

TIME: 10.00 – 13.15

PLACE: Zoom

Member Name	Initials	Attendance A= Absent – no apologies sent Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	Yes
Udit Patel	UP	Yes
Sanjay Patel Aqua (Vice-Chair)	SPA	Yes
Kim Khaki	KK	yes
Avni Patel	AP	A
Beneeta Shah CCA	BS	Yes
Kalpen Patel (Treasurer)	KP	Yes
Dharmesh Patel	DP	A
Reena Radia CCA	RR	yes
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	Yes
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Aa
Hitesh Patel (CPL CEO)	HP	Yes from 10.00 – 11.00 am
Raj Matharau (CPL Chair)	RM	Yes from 10.30 – 11.00 am
Amalin Dutt (head of meds management for Islington borough NCL ICB)	AD	Yes
Kristina Petrou	KPe	A
Caroline Ashton (Senior Pharmacist supporting ICB)	CA	Yes
Shilan Shah	SS	Yes from 10.00 – 11.30

1. Welcome, apologies & messages

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

2. Declarations/CONFLICTS of interest

There were none.

SG stated that the competition guidance had been included in the papers.


3. Future of Pharmacy London CPL

HP spoke to the following presentation:

Why are we going through the voting again?

- First vote last year was a choice of three options
 - Provider company
 - Remain the same
 - Disband and form a forum
- Vote in January was for 2 options

“LPC members will vote at the next LPC meeting for retaining CPL or dissolving it. Only two options”




HP wished to apologise to the committee for any misunderstanding wrt. the options presented in previous slide decks which he had sent through.

HP acknowledged that this committee had voted to change CPL to a (non-fee paying) forum model – and this option had not been on the ballot form.

HP stated that the slide shown below should have been sent to this committee to help clarify the voting options.

Timelines for decision making

- LPC members will vote at the next LPC meeting for retaining CPL or dissolving it. Only two options.
- All current LPCs will have voted by January or February. If yes, CPL will be funded from 1st April 2023. Have current funding until end of March 2023
- **There is no FORUM option. An unfunded forum is not practically and financially feasible and LPC CEOs do not have spare capacity to manage a CPL FORUM**



HP reminded that the CPL levy would be £50 per contractor per year, and acknowledged that contractors are stretched financially at the moment.

HP reminded that a CPL business plan has been shared with this committee – and he went on to share a few excerpts from this plan:

Support for CPL from other stakeholders

- CPE fully supportive of CPL
 - We have our CPL meetings at the CPE offices foc
 - We use the CPE branding and website resources for CPL
 - We get in person updates from CPE directors at our CPL meetings
- NPA and AIM representatives attend all our CPL meeting and they find it very useful
- NHS London Workforce, Training and Development (HEE) attend our meetings regularly
- We have CPL representation on the London Digital Integration
- Londonwide LMC engagement



HP reminded the members that CPL has a strong governance framework in place. CPL went through an intensive process to create a robust governance framework and the constitution allows for a majority vote for this issue, but a unanimous vote would be preferable.

Current Workstreams

- Workforce and development – CPL CEO or Chair attends the HEE meetings and represents the whole of CPL London eg Foundation Training, Technician training etc
- WRES work . EDI meeting attended by CPL CEO or Chair
- CPL leads on London Vaccination . Flu, Covid, PPV. Possibly others in the pipeline
- CPL represents CPL LPCs in the London IT integration& Digital Transformation Board
- Regular meetings with GPHC
- Regular meetings with Londonwide LMC
- London Vaccination services
- Engagement with national bodies – CPE, NPA, AIM, GPHC
- We have representation on the London Clinical Senate (Raj) and on NHS Confederation (Amit)
- We will represent CPL LPCs on the proposed London region RMOC

Value for money? 2 examples

- PPV service – No other region outside of London has PPV . This was negotiated by CPL . Only need to do 5 PPVs a year to offset the CPL subscription
- Flu vaccination for Healthcare workers – No other region outside of London has the cohorts in the London Flu service. This was negotiated by CPL. Again, only need to 5 vaccinations to offset the CPL subscription

Examples of strong representation

- Strong letter written to Jeremy Wallman about the DOS failures at the start of the launch of Pharmacy First
- Strong email to the DOS Team resulting in a quick response
- IP Pathfinder Objection Letter. We strongly objected the offer of £50 ph for the IP pathfinder sites. The letter was written to Anne Joshua – director of Primary Care at NHSE
- Best Rota payments in the country – This was after successfully putting forward a strong business case. A lot of work went into at CPL to achieve the result
- Letter written to the pharmacy minister about the generic medicine shortages and highlighting it as a patient safety risk

HP stated that the sending of the letter wrt. generic meds. shortages had been criticized by certain stakeholders, because they felt that this action was currently outside of CPL's remit.

Opposition by the CCA

- “Regional groupings of LPCs, or forums for LPCs and/or contractors are not recognised in law and as such the NHS has no statutory obligation to engage or consult with them”
- CCA position is that they do not want to recognise regional groups. It is their prerogative
- CCA claim that the RSG work did not support regional groups but the CPE have said that regional groups are encouraged
- AIM and NPA support regional groups
- CCA probably feel that they cannot exert enough influence in regional groupings because the regional groups are in high independent contractor areas like London and Midlands
- LPCs make a sovereign decision to support regional groups so the CCA opposition should not affect LPC decisions

- CCA representation low on CPL
- Difficult for CCA reps to work with CPL because of of the CCA position
- CCA have other position statements which clash with the current situation of LPCs

HP reminded the committee that there were only TWO voting options – 1) support CPL to continue in its current form (as a fee-paying organisation) and 2) vote to dissolve CPL completely.

RM joined the meeting and thanked the committee for the invite to this meeting. RM stated that CPL is a unique organisation in the way that it functions, it is a democratic organisation that takes its steer from the constituent LPCs. RM stated that CPL has done sterling work over the years – and the Chair of this LPC had participated in this work wrt. the DMIRS and NUMSAS developments. RM reminded that these two services went on to become the NHS 111 CPCS – which has now morphed into PF.

RM stated that CPL sets the tone for many London initiatives, but it is not very good at promoting what it does and what it achieves. RM added that there is lots of work that goes unrecognised.

RM stated that the pandemic had damaged the standing of CPL – because pre-March 2020, CPL used to have reps. from every pharmacy organisation attend the meetings. RM stated that the ambition is to get back to those pre-pandemic days.

RM stated that CPL holds its meetings at CPE HQ at present, and this allows CPL members to interact with CPE staff members in a different way (i.e. corridor conversations).

RM stated that everything that CPL thinks of publishing is now shared with members of CPE for input before it would be sent out into the public domain.

RM stated that he currently sits on the London Primary Care Clinical Cabinet (he is the only pharmacist at this meeting), and this seat was offered due to his position on CPL. RM stated that there are currently management cost reductions in the ICBs, and they are currently looking for ways of doing things only “once” for London – hence where CPL would come in.

SG stated that LPCs function to represent all contractors, and the CCA’s position is not ideal for CPL. SG asked what steps CPL was currently taking to engage with CCA.

RM stated that CPL has an open invitation to all trade bodies, and he had written to Malcolm Harrison (CCA) to offer to meet him outside of CPL to discuss any issues. RM stated that his job as CPL Chair is to represent all contractors and all pharmacy teams.

RM stated that there is an open invitation for BS to attend the CPL meetings – as she once did in the past.

HP stated that he is happy to write to Malcolm Harrison again, to reiterate that CPL would be more than happy for a CCA to attend CPL meetings.

SG stated that wrt. regional groupings – there is one in the Midlands, and they have moved to a non-paid “forum” model, therefore CPL would be the only regional group which has levies. SG suggested that this change in model for the Midlands may be because of ICBs being the groups to liaise with – and they are local bodies.

SG asked why CPL is staying as a regional body.

HP stated that CPL would be very difficult to run as an unfunded forum.

HP stated that if CPL would become a forum, then LPC Chairs and CEOs would have to attend all the meetings that the CPL executive currently does (and the LPC CEOs are currently stretched).

HP stated that wrt. SG’s question re. whether LPCs need a regional group, then HP answered by saying that London is unique, and its issues are better discussed and presented by one body – i.e. Chief pharmacist John Hayhurst, and the London Flu commissioner would currently rather talk to a regional body vs. each and every LPC.

SG stated that NEL LPC is not a member of CPL and wondered what they are missing out on by not being a member of CPL.

RM stated that the reasons why NEL LPC is not currently a member of CPL are complex, and nothing to do with the structure and function of CPL – it was to do with the personality of a previous NEL LPC CEO.

RM added that when interim CEO Richard Brown took over at NEL LPC about 5-6 years ago, then CPL was in the process of bringing NEL LPC back in as CPL members.

RM stated that the current NEL LPC CEO wants to stay out of CPL.

RM stated that CPL represents NEL LPC contractors and this is unfair, and most London stakeholders say that NEL LPC should join CPL to become a united voice.

RM stated that he and HP have an open dialogue with the NEL LPC Chair, and the door is always open for NEL LPC to join CPL.

RM stated that he finds it annoying that the LPCs cannot be united for the sake of the profession.

RM stated that a united CP voice would help negotiate a better contract for future CPs.

SG asked about the governance framework of CPL, and asked HP whether the work on improving the governance had been shelved and forgotten about, and therefore not being applied.

SG also stated that the letter to Anne Joshua about the IP Pathfinder from CPL had been published on a number of public forums by one of the CPL board members, which had not been approved by the CPL committee – which shows bad governance.

RM stated that all LPCs have a governance structure and CPL expects its members to adhere to its governance structure.

RM stated that the governance documents are being currently used by CPL.

RM stated that wrt. the IP Pathfinder letter, then it had been through a process where everybody had had the right to comment on them, and this letter was not a personal one – it was one from one organisation to another.

RM stated that his LPC had been made aware of the letter to comment upon, and it should be up to the CEOs of every LPC to make sure that the LPC members see the CPL letters for comment.

HP assured that no comms. leave CPL without them being seen and approved by all LPC CEOs.

HP stated that SG had made a good point, in that the IP Pathfinder letter should not have been leaked out on a public forum, in the way that it had been, and CPL members have learned from that instance.

- *HP and RM then left the meeting.*

NP stated that the value proposition (£50 per contractor per year) is a good one, and if this LPC decides to leave the CPL group – then it would have to commit resources to send members to meetings that the CPL executive currently attends.

NP is glad that CPL have learned from the publishing of the IP Pathfinder letter on public forums.

BS asked whether SG and YP were happy with the governance of CPL at present.

SG stated that he was not happy with it – and he would like to see actions being taken up wrt. the governance framework overhaul.

YP stated that the CPL levy is 5% of the C&I LPC budget, and he is currently “on the fence” about whether to support CPL or not.

NP stated that he is not currently comfortable with the fact that there may be a prospect where CPL disbands completely.

SPA stated that he is concerned that leaving CPL would add to the disharmony within the CP profession. SPA stated that he is still concerned by the governance issues associated with CPL – i.e. the letter leakage. SPA stated that he would like to continue supporting CPL for a fixed time, after which he would like to see this LPC review its position. SPA added that the whole profession is in limbo at present and leaving CP would add to the uncertainty.

NP suggested that this LPC support CPL for a year – after which it would review its position, based on results and improvements in governance.

YP reminded that the CCA are only opposed to **fee paying** regional groupings, not regional groupings in general.

YP suggested that, being a small LPC, it would make sense to be part of a bigger organisation, such as CPL.

SG asked what tangible advantages CPL currently offers for contractors, now, and he doubted that there would be any new London services being commissioned any time soon.

SG suggested that this LPC could agree to support CPL in its current form, but with some caveats – and one of these caveats could be that the RAG rated checklist associated with the CPL governance should be actioned.

SG added that there should be some governance measures put in place to ensure that no CPL letter would be leaked going forward.

SG suggested that this LPC could agree to pay 3 months' worth of CPL levies – with the proviso that these governance issues get sorted out.

SPA suggested that this LPC should agree to pay 6 months' worth of levies – in order to give CPL a reasonable amount of time to sort out the governance issues.

NP suggested that the timescale for improvement should be extended to a year, and BS and SPA agreed with this build.

YP asked the members to vote whether to continue to pay fees into (and support) CPL for a year, with the proviso that a review of governance procedures and benefits for contractors would be made in March 2025 – and tangible actions for improvement must be recorded within six months.

There were six votes for, and two abstentions – therefore this committee agreed to continue to support CPL.

4. NCL ICS Update

IPPP

CA highlighted the following:

- NCL had been given 3 CP sites in different boroughs.
- 2 CPs have been accepted – the 3rd site is still being vetted.
- All the sites in London are working on Hypertension – but there will be different SLAs.
- The pathways are currently being worked out.
- There has been a delay in the rollout of the prescribing program – CLEO solo.

YP asked whether any of the 3 sites were currently in C&I.

CA stated that the 3rd site, currently being vetted could be in C&I.

MCA scheme

AD wished to thank all contractors with their help in transitioning the relevant patients to an alternative method of medicines compliance, or to request a 7-day prescription from the GPs.

AD added that there have been queries – and these have been dealt with on a case-by-case basis.

AD reminded that the scheme would come to a close on the 31 March 2024.

SG wished to thank AD and CA for their collaboration in getting this transition sorted out.

SG asked the members for their comments on how they were managing the transition – and how the GPs have been responding to the transition paperwork.

KP stated that he had had an issue with a local surgery – where they had refused to issue 7-day scripts for a patient – who had not qualified for an EA.

AD asked KP to email him, CA and YP the details of this issue.

KP asked how CPs can overcome the challenges of asking GPs for 7-day scripts, when the patients don't qualify for an EA.

AD advised KP to use the form in appendix 4 of the guidance document – which can be sent to GPs to explain the position on patient who fall outside of the EAs.

KP stated that the form is confusing, but he would use it, going forward.

AD and Ca offered their help in trying to get these issues solved.
AD stated that GPs being asked to record patient’s SNOMED codes on EMIS.

AD stated that he is waiting for guidance from the task and finish group as to how the scheme would progress post April 2024.

SG stated that some of his local GPs are flat out refusing to issue 7-day scripts for former MRD patients – despite all the hard work that the LPCs, LMCs and meds management had put into creating the transition guidance.
SG suggested that the ICB write to GPs reminding them of the current arrangements and guidance wrt. MDS patient transition.

Action no.	Description	Who to action
1	To write to GPs reminding them of the current arrangements and guidance wrt. MDS patient transition – LPC will be sighted on draft before sending.	AD/CA

AD stated that the GPs will be reminded that these arrangements have been agreed to by the LMC.

Self-care meds scheme

AD stated that the EOI paperwork is very close to be being sent out.
AD added that that the SLA would be sent out after the EOI.
AD stated that a webinar would be set up for the 27 March 2024 – this would be recorded for future viewing.
AD thanked YP for facilitating the implementation of a system where contractors could sign up for the service electronically – saving time.
AD stated that this service would be being rolled out across the whole of NC London.
AD stated that contractors are being asked that they be signed up to deliver the PF service before signing up to this scheme – to save on accreditation steps time.

AD asked the members whether they were having issues with the request to comply with the contemporaneous recording of every PF consultation.

SG stated that this wasn’t proving to be an issue – and the software used to record the consultations may even streamline the process and add clinical robustness.
AD stated that the self-care meds scheme would work in the same way as PF, wrt. Being recorded – and contractors will have 7 days to complete the recording.

YP asked whether there would be two I.T. platforms for the pharmacists to use – one that would be linked to PF, and then a standalone platform for walk in patients.
AD stated that the ambition is to just use the one platform for both types of patients.

AD wished to thank all the members of this committee for their collaborative work and support.
AD wished to thank SG, YP and CA.
SG stated that AD would be missed and that he has been an exceptional colleague to work with. SG wished to thank AD on behalf of the whole committee.

AD and CA left the meeting.

5. Service implementation

SS highlighted the following points:

- All the pharmacies in C&I who had requested a visit from her have received a visit.
- 94% of C7I pharmacies have received a F2f visit from her.

- CPCS, PF and the hypertension service has been discussed.
- Wrt. The MCA service, every pharmacy had received a phone call and they have been offered a visit to talk about this service.
 - The challenges occur when the guidance paperwork is not used (and the EA not completed) by pharmacists – and they simply end up requesting 7-day prescriptions from GPs.
 - SS has shown pharmacies how to complete the assessment in PharmOutcomes.
- The DMS still remains a big challenge for contractors.
 - SS has raised with the ICB the issue of pharmacists having to enter the same information on PharmOutcomes, and then again on MYS.
 - This is leading to some contractors just entering the data on MYS – and then thinking that the service process is finished.
- SS is seeing more hypertension referrals coming through, thanks to the DoHSC advertising.
- SS stated that of the 63 GP surgeries in C&I – she would have had a F2F meeting with 21 of them by the end of this week – this includes giving guidance on the PF service.
 - These visits have been very positive.
 - The biggest challenge for the PF service has been I.T.
 - It is clear that some surgeries simply do not want to refer into this service, but there are quite a few that are very keen to use this service.

SPA stated that one of his local surgeries had been refusing to refer into PF and wondered whether SS had any insight into why these barriers have formed. SS stated that she had visited this surgery – and they had said that they currently have enough staff, and therefore capacity, so they do not need to refer patients into PF. **SS explained to this surgery that patients will be seen quicker if they are referred into PF.** SS stated that she is telling surgeries that PF is creating greater access for their patients. SS added that patients need to be better informed about the self-referral pathway.

SS stated that wrt. The MCA service – there perhaps needs to be a re-education piece created for CPs and GPs. SG wondered whether SS could record all the data around some surgeries not wanting to refer into or comply with CP services – to then send this data to the meds management team – to get them on board to help contact the surgeries. SS stated that her contacts are YP and KPe.

Action no.	Description	Who to action
2	To meet in the next week for a short meeting – to discuss the strategy for removing the barriers that exist between GPs and CPs wrt. The PF and MCA services.	SG, YP & SS

SS then left the meeting.

GP Connect

YP stated that the “update record” would be live in EMIS this week, so the post event messages from PF would go straight into EMIS without causing work for GPs.

6. minutes of 300124 LPC meeting

Accuracy

These were deemed as an accurate record and were accepted.

Previous Actions and matters arising

- **Previous Action - YP to talk to Gordon Hockey and James Wood (CPE) wrt. how best to use the "closures" data.**

Action no.	Description	Who to action
3 previous	To write as a business constituent to Chair of ICS & local MPs, sharing CP closures data cc'in the Chief Pharmaceutical officer – YP to share draft with members.	YP

Rx Period of Treatment

Action no.	Description	Who to action
4 previous	To send examples of surgeries that are issuing 84+ day scripts to the ICB – highlighting the drawbacks.	All & YP

7. CEO Briefing

YP highlighted the salient points to the members.

One to One CPCI pharmacy team support

YP stated that, to date, Shilan Shah has visited all of our pharmacies at least once (many more than once) and supported our teams to claim for several £x000's of unclaimed MRD/PF/DMS/BP/CPCS activity.

LPC Website, MS Teams cloud and Mailchimp transition

YP stated that the LPC is transitioning the LPC website to the CPE template LPC website And has purchased associated professional email addresses with MS Office, Teams & Cloud storage £186.76 for the 12 months.

YP stated that he has setup and deployed Mailchimp mailing lists with template emails and he has setup CPCI WhatsApp broadcast groups.

YP asked for feedback on the newsletters.

SG stated that the newsletters are good, and the WhatsApp messages really highlight important info.

8. Direction of Scripts and referrals

YP stated that in November 2023, the owner of Grays Inn Surgery and four other practices bought Star Pharmacy on Grays Inn Road and renamed it Grays Inn Pharmacy.

YP stated that Grays Inn Surgery and the four other practices have been texting their patients, and in effect directing patients to their own pharmacy.

YP stated that they are telling their patients that if they EPS nominate Grays Inn Pharmacy, then they will guarantee their script in 24 hours, otherwise their scripts will take up to 2 days to process.

YP stated that this is clearly a breach of BMA and GMC guidance, and is a clear example of direction of prescriptions, together with incentivisation.

YP stated that he has written to both the ICB and the NHS DOP team to inform them of the details of this case.

YP has asked for weekly updates wrt. what actions are being carried out.

YP stated that these practices have also been directing PF referrals to their own pharmacies, and the details of this occurrence, together with the evidence of ten other

practices in NCL directing all their PF referrals to only 2 pharmacies in NW London have been sent to the ICB and NHS E. YP stated that these 10 practices are currently under investigation.

SG stated that NHS E are currently investigating the pharmacies involved in processing these inappropriate referrals, but there seemed to be no news about how the GP surgeries were being investigated.

SG stated that he and YP had written a strong email to the ICB asking them how they were planning to investigate the GPs who have been making the inappropriate referrals - together with a list of desired actions - there has been no reply as yet.

SG stated that a next step of escalation would be writing to the GMC and the GPC about this issue.

Action no.	Description	Who to action
5	To ask the ICB for a reply on the Grays Inn Surgery "script direction" issue - and to include the message that the LPC's next step of escalation would be writing to the GMC and the GPC about this issue.	YP

9. MOU wrt. Outreach, training and support to Community Pharmacy and General Practice to increase uptake of pharmacy-led primary care services in North Central London

YP stated that he had been asked to sign this document on behalf of the LPC. YP stated that this MOU is between NC London ICB and the LPC, and it states that every CP and GP Surgery in C&I should be visited twice in the next 9 months. YP stated that he had asked that the LPC not be penalised, should a GP surgery not want to engage with a visit - and the SLA wording has been changed accordingly.

YP stated that the reporting would be made through a share point spreadsheet - which YP/SS will maintain and submit.

YP asked the members to vote to approve that he sign off on this MOU. ***Seven members voted in favour of signing off on the MOU - therefore YP stated that he would approve the MOU.***

10. CPE/CPCI Governance review

SG stated that CPE has sent out new guidance on LPC governance. SG stated that he and YP have reviewed the guidance - and the existing (very robust) C&I LPC governance document has been updated to include all sections from the new CPE governance framework. SG stated that the governance docs are included in the meeting papers.

SG proposed that the LPC governance subcommittee (NP, SG, BS) should look through this draft document, and come up with a final version by the 25 March 2024, and then this subcommittee should make a recommendation to the whole board - and then the rest of the members should take a virtual vote on adopting the final draft document by 29 March 2024.

Action no.	Description	Who to action
6	To look through the LPC gov guidance draft document, and to come up with a final version by the 25 March 2024, and then this subcommittee should make a recommendation to the whole board – and then the rest of the members should take a virtual vote on adopting the final draft document by 29 March 2024.	LPC gov. subcommittee

11. PH Services update

YP stated that there is currently a review happening re. all of the PH services. YP has asked for an uplift in remuneration for these services. YP stated that the smoking cessation team had not replied to the LPC, following the LPC’s requests and comments.

NP added that if PH want CP to prioritise the smoking cessation service, then they need to remunerate CPs properly for the time they take to train staff and deliver the service.

SG asked YP to wait to see what PH comes back with, in terms of responding to the LPC’s comments and requests.

YP reminded that there had not been any inflationary uplift to the remuneration of any of the PH services for 10 years.

12. Vaccination update

YP stated that 2 pharmacies would be chosen from NCL to take part in an MMR vaccination service pilot.

13. Market Entry update

YP drew the member’s attention to the fact that an application for a DSP “lemon peel Ltd” had been granted in Islington.

14. Treasurer’s update

YP stated that the CPE levy invoice has come through – and the amount is £15,500. YP stated that he was expecting a lesser value. YP stated that the CPE levy amount is linked to CP activity – and this activity has increased – therefore the levy has increased. KP stated that the increase is £3000 (6.6% increase).

YP stated that this LPC (for ease of budgeting) currently takes a fixed contractor levy sum of £120,000.

YP stated that the LPC bank balance is roughly £120,000. YP then displayed the following P&L report:

Profit and Loss

Camden & Islington LPC
For the year ended 31 March 2024

	2024
Turnover	
Other Revenue	99,864.08
Total Turnover	99,864.08
Cost of Sales	
Direct Expenses	98,406.23
Total Cost of Sales	98,406.23
Gross Profit	1,457.85
Administrative Costs	
Audit & Accountancy fees	2,700.00
Bank Fees	(868.15)
IT Software and Consumables	240.60
PSNC Levy	12,212.00
Total Administrative Costs	14,284.45
Operating Profit	(12,826.60)
Profit on Ordinary Activities Before Taxation	(12,826.60)
Profit after Taxation	(12,826.60)

YP stated that there is currently a deficit balance because of project funding being spent on SS' s work.

YP brought up the LPC budget for the members to look at and stated that the projected balance for the LPC for March 2025, would be approx. £120,000.

YP stated that this projection would include project monies from the ICB, SS's project work wages, the new CPE levy amount and the spending necessary to run the new website and comms. arrangements (£5200 per year).

SG stated that the cash reserves are fine – and the CPE recommends that the LPC keep £60,000 in the LPC bank reserves.

YP stated that the ICB funding (attached to the MOU signing) for £28,800 currently includes a 15% admin fee for the LPC (£4350) – and the committee would retain this money to help manage the integration work.

YP displayed the new comms. arrangement costs:

Domain, Emails & Microsoft Office

Domain - 12.99 + VAT p/a
ce@cpcci.org.uk w/ subscription - 15.99+ VAT per month
office@cpcci.org.uk - £5.99+VAT per month
psm@cpcci.org.uk - £5.99+VAT per month

Total per year: £418.36 (Inc. VAT)

Mailchimp

If you were to use the subscription each month, as discussed this can be on/off but you may wish to budget for each month.
 Subscription with non-profit discount - £10.41 per month

Total per year: £124.92

Office support

Based on my previous email and would average 5 hours a week. I have made processes a bit more efficient over the past couple months, so this will likely go down and would be the maximum with the current workload - i.e., last week was only 2.5 hours with website updates, cleaning and newsletter.

- Weekly Newsletter (2hrs)
- Mailchimp audience cleaning, WhatsApp adds, backups, associated admin (1hr)
- Comms throughout the week on email and WhatsApp, Website maintenance uploads/archives ect, ad hoc work (2hrs).

Total per year (based on max. 5 hrs a week at £20p/h): £5200

YP asked the committee to vote on whether to approve or disapprove of the costs for the new LPC Comms. arrangements.

There were 8 votes FOR and one abstention, therefore the costs were accepted by the committee.

YP asked the members whether the frequency of the newsletters should be changed from weekly to fortnightly.
The members were happy with the newsletters being weekly.

15. CEO employment status

SG summarised that there is debate as to whether YP should change from being billed by the LPC as his own limited company to being a full employee of the LPC (PAYE), or as being billed as a sole trader.

YP presented the following options in a paper to the members:

Summary

The LPC Chief Executive has been engaged as a contractor to date. This has been advantageous to both parties to date. However, the IR35 position on this remains grey.

Options available to CPCI are as follows

Option 1: No change – not really viable as outlined above due to IR35 concerns

Option 2: Sole Trader – IR35 does not apply to sole traders but the committee would have to complete an employment status review and perhaps take out relevant insurance to mitigate against any risks. There are no employment on-costs with this option.

Option 3: PAYE – This option incurs employment on-costs of ~£10k, but is risk free

The committee is asked to review how the Chief Exec is engaged in light of the above.

The committee is also asked to consider increasing Chief Exec capacity from 3 to 4 days. Increasing workload associated with embedding the community pharmacy clinical services, managing staff to deliver against the ICB MoU, fielding queries from all stakeholders and greater engagement with the ICB, I'd suggest warrants increasing capacity to 4 days. Some of the associated additional cost will be offset by the £4.5k admin fee from the £29k ICB funding due to be paid in April if the committee agrees to sign the MoU. See cashflow projections in the included draft budget spreadsheet.

The committee is also asked to consider increasing Chief Exec capacity from 3 to 4 days.

YP stated that his personal accountant had advised that he revert his employment status to sole trader, and the LPC would be fine, should they take out relevant insurance.

YP stated that he would like a decision on this before the 1st April 2024 (to help his accounting).

SG wondered whether the committee should wait for the advice to come back from the LPC's accountant before making a decision on this matter.

NP asked what the insurance would exactly cover – should option 2 be chosen.

Action no.	Description	Who to action
7	To look into exactly what the insurance would cover – should YP's employment status change to Sole Trader.	YP

YP wondered whether the finance subcommittee could meet – review all the relevant information, and then bring back a recommendation for the committee to approve virtually before 5th April 2024.

Action no.	Description	Who to action
8	To get a view on the CEO employment status from his accountant – and share it with the committee.	KP

Action no.	Description	Who to action
9	To send their recommendation wrt. the CEO employment status to the rest of the committee by 5 th April 2024.	Finance Subcommittee

Action no.	Description	Who to action
10	For committee to make a virtual vote on the CEO status by 12 April 2024.	All

YP asked the committee to consider his proposal to increase his capacity from 3 to 4 days per week. YP added that this increased capacity would be used to satisfy the conditions of the ICB MOU on integration, and to engage more with the ICB. YP stated that he had been struggling to complete all of his CEO duties in 3 days a week.

YP stated that he will be asked to help the ICB plan the pathways for all the nationally commissioned services – and he is currently being asked to attend lots of meetings as part of this work. YP added that the loss of AD may also need him to work harder to keep the same level of engagement with the ICB.

SG asked YP what the financial implication would be of increasing his capacity.

YP stated that the cost model for moving up to 4 days a week as a sole trader would be:

cost analysis	an increase from	Projected Bank Balance 31 Mar 25
	3 days Sole trader	£ 119,306.98
	3 days PAYE	£ 103,026.98
	4 days Sole Trader	£ 97,466.98
	4 days PAYE	£ 76,126.98

YP stated that these calculations are based on the contractor levy staying the same. BS suggested that this discussion be had at the May 2024 meeting – and that it be prioritised as the first agenda item.

Action no.	Description	Who to action
11	To make “CEO’s capacity review” the first agenda item of the May 2024 LPC meeting.	YP

SG suggested that YP come back to the committee, if he finds that he desperately needs to increase his capacity before the next LPC meeting.

SG stated that a temporary increase in capacity could be agreed by the committee virtually.

16. A.O.B.

There were none.

17. Future Meeting dates

Tuesday 16 July 2024	09:30-13:00	Zoom
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

ABPM	Ambulatory Blood Pressure Monitor
AIMp	Association of Independent Multiple pharmacists
AOM	Acute Otitis Media
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
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
ICS	Integrated care system
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
OC	Oral Contraception
PCARP	Primary Care Access Recovery Plan
PCN	Primary Care Network
PEM	Post event message
PF	Pharmacy First
PL	Pharmacy London
PLOT	PSNC AND LPC OPERATIONS TEAMS
PMs	Practice Managers
PNA	Pharmaceutical needs assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiation Committee
RSG	Review Steering Group
SC PF	Self Care Pharmacy First
STP	Sustainability transformation plan
TAPR	Transforming Pharmacy Representation.
VEAT	Voluntary Ex-Ante Transparency Notice