered whether a Q4-specific refocus would support completion of the remaining workstreams. The committee agreed that, in principle, deviations from the original workstreams are acceptable, provided appropriate governance is in place and there is committee oversight. Going forward, it was agreed that clear commentary must be provided for each workstream, particularly those marked red, to explain any delays or non-delivery.</p> <p>Where objectives are no longer achievable, members emphasised that they should be replaced with realistic alternatives recognising that not all objectives will be achieved. The committee stressed the importance of setting a deliverable work plan, identifying risks early, and monitoring gaps in delivery. Following discussion, the proposed Q4 refocus was approved.</p> <p>7.2 Member Questions from Chief Officer Video Update The Chief Officer provided her update verbally during the meeting. Members requested an update on the ICB restructure, and the Chief Officer shared the information available at that time.</p> <p>7.3 “Help CPH Shape the Future” Survey Feedback The committee noted the findings of the “Help CPH Shape the Future” survey and endorsed the use of these insights to inform 2026/27 workstreams. Members noted that 11 contractor responses were received and discussed the limitations of the survey method. Members agreed that alternative approaches, including a survey at the AGM, may improve response rates.</p> <p>Actions:</p>	

	<ul style="list-style-type: none"> CP to suggest two contractors to each committee member for direct engagement. 	CP
9	<p>Learning from Incidents particularly Prevention of Future Death Reports This item was led by the Chief Officer, who outlined recent local incidents and the learning suggested emphasising the importance of strengthening pharmacists' awareness of safety issues.</p> <p>Members agreed that improving access to local incident information and encouraging consistent reporting align with CPH's role in promoting patient safety. Pharmacists will be supported to learn from local incidents via a dedicated webpage on the CPH website.</p> <p>Action:</p> <ul style="list-style-type: none"> IH to create a dedicated "Local Safety Learning" page on the CPH website and promote this via e-news. 	IH
11	<p>AOB</p> <p>It was agreed that concerns regarding Pharmacy First caps would be raised at CLOT with CPE.</p> <p>Action:</p> <ul style="list-style-type: none"> CP to raise Pharmacy First cap concerns at CLOT. 	CP
	<p>NEXT MEETING 11 March 2026 (9am to 5pm), The Fielder Centre, Hatfield, AL10 9TP</p>	

Confirmed as accurate record of meeting on 11 March 2026. Signed by:



Rachel Solanki, Chair, Community Pharmacy Hertfordshire

Helen Musson, Chief Officer, Community Pharmacy Hertfordshire



Vinesh Naidoo, Treasurer, Community Pharmacy Hertfordshire