

Monday 14 November 2022

19.30 - 21.00

Bombay Palace W22AA

ATTENDANCE TABLE			
Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Yogin Patel (Chair)	YP	✓	
Anar Tejani	AT	✓	
Priti Chohan	PC	✓	
Shiraz Mohamed	SM	✓	
Beneeta Shah	BS	Aa	
Amish Patel	AP	✓	
Ronak Patel	RP	✓	
Anisa Mulla	AM	Aa	
In Attendance			
Hitesh Patel (CEO)	HP	✓	
Stuart Brown (Minutes)	SB	✓	
13 KCW contractor reps.		✓	

### 1. WELCOME

YP welcomed all to the meeting.

YP introduced HP as the new LPC CEO.

YP highlighted the following points:

- This sector has suffered over the last two years.
- This sector has also garnered lots of positive public opinion over the last two years – as CPs stayed open during the pandemic.
  - YP wished to thank all for their hard work over the last two years.
- YP stated that the following services had been commissioned over the last 5 years:
  - DMS
  - CPCS
  - COVID 19 vaccinations.
  - EPS
  - NMS
  - Hypertension Service.
- YP stated that the LPC is fighting to make the NHS notice what an asset CP currently is – and give the appropriate funding.
- YP stated that the LPC will continue to try and influence MPs.
- ***YP stated that funding is shifting away from dispensing and towards service provision – therefore contractors must start to focus their efforts on services.***

### 2. FINANCE UPDATE AND LPC ACCOUNTS

SM spoke to a projected version of the LPC accounts document and made the following comments:

- “Pharmacy Forum” fees should be changed to “Pharmacy London” fees.
- The Pharmacy London fees had increased because the LPC had held some fee payments back for PL in the last year.
- The displacement costs had fallen dramatically from last year to this – because most LPC meetings had taken place virtually.
- The subscription fees had increased by about £1000 from the last year to this – this had been due to the virtual outcomes’ subscription and the RPS subscription for the former CEO.
- The need for the LPC to produce new assurance accounts has meant that the accountancy fee has gone up.

*Shamir Patel proposed that the accounts should be accepted.*

*Gurvinder Hirani seconded the above proposal.*

***No one attending the meeting objected to voting to accept these accounts – therefore HP stated that the accounts would be provisionally approved – the final approval would come after the CCA contractors and any other contractor would have a chance to vote on the accounts via a virtual vote.***

### 3. CEO UPDATE

HP highlighted the following:

- HP stated that in two years – CP would be signing a new contract with the DoHSC – the five-year contract will come to an end.
- HP stated that CPs should not want to get paid more for doing their dispensing work by the DoHSC, because as soon as the margin would increase significantly, then online pharmacies would step in to take over the market.
  - HP added that CPs should not want to be paid less than what they are at present.
  - HP stated that pharmacy services should be concentrated on.
  - AP stated that more services would be coming online – therefore contractors should begin to think about using their staff more, delegating work, to help with the dispensing workload.

- HP showed presented figures from the last quarter of 2022 – and stated that compared to LPCs of similar size in the UK, KCW LPC contractors are producing –
  - NMS figures which are low.
  - CPCS figures which are low.
  - Hypertension service figures which are comparable.
  - DMS figures which are low -
    - HP stated that the LPC is currently working with the two hospitals in the area to improve the number of referrals to CPs.
- Transitional Payments:
  - HP stated that there is currently £300 million left in the pot that NHS E had earmarked to use for the development and rollout of new services.
  - HP reminded that CPs are currently getting transitional payments from this pot, despite the fact that not all CPs currently have the ability to carry out the new services promised.
  - HP stated that CPs will continue to be paid these transitional payments – but only if they engage fully in the new services.
  - HP encouraged the contractors to maximize their service provision over the next few months – because they will effectively be being paid twice as much for these services.
- Independent Prescribers:
  - HP urged the contractors present to become IPs – as the new services coming online over the next few months would be utilizing IPs.
  - HP reminded that all new pharmacy graduates graduating from 2026 would be entering the workplace already qualified as IPs.
  - HP stated that 3000 places are fully funded.
- New Services:
  - Contraception service -
    - Tier 1 - CPs could dispense repeat prescriptions for this service.
    - Tier 2 – CPs could initiate an oral contraception via a PGD.
    - Tier 3 – CPs could manage and monitor the repeat long-acting contraceptives (IP status needed)
    - Tier 4 – CPs could initiate a long-acting contraceptive in the pharmacy (IP status needed).

#### 4. TAPR

HP highlighted the following:

- This work has been born out of the PSNC RSG recommendations – which had been, in turn, born out of the Wright report.
- This work should improve PSNC’s negotiating ability – and therefore benefit CP – when the new contract would be negotiated.
- ***This work will drastically affect the future of CP.***
- The following work has been carried out –
  - A TAPR toolkit had been delivered to LPCs by PSNC in Sep 2022 – and LPCs have been using it to start the work of transformation.
  - Levy changes and a new model LPC constitution are being considered by the LPCs.
  - Matters had been discussed at an LPC/PSNC conference.
  - In 2023 a national forum of LPCs will be created – which would be able to hold the PSNC to account.
- HP suggested that eventually – KCW LPC should align themselves with the NW London ICB
- HP stated that the committee would now need to make a decision from three options wrt. how it would change its size and structure:
  1. Stay as is.
  2. Merge with some of the neighboring LPCs to align with the ICB to help commissioning.
  3. Another option.

HP stated that option 2 would require faith in the fact that the other LPCs being merged with would deliver for KCW contractors.

HP stated that there would be no point in joining up with LPCs which were currently failing their contractors.

HP stated that the LPC has been having robust discussions wrt. this transformation agenda.

HP stated that the options and their different advantages and disadvantages would be put to contractors at an SGM, organized for some time in January 2023.

HP stated that, at the moment the LPC have decided to stay as it currently is, in terms of size and structure, until it is satisfied that merging with neighboring LPCs would bring benefits to contractors.

HP stated that KCW LPC has begun discussions with their neighbouring LPCs, to further this agenda – however the other LPCs have not deemed this work a priority at this time.

HP stated that the PSNC are asking for more of a share of the levies that the LPC get from contractors - in order to complete their transformation work.

HP stated that the LPC has been debating whether the LPC would have enough money to satisfy the increase, or whether the LPC would have to charge the contractors more in levy payments or make efficiencies.

HP stated that the LPC currently pays the PSNC £17,00 PA.

HP stated that in 2023- the amount would be £20,000 PA.

HP stated that in 2024- the amount would be £24,000 PA.

HP stated that the LPC would **not** be asking the contractors for a raise in the LPC levies in 2023/24.

HP stated that from now on the KCW LPC would be named **Community Pharmacy KCW** - and this name change would identify the body more clearly with commissioners and stakeholders.

HP added that PSNC would be changing their name to **Community Pharmacy England** for the same reasons.

HP reminded that **LPC elections** would take place in July 2023.

## 5. AOB

### GP CPCS/Minor Ailments Service

One of the contractors made the point that CPs should be able to refer patients into a service like CPCS themselves, instead of relying on the GPs to refer.

HP stated that the LPC is currently working with the ICS on getting a minor ailments service for the socially vulnerable commissioned – as, at the moment some patients would not be able to afford to buy the medicines prescribed following a GP CPCS referral.

HP stated that in Humber and West Yorkshire – the CPs there are currently able to provide a “walk in” CPCS, which needs no referral from a GP. HP stated that this would be a game changer, should be brought to London.

### *YP brought the meeting to a close.*

#### **Glossary of Acronyms**

ABPMs –	Ambulatory Blood Pressure Monitors
AIMp –	Association of Independent Multiple pharmacists
APPG	All Party Parliamentary Group
CCA –	Company Chemists Association
CCG –	Clinical Commissioning Group
CP –	Community Pharmacy
CPCF -	Community Pharmacy Contractual Framework
CPCS –	Community Pharmacy Consultation service
DMS –	Discharge Medicines Service
DOP	Dentists Optometrists and Pharmacy
DSP –	Distance Selling Pharmacy
ELPR –	East London Patient Record
EOLC –	End of Life Care Service
ERD –	Electronic Repeat Dispensing
F2F -	Face to Face
FAC –	Financial Audit Committee
HEE -	Health Education England
ICB	Integrated Care Board
ICS –	Integrated care system
IP	Independent Prescriber
IPMO –	Integrated NHS pharmacy and Medicines optimisation work program.
LA –	Local Authority
LPC –	Local Pharmaceutical Committee
LCS –	Locally Commissioned Service
PCN –	Primary Care Network

PL –	Pharmacy London
PLOT -	PSNC AND LPC OPERATIONS TEAMS
PNA –	Pharmaceutical needs assessment
PQS –	Pharmacy Quality Scheme
PSNC –	Pharmaceutical Services Negotiation Committee
RSG –	Review Steering Group
SCS -	Smoking Cessation Adv, service.
SGM	Special General Meeting.
STP –	Sustainability transformation plan
TAPR -	Transforming Pharmacy Representation