Community Pharmacy Hertfordshire

CPH MINUTES

11 March 2026

The Fielder Centre, Hatfield

Committee Members Present

Adrian Price (AP)
Karsan Chandegra (KC)
Girish Mehta (GM)
Parag Oza – Vice Chair (PO)
Rachel Solanki – Chair (RS)
Vinesh Naidoo – Treasurer (VN)
Suraj Varia (SV)
Viral Patel (VP)

Professional Team Present

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

Apologies

Mohamed Moledina
Sheelan Shah
Vikash Patel
Chloe Papadopoulos

Guests

None

Minute No.	Agenda Item
1	**Welcome & Apologies** RS welcomed members to the meeting. Apologies were received from Mohamed Moledina and Sheelan Shah. It was noted that Suraj and Adrian Price may join the meeting later. The meeting was confirmed as quorate For transparency, the Committee noted the following attendance variations: Suraj Varia and Adrian Price joined during Item 4 and Item 5 respectively. Viral Patel left during Item 7, and Adrian Price, Karsan Chandegra and Vinesh Naidoo left during Item 9.
2.	**Declaration of Interests** None.
3.	**Items of Urgent Business** None.
4.1	**Minutes for Meeting Held 14 January 2026** The minutes were received and approved by the committee.
4.2	**Outstanding Actions** The committee reviewed the outstanding actions. It was agreed to close action SEP25.4. CPH will continue to advocate for community pharmacies in discussions relating to frailty and will remain a representative voice in this area. The following actions were discussed to be closed following the meeting: JUL25.2, SEP25.3, JUL25.3, MAY25.2, NOV25.7, JAN26.1, JAN26.6, JAN26.7, JAN26.13

	Actions: • OK to close actions SEP25.4, JUL25.2, SEP25.3, JUL25.3, MAY25.2, NOV25.7, JAN26.1, JAN26.6, JAN26.7, JAN26.13. • **IH** to reorganise action tracker to be in date order, according to deadlines.
4.2.1	**10-Year Plan** The Committee formally approved the 10-year plan as the lead document for long-term planning. The "Internal Accountability Checklist" was agreed to be used as a benchmark for annual progress reviews. Minor amendments were requested to emphasise support for the management of long-term conditions and to explicitly reference workforce support, including pharmacy technicians, as well as the transition from analogue to digital systems, including automation. **Actions:** • **HM** to revise the 10-year plan document and circulate to committee for ratification. • **IH** to promote the CPH 10-year Plan to contractors at the AGM.
4.2.2	**Feedback from CPH – LMC Liaison Meeting** The Committee approved the continuation of ongoing meetings with the LMC, with the frequency to be agreed. The Committee noted a shift in strategy in working with the LMC and emphasised the importance of changing the mindset around the pigeon-holing of community pharmacies.
5.	**Community Pharmacy Support: Medicines Shortages** The Committee discussed a local response framework to mitigate the operational and clinical impact of national medicine shortages on community pharmacies. While supply issues are national, the focus was on identifying ICB-level interventions to reduce the burden on community pharmacy staff. Key discussion points included: • **Prescribing Habit Advocacy**: Moving toward generic prescribing for long-term out-of-stock items and reinforcing 28/56-day duration guidance to improve flexibility and prevent hoarding. • **System Barriers**: Addressing "ScriptSwitch" autopilot reauthorisations (e.g., Monomil) and requesting that the ICB monitor and configure these flags to identify shortages before routine repeats. • **Professional Alignment**: Ensuring GP teams respect the clinical judgment of pharmacists requesting alternatives and providing clear guidance to GP clerks to prevent them from inappropriately redirecting patients elsewhere. • **Safety and Reporting**: Emphasising patient safety as the core priority, referencing the Epilim coroner's report. It was clarified that while the Specialist Pharmacy Service (SPS) can be used to monitor national shortages, contractors must report them via Community Pharmacy England (CPE) to ensure the system is trusted and accurate for price concessions. The Committee identified the following "Menu of Support" options and internal actions:

	1. **Prescriber Guidance**: Request the ICB to reissue formal guidance to all prescribers regarding generic prescribing and the reinforcement of prescription durations. 2. **ScriptSwitch Intervention**: Formally request the ICB to monitor ScriptSwitch configurations to ensure long-term out-of-stock items are flagged and preferences for unavailable brands are removed. 3. **Communication & Access**: Build on the national GP contract requirement by requesting the ICB facilitate the provision of correct practice email and phone contacts to pharmacies to streamline alternative drug requests. 4. **Clinical Collaboration**: Propose an ICB-led "call to action" for Clinical Pharmacists and GP teams to work collaboratively with community pharmacies on patient-specific therapeutic switches. 5. **Public Messaging**: Request system-level public communications from the ICB to explain national supply issues, manage expectations, and mitigate abuse toward pharmacy staff, potentially including support for the NPA campaign. 6. **Contractor Reporting**: CPH to remind all contractors to regularly report shortages via the CPE portal to ensure local issues are accurately reflected in national data. **Actions:** • **HM** to liaise with HWE ICB to discuss and present the local medicines shortages response framework to minimise the impact of national medicine shortages on community pharmacies and patients.
6. **6.1** **6.1.1** **6.1.2** **6.1.3**	**CPH Governance** **Officer Elections** The committee raised concerns over the workload for elected officers and agreed that a review of processes and ways of working was required for both officers and subcommittee positions, agreeing that officer remuneration should be commensurate with the actual hours worked and recorded. **Actions:** • **HM** to create an audit framework to share with **AP** for review. • **Governance and Finance subcommittees** (excluding executive team members) to review the remuneration process for CPH officers. • **Executive team** to reflect on current processes and ways of working. **CPH Governance: Officer Elections – Chair** An expression of interest was received from Rachel Solanki, who was appointed as CPH Chair for 2026/27. **CPH Governance: Officer Elections – Vice Chair** An expression of interest was received from Parag Oza, who was appointed as CPH Vice Chair for 2026/27. **CPH Governance: Officer Elections – Treasurer** No nominations were received for Treasurer with the current Treasurer highlighting concerns surrounding workload and remuneration. VN agreed to continue in the role for 2026/27 while an audit is undertaken, on the understanding that processes and ways of working will be reviewed over the next six months.

6.2	**Treasurer's Report Q3 FY 2025 – 26** The Q3 Treasurer's report was approved with the caveat that overspend on NI is resolved by year-end and was corrected for budgeting for 2026/27
6.3	**2026-27 Strategic Capacity and Final Budget Recommendations** The committee reviewed the 2026-27 strategic capacity and final budget recommendations and approved the following: ▪ Levy freeze (0% increase) ▪ 3.2% consolidated salary uplift ▪ Retention of Admin Officer on a one-year fixed term contract at 25 hours per week ▪ New line management structure It was agreed that the new capacity plan would be developed outside of the levy process in the following year and for subsequent Capacity Plan cycles. Following discussions in January, the Committee agreed on a trial reduction of committee meetings to five per year, with a review scheduled with the Capacity Plan discussions in 2027/28. It was also agreed that the July meeting would be cancelled as the Committee will convene at the AGM on 16 July 2026. **Actions** • **OK** to cancel the July CPH committee meeting.
	A Word from Our Sponsors The meeting was sponsored by **Cipla** and **Nestle.** Representatives of the sponsors attended lunch and provided a short presentation each then left before the meeting resumed and had no influence over the agenda, or any topics discussed.
7. 7.1	**CPH Strategic Objectives, Aims and Evaluation Metrics** **Central East ICB and CPLs Collaborative Update** The Committee noted the positive engagement with senior leadership across the new Central East ICB and discussed the evolving landscape and potential future implications for the organisation. CPH will continue to work collaboratively with the other LPCs within the Central East ICB footprint, with a further meeting scheduled for 24 March. **Actions:** • **NS** to review the current landscape of provider companies. • **HM** to build a relationship with the GP collaborative.
7.2	**CPH Workstreams 25/26** The office team provided updates on their work and outputs since the last meeting. The committee reviewed and endorsed the Progress Tracker noting that the final version will be presented at the May committee meeting when the financial year has completed. **PCN Lead Update 25/26**

7.2.1	The committee noted the activity and impact delivered by CPH during 2025/26. The committee discussed a pending 3-month extension request and agreed to a "watch and wait" approach regarding the future landscape, with a view to revisit this at a future meeting. **Actions:** • **NS** to request feedback from the individual PCNs on the impact and value gained by having the pharmacy Leads.
7.3	**Member questions from Chief Officer video update** The update was received, and no questions were raised.
7.4	**CPH Workstreams 2026/27** The Committee approved the 2026–27 Workstream Actions and KPIs, noting that some amendments would be made. The Committee also acknowledged the retirement of older actions, which have been replaced by these practical, data-led objectives. The Committee endorsed the timeline, particularly the use of the February 2027 Excellence Event as a key advocacy tool for the Central East ICB. **Actions:** • **HM** to amend the 2026-27 Workstream Actions and KPIs taking into consideration committee comments.
8.	**HWE ICB Only Order What You Need Campaign Outcomes** The Committee noted that 12,000 patient conversations were recorded over a 21-day period by those pharmacies that submitted data, with a 14% referral rate. Members observed variability in the data, with some pharmacies reporting high engagement but no referrals. The Committee celebrated the level of involvement and interaction with the campaign, recognising the collaborative efforts of contractors, the ICB, and the LPC in capturing the data. Members noted that the data could be used to demonstrate the significant role community pharmacies can play in medicines management.
9. 9.1	**CPH Governance** **RSG/ TAPR Review** The Committee undertook the RSG / TAPR review survey collectively during the meeting, with outcomes determined through a voting process. Members agreed on the comments to be submitted, and it was noted that the feedback will be provided to CPE. **Actions** • **NS** to send RSG/ TAPR Review outcomes to CPE.
9.2 9.2.1	**Pre-CPH Committee Survey** **Pre-Committee Engagement Feedback: Committee Outreach** The committee noted the findings from the latest pre-committee engagement feedback activity and approved the immediate actions by the CPH office. It was noted that Karsan

	Chandegra's activity feedback was not included in the report and a verbal report was given by him. Members noted that contractors appreciated being contacted and valued the support from CPH. **Actions** • **CP** to Facilitate contact between the PCN lead and Doug (Bell Pharmacy). • **IH** Formally invite Aamir at Peartree Pharmacy and Jerry at Jade Pharmacy Eastware to attend upcoming CPH meetings as observers/potential nominees. • **CP** to Investigate the creation of a "Local Surgery Directory" containing direct-dial numbers for contractors to bypass general reception queues.
9.2.2	**Pre-Committee Engagement Cost Benefit Analysis** The committee noted the findings of the 2025/26 engagement trial and reviewed the Cost Benefit Analysis of the trial. The committee approved moving to a hybrid engagement model for proposed for implementation from April 2026, with the addition that twice annually the activity would also be incorporated into visits. It was agreed to formally link Committee Member outreach to the annual election and succession planning calendar, utilising the high-quality qualitative feedback to identify and nurture future local pharmacy leaders.
9.3	**CPH AGM Draft Agenda** The committee reviewed the proposed AGM draft agenda and approved of the key topics along with the move to panel focused discussions and away from the more traditional AGM format. Members noted that more interactive table discussions would be welcomed.
10.	**Category H Learning** The Committee noted the changes to the Drug Tariff, with Category H pricing being imposed by DHSC. Members acknowledged that, while the change is not supported by the Committee, they understood the rationale behind it. Members also noted that this change is likely to increase workload for community pharmacies and recognised the importance of providing guidance to contractors where possible.
11.	**AOB** **Independent prescribing** The Committee discussed the importance of transparency regarding CPH's local work on Independent Prescribing (IP). Members agreed that the CPH website should include a dedicated page outlining the work being undertaken locally. This will ensure that contractors are informed about CPH's activities and initiatives in this area. **Action** • **IH/ NS** to create a webpage to provide clear and transparent information on local Independent Prescribing activities. **Missing pharmacy payments** The Committee noted that contractors are being denied payment for clinically delivered Pharmacy First and other services due to a 30-day "cliff-edge" claim window. Members

	discussed that this creates a logical challenge, as contractors only become aware of technical submission errors through the Schedule of Payments, which is received three months after the service delivery, by which time the 30-day window has expired, preventing corrections. The Chief Officer highlighted examples of pharmacy services not being reimbursed to contractors who had delivered them. Members noted that longer lead times are needed to allow contractors to meet deadlines and ensure accurate claims. **Action:** • **HM** to escalate and highlight local examples of missing pharmacy payments to CPE.
	Next Meeting Wednesday 13 May 2026 (9am to 5pm) - The Fielder Centre, Hatfield, AL10 9TP