

TIME: 09.30 – 13.00
PLACE: Zoom Platform

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 – from 10am
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	Aa
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Yes
Louise Coughlan (ICS)	LC	Yes 10.35 – 11.17
Kristina Petrou (ICS)	KPe	Yes 10.34 – 11.10
Shilan Shah	SS	Yes from 10.30 – 11.40

1. Welcome, apologies & messages

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

2. Declarations/CONFLICTS of interest

There were none.

SG stated that the competition and governance guidance docs. have been included in the papers – and he asked the members to take a look at these.

SG asked whether all the DOI and COI docs had been submitted from the members.

YP stated that only two had been submitted thus far.

YP stated that he may task SB with chasing up these docs from the members.

SG urged the members to send in these docs. to YP.

3. Minutes of 190324 LPC meeting

Accuracy

These were deemed as an accurate record and were accepted.

Previous Actions and matters arising

- **Previous Action - Amalin/Caroline to write to GPs reminding them of the current arrangements and guidance wrt. MDS patient transition – LPC will be sighted on draft before sending:**

YP stated that he didn't know whether this action had been carried out.

SG suggested that this matter should be discussed with LC. Later on in the meeting.

- **Previous Action - SG, YP & SS to meet in the next week for a short meeting – to discuss the strategy for removing the barriers that exist between GPs and CPs wrt. the PF and MCA services:**

YP stated that SG, SS had met to frame a way forward – and SS is now going out to GPs and CPs to promote the use of the ICBMCA guidance.

- **Previous Action - YP to write as a business constituent to Chair of ICS & local MPs, sharing CP closures data cc'in the Chief Pharmaceutical officer – YP to share draft with members:**

YP stated that he is currently waiting to include information from CPE, as well as data from several press articles – before writing to the Chair of the ICS wrt. the CP closures. SG stated that the latest data suggests that 10 CPs per week are closing in England. SG suggested that YP write a letter to MPs within the week.

Action no.	Description	Who to action
1	To write to local MPs and councils to share local CP closure data – by 28 May 2024.	YP

- **Previous Action – YP to ask the ICB for a reply on the Grays Inn Surgery “script direction” issue – and to include the message that the LPC’s next step of escalation would be writing to the GMC and the GPC about this issue:**

SG reminded that there is an ongoing issue whereby Grays Inn Surgery have taken over a local pharmacy, and the surgery is allegedly directing patients to this pharmacy.

YP stated that about 45-50% of all the PF referrals in NCL are currently being sent to two pharmacies, that are owned by the same person.

SG stated that there has been no reply from the robust email to the ICB, which had been sent from the LPC.

SG stated that these pharmacies are currently under investigation.

SG added that the email to the ICB had asked what was being done about the GPs making these referrals.

SG stated that LC would be asked about this matter, later in the meeting.

NP suggested that FOI requests should be made to put pressure on the ICB.

SG stated that the GMC could also be written to, to get a response on this issue – involving hundreds of thousands of taxpayers’ money.

YP stated that this issue has been raised with CPE.

YP suggested that this issue could be taken to the health and scrutiny commissions in Camden and Islington.

- **Previous Action – YP to look into exactly what the insurance would cover – should YP’s employment status change to Sole Trader:**

YP stated that the accountant is not currently aware of any employment status cover – there is, however, IR 35 cover.

- **Previous Action - Finance Subcommittee To send their recommendation wrt. the CEO employment status to the rest of the committee by 5th April 2024:**

YP stated that the finance committee has not convened to discuss this matter – but this matter is to be discussed later on at this meeting.

4. CEO Report

YP discussed the salient points of his report with the members.

5. NCL ICS update

SG welcomed KP and LC to the meeting.

LC stated that she is currently the ICS Chief Pharmacist for NW London, and has been in post for a month.

KPe stated that she is now attending this meeting as the head of medicines strategy and programmes.

KPe highlighted the following:

- Self-care pharmacy first –
 - Yesterday the first batch of signed SLAs had gone out to the first 133 pharmacies. KP stated that the contracting hub is still working through all the EOIs for this service - so pharmacies will continue to be sent their SLAs over the coming weeks. KP stated that some pharmacies have minor issues which would need to be ironed out before they could be sent their SLAs.

Action no.	Description	Who to action
6	To send the list of contractors who have already been sent their SCPF SLAs to YP.	KP

- IP Pathfinder Programme –
 - All of the three sites have been identified – one in Barnet, in Haringey and one in Camden.
- The GP website will be renamed “NCL Primary Care” website.
- Support tools wrt the MDS scheme procedures will be updated and posted on the NCL Primary Care website.
- She has had conversations with several lead pharmacists who currently work at with GPs who had refused to issue 7-day scripts, and they had agreed to change their way of working, such that the pharmacist consults with patients to see if there can be any streamlining of the medication regime.

SG reminded that the CP is the one who is supposed to be carrying out the EA, therefore he didn’t understand why the pharmacist in the GP surgery would be doing it. KP stated that the issue is that GPs currently think that blister packs are the only solution – whereas there are lots of other MRDs out there (including smartphone Apps.).

KPe stated that the majority of GPs are currently happy to adhere to the guidance – and the numbers of issues coming through are dwindling.

Action no.	Description	Who to action
7	To send KP the examples of C&I GPs still not complying with MDS scheme guidance.	YP

LC highlighted the following:

- She would like to meet more regularly and more informally with YP to pick up on any queries she could deal with.
- The next meeting with YP, KP and Michael Levitan would be on the subject of the new NHS E funding, for PCN engagement leads. The money will be coming directly to the ICB to distribute.

SG stated that the number of referrals into the PF service from GPs in this area is tiny. SG added that there has been resistance to engage with CP wrt. the PF service on the part of many GPs – which is disappointing.

SG asked LC how CP can improve this engagement.

LC stated that this engagement is currently being looked at and a big governance piece is being worked on by the ICB, which will work out exactly which meetings happen where – to maximise the engagement impact.

LC is keen to look at the referral data wrt. PF.

LC hoped that the PCN engagement leads may help with this work.

LC stated that she has been saying for many years that “primary care” is a term that doesn’t only refer to GPs.

SG stated reminded LC that, at present, almost 50% of PF referrals are currently coming from GP in NCL, and are then going to 2 pharmacies, which are owned by the same company. SG reminded that this is potentially (allegedly) misallocating hundreds of thousands of pounds of taxpayers’ money.

SG reminded that NHS E is currently investigating the CPs involved and this LPC has written to the ICB six times to ask what the ICB is currently doing to investigate the GP, who is allegedly involved.

SG stated that the LPC has been considering filing FOI requests, writing to the GMC, as well as raising this issue with the health and scrutiny boards, should there not be a reply from the ICB re. this matter.

LC stated that she is aware of this matter and the ICB is currently meeting with the GP involved. LC stated that she cannot share details with the LPC at the moment, but the matter is being dealt with.

LC stated that she had gotten the feedback that the LPC emails had not been a “formal” complaint – and may have been treated differently.

LC stated that the LPC could make a “formal” complaint wrt. this matter – via the “complaints” team.

LC also stated that the ICB members investigating had not been able to work out how to provide the evidence that the pharmacy owners were the same people as the GP – but she had helped them.

SG stated that he had felt that the LPC had raised this matter as a formal complaint.

Action no.	Description	Who to action
8	To contact LC re. the process of the LPC making a “formal” complaint about the matter of the Camden GP making PF referrals to two pharmacies that they own.	YP

Action no.	Description	Who to action
9	To organise regular meeting with LC, KP and SG (and possible members of Middlesex Group) to talk about service provision issues.	YP

SG stated that there are double standards wrt. the severity of the investigative process that takes place for CPs as opposed to GPs – i.e. CPs are often threatened with breach notices for suspected misconduct (where the sums of money are tiny) very quickly by its regulator, however, there seems to be a different pace of process for GPs – especially where the amount in question is hundreds of thousands of pounds (coming out of the CP contract).

SG stated that he is currently very disappointed by the pace of this investigation.

SG stated that the ICB pharmacy team had done great work wrt. producing guidance documents for the MDS Scheme.

SG stated that “on the ground” the GPs are ignoring these documents – and this is extremely disappointing and leads to the opinion that the two sectors are not integrated. SG stated that he has heard accounts of there being push back from local GPs and several very prominent practice pharmacists.

LC stated that she would want examples of this “pushback” sent to her – so that she could look into them and feedback at the next LPC meeting.

SG stated that one of the examples of “pushback” has stated that GPs have been saying that implementing this guidance will cost surgeries money – whereas the cost will come out of the CP global sum.

SG stated that CPs are also receiving requests from hospitals, which are then ignored by the GPs – to then write on the prescriptions “put in a blister pack”.

Action no.	Description	Who to action
10	To send LC examples of GP pushback wrt. them using the ICB MDS scheme guidance.	YP

YP reminded that (according to the latest figures) ten CPs are closing a week.

YP also stated that the many issues which are preventing CPs from providing PF and MDS schemes, coupled with medicines shortage issues are providing barriers to the integration of CP into Primary Care.

SG reminded that LPC reps do not sit on many ICB committees – and this is especially surprising wrt. the meds management committee.

LC stated that she had picked up on this occurrence, and she would have to undertake a mapping exercise to know exactly which committees the LPC reps currently sit on.

Action no.	Description	Who to action
11	To work out which ICB committees LPC reps should be invited to sit on.	YP & LC

SG stated that he could share papers (produced by some of the CP national bodies) on the subject of Meds Optimisation.

KPe & LC then left the meeting.

Action no.	Description	Who to action
12	To raise the issue re. the investigation of the matter of the Camden GP making PF referrals to two pharmacies that they own with the Health and Scrutiny Board.	YP

6. Update from SS

SS gave a detailed update of her engagement work with the local CPs and GPs.

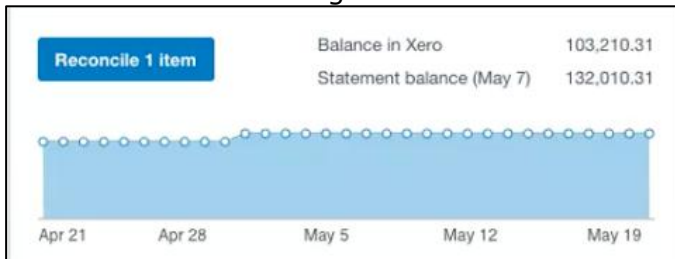
SG wondered whether the LPC had facilitated SS attending meetings with KPe/ minor ailments group.

YP stated that LC and KPe are talking about convening a CP operations group – which would discuss the nature of all these services.

SS stated that these meetings would start in June 2024 – and will convene every 2 weeks.

**7. Treasurer’s Report
Management Accounts**

YP showed the following screen from Xero –



YP stated that the statement balance includes £28,800 from the ICB for service engagement work, plus £5,000 from the ICB’s last round of funding – therefore the actual balance is around £98,000.

YP then showed the P & L report – which shows that the LPC is currently running a £11,000 deficit, which is part of the plan, in order to use the reserves, rather than increase LPC levies.

Date range: Last financial year Compare with

1 Apr 2023 31 Mar 2024 None

[More](#) [Update](#)

Profit and Loss

Camden & Islington LPC
For the year ended 31 March 2024

	2024
Turnover	
Other Revenue	119,836.86
Total Turnover	119,836.86
Cost of Sales	
Direct Expenses	116,450.13
Total Cost of Sales	116,450.13
Gross Profit	3,386.73
Administrative Costs	
Audit & Accountancy fees	2,700.00
Bank Fees	(868.15)
IT Software and Consumables	276.60
PSNC Levy	12,212.00
Total Administrative Costs	14,320.45
Operating Profit	(10,933.72)
Profit on Ordinary Activities Before Taxation	(10,933.72)
Profit after Taxation	(10,933.72)

SG reminded that the PF training payment would need to be paid to the Middlesex Group.

Financial Risk Register

SG highlighted the following:

- CPE recommends that LPCs have a financial risk register – and this LPC is using their template to complete this work.

SG spoke to the following table and highlighted the 9 risks listed:

A Risk No	B Risk (Text)	C Impact (Text)	D Impact Rating (1-5)	E Likelihood (1-5)	F Risk Rating (D x E)	G Mitigation (Text)	H Residual Rating (L/M/H)	I Comments	J Risk Owner
Finance: LPC Financial Accounts									
1	LPC accounts are rejected by contractors	Challenge by the NHS regional team	4	4	16	Implementing guidance set out in the PSNC LPC finance guide to comply with network-wide standards			Treasurer and Chief Officer
2	LPC financial record lost		5	1	5	All records are kept electronically on the CPCI cloud			Treasurer and Chief Officer
Finance: LPC Budget									
3	LPC budget is challenged by contractors or Area Team		4	1	4	LPC follows CPE Guidance (LPC-Finance-Guide-3rd-Edition-September-October-2023)			Treasurer and Chief Officer
Finance: HMRC challenge									
4	LPC successfully challenged by HMRC on self-employment status		4	1	4	LPC reviewing employment status – see papers May24 meeting			Treasurer and Chief Officer
Finance: HMRC challenge (2)									
5	LPC successfully challenged by HMRC on expenses / allowance policy		4	1	4	LPC follows CPE Guidance (LPC-Finance-Guide-3rd-Edition-September-October-2023)			Treasurer and Chief Officer
Finance: LPC banking									
6	Cyber-attack on online banking system		5	1	5				Treasurer and Chief Officer
7	Unauthorised payments made from LPC bank account		5	1	5	LPC follows CPE Guidance (LPC-Finance-Guide-3rd-Edition-September-October-2023) for dual signatures			Treasurer and Chief Officer
8	For employed staff: Auto Enrolment Pensions required	Every employer has a legal duty to set up an Auto Enrolment Pension Scheme for their employees. It is serious offence not to have such a scheme in place and to auto enrol employees when they qualify. Advice on this should be sought from the LPC's retained accountant or a payroll bureau.							

9	Insurance	It is a legal requirement for all employers to have employer's liability insurance covering their employees			<p>Community Pharmacy England provides employers liability insurance at no extra cost to LPCs through NPA insurance. To arrange this cover LPCs must contact NPA Insurance direct, once in place Community Pharmacy England will pay the premium. The policy details can be found in the LPC members' area of the Community Pharmacy England website. Some LPCs may wish to consider making their own arrangements for public liability insurance which covers the committee for any accidents which a member of the public may have if visiting the committee's office.</p> <p>In addition to employer's liability insurance Community Pharmacy England also provides professional indemnity insurance for all LPCs. No action is required by LPCs for this cover as it is applied to all LPCs without charge: the premiums are</p>			
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LPC Finance survey

YP stated that this work would need to be completed by the end of this month. SG stated that this survey provides transparency of the LPC's spending habits. SG added that CPE would collate all the results of this survey. YP briefly showed the questions to the members.

Action no.	Description	Who to action
13	To complete LPC Finance survey by 23 May 2024 – to then send to SG on 24 May 2024.	YP & KP
14	To sense check LPC Finance survey answers before sending off to CPE on 28 May 2024.	SG

CPE guidance on LPC reserves

KP stated that this guidance states that at the end of the tax year, there should be 50% of the levy income set aside as reserves.

KP stated that the reserve amount should be £60,000, and the LPC currently has about £100,000 in its reserves.

LPC Cashflow analysis

YP had done a number of projections, showing how the financial circumstances would change for the LPC if he were to be taken on as an employee, versus him being a sole

trader. YP had also drawn up projections if his workdays would be increased from 3 to 4 per week.

CE Employment Status

YP stated that accountants "Aequitas" had advised that YP become engaged as a CE under a PAYE contract.

SG stated that the accountants had been comfortable with YP being a contractor in the past due to the fact that he had been working for several LPCs and a provider company.

KP's accountant had stated that unless YP could provide a deputy, who could take over his role in his absence, then he would have to be employed using a PAYE contract.

SG stated that CPE had advised that an office holder would have to be employed under a PAYE contract.

SG stated that the options for YP's employment contract status are the following:

- 1) Stay as is (as a contractor) – not preferred – advised against.
- 2) As a sole trader.
- 3) As a PAYE employee – will incur additional costs.

RF asked whether the members were comfortable with having YP present for this discussion.

SG asked the members whether they had issue with YP being present for this discussion.

KP suggested that a separate meeting should be scheduled to discuss this matter with YP and SB not present – because YP's working weekday numbers would be discussed, as well as his salary.

NP stated that YP's employment status could be discussed here, with YP and SB present, however a separate meeting should be set up to discuss his salary.

RF wondered whether a future merger between this LPC and others (i.e. adhering to the TAPR agenda) would impact this discussion re. YP's employment status.

SG stated that this LPC had carried out all the TAPR agenda tasks – and a merger with neighbouring LPCs had been discussed (to better align with the ICB), however this committee, and a neighbouring one had decided not to merge in the foreseeable future.

YP stated that the remuneration may go away and decide to offer YP a fixed term contract, in the event that the long-term aspiration is for this LPC to merge with another.

SG proposed that a remuneration subcommittee would be set up, which would go through the details of all of the three options wrt. YP's CE status – and come back to this meeting with proposals.

- **The members voted on this proposal, and it was carried unanimously.**

SG proposed that this remuneration subcommittee be made up of the Chair, Vice Chair, Treasurer, and independent, AIMp and CCA member.

- **The members voted on this proposal, and it was carried unanimously.**

The following members volunteered to be on this remuneration subcommittee: (SG, SPA, KP, AP, NP and BS).

Action no.	Description	Who to action
15	To meet to discuss YP's employment status by the middle of June 2024.	Remuneration subcommittee

YP stated that the LPC budget setting would be tightly linked to the decision on his employment status.

8. CPE/CPCI Governance review

SG stated that the LPC governance subcommittee had spent a considerable amount of reviewing the relevant content from the new CPE governance documents – and the content has been incorporated into the LPC’s governance documents.

SG stated that the subcommittee had decided to keep some of the previous elements of the LPC governance framework, that would make it a more robust document.

SG stated that there is one element that the subcommittee had proposed not fully past into the LPC framework – and this was re. using zero cost-based budgeting.

SG stated that the new framework would give the committee the option each year to adopt this sort of budgeting.

SG drew the members’ attention to the following section in the draft governance document:

4.2 Travel/ Transport:

- Private vehicle: mileage is paid at the rates allowed by HMRC. As of March 2024, that rate is £0.45/mile for the first 10,000 miles and £0.25 per mile thereafter irrespective of engine size.
- Any other travel should be by the most cost-efficient means e.g. second-class rail fares
- Individual travel expenses for LPC members in excess of £15 are to be pre-approved by the Treasurer.

SG asked whether the travel expenses figure should be changed.
The members decided to leave the figure as £15.

SG drew the members’ attention to this section in the draft governance document:

4.4 Accommodation:

- Accommodation may be claimed if members are required to attend a location on LPC business and this location is sufficiently far away from home or normal place of work to make a return journey unreasonable.
- Daily limits for overnight accommodation are up to £95 per room per night to include breakfast. All overnight accommodation shall be pre-approved
- If commitments require evening travel and/or accommodation, then a meal up to the value of £30 may be claimed if required

The members decided to change the value from £95 per room per night to £150 per room per night.

YP stated that the LPC branding would be changed to that of the approved CPE type of branding soon.

SG proposed that the members ratify the LPC Governance document (10 May 2024), by agreeing with the changes mentioned in this agenda item.

- ***The members voted on this proposal, and it was carried unanimously.***

9. Public Health update

YP stated that there is nothing further to update here.

10. Vaccinations update

SG asked when the CP flu vaccination and COVID figures would be being published.

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

11. Market Entry update

YP stated that this is a matter for report – and he highlighted the applications made and completed.

12. LPC Capability & Expertise Review

YP stated that this may become a more substantive item in the future – as there have been some new additions to the committee.

SG reminded that there are resources on the CPE website for new LPC members to access.

Action no.	Description	Who to action
17	To check with other LPCs wrt. what they are doing with reviewing the capability and the expertise's of LPC members.	YP

13. CLOT Minutes – for information

YP stated that there has been a change in scope for the AIMp group.

YP added that their name will be changed from AIMp to IPA.

YP added that CPE have advised that there are no changes for LPCs to make in this regard.

RF stated that IPA do not currently publish who their members are, so there may be work for the LPC to do wrt. finding out which contractors with one pharmacy or more would now be IPA members – and this may change the membership makeup of the LPC.

Action no.	Description	Who to action
18	To check with other LPCs wrt. what they are doing with reviewing the potential membership changes brought about by the AIMp transition to IPA.	YP

AP stated that she had nothing to add on this subject.

14. A.O.B.

There were none.

15. Future Meeting dates

Tuesday 16 July 2024	09:30-13:00	Zoom
Tuesday 1 October 2024	14:30-17:30 & 19.00-21.00	F2F & AGM
Tuesday 19 November 2024	09:30-13:00	Zoom
Tuesday 28 January 2025	09:30-13:00	Zoom
Tuesday 25 March 2025	09:30-13:00	Zoom

SG brought the meeting to a close.

Glossary of Acronyms

AOM	Acute Otitis Media
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CIC	Community Interest Company.
CLOT	CPE AND LPC OPERATIONS TEAMS
CP	Community Pharmacy
CPCS	Community Pharmacy Consultation service
CPE	Community Pharmacy England (formerly PSNC)
CPL	Community Pharmacy London (formerly PL)
CRM	Customer Relationship Management
DMS	Discharge Medicines Service
EA	Equality Act/Assessment
ED	Emergency Dept.
ELPR	East London Patient Record
EOLC	End of Life Care Service
ERD	Electronic Repeat Dispensing
F2F	Face to face
FAC	Financial Audit Committee
GMC	General Medical Council
ICS	Integrated care system
IPA	Independent Pharmacy Association
IPPP	Independent Prescribing Pathfinder programme https://cpe.org.uk/our-news/independent-prescribing-in-community-pharmacy-the-pathfinder-programme/
IPMO	Integrated NHS pharmacy and Medicines optimisation work program.
LA	Local Authority
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LCS	Locally Commissioned Service
MCA	medicines Compliance Aids
MDS	Monitored Dosage Systems
OC	Oral Contraception
PEM	Post event message
PF	Pharmacy First
PL	Pharmacy London
PLOT	PSNC AND LPC OPERATIONS TEAMS
PMs	Practice Managers
STP	Sustainability transformation plan
TAPR	Transforming Pharmacy Representation.
VEAT	Voluntary Ex-Ante Transparency Notice