

TIME: 09.30 – 13.00
PLACE: MS Teams

Member Name	Initials	Attendance A= Absent – no apologies sent Aa= Apologies sent.
Sanjay Ganvir (Chair)	SG	Yes
Udit Patel	UP	Apologies
Sanjay Patel Aqua (Vice-Chair)	SPA	Yes
Kim Khaki	KK	Yes – needs to leave at 11.00
Avni Patel (AIMp)	AP	Yes
Beneeta Shah (CCA)	BS	Yes – from 09.45
Kalpen Patel (Treasurer)	KP	Yes
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Yes from 10.15
Nickil Patel	NP	Apologies
Louwin Nhamoinesu	LN	Yes
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Apologies
Conor Price (CO Lon CEO)	CPr	Present from 11.15 – 11.45
Raj Matharau (CP Lon Chair)	RM	Present from 11.15 – 11.45
Shilan Shah	SS	Present from 12.15 – 12.35
Louise Coughlan (ICS Chief Pharmacist)	LC	Present from 11.45 – 12.15
Kristina Petrou (ICB Community Pharmacy Clinical Lead)	KPe	Apologies
Issac Quarm (Snr Prescribing Adviser and Community Pharmacy Lead)	IQ	Present from 11.45 – 12.15

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 obtain remaining DOI and COI docs from two LPC members:

YP stated that he has obtained DOI and COI docs from all but one member (for the last financial year).

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

Action no.	Description	Who to action
1	To fill in DOI and COI docs for this financial year.	All

- Previous Action – YP to look into why the One Drive link to the meeting papers is not working:

SG stated that he still cannot access the OneDrive links sent out – and suggested that it may be due to the type of email linked with MS Teams.

Action no.	Description	Who to action
2	To follow up with Rebecca – wrt. why the OneDrive links are not working.	YP

Change of signatures for LPC bank account:

YP stated that SG, KP, AP and DP have access to the LPC accounts.

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

YP stated that he has put this action on hold – as there is a national discussion happening wrt. this subject, whereby CPE has been tasked to negotiate with Lloyds bank re. providing a deal to LPCs for LPC accounts and project funding accounts.

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

CEO employment status:

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

CEO SICK PAY

YP stated that the details of his contract were almost finalised – but there were still some discussions to be had over his “sick pay”.

YP stated that he could go out to other LPC CEOs – to find out what their arrangements currently are wrt. sick pay – and in the meantime, happy to accept SSP (statutory sick pay) for his contract, with the option of agreeing a variation later (after his “sick pay” research).

SG suggested that the Gov. subcommittee go away to look at the “track changes” present on the draft CEO contract - with the view of meeting virtually, to then finalise a

new draft contract. SG added that this new draft contract would then be brought to the July LPC meeting for sign off.

SG stated that the accountant should be liaised with. in parallel – to see whether they have all the materials necessary to process YP’s PAYE payments.

KP stated that he would like to join the Gov. subcommittee to discuss these matters.

Action no.	Description	Who to action
5	To send Gov. subcommittee and KP – the CEO draft contract with track changes for scrutiny.	YP

Action no.	Description	Who to action
6	To examine track changes and update the CEO draft contract – by 1 July 2025.	Gov. subcommittee & KP

- **Previous Action – IQ to present a business case to ICB – which would set up an incentive scheme for the GPs to refer into the CP PF service:**

YP stated that it had been decided that funds would be better deployed to extend the work of PF CP facilitators.

YP added that a qualifying criterion has been added for the prescribing quality scheme, for 2025/26. YP added that this will mean that practices will have to have a process in place to manage PEMs.

- **Previous Action – IQ to obtain information wrt. what action is being taken against the GPs in NCL – who have been found to be referring inappropriately into PF:**

YP stated that the ICB have said that an active investigation is currently underway by ICB Primary Care Team, and the national team – and they are not allowed to make any further comments.

SG asked for clarification wrt. whether this investigation was being made into the GP actions and not the CP ones.

YP stated that LC would be able to confirm this later in the meeting.

- **Previous Action – IQ to escalate issues around 84-day prescribing to LC for solutions to be worked out – possibly using ERDs:**

YP stated that the ICB is monitoring the situation, and NHS E and DoHSC are both reviewing prescribing duration to help scope future policy.

YP stated that he knows that this is something that has been brought to the attention of [The Right Honourable Wes Streeting MP](#).

- **Previous Action – YP to ask AP to feedback on any intelligence wrt. MPG’s change in TAPR agenda work – and/or the report carried out by Richard Brown:**

YP stated that he had asked for feedback from AP.

AP stated that she had not attended the last BEH LPC meeting, but at the Jan 2025 BEH LPC meeting, a brief discussion was had wrt. the TAPR agenda.

Action no.	Description	Who to action
7	To ask Michael Levitan (CEO MPG) about the MPG’s merger plans – in line with the TAPR agenda.	YP

- **Previous Action - YP to ask Hitesh Patel (KCW LPC CEO) to feedback on any intelligence wrt. MPGs change in TAPR agenda work:**

YP stated that he had spoken to Hitesh about these matters, and he feedback to the members.

4. CEO BRIEFING PAPER

YP raised the salient points from his briefing document.

5. PUBLIC HEALTH LCS UPDATE

YP stated that Camden PH will be contacting him over the next few weeks wrt. proposals re. training and backfill, and revised remuneration.

SG stated that virtual training must be considered by the PH depts – and multiple training dates must be stood up.

YP stated that Camden PH is very receptive to the LPC steer and design their proposals. SG stated that CPPE courses should be utilised.

YP stated that wrt. Islington PH – there is a potential procurement coming in 2026.

YP added that remuneration renegotiation is also being discussed.

6. SERVCIE IMPLEMENTATION

YP stated that there is a report from Shilen – included in the meeting paper bundle.

YP stated that all the ICB targets are being met.

YP stated that the same challenges are still present wrt. GP and CP behaviours towards the PF service.

7. CPE PROPOSED CPE/LPC CONSTITUTION CHANGES

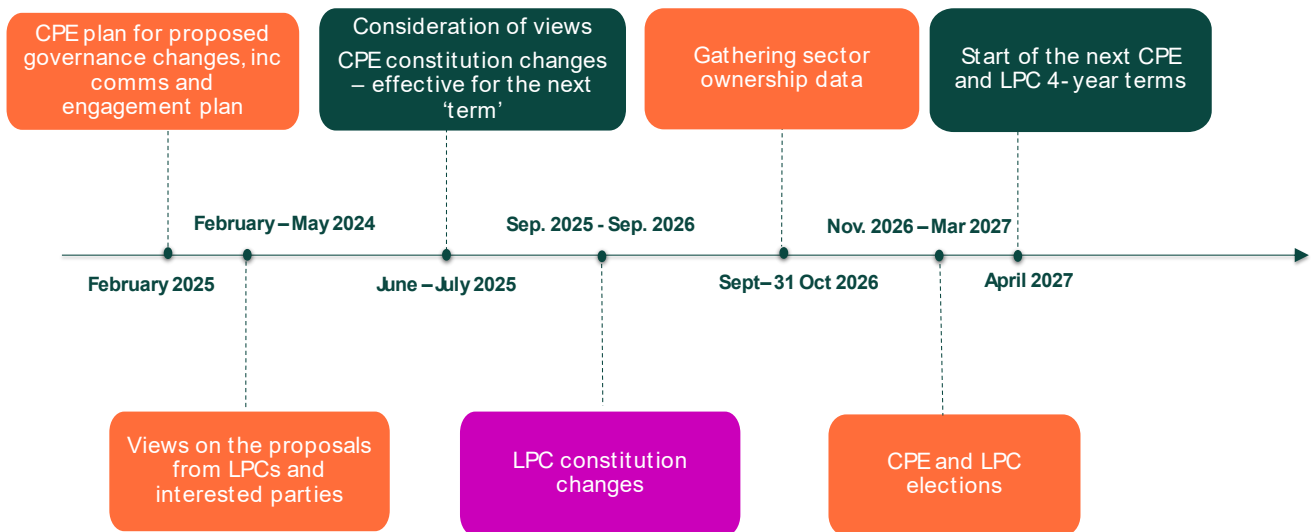
YP stated that CPE are proposing to make the following changes –

- The introduction of 10+ (non-CCA) Multiples.
- LPCs should change from IPA-appointed members to 10+ Multiple appointed/elected members.
- A consultation should be had with LPCs on the proposed changes and constitution changes.
- If mid-term, CPE to potentially remove from office (2 CCA and 1 elected Non-CCA Multiple) members and to hold elections for 10+ Multiple elections.
- A new CPE Committee would be more reasonable mid-term.

SG stated that he thought that the CPE governance committee had said that there would **not** be any changes to the CPE committee mid-term – although these proposals contradict this - and this LPC should seek clarity.

Action no.	Description	Who to action
8	To seek clarity from CPE wrt. whether they are proposing mid-term changes to their committee composition.	YP

Timeline – what’s realistic



SG stated that the LPC have been tasked to fill in a CPE “consultation” survey on these proposed changes to the CPE constitution – the closing date is 13 June 2025.

YP stated that CPE have made the following recommendations:

1. Introduce a category of 10+ Multiples (10 or more NHS pharmacies in England and not a CCA member) with national elections (details to be decided).
2. (LPCs: Change from AIMp/IPA members to 10+ Multiple (IPA appointing LPC members if the 10+ pharmacy owners in the LPC area agree, otherwise an election).
3. Consider pharmacy owners with 1-9 NHS pharmacies in England as Independent (including those with IPA membership).
4. CPE composition will be reviewed on an appropriate date before the four-yearly elections (for committees starting on 1 April – the appropriate date will be in the autumn of the preceding year), based on NHS data, currently NHS e-dispensary data (pharmacy ownership structures may mean some will declare 10+ Multiple status).
5. CPE: Add there may be a committee composition change during the 4-year term, but only (i) once, mid-term and (ii) if there has been a significant change in sector ownership since the start of that term (the CPE Committee to determine if the change has been significant) and
6. CPE: Review the quorum of members for changes to the constitution and rules
7. Constitution changes for both CPE and LPCs (the Model LPC Constitution) including certain minor transitional provisions.

SG wondered what the members thought about recommendation number 2. There was then a robust debate about the above recommendations.

SG suggested that YP draft the answers to the survey questions – and the members can separately feed into these answers outside of this meeting.

All the members agreed with changing AIMp/IPA members to 10+ multiples.

All the members agreed that the IPA should NOT appoint LPC members if the 10+ pharmacy owners in the LPC area agree – there should ALWAYS be an election.

Action no.	Description	Who to action
9	To write up draft versions of the "CPE constitutional change" survey answers - and to circulate these answers to members for comment and input	YP

8. CP LON UPDATE

SG welcomed CP and RM to the meeting.

CPr introduced himself to the members.

CPr stated that, since his appointment – he has met with different partners across the LPCs.

CP stated that, at the last CP Lon meeting – a business planning session had taken place, and this had served to focus CP London’s ambitions, aims and priorities.

CPr stated that he has a GP background – working across a couple of GP federations, and he is also the MD of a start-up company.

CPr stated that his personal ambition is to see Primary Care come together as a sector.

RM introduced himself, and he has been re-elected for the third time to be CP Lon Chair – and he thanked the London LPCs for their confidence in him.

RM stated that data capture, use and presentation will be critical for CP to succeed in the changing landscapes – and CP has great expertise in capturing and analysing data.

CPr spoke to the following slides:

CP LONDON’S VISION

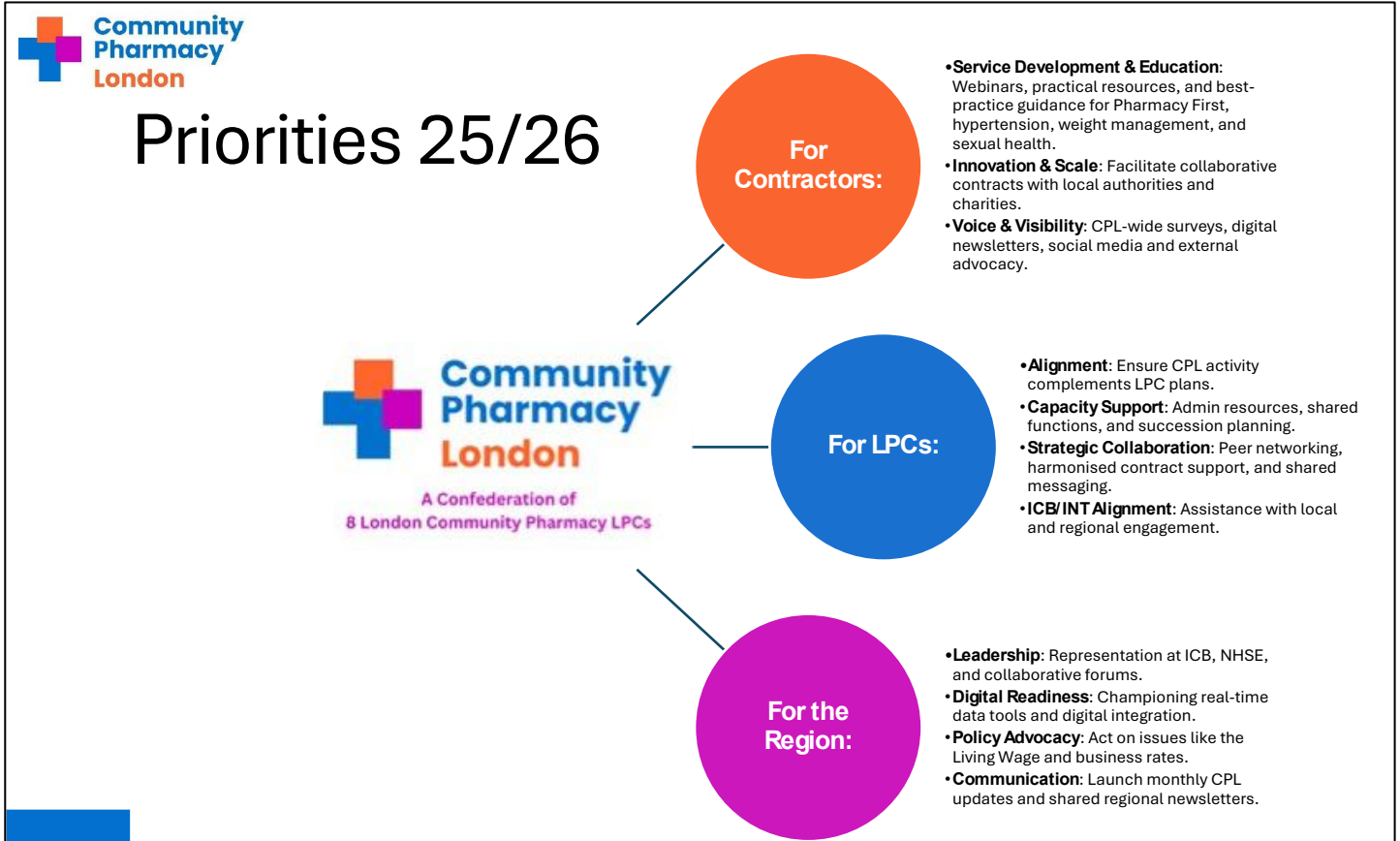
To drive Forward the Modern Community Pharmacy Model by -

- Having Pharmacy as the **true front door** to health.
- Being integrated, digital-first and data-led:
 - CPr is aware of the fact that pharmacies have as many as five different I.T. systems all doing simple things.
- Being a proactive partner in prevention, long-term condition management, and urgent care:
 - There are many services that CP are carrying out for free.
- Supporting the NHS while championing contractor sustainability.

WHY HAVE CP LONDON

Shared Voice for London’s Pharmacies -

- Strategic engagement with NHSE London, ICSs, MPs.
 - CP London has taken a lead on developing a “modern CP model” with DoHSC/NHS E/ICBs.
- Practical support for service delivery and margin protection.
- Elevating pharmacy in “system-wide” planning and contracting.
- Shared infrastructure for LPCs: comms, admin, intelligence:
 - The CP London dashboard is available for all London LPCs.



CP GOVERNANCE AND TRANSPARENCY

Learning from the Past, Building for the Future

- Commitment to:
 - Clarity of decision-making.
 - Improved board-level communication.
 - Measurable deliverables and impact tracking.
 - Regular updates and accountability to LPCs.
- Open to feedback and adaptation.

CP LONDON'S ASK

What We're Asking LPCs

- A continued commitment to CPL for 2025/26.
- A shared belief in the power of pharmacy at scale.
- A willingness to collaborate on strategy, leadership, and service development.

CPr stated that he would want to move away from the model where only the executive CP Lon. members carried out the work – and towards a model where every CP Lon. member has ownership and responsibility for the work.

QUESTIONS FOR CONOR AND RAJ

SG asked how CP Lon. currently sees governance, and how it should be prioritised going forward.

RM stated that CP Lon. prioritises governance highly – and has made SG chair of the governance subcommittee.

RM stated that an open transparent governance framework is very important to him – and he would like his constituents to drive what CP Lon. currently does.

RM stated that he gets a sense that contractors want a bigger "say" in the way that things are run.

CPr stated that CP Lon. is currently undergoing a Governance Health check to make sure that actions have been carried out (which had been highlighted by the CP Lon Gov. subcommittee).

SG stated that it is important to this LPC that CP London is seen to represent all the contractor groups – and he asked whether CP London had got this right in the past, and what is the plan going forward.

RM stated that all three pharmacy trade bodies are invited to attend the OPEN session of all CP London meetings, and they are welcome to input and give updates.

RM stated that when he sits at London Clinical Cabinet meetings – he emphasizes that CP needs infrastructure support at all levels – including workforce, premises and digital.

RM’s aim to create a thriving profession to hand over to the next generation.

RM stated that CP leaders are currently failing – and they need to rectify this.

SG thanked CPr and RM for their attendance.

SG led a discussion where the committee members debated the advantages and disadvantages of continuing to pay for CP London membership.

SG suggested that this LPC vote on three options:

- 1) Leave CP London.
- 2) Make a long-term commitment to CP London.
- 3) Continue limited membership but with some caveats and targets for CP London to meet.

SG asked the members to vote on the following question – “should C&I LPC renew its CP London membership?” -

The following votes were cast –

Yes = 5 votes

No = 3 votes

YP suggested that, in the light of this vote, this LPC should give CP London a year to produce some results – and if there is still uncertainty after a year, then this LPC should leave CP London.

SG asked the members to vote on the following question – “should C&I LPC review its CP London membership after one year?” -

The following votes were cast –

Yes = 8 votes

No = 0 votes

Abstain = 0 votes

RF asked that this LPC make a long-term decision wrt. CP London membership in a year’s time.

Action no.	Description	Who to action
10	To add the item “discuss CP London membership” to the January 2026 LPC meeting agenda.	YP

9. ICB UPDATE

IQ spoke to some slides and highlighted the following points:

- cost-effective intervention indicator which will be included in the NCL ICB Prescribing Quality Scheme (PQS) - to be shared with members.
- EOLC - Pharmacies selected and will be shared this afternoon with LPC.

- Paxlovid - included in extended list to be stocked by one pharmacy per Borough.

SELF CARE MEDS SCHEME

IQ pointed out the following activity:

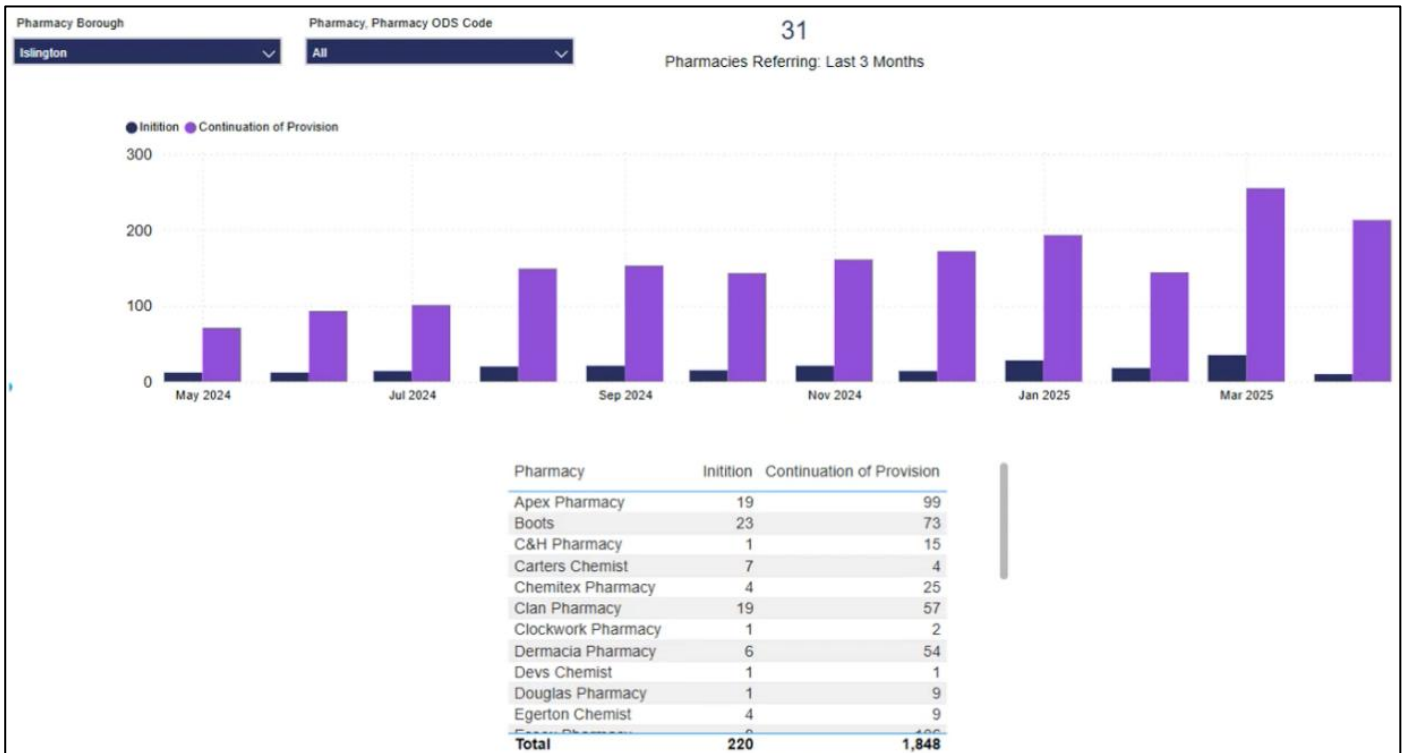
Borough	Consultations
Camden	310 (31.6%)
Haringey	101 (10.3%)
Islington	446 (45.4%)
Enfield	115 (11.7%)
Barnet	10 (1%)

Borough	Active on PharmOutcomes
Camden	30
Islington	36

CONTRACEPTION SERVICE

IQ stated that the following data would be added to the PF data, that LPCs have access to.

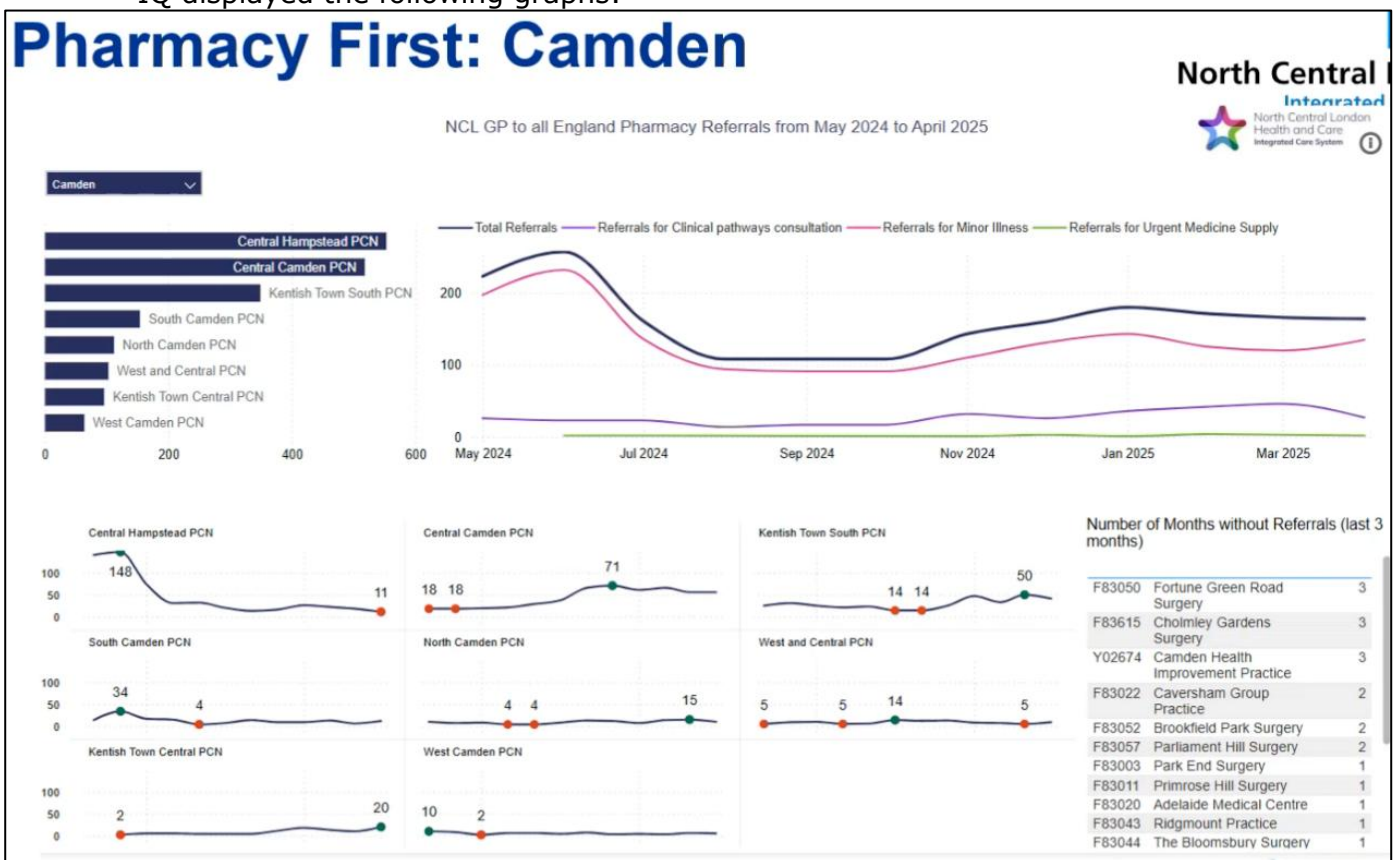


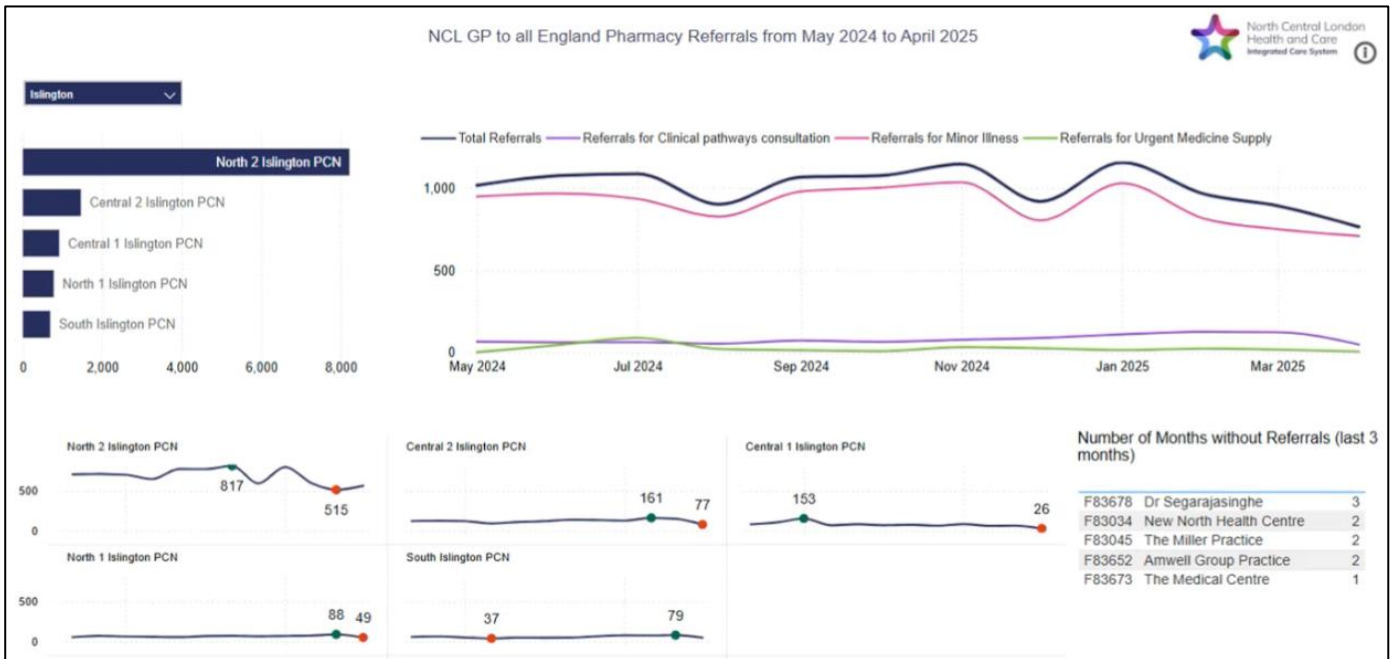


PHARMACY FIRST

IQ displayed the following graphs:

Pharmacy First: Camden





ICB RESTRUCTURE

LC reminded that there has been a request to reduce ICB running costs by 50% by December 2025.

The more general Meds. Opt. roles will be transitioned out to providers over time.

LC stated that strategic commissioning roles and system oversight and support roles should be retained within the ICB.

LC stated that more updates would be made at the upcoming Pharmacy Leadership Forum on 3rd June 2025.

LC stated that the INTs are strongly woven through the process of the restructure – but they are not legal entities – so people and services cannot be moved to INTs.

SG stated that, historically, CP has been left out of the formation of new formal healthcare structures.

SG stated that the LPC’s plea would be for CP to be included at all the right tables when discussing the formation of these new structures and ways of working.

LC stated that she would think about this – in terms of new modelling going forward.

LC stated that she would look at organising a joint LPC event – where Neighbourhoods could be discussed. LC stated that the understanding is, that everyone within Primary Care should be included.

SG stated that LPCs must know quickly – if they would need to set up provider companies as a prerequisite for fully participating in the Neighbourhood workstreams. SG added that GPs have GP Federations as their provider companies – but CP do not have many (if any) provider companies in London.

10. SERVICE IMPLEMENTATION

SS updated on the following:

- During the last few months, she has been joining PCN meetings and where appropriate joining GP practice meetings.

SS shared findings and insights from the report of her work from the last few months:

SG thanked SS for her excellent work, and for this report.
 SG suggested that a separate meeting be set up with SS and YP, to discuss the ways that these GP comments could be formally pushed back upon.

11. TREASURER’S UPDATE

YP stated that he had included the P&L report and the balance forecast in the meeting bundle.

MEMBERS’ LIABILITY INSURANCE

YP stated that he had not received an invoice from the provider yet – but the policy is live and this LPC has cover.

12. CEO KPIs

YP stated that these had been agreed in principle, but there had been a want to revisit them after the new CPCF announcement.
 YP stated that Emergency Contraception Uptake for the national service is not included in his KPIs, therefore he would add this.

Action no.	Description	Who to action
11	To add “Emergency Contraception Uptake for the national service” and targets for the “bundling of services” to the CEO KPIs	YP & BS

13. TAPR AGENDA

YP stated that the NC London LPC merger issue has been brought up with the MPG – and there has been no reply.

RF asked whether this committee was aware that an external review of the MPG had taken place – and a report had been published.

AP stated that she knew nothing about this report.

AP asked how RF had accessed this report.

RF stated that the report had been shared with the CCA.

14. MARKET ENTRY

YP stated that the information could be accessed via the meeting bundle.

15. VACCINATION UPDATE

YP stated that there is an RSV EOI about to go live in the area.

16. NCL TARGETED LUNG HEALTH AND ABDOMINAL CANCER CAMPAIGN

YP stated that the funds had been received from the respective providers.

YP stated that an information capture exercise is now taking place – so that the monies can be paid out to pharmacies.

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18. TRADE BODY UPDATES

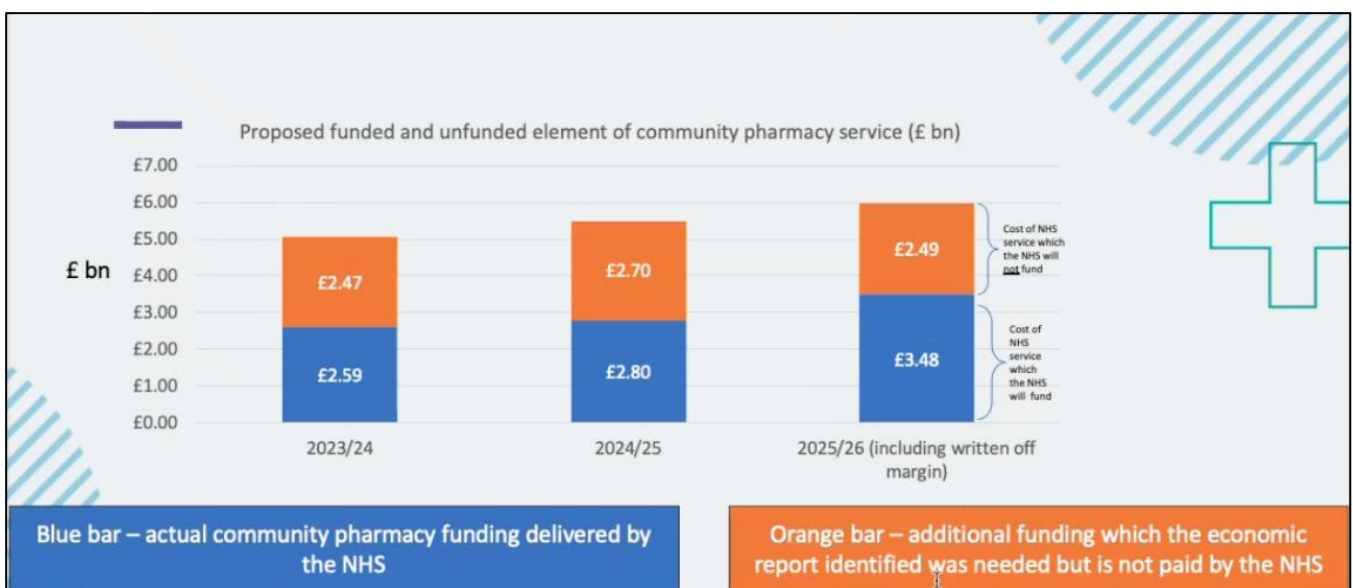
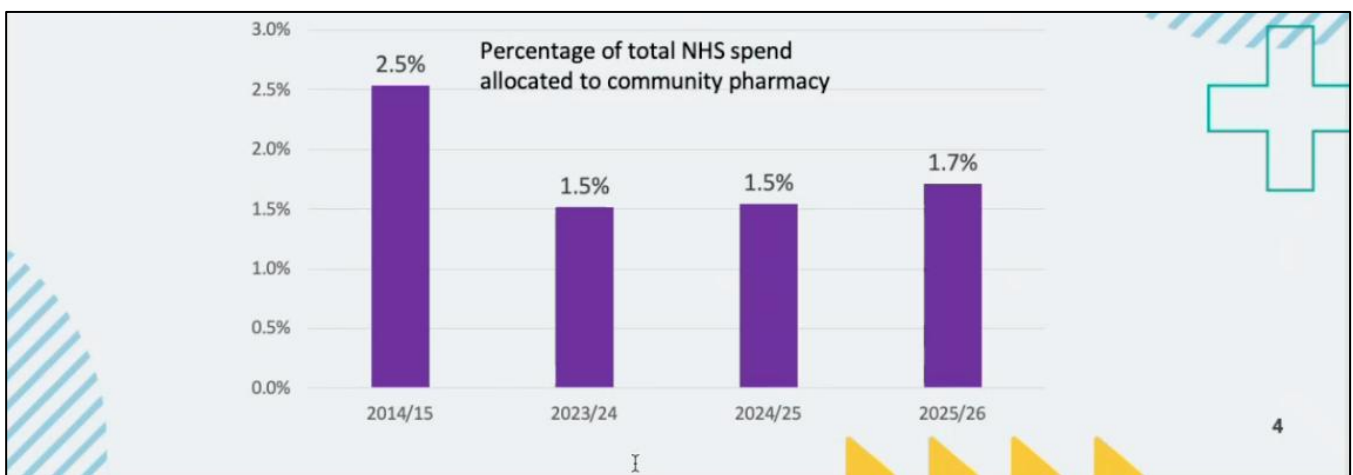
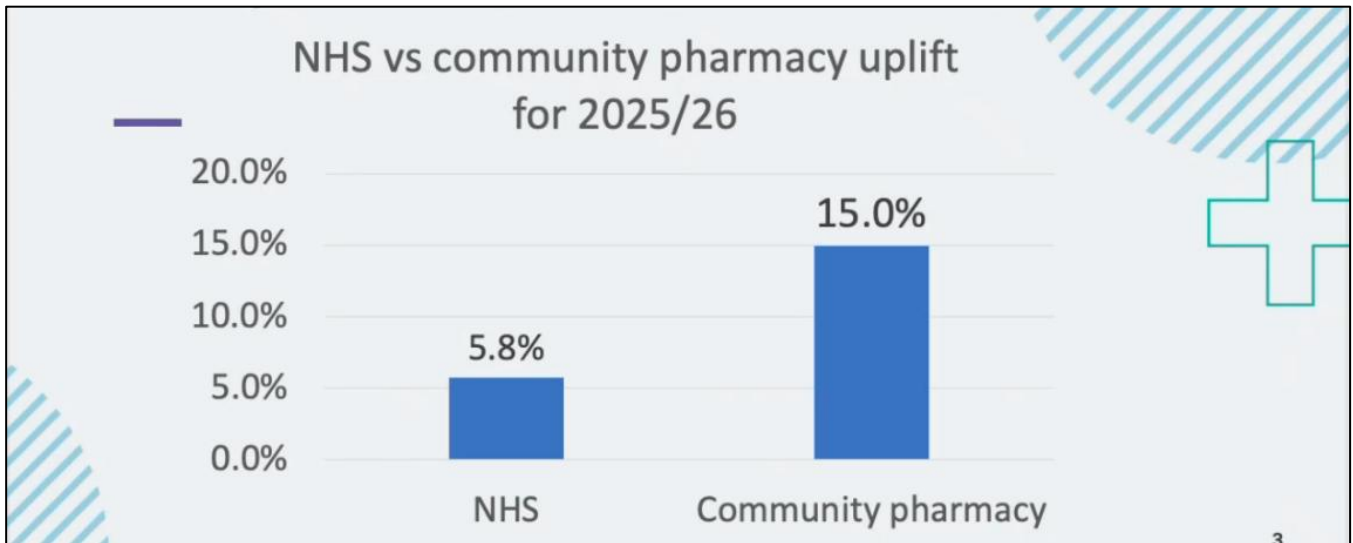
SG stated that he would want to use this agenda item for any trade body members to share insights with the other members – particularly around data.

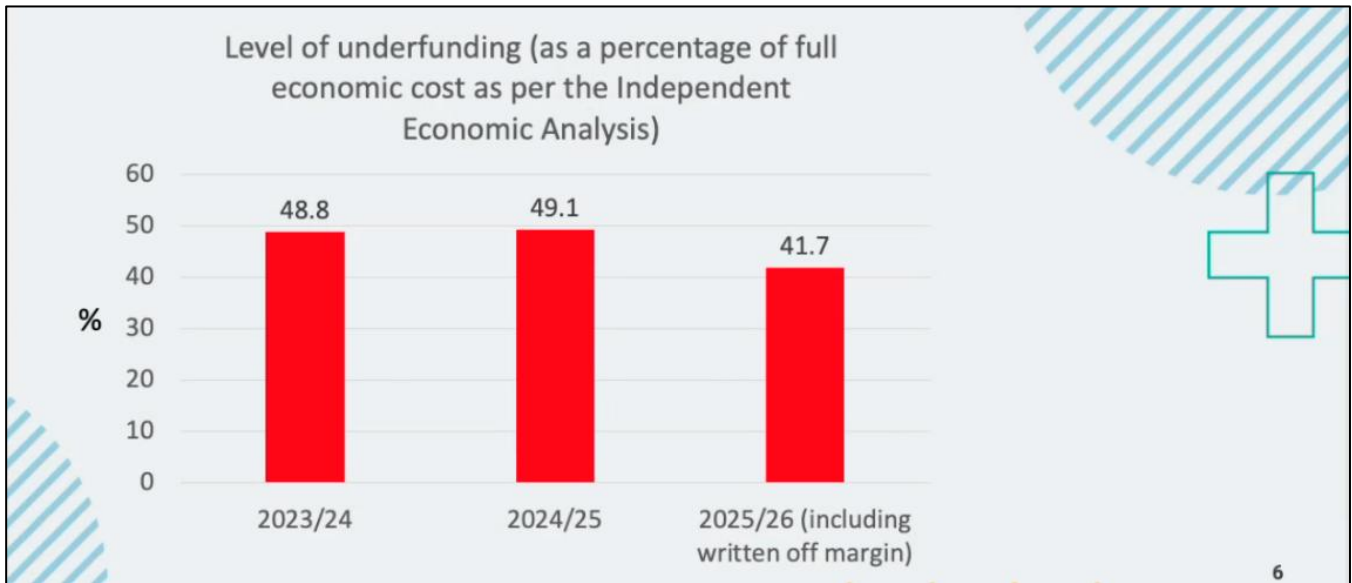
NPA

SG stated that the NPA had produced some financial analysis wrt. the new CP contract – using the government’s independent economic review of the state of pharmacy, and this was then presented to the ICB by YP – and this resulted in the ICB realising that the CP sector is still at massive risk from closures.

SG stated that the NPA data is in the meeting bundle for all members to share.

SG drew the members' attention to the following NPA produced slides on the subject of the uplift associated with the new CP contract:





SG stated that if the NPA would want to organise another set of “collective” actions – then another vote amongst NPA members would have to take place.

SG reminded that the CPE are about to enter into new negotiations for the next CP contract.

19. FUTURE MEETING DATES

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
INT	Integrated Neighbourhood Teams
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