

Monday 23 May 2022

20:30- 22.15

Zoom

ATTENDANCE TABLE			
Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Yogin Patel	YP	✓	2 of 2
Anar Tejani	AT	✓	2 of 2
Priti Chohan	PC	✓	1 of 2
Shiraz Mohamed	SM	Aa	1 of 2
Beneeta Shah	BS	Aa	1 of 2
Amish Patel - Scribe	AP	Aa	1 of 2
Ronak Patel	RP	✓	2 of 2
Anisa Mulla	AM	✓	2 of 2
In Attendance			
Rekha Shah (CEO)	RS	✓	
Hitesh Patel (CEO Designate)	HP	✓	
Stuart Brown (Minutes)	SB	✓	

1. WELCOME AND DECLARATIONS - DOIs

YP welcomed the members.

There were no DOIs for this agenda.

AP would be scribe for today

2. UPDATE FROM PSNC & LPC ANNUAL CONFERENCE.

RS stated that she had attended this event.

RS stated that the update from this event was minimal and all had already been made available.

RS stated that the recordings from this event are currently available on the PSNC website – of particular interest are the ICS discussions.

3. RSG AND LATEST THOUGHTS RE PROPOSAL

HP spoke to his presentation and highlighted the following:

- As a contractor he had paid little attention to the work of the RSG until six months ago.
- There is a glut of material on the proposals – and the average contractor does not have time to wade through it.
- CCA and AIMp contractors will be block voting.
- The following slides were considered:

1. Stronger governance

The RSG is proposing that an improved governance system be rolled out across PSNC and the LPCs to introduce independence and audits across the system, standardise visibility of Key Performance Indicators (KPIs) and strengthen accountability. The RSG also accepts name changes as proposed by the Wright Review and has made proposals for how the voice of contractors can better be heard at national level.

LPC to consider

- RSG hasn't made any concrete proposals on the improvements.
- Current governance is poor. It's all secretive and opaque. Even LPCs have not clue on what's been negotiated
- Voices of contractors not reaching the PSNC executive which is held in poor regard by the contractors
- Independents have 50% of the vote. Separate slide on that later

- HP suggested that when the new PSNC (CPE) governance system would be set up – then the LPCs need to have a say in it.

2. Better alignment with the NHS

LPCs will be supported to become more efficient and to review their boundaries in line with NHS Integrated Care Systems (ICS) changes, subject to the view of local contractors and NHS England and NHS Improvement.

LPC to consider

- Will share a slide about whether “bigger is better”
- LPC will have time to consider merging fully or as associate LPC
- Workload would reduce in a federated or merged model

- HP stated that there is every possibility of the workload reducing in a merged model.

3. Appropriate resourcing

- The RSG accepts the recommendation in the Wright Review that the current system of levy funding should be redirected towards representative activities which have the greatest impact, in particular national negotiation and policy development. This means adjusting how the levy is split between LPCs and PSNC – with a 13% redirection of the total annual contractor levy towards PSNC – to a balance that allows for improved negotiating capacity and capability, provides better local and national contractor engagement, and introduces shared services for local and national bodies.

LPC to consider

- Will have a separate slide to discuss this
- LPC will have to pay PSNC an additional £4028 for 23/24 and from 24/25 it will be £8057. We have £120k of reserves. Probably need to keep £60k in reserve as per PSNC advice. So no need to raise levies for another 10 years

- HP stated that the PSNC would need more resource to become better negotiators.
- HP stated that the proposal is that 13% of the LPC contractor levy would go to PSNC – a huge rise.

4. Stronger collaboration

The RSG has set out proposals to increase efficiency and remove duplication across PSNC and the LPCs. At the centre, the PSNC Committee will review its size while maintaining balance between independents and multiples

LPC to consider

- PSNC is very good at communications with their daily newsletter. This is saving LPCs a lot of work.
- Advise & support negotiations with the local NHS, local authorities and other commissioners
- Support provider company
- Help with media queries, MP briefings, promotional material for LESs

- HP stated that it would be very useful to have help writing business cases and dealing with media queries.

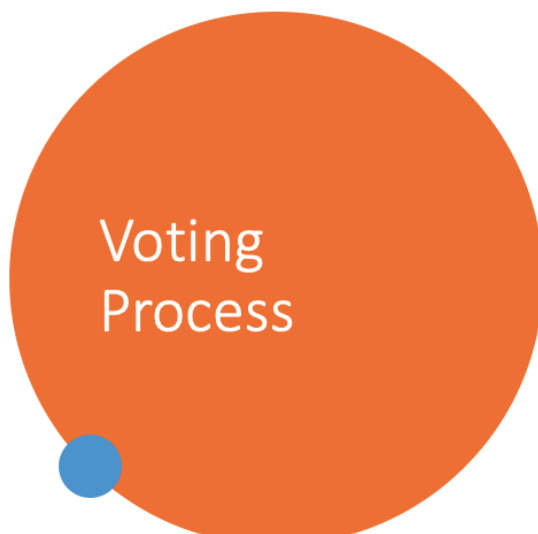
- HP stated that he had gone through the 33 recommendations and had not found much wrong with the ideas behind them – he added that most lacked the detail that he would prefer.
- HP stated that he felt it would be essential for the LPCs to hold the PSNC governance board accountable.
- HP drew the members attention to the following slide:

<p>15. From the CPEC create a smaller Negotiation Strategy Committee (NSC) to respond to day to day negotiation questions from the Negotiating team</p> <p>If we accept the proposal , we really need to make sure that day to day concerns of contractors - like huge surges in generic prices are better handled than currently</p>	<p>Alternative proposals: Ok</p> <p>Adopt a negotiation strategy to support delivery of the shared vision for the sector, focusing on tactical, political and influencing. Retain existing negotiating team functions and seek to better define executive and non-executive (contractor) roles more clearly. See RSG proposals 14-17</p>
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- HP stated that a NSC would need to be made aware of day to day issues e.g. drug shortages, dispensing at a loss etc.
- HP drew the members attention to the following slide:

<p>16. Develop strategies for including patient and public representatives in all elements of CPE</p> <p>Patient groups do influence commissioners. I know CCGs take them very seriously</p>	<p>Accepted – CPE national functions will include working with patient and public groups to better support negotiating e.g patient surveys, public opinion polling</p> <p>Ok</p>
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- HP stated that patient power would be key to ensure services and treatment remained of good quality, going forward.
- HP drew the members attention to the following two slides:



- Contractors got pre-vote notice on 21st April by email and post
- On 27th May 2022, Full voting instructions from takepart@cesvotes.com will be sent to shared NHS mail to each pharmacy (CIVICA Election Services)
- Multiples will have asked bulk voting functionality
- Voting ends 17th June 2022



Voting Process

- All contractors will be eligible to vote.
- One vote will be permitted per contract owned (i.e. one vote per ODS code), and all votes will be equally weighted.

Voting thresholds

1. The result will be measured on the percentage of all votes cast
2. A two-thirds majority of all those casting a vote is required to approve the vote
3. The target voter turnout will be two-thirds of the contractor base.

It requires a significant majority of contractors to vote, and a significant majority to vote in the same way, to approve the vote.

HP stated that at least 23000 independent contractors would need to vote to make sure the vote is valid.

Levy Funding and analysis

HP drew the members attention to the table below, which he had created from the spreadsheet provided by the RSG -

LPC name	Total contractors (NHS BSA figures)	Income		Expenditure		Surplus/(Deficit) for the financial year
		Levy income	PSNC Levy (including special)	Total cost per contractor (levy)		
Barnet, Enfield, and Haringey	190	£ 238,224	£ 45,734	£ 1,254	£ 9,943	
Bexley, Bromley, and Greenwich	163	£ 147,015	£ 38,703	£ 902	£ 29,583	
Birmingham and Solihull	321	£ 204,000	£ 78,537	£ 636	£ 43,760	
Brent and Harrow	143	£ 172,584	£ 30,119	£ 1,207	£ 9,135	
Camden and Islington	110	£ 119,837	£ 16,946	£ 1,089	£ 9,399	
City and Hackney	62	£ 90,000	£ 11,008	£ 1,452	£ 32,603	
Croydon	73	£ 64,920	£ 17,866	£ 889	£ 7,223	
Ealing, Hammersmith, and Hounslow	170	£ 204,192	£ 39,233	£ 1,201	£ 6,039	
Essex	329	£ 240,428	£ 101,245	£ 731	-£ 15,346	
Greater Manchester	593	£ 465,500	£ 177,451	£ 785	-£ 58,132	
Hillingdon	64	£ 78,996	£ 14,976	£ 1,234	£ 2,882	
Humber	194	£ 283,536	£ 63,221	£ 1,462	£ 7,151	
Kensington, Chelsea, and Westminster	126	£ 120,000	£ 17,330	£ 952	£ 26,504	
Lambeth, Southwark, and Lewisham	175	£ 139,738	£ 40,966	£ 799	£ 21,104	
North East London	317	£ 480,000	£ 99,869	£ 1,514	-£ 35,090	

HP stated that he felt that the happy medium for the “total cost per contractor” figure would be about £1000.

HP pointed out that NE London LPC represents 317, yet their levy amount per contractor is the highest in London at £1514, and the LPC is running at a -£35,090 deficit.

HP questioned whether bigger was better in this case.

RS pointed out that these figures may have been taken from the period during the pandemic – therefore these are not typical figures.

YP compared NE London and Birmingham and Solihull LPCs – and highlighted the fact that they represent roughly the same no. of contractors and yet NE London LPC charges its contractors more than double the amount of levy.

HP drew the member's attention to the next slide –

Appropriate Resourcing

- PSNC running on a shoestring at the moment – this has been verified by Prakash Patel, Andrew Lane & Mike Hewitson
- PSNC only has one DT analyst. DoH have 12 analysts!
- DoH has several Health Economists . PSNC has none
- Mike Hewitson said it was like us having peashooters against howitzers

HP agreed that PSNC would need the right personnel to negotiate effectively with the DoHSC.

YP stated that KCW has many contractors that dispense in low volumes – so they seem to be at a loss all the time.

HP stated that now is the time for the PSNC to start negotiating a new contract – as the current one is broken.

YP asked the question – if the PSNC were to be funded well – will CP see an increase in the global sum.

HP stated that the PSNC would need to have a robust business plan.

HP stated that any recommendations would be implemented a year from now.

HP stated that The National Pharmacy Association (NPA) is advising its members to vote “yes” to reform of pharmacy representation in England, whilst also calling on PSNC to complete unfinished business and present ‘the compelling case for change’ that the Review Steering Group was unable to deliver.

HP added that the NPA says that it is “on balance” and with some degree of reluctance supporting an affirmative vote, because the benefits marginally outweigh the several valid arguments for a “no” vote. Importantly, the key principle of voting parity between independents and multiple pharmacy groups is ingrained in the proposals, at the insistence of the NPA and independent representatives on the Review Steering Group (RSG).

HP stated that wrt. the voting “no” the NPA have said –

- Alternatives are either the flawed status quo or a further period of uncertainty for the sector.
- There would be no guarantee that going back to the drawing board, particularly with the same actors, would bring about a better outcome.

HP added that the NPA had been hampered from the start by being written out of the initial proposals for the construction of the RSG.

HP stated that wrt. the voting “YES” the NPA have said –

- Advantage – There should be swift improvements to the governance of PSNC and LPCs, including clear accountability and a much higher degree of transparency; this should include incorporation of PSNC as a limited company so it is at least held accountable to the tried and trusted accountabilities of company law.
- Advantage – There should be a publication and scrutiny of a full business case for the proposed transfer of £1.5 million from LPCs to PSNC; the additional funding available to PSNC should be directed to the core mission of negotiating an improved national contract.

HP made the following closing points:

- LPC members to decide what to recommend to contractors

- We are really only focussing on independents because multiples will be voting from head office.
- Contractors will probably not have engaged with the RSG process so will be looking a steer from the LPC. The local LPC view will be more trusted than views from national bodies.

HP stated that he would recommend that the LPC favours a “yes” vote.

RS suggested that the LPC should make all facts and figures available to facilitate an informed decision but fall short of recommending which way to vote. She went on to ask the meeting members whether there was anyone who would favour a “no” vote for themselves.

YP suggested that the cell leads offer to expand on any specific questions and tell their cell members that the LPC members currently favoured a “yes” vote themselves; however it is a democratic process, and it would be up to them which way they would vote.

HP and AP suggested that an event should be planned to fully engage with KCW contractors to help clarify any particular questions or confusion matters .

HP stated that he would present a paired down version of his presentation from today.

HP suggested that this event be organised for the 31st May 2022.

Action no.	Description	Who to action
1	To add to the dissemination points the information that an RSG vote info. event would be held on 31 May 2022 – and to add in the relevant dates for voting etc.	AP

4. PHARMACY LONDON UPDATE

RS stated that there are currently two elements of concern –

1. *The CEO recruitment -*

The process for agreement of the CEO recruitment package recommended by the Gov Sub-committee – JD, contract, remuneration package with terms & conditions etc. had taken a very long time to get agreed.

RS stated that there was an issue with the salary range being too low, according to some PL members – this would not attract the right calibre of candidate.

RS stated that she had proposed that the advert go out with the existing salary range as recommended to try it out in the marketplace, before increasing it. This proposal had been accepted.

RS stated that there was then debate over which members should be present on the interview panel.

RS stated that she had proposed that someone from the governance subcommittee should head up this panel, along with someone from the finance subcommittee and someone from the executive.

RS added that the current CEO had also wanted to be part of the interview panel.

RS stated that it was finally agreed that a PL board member from each ICS should sit on the interview panel – 5 people on the panel.

RS stated that there had been no action wrt. who was to take forward the CEO job role advertisement and that this was potentially a further delay.

2. *Governance paperwork –*

RS stated that there had been much opposition to this document from the other members.

RS stated that BBG and LSL LPCs had fed back that they do not agree with having subcommittees in PL – these would complicate matters and not allow for smooth working of the Board and the Executive.

RS reminded that this guidance is the same that currently guides LPC operation – and PL is a collection of LPCs – therefore the same governance processes should apply to PL – especially as the LPC members are currently liable for PL's actions.

RS stated that she would like comments from the members wrt. the governance documents.

Action no.	Description	Who to action
2	To send RS comments on the PL governance, PL consstitution and CEO package document by the 6 th June 2022.	ALL

RS stated that there are lots of outside forces currently scrutinsing PL's operation and governance.

RS stated that she had only received CEO salary information from one other LPC in PL (C&I and C&H LPCs did not count) – and she felt that this had been unhelpful for the work progress of the PL governace subcommittee.

RS stated that she had told PL that this LPC supports the current work of the PL governance subcommittee – and the fact that they are putting robusst governance in place.

RS stated that she had spoken to Raj Matharau (Chair of PL) and she had asked him what he currently had against having robusst governance process in place. RS added that Raj had said that these processes would create divisions within the Board as well as cause delays

RS stated that KCW and C&I LPCs may recommend that PL be dissolved if this governance process were to be scrapped.

RS stated that Mayank Patel (Vice Chair of PL) had been wasting the PL committee's time by challenging the most ridiculous things – and she had made it known to him.

RS expressed her frustration at the fact that PL had insisted that a face to face meeting be set up for LPC Chairs, Vice Chairs and CEOs to brief them about the RSG recommendations. After two polls – such a meeting could not be organised, and this was wasting a great deal of time. RS stated that one attempt to book a F2F meeting had seen the Bombay Palace restaurant be booked and then cancelled – without telling the staff at the restaurant of the cancellation – RS had had to cancel on PL's behalf.

RS stated that at a meeting where no KCW representative present – the executive voted themselves back on for another 3 year period – and the meeting had not even been quorate, nor had due process re notification of elections etc been followed.

RS stated that this would not have happened if PL had had a robusst governance process in place.

RS stated that PL woud be meeting monthly from July 2022. These meetings would be F2F with an option for joining remotely too – hybrid affairs

BS and RP were surprised that there had been such push back against the introduction of a robusst governance process for PL.

RS stated that a permanent PL governance & finance committee being put in place would ensure that PL's finances would be scrutined often – and this would prevent problems such as the one – when the committee did not know whether the PL levies had been collected for 2021/22.

HP suggested that robusst governance procedures must be put in place; however after this a governance subcommittee would not need to sit permanently.

RS stated that KCW LPC had paid last years PL levies – which was then decided by PL to be the levy holiday period, therefore she suggested that the last levy amount paid to PL should be refunded to KCW LPC – because RS was uncertain re. the future of PL.

Action no.	Description	Who to action
3	To ask for a refund of the PL levy amount paid for 2021/22 by KCW LPC.	RS,YP

HP stated that PL had been a force for good, but it would need the right people taking it forward.

5. **GP CPCS AND ISSUES IN CL PCNs E-HUB REFERRALS**

RS stated that contractors are not currently looking at NHS Mail referrals that are coming in from E-hubs.

Action no.	Description	Who to action
4	To add to the dissemination points the information that contractors must check their NHS mail accounts regularly for CPCS and DMS referrals and comms. from external NHS bodies, including the E-hub and GP practices and Acute Trusts	AP

RS added that an evening briefing event for pharmacy teams will also be scheduled for the end of June 2022, to relaunch the CPCS in Central London – to make sure the contractors understand the importance and processes of this service.

RS stated that HP would need to be heavily involved in this going forward.

6. **REMAINING AGENDA ITEMS**

RS suggested that due to over running of the meeting, any important matters from these items be taken up separately by email for action. This was agreed.

7. **AOB:**

Hub & Spoke consultation

SM stated that this would be ending on the 8th June 2022.

Action no.	Description	Who to action
5	To add to the dissemination points the information that contractors should contribute to the hub & Spoke consultation – and to add a link to the relevant info.	AP

8. **NEXT MEETING**

27th June 2022 – Bombay Palace – RS' last meeting.

YP brought the meeting to a close.

Glossary of Acronyms

ABPMs – Ambulatory Blood Pressure Monitors

AIMp – Association of Independent Multiple pharmacists
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
DSP – Distance Selling Pharmacy
ELPR – East London Patient Record
EOLC – End of Life Care Service
ERD – Electronic Repeat Dispensing
FAC – Financial Audit Committee
ICS – Integrated care system
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
STP – Sustainability transformation plan