

TIME: 09.30 – 12.45
PLACE: Zoom Platform

Member Name	Initials	Attendance A= Absent – no apologies sent Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	Yes
Udit Patel	UP	Aa
Sanjay Patel Aqua (Vice-Chair)	SPA	Aa
Kim Khaki	KK	Aa
Avni Patel (AIMp)	AP	Yes
Beneeta Shah (CCA)	BS	Aa
Kalpen Patel (Treasurer)	KP	Yes
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Yes
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	A
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Yes
Caroline Ashton	CA	Yes – 11.00 – 11.20
Louise Coughlan (ICS)	LC	Aa
Kristina Petrou (ICS)	KPe	Aa
Shilan Shah	SS	Aa

1. Welcome, apologies & messages

YP welcomed the members to the meeting – apologies are shown in the table above. SG reminded that there are CPE new member documents in the meeting bundle for any member’s attention.

2. Declarations/CONFLICTS of interest

There were none.

SG stated that the competition and governance guidance docs. have been included in the papers – and he asked the members to take a look at these. SG asked whether all the DOI and COI docs had been submitted from the members.

YP stated that quite a few are still outstanding – and he would get members to sign these papers when the committee meets F2F.

Action no.	Description	Who to action
1	To message the members who had not sent in their DOI and COI signed docs – to remind them to action.	YP

3. Minutes of 210524 LPC meeting

Accuracy

These were deemed as an accurate record and were accepted.

Previous Actions and matters arising

- **Previous Action – YP to write to local MPs and councils to share local CP closure data – by 28 May 2024.**

YP stated that he has shared a draft copy of the letter with the MPG, so that the letter could be co-badged.

SG reminded that there are some prominent MPs in the C&I areas – therefore this letter should be posted out sooner rather than later.

The members looked at the draft letter contents, and SG suggested that the line – “one CP per day is currently closing” – should be added.

SG also suggested that the Labour party’s commitment to utilising CP IPs should be added.

YP asked for comments from the members by Friday 19 July 2024.

Action no.	Description	Who to action
2	To send “closure data” letter on Friday 19 July 2024.	YP

- **Previous Action – YP to follow up with the two Esther’s wrt. extensions to PGDs/SLAs for LA commissioned services.**

SG asked whether the LA had now sent out “in date” SLAs and PGDs.

YP stated that these documents had indeed been shared with himself.

The members stated that some of these docs are present on PharmOutcomes.

SG stated that signed copies of these documents should be sent back to the LA.

Action no.	Description	Who to action
3	To remind contractors to sign and send back the new, updated LA commissioned service SLAs and PGDs.	YP

- **Previous Action – YP to review accountancy fees from different accountants.**

YP stated that he had approached a couple of different accountants – and these companies would be coming back to him soon with quotes.

YP stated that the rough quotes indicate that the LPC may be paying approx. ¼ of the current rate for accountancy fees – and this would include payroll.

YP stated that he would agree the terms of the appointment of the new accountant.

YP reminded that the accounts work associated with the current annual report is currently being done by the existing accountant – Aequitas.

YP stated that the new accountant would work on the 24/25 accounts.

There were no objections from the members wrt. YP carrying out the action of selecting the best value accountant for the LPC.

Action no.	Description	Who to action
4	To select and engage a new LPC accountant.	YP

- **Previous Action – YP to contact LC re. the process of the LPC making a “formal” complaint about the matter of the Camden GP making PF referrals to two pharmacies that they own.**

SG stated that he was very disappointed by the lack of responses to his and YP’s emails wrt. making this formal complaint from the ICB reps.

Action no.	Description	Who to action
5	To schedule a meeting with LC wrt. the “formal” complaint about the matter of the Camden GP making PF referrals to two pharmacies that they own.	YP

- **Previous Action – YP to organise regular meetings with LC, KP and SG (and possible members of Middlesex Group) to talk about service provision issues.**

YP stated that one meeting had been stood up – and he is waiting for LC to schedule follow up meetings.

- **Previous Action – YP to raise the issue re. the investigation of the matter of the Camden GP making PF referrals to two pharmacies that they allegedly have financial links with, with the Health and Scrutiny Board.**

YP suggested that a further conversation be had with LC before employing the help of the scrutiny board.

LPC Finance Survey

YP stated that a number of resistive factors lead to him and KP not being able to complete this survey by the deadline.

Action no.	Description	Who to action
6	To ask James Wood (CPE) whether the LPC can complete the LPC Finance retrospectively.	YP & KP
7	To sense check LPC Finance survey answers before sending off to CPE.	SG

Vaccinations update

YP stated that he had contacted Nick Ince for these figures and is waiting for his response.

Action no.	Description	Who to action
8	To chase up 2023/24 CP flu vaccination and COVID figures from ICB.	YP

- **Previous Action – YP to check with other LPCs wrt. what they are doing with reviewing the potential membership changes brought about by the AIMp transition to IPA.**

YP stated that other LPCs are not doing anything different, compared with the current guidance being given by CPE.

- **Previous Action – YP to send examples of surgeries that are issuing 84+ day scripts to the ICB – highlighting the drawbacks.**

Action no.	Description	Who to action
9	To send out comms. asking contractors to share with the LPC examples of surgeries that are issuing 84+ day scripts.	YP

4. CEO Briefing paper

YP highlighted the salient points from his report.

5. CP London update

YP highlighted the following:

- The CP London business plan is being worked up, before being finalised.
- The CP London finances are low at the moment – therefore a 2024/25 levy invoice has been received by the LPC.
- The governance concerns are currently in train.

RF questioned whether the CP London CEO and Treasurer currently had adequate capacity to do the requisite jobs for CP London.

SG reminded that he, YP, CJ Patel and Hitesh Patel currently sit on the CP London governance subcommittee – and this committee had carried out an extensive overhaul of the CP London governance framework in 2023.

RF asked SG and YP what CP London’s objective currently is.

SG stated that CP London is a place where best practise can be shared, and the organisation continues to become more influential.

SG added that its aim is to help develop CP services like the Flu service, DMIRS.

SG stated that the world has changed – and ICBs are the bodies to be influenced.

SG stated that at the start of 2024 – this committee was not fully convinced of CP London’s worth (in its current form), because of the lack of work done by the group on developing new services, and because the actions were not being acted upon wrt. the new governance framework.

SG reminded that the Chair and CEO of CP London had attended a C&I LPC meeting to present on what CP London’s strengths and worth currently was.

SG stated that this committee had decided to sign up with CP London for one more year – with the caveat that this committee would review CP London’s progress wrt. deliverables after a year.

RF stated that he is coming from a pessimistic standpoint – and he does not see any evidence of what CP London has delivered over the last ten years.

YP then displayed the following CP London 3- year plan:

What we have achieved so far



Flu and the London enhanced Flu service



PPV



DMIRS, now CPCS: NHS 111, GP & UEC



NUMSAS, now CPCS



Pharmacy strategy working with NHSE London Region



Responding to community pharmacy's challenges and amplifying its voice



Relationship development



Support to LPCs, Chairs and Chief Officers



Representation at regional and national level



Sharing good practice

Delivering class-leading personalised care and support through

- ✓ Providing strong leadership for community pharmacy within the wider health economy to shape and renegotiate services
- ✓ Promoting efficiency in community pharmacy through a shared resource model
- ✓ Being a provider of services in a community pharmacy setting to improve the patient journey

Creating strong leadership

- Reducing the risk of CEO burnout and creating a safe environment for discussion and peer support in a professional forum
 - ✓ Creating the abilities for Chairs and members to have sight of activity and innovation across a regional footprint
- Freeing time to create the ability for LPC leadership to influence at the correct level
 - ✓ Encouraging and supporting informal relationships and sharing
- Peer level leadership development
 - ✓ Using the ability to have "experts" lead discussion for the benefit of all our LPCs
- Allowing time to focus on local succession planning
 - ✓ Securing the future, now!

YP stated that some of the members are sympathetic to RF's challenge – and this LPC had almost made the move to remove themselves from the CP London membership. YP stated that this committee had agreed that having a concerted CP voice (through CP London) would be very useful going forward. RF re-iterated that CCA does not understand the requirement for CP London.

SG stated that he has been chasing the CP London executive wrt. how far they had progressed with carrying out the outstanding governance actions.

SG stated that CP London will have to prove itself.

RF suggested that CP London currently dilutes the work of the LPCs.

SG stated that the CP London members make it clear that the LPCs are sovereign.

RF stated that he was uncomfortable with the fact that CP London currently uses the CPE created LPC branding (even though this had been allowed by CPE).

YP reminded that CP London was currently asking for £50 per contractor per year. NP stated that this LPC had made its thoughts and feelings clear about their worth – and had clearly stated this LPC’s red lines and expectations, and membership would be reviewed again in April 2025.

SG asked the members to send him information relating to any challenges that should be put to CP London. SG stated that CP London currently needs to produce a business plan, which would then feed into creating the CP London budget. SG added that the hope would be to bring this plan and budget back to this LPC at the next meeting – for the members to sign off to feel somehow satisfied with CP London’s worth.

YP stated that elections are currently taking place for the CP London’s executive team.

6. Service Implementation

YP drew the member’s attention to SS’s latest report:

LPC Outreach visits monthly report to ICB

Report month/ year: June 2024	LPC: Camden & Islington
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<p>GP practices visited during above month:</p> <p>Primrose Hill Surgery Amphill Practice CHIP Regents Park Practice Somers Town Medical Centre Mildmay Medical Practice The Village Practice The Goodinge Group Practice The Amwell Group Practice Belsize Priory Medical Practice</p>		<p>Pharmacies visited during above month:</p> <p>KINGS PHARMACY Boots Kings Cross (FFE92) Greenlight Pharmacy– (FFD81) PRIMROSE CHEMIST Boots Belsize Park(FA632) Boots Kilburn (FQ521) Boots TCR (FCL17) ZEN PHARMACY JOHN WALKER CHEMISTS Boots Bloomsbury Sq (FQ977) WC & K KING CHEMIST P EDWARD LTD CLOCKWORK PHARMACY (FAG14) SHIVO CHEMISTS APTEKA CHEMIST WELLCARE PHARMACY – Holloway Rd (FP519) EGERTON CHEMIST CARTERS CHEMIST CALEDONIAN PHARMACY Hodgetts Pharmacy</p>	
<p>Overall % of practices that have had <u>AT LEAST ONE</u> visit since the start of the programme: 67%</p>	<p>Overall % of practices that have had <u>TWO</u> visits since the start of the programme: 7%</p>	<p>Overall % of pharmacies that have had <u>AT LEAST ONE</u> visit since the start of the programme: 59%</p>	<p>Overall % of pharmacies that have had <u>TWO</u> visits since the start of the programme: 0%</p>
<p>Biggest successes:</p> <ul style="list-style-type: none"> Surgeries weren't aware of Hypertension Case finding service and NHS Pharmacy Contraception Service referrals into community pharmacy Highlighting Self care Medicines Scheme as not aware of it. 		<p>Biggest successes:</p> <ul style="list-style-type: none"> Pharmacies checking IT platforms/NHS mail for PF referrals Starting to train up healthcare team members to provide BP/ABPM checks to free up Pharmacist time 	
<p>Biggest challenges:</p> <ul style="list-style-type: none"> Have appointments available as have Physician Associates (PAs) in place to see patients and therefore sending PF referrals seen as extra workload. Patients want to see GP and not pay for scripts (minor illness referrals). Not bought into PF as sense patients will be looped back and therefore duplicating work. 		<p>Biggest challenges:</p> <ul style="list-style-type: none"> Lack of referrals from GP Volume of inappropriate referrals inc. via NHS111 	
<p>Concerns/escalations to ICB:</p> <ul style="list-style-type: none"> Surgeries still not receiving notifications from referrals. (Belsize priory Group practice mentioned don't get flu jab notifications back from schools/pharmacies). Lack of knowledge on how to refer BP/ABPM checks into CP Can surgeries have a list of pharmacies participating in Self Care Medicines Scheme. 		<p>Concerns/escalations to ICB:</p> <ul style="list-style-type: none"> 	

YP stated that SS had been conducting F2F training with GPs and CP Teams. YP added that fortnightly reports are being sent back to the ICB. YP stated that the GP surgeries who had been referring to the outlier pharmacies are now referring into the CPs in their localities, and the contractors from these pharmacies have contacted YP to thank him for the work done to make this change.

YP reiterated that the biggest challenges with this service are:

- Lack of referrals from GP.
- Volume of inappropriate referrals inc. via NHS111.

YP stated that there are also challenges in that SONAR does not give "end point" data for PF, whereas PharmOutcomes currently does – therefore the activity data that the LPC can see only reflects half of the end points.

YP stated that in NEL (where most contractors are using PharmOutcomes) – approx. 90% of the end points are visible.

YP stated that he is getting lots of feedback from contractors wrt. them not meeting the 10 clinical pathway threshold – to claim the incentive payment.

YP stated that there is added concern re. the threshold increase to 30, in October 2024. SG stated that there is a challenge here for CPE – as the number of referrals according to the modelling has not reflected the current reality – i.e. – there are hardly any referrals in this area.

DMS

YP stated that until the DMS API would go live, then this service is in a holding pattern, despite it being an essential service.

YP stated that there is no way to currently reconcile referrals to claims.

SG stated that there is a large amount of data entry needed to make these DMS claims.

7. NCL ICS update

CA presented the following slides and mentioned that she would take any queries and comments back to KP for resolution:

Community Pharmacy Developments affecting access to Primary care

Pharmacy First

- Seven conditions and use of PGDs (Walk-in or GP referral)
- Minor Illness consultation (GP or NHS111 referral) (&UEC)
- Urgent medicines (NHS111 only)

NCL Self-care Medicines Scheme (SCMS)

- Commissioned across NCL (until March 25 – continuation subject to successful evaluation)
- Patients can walk into Community Pharmacy or be signposted by GP (no referral required!)
- For patients who have exemption from prescription charges for financial reasons
- In line with NHS E OTC Guidance*

Number of Community Pharmacists signed up to SCMS as of 15th July 2024

Borough	Number of participating pharmacies
Barnet	12
Camden	25
Enfield	16
Haringey	23
Islington	33
Westminster (on Camden border)	1
Brent (Camden border)	1
Grand Total	111

YP asked CA whether the information wrt. which pharmacies had reached which stage re. the “signing up” process for the SCMS could be shared with him.

Action no.	Description	Who to action
10	To share data with YP wrt. what stages of "sign up" C&I CPs were re. the SCMS.	CA

YP commented that there is currently a higher threshold for assurance for the SCMS, as compared to the PF service – and this doesn't seem to make sense.

YP stated that his aim is to make PF and SCMS a joint, universal offer to GP staff – with every CP providing both services to make it easier for GP staff to refer into the services, which will ultimately benefit patients.

IPPP

Community Pharmacy Independent Prescribing Pathfinder Programme in NCL

- NCL covers Hypertension and Statin management.
- Three CP IPs on programme: Barnet, Haringey and Camden.
- IPs have different levels of experience
- NMP self-declaration of competency
- Supervision from Haringey GP Federation and GP practices associated with the programme
- Working on the Referral pathway, SLA/Spec and Patient Information
- Still waiting for Cleo for prescribing to proceed, some sites temporarily using EMIS
- Timescale

CA stated that Manchester University would be leading an evaluation in 2025.

LOCAL SERVICES FUNCTION

SG asked CA whether she could find out how many GPs in the area have use of this function – to facilitate the referral of patients into CP services.

Action no.	Description	Who to action
11	To tell YP/SG how many GPs in the area have use of the "local services" function – to facilitate the referral of patients into CP services.	CA

SG thanked CA for her attendance.

8. Treasurer's report

Bank Signatory change

YP stated that, for this action, we would need to speak to the bank to send the relevant forms to him.

YP added that he would then have to get certain LPC members to sign these forms.

Action no.	Description	Who to action
12	To get bank signatory change completed by 1 st Nov 2024.	YP

Second Bank a/c for Project Funding

YP stated that he is planning to open a second account with Lloyd's bank (CPE preferred bank) – and this process would be carried out at the same time as the signatory change.

Action no.	Description	Who to action
13	To check with CPE who their preferred LPC bank account provider currently is	YP
14	To open up a second LPC bank account for project funding.	YP

Management accounts

YP displayed the LPC accounts in Xero and highlighted the following:

- levy balance of approx. £100,000
- £30,000 worth of project funding.

YP displayed the following P&L statement for the LPC:

Date range: This financial year Compare with

1 Apr 2024 31 Mar 2025 None More Update

Profit and Loss

Camden & Islington LPC
For the year ended 31 March 2025

	2025
Turnover	
NCL Community Pharmacy Project funding	28,800.00
Other Revenue	39,945.68
Total Turnover	68,745.68
Cost of Sales	
Direct Expenses	42,377.15
Total Cost of Sales	42,377.15
Gross Profit	26,368.53
Administrative Costs	
Insurance	325.39
IT Software and Consumables	54.00
PSNC Levy	15,533.51
Total Administrative Costs	15,912.90
Operating Profit	10,455.63
Profit on Ordinary Activities Before Taxation	10,455.63
Profit after Taxation	10,455.63

SG stated that YP’s CE package will influence the budget, which will influence the LPC levy asks – SG reminded that the LPC had instigated an 18-month levy holiday. SG stated that the LPC has healthy bank reserves.

Financial Risk Register

SG stated that CPE has recommended that all LPCs create this register as part of their overarching governance framework.

The members did not have any comments or additions to the register.

Action no.	Description	Who to action
15	To cross reference this LPC's financial risk register with that of other LPCs.	YP

Draft LPC business plan/budget/ CE employment status

SG stated that there was an action at the last meeting for a remuneration subcommittee to go through the data that had been shared by YP.

SG stated that the remuneration subcommittee has some recommendations to put to the members at this meeting.

SG stated that YP is aware of the recommendations.

YP was then asked to leave this meeting – to let the members talk freely about this subject.

YP then returned to the meeting.

SG summarised the following for him wrt. the agreements made by the members:

- The CEO contract would be PAYE.
- The CEO contract would be for a 3-day working week – Por rata – salary - £72,000.
- Additional work requests must result in a business case being submitted by the CEO.
- LPC CEO annual leave would be 5 weeks – Pro rata'd to the 3 days a week (as per employment law) (including BHs).
- The CEO pension would be 3% via NEST.

YP stated that he has a private pension – therefore he would like to have further conversations re. where the 3% pension would be paid into.

- LPC CEO package would not include broadband and landline costs.
- LPC CEO package would include the existing “travel expenses” perks_and stipulations.
- LPC CEO package would include a work phone and laptop/desktop computer.

YP asked whether the committee was happy for him to invoice for this month as a sole trader.

SG stated that this arrangement would be fine, as the contracts would need to be obtained from Clyde and Co.

SG stated that quotes for payroll accountants would be being sought by KP.

SG stated that the draft budget can now be made final – now that the CEO package has been agreed upon.

YP stated that the LPC business plan is essentially his CEO KPIs.

SG stated that this business plan would now feed into the LPC draft budget creation work.

YP proposed that the members approve the LPC draft budget (adjusted for the recently agreed 3% pension contribution to the CEO salary package)/

The members all voted to approve the 2024/25 LPC draft budget to make it the final budget.

9. Public Health LCS Update

YP stated that Islington are currently performing a review of all their commissioned LCS'.

10. Vaccinations Update

YP stated that wrt. the MMR pilot – an email had gone out to 45 pharmacies that had been selected by the ICB- so that these pharmacies could express an interest

in participating in the pilot, remuneration would be the same as for the COVID and Flu vaccination service.

11. Market Entry

There was nothing discussed on this topic.

12. LPC Capability & Expertise Review

There was nothing discussed on this topic.

13. CLOT Minutes – for information

There was nothing discussed on this topic.

14. A.O.B.

NCL Targeted Lung health campaign

YP stated that the LPC had been approached to help support.
 YP stated that 45 CPs across NCL have been asked to participate (30 in C&I).
 YP added that the ask was to hand out leaflets and put posters up wrt. this campaign.
 YP stated that this campaign is about to finish.
 YP stated that the LPC would be invoicing the ICB, and then payments would be made to contractors.

PQS

RF stated that NHS E have announced the re-opening of PQS/MYS for anyone who had not submitted the audits by the previous deadline.

Action no.	Description	Who to action
17	To ask NHS BSA/CPE to provide the names of pharmacies who have not submitted their audits to MYS/PQS.	YP
18	To add to the LPC newsletter – the info. that NHS E have announced the re-opening of PQS/MYS for anyone who had not submitted the audits by the previous deadline.	YP

15. Future Meeting dates

Tuesday 1 October 2024	14:30-17:30 & 19.00-21.00	F2F & AGM
Tuesday 19 November 2024	09:30-13:00	Zoom
Tuesday 28 January 2025	09:30-13:00	Zoom
Tuesday 25 March 2025	09:30-13:00	Zoom

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
DMS	Discharge Medicines Service
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
ICS	Integrated care system
IPA	Independent Pharmacy Association
IPPP	Independent Prescribing Pathfinder programme https://cpe.org.uk/our-news/independent-prescribing-in-community-pharmacy-the-pathfinder-programme/
IPMO	Integrated NHS pharmacy and Medicines optimisation work program.
LA	Local Authority
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LCS	Locally Commissioned Service
MCA	medicines Compliance Aids
MDS	Monitored Dosage Systems
MPG	Middlesex Pharmaceutical Group
OC	Oral Contraception
PEM	Post event message
PF	Pharmacy First
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