

Monday 14 November 2022

14.00- 18.00

Bombay Palace W22AA

ATTENDANCE TABLE			
Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Yogin Patel (Chair)	YP	✓	7 of 7
Anar Tejani	AT	✓	6 of 7
Priti Chohan	PC	✓	5 of 7
Shiraz Mohamed	SM	✓	6 of 7
Beneeta Shah	BS	✓	6 of 7
Amish Patel	AP	✓	6 of 7
Ronak Patel	RP	✓	7 of 7
Anisa Mulla	AM	Aa	5 of 7
In Attendance			
Hitesh Patel (CEO)	HP	✓	
Stuart Brown (Minutes)	SB	✓	

1. WELCOME AND DECLARATIONS - DOIs

YP welcomed the members.

There were no DOIs for this agenda.

HP suggested that the COI and DOI forms be renewed, only when the new committee would be sworn in in July 2023.

The members agreed to this suggestion.

AP would be scribe for today.

**2. MINUTES OF MEETING ON 101022
ACCURACY**

There were no issues.

**ACTION POINTS AND MATTERS ARISING -
PREVIOUS ACTION POINTS:**

- HP to solve Pharmoutcomes log in issues for LPC members – to access the LPC self-evaluation tool –

HP stated that he had tried to get AP and BS onto Pharmoutcomes, but to no avail – and eventually – he sent all members a pdf. of the evaluation tool.

- HP to inform KCW contractors that NOVO would be contacting them wrt. the PenCycle scheme – but that the LPC does not endorse the scheme.

HP stated that this had been mentioned at the last PL meeting.

HP stated that contractors may want to participate in the scheme – as sustainability is currently part of the ICS' workstreams.

HP stated that patients would have to put their empty Epi pens in cardboard boxes (supplied by NOVO).

HP stated that Alliance would come and pick up these boxes.

HP added that NOVO would be promoting this scheme to the patients.

HP added that he had asked that NOVO contact PSNC about this scheme – so that it may be added to the new PQS.

Action no.	Description	Who to action
1	To add to the dissemination points, the information that NOVO would be contacting them wrt. the PenCycle scheme – and the provision of a box.	AP

-SM to add to the dissemination points, the information that all contractors should sign up to the CPCS and DMS.

HP stated that he wondered whether a flow chart could be produced for contractors which would chart the DMS referral pathway to CP.

HP stated that this service pays £35 for the completion of the three stages of the DMS referral completion.

Action no.	Description	Who to action
2	To produce a DMS flowchart for contractors which would chart the DMS referral pathway to CP.	HP

3. **TAPR**

HP highlighted the following:

- This work had been discussed at the latest PL meeting.
- 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 the Middlesex Group.
 3. Another option.

BS asked whether the Middlesex group currently wishes to align with the ICS .

HP stated that he did not know this.

HP added that the Middlesex group is currently happy to work with KCW LPC – in its current form.

AP stated that he felt that option 1 would be the best – because KCW LPC contractors were currently receiving good value for money – in terms of the service they get for the levy amount they pay.

BS stated that she would choose option 1 for the time being.

RP, AT and SM chose option 1 - with the caveat that the Middlesex Group’s movements around the TAPR work should be monitored.

YP stated that the committee seemed to agree that the LPC would stay as it currently is, in terms of size and structure – because it cannot join a group that is federated and not ICS based.

YP wondered how much the Middlesex Group contractors currently knew about this evolving situation.

HP stated that he had not been able to access any of the Middlesex Group LPC meeting minutes on their website – because it is password protected.

HP stated that the following LPCs should align to Northwest London ICS - KCW, Hammersmith and Fulham, Hillingdon, Ealing and Brent and Harrow – and the number of contractors represented would be around 500. HP added that CP West Yorkshire currently represents 500 contractors – and they have a committee of 14/15 members – and this area has a great number of services.

HP added that West Yorks. contractors have access to a “walk in” CPCS – and if a similar service were to be commissioned in London – then it would be a game changer.

BS asked that some of these plans be formalized.

HP stated that these decisions and proposals would be put to the KCW contractors at an SGM.

BS asked whether any formalized actions would need to take place wrt. liaising with the Middlesex Group, before these proposals would be put to contractors.

BS suggested that the Middlesex Group should be formally invited to a meeting to discuss the TAPR agenda – so that the KCW contractors and the PSNC could have evidence of the steps taken by this LPC to progress this work.

Action no.	Description	Who to action
3	To set up a meeting with Middlesex Group with a view to discussing the TAPR agenda and possible routes of merging.	HP

Action no.	Description	Who to action
4	To add to the dissemination points the information for contractors to expect an invite to an SGM to discuss the TAPR work – date to be confirmed in January 2023.	AP

HP stated that the next piece of work that he would need to do – would be to come up with detailed proposals to put to the contractors at the SGM in January 2023 wrt. whether KCW LPC should change size and/or structure.

HP stated that the final decision wrt. the TAPR outcome for this LPC would sit with the contractors – they may want to merge with Middlesex Group.

HP stated that the PSNC currently proposes that the LPC rebrand themselves as "Community Pharmacy KCW" – this would make it easier for stakeholders to recognize what this body would represent.

The members agreed to this LPC name change to CP KCW.

HP stated that the website would have to be rebranded accordingly.

HP stated that the current members of this committee would stay on until July 2023.

HP stated that in February 2023 – as things stand – the LPC would have to engage with an implementation plan – which would be to stay as it currently is.

HP stated that the LPC would now need to look at wrt. the RSG recommendations – and in particular PSNC's progress with the changes they should be making to their organization.

HP stated that the new PSNC CEO (Janet Morrison) would like the PSNC to focus more on talking to the treasury, as opposed to the DoHSC.

HP stated that the PSNC plans to work with the Nuffield Trust and the Kings fund to develop a new vision for CP – which will result in the production of a report.

HP wondered whether the PSNC would incorporate "changing the way CPs are currently paid for dispensing" into their vision report.

HP stated that contractors could feed into this vision document – via weblinks.

Action no.	Description	Who to action
5	To add to the dissemination points the information for contractors to use a weblink to add comments to the CP "vision" report, commissioned by PSNC.	AP

HP stated that the two think tanks would publish a draft of this vision report in April 2023.

HP stated that the final version would be published in summer 2023.

HP stated that the PSNC under the new CEO has already started engaging with parliament.

HP stated that the size of the PSNC has already been decided.

HP asked how the LPCs would hold PSNC to account in the future.

HP stated that the original idea was to have a committee of LPC members (Chairs) formed, who would hold the PSNC to account from 2023 onwards.
 HP stated that this committee of LPC Chairs is still in the process of being formed.

HP stated that that PSNC would be rebranded as *Community Pharmacy England*.

NEW MODEL LPC CONSTITUTION

HP projected a copy of the draft constitution (which had track change suggestions) and asked the members to debate the altering of the following lines/sections –

- Page 1 – name of the committee should be changed to Community Pharmacy KCW
- Page 1 – CEO should be changed to Chief Officer.
- Page 3 – 3.1.3 – collaboration should be changed to cooperation.
- Page 4 – 3.3.2 – The members were happy with the inclusion of the section – *“The Committee shall use its best endeavours to advise any pharmacy contractor who needs help or assistance on NHS matters. The LPC is not however, able to provide legal advice as this must be given by a qualified solicitor or by counsel. In cases where legal advice may be needed on matters relating generally to the LPC’s contractors, rather than relating to an individual contractor, the LPC may at its discretion, assist with funding such legal advice.”*
- P5 – 4.1 – the committee was happy for the LPC to work with the following boards –
 - Northwest London Integrated Care Board
 - Kensington & Chelsea Health & Wellbeing Board
 - Westminster Health & Well Being Board
- P6 – 5.1 - the statement recommending a minimum of 10 members for the committee was changed to – *“The Committee shall determine the number of members of the Committee as 8 members, provided that this properly represents the contractors in the area for which the LPC is formed.”*¹
- P6 – 5.2 – the members agreed to keep the following statement – *“The members shall be pharmacy contractors or representatives of pharmacy contractors and shall be elected or appointed in accordance with the following paragraphs.”*

Action no.	Description	Who to action
6	To send HP a list of the CCA pharmacies in the KCW area.	BS

- P9 – 9.1 - the members agreed to keep the following statement – *“Subject to paragraph 10 and the Rules, members of the Committee shall hold office from 1 April in the year of the election or appointment for a period of 4 years. [Except that the term of office starting on 1 April 2022 shall be postponed until 1 July 2023 and current LPC members shall hold office for a period of 5 years.]”*
- P9 – 9.2 - the members agreed to adapt the following statement to read – *“The maximum period of office from 1 April 2023 for members of the Committee shall be 12 years, generally three terms of four years - To include all and any membership of the Committee after 1 April 2023, and all or any membership of any other LPC after 1 April 2023, but no membership of the Committee or any other LPC before that date. The maximum period of office may be extended by vote of the committee for each committee member that requires an extension.”*
 - YP stated that members should be gradually leaving the committee in a coordinated way to make way for new blood. There should not be a point, after 12 years, where most of the experienced members would leave all at once
- P13 and P14 – the members looked at the following statements – adding 14.6 and 16.2 together – *“Any amendment to the Constitution may be carried in accordance with the transitional provisions in paragraph 16 - Amendments to the Constitution may be made by a two-thirds majority of the Committee,*

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as part of implementing the Pharmacy Representation Review (RSG) recommendations approved by pharmacy contractors in England in 2021, provided that those proposed amendments have been agreed in advance by PSNC, following consultation with LPCs generally."

- o The members wondered why there existed here a statement, which would imply that any LPC would have to seek the permission of the PSNC before making any changes to their constitutions.
- o BS asked why the PSNC had added this statement – and HP suggested that it had been added so that LPCs would not have the opportunity to go rogue and do their own thing with their constitutions.
- o HP stated that this statement had been picked up and discussed at the last PL meeting.
- o The members decided to leave out the sentence – *"provided that those proposed amendments have been agreed in advance by PSNC, following consultation with LPCs generally"* – from 16.2 on page 14.
- HP stated that "RULES" had been added to the constitution to add flexibility.
- P20 – the members looked at the following statement – *"4.1. The Committee shall appoint a Chair who need not be a member of the Committee."*
 - o And the members decided to change the statement to - *4.1. The Committee **can** appoint a Chair who need not be a member of the Committee."*
- P20 – the members looked at the following statement – 4.4. The Committee shall appoint a Chief Officer, who need not be a member of the Committee.
 - o And the members decided to change the statement to - 4.4. The Committee shall appoint a Chief Officer, who will not be a member of the Committee.

4. LPC Self Evaluation

HP stated that BS had kindly looked through the evaluation criteria and had rated this LPC accordingly. HP stated that the ratings were currently denoted by the following colours – Red (severely lacking) , Amber (lacking), Green (satisfactory) and Purple (exemplary).

The members then underwent an exercise, where they looked at work areas rated "amber" and fed back how these areas could be converted to "green".

The following actions were discussed under the following headings:

- Finance Management –
 - o YP stated that the FAC had not refreshed the draft LPC budget forecast for the last 4-year cycle – and this should be done – with a review every year.
- Business and strategic Planning –
 - o YP stated that the LPC must produce a strategic plan – which could be shared with local commissioners and contractors.
 - YP added that the plan should set out how the area could secure 2 new services for KCW contractors – perhaps using the PNA to provide evidence for commissioners.
 - YP stated that a minor ailments service would be a big win for CP in this area.
 - o AP stated that the LPC currently has no plans to engage with GPs – to go green the LPC must meet at least twice a year with LMC colleagues to keep GPs informed and to discuss any interprofessional issues.
 - AP stated that the GP workforce could be engaged with via PCNs and Federations.

HP asked about how LPC meeting minutes should be accessed by contractors.

BS stated that "open" and "closed" minutes could be produced – as is the case with C&I LPC – where the "open" minutes are loaded up to the website for all to access.

The members decided that SB would create "open" and "closed" meeting minutes, and then the open versions of the minutes would be uploaded onto the LPC website.

Action no.	Description	Who to action
7	To create "open" and "closed" versions of LPC minutes going forward.	SB

- o AP stated that wrt. CCGs - the LPC must know the key individuals who would influence commissioning decisions -
 - AP stated that to go “green” the LPC must meet with the key individuals to discuss current and future local services, together with the Meds Opt. agenda, within the last 15 months – AP suggested that the LPC already does this.

HP stated that he is currently building up relationships with the Meds. Management Committee.

- o PC stated that wrt. the commissioning environment for local services – the LPC could improve by speaking to the contractors at AGMs to give them information about the commissioning environment.
 - AP stated that information could be provided on the LPC website.
- o PC stated that wrt. supporting the delivery of local services – the LPC could be more proactive in providing support to contractors to maintain and develop local service income.
- Governance Arrangements –
 - o RP stated that to go green, the LPC would need to produce and adopt written governance, in accordance with the PSNC guidance.
 - o HP asked whether the LPC had a governance subcommittee and whether there was a governance document.
 - YP stated that there was a document – and Rekha Shah (former LPC CEO) would pass it on to HP.

Action no.	Description	Who to action
8	To obtain LPC governance documents from Rekha Shah (former LPC CEO).	HP

- o Declarations of interest –
 - RP state that the renewal of these docs. would push the LPC into the green.
- o AT stated that the Chair’s Report should provide background to the rest of the committee of both the local and national commissioning environment, together with their own work on behalf of the LPC.
 - HP stated that this would be a work in progress.
 - BS stated that this report could be given as part of an agenda item – and could be recorded at each meeting.
- LPC Communications -
 - o SM stated that this LPC does not liaise with non LPC contractors – i.e., contractors belonging to other boroughs.
 - o SM stated that the LPC should know who the local MPs currently are and should have contact with them –
 - YP stated that the MPs are currently changing so much recently – therefore contact is difficult.
 - o HP stated that he had invited all the local MPs to attend the upcoming, local APPG meeting.
 - o BS stated that wrt. informing contractors about commissioning matters – the LPC had not directly informed contractors about commissioning matters within the last four months – and to go green, the LPC would have to routinely inform contractors of commissioning matters, including local commissioning plans, targets, opportunities to work together, with reports of the LPC’s work on behalf of contractors to promote CP to commissioners. BS suggested that key sections should be taken for the PNA and then added to the website.
 - o BS added that wrt. PR training – appropriate LPC officers have not had training to respond to queries, when the Press would ask – therefore it should be agreed which committee members should undergo PR training.
 - YP stated that the NPA do good PR training sessions.

Action no.	Description	Who to action
9	To update LPC self-evaluation details and progress.	HP

HP stated that by this time next year – the LPC should be “green” on everything talked about above.

5. **NHS London Liaison Meeting 2nd November**

HP stated that the DOP delegation would be going ahead – and NEL ICS has agreed to host the NHS DOP team. HP stated that he wasn't sure why this would be happening. HP added that the transition should be seamless.

Immunization Survey

HP stated that he had told the NHS Imms. Team that CP did not have the capacity to carry out this simple survey about which software platform CPs currently use. HP stated that Toy Carson is the integration lea for CP in London.

Independent prescribing

HP stated that becoming an IP would be crucial going forward. HP stated that by 2026, every student emerging from university would be an IP. HP stated that he would spread the message at the AGM that every CP will have to become an IP. AP stated that he had been trying to enroll on the course – but had not been able to find a DMP.

6. **PL update**

HP stated that PL had had a robust discussion at the last meeting wrt. the TAPR agenda and the model constitution. HP added that the PL members are currently considering HP's PL CEO package requests.

7. **NWL London medicines optimization group and SWLG updates**

HP stated that the Minor Ailments service had been discussed at the group meeting. HP stated that he is currently working on getting this scheme for the socially vulnerable (similar to the one currently operating in City and Hackney) rolled out across NW London. HP stated that, as such, he had been communicating with Clare Patel (Head of Meds Management for NW London). HP stated that this scheme would ensure that socially vulnerable patients would not have to pay for products at the end of a CPCS referral. HP stated that funding has been found to set up this service in NW London – and the ICB would be giving the money to the Middlesex Group to manage the service. HP stated that he is currently waiting for Clare Patel to sign off on this money. HP stated that the ICB should ideally now involve NHS E LR in terms of commissioning, as this service would fit under the contractual framework – NHS E already contracted to provide service with CP contractors. HP stated that if NHS E LR were to take up this contracting responsibility, then a provider company would not be needed by the LPCs. HP stated that he had asked Jeremy Wallman about NHS E LR taking up this contracting responsibility (allowing ICBs to commission new services). HP stated that Jeremy had said that this commissioning route does exist and could be used.

HP stated that Pharmoutcomes and SONAR had been approached wrt. providing the IT platform for the service. HP stated that the ICS would pay for the IT platform.

8. **CEO updates**

Flu and PPV vaccination services

HP stated that in Westminster 12,800 vaccines had been administered, and K&C have administered 11,500.

HP added that the London Flu total is 500,000.

HP stated that KCW have administered 1600 PPVs.

HP stated that 4,000 PPVs had been administered in 2021.

Action no.	Description	Who to action
10	To add to the dissemination points the info. that the SCR record can be accessed to check on a patient's PPV vaccine status.	AP

Hypertension service

HP stated that there were currently 71 registered KCW contractors for this service.

Stop Smoking service

HP stated that no referrals are currently coming through for this service.

Workforce Survey

HP stated that only 24 contractors had filled out the survey at this time – and more should be encouraged to do so before the 30 November 2022.

Action no.	Description	Who to action
11	To add to the dissemination points the info. that contractors MUST fill out the workforce survey. HP to provide a link.	AP

COVID 19 Vaccination service

HP stated that CP have administered 200,000 vaccines of the 335,000 total.

HP stated that the target is between 800-900 thousand.

HP stated that 300,000 vaccines may go to waste.

POLIO

HP stated that CP have administered 4,69 vaccines of the 51,000 NWL total.

DMS referrals

HP stated that during the last quarter there had been 90 DMS claims. HP stated that he had been surprised by the high number of claims.

HP stated that this would be mentioned at the AGM.

CPCS

HP stated that the referral rate is currently low – especially compared to other LPCs of a similar size.

HP stated that webinars have recently been hosted with GP surgeries to discuss CPCS engagement – 80 GPs logged on.

HP stated that the main method of referrals at present would be NHS Mail, because it will be difficult to obtain an integrated IT system.

PNA update

HP stated that the final PNAs have been published on the health and wellbeing board websites for the two boroughs.

Action no.	Description	Who to action
12	To add to the dissemination points the info. that contractors should check the info. re. their supplementary hours with that published in the PNA.	AP

9. **FINANCE UPDATE**

YP stated that the accounts should have been sent to contractors to check a week previous to today.

YP added that the accounts are then approved at the AGM by the contractors.

HP stated that he would send the accounts out to contractors a week before the AGM for 2023.

BS suggested that the contractors would not be able to vote to approve the LPC accounts on this evening (at the AGM) because they would not have had access to the accounts prior to this meeting.

BS stated that all CCA pharmacies, nationally, should get sent voting forms in advance of AGMs, in order to vote on the accounts – as this is good governance.

Action no.	Description	Who to action
13	To send LPC accounts, CCA voting forms and annual report to BS to forward to CCA contractors.	HP

Action no.	Description	Who to action
14	To send LPC accounts and annual report to KCW contractors on the next day, after the AGM.	HP

HP highlighted the following points wrt. the accounts –

- “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.

10. **MARKET ENTRY**

There had been no update on this.

11. **AOB**

LPC meeting Backfill costs

AT suggested that the displacement cost amount for LPC members should be re-evaluated.

The members agreed that the new displacement cost amounts should be £160 (half day meeting) and £350 (full day meeting).

Action no.	Description	Who to action
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15	To send LPC members a backfill costs claim form.	HP
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12. **NEXT MEETING**
 Monday 23 January 2023 – Special General Meeting – with virtual LPC meeting beforehand.
 Monday 27 February 2023 - LPC meeting

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
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