



Hertfordshire LPC, Unit 27b Weltech Centre, Ridgeway, Welwyn Garden City, AL7 2AA
Tel: 01707 390095 Email: info@hertslpc.org.uk www.hertslpc.org.uk

CPH MINUTES

8 September 2021

The Focolare Centre, Welwyn Garden City

Present

Rachel Solanki (Chair) RS
Karsan Chandegra KC
Sean Gage SG
Girish Mehta GM
Vinesh Naidoo VN
Parag Oza PO
Raj Patel RP
Graham Phillips GP

Professional

Helen Musson HM
Sara Norwood SN

Apologies

Nilesh Bathia
Suraj Varia

Apologies

Ingrid Cruickshank
Rita Patel

Guests

Dr Parul Karia – LMC
Rachel Lea – LMC
Jo Meola – Public Health

Minute No.	Agenda Item	Lead
1	<p>WELCOME & APOLOGIES FOR ABSENCE RS welcomed members to the meeting. Apologies were received from CPH members Nilesh Bathia and Suraj Varia and invited stakeholders Sarah Crotty, HVCCG and Pauline Walton, E&NHCCG.</p> <p>RS welcomed new CPH member Sean Gage from Boots Pharmacy in Royston representing CCA.</p>	
2	<p>DECLARATION OF INTEREST None.</p>	
3	<p>ITEMS OF URGENT BUSINESS Members were asked if they wanted to attend the PSNC Conference on Thursday 16 September 2021 to nominate themselves.</p>	
4 4.1 4.2	<p>MINUTES OF CPH MEETING HELD ON 7 JULY 2021 The minutes were received and approved by the committee.</p> <p>The outstanding actions were received.</p> <p>Item 1: Diabetes framework – HM informed members that new information was due to be received on the service and a draft framework would be sent to members for sign approval.</p> <p>Item 2: GP CPCS – It was noted that the draft letter had been done but was not sent to PSNC at the request of the Executive Team. HM asked what actions the members wanted from the letter. After a discussion it was agreed that the Committee wanted the focus of the letter to be about why there had been no evaluation of the service and that the learning outcomes and implementation support had not be shared with all local areas when it was launched as a national service. ACTION: HM to revise letter to PSNC and send to committee for approval.</p> <p>ACTION: LMC will undertake to organise a meeting for GP practices in collaboration with the LPC about CPCS.</p> <p>Item 3: COVID Cost claims – HM had done a draft letter but this had not been taken forward due to changes in guidance that happened after the last meeting where it was agreed. After a discission it was agreed to send the letter as it was important we represent contractors views but that it should focus on:</p> <ul style="list-style-type: none"> • contractors being made aware earlier that there was no likelihood of the loans being retained, • that a claim process would always have been put in place; and • that LPCs were not informed and involved earlier on in discussions in order to support contractors better and in a timely manner. <p>ACTION: HM to revised letter to PSNC and send to committee for approval.</p>	<p>HM</p> <p>HM</p> <p>LMC/CPH</p> <p>HM</p>

4.3	<p><u>LMC Email</u> In response to an email with the LMC, Rachel Lea confirmed the LMC was not involved in the same way as LPCs were in flu and COVID-19 vaccinations. It was noted therefore that the LPC could not support in this area working collaboratively but could suggest to the CCGs and commissioners that the LPC was involved in discussions and communications that were sent out to GP practices. ACTION: CPH and LMC to send a joint letter to all contractors as undertaken previously requesting working together.</p> <p>ACTION: LMC to liaise with CCG and commissioners to ensure coordinated communications involve the LPC/community pharmacies when being sent out to GP practices.</p> <p>The completed actions were received for information only.</p>	CPH/LMC LMC
5	<p>EAST & NORTH HERTS and HERTS VALLEYS CCG Both CCGs were invited to the meeting at their request but were unable to attend. A written update was received and no questions were raised. ACTION: Invite both CCGs and ICS representatives to the November 2021 meeting.</p> <p>It was queried whether the CCGs, ICS, GP practices and PCNs are aware of the changes to the national community pharmacy contract including the Pharmacy Quality Scheme (PQS) and how this integrates with local system work streams. ACTION: HM to request inclusion of agenda items on relevant meetings including at the next LMC meeting for a presentation that can be shared with others regarding changes to the community pharmacy contract.</p>	Office HM
6 6.1 6.2 6.3	<p>ITEMS FOR DECISION</p> <p><u>Treasurer's Report</u> The paper was received along with Quarter 1 budget. No questions were raised and the committee approved the budget presented.</p> <p><u>Deputy Chief Officer – Future Working 2022/23</u> The paper was received. It was queried why the CPH vision for 2.0 WTE for the Deputy Chief Officer roles as agreed by the committee in 2019 was not being taken forward. It was noted that this was due to budget constraints in order not to increase the levy for pharmacy contractors. It was agreed and approved to support the proposal to move to 1.4 WTE Deputy Chief Officer in 2022-23 and to revisit whether 2.0 WTE of Deputy Chief Officer would be achievable during the budget discussion in November 2022 for the future.</p> <p>It was noted that the capacity plan was due in 2022 and that the budget for 2022-23 would normally come to the November meeting. It was agreed that the capacity plan and budget should be brought together so the capacity plan would be brought forward and the budget discussion would be delayed. ACTION: Capacity plan and budget to be developed and added as an agenda item to the January 2022 meeting.</p> <p><u>Committee Size</u> The paper was received. It was agreed that a smaller committee may be more effective particularly as there were current vacancies and this had not</p>	HM/KC/SN

	<p>had an impact but concerns were raised regarding effective representation of contractors and views from on the ground. It was reiterated that the proposal was not about cost savings and CPH would reinvest costs for the effectiveness of the committee.</p> <p>A vote was taken on whether there was agreement to reduce the committee size with 7 members approving the reduction in the committee size and one member voting against reducing the committee size.</p> <p>Another vote was taken to determine whether the committee should be reduced from 13 members to either 11 or 9 members. It was noted that 10 or 12 members would not effectively represent the contractor makeup. 6 members voted for the reduction of the committee to 11 members and 2 members voted for the reduction of the committee to 9 members. It was therefore agreed to reduce the committee size to 11 members and that this could be implemented immediately in light of the current CCA and independent vacancies.</p> <p>It was agreed that the committee size would not be discussed again before the next elections that had been delayed until April 2023 however it was recognised that there needed to be a greater focus on good communications and promotion for succession planning of members.</p> <p>ACTION: To include an agenda item for the committee in September 2022 to prepare for the next LPC elections to encourage new members for succession planning.</p>	HM
	<p>Rachel Lea – LMC CPH presented a gift and thanked Rachel for her contribution and collaborative working with CPH and wished her well for her retirement.</p>	
<p>7 7.1</p> <p>7.2</p>	<p>ITEMS FOR DISCUSSION <u>CPH Events</u> The paper was received. The committee agreed the following way forward as a strategy for events:</p> <ul style="list-style-type: none"> • Minimum three events ie. winter/spring (Jan-April); spring/summer (May-August); autumn/winter (September-December) plus AGM. • Aim for virtual events but if needed a face-to-face event should be arranged if it was needed. • Identify topics that are most relevant to contractors but do not duplicate other events ie. PSNC/CPPE etc. • Must focus on benefit to all contractors. • Minimum notice for all contractors for an event would be one month and an aim for three months’ notice would be helpful but not always required as topics may not always be defined. • Share a tentative ‘years diary’ of events to facilitate planning by contractors. <p><u>CPCS IT System</u> HM requested what the committee suggested for communications to community pharmacy contractors about the changes to IT system for CPCS as many were confused. . It was noted that contractors had not been well communicated on this issue but the date had now been extended. The</p>	

	<p>committee noted that it was CPH's role to support with communications from the centre but must not make recommendations on what IT systems should be purchased by contractors.</p> <p>ACTION: HM to influence NHSE locally and PSNC with a request for clear information and regular communications about the options available for the CPCS IT systems.</p>	HM
8	ITEMS FOR INFORMATION	
8.1	<p><u>Executive Team Meeting Update</u></p> <p>The notes from the last Executive Team meeting were received. No questions were raised.</p>	
8.2	<p><u>Contract Report</u></p> <p>The report was received. No questions were raised.</p>	
8.3	<p><u>Member Report</u></p> <p>The report was received. No questions were raised.</p>	
8.4	<p><u>Naloxone Consultation</u></p> <p>The document was available for the committee to view. No questions were raised.</p>	
8.5	<p><u>Expenses Policy</u></p> <p>The paper was received. No questions were raised.</p> <p>ACTION: Office to re-send the committee the email regarding the new way of invoicing for attendance at CPH meetings including the link to the members area of the CPH website.</p>	SN
8.6	<p><u>Pay Review Policy</u></p> <p>The paper was received. It was agreed that a support guide for line managers implementing pay reviews needed to be developed that would be approved by the Executive Team and shared with the committee for information.</p> <p>ACTION: HM to develop line manager guidance for the pay review policy to be approved by the Executive Team.</p>	HM
9	<p>PUBLIC HEALTH</p> <p>RS welcomed Jo Meola from Public Health. JM gave a brief update on the stop smoking service and health checks service. CPH noted we had not received the stop smoking services reports for some time and also noted no regular reports/communications from Public Health to contractors were being received.</p> <p>ACTION: JM to send CPH the latest smoking report.</p> <p>ACTION: JM to pick the reporting issue up with Alison Walsh in the fact CPH no longer receive monthly data reports.</p> <p>ACTION: JM to investigate and check why stop smoking telephone referrals were not being shared out to community pharmacies resulting in a waiting list and report back to CPH.</p> <p>CPH asked how the new Stop Smoking service for people referred to pharmacies by a hospital, which will be commissioned as an Advanced service from January 2022 linked into local referrals.</p>	<p>JM</p> <p>JM</p> <p>JM</p>

	ACTION: HM to share the information on the pharmacy contract with JM to investigate and feedback to CPH.	HM/JM
10	CPH Workstreams Care Homes and Stockpiling updates were received. HM audio presentation to members was also received. No questions were raised on the workstreams.	
11	AOB <u>LPC Members Days</u> All members were encouraged to attend at least one of the events. ACTION: Office to send the committee upcoming dates for LPC Members Days. Members to arrange attendance.	SN / Members
	NEXT MEETING 17 November 2021 (9am – 1pm) via teleconference	