

TIME: 13.30 – 16.00

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	Apologies
Kim Khaki	KK	Yes
Avni Patel (IPA)	AP	Apologies
Beneeta Shah (CCA)	BS	Yes
Kalpen Patel (Treasurer)	KP	Yes from 13.45
Dharmesh Patel	DP	Yes
Ross Fraser (CCA)	RF	Apologies
Nickil Patel	NP	Apologies
Louwin Nhamoinesu	LN	Apologies
In Attendance		
Yogendra Parmar	YP	Yes
Stuart Brown (Minutes)	SB	Yes
Kristina Petrou (ICB Community Pharmacy Clinical Lead)	KPe	Yes 15.05 – 15.45
Claire Henderson – Director of Place (East) - NCL ICB	CH	Yes 15.00 – 15.35
Rachel Clark - Assistant Director of Medicines Optimisation	RC	Yes 15.00 -15.45
Jack Phillips – Integration and senior manager for Camden	JP	Yes 15.00 -15.35

1. WELCOME AND APOLOGIES

SG stated that lots of LPC members had sent their apologies for this meeting at short notice. SG stated that the meeting is not quorate – therefore any meaningful decisions could not be made. SG stated that he recognised that some of the absences were due to last minute emergencies. SG stated that this situation is far from ideal – especially as guests have been invited. YP stated that AP was currently stuck at a hospital with a family member.

2. DECLARATIONS/CONFLICTS OF INTEREST

There were none.

3. MINUTES OF 150725 LPC MEETING

ACCURACY

These could not be accepted – as the meeting was not quorate.

PREVIOUS ACTIONS AND MATTERS ARISING

- **Previous Action – YP to chase Rebecca to have her put the up-to-date DOI and COI docs in the shared drive:**

YP stated that there are two people who have not submitted their 2025/26 DOI and COI docs – NP and LN.

Action no.	Description	Who to action
1	To chase NP and LN for their 2025/26 DOI and COI docs	YP & Rebecca

- **Previous Action – To ask Rebecca to refresh the members’ one drive links:**

SG stated that he can access “word” documents via the links, but no “excel spreadsheets”.

SG added that opening spreadsheets requires him to log in to a Microsoft account.

Action no.	Description	Who to action
2	To contact SG to try and resolve OneDrive link issues.	Rebecca

- **Previous Action – To follow up with James Wood (CPE) wrt. the status of CPE’s deal with Lloyds bank:**

YP stated that he has raised this issue with James, and CPE have a staff member who is leading on “banking” issues.

SG asked YP whether this issue exposes the LPC in terms of governance breaches.

YP stated that there is no issue wrt. project funds being channelled through the LPC account – because the funds are coming in, linked to a particular nominal code, and then being spent out using the contra nominal code – so all is accounted for.

- **Previous Action – YP to inform CPE of the change of his employment status – so that NPA employer’s liability insurance can be considered:**

YP stated that CPE have been notified of his employment status change, and the LPC is now covered by NPA’s liability insurance.

- **Previous Action – YP to gain the “log in” details for the NHS Confed. website – to cascade to LPC members:**

YP stated that he had now gained access to the NHS Confed. website.

- **Previous Action – YP to write to Conor Price – to ask him for clarification wrt. the presence of any conflicts of interests re. the allocation of £5,000 to Data and Business Intelligence – particularly who PCA are, what their ownership is, are there any DOIs for their staff, and what governance is in place wrt. conflicts:**

YP stated that Conor Price had provided his DOI details.

- **Previous Action – YP to ask CP Lon. executive what steps had been taken to engage in a fair tendering process for the B.I. and dashboard hosting work, to ensure value for money for contractors:**

YP stated that Conor Price had responded that the dashboard had been developed for free, prior to Conor’s appointment to CP London, and of the £5000 costs budgeted for this dashboard, £1000 would be for ongoing maintenance costs, and £4000 budgeted for development of the dashboard. This is a budget line, in case it would need to be spent.

- **Previous Action – YP to ask for clarification on why the Admin and Project support budget line reads £21,000 rather than £18,000:**

YP stated that the Admin and Project support budget line should read £18,000 rather than £21,000.

- **CP London DSOI and COI docs:**

Action no.	Description	Who to action
3	To ask the CP Lon. Executive for the DOI and COI documents for the members of CP Lon. – to be sent to the Governance subcommittee.	YP

- **Previous Action – YP to chase contact at CPE to find out the mechanics of the RSV EOI process:**

YP stated that the process was “nightmarish” and the last reply back from NHS E had intimated that CPs should be used to applying in this way for services. YP added that he has not dignified this with a response.

- **Previous Action – YP to sit down with EA to talk about LCS payment rates – following benchmarking exercise – before the end of July 2025:**

YP stated that this action had been completed, and a benchmarking process is about to start for the whole of London.

- **LCS payments:**

Action no.	Description	Who to action
4	To sit down with Charlotte A & SG to identify the most challenging parts of the Smoking LCS sign up process (via the portal), with a view to going back to procurement to try and get them changed	YP

Action no.	Description	Who to action
5	To sit down with Charlotte A to talk about LCS payment rates – following benchmarking exercise – before the end of July 2025.	YP

- **Previous Action – YP to ask Alistair Buxton (CPE) about whether the LPC members are covered wrt. liability insurance:**

YP stated that the LPC members now have this cover and the invoice for this cover is in the meeting bundle. YP added that this amount (£500) need to be paid.

4. CEO BRIEFING

YP highlighted the salient points from his report.

EHC FUNDING REPURPOSING

Action no.	Description	Who to action
6	To ask what GP PH services are currently commissioned.	YP

CP LONDON/LMC CP/GP CONFERENCE

YP stated that CPLon have partnered with London wide LMC to arrange a great looking conference on 12 Nov 2025. YP stated that Dr Claire Fuller (Primary Care Medical Director, NHSE) and Richard Cattell (Deputy Chief Pharmacist, NHSE) will be the keynote speakers.

YP stated that this full day event will mix GP/CP engagement workshops with myth busting FAQs and panel discussions.

SG asked whether YP had invited ICB colleagues to this summit.

YP stated that he had received no feedback from these colleagues.

Action no.	Description	Who to action
7	To follow up on the invites to ICB colleagues wrt. the CP/GP summit on 12 November 2025.	YP

5. SERVICE IMPLEMENTATION

ICB IMPLEMENTATION SUPPORT/TRAINING MOU

YP drew the members’ attention to Shilan Shah’s “LPC Outreach visits” report.

YP stated that he would sit down with Shilan and ICB colleagues to go through the detail in this report and come up with some appropriate follow up actions.

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PF/OC PREGNANCY STATUS ACTIONS

SG stated that there have been issues with pharmacists ticking/not ticking the “pregnancy” status boxes during the Oral Contraception PF consultation process.

SG stated that NHS E has access to these reports, and it is highlighting to pharmacies any of these cases.

SG added that NHS E have contacted pharmacies, highlighting these issues – but they have not filtered their results – resulting in an ask for the pharmacies to review every one of their OC consultations – and this is causing extra work for pharmacies, which could have been avoided, should NHS E have filtered their result spreadsheets properly.

YP stated that the LPC newsletter is raising the awareness of this matter, and Shilan is also raising awareness during her visits.

SG stated that the NPA is writing a response to this.

Action no.	Description	Who to action
8	To ask NPA to share their comms. wrt. NHS E's ask for pharmacies to review every one of their OC PF consultations with YP.	SG
9	To raise the following issue at CP Lon – for LPCs to write a response to NHS E wrt. the ask for pharmacies to review every one of their OC PF consultations.	YP

**7. TREASURER'S REPORT
MANAGEMENT ACCOUNTS**

YP stated that these have been completed for the last year, and will be presented this evening at the AGM – they are included in the Annual Report document, and shared with CPE.

YP displayed the P&L report for the LPC management accounts.
YP stated that the LPC has a £19,000 surplus.

HR DOCS UPDATE

YP stated that he has not signed off on the new LPC CEO contract, because he has proposed an amendment to the contract, which should be given to the HR subcommittee for them to consider and come back with a recommendation.
YP stated that one of the amendments is to ask that his pension contributions be paid into his already existing private pension.
YP stated that another amendment is regarding the terms of "salary sacrifice" actions.

Action no.	Description	Who to action
10	To send SG the amendments to his LPC CEO employment contract.	YP
11	To arrange a date for the HR subcommittee to meet to discuss the amendments to the LPC CEO employment contract	YP

Action no.	Description	Who to action
12	To phone the accountants to sort out the admin issues wrt. YP's PAYE status,	KP

NEW CPE FINANCE GUIDE

YP stated that he would go through this new document with KP, and pull people in, as appropriate.

Action no.	Description	Who to action
13	To ascertain which parts of the new CPE finance guide would need to be added to the LPC governance documents.	YP & KP

8. ISLINGTON LCS'

ED presented using the following slides:

Smoking cessation LCS

- Significant decline in activity in smoking cessation LCS compared with pre-covid levels of activity.
 - In 19/20, 343 people set a quit date in pharmacies.
 - In 24/25 this fell to 100 people setting a quit date.
- Quit rate in pharmacies has remained high, over the last 5 years between 55% and 70% of service users setting a quit date go on to record a quit at 4 weeks.
- New payment model for smoking cessation LCS to come into effect from 1 October 2025, which we hope will reinvigorate activity.

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Item	New Payment Model
Assessment, Registration & Quit date set	£40
Outcome: Lost to follow up	£10
Outcome: Still Smoking at 4 weeks/25-42 days post quit date	£40
Outcome: Quit at 4 weeks/ 25-42 days post quit date – self-reported OR CO verified	£70
Target Communities & Disease Groups	£0
Maximum £ payable if outcome is recorded as lost to follow up	£50
Maximum £ payable for non-quit outcome at four weeks	£80
Maximum £ payable for a 4-week quit	£110

Emergency Hormone Contraception

- Intention to cease the local Emergency Hormone contraception LCS in Islington once the Pharmacy Contraception Service commissioned by NHS England is expanded to include Emergency Hormone Contraception.
- This was originally due to come in on 1 October 2025. The latest update suggests that this has been delayed until 29 October 2025 (but could still be delayed further).
- Islington PGDs for Levonorgestrel and Ulipristal have been extended up to 7 January 2026.

Needle exchange + Naxolone

- New contracts in place which started on 1 April 2025.
- New payment scheme in effect:
 - Payment per pack dispensed has increased from £1 to £1.60.
 - Annual retainer has been reduced from £500 per year to £300 – subject to meeting minimum activity threshold of 50 packs distributed.
- Naloxone LCS:
 - £25.00 activity fee per individual that naloxone is dispensed to, plus cost of the naloxone recharged at drug tariff rates.
 - Activity remains very low. We will shortly be distributing window stickers to pharmacies who signed up to promote the service.

Supervised administration

- New contracts in place which started on 1 April 2025.
- No change to payment structure.
- Remains at:
 - Methadone supervision fee = £2.25
 - Buprenorphine supervision fee = £2.40

Series of free, short training courses delivered by Better Lives: [Islington Drug and Alcohol Training Events - 13 Upcoming Activities and Tickets | Eventbrite](#)

2026/27 Smoking cessation procurement process and timeline

NOTE: we have delayed until November whilst we await confirmation around national EHC: dates provisional whilst we await an update on EHC

	Action	Date
• Provider Selection Regime – Direct Award B*	Window opens for EOI submissions	1 st Nov 2025
	Deadline for EOI submissions	12 th Dec 2025
• 3-year contract from 1 st April 2026 (with option to extend by an extra year)	Compliance checks on EOIs	Dec - Jan 2025
	Award letters sent out	Feb 2025
	Mobilisation	March 2026
	Contract start date	1 st April 2026

*patients have a choice of providers and the number of providers is not restricted by the relevant authority

EHC – Procurement plans

- **Public health will only commission EHC until the national service goes live.**
- We are currently including EHC in the local procurement - to mitigate against risk of having a gap in local provision in case the PCS expansion is delayed.
- We hope that by the end of October the timeframes for the national service will be clear, if PCS expansion goes ahead prior to April 2026 as planned, the procurement of the local service will be withdrawn.
- If not resolved by end October, we will procure local provision.
- The local EHC contract will include a break clause, allowing termination if the national PCS goes live after the local EHC contract commences.
- **We will shortly be sending out comms to all pharmacies in Islington on what they need to do to express an interest in delivering the smoking cessation (+/- EHC) LCS.**
- **We are trying to make the process as light-touch as possible, but need to ensure that we meet the Local Authority's governance requirements.**

Documentation Checklist

Service	Evidence Required
General	Completed Expression of Interest Form
	Enhanced DBS Certificate for the lead pharmacist (dated within the last 3 years)
	<u>Insurance Certificates</u>
	1. Public liability insurance (£10 million)
	2. Employer's liability insurance (£5 million)
Smoking Cessation	NCSCT Stop Smoking Practitioner certification
	Level 2 Stop Smoking Training / Level 2 Update (if applicable) (Breathe)
	MECC training (https://www.islingtonmecc.org.uk/)
Emergency Hormonal Contraception	<u>CPPE certificates</u>
	1. Emergency Contraception
	2. Safeguarding children and vulnerable adults
	3. Dealing with Difficult Discussions
	MECC training (https://www.islingtonmecc.org.uk/)
	Signed EHC Patient Group Direction (PGD)

ED asked for any questions.

SG asked whether a convoluted procurement process (which has been seen in other boroughs) would be used for the procurement plans for these PH services.

ED stated that the issues experienced in other boroughs – wrt. extremely onerous EOI processes have been flagged to the procurement team – i.e. the process needs to be proportionate to the size and value of each service.

ED stated that the “London tenders’ portal” will have to be used.

ED stated that she has recommended that some “fields” in the EOI process be disabled – to save contractors time.

YP stated that He, SG, ED and Charlotte Henderson were due to meet soon to sense check the information request from contractors wrt. the new PH services.

SG stated that it would be useful for ED to experience a contractor going through the process to gain valuable insights.

YP reminded ED of the myriad issues associated with the recent RSV vaccination service EOI process.

SG thanked ED for her update.


ED left the meeting.

9. ISLINGTON LCS'

CH presented using the following slides:

10 Year Health Plan


The three shifts




North Central London
Integrated Care Board


The 10 Year Health Plan aims to get the NHS back on its feet and make it fit for the future, delivered through three big shifts.

The plan aims for an NHS that delivers personalised care, gives more power to patients, and ensures the best of the NHS is available to all, whilst delivering better value and improved outcomes.





From hospital
to community






From analogue
to digital






From sickness
to prevention



10 Year Health Plan

What the NHS will deliver?



North Central London
Integrated Care Board

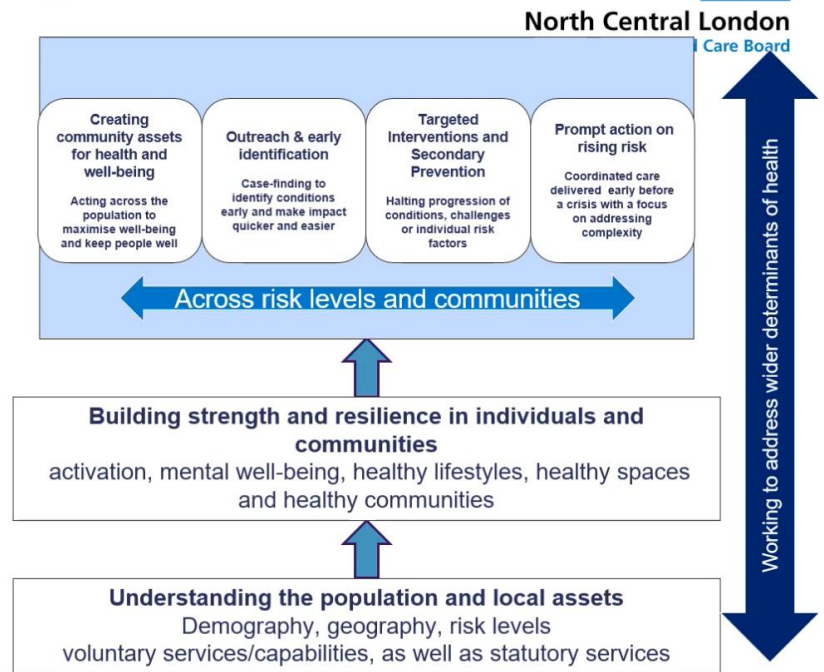
Neighbourhood Health Service

- Ambitious plan** to move from a hospital-first, fragmented system to an accessible, community-based neighbourhood model. By redesigning how care is delivered—supported by digital tools, integrated teams and local centres—the Plan aims to tackle inequalities, put patients in control, improve outcomes, and ensure the NHS remains financially sustainable for generations to come.
- Key principles:** Local-first care, Multidisciplinary neighbourhood teams, Personalised care and Digital by default
- Introduction of two new contracts:**
 - 'single neighbourhood providers' that deliver enhanced services for groups with similar needs over a single neighbourhood (c.50,000 people). In many areas, the existing primary care network (PCN) footprint is well set up as a springboard for this type of working.
 - 'multi-neighbourhood providers' (250,000+ people). These larger providers will deliver care that requires working across several different neighbourhoods (e.g. end of life care)."

"In the future, a **neighbourhood health plan** will be drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund. The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions." (p.83)

Key Features of NCL neighbourhood model

- The distinctive feature is the **purposeful and consistent connection between the context of people's lives and the support offered** to increase efficacy and achieve improved outcomes
- The **link between statutory and voluntary services** is also fundamental. Voluntary services are the bridge to communities and offer hyper-local, trusted support for those most in need.
- This is **person centred and asset-based** approach to generate individual and community strength and resilience.
- Action is rooted in a more **sophisticated understanding of the population and drivers of variation in outcomes**. Population health data + qualitative insight + coproduction.
- **Can be applied to a range of population groups and priority cohorts** and works meaningfully across the life course (Start, Live, Age Well)



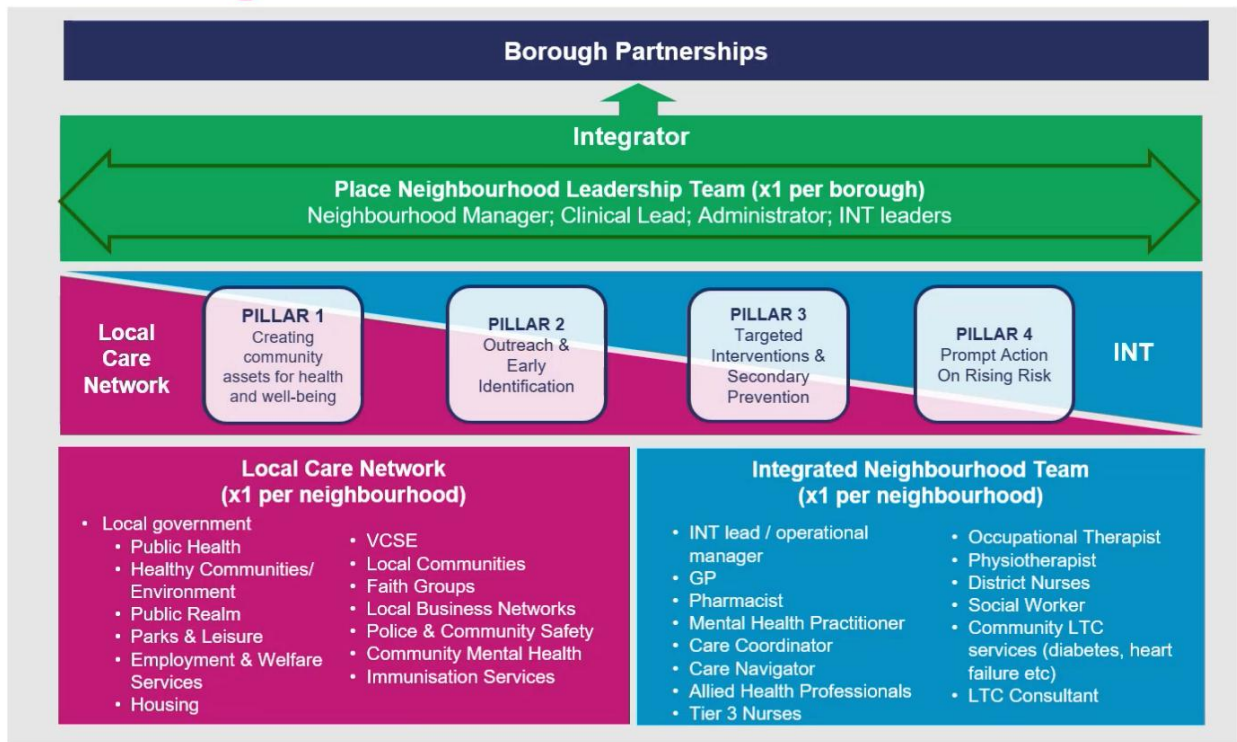
The INT will work alongside the local care network to deliver a holistic and proactive model of support



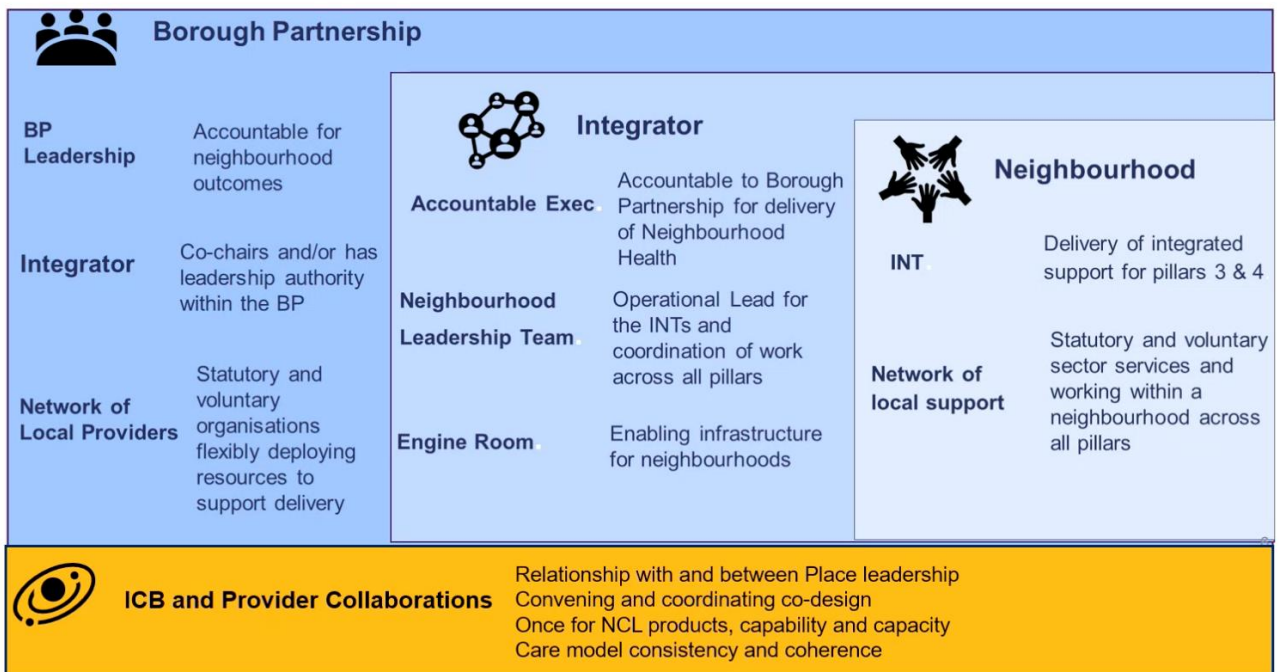
Two core elements make up the overall care model for neighbourhoods. Together they deliver the four pillars of proactive care, but with a different functional focus:

- The **Local Care Network** – statutory, voluntary sector, and community-based partner teams which align to the geography of the neighbourhood. Some of the network covers other neighbourhoods, so resources will at times need to be flexibly allocated across neighbourhood boundaries. **The Local Care Network has a particular role in driving pillars 1 and 2.**
- The **Integrated Neighbourhood Team (INT)** - reorganising existing resources from within the Local Care Network, blended with local operational management. **Input and leadership from the INT is greatest in driving pillars 3 and 4.**

The NCL Neighbourhood



Architecture for neighbourhood health



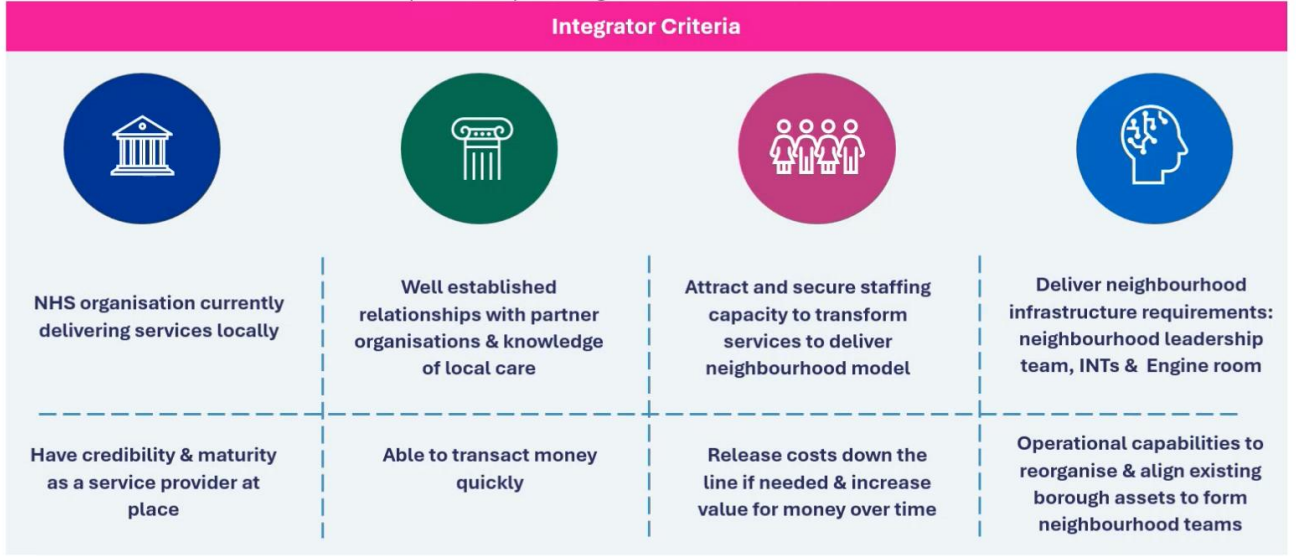
What is the integrator



North Central London
Integrated Care Board

The integrator role will be a pivotal element of NCL neighbourhoods, providing **effective coordination** and **operational delivery** of the care model across the four pillars. The provider will be held to **account** by the borough partnership for **neighbourhood outcomes**.

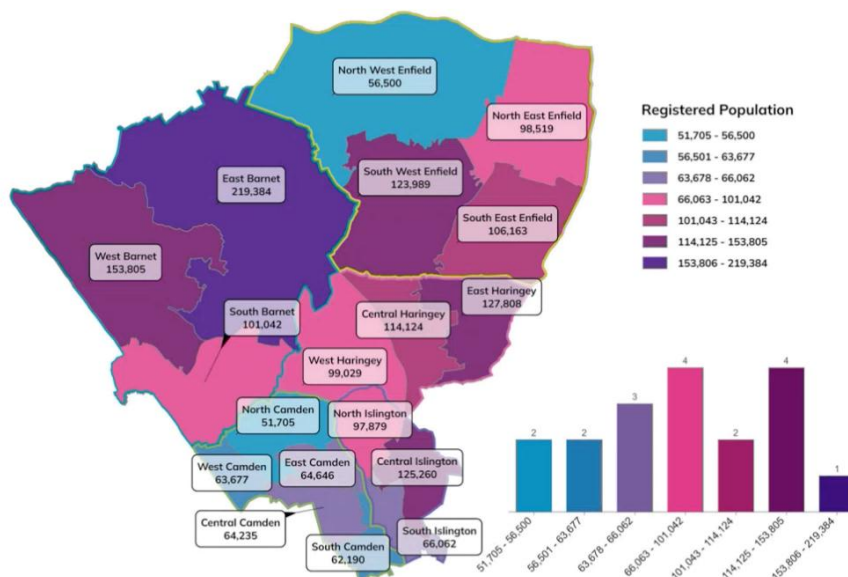
Integrator Criteria



Mapping neighbourhoods



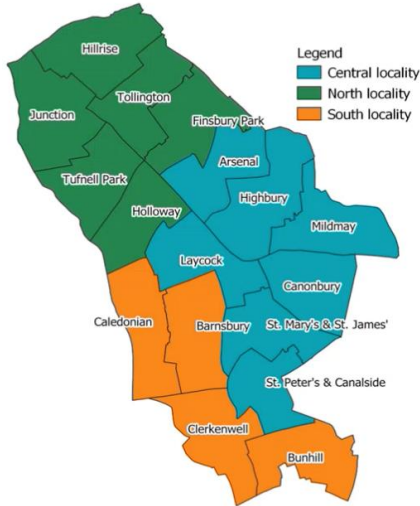
North Central London
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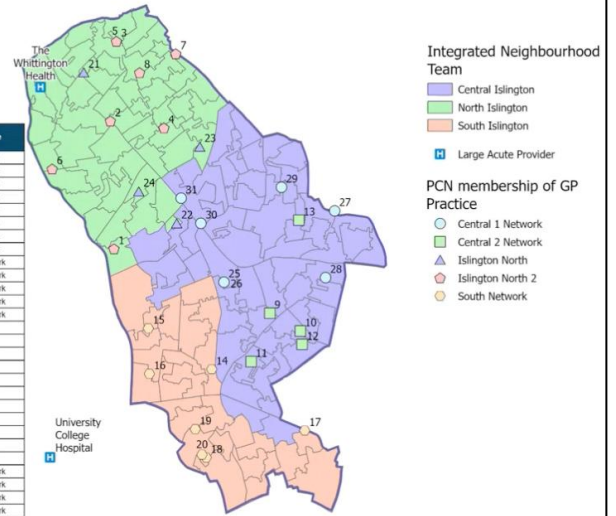
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

Islington Neighbourhood areas and GP practice maps

GP Practices by PCN - Islington



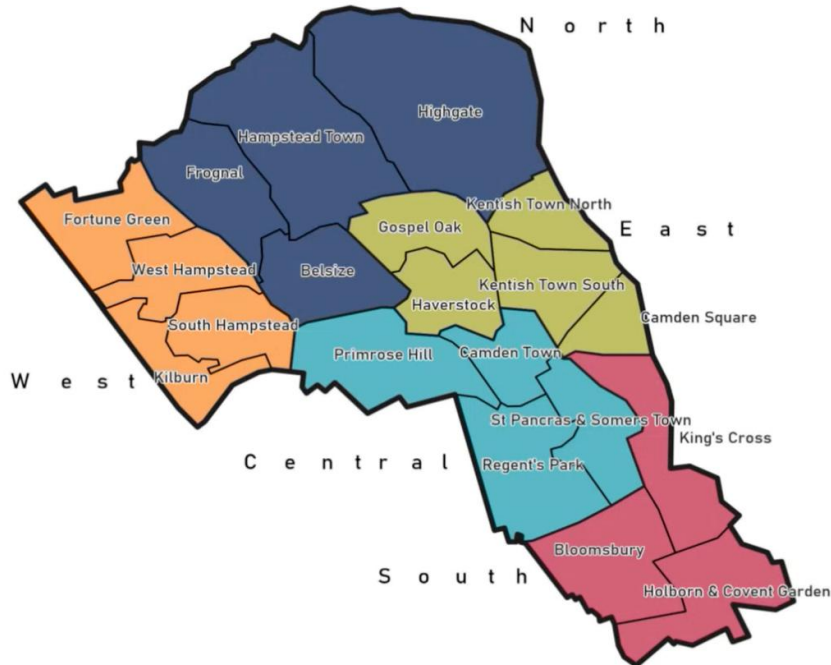
Practices Name	PCN Name
Goodridge Group Practice	Islington North 2
Archway Primary Care Team	Islington North 2
The Rise Group Practice	Islington North 2
The Andover Medical Centre	Islington North 2
The Beaumont Practice	Islington North 2
The Junction Medical Practice	Islington North 2
Sroud Green Medical Clinic	Islington North 2
Hanley Primary Care Centre	Islington North 2
The Group Practice at River Place	Central 2 Network
Elizabeth Avenue Group Practice	Central 2 Network
St Peter's Street Medical Practice	Central 2 Network
New North Health Centre	Central 2 Network
The Miller Practice	Central 2 Network
Ritche Street Group Practice	South Network
Barnsbury Medical Practice	South Network
Killick Street Health Centre	South Network
City Road Medical Centre	South Network
Clerkenwell Medical Practice	South Network
Amwell Group Practice	South Network
Pine Street Medical Practice	South Network
St John's Way Medical Centre	Islington North
The Northern Medical Centre	Islington North
The Village Practice	Islington North
Partnership Primary Care Centre	Islington North
Roman Way Medical Centre	Central 1 Network
Islington Central Medical Centre	Central 1 Network
Mildmay Medical Practice	Central 1 Network
Milneson Road Surgery	Central 1 Network
Highbury Grange Medical Practice	Central 1 Network
The Medical Centre	Central 1 Network
Sobell Medical Centre	Central 1 Network



10

JP continued and talked to the following slides:

Camden Neighbourhood boundaries



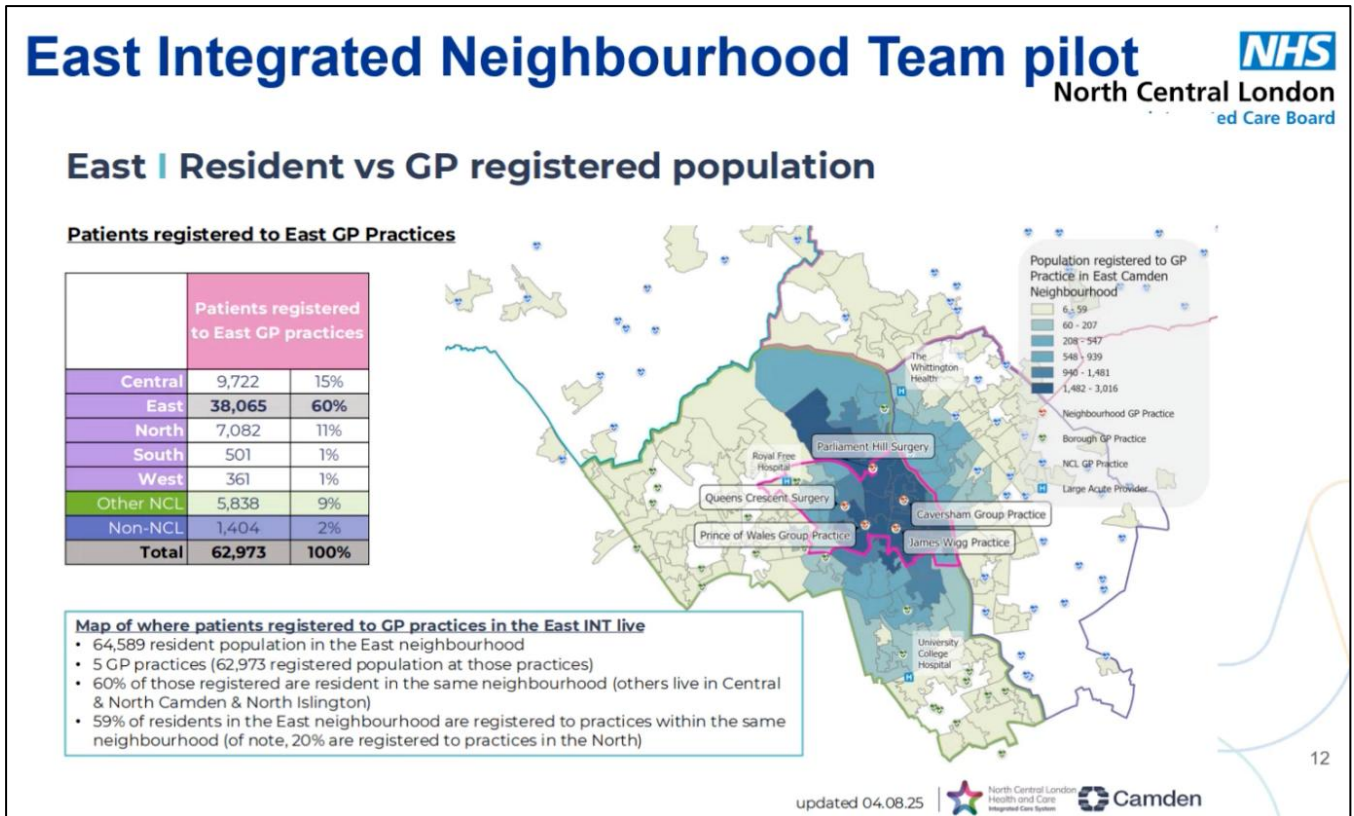
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JP highlighted the following points:

- The neighbourhoods -
 - follow the council ward boundaries.
 - Are made up of about 50-65,000 patients.
 - Have Primary Care clinical leadership present in some form.
- The borough partners have reconfigured their teams to align with neighbourhood geographies.

Action no.	Description	Who to action
	To share “zoomed in” neighbourhood maps with more detail with YP.	JP

JP stated that the next step would be to bring the different people together in each of the neighbourhoods for a series of workshops and conversations to dissect the population health data. JP stated that once the workshops would be set up – then the details would be shared with YP.



JP stated that the East Integrated Neighbourhood Team is the most developed.

RC then spoke to the following slides:

Pharmacy in Neighbourhoods



North Central London

Pharmacy services and workforce in NCL

- Extensive pharmacy service and workforce in all sectors of our integrated care system
- Pharmacy experts in: **primary care (general practice & community pharmacy), community services, mental health, prisons, acute and specialist services**
- Highly qualified experts in evidence based, safe and efficient use of medicines
- Pharmacists, pharmacy technicians and support staff taking on expanded roles supporting patients

Local services

- 289 community pharmacies located in the heart of our communities
- 2 Local Pharmaceutical Committees (LPCs) supporting independent contractors
- 93% of patients living in areas of highest deprivation live within 1 mile of a pharmacy

Opportunities of neighbourhood working

- Proactive and integrated connection of pharmacy services and workforce within neighbourhood teams maximising use of pharmacy workforce skills and expertise, increasing efficiency and efficacy
- Improved access to care for patients – right place, right treatment, right time e.g. expanding referral to community pharmacy for Pharmacy First services; Blood pressure and Oral contraception services
- Improved understanding and utilisation of pharmacy services providing better access for patients; better understanding of medicines; improved medicines adherence; improved support for staff
- Better access to information to more optimally support patients; with staff connecting better reducing time accessing advice and guidance
- Improved interface prescribing issues: improving access to medicines for patients, improving safety, and reducing staff time on managing issues
- New models of delivery e.g. specialist / consultant pharmacist outreach, utilising specialist skills to optimise care and develop the workforce
- Integrated cross sector working to develop skills, integrate care, improve recruitment and retention with NCL being a fabulous place to work
- Pharmacy teams identifying people before their needs deepen or intensify; and / or those who are at rising risk
- Utilisation of CP in supporting healthy lifestyles, prevention and signposting to services; provision of early support to get ahead of future needs

YP asked RC whether he could see the local or national governance frameworks that the Integrators would need to adhere to – because the integrators would ultimately be the contract holders. RC stated that governance would be discussed at the pharmacy leaders’ forum next week. CH added that the integrator arrangements are coming in with no money attached, and they are testing the concepts. CH stated that the arrangements will only be in place for 18 months.

SG stated that governance is unbelievably important, and, historically, CP has not been included in any of the re-organisations of the NHS, and this has been to the detriment of positive patient outcomes. SG added that locally, the present ICB staff have made a great effort to include LPC/CP input into the systems, but CP cannot rely on integrator staff to be as nice and accommodating as the present ICB staff members.

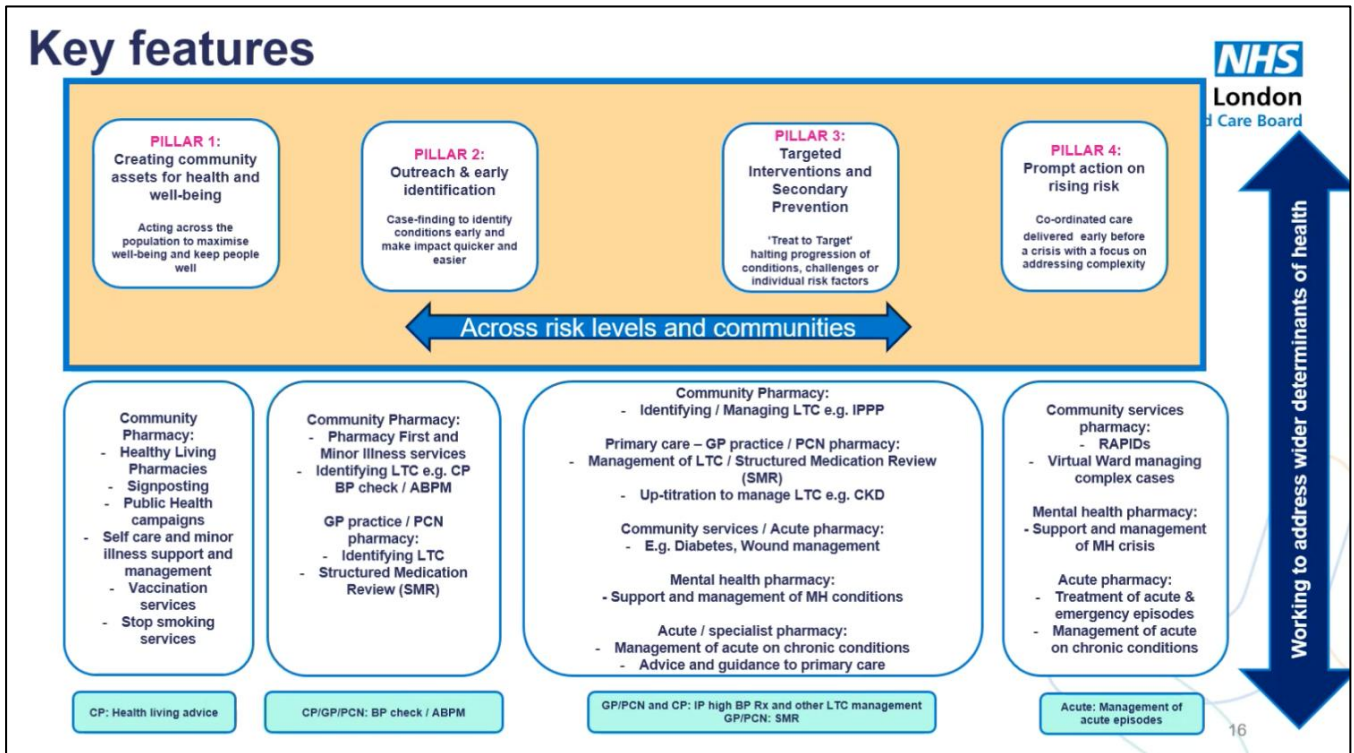
SG stated that the integrators need to have incredibly robust governance frameworks in place. SG added that CP is hardly mentioned in any of the information presented today, and good governance must be set in stone at the very beginnings of these system builds.

SG asked whether there was actual scope for CP to be included in the debate over the building of these systems.

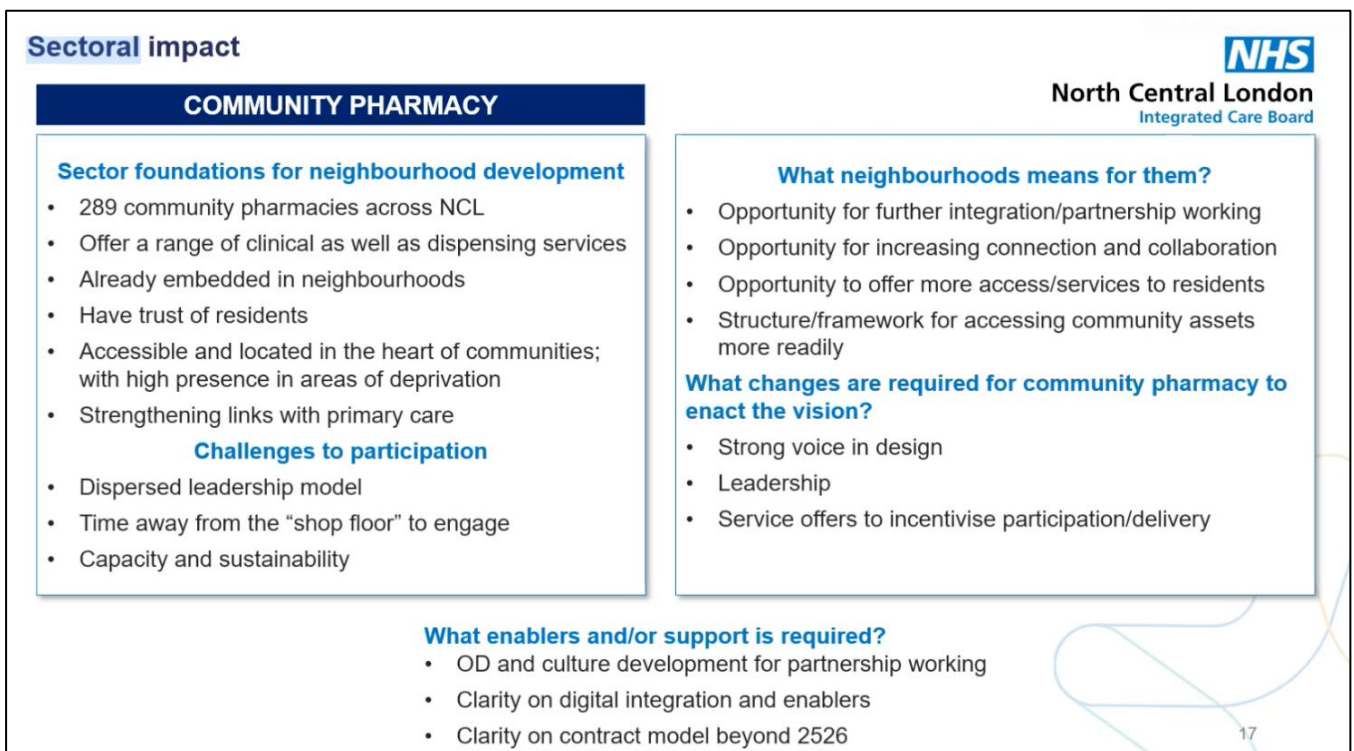
RC stated that these points would be talked about at the pharmacy leaders’ forum next week with Amy.

RC stated that now is the time to get CP reps. involved in the integrator structures.

RC highlighted the next slide – to demonstrate where CP is being considered in all of the four pillars.



RC stated that the question becomes – how do the providers work together with the integrators?
RC asked the LPC members to think about the questions on the slide below:



RC stated that the slide deck from next week’s meeting will contain the contact details of the integrator leads.

SG reminded RC, CH and JP about the CP/GP summit invite – and RC stated that she could not sign up because she isn’t a community pharmacist.

YP stated that he would look into this and get RC an invite.

Action no.	Description	Who to action
14	To look into getting ICB staff invited to the CP/GP Summit.	YP

RC stated that KP would be organising a meeting for all of the LPCs, after the pharmacy leaders’ forum – so detailed conversations could be had at that meeting.

CH and JP then left the meeting.

ICB RESTRUCTURE

RC stated that the new Chair is Mike Bell, and the CEO is Frances O’Callaghan – for the newly merged ICB.

RC stated that the new structure will be called “West and North ICB” – and will come into being on the 1st April 2025.

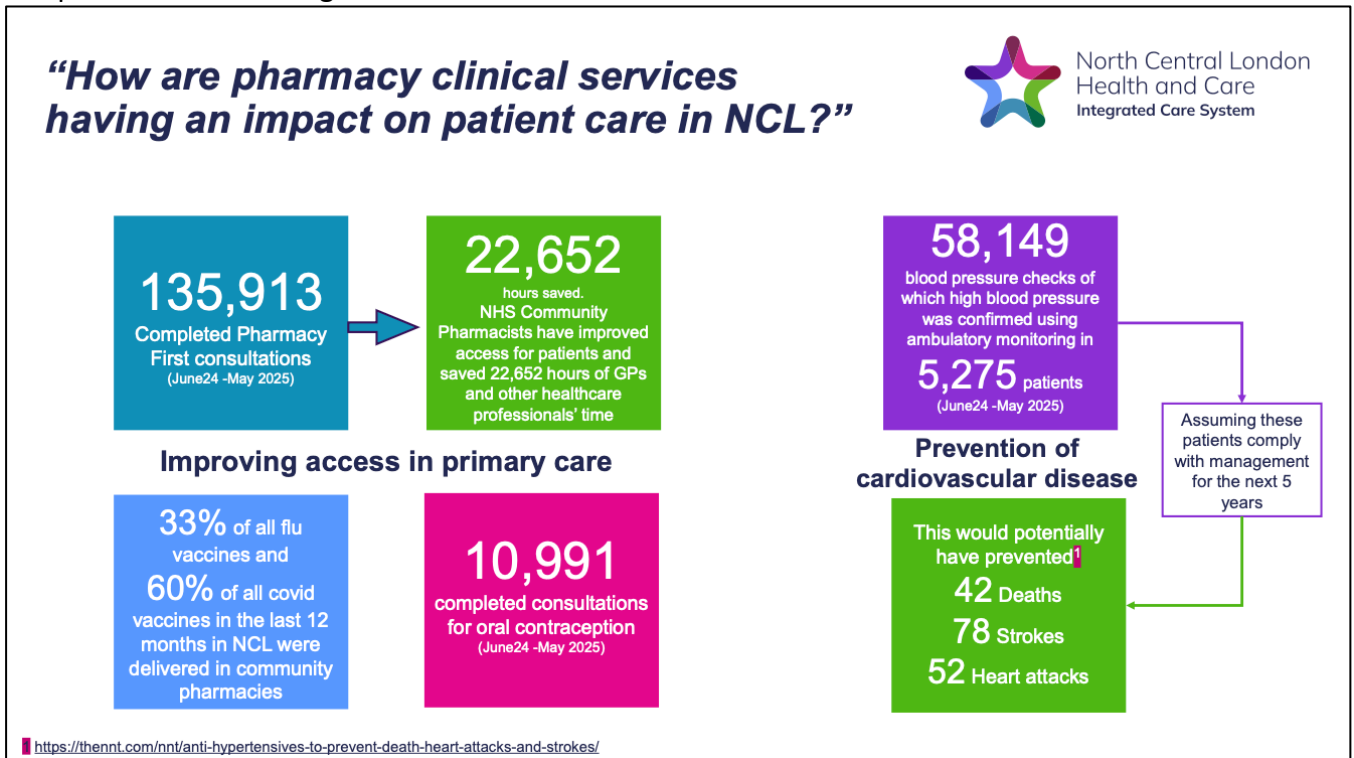
RC stated that it is a difficult time for the staff at the moment – so please bear with them, as they try and support.

YP and SG acknowledged the very difficult situation that the ICB staff currently find themselves in, and offered any help or assistance, as appropriate.

YP stated that the LPC really appreciates the ICB still giving their “all” under these difficult circumstances.

IMPACT OF CP CLINICAL SERVICES

KP spoke to the following slide:



KP stated that the figures on the slide above have been communicated to the Health and Wellbeing Board, to impress upon them the impact of CP clinical services are having on the patient population.

KP and RC left the meeting.

10. FUTURE MEETING DATES

Date	Time	Type
Tuesday 18 November 2025	09:30-13:00	Teams
20 or 29 January 2026 (provisional)	09:30-13:00	Teams
Tuesday 17 March 2026	09:30-13:00	Teams

SG stated that he was keen for future meetings to not suffer from the issues that this one has wrt. non-quoracy.

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
DPP	Designated Prescribing Practitioner
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