

**TIME: 09.30 – 13.00**  
**PLACE: MS Teams**

Member Name	Initials	Attendance A= Absent – no apologies sent Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	Yes
Udit Patel	UP	Yes until 12.00
Sanjay Patel Aqua (Vice-Chair)	SPA	Yes from 09.45
Kim Khaki	KK	Yes
Avni Patel (AIMp)	AP	Apologies
Beneeta Shah (CCA)	BS	Yes
Kalpen Patel (Treasurer)	KP	Apologies
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Yes until 11.45, then from 12.15
Nickil Patel	NP	Yes from 10.15
Louwin Nhamoinesu	LN	No
<b>In Attendance</b>		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Apologies
Shilan Shah	SS	Apologies
Louise Coughlan (ICS Chief Pharmacist)	LC	Present from 11.40 -
Kristina Petrou (ICB Community Pharmacy Clinical Lead)	KPe	Present from 11.30 -
Esther Amaefule – PH Camden	EA	Present from 11.00 – 11.35
Gauri Dherange – PH Camden	GD	Present from 11.00 -11.35
Esther Dickie – PH Islington	ED	Present from 11.00 -11.35
Charlotte Ashton – PH Islington	CA	Present from 11.00 -11.35
Yinka Kuye – CPPE Tutor	YK	Present from 12.20 -12.45

**1. WELCOME, APOLOGIES & MESSAGES**

YP welcomed the members to the meeting – apologies are shown in the table above.

**2. DECLARATIONS/CONFLICTS OF INTEREST**

YP stated that he had started a new job – head of pharmacy operations for Curate Healthcare <https://www.curatehealth.co.uk> in Stanstead.

YP stated that he had updated his DOI and COI docs. There were no other comments.

**3. MINUTES OF 200525 LPC MEETING**

**ACCURACY**

These were deemed as an accurate record and were accepted.

**PREVIOUS ACTIONS AND MATTERS ARISING**

**- Previous Action – YP to obtain remaining DOI and COI docs from two LPC members:**

YP stated that Rebecca (admin support) had send out DOI and COI docs to all members for this new financial year.

YP stated that he had only received a few signed documents back.

SG stated that he was frustrated that members had not signed and sent in these docs – and stated that these documents are important.

After some deliberation – it was found that Rebecca had not put all the returned documents in the shared drive.

Action no.	Description	Who to action
1	To chase Rebecca to have her put the up-to-date DOI and COI docs in the shared drive.	All

Action no.	Description	Who to action
2	To add the names of the members who had not sent in their declaration documents to the WhatsApp group.	YP

**- Previous Action – YP to follow up with Rebecca – wrt. why the OneDrive links are not working:**

YP stated that he had left it to members to get in touch with Rebecca, in order to solve these issues.

SG asked the members whether their one drive links were currently working – because his link was not functioning properly.

BS stated that she **could** access the shared drive for this meeting but nothing else.

SG stated that this issue of access is very important – and should be resolved by the next meeting.

Action no.	Description	Who to action
3 previous	To ask Rebecca to refresh the members’ one drive links.	YP

**- Previous Actions – YP & KP to look into the ease of opening a Starling bank account for project funding & to open a second LPC Lloyds bank account for project funding, if the other options prove too tricky:**

YP stated that he has put this action on hold – as JW is currently away on long term sick leave.

Action no.	Description	Who to action
4 previous	To follow up with James Wood (CPE) wrt. the status of CPE’s deal with Lloyds bank.	YP

**CEO employment status:**

Action no.	Description	Who to action
5 previous	To inform CPE of the change of YP's employment status – so that NPA employer's liability insurance can be considered.	YP

**- Previous Action – YP to ask Michael Levitan (CEO MPG) about the MPG's merger plans – in line with the TAPR agenda:**

YP stated that he had asked ML and other members to the MPG, to ascertain their "merger" plans.

YP stated that the feedback had been varied and some diametrically opposed – some wanting MPG to stay the same and others wanting the organisation to be reformed. YP stated that these matters are further complicated by the rumours that NC and NW ICBs may merge.

SG reminded that the TAPR programme had been based on making LPCs more efficient and better value for contractors – but if this LPC were to merge with the MPG LPCs, then the LPC levies would increase considerably for C&I contractors – therefore a merger is not favourable.

SG stated that the cultures of the two North London ICBs are, and have been, very different.

SG added that in NW London – the main GP I.T. system is not EMIS – which would create huge challenges for a merged ICB.

SG suggested that this situation be watched carefully.

**CPE PROPOSED CPE/LPC CONSTITUTION CHANGES**

**- Previous Action – YP to seek clarity from CPE wrt. whether they are proposing mid-term changes to their committee composition:**

YP stated that CPE is not looking to make mid-term changes.

**4. CEO BRIEFING PAPER**

YP presented the salient points of this paper to the members for discussion.

**5. SERVICE IMPLEMENTATION**

**PF/OC pregnancy status actions**

YP updated the members on this issue.

**6. PHARMACY LONDON (CP LON) UPDATE**

**BUSINESS PLAN**

SG stated that he and YP both sit on CP London's governance group.

SG stated that the business plan and business cases have been made available with this meeting's paper.

YP summarised that the business plan states that CP Lon will support LPCs and promote services through back-office support for LPCs and to provide some thought and system leadership in the changing NHS landscape.

SG stated that the plan breaks down the objectives for supporting contractors, LPCs and the Region.

YP stated that the plan states that CPLon's role is to:

- Propose the infrastructure and partnerships to make this model work
- Equip LPCs and contractors to lead in neighbourhood care
- Influence systems and policymakers to embed pharmacy across pathways
- Strengthen relationships with CPE and trade bodies to align on shared goals and unify advocacy efforts.

YP highlighted the following objectives for the year for CP Lon.:

1. **Workstreams & Governance**
  - Relationships & Engagement
  - Data & Digital Transformation
  - Service & Commissioning Development
  - Workforce & Education
  - Policy & Influence

Each stream will be board-led, with monthly delivery reviews and measurable milestones.

2. **Building System Relationships**
  - Launch "Community Pharmacy x GP" Summit
  - Strategic engagement with ICS leaders, Neighbourhoods, and NHSE (and trade bodies/CPE)
  - Increased CPLon representation across neighbourhood and collaborative boards
3. **Digital Transformation**
  - Drive pharmacy access to shared care records and referrals
  - Promote AI triage, remote monitoring, and predictive data tools
4. **Commissioning & Funding Reform**
  - Develop outcome-based models that support prevention, independent prescribing, and cross-provider care
  - Position hub-and-spoke delivery within scalable, clinically integrated pathways
5. **Communications & Visibility**
  - Relaunch CPLon newsletter and engagement dashboard
  - Strengthen CPLon's public and system-facing voice

SG asked for comments on the business plan and asked whether there were any challenges.

The only challenge was that the success measurables could be smarter.

Action no.	Description	Who to action
6	To feedback to CP Lon. that the "measuring success" section of the business plan could be smarter and more defined.	YP

SG stated that he and YP had fed back that it would be important for CP Lon to actively represent ALL contractor groups.

SG stated that CP Lon now invites Rob Severn (CCA) to all CP Lon meetings, to give an update and take questions.

SG added that NPA reps also attend the CP Lon meetings to give updates.

SG stated that IPA are invited – but do not turn up.

**CP LON BUDGET**

YP stated that there is no plan for CP Lon to increase its levy.

YP stated that the aim is for the bank reserves to be thinned down to a minimum.

RF asked why the Data and BI budget line read £5000, when, at a previous meeting these members had been told that the use of the dashboard would be free.

RF stated that if Connor (CP Lon CEO) is now charging for the use of the dashboard (which his company maintains) – then this is a clear conflict of interest – because he is making money through his own business through CP Lon.

SG asked what Connor's COI/DOI documents currently say.

YP stated that he had not seen Connor's COI document.

SG stated that the business cases for –

- the Data and BI budget
- NHS Confed. membership

Are in the paper bundle of this meeting – to be discussed by these members.

### **BUSINESS PAPERS**

#### **Allocation of £5,000 for NHS Confed membership**

SG stated that the Confed. is a coalition of primary and secondary care providers.

SG stated that the influence of this group has varied over the years.

YP stated that the case details the influence that the Confed currently has, and the value that CP Lon. and individual LPCs could get.

YP stated that the Confed. hosts a very active set of WhatsApp groups – which share opinions and policy announcements.

YP stated that he had been very sceptical of Confed. membership before – but being part of these WhatsApp groups – has shown him the level of action that the Confed. is undertaking to work with CP.

YP stated that there had been large sections of the NHS 10-year plan – which the Confed. had written for the Gov.

YP stated that, as such, he would support CP Lon’s membership of the Confed. for another year.

SG reminded that every LPC (who are members of CP Lon.) are also members of the NHS Confed. – due to the CP Lon. membership.

YP stated that he would help any member of this LPC to join the NHS Confed. WhatsApp Groups.

Action no.	Description	Who to action
7	To gain the “log in” details for the NHS Confed. website – to cascade to LPC members.	YP

SG asked the members if they were happy with CP Lon. spending £5000 per year on the NHS Confed. membership.

The members were happy with this spending request.

#### **Allocation of £5,000 to Data and Business Intelligence**

YP stated that the PCA Community Pharmacy Dashboard is useful -and the case asks for a £1000 annual licence fee for LPC members to use it.

YP stated that a flexibility fund of £4000 is being asked for to fund enhancements and intelligence workstreams including:

- Integration of **workforce survey** results.
- Data visualisations on **Branded Generics**, prescribing trends, and clinical capacity.
- Import and interpretation of **national pharmacy datasets** (e.g. NHSBSA, NHSEI).
- Scoping access and ethical use of **local PharmOutcomes and Sonar data**.
- Exploration of **population health data** integration to align with ICS and neighbourhood priorities.

YP stated that he would be interested to see the results of the data visualisations for Branded Generics – as there is no user-friendly way of seeing this data at present.

SG asked for comments from the members.

RF stated that he has an issue with the fact that the dashboard creation and management has automatically been assigned to Conor Price’s company.  
 YP stated that it is not certain that the £1000 is going to Conor Price’s company, and suggested that it should be flagged to make it more explicit who would be being paid this £1000 – to then declare this interest.  
 YP stated that he is not sure whether the dashboard is Conor’s company – or just a company that he currently works for – he would want more clarification on this.  
 RF stated that he finds it astonishing that no CP Lon. member has asked for this issue to be made more transparent.  
 RF stated that he is concerned that YP does not know which company Conor Price (CP Lon CEO) works for – and whether his company is supplying CP Lon. with a digital dashboard – RF added that he wondered why more questions were not asked.  
 YP stated that, on reflection, he should have challenged the transparency of this case more.  
 SG stated that the budget line for this work originally had no business case backing it up, and he and YP had asked for a business case to explain the work.  
 RF wanted to know what steps had been taken to engage in a fair tendering process for this work, to ensure value for money for contractors.

Action no.	Description	Who to action
8	To write to Conor Price – to ask him for clarification wrt. the presence of any conflicts of interests re. the allocation of £5,000 to Data and Business Intelligence – particularly who PCA are, what their ownership is, are there any DOIs for their staff, and what governance is in place wrt. conflicts.	YP
9	To ask CP Lon. executive what steps had been taken to engage in a fair tendering process for the B.I. and dashboard hosting work, to ensure value for money for contractors.	YP

YP stated that he did not know which company or companies would be using the £4000 flexibility fund.

**Allocation of £18,000 for Administrative Support**

YP stated that the Purpose is to provide essential administrative capacity to enable CPLon’s delivery, coordination, and communications at pace—through the allocation of a £18,000 (£1,500 per month) annual budget to support approximately 2 days per week of flexible administrative resource.

Action no.	Description	Who to action
10	To ask for clarification on why the Admin and Project support budget line reads £21,000 rather than £18,000.	YP

SG brought the members’ attention to the following scope of support:  
 This resource will be flexible and shaped around CPLon’s evolving needs, including:

- Project Coordination: Supporting the tracking and follow-up of actions across key workstreams (Digital, Workforce, Engagement, Commissioning).
- Diary and Meeting Support: Scheduling meetings across stakeholders (e.g. ICB, NHSE, LPCs, CPE), preparing agendas, and managing invitations/logistics.
- Document and Content Support: Formatting board papers, updating project trackers, supporting delivery of newsletters, stakeholder briefings, and engagement dashboards.

- Stakeholder Support: Managing communication channels, tracking contact with key partners, and responding to basic contractor or LPC enquiries.
- Governance Oversight: Supporting Board administration including meeting packs, documentation of decisions, and central coordination.

YP suggested that employing some admin support may free up the CEO’s time – so that he would be able to prioritise other work – and perhaps reduce his hours.

SG stated that it is this LPC’s job to question how their money is being spent by CP Lon – and welcomed challenge from the members.

Action no.	Description	Who to action
11	To ask the CP Lon. Executive for the DOI and COI documents for the members of CP Lon. – to be sent to the Governance subcommittee.	YP

**7. MARKET ENTRY UPDATE**

YP stated that there are two “changes of ownership” in the NE London area –

- One relating to Wellcare.
- One relating to Greenlanes.

YP stated that there is no action for the LPC.

**8. VACCINATIONS UPDATE**

**RSV**

YP stated that a process is in play for rolling out RSV EOIs.

YP stated that the process to complete is very onerous.

UP asked about the mechanics of the process – and stated that there is no link to express an interest.

YP stated that he is currently struggling to gain clarification from CPE re. this subject.

SPA stated that he would try and unearth some contact details for the RSV EOI process.

Action no.	Description	Who to action
12	To chase contact at CPE to find out the mechanics of the RSV EOI process.	YP

**COVID**

YP stated that this is running through its normal cycle.

Action no.	Description	Who to action
13	To find out how many C&I contractors had been commissioned for the “run through” period.	YP

**FLU**

Action no.	Description	Who to action
14	To forward email from NCL ICB (7 <sup>th</sup> July 2025) – asking contractors to sign up to various London Flu SLAs.	DP

RF reminded that the main software providers are hosting webinars wrt. how to use their portals for the London Flu service for 2025/26.

YP stated that he had not seen these details.

RF stated that he would forward these details to YP.

**9. NCL TARGETED LUNG HEALTH AND ABDOMINAL CANCER CAMPAIGN**

YP stated that the LPC has paid most of the bills to contractors pertaining to these two campaigns.

YP stated that two sites have not provided bank details – so have not been paid.

**10. PROPOSED CHANGES TO THE PHARMACY LCS CAMDEN**

EA spoke to the following slides:

**Locally Commissioned Services**

**Delivered in pharmacies**

Smoking cessation

Emergency Hormonal Contraception

Needle Exchange

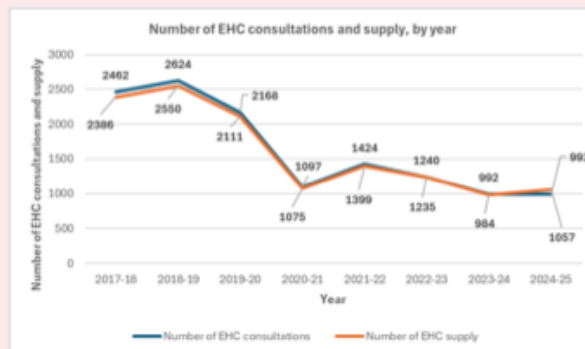
Supervised self-administration of opiate substitutes

**Locally Commissioned Services**

**Proposed changes to Pharmacy-based LCS**

**1) Emergency Hormonal Contraception:** Steady decline in service uptake as well as minimal uptake of the C-card offer. Providers' insight cited poor awareness of a free offer amongst young people. Academic research findings suggest preference for non-hormonal contraception amongst young people due to concerns about side effects and a desire for more natural options. National EHC service to be launched in October with local considerations to decommission or vary the service to a health promotion and referral design amongst other options.

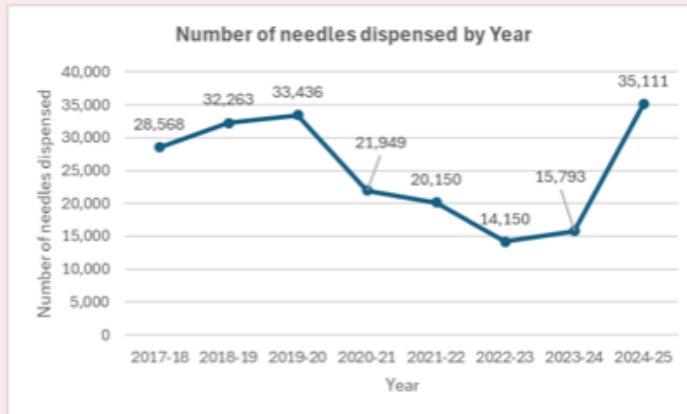
**Proposed changes:** None yet. Return to SMT with recommendations regarding our local offer



## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**2) Needle Exchange:** Progressive increase surpassing prepandemic levels but with variation in provision with "0 activity" in 23% (6 out of 26) of active pharmacies despite retainer payment. Remuneration rates has remained unchanged since 2012.



## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**2) Needle Exchange benchmarking findings:**

- Highest paying borough in NCL,
- highest payer for retainers and
- 23% of pharmacies received retainers despite "0 activity" in 2024-25

Benchmarking	Dispensing Cost	NCL average	NCL range	Returns	Retainer (annual)
Islington	£1.60 NEW (previously £1.30)	£1.15	£1.00-£1.60	£0	£300
Camden	£1.30			£0	£400
Barnet	£1.00			£1.00	£0
Haringey	£1.00			£0	£400
Enfield	£1.00			£0	£400
East Kent	£1.90			£0.10	£0
West Kent	£1.60		£0.10	£0	

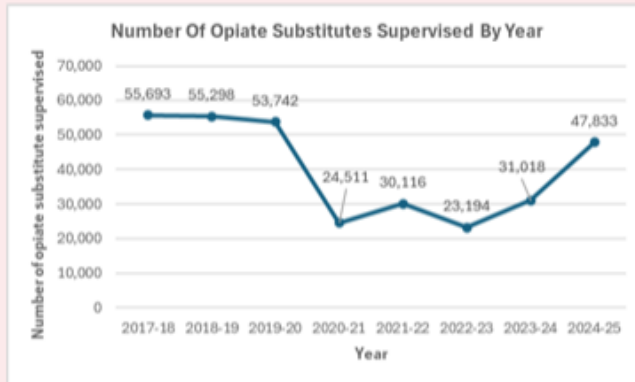
**Proposed changes:**

- Retain current payment rate of £1.30
- Retain annual retainer of £400 but conditional on at least 50 transactions per quarter (65% of active pharmacies and 42% of signed up pharmacies exceeded this target in 2024-25)
- Requirement for all NEX/SSA pharmacies to stock naloxone and have trained staff in delivery due to rise in drug-overdose related deaths locally. CGL will arrange the training and provision of naloxone to pharmacies. The naloxone will be for staff to use in the event that a resident attending the pharmacy is experiencing an overdose. Pharmacy will request for a restock from CGL as needed. **Health and wellbeing will fund backfill locum cover as part of our training offer.**

## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**3) Supervised self-administration of opiate substitutes:** Progressive increase since the pandemic, but still below pre-pandemic levels. Renumeration rates has remained unchanged since 2012.



## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**3) Supervised self-administration of opiate substitutes benchmarking findings:**

Highest paying borough across NCL (except enfield) for combined methadone and buprenorphine supervision. Cost- modelling shows delivery at a loss based on assumptions as in table below

Benchmarking	Methadone Supervision	Buprenorphine Supervision	Total payment for supervision	NCL average (for supervision)	NCL range (for supervision)	Payment per new registration
Islington	£2.25	£2.40	£4.65	£4.70	£4.00 - £5.15	£0
Camden	£2.15	£3.00	£5.15			£0
Barnet	£2.50	£2.50	£5.00			£0
Haringey	£2.00	£2.00	£4.00			£18.00
Enfield	£2.00	£2.00	£4.00			£18.00

- Proposed changes: None for 2025/26. Given the increased number of opiate users entering treatment as well as the risk of increased adulterated illicit opiate supply, an updated needs assessment on the current and anticipated need for supervised consumption is required to inform budget allocation.

If dispensed by a Pharmacy assistant						
Session activity	Staffing time per activity (in mins) *	Staffing cost per activity	Current Payment per item(s)	Total payment needed	Profit/ loss	Profit/ loss %
Methadone	5	3.25	£2.15	3.25	1.1	34%
Buprenorphine	7	4.55	£3.00	4.55	1.55	34%

Assumptions:  
Each methadone and buprenorphine activity takes an average of 5 mins and 7 mins respectively.  
Pharmacist: £96/hr (£1.60/min) (Source: LPC)  
Pharmacy Assistant: £39/hr (£0.65/min) (Source: LPC)

## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**4) Smoking cessation:** Regressed since the pandemic, with significant inequity across pharmacies (79% inactive and 83% with "0 quits"). Payment rates have:

- remained unchanged since 2015 not being proportionate to current staff pay and so delivered at a loss
- not compensatory of training costs or
- of process-related outcomes. For instance, pharmacies receive £10 for a failed quit attempt or loss-to-follow-up despite up to 2hrs of behavioural therapy sessions or multiple contact attempts to foster service user retention.

**Proposed changes:**

- Uplift remuneration rates proportionately
- redistribute allocation to reimburse process-based activities, support CO testing at pre quit and quit assessment to sustain user motivation and retention
- fund backfill cover to support training uptake

Total amounts payable per outcome	Current	Proposed
Total payable if lost to follow up (minimum 3 contact attempts)	£10	£60
Total payable if not quit	£10	£80
Total payable if successful quit (without CO verification)	£50	£110
Total payable if successful quit (with CO verification)	£50	£130

## Locally Commissioned Services

### Proposed changes to Pharmacy-based LCS

**4) Smoking cessation:**  
**Proposed changes:**

Payment schedule	Current	Proposed
Pre-quit		
<b>Assessment, registration and set quit date (Mandatory session)</b>	£10	£50
Session 3		
Session 4		
Session 5		
<b>Session 6: outcome at 4 weeks (25-42 days) (Mandatory session)</b>		
Successful quit	£20	£60
CO verified quit, an additional £20	£20	£20
Still smoking		£30
Target population group	£15	
Disease group	£25	
Lost to follow up (minimum 3 contact attempts)		£10
<b>Total amounts payable per outcome</b>		
Total payable if lost to follow up (minimum 3 contact attempts)	£10	£60
Total payable if not quit	£10	£80
Total payable if successful quit (without CO verification) *	£50	£110
Total payable if successful quit (with CO verification)	£50	£130

## Locally Commissioned Services

### Thoughts on the below?

- 1) **Changes in payment rates and conditions?**
- 2) **Widen access to a fuller range of preventative interventions through requirement for all NEX pharmacies to provide SSA (and vice versa) and stock naloxone?**
- 3) **Widen access to a fuller range of preventative interventions through requirement for all EHC/national contraception pharmacies to sign-up to c-card service?**
- 4) **Increase coverage by increasing the number of pharmacies signed up to our LCS, as currently only 25 out of 60, 42% at most?**
- 5) **Regain sign-up of boots pharmacies as have a near universal footprint and will increase coverage consequentially?**
- 6) **Foster geographical equity in uptake (increase uptake in low-performing pharmacies)?**
- 7) **Address resident feedback from PNA survey with regards to service awareness, accessibility provisions?**

SG asked what the time commitment for the needle exchange and supervised consumption F2F training would be, and also how often the training would happen. EA stated that training would take twice a year for pharmacists and pharmacy front of house staff. EA stated that she would work with the LPC wrt. when these training sessions should take place.

EA stated that she did not know the duration of the training sessions – but backfill cover would be provided for however long the training would be.

YP stated that more than one date will be made available for this training for each session, so that locums would be available for pharmacists to take time out to train.

SG stated that public awareness for all CP services is currently low, therefore could some funding be used to promote these services to the public.

EA stated that she would be happy to augment existing CP promotion materials.

YP stated that promotional resources should be looked at when the LCS provision and sign-up is revived and increase by contractors – with help from the LPC.

YP suggested that an article in the Camden magazine could promote these services.

YP stated that the issues around “patient returned sharps” could also be advertised to the public.

*EA asked if the contractors were happy to all stock naloxone.*

YP stated that he would have to defer to the committee for an answer to this.

EA stated that the new pricing structure would be back dated and applied to Q1 & 2.

YP stated that he would advise the committee to accept these revised rates, and then, following a benchmarking exercise, then YP and EA would talk about bridging the gaps in payment rates being offered, using the data from the benchmarking exercise.

Action no.	Description	Who to action
15	To sit down with EA to talk about LCS payment rates – following benchmarking exercise – before the end of July 2025.	YP

SG wondered whether posters could be put up in schools and youth centres advertising pharmacy LCS’.

**ISLINGTON**

Overview

- Overview of Public Health Commissioned LCS
- Procurement plan for smoking and EHC
- Proposed changes to smoking payments

LCS currently commissioned by Public Health

LCS	Position
Emergency Hormone Contraception	<ul style="list-style-type: none"> <li>• Currently commissioned by Public Health.</li> <li>• Announcement that this will be commissioned nationally (due to be implemented in October 2025).</li> <li>• Public health will continue to commission until national programme is live - but we won't double run.</li> </ul>
Smoking cessation	<ul style="list-style-type: none"> <li>• Public Health commission – will need to reprocure this service during the Autumn.</li> <li>• If you want to provide/continue to provide smoking cessation you <b><u>MUST</u></b> register on the portal and complete the tender documentation when this goes live.</li> </ul>
Supervised administration	Public health commission – has recently been reprocured.
Need exchange	Public health commission – has recently been reprocured.

## Reprocurement process: Smoking (and possibly EHC)

- Contract will be for an initial term of 3 years, running from April 1 2026, with an option to extend for an additional 1 year.
- Will be using the Provider Section Regime (PSR) contracting route.
- Will not restrict who can sign up so long as pharmacies can demonstrate suitability.
- Procurement guidance and council governance require us to complete all procurements through the London Tenders Portal (LTP) (**this is mandatory requirement and not something which we can avoid**).
  - Please get registered on the site – you will not be able to apply for these services if you are not on the site - [London Tenders Portal](#)
  - We will run sessions and will be available to support you in doing this.
  - There will also be a requirement to upload evidence via the portal.
- It is anticipated that the procurement will be live: Sept-Oct (this will be confirmed nearer the time)

## Smoking cessation changes

- The pharmacy smoking cessation LCS has seen a decline in service activity since 2019/2020. Despite the drop-in activity, smoking cessation support through pharmacy remains a core component of the local stop smoking offer. **We want to work with pharmacies to increase smoking cessation activity.**
- Proposing a significant uplift in payments. Our approach to recosting the LCS has taken account of:
  1. Compensate providers for their time when delivering the LCS – i.e. not only remunerate delivering a four-week quit.
  2. Costed on current hourly rates of pharmacy staff and the amount of time required to deliver a quit, including administrative time required to support smoking cessation within the setting
  3. Offers comparable recompense to national NHS Smoking Cessation Service (SCS).

Removed	Included
- Shift away from payment only being based on outcome of quitting smoking	- Increased payment for work to support smokers, even if they don't successfully go on to quit
- Payment if the person that quits is in a target group removed (adding complexity to payment data) – all quits paid at a higher amount	- Increased payment for those who successfully quit at 4 week
- No payment for CO verification	- Increased payment for those supported to 4 weeks but who have not quit smoking

## Comparison of payment models

Proposed payment model	
Item	Payment
Assessment, Registration & Quit date set	£40*
Outcome: Lost to follow up	£10
Outcome: Still Smoking at 4 weeks/25-42 days post quit date	£40
Outcome: Quit at 4 weeks/ 25-42 days post quit date: self-reported OR CO verified	£70

Comparing current and proposed payment model			
Outcome	Proposed payment	Current payment	Change
Amount payable if outcome is recorded as lost to follow up	£50 (£40 + £10)	£10	+£40
Amount payable for non-quit outcome at four weeks	£80 (£40+40)	£10	+£70
Amount payable for a 4-week quit	£110 (40+70)	Min: £30 (self-reported quit) Max: £90 (CO verified, in target group & disease group)	+ £20 to +£80

SG stated that the London Tenders portal is very difficult to use, and requires a lot of detailed information to be inputted over a great deal of time – and this is disproportionate to the financial worth of this service – it doesn't seem to be value for money for taxpayers.

SG suggested that there needs to be lots of support provided, in terms of "how to use" videos and webinars, if the portal is to be used.

CA suggested that she, SG and YP could sit down to identify the most challenging parts of this process, with a view to going back to procurement to try and get them changed. CA stated that the plan is for procurement would take place in Sep/Oct 2025, for the next financial year.

Action no.	Description	Who to action
16	To sit down with CA & SG to identify the most challenging parts of the Smoking LCS sign up process (via the portal), with a view to going back to procurement to try and get them changed	YP

CA stated that the proposed payment values are the best the LA can offer at the moment.

CA stated that she had put in a request to the LPC for all the reprocurement details to be agreed by the 30<sup>th</sup> June 2025, because she needs to get changes made to "quit manager" and align changes to the GP systems.

Action no.	Description	Who to action
17	To sit down with CA to talk about LCS payment rates – following benchmarking exercise – before the end of July 2025.	YP

CA stated that there has been no challenge from the LMC wrt. the discrepancy in pricing.

CA stated that it will not be possible to backdate the payments - due to the system changes.

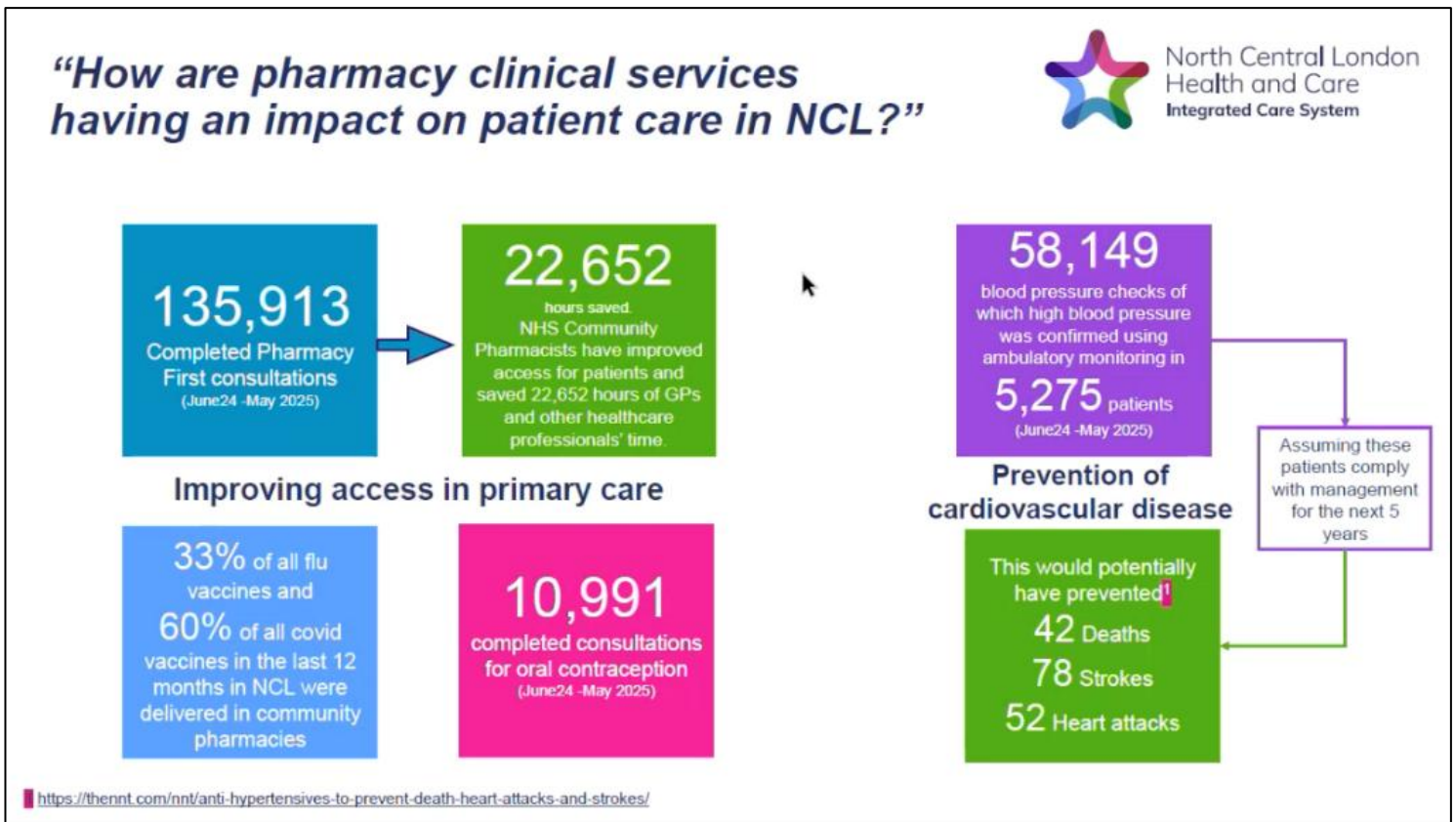
CA stated that ideally the changes would be agreed upon by the end of the week, so that they could be implemented in Q3.

YP stated that, for the cross-border pharmacies, the price discrepancies for this service means that treating patients from different boroughs using this service may result in a difference in payment of £20.

CA stated that the budgets are strained.

**11. SERVICE ACTIVITY**

KP spoke to the following slides -



# Pharmacy First Service



North Central London Health and Care  
Integrated Care System



From soothing an earache to treating a UTI, your local pharmacist can now provide medicines for seven conditions, if necessary, without the need for a GP appointment or prescription.

Subject to age eligibility. For more information, visit [nhs.uk/thinkpharmacyfirst](https://nhs.uk/thinkpharmacyfirst)

See your pharmacist  
Help us help you

- Almost all pharmacies now offer the Pharmacy First service, giving advice and, if needed, NHS medicines to treat seven common health conditions – and all without the need for a GP appointment.
- This service is available in 95% of pharmacies in NCL

PHARMACIES REGISTERED FOR PHARMACY FIRST (June25)	Yes	No	Grand Total
Barnet	68	2	70
Camden	57	4	61
Enfield	55	2	57
Haringey	50	2	52
Islington	45	1	46
<b>Grand Total</b>	<b>275</b>	<b>11</b>	<b>286</b>

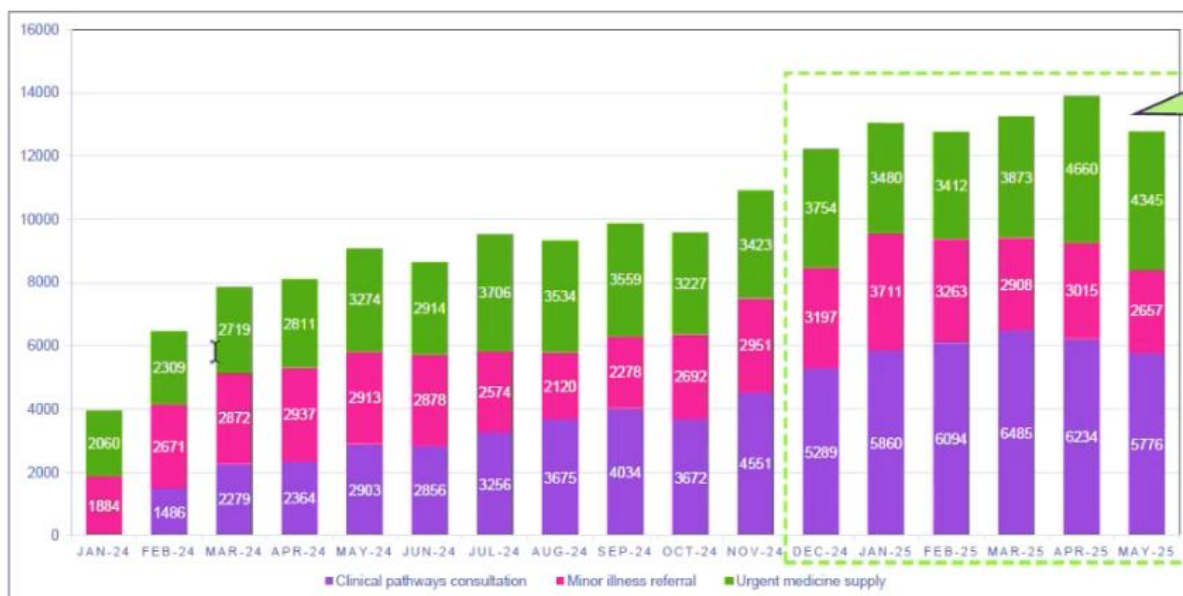
95%

KP stated that she would like to know why 11 pharmacies are not registered for the PF service.

# NCL completed Pharmacy First consultations by month by type



North Central London Health and Care  
Integrated Care System



Average around 13,000 completed consultations per month in the past 6 months

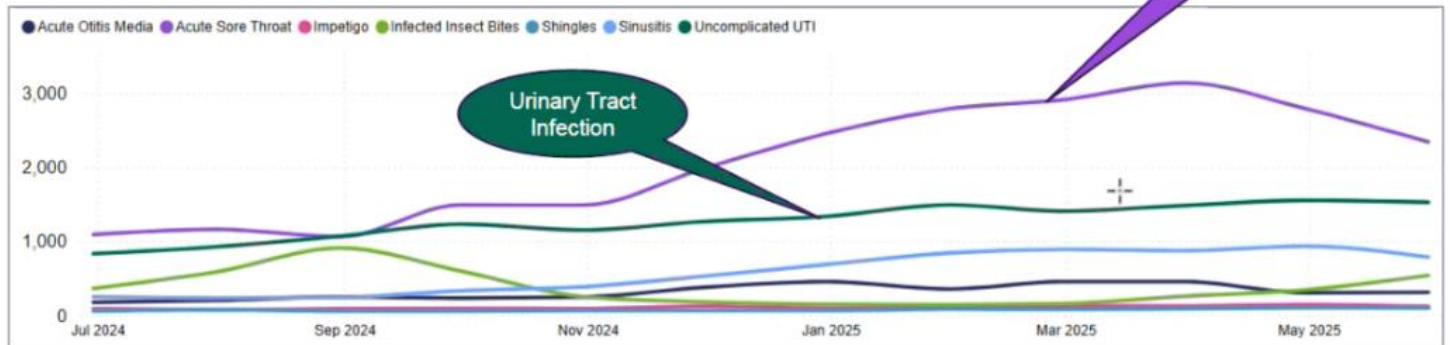
Source: NHSBSA data based on unverified claims submitted by pharmacy contractors. Feb 2024 – May25.

KP stated that she would break the above data down into borough level.

## PF activity by month by clinical pathway



North Central London  
Health and Care  
Integrated Care System



The two most common conditions presented to community pharmacies as part of Pharmacy First are sore throat and urinary tract infection.

Source: NHSBSA data based on unverified claims submitted by pharmacy contractors. July 24-May 25)

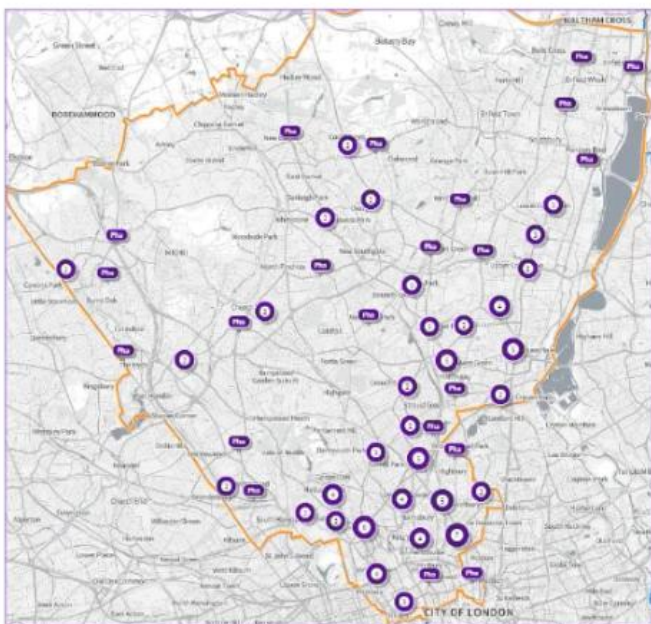
5

## Pharmacies signed up for SCMS

(as of 23/6/2025)



North Central London  
Health and Care  
Integrated Care System



Further info: <https://nclhealthandcare.org.uk/keeping-well/self-care/>

Borough	Number of participating pharmacies
Barnet	21
Camden	29 of 61
Enfield	27
Haringey	30
Islington	36 of 46
Westminster (on Camden border)	1
Brent (Camden border)	1
<b>Grand Total</b>	<b>145</b>

51%

KP stated that she would be keen to increase the numbers of pharmacies participating in the SCMS.

# SCMS activity: June 24 – May 25



**10,998**  
consultations June - May 2025

**84%** of patients would have gone to GP

**84%** of consultations were self-referred

**54%**  
of consultations in Islington  
27% in Camden  
10% in Haringey  
9% in Enfield  
0.4% in Barnet

**44%**  
patients under 16

**11** patients required onward referral

Source: PharmOutcomes claims data for 1/6/24 – 31/05/25, accessed June 2025.

# NHS blood pressure check service



**NHS**

**Over 40? You need to know your blood pressure**

Around 1 in 4 adults in the UK have high blood pressure, but many don't know it. It can increase your risk of having a heart attack or stroke.

Knowing what your blood pressure numbers mean could save your life.

To find out how to get checked and manage your risk, visit [nhs.uk/bloodpressure](https://nhs.uk/bloodpressure)

Your health matters. Help us help you.

### Why get your blood pressure checked?

- High blood pressure, also called hypertension, is a condition which can be controlled to reduce the risk of a heart attack, stroke or other cardiovascular disease.
- In the UK there are about five million adults (one in every nine) who have high blood pressure without even knowing it, since high blood pressure itself rarely causes symptoms.
- The British Heart Foundation estimates that high blood pressure causes over 50% of heart attacks and strokes.

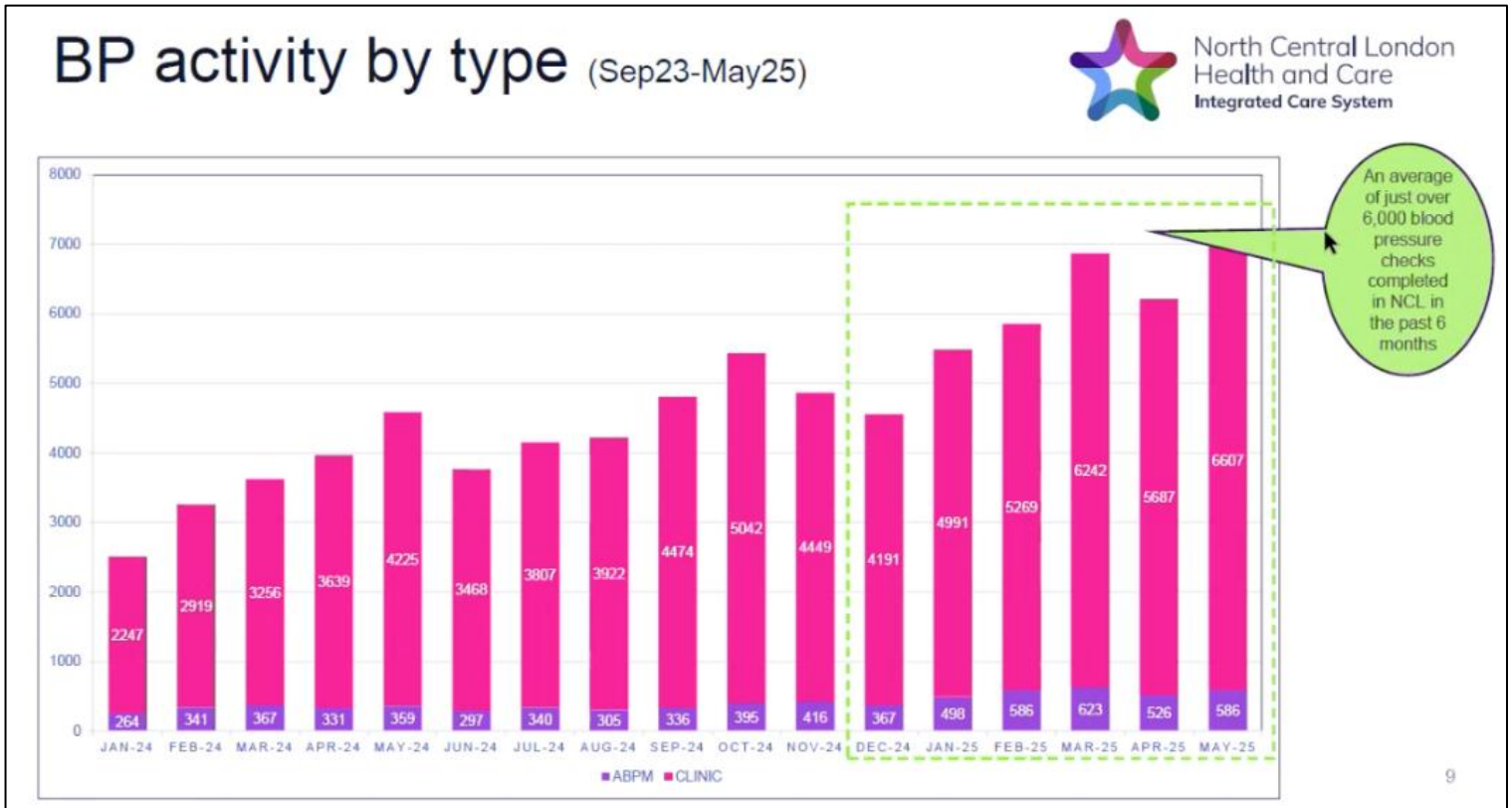
### What does this free NHS blood pressure check involve?

- FREE NHS blood pressure checks to people aged 40 and over with no appointment necessary.
- General practices can also refer patients to a participating community pharmacy for a clinic blood pressure reading, or for 24-hour ambulatory blood pressure monitoring.

PHARMACIES REGISTERED FOR BLOOD PRESSURE CHECK (June 25)	Yes	No	Grand Total
Barnet	63	7	70
Camden	53	8	61
Enfield	51	6	57
Haringey	47	5	52
Islington	42	4	46
<b>Grand Total</b>	<b>256</b>	<b>30</b>	<b>286</b>

89%

KP stated that she would be keen to increase the numbers of pharmacies participating in the blood pressure check service.



### Pharmacy Contraception Service

North Central London Health and Care Integrated Care System

- This free service may be more convenient than booking an appointment with the GP surgery or at a sexual health clinic.
- The pharmacist can give the same expert advice about selecting and managing contraceptive pills as the GP surgery.
- From October '25 Emergency Hormonal Contraception (EHC – 'morning after pill') will be added to the national service.

PHARMACIES REGISTERED FOR CONTRACEPTION SERVICE (June25)	Yes	No	Grand Total
Barnet	62	8	70
Camden	53	8	61
Enfield	53	4	57
Haringey	42	10	52
Islington	44	2	46
<b>Grand Total</b>	<b>254</b>	<b>32</b>	<b>286</b>

88%

KP stated that she would like to know why 32 pharmacies are not registered for the Pharmacy Contraception service.

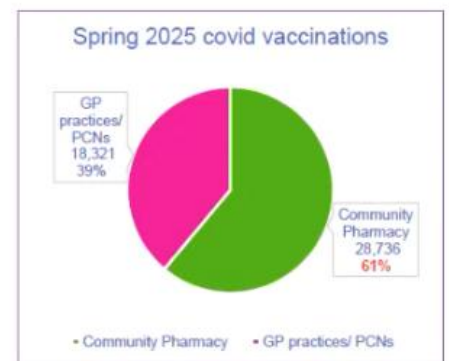
## Contraception activity by service type by month (Jan'24-May'25)



## Vaccinations in NCL community pharmacies 2024/2025



- Many community pharmacies are actively involved in providing both COVID-19 and flu vaccinations as part of the NHS vaccination programmes, and pharmacies have been key providers of COVID-19 vaccines since the early stages of the pandemic.



- A new "flu walk-in finder" tool will launch in October 2025, allowing patients to locate pharmacies offering walk-in flu jabs without needing an appointment

## Recent and future developments

North Central London  
Health and Care  
Integrated Care System

### Urgent Care centres referring eligible patients to community pharmacy

- The ICB are working with three Urgent and Emergency Care (UEC) settings in NCL to start referring eligible patients to the Pharmacy First service. This will help reduce pressure on emergency departments by diverting non-urgent cases, it will speed up care for patients with minor ailments and improves access to treatment without needing a GP appointment.

### Independent Prescribing Pathfinder Programme (IPPP)

- From September 2026 newly qualified pharmacists will be joining community pharmacy ready to work as independent prescribers.
- An *Independent Prescribing Pathfinders pilot* has been commissioned from three NCL pharmacies, to establish a framework for future commissioning.

### Point-of-Care(PoCT) lipid testing in community pharmacy

- NCL is supporting Barts Health with a Pilot of Point of Care testing (PoCT) in Community Pharmacy.
- The PoCT will check Lipids and calculate QRISK<sup>2</sup> for selected patients. The pilot will run for 3 to 6 months and be available to patients in 10 NCL Community Pharmacies, located in areas with high levels of deprivation and high levels of Blood pressure (BP) testing taking place.

<sup>2</sup> QRISK is a clinical algorithm that calculates a person's 10-year risk of having a heart attack or stroke.

## DPP ISSUES

KP stated that he would be speaking with KP wrt. the challenge of pharmacists obtaining DPPS.

## PATIENT SAFETY

LC reminded that LFPSE is a national NHS system for the recording and analysis of patient safety events that occur in healthcare.

LC stated that James Avery (clinical officers in ICB) would be more than happy to come to this meeting to speak to members, to promote this as a tool for pharmacists.

YP stated that a London wide webinar on LFPSE had been hosted earlier this year.

YP stated that independent pharmacists report their safety events through the NPA, who then populate the LFPSE.

YP stated that he would be happy to resurrect the webinar – to raise awareness again for contractors.

## ICB MERGER/CLUSTERING DISCUSSION

LC stated that a proposal would be going to the NW London and NC London's boards on the 22<sup>nd</sup> of July 2025.

LC stated that the discussion would include an options proposal paper.

LC added that there are lots of sub-options wrt. the merger.

## MEDS. OPTIMISATION ROLES

LC stated that she is currently trying to describe and document at a high level the sort of Meds. Op. roles that would need to transfer to the receiving organisations.

LC stated that there is no agreed, formalised process for how this will happen.

LC stated that the strategic commissioning work would stay within the ICB, which would include the oversight of the CP contracts.

LC stated that the delivery arm elements would sit with the "providers".

LC stated that all five ICBs are working together re. how they can support CP across London, to provide consistency and equity of access.

## QUESTIONS AND COMMENTS

SG asked whether there would be an opportunity for the LPC to feed into the support work that the five ICBs are currently trying to collaborate on.

LC stated that LPCs could not be part of the formal consultation wrt. the ICB mergers, however she is more than happy to talk to the LPC – to gather their input on how the structure would work efficiently.

SG asked whether LPC reps. could attend the oversight and scrutiny meetings – when presentations are being given on the subject of CP good news stories.

KP stated that she did not know whether this would be possible – and the Joint oversight and scrutiny committee usually asks the ICB comms. team what they would want feedback on at their meetings. The requests come from the Joint oversight and scrutiny committee.

SG stated that this speaks to the wider point re. LPC/CP reps. not being invited to attend and feed into high level Primary Care meetings.

LC stated that it is better for ICB colleagues to speak at the Joint oversight and scrutiny committee meetings – but the ICB would ask LPC reps. along, if they would need information from the “ground level”.

- **INTs**

YP stated that he had received an email which required an EOI submission for some aspect of the INT formation.

LC stated that certain PCNs will be carrying out a “neighbourhood” piece of work, and the ICB will support by telling the particular PCNs involved to involve CP/LPCs ahead of time.

- **RSV vaccine in CPs programme**

YP stated that it would seem that this programme has been set up such that it makes it impossible for small organisations to submit EOIs.

KP stated that Isaac and Simon McSorely are leading on this work – by scoring elements of the EOIS – they are not responsible for selecting the pharmacies.

KP stated that 15-18 EOIs have been received in NCL.

KP agreed that the process is onerous.

YP thanked KP and LC for their hard work under the current difficult circumstances (i.e. the restructure and mergers). YP stated that the LPC is happy to support in any way.

## **12. TREASURER’S UPDATE**

YP highlighted the following:

- Management accounts are up to date.
- 40 payments need to be reconciled.

**Profit and Loss**

Community Pharmacy Camden & Islington  
For the year ended 31 March 2026

	2026	2025	2024	2023
<b>Turnover</b>				
LPC - Statutory Levy	39,945.72	119,836.93	-	9,986.39
NCL Community Pharmacy Project funding	-	69,581.00	-	53,120.00
NHSE London GPCPCS Implementation Support funding	-	-	-	2,619.18
Other Revenue	16,775.00	-	119,836.86	-
Sales	-	6,765.00	-	-
<b>Total Turnover</b>	<b>56,720.72</b>	<b>196,182.93</b>	<b>119,836.86</b>	<b>65,725.57</b>
<b>Cost of Sales</b>				
Direct Expenses	21,992.38	149,145.90	116,450.13	-
Direct Wages	-	-	-	62,821.84
<b>Total Cost of Sales</b>	<b>21,992.38</b>	<b>149,145.90</b>	<b>116,450.13</b>	<b>62,821.84</b>
<b>Gross Profit</b>	<b>34,728.34</b>	<b>47,037.03</b>	<b>3,386.73</b>	<b>2,903.73</b>
<b>Administrative Costs</b>				
Audit & Accountancy fees	-	-	2,700.00	3,240.00
Bank Fees	12.75	4.25	(868.15)	125.00
Barnet, Enfield & Haringey's Pro-rata share of Project funding	-	-	-	19,665.00
Consulting	-	-	-	9,000.00
Insurance	-	325.39	-	362.77
IT Software and Consumables	57.60	259.40	276.60	120.00
LPC member expenses	-	-	-	10,635.50
NCL Cancer Campaigns	-	3,000.00	-	-
Pharmacy London	-	-	-	1,018.67
Printing & Stationery	-	-	-	378.00
PSNC Levy	14,983.00	30,539.47	12,212.00	16,666.00
Subscriptions	-	5,300.00	-	-
Sundry expenses	-	-	-	35.00
<b>Total Administrative Costs</b>	<b>15,053.35</b>	<b>39,428.51</b>	<b>14,320.45</b>	<b>61,245.94</b>
<b>Operating Profit</b>	<b>19,674.99</b>	<b>7,608.52</b>	<b>(10,933.72)</b>	<b>(58,342.21)</b>
<b>Profit on Ordinary Activities Before Taxation</b>	<b>19,674.99</b>	<b>7,608.52</b>	<b>(10,933.72)</b>	<b>(58,342.21)</b>
<b>Profit after Taxation</b>	<b>19,674.99</b>	<b>7,608.52</b>	<b>(10,933.72)</b>	<b>(58,342.21)</b>

YP stated that the finances are "on budget" and because he is not operating on a PAYE contract as yet – then the LPC is saving money re. NICs and Employer pension.

YP stated that he has some work to do wrt. setting up his pension – getting payment details.

YP stated that everything is in place to shift to PAYE for this month.

**CEO HR DOCUMENTS – sickness element**

SG stated that he had wanted to do a benchmarking exercise (with James Woods' help) wrt. what other LPC's arrangements currently were re, the CEO's sickness policies.

SG reminded that James Wood is currently on sick leave.

SG stated that he currently has five comparators, from London LPCs.

SG reminded the meeting that the LPC subcommittee had combed these HR documents – and are happy with the current drafts of the contents.

SG asked for any comments from the members wrt. the details of the CEO contract that does not pertain to the "sickness" element.

YP displayed the following comparators from other LPCs –

LPC	Sickness pay provision for CEO
SEL	1 month – then SSP
SWL	6 weeks – then SSP
MPG	Unknown
KCW	SSP – to revisit
NEL	first 3 months = no sick pay
	3 -12 months = 2 weeks
	1 – 3 years = 4 weeks
	3-5 years = 8 weeks
	Over 5 years = 12 weeks

YP stated that he would prefer 1-month sick pay.

- YP then left the meeting whilst the members discussed this issue.

NP suggested that the members make a decision now on the sick pay duration, and to not wait for James Wood to return. NP suggested that 1 month be given.

RF stated that his employer gives him 8 weeks sick pay.

**The members present voted unanimously to add an interim sick pay duration of 1 month to the CEO contract– to be revisited when James Wood returns (when he can give more comparators).**

KK suggested that important discussions such as these should not be left till the very end of the meeting.

- YP returned to the meeting and SG informed him of the decision made about the sick pay duration.

Action no.	Description	Who to action
18	To sign the updated CEO contract and send back to SG asap.	YP

### LPC MEMBERS' LIABILITY INSURANCE

YP stated that James Woods (CPE) stated that the LPC is “on risk” but he has not received an invoice from the insurance company as yet.

YP added that James is on long-term sick leave.

SG suggested that YP contact the insurance company directly.

Action no.	Description	Who to action
19	To ask Alistair Buxton (CPE) about whether the LPC members are covered wrt. liability insurance.	YP

### 13. CPPE UPDATE

YK spoke to the following slides:

## Pharmacy Quality Scheme 2025-26

CPPE have updated the PQS page which includes the tracker which can help people quickly determine which CPPE learning programmes and assessments they have completed within the specified timeframe (if applicable).

Please note that the tracker is only a guide. Read our [Medicines optimisation](#) and [Patient safety](#) pages to learn more about the steps needed to work towards meeting the training requirements for the quality criteria across the domains. To determine the learning requirements specific to your circumstances and role, refer to the [Drug Tariff information on PQS](#).

Links to the support and resources on the [Community Pharmacy England PQS Hub page](#)

## Pharmacy Quality Scheme

Programme	Validity period	Status	Options
Consulting with people with mental health problems e-learning	Pharmacists need to have completed this learning between 01/04/2022 and 31/03/2026	Last accessed this programme on <b>07/04/2025</b>	<a href="#">Access your learning record</a>
Emergency contraception e-learning	Pharmacists and any Pharmacy Technicians intending to provide the Pharmacy Contraception Service need to have completed this learning between 01/04/2023 and 31/03/2026	Last accessed this programme on <b>28/07/2020</b>  Remember to refresh your learning in line with the PQS validity period	<a href="#">Access the learning programme</a>
Emergency contraception e-assessment	Pharmacists and any Pharmacy Technicians intending to provide the Pharmacy Contraception Service need to have passed this assessment between 01/04/2023 and 31/03/2026	<b>Not completed</b> this step	<a href="#">Access the assessment</a>

Encourage contractors and their teams to log into the CPPE website page for PQS which will bring up their tracker  
<https://www.cppe.ac.uk/services/pharmacy-quality-scheme#pqsMenu>

## New workshop

[Depression: having meaningful conversations - focal point : CPPE](#)

Available June 2025. Open for booking now.  
(Further workshops will be available from mid May)

Aim is to support pharmacy professionals:

- confidently start a conversation about depression
- discuss options for managing depression
- tailor support to individual needs of the person
- recognise when an urgent referral is needed and appropriately refer
- reflect and recognise your support needs arising from conversations about depression
- create a signposting resource to use in your practice.

## NHS Pharmacy Contraception Service support

### E-learning

[Contraception : CPPE](#)  
[Emergency contraception : CPPE](#)

### Workshops

[NHS Pharmacy Contraception Service: delivering effective consultations to initiate contraception : CPPE](#)  
[Emergency contraception : CPPE](#)

9 September

[NHS Pharmacy Contraception service \(PCS\) - panel discussion 1](#)



## NHS Pharmacy Contraception Service support

Contraception info page:

<https://www.cppe.ac.uk/services/p/cs>

Shared decision making on initiation of  
contraceptive pills – Top tips

<https://www.cppe.ac.uk/programmes//shared-I-01>

17/09/25- Workshop, Welwyn Golf  
Course



YK stated that she would extract the highlights from this presentation for addition to the C&I LPC newsletter.

## Clinical assessment skills

- [NHS Pharmacy First: Clinical assessment – essential skills online workshop : CPPE](#)
- [NHS Pharmacy First: Clinical assessment and examination skills full-day workshop : CPPE](#)
- [NHS Pharmacy First: Ear, nose and throat clinical assessment skills : CPPE](#)

YK stated that she would inform YP of the dates of the workshops shown in the slide above.



CENTRE FOR PHARMACY  
POSTGRADUATE EDUCATION

## CPPE Launches Hands-On Workshop to Strengthen Hypertension Case-Finding in Community Pharmacy

The workshop was developed in collaboration with the British and Irish Hypertension Society (BIHS), the event combines clinical expertise with practical, real-world application.

This new workshop supports pharmacy professionals (available for pharmacy technicians, trainee pharmacists, and pharmacists) at all stages – whether launching the service or looking to refine existing practice. It offers the opportunity to learn practical skills on using ABPM equipment, interpreting blood pressure readings, and managing consultations through a person-centred, shared decision-making approach.

Attendees will also benefit from learning how to train wider pharmacy teams, ensuring consistent delivery and embedding the service into everyday practice

[Blood pressure assessment in community pharmacy: essential skills : CPPE](#)

## Pharmacy technicians working under PGDs

### Pharmacy technicians: using patient group directions in practice : CPPE

This programme supports pharmacy technicians to develop the confidence to work under patient group directions (PGDs). It provides examples of opportunities to use PGDs in practice, and uses activities that aim to empower pharmacy technicians to work under PGDs to increase capacity for person-centred care within the healthcare team. Which LPCs are looking to integrate PTs into local services?

## Pharmacy technician development

- Pharmacy technician impact groups : CPPE
- **Next cohort starts in September 25- bookings open now**  
The aim of the *CPPE Pharmacy technician impact groups* is to support your professional development, build your confidence and develop your leadership skills.
- Community pharmacy technician: advancing your role : CPPE
- This programme aims to develop the knowledge, clinical skills and behaviours of pharmacy technicians working in community pharmacy and the Health and Justice sector to increase patient access to clinical services by widening the skill mix in community pharmacy teams.



CENTRE FOR PHARMACY  
POSTGRADUATE EDUCATION

Chief Pharmaceutical Officer's Pharmacy leaders development programme

**The Chief Pharmaceutical Officer's Pharmacy leaders development programme**

The *Chief Pharmaceutical Officer's Pharmacy leaders development programme* is for experienced pharmacists and pharmacy technicians who aspire to lead large and complex NHS departments, services, teams or systems of care to benefit patients and local communities.

<https://www.cppe.ac.uk/skills/pharmacy-leaders>

YK stated that the time commitment for the above course is 5 days – and the next intake is September 2025.

YP thanked YK for her update.

**14. FUTURE MEETING DATES**

Date	Time	Type
<b>Tuesday 30 September 2025 LPC Meeting &amp; AGM</b>	<b>09:30-13:00</b>	<b>Face to Face</b>
<b>Tuesday 18 November 2025</b>	<b>09:30-13:00</b>	<b>Teams</b>
<b>Tuesday 27 January 2026</b>	<b>09:30-13:00</b>	<b>Teams</b>
<b>Tuesday 17 March 2026</b>	<b>09:30-13:00</b>	<b>Teams</b>

*SG brought the meeting to a close.*

## Glossary of Acronyms

AOM	Acute Otitis Media
API	Application Programming Interface
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CIC	Community Interest Company.
CLOT	CPE AND LPC OPERATIONS TEAMS
CP	Community Pharmacy
CPCS	Community Pharmacy Consultation service
CPE	Community Pharmacy England (formerly PSNC)
CPL	Community Pharmacy London (formerly PL)
CRM	Customer Relationship Management
DDU	Drug Development Unit
DMS	Discharge Medicines Service
DPP	Designated Prescribing Practitioner
DSP	Distance Selling Pharmacy
EA	Equality Act/Assessment
ED	Emergency Dept.
ELPR	East London Patient Record
EOLC	End of Life Care Service
ERD	Electronic Repeat Dispensing
F2F	Face to face
FAC	Financial Audit Committee
GMC	General Medical Council
GUM	Genitourinary medicine
HWB	Health & Wellbeing Board
ICS	Integrated care system
INT	Integrated Neighbourhood Teams
IPA	Independent Pharmacy Association
IPPP	Independent Prescribing Pathfinder programme <a href="https://cpe.org.uk/our-news/independent-prescribing-in-community-pharmacy-the-pathfinder-programme/">https://cpe.org.uk/our-news/independent-prescribing-in-community-pharmacy-the-pathfinder-programme/</a>
IPMO	Integrated NHS pharmacy and Medicines optimisation work program.
LA	Local Authority
LFPSE	Learn from patient safety events
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LCS	Locally Commissioned Service
MCA	medicines Compliance Aids
MDS	Monitored Dosage Systems
MPG	Middlesex Pharmaceutical Group
NBS	National Booking Service
OC	Oral Contraception
PA	Physician's Assistant
PEM	Post event message
PF	Pharmacy First
PIL	Patient Information Leaflet
PL	Pharmacy London
PLOT	PSNC AND LPC OPERATIONS TEAMS
PMs	Practice Managers
SCMS	Self-Care Medicine Service.
STP	Sustainability transformation plan
TAPR	Transforming Pharmacy Representation.

VEAT	Voluntary Ex-Ante Transparency Notice
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