

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	Apologies
Kim Khaki	KK	Apologies
Avni Patel (AIMp)	AP	Apologies
Beneeta Shah (CCA)	BS	Yes – from 09.50
Kalpen Patel (Treasurer)	KP	Yes – from 10.10
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Yes
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	Apologies
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	NO
Shilan Shah	SS	Apologies
Louise Coughlan (ICS Chief Pharmacist)	LC	Apologies
Kristina Petrou (ICB Community Pharmacy Clinical Lead)	KPe	Apologies
Issac Quarm (Snr Prescribing Adviser and Community Pharmacy Lead)	IQ	From 10.15 to 11.00
Caroline Ashton (integrated Pharmacy Development Lead)	CA	From 10.15 to 11.00

1. WELCOME, APOLOGIES & MESSAGES

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

2. DECLARATIONS/CONFLICTS OF INTEREST

There were none.

3. MINUTES OF 280125 LPC MEETING

ACCURACY

These were deemed as an accurate record and were accepted.

PREVIOUS ACTIONS AND MATTERS ARISING

- Previous Action – YP to chase up DOI/COI docs from remaining members:

YP stated that he is still chasing docs from two members.
 SG asked how overdue these docs currently were.
 YP stated that the life of these documents was currently September to September.
 SG stated that this inaction is poor.
 YP stated that he had chased these members several times.
 BS suggested that YP call up the two members and get them to send him the documents while on the phone.

Action no.	Description	Who to action
1 previous	To obtain remaining DOI and COI docs from two LPC members.	YP

YP stated that from April 2025 – the DOI and COI document lifespans would run April to April.

- Previous Action – YP to doublecheck whether all members have access to ALL the C&I OneDrive docs – past and present:

SG and RF stated that they can still not access the papers via the links.

Action no.	Description	Who to action
2 previous	To look into why the One Drive link to the meeting papers is not working.	YP

Change of signatures for LPC bank account:

YP reminded that, from his perspective, AP's LPC bank account access is operational.
 YP stated that AP would need to follow up with Lloyds to make sure she has access.
 YP stated that DP has access to the LPC bank account.

Action no.	Description	Who to action
3 previous	To look into why AP cannot access the LPC bank account through Lloyd's bank.	AP

Second Bank a/c for Project Funding:

YP stated that the new account structure for Lloyds would mean that the LPC would have to pay £18 per month – however he would be pursuing this option because of the ease of setting it up.
 SG asked for comments from the members wrt. this action.
 RF asked what the LPC Treasurer's recommendation currently was.
 YP reminded that KP had not joined the meeting at this point.
 NP asked whether a bank like Starling <https://www.starlingbank.com> would be easy to contact, in case of issues.
 YP stated that he had good experiences with Starling.
 SG asked the members whether they would be happy to delegate the responsibility of opening the best type of bank account for project funding to YP & KP.
 There were no objections.

Action no.	Description	Who to action
4 previous	To look into the ease of opening a Starling bank account for project funding.	YP & KP
5 previous	To open a second LPC Lloyds bank account for project funding, if the other options prove too tricky.	YP & KP

CEO employment status:

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

- Previous Action – YP to continue to support contractors when "PharmOutcomes unsent Post Event Message" data would become available:

YP stated that he is continuing to support contractors – there are still some contractors who have not completed this work.

YP stated that he has pushed back against NHS E wrt. their threat of breach notices.

YP stated that SS is prompting contractors to carry out the PEM issue actions during her visits.

SG asked how many contractors were yet to carry out these actions.

YP replied that 25% would be his estimate.

YP stated that his current priority is getting GPs to turn on their GP Connect/ log a secure email address – to stop the problem at the source – and SS is reminding gPs of this during her visits.

- Previous Action – KP to give YP evidence of examples of 84-day prescribing in Camden:

KP stated that he is still seeing scripts for these periods for some new medicines (Farxiga).

KP stated that he had spoken to a GP about this – and they had said that it was currently up to them (the GPs) wrt. the period of prescribing they issue.

YP stated that there is no official guidance when it comes to prescribing periods, but he has been pushing for the reducing of the periods to cut waste, and to help supply chain issues.

YP stated that examples of 84-day prescribing have been given to the ICB – but

One of LC's deputies has been allegedly telling Camden GPs that they can prescribe for as long as they wish.

SG stated that this issue should have been raised directly with LC at a recent meeting.

SG asked KP to raise this specific issue with IQ, later in the meeting.

Action no.	Description	Who to action
7	To call LC – to inform her about KP's example of 84-day prescribing issues in Camden.	YP

- Previous Action – YP to contact contractors who do not have access to an ABPM machine – to resolve this issue:

YP stated that conversations are ongoing with contractors who still don't have access to an ABPM machine.

YP stated that he would keep a watching brief on this, owing to the current climate.

- Previous Action – YP to ask contractors for positive patient stories wrt. self-care meds scheme:

YP asked for these stories to be shared with him or the ICB.

PUBLIC HEALTH LCS' Needle Exchange Service

YP stated that there is an EOI deadline for Islington Needle Exchange service for the next day.

Smoking Cessation service

YP stated that there is a revised remuneration in the pipeline.

EHC

YP stated that he has asked for uplifts for this service.

4. LPC BRIEFING PAPER

YP spoke to the salient points in this paper.

5. NPA COLLECTIVE ACTION

SG updated the LPC on NPA Collective Action agenda (SG is an NPA Board member):

- The following CP services were targeted for this action (not embedded in CP contract):
 - MDS outside of the EA.
 - Free Deliveries
 - Opening hours beyond core hours –
 - This has already had massive political impact.
- Individual contractors can decide to join the collective action or not.

DP stated that he had reduced his supp. hours by 30 mins and he has not seen any difference.

SG stated that the NPA would reconsider all aspects of the collective action, should the new contract be very favourable.

SG added that an independent financial report is due to be published by the Gov. which would detail how much the CP sector has been underfunded over recent years.

SG wondered whether this report would be published before the end of CPE/DoHSC CP contract negotiations.

6. TREASURER'S REPORT

MEMBER'S LIABILITY INSURANCE

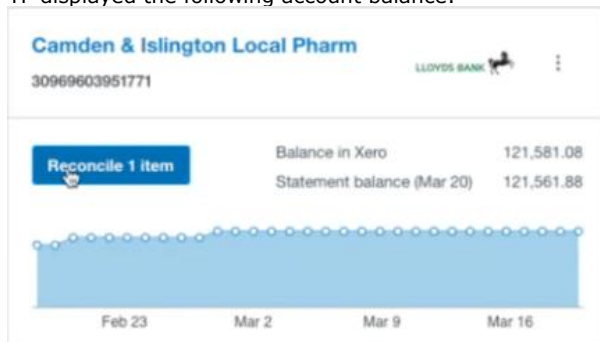
YP stated that the CPE facilitated national offer had been bought, which would give -
a. £1 million cover – would cost £500 PA to the committee.

YP stated that he is currently chasing CPE for the invoice.

YP stated that CPE (James Wood) had reassured him that the LPC were currently covered – despite not having paid the invoice as yet.

MANAGEMENT ACCOUNTS

YP displayed the following account balance:



Profit and Loss

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

	2025	2024	2023
Turnover			
LPC - Statutory Levy	119,836.93	-	9,986.39
NCL Community Pharmacy Project funding	69,581.00	-	53,120.00
NHSE London GPCPCS Implementation Support funding	-	-	2,619.18
Other Revenue	-	119,836.86	-
Sales	6,765.00	-	-
Total Turnover	196,182.93	119,836.86	65,725.57
Cost of Sales			
Direct Expenses	129,391.12	116,450.13	-
Direct Wages	-	-	62,821.84
Total Cost of Sales	129,391.12	116,450.13	62,821.84
Gross Profit	66,791.81	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	240.20	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	36,405.06	14,320.45	61,245.94
Operating Profit	30,386.75	(10,933.72)	(58,342.21)
Profit on Ordinary Activities Before Taxation	30,386.75	(10,933.72)	(58,342.21)
Profit after Taxation	30,386.75	(10,933.72)	(58,342.21)

YP stated that the "other revenue" figure of £119,836.86 for 2024 – should have been logged under "LPC Levy" – and would be corrected.

YP added that he is still waiting for the CPE levy invoice.

YP stated that the CPE levy would be dropping by £1000 – according to their new calculations.

There were no questions from members, KP was happy with this report.

DRAFT HR DOCUMENTS

YP stated that these are in the paper bundle.

YP stated that he is scheduled to go PAYE from April 2025, but in light of the announcements wrt. NHS E job cuts (YP's wife works for NHS E), he asked the members whether this could be deferred for six months.

KP stated that he was okay with this request – as the accountant is taking a long time setting YP up as a PAYE employee.

RF stated that it is normal practice for an LPC CEO to be a PAYE employee.

YP stated that this is not the case for all LPC CEOs – and there is no definitive guidance which says that an LPC CEO should be an PAYE employee.

YP stated that he is a self-employed contractor – therefore IR35 would not apply.
NP stated that he would be okay with the six-month delay.

BS asked whether a six-month delay would put this LPC at risk.
KP stated that a six-month delay would not pose much risk – according to his accountant.
DP stated that he would approve of a short delay – but then YP would need to become a PAYE employee.
UP stated that he would be happy with the delay.

SG stated that a contract was currently still in place with YP as a contractor – which would remove risk from the LPC.
BS suggested that this situation could be reviewed month by month.
RF suggested that a deadline should be set for YP to become PAYE.

RF proposed that the accountant be given a 6-month deadline to get YP set up as a PAYE employee – with updates being given by KP at every LPC meeting from now until end of August 2025.

The members agreed for this proposal to be approved.

YP stated that the draft employment contract and handbook – are in the papers for reference.

SICK PAY

YP stated that a discussion wrt. the “sick pay” details of his contract should be had before his transition to PAYE – i.e. Stat sick pay or enhanced sick pay.

Action no.	Description	Who to action
8	To read through YP’s contract – and SG’s comments by the next LPC meeting.	All

Action no.	Description	Who to action
9	To have a discussion and sign off all of YP’s employment contract docs.	All

7. SERVICE IMPLEMENTATION

YP stated that there was nothing further to report under this agenda item.

8. ICB UPDATE

IPPP

CA stated that this project is not yet live – and this is frustrating.
CA stated that three sites have been selected.
CA stated that EMIS (through EMIS Community) would be used for prescribing at these sites – CLEO Solo was taking too long to roll out.
CA stated that the national go live date is now 31 March 2025.

SG stated that he has been having internet issues at his pharmacies (OpenReach being the source of the issues).
SG wondered whether GPs have similar OpenReach issues.

CA stated that NE and SW London have gone live with the IPPP using EMIS Web.
CA asked whether members of this LPC would like to take part in the evaluation interviews for this programme.
YP stated that he would like to be interviewed.

POCT (POINT OF CARE TESTING) FOR LIPIDS SERVICE

CA stated that this CP service is currently being carried out in NE London (led by Barts).
 CA stated that she has taken part in this service, and she had been impressed by the level of detail wrt. the results.
 CA stated that there is interest in rolling this out in some sites in NC London.
 CA stated that the three pathfinder sites would be offered this service – if the governance checks out.
 CA stated that other sites could be considered – where there is a high use of the BP service.
 YP asked who was funding this service.
 CA stated that she thought that the funding is coming from a Barts Hospital funding pot.

PHARMACY FIRST

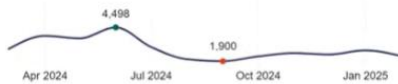
IQ spoke to the following slides:

Pharmacy First – GP referrals



Barnet	Camden	Enfield	Haringey	Islington
6,099	1,837	10,326	2,974	12,782
Feb 2025: 530 Change from Jan 2025: -80 ↓ Percentage Change: -13.1% Rate Per 1000*: 15.0 Practices without Referral in last three months: 39.6%	Feb 2025: 164 Change from Jan 2025: -10 ↓ Percentage Change: -5.7% Rate Per 1000*: 5.3 Practices without Referral in last three months: 43.8%	Feb 2025: 468 Change from Jan 2025: -103 ↓ Percentage Change: -18.0% Rate Per 1000*: 30.9 Practices without Referral in last three months: 32.3%	Feb 2025: 252 Change from Jan 2025: 16 ↑ Percentage Change: 6.8% Rate Per 1000*: 9.1 Practices without Referral in last three months: 61.8%	Feb 2025: 888 Change from Jan 2025: -247 ↓ Percentage Change: -21.8% Rate Per 1000*: 41.9 Practices without Referral in last three months: 12.9% ↓

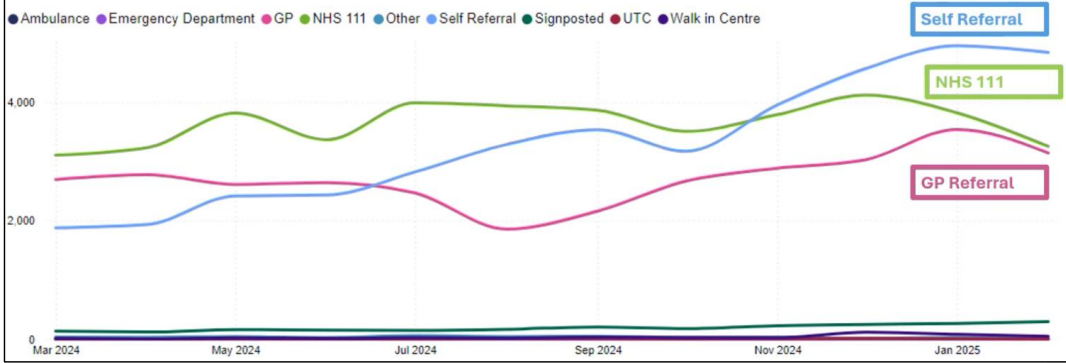
NCL has had 34,018 GP referrals with 2,302 in Feb 2025. This is a decrease on Jan 2025 of -424 and a percentage change of -0.2%. NCL has a referral rate of 19.8 per 1000 with 38.6% practices without any referrals in the last three months.



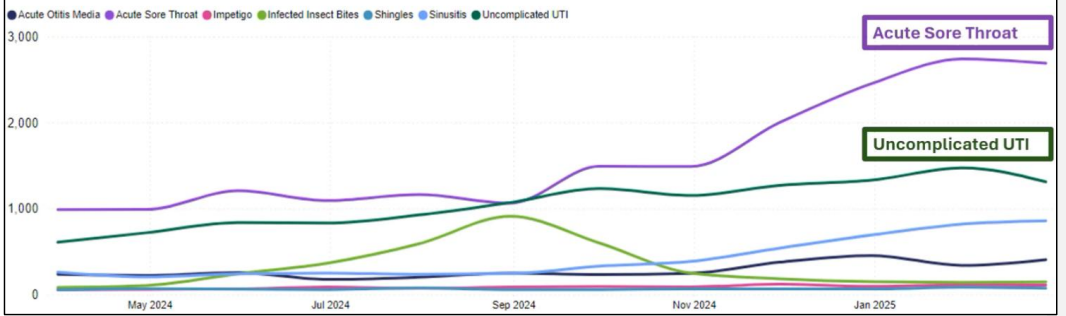
~40% of GP practices have not sent a referral in the last 3 months.

per 1000 and is not standardised for age or gender.

Pharmacy First - Sources of referral



Pharmacy First - Conditions



Gateway criteria – March 31st 2025



Criteria 1:
 Minimum number of clinical pathways consultations (30)

+

Criteria 2 (NEW):
 Pharmacy offering all three services (PF+BP+OC)

=
£1000
monthly fixed payment

Consultation fee:

Pharmacies are paid £15 per completed consultation for the Pharmacy First service.

Monthly fixed payment:

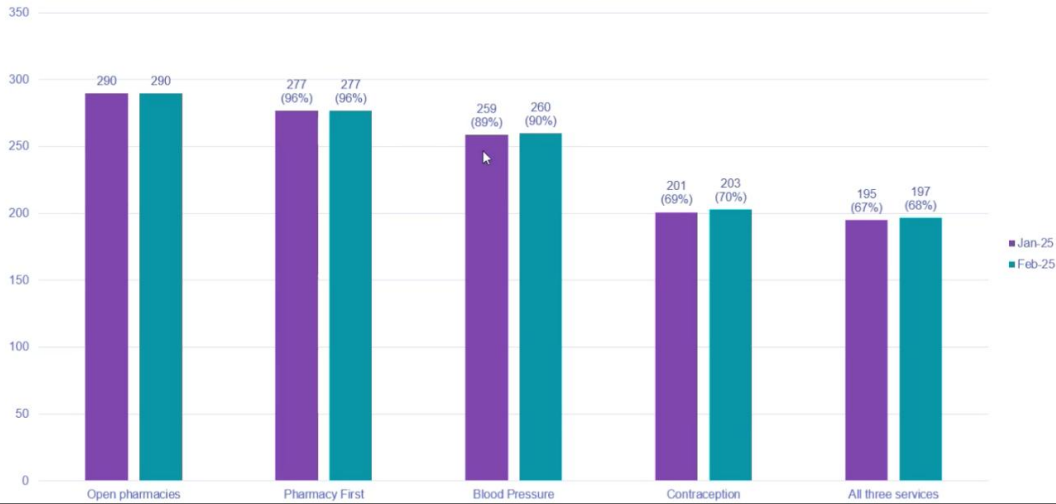
In addition to the £15 consultation fee, a monthly fixed payment of £1,000 will be paid to pharmacy owners who meet a minimum activity threshold of clinical pathways consultations **AND** offer the Pharmacy Contraception Service and Hypertension Case-Finding Service.

This serves to encourage pharmacy owners to provide all three services.

Pharmacy Opt-ins



As the gateway payment is introduced on 31st March 2025, these figures may change.



Pharmacy Opt-ins (Feb 2025)

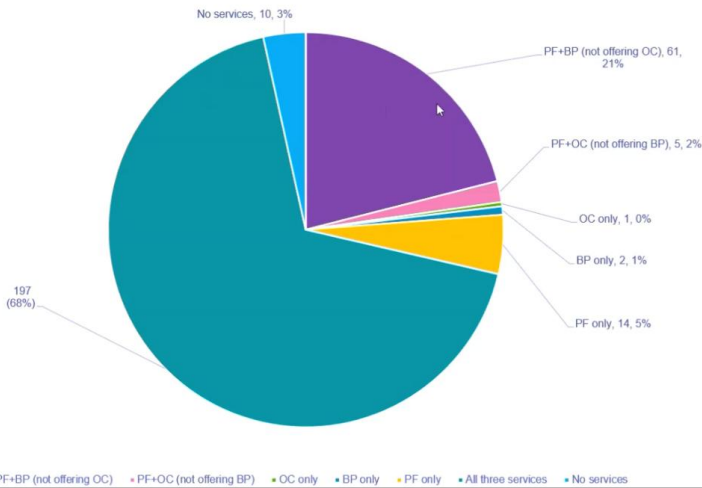


68% of pharmacies are offering all three services.

If these pharmacies do not complete the required number of clinical pathways consultations they may opt-out.

21% of pharmacies could qualify for the gateway payment if they offered the contraception service.

Support may be required for this service.

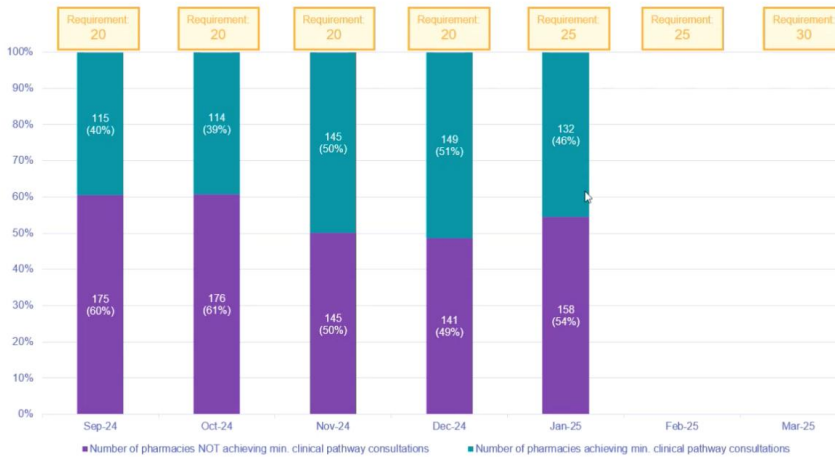


Pharmacies achieving gateway payment



Less than **50%** of pharmacies seem to be achieving the gateway criteria of the required number of clinical pathways consultations.

Pharmacies struggling to meet this criteria may de-register from the service.



IQ asked the LPC members whether they had heard messages from contractors – to the tune of them de-registering from the PF service, due to the bundling of the three services.
 SG stated that he had heard no messages of de-registration, but some contractors may decrease the effort they put into this service, following the bundling of the three services.

KP stated that GPs in Camden are reluctant to refer into this service and none of his pharmacies have hit the target numbers to receive the monthly payment.

SG highlighted the stat that 40% of GPs in NCL have not sent a single PF referral over the last 3 months, and this was very disappointing & this underlined the lack of engagements by GPs. To illustrate this point SG stated that only 4 of his 22 Greenlight branches have received more than 12 GP PF referrals during the entire history of the service.

SG stated that he is worried that contractors will quickly become disengaged from this service – and a good service for patients, increasing access to NHS services, will collapse.

KP stated that his local GPs are giving the reason that referring into the PF service is too much work.

SG suggested that the only way to increase GP engagement would be an incentive scheme for the GPs linked to PF referral numbers (a similar system was introduced wrt. the flu vaccination service in NCL locally as part of the PCN Incentive Scheme).

SG stated that a business case should be put to the ICB – to set up a GP incentive scheme for the PF service – as this would improve numbers and therefore clinical outcomes – SG asked IQ whether this would be a possibility.

IQ stated that GP incentive schemes are being considered for the next financial year.

Action no.	Description	Who to action
10	To present a business case to ICB – which would set up an incentive scheme for the GPs to refer into the CP PF service.	IQ

YP stated that, in other areas, ICBs have encouraged GPs to send out text messages to patients, to inform them of the PF service.

YP suggested that this could be replicated in NC London.

SELF CARE MEDS SCHEME

IQ spoke to the following slides:

NCL Self Care Medicines Scheme (SCMS)



Self-Care Medicines Scheme

Could you or your child get free non-prescription medicines?

Some people on low incomes, young people aged 16-18 in education or who are undertaking an apprenticeship, and people who are homeless may be able to get selected free over-the-counter medicines for themselves or their child at a local pharmacy as part of the Self-Care Medicines Scheme in Barnet, Camden, Enfield, Haringey and Islington.

Go to the website below or scan this QR code for full eligibility criteria and more information >

bit.ly/NCLselfcare

Who can use this service...

Patients aged under 16 years who have at least one parent who would be eligible for this service

Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions.

Patients receiving any other benefits which give them eligibility for free prescriptions:

- NHS Low Income Scheme and are in possession of a valid HC2 certificate.
- Income Support (IS) or Income-related Employment and Support Allowance (ESA)
- Income-based Jobseeker's Allowance (JSA)
- Tax Credit exemption certificate
- Pension Credit Guarantee Credit

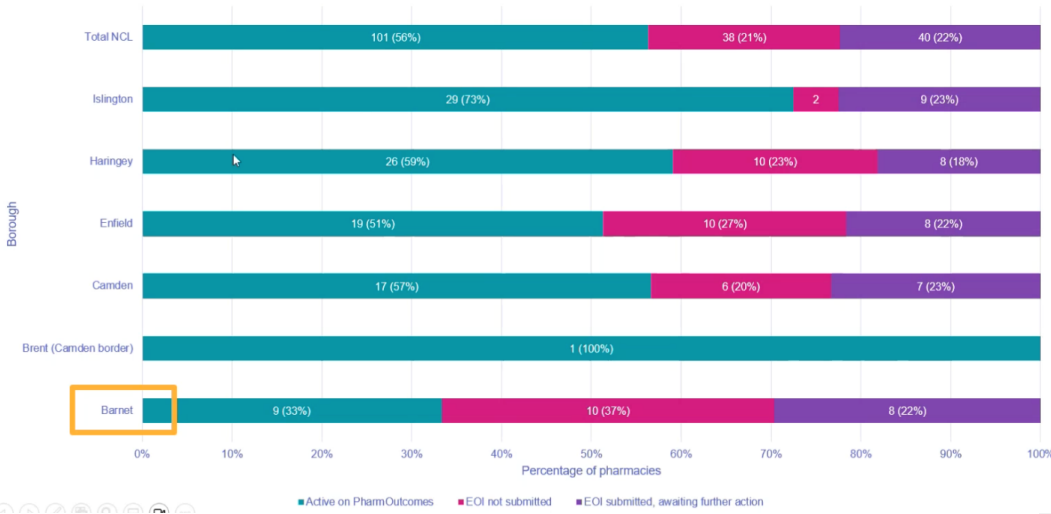
Young people aged 16,17 or 18 years **and**

- in full-time education, part-time education, or undertaking an accredited level 1 apprenticeship

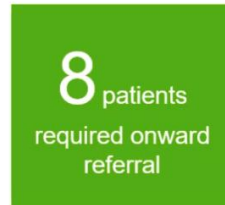
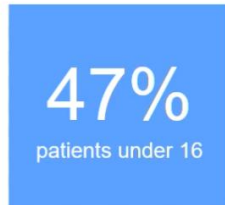
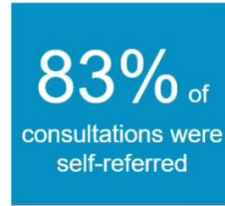
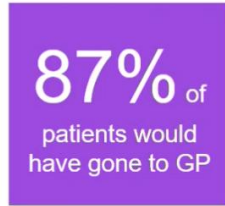
Homeless and in possession of local authority 'Letter of homelessness'

Further info: <https://cpe.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/exemptions/>

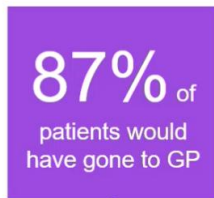
CP within IMD 1-5 by borough



SCMS activity: June 24 – Feb 25



SCMS activity: June 24 – Feb 25



Borough	Total
1. Islington	4353 (56%)
2. Camden	2128 (27%)
3. Haringey	777 (10%)
4. Enfield	565 (7%)
5. Barnet	8 (0.1%)

Would have gone to?	Total
GP	6776 (87%)
Paid for medication	513 (7%)
No supply	314 (4%)
A&E	85 (1%)
Other	143 (2%)

How did patient access?	Total
Self-Referral	6476 (83%)
GP signposting	692 (9%)
Other	442 (6%)
Pharmacy First Referral	205 (3%)
Signposting from other community provider	16 (0.2%)

DIRECTION OF RXS AND REFERRALS

YP reminded that there had been issues wrt. some GPs in NCL either sending PF referrals inappropriately to the pharmacy that they own, or to a small group of pharmacies exclusively.

YP stated that these issues have all but fallen away.

SG reminded that PF referrals had come from specific GPs – and the quantum of money linked to wholly inappropriate PF referrals is approx. £5 million. SG asked IQ what actions were being taken against these GPs. IQ stated that he has no information on this, and he has not been privy to any of the discussions wrt. this matter.

Action no.	Description	Who to action
11	To obtain information wrt. what action is being taken against the GPs in NCL – who have been found to be referring inappropriately into PF to CPs they have financial links .	IQ

PCN ENGAGEMENT LEAD FUNDING (HAS BEEN FOUND AND MOU SHARED WITH LPC? YASMEEN SHARED ON INFO ON 13/3/25

YP stated that the LPC had invoiced for this funding – and the money has been received.

EOLC EOI & REMUNERATION - WORKING THROUGH EOL TO SELECT 20 PHARMACIES - WAITING FOR YOUR IN PUT INTO SLA

IQ stated that KP and LC are currently liaising with finance to see what uplift can be offered re. the remuneration. IQ stated that wrt. EOIs – 35 have been received in all. IQ stated that 20 pharmacies would be selected to provide this service – equally distributed across NCL. IQ stated that Paxlovid would be supplied from these pharmacies, and five pharmacies in NCL would be required to stock this medicine at all times.

PRESCRIPTION INTERVAL ISSUES

SG stated that there is currently an issue re. significant numbers of scripts coming into CPs for 84 days, often for very expensive items, and often for patients on newly prescribed medicines – and new meds adherence is an issue. SG stated that the Meds Op team had issued a guidance to GPs wrt. reducing the period of treatment – but there seems to be no impact. SG stated that there is anecdotal evidence of some Meds. Management team members suggesting to the GPs that they can issue whatever period of treatment that they like. KP stated that he is still seeing scripts for these periods for some new medicines (Farxiga). KP stated that he had spoken to a GP about this – and they had said that it was currently up to them (the GPs) wrt. the period of prescribing they issue – and they seem to prioritise the ease of issuing an 84-day script over the possible meds. wastage issues. SG stated that this behaviour by GPs is going against the “green” agenda and is contributing to the drug shortages problem. SG stated that the LPC is looking to Meds. Management to support on reducing inappropriate Rx interval prescribing by GPs. IQ stated that the team would have a look at changing the guidance.

YP suggested that eRDs could be considered as part of the PQS. YP stated that there is clear evidence of extended periods of treatment created more waste.

RF stated that this issue has been taken up by Shilpa Shah with The Right Honourable Wes Streeting, MP.

YP stated that the new EPS tracker – going live next month- is very useful, and should remove all the confusion around ERDs.

Action no.	Description	Who to action
12	To escalate issues around 84-day prescribing to LC for solutions to be worked out – possibly using ERDs.	IQ

YP thanked CA and IQ for their attendance.

9. HEALTH CAMPAIGNS

NCL TARGETED LUNG HEALTH

YP stated that he is waiting for all contractors to claim for this service – only five have claimed so far - the LPC has the funds to pay.

ABDOMINAL CANCER CAMPAIGN

YP stated that this is ongoing and he has a list of pharmacies who are currently providing it.

10. CP LONDON

EXECUTIVE

YP stated that –

- Conor Price is the new CEO of CP London.
- Raj Matharau is Chair.
- Amit Patel is the Treasurer.
- Mayank Patel is Vice Chair.

RF asked what Conor’s background is.

YP stated that he currently works for a GP federation part time, and CP London for the other part of his time.

SG stated that he thought that this LPC had set a time to review whether it should still be a member of CP London, of the end of this financial year.

YP stated that he felt that this committee had decided to forego a review – because it had been made happy with the governance changes that CP London had made.

RF asked whether this LPC had set objectives – that would need to be met by CP London – for this LPC to continue membership.

RF stated that he would like to see the reasons why this LPC had decided to forego a review and not set objectives.

Action no.	Description	Who to action
13	To send to all members the Sep 2024 LPC minutes – where the CP London membership discussion had been detailed.	YP

SG asked whether “CP London membership” should be an agenda item at the next meeting.

RF asked when the CP London levies would need to be paid.

YP stated that the invoice for a year’s membership would be arriving soon.

RF stated that a debate about CP London membership would be pointless at the next meeting – if a levy payment for a year’s membership was about to happen – better to have this discussion in March 2026.

Action no.	Description	Who to action
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14	To have a robust discussion about CP London membership at Nov 2025 LPC meeting.	YP/All
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BS suggested that positive CP London actions and workstreams should be reported on under this agenda item at future meetings.

Action no.	Description	Who to action
15	To ask CP London CEO and Chair to provide a bi-monthly briefing to LPCs – to highlight CP London's positive actions and workstreams.	YP

Commented [SG1]: Did we agree on bi-monthly? So we're expect a report at every LPC meeting?

11. CPCI CHIEF EXECUTIVE 25-26 DRAFT KPIS

YP stated that this document is part of the meeting papers – and he thanked BS for her input.
 BS stated that she was happy with these KPIs – YP had given himself a good stretch.
 BS added that this document could be updated – in the light of the CPCF details being published.
 YP shared the draft document – and ran through the headings and the details of his KPIs.

12. VACCINATIONS UPDATE

YP highlighted the following:

- the Flu letter had been published for the next season.
- the COVID spring booster campaign is about to launch.
- A tendre has launched for an RSV service in the east midlands.

13. MARKET ENTRY UPDATE

YP highlighted the "in area" change of ownership applications.

There were no comments on this.

14. LPC CAPABILITY & EXPERTISE REVIEW

There was nothing to raise.

15. CLOT MINUTES

YP stated that he had not yet received these documents.

16. A.O.B.

MEETING ETIQUETTE

SG stated that this had been discussed at the start of the meeting, and he proposed the policies for the meetings going forward:

- Meeting attendees should be "on camera" at virtual meetings.
- It's critical that attendees have locum cover booked.
- Attendees should be present in the meeting.

The members agreed to these policies wrt. virtual meeting etiquette.

TAPR AGENDA – C&I LPC POTENTIAL MERGER WITH OTHER NC LONDON LPCS

SG stated that this LPC had gone through the TAPR process and had spent time asking BEH LPC for their equivalent TAPR workings and results – even asking CPE to try and facilitate the sharing of these results.
 SG added that this LPC set up meetings with BEH LPC to talk about the TAPR agenda.

SG stated that BEH LPC had not adopted the CPE model constitution, and this had been a "red line" for this LPC – especially as some of the elements of the BEH LPC constitution were not favourable to this LPC's views.

SG added that if this LPC were to join BEH LPC – then BEH LPC advised that the C&I contractors would have to pay an increased levy (to include Middlesex Pharmacy Group membership & increased 'Head office' costs).

SG added that this LPC had been offered to join the Middlesex Pharmaceutical Group, (MPG) as a whole.

SG stated that, after these considerations, this LPC had concluded a merger with BEH LPC so was not in the best interests of C&I LPC due to (1) it was more cost effective to not joint with BEH LPC (ie C&I contractor levels would be lower) and (2) the fact BEH LPC were not in a position to adopt the CPE model constitution was a governance red line for us.

YP stated that he was not aware of any new events happening with the MPG – wrt. the TAPR agenda – but he would be happy to follow up.

RF stated that MPG had employed Richard Brown (Avon LPC CEO) to help facilitate their TAPR agenda work – and he had produced a report on the MPG's progress.

YP stated that the contact from the MPG had been minimal, and the CEO – Michael Levitan had he understood got some health issues.

RF suggested that YP reach out to the MPG again, to ask about any TAPR agenda changes.

SG suggested that this LPC ask the MPG for the TAPR report – produced by Richard Brown, before any conversations are resumed wrt. mergers.

SG stated that, last time this LPC spent a great deal of time chasing the MPG reps. to share TAPR work with them.

YP stated that AP is a member of an MPG LPC – and she could be asked about any news wrt. a change in MPG's TAPR agenda.

Action no.	Description	Who to action
16	To ask AP to feedback on any intelligence wrt. MPGs change in TAPR agenda work – and/or the report carried out by Richard Brown.	YP

SG asked BS about KCW LPC's decision wrt. the TAPR agenda – and possibly merging with some MPG LPCs.

BS stated that KCW LPC is still waiting, but their CEO had had a meeting with MPG about this matter.

Action no.	Description	Who to action
17	To ask Hitesh Patel (KCW LPC CEO) to feedback on any intelligence wrt. MPGs change in TAPR agenda work.	YP

SG stated that BEH LPC had no interest in leaving MPG to merge with this LPC to form a new, NC London LPC – instead they asked for this LPC to join the MPG.

Action no.	Description	Who to action
18	To make "TAPR agenda – and mergers with MPG" an agenda item at the next LPC meeting.	YP

RF stated that this LPC's long term agenda should be to merge with BEH LPC to form a new, bigger NC London LPC.

SG noted that the ICBs may be merging, following the recent "cuts" announcements, so it might be worth understanding how the ICB landscapes & configurations settle down before the LPC takes steps to form an LPC aligned to the present ICB footprint .

17. FUTURE MEETING DATES

YP asked for the following dates to be looked at and confirmed by the members.

Tuesday 20 May 2025	09:30-13:00	Teams
Tuesday 15 July 2025	09:30-13:00	Teams
Tuesday 30 September 2025 LPC Meeting & AGM	09:30-13:00	Face to Face
Tuesday 18 November 2025	09:30-13:00	Teams
Tuesday 27 January 2026	09:30-13:00	Teams
Tuesday 17 March 2026	09:30-13:00	Teams

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
HWB	Health & Wellbeing Board
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
PA	Physician's Assistant
PEM	Post event message
PF	Pharmacy First
PIL	Patient Information Leaflet
PL	Pharmacy London
PLOT	PSNC AND LPC OPERATIONS TEAMS
PMs	Practice Managers
SCMS	Self-Care Medicine Service.
STP	Sustainability transformation plan
TAPR	Transforming Pharmacy Representation.
VEAT	Voluntary Ex-Ante Transparency Notice