

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	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 from 09.40
Dharmesh Patel	DP	Aa
Ross Fraser (CCA)	RF	Aa
Nickil Patel	NP	Yes
Louwin Nhamoinesu	LN	Aa
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Yes
Shilan Shah	SS	From 11.45 to
Louise Coughlan (ICS Chief Pharmacist)	LC	From 12.00 to 12.45
Kristina Petrou (ICB Community Pharmacy Clinical Lead)	KPe	From 12.00 till 12.45
Issac Quarm (Snr Prescribing Adviser and Community Pharmacy Lead)	IQ	From 12.00 till 12.45

1. WELCOME, APOLOGIES & MESSAGES

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

2. DECLARATIONS/CONFLICTS OF INTEREST

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

Action no.	Description	Who to action
1 previous	To chase up DOI/COI docs from remaining members.	YP

NP stated that he had bought a pharmacy contract in Lambeth.

NP stated that he is still working with the Clockwork Pharmacy organisation – and the owner is happy for NP to still represent Clockwork at this LPC.
 NP stated that he would update his DOI documents.

YP reminded that the cycle for DOI and COI renewal is currently on a September-to-September cycle.
 SG suggested that the members who had not completed these documents be noted in the A.O.B so as to ensure they are aware they need to complete these docs. section of the meeting. SG impressed upon the members the importance of having a complete set of these documents.

SG stated that YP had added “competition guidance” documents to the paper bundle.

3. MINUTES OF 191124 LPC MEETING
ACCURACY

These were deemed as an accurate record and were accepted.

PREVIOUS ACTIONS AND MATTERS ARISING

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

SG stated that he is receiving error messages when attempting to access the meeting papers via the One Drive link.

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 stated that this is complete, and AP and DP are now bank signatories.
 YP suggested that AP would see the LPC account show up as one of her accounts to access- as she is already a Lloyds customer.
 AP stated that she does not have access to the LPC account.

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

Second Bank a/c for Project Funding:

SG stated that he had been advised by CPE to open this after the end of November 2024 – because the account offerings were being changed.
 YP stated that the new account structure for Lloyds would mean that the LPC would have to pay £15 per month – therefore he is scoping other options.

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

CEO employment status:

Action no.	Description	Who to action
5 previous	To comment and approve YP’s draft template PAYE employment contract by 17 Feb 2025.	KP & SG

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

Action no.	Description	Who to action
7 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
8 previous	To inform CPE of the change of YP's employment status – so that NPA employer's liability insurance can be considered.	YP

SG suggested that the committee have an electronic vote to approve YP's draft template PAYE employment contract.

BS suggested that SG and KP send the members a recommendation wrt. this issue – for them to then approve electronically – and if there are important questions raised from the recommendations, then a meeting should be stood up to discuss.

The members were happy to comply with BS's suggestion.

- **Previous Action – NP to send YP examples of GP surgeries who have vaccinated before the official start date:**

YP stated that this could be closed.

NP reminded that he had gained verbal evidence of this happening.

SG asked whether any contractors currently had hard evidence of this happening.

No members said that they did.

The members were happy for this action point to be closed.

"PharmOutcomes Unsent Post Event Message" data

YP stated that SS would be able to update later in the meeting wrt. the data.

Action no.	Description	Who to action
9	To continue to support contractors when "PharmOutcomes unsent Post Event Message" data would become available.	YP

- **Previous Action – YP to add ABPM facts and reminders wrt. the hypertension service to the LPC newsletter:**

YP stated that this work is ongoing, and SS is reminding contractors when she carries out visits.

ICB update:

YP stated that LC would speak more to these next three actions later in the meeting, however the following responses had been sent to YP on this morning:

- **Previous Action – LC 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 had written - I have confirmed with Vanessa that we are unable to share this.

- **Previous Action – LC to share the section of the GP contract re. script direction and the rules governing it:**

LC had shared the following text:

(GMS Contract - Clause 14.4, 14.4.3 and PMS Agreement clause 3.4, 3.4.1 and 3.4.2).
 The Contractor must:
 not seek to persuade a patient or a patient's authorised person to nominate a dispenser recommended by the prescriber or the Contractor if asked by the patient or the patient's authorised person to recommend a chemist whom the patient or the patient's authorised person as the patient's dispenser, provide the patient or, as the case may be, the patient's authorised person with the list given to the Contract Commissioner of all chemists in the area who provide an Electronic Prescription Service.

Previous Action – LC to liaise with Isaac re. investigating the reasons why 84-day prescribing is still going on:

LC stated that Isaac did pick this up, but she understands he didn't find large amounts of activity.

YP stated that there is a great deal of 84-day prescribing in Islington – and this is creeping into Camden

YP asked the members for any further intelligence on this.

KP stated that he is seeing an increase in 84-day prescribing in Camden from a few GP practices.

Action no.	Description	Who to action
10	To give YP evidence of examples of 84-day prescribing in Camden.	KP

Previous Action – LC to ask Vanessa Piper (Primary Care Team at ICB) to confirm whether only patients can make official complaints to NHS E:

LC replied that this is in progress, but current investigations have not revealed a process for this to happen.

Previous Action – LC to supply the LPC with recent inappropriate PF service referral data:

LC stated that -

Whilst we have referral data, its not possible to be able to extract inappropriate referrals, but its possible to look at trends. For the purposes of prioritising visits, we provide this data directly to Amalin and Shilan

SG stated that the ICB has access to detailed PF data.

YP stated that he and SS would be able to gain access to this data.

Previous Action – LC 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 stated that this is "in progress".

Previous Action – YP to gather evidence (with dates) wrt. incidences of script direction made by the Gray's Inn practice.

YP stated that he would invite SS to talk about this issue later in the meeting.

Previous Action – Stacy Baston to send YP a pdf. Of the revised tender portal questions for the LPC to comment on.

YP stated that the EOI is in the papers and a revised funding offer has been made for the PH needle exchange service.

PharmOutcomes post event messages issues:

YP stated that the following three actions are "in progress" –

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

YP stated that NC London and NE London still have 45-50% completion of the outstanding post event messages, according to the DOP team.
 YP stated that this issue has caused CP to be saddled with a lot of extra work.
 YP stated that those contractors using SONAR do not seem to have this issue.

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 (SG is an NPA Board member):

- The process of discussing the terms of the new CP contract are happening currently between the DoHSC, CPE and NHS E – and the details are confidential.
- The NPA is currently raising potential collective action to NHS E – and he noted similar processes has worked well for the GPs and their contract negotiations.

6. Treasurer’s report

Member’s liability insurance

YP stated that there are two options to consider here –

1) Renewing the existing insurance cover – provided by Cobine Carmelson Ltd. With the renewal offer being 325.29 PA for £500,000 cover, £1,000,000 cover for £391.15 PA.

- The Beazley (provider) renewal provides Employee Dishonesty cover up to £75,000 with a £7,500 excess.
- The Beazley excess is £2,500 per claim for Corporate liability. It's nil in respect of Management Liability.
- Beazley do include:
 - Farillio Business Knowledge Portal
 - Key Person Replacement Services
 - Legal Advice Helpline
 - Website Recovery Services
- Beazley don't include these, yet no cover was confirmed in the National quote:
 - Contract Disputes & Debt Recovery (limit to be confirmed)
 - Third Party Fraud or Forgery and Telephone Fraud (limit to be confirmed)
 - Third Party Electronic Funds Transfer (limit to be confirmed)

2) A CPE facilitated national offer:

- a. £1 million cover – would cost £500 PA to the committee.

YP stated that there are elements of the CPE offer that are “yet to be confirmed”.

SG reminded that the individual members of the LPC currently have unlimited liability for all LPC actions.

YP recommended that the committee buy the national CPE facilitated cover, because it provides more, is provided by AXA, and there is a marginal cost difference.

YP stated that the renewal was supposed to take place on the 18 January 2025, however the committee members are still covered, and he has confirmed this with CPE.

The members agreed to renew the member’s liability insurance.

SG proposed that the members vote to approve the buying of the CPE facilitated national £1 million cover.

The members unanimously approved the buying of the CPE facilitated national £1 million cover for £500 PA.

Management Accounts

YP displayed the following account balance:



Community Pharmacy Camden & Islington			
For the year ended 31 March 2025			
	2025	2024	2023
Turnover			
LPC - Statutory Levy	99,864.14	-	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	-	119,836.86	-
Sales	6,765.00	-	-
Total Turnover	135,429.14	119,836.86	65,725.57
Cost of Sales			
Direct Expenses	108,624.61	116,450.13	-
Direct Wages	-	-	62,821.84
Total Cost of Sales	108,624.61	116,450.13	62,821.84
Gross Profit	26,804.53	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	201.80	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	36,366.66	14,320.45	61,245.94
Operating Profit	(9,562.13)	(10,933.72)	(58,342.21)
Profit on Ordinary Activities Before Taxation	(9,562.13)	(10,933.72)	(58,342.21)
Profit after Taxation	(9,562.13)	(10,933.72)	(58,342.21)

YP made the following comments on the P&L report:

- The "other revenue" line for 2024 should be relabelled as "levies"
- The LPC have received £28,800 from the ICB for PCN lead funding, and the LPC took a 10% admin fee.

There were no questions from members wrt. the management accounts.

YP stated that the 2024/25 budget looks on track.

Draft 25-27 LPC Budget

YP then displayed the draft budgets for 2025/26 and 2026/27 for the members to comment on and approve.

YP stated that wrt. the 2025/26 budget, he would be switching to PAYE, therefore the gross wage amount would be £6000 per month.

YP also stated that the NI costs would reduce by £5000, as the LPC would qualify for small business NI allowances.

YP stated that SB and other admin workers could be left as contractors.

YP stated that the LPC has a constitutional obligation to have a min of £60,000 left in the bank account as reserves – the estimated reserves for 2025/26 would be about £95,000.

YP stated that no changes would need to be made until April 2026, however, after this, the LPC levy may need to be increased.

KP stated that he had looked at the budgets, and they look straight forward.

KP and SG recommended that the members approve the draft LPC budgets for 2025/26 and 2026/27.

SG proposed that the members vote to approve the draft budgets for 2025/26 and 2026/27.

The members unanimously approved the draft budgets for 2025/26 and 2026/27.

Draft HR Documents

YP stated that these have already been discussed and agreed.

Pension Set Up

YP stated that a stakeholder pension would have to be set up for him in his new PAYE status and he would like the employer pension contributions to be paid into his existing pension.

SG stated that the committee had already agreed the pension amount.

Action no.	Description	Who to action
14	To find out from his pension company what the process currently is to have the LPC contributions paid into his own personal pension.	YP

Virtual Outcomes licence renewal

YP asked whether the committee wanted to continue paying for this facility – costing the LPC about £1000 (1% of annual budget).

SG asked the members how useful they find the VO service.

YP displayed a graph of VO activity in London (broken down by LPC area).

SG stated that he personally finds it to be a really useful resource (especially for new starters).

SG proposed that the members vote to renew the Virtual Outcomes licence for this LPC.

The members approved the renewal the Virtual Outcomes licence for this LPC – with one abstention.

7. SERVICE IMPLEMENTATION

SS highlighted the following:

- As part of complying with the MOU with the ICB – she has tried to visit each CP and GP twice.
 - A couple of GPs are proving very resistant to having a visit from her.
 - 89% of GP practices have been visited at least once.
 - The follow up visits are now taking place for most CPs and GPs – where she is asking about what barriers remain in place wrt. service provision.
- The ICB has produced a service data dashboard, but SS is not allowed to share the data with the PCNs or GP surgeries – but she can use the data as part of her presentations:
 - The dashboard data only extends to Nov 2024 at present.
- SS is now attending PCN meetings on a monthly basis -
 - Where she presents on CP services.
- SS stated that the ICB was trying to get funding for the electronic referrals to be added on to the EMIS local services for contraceptive, blood pressure checks and ABPM services – and this has now gone live in all GP surgeries in NC London.
- Some pharmacies in January 2025 have seen a few referrals come through for contraceptive, blood pressure checks and ABPM services, and there has been a reduction in the number of inappropriate referrals from NHS 111.
- GPs are still finding the form on EMIS local services too time consuming to complete.
 - It is quicker for them to book patients directly into the GP practice instead.
- The GPs in C&I area are still the ones in charge of triaging the services.
- Some GPs have been honest and stated that they now have Physician's Associates (PAs), who are seeing the patients with conditions that would ordinarily be referred into PF.
- Some GPs don't want to have a difficult conversation with a patient, who is insistent on seeing a doctor, rather than a pharmacist for a PF condition.
- PEM issues are creating a lot of extra work for CPs.
- There are still low numbers of referrals for all services being made to CPs.
- GP reception teams continue to send patients to CPs without electronic referrals.
- Prescribing changes from GP surgeries (coming from meds management) is leading to certain medications going out of stock.

SG informed that EMIS has a version of the triage tool, which patients can fill in themselves.

SS stated that lots of GP surgeries have been resistant to having patients access this, and they have created their own triaging toll or use e-consult.

SG suggested that the ICB might want to review inappropriate non-consultation supply of antibiotics by GPs.

- SS then displayed data from the ICB service data dashboard.
 - The dashboard was able to display to which CPs services were being referred to by which GPs.

SG suggested that YP look into any cases of GPs referring into pharmacies that are nowhere near the GP surgery locations – perhaps looking for business connections.

- SS stated that she had asked for monthly data going forward – so that trends and outcomes from interventions could be plotted.
- SS stated that she hopes to gain access to the December 2024 data soon.

YP asked about the IT platform that Archway surgery was currently using. SS stated that it was a bespoke platform created by the surgery. SG stated that any bespoke IT platform would have to be on NHS digital’s framework – which would comply with the service specs.

Action no.	Description	Who to action
15	To investigate whether bespoke I.T. platforms should be cleared with NHS Digital before being allowed to be used in service referral pathways.	YP/SS

- PEMs – SS suggested that 50% of them have been cleared.
- ABPMs – SS suggested that nearly all pharmacies have signed up – because from the 31 March, it will be a mandatory part of the PF service.
 - YP stated that there is still a gap between opportunistic ABPMs and BP service activity – but this is a national issue.

8. ICB UPDATE

PERT (Pancreatic Enzyme Replacement Therapy)

LC stated that the ICB is currently working up a solution to support CP to get access to this – and this initiative was being done for London as a whole.

LC stated that Sema (NW London) has done the work on this, responding to the alert around the shortage of Creon capsules.

LC stated that Oxford pharmacy stores would be used as a mechanism for getting hold of the unlicensed alternative product e.g. Pangrol – and this would be supplied to pharmacies in London.

LC acknowledged that there is not a consistent amount of these unlicensed products being released into CPs.

LC stated that this plan has been rolled out successfully in other ICS’.

LC clarified that the licensed product should be obtained first, and then, in the event of the licenced (CREON)product being unavailable, then, an unlicensed product could be obtained from a pharmacy’s local wholesaler, then, failing this, the next step would be to contact Oxford Pharmacy Stores to obtain unlicensed alternatives from them.

SG requested that the ICB send out a concise, practical guide wrt. this facility to contractors.

LC stated that the ICB is currently pulling together a suite of resources to support CPs and GPs.

SELF CARE MEDICINE SERVICE

LC stated that she is seeing a reasonable amount of activity.

Action no.	Description	Who to action
16	To share “up to date” list of pharmacies not signed up to the self-care medicine service scheme in C&I.	KPe/IQ

YP stated that he and SS could use this list to encourage others to sign up.

LC stated that ICB reps would be taking a paper to the Feb 2025 “Medicines CRG” meeting – to get official approval to continue the self-care meds scheme for 2025/26.

LC asked the LPC members for patient stories for her to share with the Medicines CRG group.

Action no.	Description	Who to action
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17	To ask contractors for positive patient stories wrt. self-care meds scheme.	YP
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Action no.	Description	Who to action
18	To send YP the Self Care Medicine service activity slides.	KPe

PHARMACY FIRST

YP asked for comments wrt. service uptake, the unwarranted variation in referrals and the engagement with GP practices.

LC stated that the work to promote the PF service is continuing with GP practices – particularly to do with myth busting.

LC stated that the sessions that SS and Amalin created for the GP webinar were very useful and created a lot of chatter.

LC stated that SS and Amalin can use the service dashboard to promote the PF service in areas with low uptake.

KPe stated that the dashboard is currently being used to pick up referrals to pharmacies that don't seem geographically appropriate to certain GP practices. KPe added that the data is limited to "completed claims".

SG stated that the NHS is currently in a precarious financial situation, therefore for large sums of money to be (allegedly) fraudulently and inappropriately used by a section of primary care is very problematic, and contractors are incredibly frustrated by the lack of action on NHS E's part.

SG stated that it appeared that CPs and GPs are not treated equally, when it would come to the consequences of being accused of inappropriate behaviour.

KPe and LC assured SG that the ICB is doing all that it can do within its current remit.

PERIOD OF TREATMENT ISSUES

YP stated that contractors have been reporting that periods of treatment are being extended – which feeds into the wider issues of sustainability and waste.

KP stated that, in Camden, his pharmacies have seen an increase in local GPs prescribing 84-day scripts for patients with multiple items – and the GPs have responded by saying that it saves the patients from frequently visiting the surgery.

KP stated that he has suggested electronic monthly batches, which the pharmacy could manage – but the GPs are not interested.

KP stated that NMS assessments show that patients waste a lot of the medicines.

LC stated that the information that IQ had provided wrt. periods of treatment in C&I would have to be refreshed.

LC stated that 84-day prescribing can exacerbate medicine shortages.

LC stated that the ICB would re-promote their advice about lowering the periods of treatment for GPs – perhaps using the GP webinar.

KP stated that if GPs were to issue monthly scripts, then it is more work for the pharmacist – but it allows better, and more frequent monitoring of patients.

IPPP

KPe stated that this programme is about to go live.

KPe stated that the national team are exerting pressure, so that all approved sites would need to go live by March 2025, or funding will be cut.

KPe acknowledged that the onus is not on the sites, but the system needs to be ready.

KPe stated that one of the sites is in Camden.

KPe stated that each site would work with a GP practice to refer over a small number of patients to test the digital system and patient flow.

GP AND CP FACILITATORS

YP stated that he has a meeting about the funding for these positions on this day. YP asked LC, IQ and KPe whether the LPC could add anything to the business case which would be submitted to continue the funding for these positions.

LC stated that the ICB fully supports this ongoing work.

YP stated that he may speak to Emily Wighton (Healthcare transformation leader) to ask for her advice/support.

HWB PRESENTATION

SG wished to thank the ICB team for their work on the presentation to the HWB about CP.

LC thanked SG for this message.

LC stated that the presentation created may be used as a blueprint for other presentations to be made to other London HWBs.

YP thanked KPe, LC and IQ for their attendance.

9. NCL TARGETED LUNG HEALTH AND ABDOMINAL CANCER CAMPAIGN

YP stated that this campaign had finished, and all the billing information is currently being gathered, so that the LPC could pay against it.

10. CP LONDON

YP stated that a new CEO – Conor Price has been appointed.

YP added that Raj Matharu is the Chair of the organisation again, Mayank Patel is Vice Chair, and Amit Patel is the treasurer.

11. DRAFT NEW CPE LPC RAG RATING MATRIX

YP stated that this is for information only – and is currently out for comment (the draft is included in the meeting bundle).

YP stated that the new matrix would be filled out by the LPC for 2025/26.

12. VACCINATION UPDATE

YP stated that there is a rumour that a new Flu vaccination campaign is currently being considered for early 2025.

RSV

YP stated that this pilot is not happening in NC London any longer.

COVID VACCINATIONS

YP stated that this campaign has finished.

13. CPCI COMMS REVIEW

YP displayed the following comms report, provided by Rebecca:

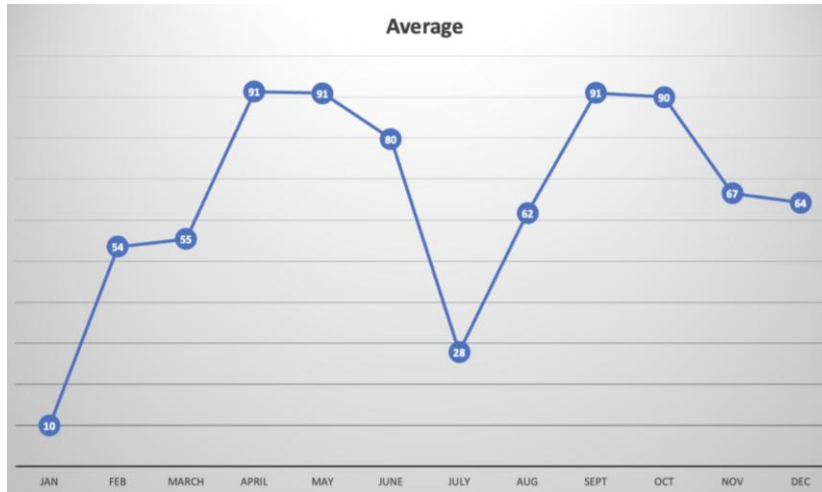
Audience Growth in 2024 (Subscription enabled Feb 2024): **From 115 to 163 Subscribers (41.7% Increase).**

Notes on Newsletters:

- Began the Newsletters end of Jan 2024, uptake picked up gradually until **end of March** when opens first got to 90%.
- Drop at the end of June, with low uptake in July – likely due to holidays.
- Back to 90% by mid-august
- Drop towards end of November and throughout December, likely due to holidays.

- Despite drop in December, Xmas and NYE edition newsletters have over 90% open rate.

Graph below shows average opens over each month in 2025, reflects the notes above. Expected to be more consistent this year in Jan – March (Jan 2025 opens currently at 70%):



Other Comms:

Other Communications Vary greatly between 30 – 90% open rates. Depends on the nature of email but opens are usually high when followed up with a WhatsApp message, especially if the information is urgent.

YP stated that C&I LPC’s performance is in line with NEL LPC’s.

YP stated that he would try to leverage the WhatsApp group more to increase traffic.

SG suggested that a newsletter summary could be posted on WhatsApp.

YP stated that a “nudge” is sent weekly on the WhatsApp group to ask contractors to open their INBOX to view the LPC newsletter.

14. MARKET ENTRY

YP stated that this is for information only.

YP stated that there had been a “no significant change” relocation decision made for a Greenlight pharmacy.

YP added that there had also been a “no significant change” relocation for Fittleworth Medical to Unit 10 Blenheim Court, 62 Brewery Road, London, N7 9NY.

15. AOB

ORIGINAL PACK DISPENSING (OPD) CHANGES

YP stated that these supervision changes would be coming, and he wondered whether the LPC should work with BEH LPC to put host a webinar/have a conversation with CP London wrt. hosting a webinar on this topic.

YP stated that there is a wealth of information on the CPE website.

YP stated that Virtual Outcomes have just created an OPD module.

Action no.	Description	Who to action
19	To add links to VO module, and CPE resources on OPD issues to the LPC website.	YP

16. FUTURE MEETING DATES

Tuesday 25 March 2025	09:30-13:00	Zoom
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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