

TIME: 09.30 – 12.30
PLACE: MS Teams

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 (AIMp)	AP	Yes
Beneeta Shah (CCA)	BS	Yes
Kalpen Patel (Treasurer)	KP	Yes
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Yes
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	??
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Aa
Louise Coughlan (ICS Chief Pharmacist)	LC	From 10.20 to 11.00
Shilan Shah	SS	From 11.45 to
Esther Amaefule (PH Camden)	EA	From 11.45 till 12.00
Stacy Baston (PH Islington)	SBa	From 11.00 – 11.45

1. WELCOME, APOLOGIES & MESSAGES

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

Action no.	Description	Who to action
1	To doublecheck whether all members have access to ALL the C&I OneDrive docs – past and present.	YP

2. DECLARATIONS/CONFLICTS OF INTEREST

YP stated that most DOI docs. had been submitted to him.

YP stated that he would nudge the members who had not submitted their documents.

3. MINUTES OF 011024 LPC MEETING

Accuracy

These were deemed as an accurate record and were accepted.

Previous Actions and matters arising

- **Previous Action – YP to chase up MPG Office wrt. getting them to co-sign the “closure data” letter to be sent to MPs:**

YP stated that he had chased up the MPG – but had not heard back from them, as Michael Levitan had been taken ill.

YP added that he had gone ahead and sent the “closure data” to the local MPs over the last weekend.

Change of signatures for LPC bank account:

Action no.	Description	Who to action
2 previous	To chase up Lloyd’s bank – to get them to send paperwork to KP and AP wrt. adding them as signatories.	YP

SG stated that Lloyds had called him on the day before this – and he would have to call them back.

KP stated that he had been sent a weblink by Lloyds, and he had approved the request online.

Second Bank a/c for Project Funding:

YP stated that he had been advised to open this after the end of November 2024 – because the account offerings were being changed.

Action no.	Description	Who to action
3 previous	To open up a second LPC bank account for project funding in December 2024/January 2025	YP

CEO employment status:

YP stated that he would start to carry out the following six actions in January 2025 – and the deadline would be the end of February 2025.

Action no.	Description	Who to action
4 previous	To draft a template PAYE employment contract	YP
5 previous	To send draft template PAYE employment contract to KP for his approval and comment.	YP
6 previous	To comment and approve YP’s draft template PAYE employment contract	KP

Action no.	Description	Who to action
7 previous	To tell LPC accountants to start PAYE process from 1 April 2025.	YP

Action no.	Description	Who to action
8 previous	To arrange a time to go through the Clyde & Co. Employment law portal documents – to be completed by March 2025.	SG & KP

Action no.	Description	Who to action
9 previous	To inform CPE of the change of YP’s employment status – so that employer’s liability insurance can be considered.	SG/KP/YP

- **Previous Action – YP to contact Shilpa Shah – to obtain the details of the re-negotiated PH/LA services in NEL:**

YP stated that he had spoken to Shilpa – and is waiting for her to come back to him.

ICB update:

- Previous Action – CA to work out whether there would be an overall underspend for the SCMS:

YP stated that LC could be asked to update on this action later in this meeting.

- Previous Action – CA to provide YP with a list of pharmacies in designated deprived areas, who are not currently providing the SCMS:

YP stated that this list has been provided and SS would be helping to recruit as she would make her visits.

- **Previous Action – IQ to share list of 13 shortlisted sites for the MMR vaccination service:**

YP stated that he now has access to this list.

- **Previous Action – LC to talk to Nick (head of ICB Imms. Team) – before coming back to LPC to update on what actions are being taken wrt. the GPs who have started vaccinating early:**

YP stated that he had spoken to Nick Ince about this issue.

YP stated that the ICB had intervened, and the early vaccination clinics had been stopped, and had never been stood up.

SG suggested that any evidence of GPs vaccinating before the official start date should be passed to the LPC – who should then pass it to the ICB.

YP stated that several GPs have been flagged to the ICB.

YP stated that Nick Ince is very aware of this issue.

Action no.	Description	Who to action
10	To send YP examples of GP surgeries who have vaccinated before the official start date.	NP

Action no.	Description	Who to action
11	To send Nick Ince any further examples of GP surgeries who have vaccinated before the official start date.	YP

4. BRIEFING PAPER

YP presented the salient points from this paper to the members.

5. NPA BALLOT

YP stated that the result of the vote had been published during the last week, overwhelming in favour of taking a menu of actions which include:

- Cutting to just core hours.
- Stopping free deliveries to patients.
- Stopping MDS for those patients who do not qualify under the quality act.

SG added that the NPA organised “two days of action” had also created lots of press for CP.

SG stated that the ballot had been focused on the three non-contractual services.

SG stated that the ballot had had a very good turnout.

6. ICB UPDATE

YP welcomed LC to the meeting.

Previous Actions for LC:

- **To ask Vanessa Piper (Primary Care Team at ICB) to communicate with YP/SG wrt. actions against GPs making inappropriate PF referrals:**

LC stated that a letter has been sent from the ICB to the particular GP surgery in question, who was being alleged to have been sending PF referrals only to its own CP. LC stated that a letter had come back from the surgery saying that they had stopped making inappropriate referrals after the original request, earlier in the year.

LC stated that any evidence of this issue continuing should be provided with a date.

Action no.	Description	Who to action
14	To ask Vanessa Piper whether the letter from the ICB to the GP surgery, allegedly directing prescriptions to its own pharmacy, could be shared with the LPC, along with the response from the surgery.	LC

SG stated that the GP surgery in question should have been aware of the strict rules wrt. script direction from the start, and asked LC what the governance currently is wrt. this.

LC agreed that this GP surgery should know their responsibilities.

LC stated that contractual obligations have been cited to this surgery in question.

Action no.	Description	Who to action
15	To share the section of the GP contract re. script direction and the rules governing it.	LC

SG reminded that NHS E have asked CPs to, again, send their local GPs email reminders wrt. post event messages, despite the GPs not having opened their email inboxes to respond to the original requests.

SG reminded that failure to do this – will result in breach notices being served against the CPs, therefore there was an unfair inequity here.

SG reminded that this GP surgery and the owners of the related pharmacy are both in breach of their contracts – and this is a serious issue – therefore he asked what the ICB was currently doing wrt. this serious charge.

LC stated that her knowledge of what the formal process would be for the reprimanding GPs is currently limited.

LC stated that she would find out what the next steps would be, if further information came to light of similar activity.

SG asked whether a firmer policy could be drawn up, so that this does not continue to happen in the future.

SG asked whether this subject could be brought up in future GP forums.

LC stated that she would have a chat with Sarah Mcilwain wrt. updating the processes that dictate script direction.

LC stated that the ICB is keen for the LPC to see that matters like these are being dealt with.

YP reminded that it had previously taken him “calling out” a GP (at a GP forum) wrt. irregular process, before the matter had been taken seriously by the ICB.

- **LC/IQ to analyse ePACT data to look into the patients who have 84 + day scripts prescribed:**

YP stated that Isaac had stated that he thought that there had not been a big shift in the numbers of patients.

SG stated that there *should* be a big shift in the numbers of patients (but **downwards**), as the evidence points to cost saving.

LC stated that this issue has been highlighted in many forums – the fact that 84 day prescribing should be moved away from.

LC stated that the “overprescribing and waste group” is being restarted.

LC stated that she would add the 84 day prescribing issues as discussion points at this forum.

Action no.	Description	Who to action
17	To liaise with Isaac re. investigating the reasons why 84-day prescribing is still going on.	LC

YP reminded that there is new RPS guidance wrt. repeat prescriptions – and perhaps this could be promoted.

Complaints process

Action no.	Description	Who to action
18	To ask Vanessa Piper (Primary Care Team at ICB) to confirm whether only patients can make official complaints to NHS E.	LC

LC stated that she had been looking at complaints could be made – via the Quality Alerts, via the GP website.

YP stated that the LPC must now encourage patients to complain.

LC stated that there is a generic ICB “complaints” email inbox.

SG suggested that it was very odd that the LPC would not be able to make an official complaint to the ICB.

SG stated that the formal complaint process queries were to do with issues wrt. PF service referrals, and in particular the actions that NHS E central is carrying out re. the CPs making inappropriate PF referrals.

SG asked LC what the ICB was currently doing about reprimanding/disciplining the GPs who had referred the PF referrals in appropriately.

SG stated that GP surgeries have clinical governance directors, and their owners are liable, when it would come to fraudulent behaviour.

SG stated that NHS E had issued guidance on PF, and it had been clear on the referral types and processes.

SG asked LC whether the ICB would want to do a piece of work – which would spell out which types of referrals are currently appropriate for the PF service.

SG reminded that £5 million of fraud has been committed.

LC stated that the definitions of correct PF referral types are currently being promoted to GPs verbally.

Action no.	Description	Who to action
19	To supply the LPC with recent inappropriate PF service referral data.	LC

Action no.	Description	Who to action
20	To have an in-depth conversation with Sarah Mcilwain to work out what powers the Primary Care Team has wr.t influencing investigations into this PF referral fraudulent activity.	LC

ARS funding

YP stated that the prevalence of ARS funded physician’s associates is perhaps having an effect on the number of PF service referrals being made to CPs.
 YP also stated that the GP Confed. contracts for extended access, seems to be at odds with the need for more PF engagement.
 LC stated that the ICB is aware of this, and they are using every opportunity to promote the benefits of the PF service to GPs.

SG asked whether there would be room to tweak the GP contract – to incentivise the action of making referrals into the PF service.
 LC stated that she has “incentivisation” on a list of avenues to pursue.

Creon and Pancreatic enzymes supply

LC asked the members whether they had had any issues wrt. getting hold of these drugs.
 SG stated that every CP in the country is currently trying to source Creons.

MAS meetings and activity reports

SG asked whether these meetings could be set up again, or at the very least be supplied with the activity data.

Action no.	Description	Who to action
21	To set up a one hour meeting every few months to discuss operational MAS issues.	LC

Health and wellbeing Board

SG stated that he had been asked to present at this board, and a report would need to be presented (jointly written by the LPC and ICB).
 LC stated that she would pick this matter up on the next day.

PCN engagement lead funding

LC stated that the ICB would be transferring the money to the LPC – for them to recruit the appropriate staff.

Fortnightly ICB Collective action forum meeting

LC stated that the CP collective action would be discussed at this meeting, and the LPC are encouraged to feed into this forum.

YP thanked LC for her attendance.
LC left the meeting.

7. Public Health update

SBa shared and spoke to the following slides:
SSA service - Islington

Islington's Pharmacy Provision of

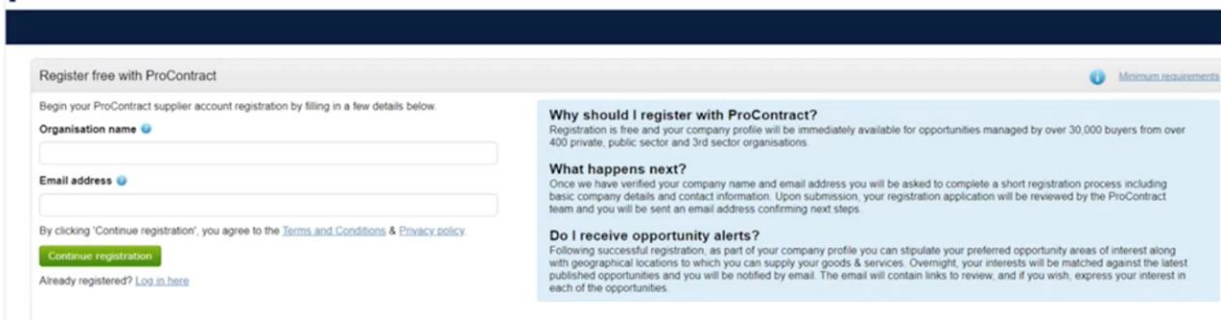
Supervised Self-Administration (SSA) of methadone and buprenorphine; and/or Needle and Syringe Programme (NSP) and Naloxone

Public Health

November 2024

Administration of Tenders

- All contracting activity will take place via the [London Tenders Portal](#)
- Pharmacies will need to register (if not already) and submit their expression of interest when the opportunity is advertised. We will send reminders out via LPC channels.



The screenshot shows the 'Register free with ProContract' page. It includes a form with fields for 'Organisation name' and 'Email address'. Below the form is a 'Continue registration' button and a link for 'Already registered? Log in here'. To the right of the form, there is a section titled 'Why should I register with ProContract?' which states that registration is free and provides access to opportunities managed by over 30,000 buyers. Below this is a section titled 'What happens next?' which explains the registration process. At the bottom of this section is a section titled 'Do I receive opportunity alerts?' which explains that users can stipulate their preferred opportunity areas of interest.

Changes to Needle Syringe Programme (NSP) Specification

- We are proposing the following changes to the pricing structure for NSP:
 - **Removal of the Annual Retainer:** The current annual retainer of **£500** will be removed.
 - **Increase in Price per Pack:** The price per needle pack will be increased from **£1.00** to **£1.50**.
- Based on the activity in the last 12 months we have determined that pharmacies will need to deliver **333 needle packs annually** for the new pricing structure to be cost-neutral. Given that the average number of packs delivered across pharmacies is **546**, the proposed changes should be sustainable under typical conditions.
- All pharmacies enrolled in the NSP will have the option to provide Naloxone (available in both nasal and injectable forms). For each Naloxone dispensed, a £25 activity fee will be given.

Timeline

Activity	Timeframe
Pharmacies to ensure registered and verified on London Tenders Portal	Nov- Dec 2024
Tender opportunity advertised and submissions from pharmacies verified on Portal	January – February 2025
Contract Award	Feb- March 2025
Contract 'Go Live'	April 2025

The process for pharmacies to sign up will largely remain the same as in previous years, with the exception that it will now be conducted via the London Tenders Portal. Pharmacies will have the ability to select the specific service elements they wish to provide and will need to submit the required evidence to support their selections.

Questions and comments:

SG stated that wrt. the London Tenders portal - it is a nightmare to use. SG added that there are many issues to do with logging onto it, and the number of questions the portal asks, once logged in (taking half a day), are far too many, and are too detailed, considering the size of the contract. SG asked whether pharmacy groups could fill out the portal questions together. SG stated that there is no help desk available when things go wrong with the portal.

Action no.	Description	Who to action
22	To feedback SG's comments re. the tender portal to the procurement team – to try and reduce the number of questions asked.	SBa

Action no.	Description	Who to action
23	To send YP a PDF. Of the revised tender portal questions for the LPC to comment on.	SBa

KP stated that the removing the retainer and increasing the fee by the proposed amount will mean that CPs will have to give out 1250 needle exchange bags to recover the lost £500 retainer.

KP stated that the £1.50 fee, for the work and time involved in inputting data, is not an attractive proposition for CPs.

SG added that part of the rationale for the giving of the retainer amount was to pay for the setup work needed for this service.

SG stated that CPs are under enormous financial pressure at the moment – 10 pharmacies are closing nationally every week, and pharmacies are currently looking at stopping some services that are currently loss making.

SG stated that public Health services are incredibly important to CP's patients, however there have been so many barriers put in place to provide these services, that it is now difficult, in this financial climate, to deliver them, without the pharmacies making a loss.

SBa stated that the decision had been made to remove the retainer – because some pharmacies were currently doing no activity, and yet they had been receiving the £500 retainer.

SBa stated that she is open to increasing the price per pack, so that the service does not create a financial loss for pharmacies.

SBa asked for the LPC to provide her with figures wrt. how this existing offer would detrimentally affect CPs.

KP stated that an increase in fee to £2 per pack would only just cover the time taken for a pharmacist to carry out this service for a patient.

SBa stated that she would go ahead and review the cost modelling.

SG suggested that the imputing process for this service could be streamlined.

SG stated that he doesn't currently know whether any of this data is being looked at.

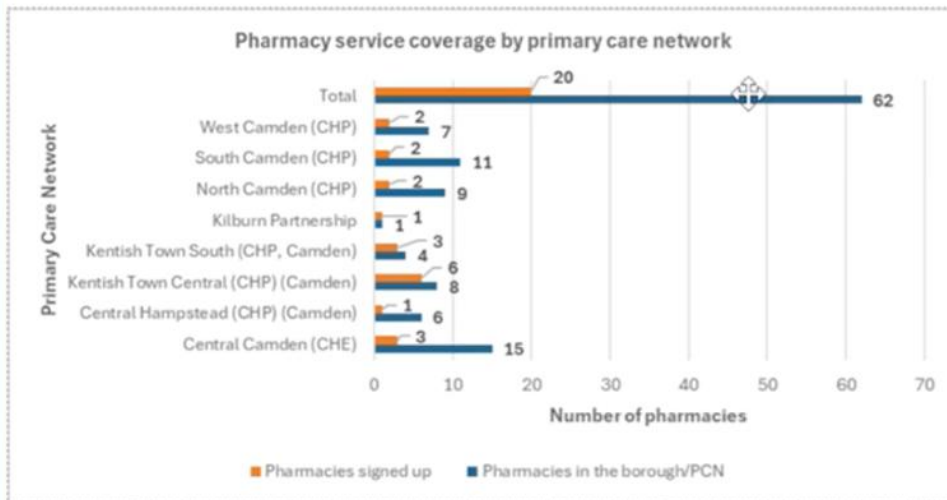
YP stated that he would welcome a follow up conversation with SBa wrt. this service.

SBa then left the meeting.

Needle Exchange LCS in Camden

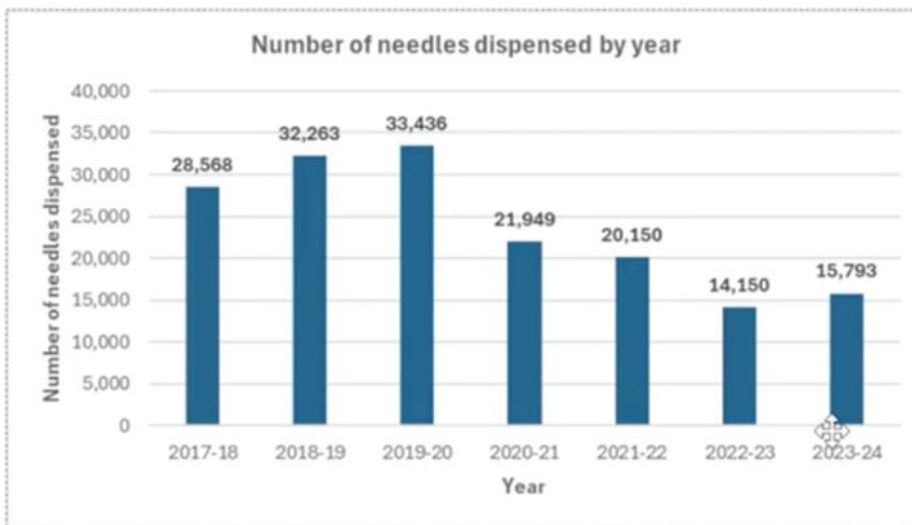
EA spoke to the following slides:

Geographical coverage



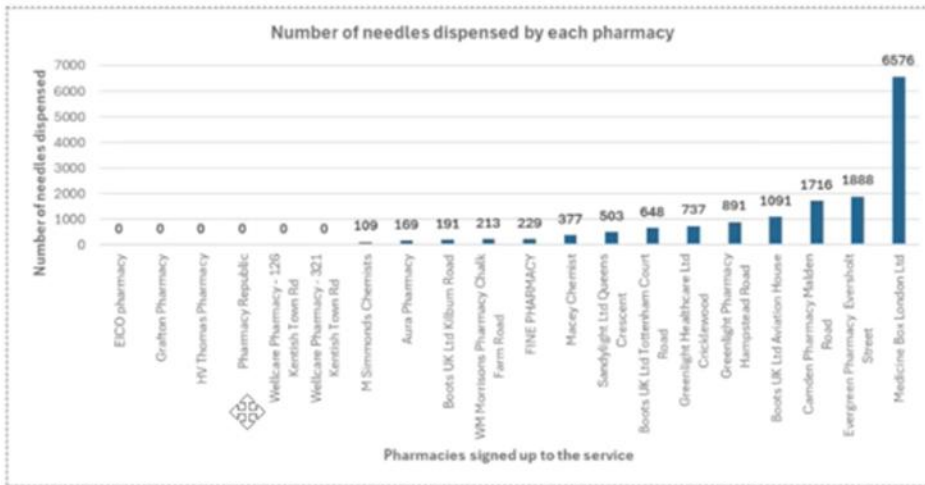
- About 32% of pharmacies in Camden are signed up to deliver the Needle Exchange LCS.
- There is variation in the levels of service coverage across the borough. Over 75% of pharmacies in Kentish Town South, Central and in the Kilburn Partnership, are signed up to the service.
- There is lower coverage in other PCNs in the borough with 20% sign-up rate on average

Yearly activity summary (2017-2024)



- The number of needles dispensed has increased, compared to 2022-23, about 10% increase, but remains notable lower (50% decline) than pre-pandemic levels.
- Recent data has shown increase in intramuscular drug use as well targets for number of people accessing drug treatment/support. On the other hand, there has been increased pharmacy closures and changes in individual patterns of service access (accessing sterile injectables from other service settings) however the extent of these factors on the decline seen needs to be explored further.

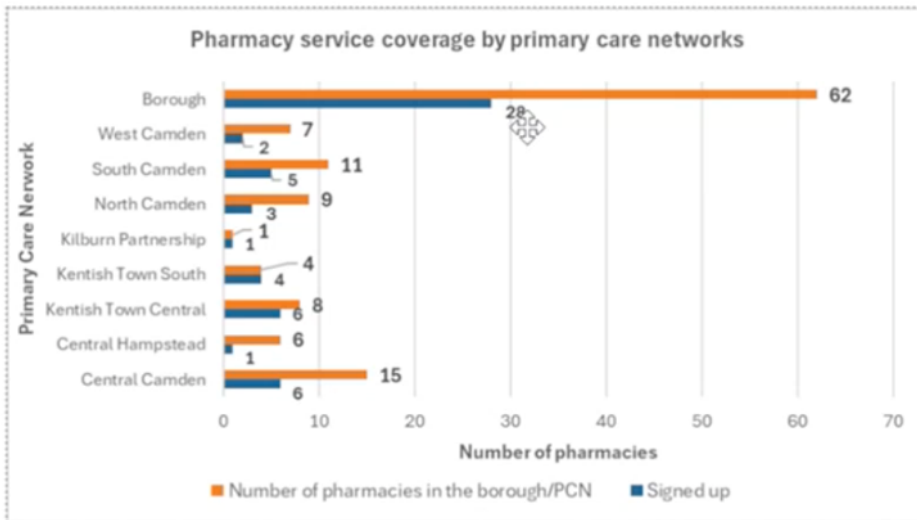
Activity across pharmacies



- There is significant variation in the number of needles dispensed across pharmacies signed up to the service. However, figures need to be standardised against population size of pharmacy catchment area, eligible population, open drug markets areas and hotspots for drug activity to ascertain proportionate levels
- Of the pharmacies signed up, 60% (12 of 20) reported activity in 2023-24
- Medicine Box reported the highest number of needles dispensed
- Average number of needles dispensed across pharmacies in 2023-24 is 767 needles

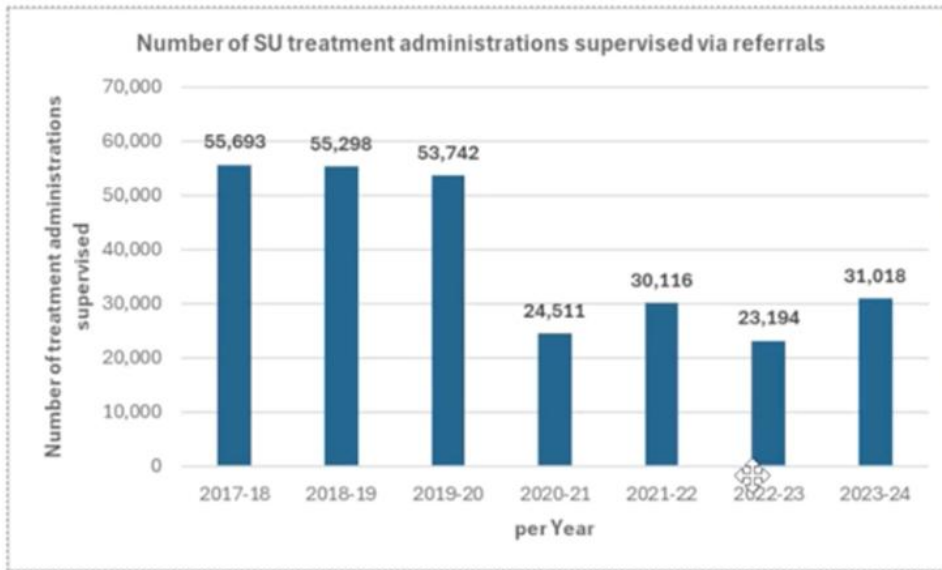
SSA service in Camden

Geographical coverage



- About 45% of pharmacies in Camden are signed up to deliver the supervised self-administration of opiate substitutes LCS.
- There is variation in the levels of service coverage across the borough. Over 75% of pharmacies in Kentish Town South, Central and in the Kilburn Partnership, are signed up to the service.
- There is lower coverage in other PCNs in the borough with 30% sign-up rate on average

Yearly activity summary (2017-2024)

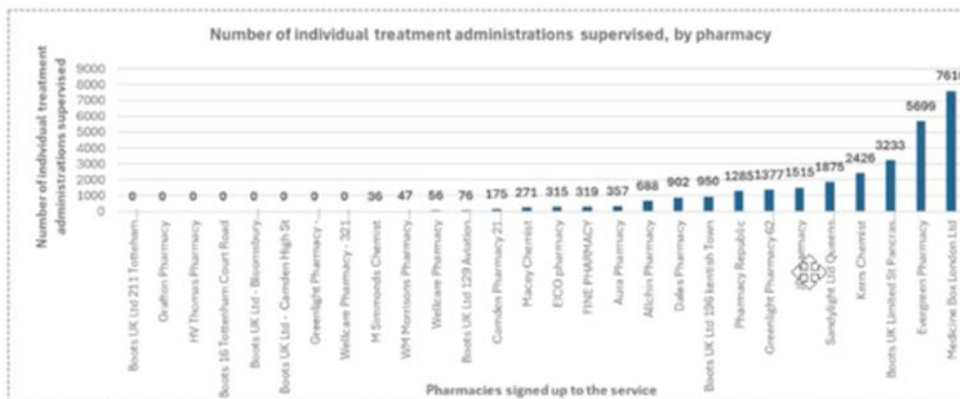


- The number of treatment administration supervised has increased, compared to 2022-23 (25% increase) but remains notable lower than pre-pandemic levels.
- Increased pharmacy closures, as well as decline in referral may have contributed to the decline and needs to be explored
- Pharmacy capacity and capability to deliver the service (appropriate trained staff to service ratio) also need to be looked into .

YP commented that the prescribing pattern hasn't returned to per-pandemic levels – there are more "twice weekly" collections.

SG stated that there are unintended consequences to the change in prescribing habits, because this patient demographic is typically less organised.

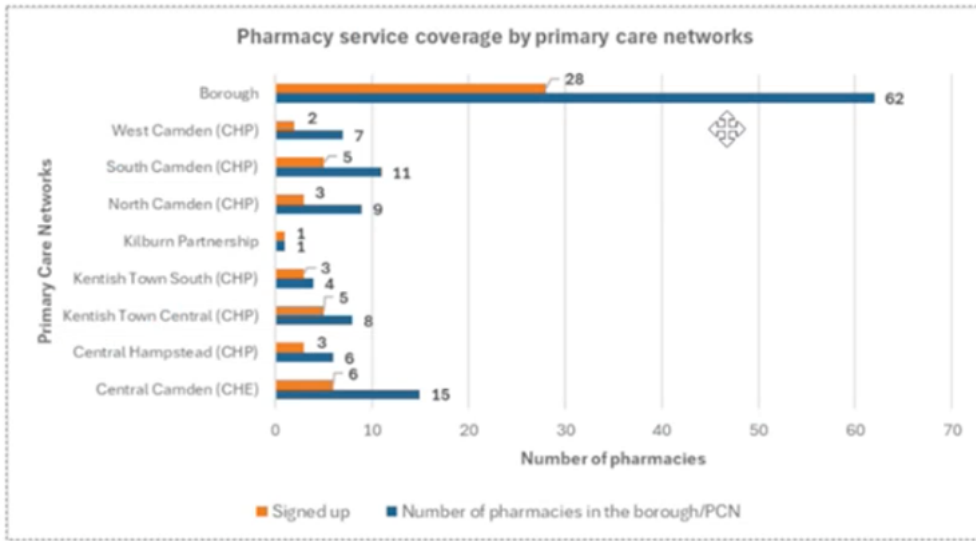
Variation in activity across pharmacies



- There is significant variation in the number of administration supervisions across pharmacies signed up to the service. However, figures need to be standardised against population size of pharmacy catchment area, eligible population, open drug markets areas and hotspot for drug activity to ascertain proportionate levels
- Of the pharmacies signed up, 71% (20 of 28) reported activity in 2023-24
- Medicine Box reported the highest number of administrations supervised
- Average number of supervisions across pharmacies in 2023-24 is 1043

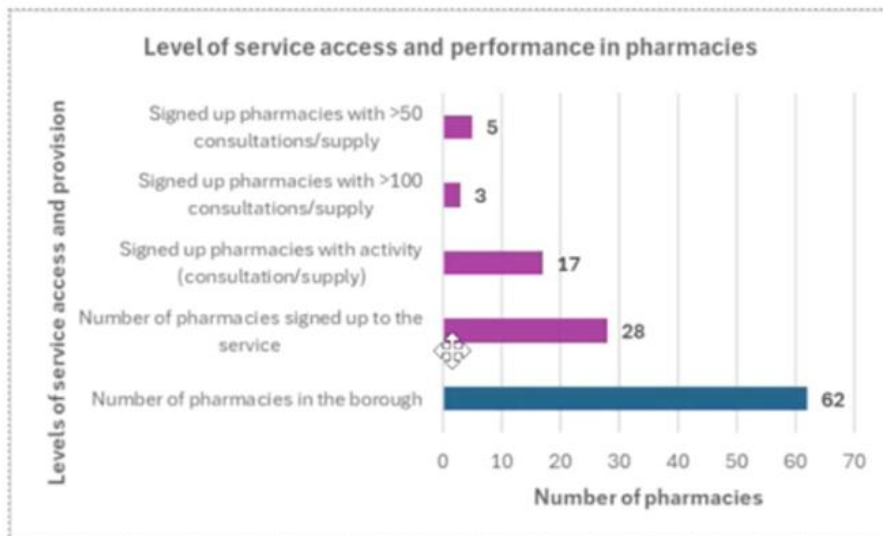
EHC service in Camden

Geographical coverage



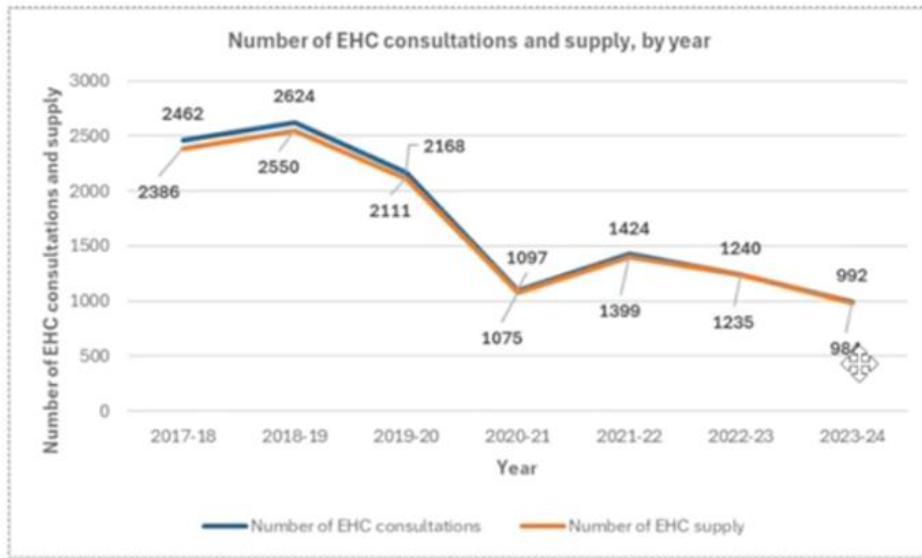
- About 45% of pharmacies in Camden are signed up to deliver the emergency hormonal contraception LCS.
- There is variation in the levels of service coverage across the borough. Over 60% of pharmacies in Kentish Town South, Central and in the Kilburn Partnership, are signed up to the service.
- There is lower coverage in other PCNs in the borough with up to 30% sign-up rate on average

Levels of service access and performance



- Nearly 45% percent of all Camden pharmacies are signed up to the EHC Service.
- 61% of pharmacies signed up to the service (17 of 28) reported activity in 2023-24
- 18% of pharmacies with activity reported over 100 EHC consultations or EHC supply
- 29% of pharmacies with activity reported over 50 EHC consultations or EHC supply

Yearly activity summary (2017 –2024)



- The number of EHC supply closely matches the number of EHC consultations. However, both EHC consultations and supply has reported a progressive decline post-pandemic period, with 2023-24 reporting a decrease in the number of consultations and supplies (20%) decline compared to the previous year.
- There has been about 50% decrease in both EHC consultation and supply over 5 years.
- Systemic issues such as increased pharmacy closure can be attributed to some of the decline

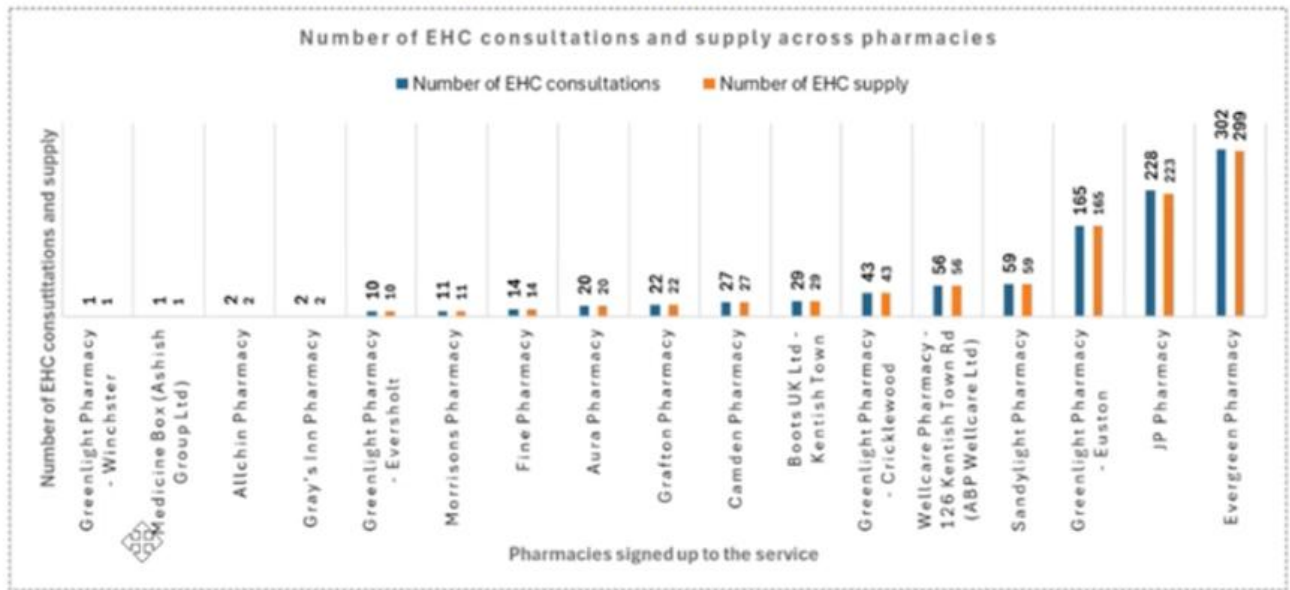
YP stated that this decrease is emblematic of the current state of CP finances – as pharmacies are probably shifting their activity to “over the counter” EHC services, because this is quicker, and there is more revenue to be made.

SG suggested that there is a lack of promotion for this service from the LA.

SG reminded that CP is the most accessible part of public health system at present.

YP stated that new pharmacists often find it difficult to accredit to this service – so he would be happy to work with EA to make this process easier.

Variation in activity across pharmacies

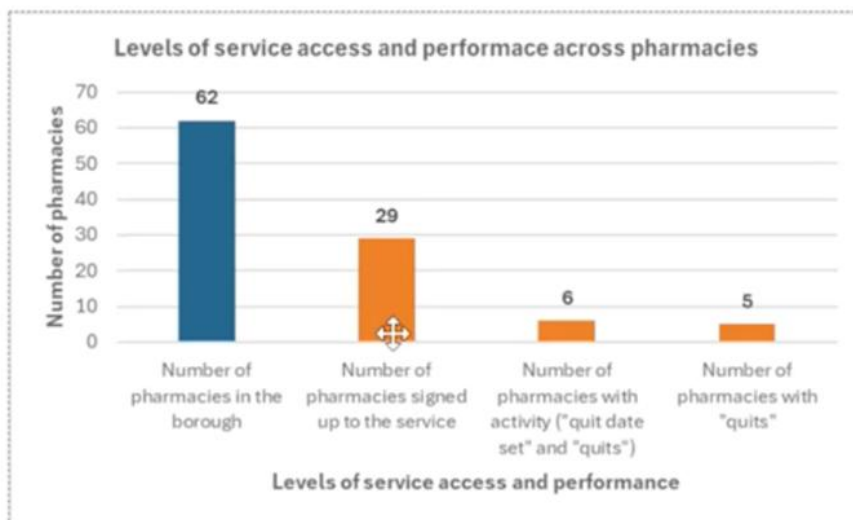


- Activity varied significantly across pharmacies ranging from 1 consultation /supply at Greenlight Winchester and Medicine Box to about 300 consultations/supply at Evergreen pharmacy. On average pharmacies reported 58 consultations/supply across the borough
- Figures need to be standardised against population size of pharmacy catchment area and eligible population group to ascertain proportionate levels

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Smoking cessation LCS in Camden

Service access and performance



- About 47% of all pharmacies in Camden are signed up to deliver the smoking LCS. Recent several pharmacy closures may have contributed to the number of service access points in the borough
- Of those signed up to service, 21% (6 out of 29) reported activity in 2023-24 inclusive of quits and quit date set.
- Of those signed up to the service, 17% (5 out of 29) reported quits outcomes among service users in 2023-24.

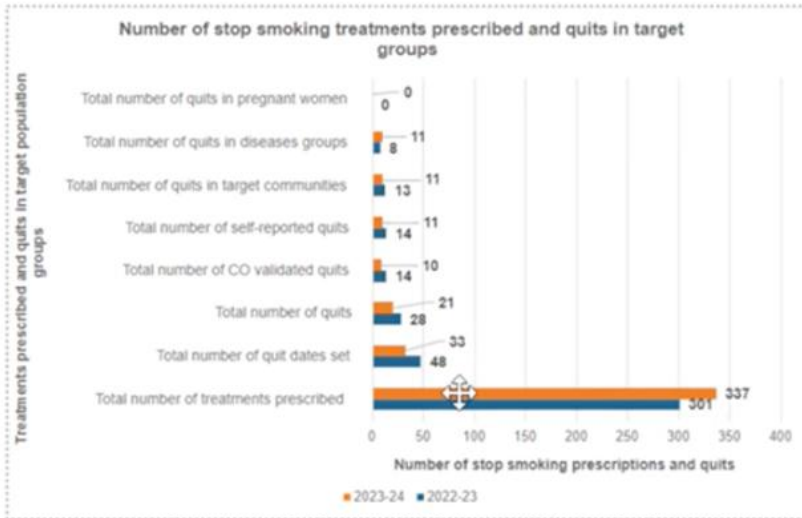
YP stated that wrt. remuneration the LPC would like to see the figure brought in line with the national stop smoking service.

EA stated that she could take away this request.

YP reminded that the Varenicline PGD would need to be updated.

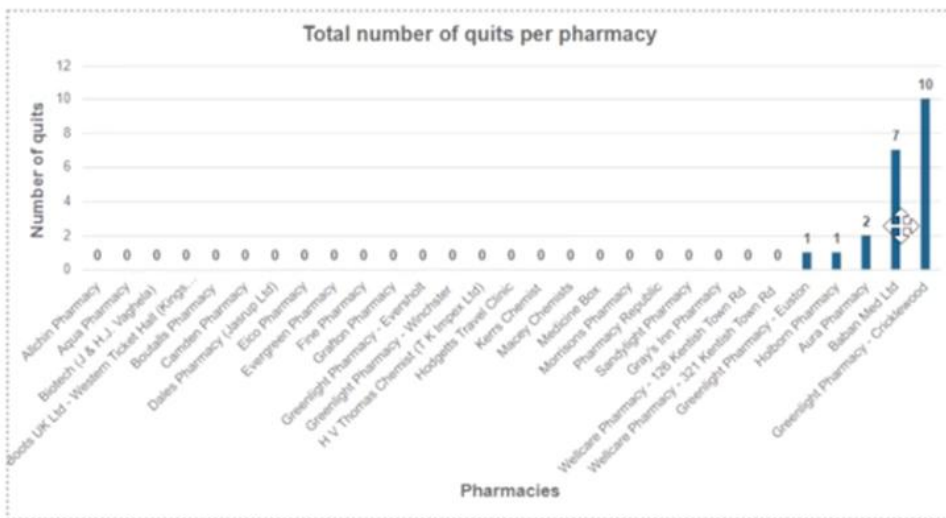
EA stated that she is aware of this PGD reminder.

Prescribing and activity summary in 2023-24 vs 2022-23



- Lower number of quits and set quit dates were reported in 2023-24 both overall and across target groups (on average), compared to the previous year. However, there is a higher number of quits in residents in target diseases group in 2023-24, compared to the previous year
- Decline in the number of quits from previous year might be attributed to pharmacy closures, reported decline in trained advisors due to availability and opportunity costs of training commitments, staff turnover and brain drain into other community and private settings
- 64% of quit date set, resulted in a quit and 50% of the quits in 2023-24 was CO validated
- Least amount of quits in pregnant women compared to other target groups although this is expected due to the routine antenatal care pathway for smokers in secondary care
- 6% of treatments prescribed resulted in quits, as opposed to 10% as the previous year, 2022-23

Variation in activity across pharmacies



- There is a wide variation in the number of quits reported across pharmacies, ranging for 0 to 10 quits in 2023-24. However, figures need to be standardised against population size of pharmacy catchment area and eligible population, to ascertain proportionate activity levels
- Greenlight Pharmacy (Cricklewood) reported the highest number of quits (10 quits) in 2023-24
- The average number of quits across practices is 1 quit.
- About 83% of the pharmacies signed up to the services reported "0" quits

Questions and comments:

YP stated that he would be looking to reinvigorate negotiation conversations wrt. remuneration rates – these rates have not had an uplift in years.

YP suggested that the decline in activity is probably a symptom of the fact that remuneration rates have been the same for many years.

SG suggested that a lack of engagement in the whole system is problematic (i.e. DDUs, GUM clinics).

SG added that CPs have to think hard about whether to engage with certain services, because of the dire financial situation that CP is currently in.

YP thanked EA for her attendance.

EA left the meeting.

8. service Implementation

SS gave the following update for the month of October 2024, by speaking to the following document:

GP practices visited during above month:		Pharmacies visited during above month:	
Elizabeth Avenue Group Practice The Partnership Primary Care The Junction Medical Practice Archway Medical Centre Hanley Primary Care Centre Andover Medical Centre The Rise Group Practice The Beaumont Practice Stroud Green Medical Clinic St Johns Way Medical Practice		Nuchem Roger Davies Pharmacy Superdrug FMD88 and Superdrug FJ143 Chana Chemist (now called Prime Response Pharmacy) Ritz pharmacy House of Mistry Osborn Pharmacy Essex Rd Pharmacy Greenlight Ritchie St Boots FMV02 and Boots FFX11 Niemans Chemist Grays Inn Pharmacy Essentials Pharmacy Clan Pharmacy C& H Pharmacy Apteka Devs Chemist JC Wise Pharmacy	
Overall % of practices that have had <u>AT LEAST ONE</u> visit since the start of the programme: 83% (53/64)	Overall % of practices that have had <u>TWO</u> visits since the start of the programme: 29% (19/64)	Overall % of pharmacies that have had <u>AT LEAST ONE</u> visit since the start of the programme: 96% (101/105)	Overall % of pharmacies that have had <u>TWO</u> visits since the start of the programme: 14% (15/105)

SS stated that there is still signposting going on wrt. the hypertension service. SS has been showing surgery staff how to refer patients into the hypertension service via NHS mail and AccuRX. SS stated that she is still waiting for the ICB to get this function added to the EMIS local services tool.

SS stated that there is a lack of awareness from the GPs wrt. the SCMS – many did not know that this service had gone live in May 2024. SS stated that there is not a 100% uptake of the SCMS across Camden and Islington.

SS stated that lots of the surgery reception staff’s feedback to her continues to be that patients prefer to see a GP, rather than a CP re. some of the minor illnesses.

SS stated that some GPs want more confidence in the PF service, because they are not seeing actions and notifications being returned by CPs. SS stated that lots of GPs are keen to have their confidence in the service boosted by seeing PF service completion data.

SS stated that she had spoken to some pharmacists, who are not comfortable and confident looking into children’s ears wrt. the PF service – and this has been relayed to GP surgeries – and therefore these GPs have lost confidence in the service.

SS stated that she has seen a reduction in the numbers of inappropriate referrals, as lots of GP reception staff members have become more used to the age ranges and conditions that can be referred. SS added that the SCMS is helping in certain locations.

SS stated that the consistent message from CPs is that the numbers of referrals are low, and the GP reception staff continue to signpost patients to CPs without official referrals – and this causes patient bounce backs.

SS stated that the public needs to be made more aware of the PF service – this has been shared with the ICB.

Questions and comments:

SG reminded the meeting that the PF service had been signed off by the Chief Medical Officer – and has undergone a great deal of scrutiny in its creation and development.

SPA stated that he is seeing a lot of his local GPs wanting to treat patients for the seven conditions that come under the umbrella of PF.

SS stated that there are some internal politic issues being created in some GP surgeries, and as a result the reception staff are getting mixed messages.

SG stated that recent data shows that CPs are prescribing significantly more in line with antimicrobial stewardship, as compared to GPs.

PharmOutcomes post event messages issues:

SS stated that most pharmacies have cleared their backlog – but some haven't, and she has emphasized the importance of setting aside some admin time every day to make sure consultations are "completed" on the PharmOutcomes dashboard.

Action no.	Description	Who to action
24	To share with YP the contractors' names who have still got uncompleted PF service consultations logged on the PO dashboard.	SS

Action no.	Description	Who to action
25	To contact contractors who have still got uncompleted PF service consultations logged on the PO dashboard – to resolve this issue.	SS & YP

Action no.	Description	Who to action
26	To contact contractors who do not have access to an ABPM machine – to resolve this issue.	SS & YP

YP thanked SS for working with Amalin Dutt wrt. putting on the PF refresher webinar. YP suggested that future webinars should be "operations" focused and not so much strategic based.

YP stated that he would be happy to be involved in conversations re. designing future webinars.

YP and SG thanked SS for her report.

9. CPE/LPC conference

YP stated that the takeaways had been:

- The acknowledgement that the sector is in crisis.
- The 2024/25 contract negotiations have not yet started.
- The pharmacies pressure survey results tell a depressing story.
- The Collective action agenda is a joint one with the NPA.

10. HealthWatch England Report on Pharmacy Closures

YP drew the members’ attention to this document.

11. Treasurer’s Report

MS Team’s subs

YP stated that this has been renewed for another year.

YP stated that SS had told him that her NHS mail address can no longer allow her to set up and host MS Teams meetings.

SG stated that he had not found this to be true with his NHS mail facility.

PnL REPORT

YP displayed the following from Xero:

Profit and Loss

Community Pharmacy Camden & Islington
For the year ended 31 March 2025

	2025	2024	2023
Turnover			
LPC - Statutory Levy	-	-	9,986.39
NCL Community Pharmacy Project funding	28,800.00	-	53,120.00
NHSE London GPCPCS Implementation Support funding	-	-	2,619.18
Other Revenue	79,891.30	119,836.86	-
Sales	6,765.00	-	-
Total Turnover	115,456.30	119,836.86	65,725.57
Cost of Sales			
Direct Expenses	86,320.80	116,450.13	-
Direct Wages	-	-	62,821.84
Total Cost of Sales	86,320.80	116,450.13	62,821.84
Gross Profit	29,135.50	3,386.73	2,903.73
Administrative Costs			
Audit & Accountancy fees	-	2,700.00	3,240.00
Bank Fees	-	(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	163.40	276.60	120.00
LPC member expenses	-	-	10,635.50
Pharmacy London	-	-	1,018.67
Printing & Stationery	-	-	378.00
PSNC Levy	30,539.47	12,212.00	16,666.00
Subscriptions	5,300.00	-	-
Sundry expenses	-	-	35.00
Total Administrative Costs	36,328.26	14,320.45	61,245.94
Operating Profit	(7,192.76)	(10,933.72)	(58,342.21)
Profit on Ordinary Activities Before Taxation	(7,192.76)	(10,933.72)	(58,342.21)
Profit after Taxation	(7,192.76)	(10,933.72)	(58,342.21)

YP then displayed the bank balance:



NCL targeted lung health campaign

YP stated that he accounts above also include the funding for this initiative – therefore £150 will have to be paid out to the 42 participating pharmacies.

YP added that the LPC had negotiated a £15 per site admin fee for the LPC.

12. CP London

YP stated that the current CEO of CP London has handed in his notice in. YP added that the CEO position has gone out to advert. YP stated that he had been elected Cahir over the Summer of this year. YP stated that he has been persuaded to apply for the CEO role, therefore he has stepped down as CP London Chair, and has applied to be the CEO. YP stated that an election process for a new CP London chair has just started. SG stated that Mayank Patel would be stepping in as CP London Chair, until all the recruitment processes would be resolved.

LFPSE webinar

YP stated that he, Hitesh and the NHS E team had hosted, London wide. YP added that the webinar reminder contractors to log LFPSE incidents.

Review

SG reminded that this LPC would review their position on support for CP London at the end of financial year – i.e. April 2025.

NHS Confed membership

YP stated that the CP London members had voted on the motion to join the confed. and the majority voted to pay for membership of the organisation for all London LPCs until the end of March 2025 – followed by a review. SG stated again that he felt that paying for membership was not a good use of contractor money.

13. Vaccination Update

COVID

YP stated that EOIs for the COVID vaccination service for Spring 2025 are now open.

MMR

YP stated that there are 13 MMR pilot sites across the NCL area – 6 of which are in C&I.

RSV service pilot

YP stated that there has been talk about this service, but he does not know any firm details.

Flu vaccination service

KP stated that Sanofi had recently announced that they had “over 65s” vaccine in stock, but their website had been crashing, every time he had tried to open an account with them.

14. Market Entry

YP reported on the market entry applications that affect the C&I area.

15. AOB

Health and Wellbeing Board

SG stated that this board has asked for a presentation on CP, so he would be presenting at their next meeting for 20 minutes. SG stated that this group want to be informed about the PF and Minor Illness services. SG stated that Kristina, Rachel and Louise are contributing to creating the presentation that he will give.

16. FUTURE MEETING DATES

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
DDU	Drug Development Unit
DMS	Discharge Medicines Service
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
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
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
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