

**TIME: 19.30- 21.30**

**LOCATION: Bombay Palace – 50 Connaught Street, London**

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

**1. WELCOME AND DECLARATIONS**

YP welcomed the members to the meeting.  
*BS would be scribe for today.*

**2. MINUTES OF MEETING ON 030423**

**ACCURACY**

HP stated that some edits had already been made by BS.

**ACTIONS & MATTERS ARISING**

**- HP to look into the granular data for BP checks made by KCW pharmacies.**

HP stated that there is currently an online tool called "shape", which LPCs can use which can give detailed information – i.e., who has signed up, who is active and who is providing the ABPM service – as well as the activity levels.

HP stated that this service is the only one that is linked to the "shape" tool.

HP stated that contractors would be able to look at the data using this tool.

Action no.	Description	Who to action
1	Share the link to the "shape" online tool.	HP

**- AM to add to the dissemination points the information that only pharmacists can be responsible for conducting BP checks – until the service specs change.**

HP stated that pharmacy technicians can now conduct the BP check service.

**- HP to find out the details of how contractors could apply for the Flu vaccine underwriting scheme.**

HP stated that there had been an email from NHS E wrt. detailing the application processes.

AT stated that, due to the flu letter being published late last year – then contractors had overordered on certain types of vaccine.

**- AM to add to the dissemination points the reminder for contractors to fully utilise the virtual outcomes service – as the LPC is currently paying for the facility.**

HP stated that when he presented the VO activity data at PL, then KCW contractors were found to be using the resource moderately well.

**- HP to send out an information table to contractors – to explain the changes in GP CPCS referral electronic delivery.**

HP stated that he had sent out this table to contractors, however the effect of these changes is low in this area – as there are not many EMIS surgeries.

HP reminded that the changes are linked to CPs choosing a particular "provider pays" platform – and where CPs are not signed up to Pharmoutcomes, then EMIS surgeries would be sending GP CPCS referrals to CPs via NHS Mail.

The members were happy to sign off these minutes as correct.

### 3. LPC ELECTIONS

HP highlighted the following:

#### **Independent Contractors**

- Received 4 self-nomination forms from AT, AP & SM, as well as Sukhi Basra (a contractor in Victoria & NPA member).
- RP and YP have put in their nominations on this day.
- No other nominations.
- Nomination deadline is 26<sup>th</sup> May 2023.

#### **CCA contracts**

- 30 contracts out of 122 are CCA ( $30/122 \times 8 = 1.96$ ) which rounds off to 2 places.
- CCA have confirmed that they will be appointing 2 places.

#### **AIM contracts**

- There are 5 contractors in 122 ( $5/122 \times 8 = 0.32$ ) so no AIM places available by right.

FNM42	Cotswolds Prescrip	Bencrest Chemist	Westminster	42-44 Warwick Way
FFH75	Chel Pharmacy Ltd	Chel Pharmacy	Westminster	173 Great Portland Street
FA488	Napclan Retail Ltd	Pharmacare	Westminster	414-416 Edgware Road
FTC71	Day Lewis PLC	Day Lewis Pharmacy	Kensington & Che	Lower Ground Floor, 87-135 Brompton Road
FH396	Various Services Ltd	Golborne Pharmacy	Kensington & Che	106 Golborne Road

- 2 or more pharmacies can qualify as an associate member.
- Non CCA or AIM contractors with more than 15 pharmacies could qualify for a place on the committee in the future.

#### **Committee to co-opt members if no further applications for membership received by 26<sup>th</sup> May 2023**

- PC would be standing down as committee member.

The committee members wished to thank PC for all her hard work as an LPC member.

- New Committee will start on 1<sup>st</sup> July 2023.
  - It was suggested that the July LPC meeting be a F2F meeting.

Action no.	Description	Who to action
2	To make the July LPC meeting a F2F meeting.	HP

- Succession planning –
  - YP stated that he was planning to step down as Chair of the LPC – he would just become a regular committee member.
  - AT stated that she would like to step down as Treasurer.

### 4. NHS E UPDATE

#### **Delivery plan for Recovering Access to Primary Care**

HP highlighted the following information from this 50-page document:

- The number of people in England aged 70 or over is up around a third on 2010, from 6.1 million to 8.1 million, and this group has on average five times more GP appointments than young people.
- The Fuller Stocktake stated, "there are real signs of growing discontent with primary care – both from the public who use it and the professionals who work within it."

Central Ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their practice. Patients should no longer be asked to call back another day to book an appointment, and we will invest in general practice to enable this.
- For patients to know on the day they contact their practice how their request will be managed.
  - a. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
  - b. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
  - c. Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

**CP highlights:**

The aim is to empower patients by rolling out tools they can use to manage their own health and invest up to £645 million over two years to expand services offered by community pharmacy.

1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.
  - a) LPCs should work with PSNC to improve the functionality of the NHS App.
2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
4. Launch **Pharmacy First** scheme, so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.

HP stated that PL has been reminding contractors of the situation wrt. the lack of new funding for the OC service. HP added that new funding (outside the Global Sum) has been announced, however further details of the delivery and remuneration for the OC service are still yet to be agreed.

Action no.	Description	Who to action
3	To add to the dissemination points, the info. that contractors should not sign up to the OC service until after the LPC reviews the details of the service.	BS

**GP Highlights:**

- Implement 'Modern General Practice Access' so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. We are re-targeting £240 million – for a practice still on analogue phones this could mean ~£60,000 of support over 2 years.
- Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.
- Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.
- Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.

#### *Build Capacity -*

- Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).
- Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.
- Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.
- Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.

*Cut bureaucracy* to give practice teams more time to focus on their patients' clinical needs.

- Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.
- Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.
- Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – re-target £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.

#### **Expanding CP Services:**

- CPCS: General practice and NHS 111 can refer patients to community pharmacies for advice and treatment and 111 can also refer for urgent medicines supply. Over 2 million referrals have been made through these routes.
- NMS & DMS: Community pharmacies support over 200,000 people a month when they start new medicines and 8,000 patients a month who have had their medicines changed following a visit to hospital, which reduces readmissions.
- BP Checks ~6,000 pharmacies have delivered over 930,000 blood pressure checks in just over a year, allowing those with high blood pressure to be identified and referred for onward management.
- Flu & Covid: Pharmacy is increasing its contribution to our vaccine programmes, including delivering almost 5 million flu vaccinations in 2021/22, and a third of the COVID-19 vaccines in the Omicron surge.
- Pharmacy First –
  - Pharmacy First will launch before the end of 2023, learning from areas that have implemented similar models, subject to a DHSC-led consultation with the Pharmaceutical Services Negotiating Committee.

- This service will enable pharmacists to supply prescription-only medicines including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.
- NHS England will also support research to ensure a consistent approach to antibiotic and antiviral use between general practice and community pharmacy.
- Blood Pressure Checks and OC service –
  - expand with new funding to a further 2.5 million blood pressure checks in community pharmacy to support ongoing monitoring in partnership with GP practices.
  - increase in capacity in community pharmacy in year 1 could prevent over 1,350 cardiovascular events such as heart attacks and strokes. Savings of around £13 million would be seen from the reductions in these events across primary, secondary and social care.
  - From April 2023, community pharmacy started to manage ongoing oral contraception for women. We will expand this service from late 2023, dependent on findings from initial pilots currently underway and consultation. We estimate a quarter of women taking oral contraceptives could be using this service by 2024.

AP stated that if CPs are paid fairly and sensibly for the OC service, then it could be a success for CP.

HP stated that the fee for the OC service would have to be higher than £15 to make it viable, for the amount of time that the service would take to carry out.

AT stated that the learning for the OC service is also involved.

#### **IT System Connectivity:**

- As part of the new funding and to ensure the highest standard of care for patients, we will invest to significantly improve the digital infrastructure between general practice and community pharmacy. NHS England will work with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions. These will streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.
- These IT improvements will improve existing and future services; for example, by allowing GP patient records to be updated following supply of oral contraception or a blood pressure consultation in community pharmacy.

#### **Other CP commitments:**

- Community pharmacy is core to delivering on the Fuller Stocktake vision of integrating primary care, and the proposed changes in this plan, the enabling IT infrastructure and the legislation changes move us a step closer.
- We will continue to support the transformation of services offered by community pharmacy by removing barriers to innovation and improving the IT connectivity with other parts of the NHS, supporting both community pharmacies and DSPs to receive referrals more promptly, manage appointments remotely where appropriate, and more rapidly update patient records.
- But we know there is more to do, and alongside the service expansions outlined in this plan we are supporting a series of further pathfinder sites across England over the coming year to test independent prescribing models.

- We will continue to engage with the sector as these progress, including on the outcomes of the work The King’s Fund and the Nuffield Trust are doing over the summer on the future of community pharmacy vision report – this work would be recognised by the DoHSC.

**ARRS update:**

- Any decision made about the future of the ARRS would apply from 2024/25 onwards, when the current five-year GP contract that introduced PCNs ends and its successor begins, according to the plan.
- The review and evaluation of the ARRS forms part of a wider review of PCNs, which were first introduced in 2019, to take place ahead of the 2024/25 GP contract discussions, it added.
- Hewitt Review - It comes as an independent government-commissioned review of integrated care systems, published last month, found that the [shortage of pharmacists and community pharmacy closures had been exacerbated](#) by the ARRS recruitment of pharmacists into PCNs.

HP stated that he has yet to see any announcements from the DoHSC wrt. the altering of the ARRS.

**5. CPCF UPDATE**

HP highlighted the following points wrt. the NHSE CPCF – Year 4&5 Update – 12<sup>th</sup> May:

- NHSE committed not to introduce any further clinical services.
- Delivery plan for recovering Access to Primary Care – 645m over 2 years.
- CPCS – will now get referrals from Urgent & Emergency Care settings.
- NMS – Expansion to include antidepressants due shortly – this may double the potential for this service – and the cap would have to be raised for the numbers that could be carried out.
- October 23 – Introduce Tier 2 & 3 of NHS Contraception Service.
- April 2023 – Techs can provide BPCS & SCS - NHSE reviewing service specs to enable delivery by non-registered staff under supervision.
- PQS – from 1<sup>st</sup> of June 2023. £45m. Reduced workload for CPs
  - Gateway Criteria – only one - 15 NMS from 1<sup>st</sup> April to 31<sup>st</sup> Dec 2023
  - New Quality Criteria:
    - Anticoagulant audit – same as 2021/22.
    - Palliative care – same as last year.
    - Respiratory – same as last year.
    - Antibiotic Stewardship – same as last 2 years plus safe disposal of unused or expired antibiotics.
- Transitional payment – set at £0 from Feb 2023
- Flat fee from April of £533 to all contractors dispensing 101 items -
  - Subject to change if clinical services grow beyond forecasts and all unallocated funding will then be spent on new services.
- VAT exemption for all services carried out by registered staff.
- Zero VAT on medicines supplied through PGDs – from autumn 2023.
- From April 2023 – Concessionary drugs will be DND.
- Concessionary prices after 23<sup>rd</sup> on month will hold for the next month.

Action no.	Description	Who to action
4	To add to the dissemination points, the info. that concessionary prices after 23 <sup>rd</sup> on month will hold for the next month	BS



- Summer 2023 – CAT A generics - reimbursement will be based on market sales & volumes – HP stated that he didn't know what this actually means.
- Regulatory Changes from 25<sup>th</sup> May 2023:
  - make it easier for pharmacies to change when they deliver core opening hours so that they can incorporate staff rest breaks for up to an hour.

Action no.	Description	Who to action
5	To add to the dissemination points, the info. that regulatory changes from 25 <sup>th</sup> May 2023 will make it easier for pharmacies to change when they deliver core opening hours so that they can incorporate staff rest breaks for up to an hour.	BS

- temporarily enable co-ordinated closures via a 'local hours plan' in areas where patients are experiencing significant difficulty accessing pharmaceutical services.
- require contractors to implement certain minimum business continuity arrangements should the pharmacy be unable to open.

Action no.	Description	Who to action
6	To upload business continuity guidance to the KCW LPC website.	HP

- allow contractors who entered the Pharmaceutical List on a 100 hours exemption to reduce core hours to a minimum of 72 hours so long as all pre-existing hours between 5pm and 9pm Monday to Saturday, total number of Sunday hours and hours between 11am and 4pm on Sundays are maintained.
- Easements:
  - In addition to a reduced PQS, NHSE has confirmed that it will **not** set a national audit, nor require a practice-based audit in 2023 to 2024.
  - During 2023 to 2024, we will consider the **removal** of the requirement for a practice-based audit permanently.
  - Review the need for practice-based leaflets, considering how or whether to modernise this requirement.
  - *DHSC and NHSE will also continue our current work with PSNC on what more can be done to relieve the current pressures contractors are facing –*
    - HP stated that this is an admission of the recognition of the difficulties that CP is currently facing by the DoHSC.

## 6. **ROTA SCHEME – NHS LONDON LIASON MEETING**

HP stated that the main discussion point at this meeting was around the Rota payments, and highlighted the following:



- £350 per hour for all bank and public holidays, except -
  - Christmas Day and Easter Sunday when the rate will be £450 per hour.
  - The shifts will be 4-hours in length.
- The agreement will cover a 2-year period and the rate will be set for the duration.
- Criteria for Selecting Pharmacies for the Pharmacy Rota:
  - Compliant with Terms of Service.
  - Location (locations to be discussed with the selection panel).
  - Providing enhanced/advanced services (in the priority order below) -
    - CPCS.
    - Providing a locally commissioned palliative care service.
      - Several members stated that they currently hold palliative care drugs.
    - Providing a locally commissioned EHC service.
    - Listed as holding palliative care drugs (**As submitted on PQS declaration**).
  - Located close to an urgent care centre or GP Hub.

## 7. **PL UPDATE**

HP stated that there are still three LPCs who currently need to decide on a preferred option for the future of PL (all three LPCs are part of the Middlesex Group).

HP stated that he was currently signed to a 6-month deal to be CEO for PL.

## 8. **NWL ICS UPDATES**

HP highlighted the following:

As a report from the NWL Primary Care Board meetings –

- Very GP centric at the moment.
- Primary Care Baseline assessment paper discussed –
  - hadn't even included mentions of CP.

HP stated that he had raised this matter of this omission at the meeting, and the Chair had been very apologetic – as the paper has now been submitted to the DoHSC/NHS E.

- There are a large number of papers – HP will only report CP relevant info to LPC.
- A lot of work will be needed to get CP priorities onto the agenda.
- HP will be working with the Communications manager to get CP services highlighted to patients.

- NWL Medicines Optimisation – LPC members to feedback on the medicines optimisation list.

HP stated that he is going to raise concerns about branded generics and stock availability.

- NWL Chief Pharmacist appointed – Seema Buckley.
- NWL CPL appointed – Niddhi Patel – and it will be her role to improve the engagement for GP CPCS, Hypertension and the OC service.

## 9. **CEO UPDATES**

HP highlighted the following:

- **CPCS** – up to end of March 2023 –
  - 1548 referrals – 584 were Minor Illness, 874 Urgent Meds, 75 GP CPCS.

AP stated that the level of GP CPCS referrals had dropped dramatically.

AP suspected that the decrease was currently due to a change in staff at the GP surgery.

AT stated that she had received 32 GP CPCS referrals in 2 weeks from Kings College Health Centre – and all the patients currently live in East London.

AT stated that she had only had three referrals from the local GPs.

YP stated that he currently receives 2-3 referrals a week from local GPs.

HP stated that GPs should be accessing a patient's SCR – and from that information, they should be sending the patient to their nominated CP. HP stated that GPs should not be directing prescriptions or services.

Action no.	Description	Who to action
8	To add to the dissemination points the advice for prepared contractors to visit their local surgeries with information on how to encourage them to better engage with the GP CPCS.	BS

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HP reminded that the Pharmacy First scheme is an additional scheme to the CPCS.

- **PPV** – PGD expires Oct 2024.
- **FLU & PPV** –
  - HP stated that the hold up wrt. the Flu letter being published is currently ministers trying to decide on the 50–64-year-old cohort (biggest cohort).
    - Seqirus will find it difficult to turn around the vaccines for this cohort in a timely manner – delivery will probably be Nov 2023 for CP.
    - *HP stated that a Flu webinar would now be hosted on 27<sup>th</sup> June 2023.*
- **Hypertension Service** – ICS have appointed *Boston Consulting* to promote uptake of Hypertension Service in-pharmacy & outreach.
  - HP stated that applying to do outreach work is onerous.
- **Smoking Cessation**- HP has set up a Task & Finish group with Chel. West hospital to help them to start referring to CPs.
  - The hospital is going to invest in Pharmoutcomes as the IT solution.
  - HP stated that the LPC would need to do some micro management of contractors wrt. this service, however, the LPC does not get funded for such work.
  - HP and AP agreed to use AP as a test site for this engagement work.
- **Covid 19** – HP stated that there are fewer sites for spring booster. More sites expected for Autumn booster.
 

HP stated that he is working with Imms. team to identify areas of need and target EOIs. HP had fed back that the last EOI process had been a shambles – with lots of contractors wasting their time making applications, when the commissioners knew that most applications would not be granted.

  - Wrt. The oral antiviral service – there has been a strong request for there to be a top up fee (£15?) added to the single activity fee of £2.50.
  - This may become a national service.
- **DMS referrals** – nothing new to report.
- **IP Pathfinder Sites** – nothing new to report.

## 10. **FINANCE UPDATE**

HP highlighted the following points:

- Not renewing Zoom subscription – the LPC would use MS Teams.
- There is now an increased charge for Bombay Palace of £45 per head.

- HP is currently working with AT on the “end of year” accounts –
  - The accounts will become paperless.

**11. MARKET ENTRY**

HP highlighted the following –

- Closure - Lloyds Pharmacy Ltd, Sainsburys Store, 2 Canal Way, Ladbroke Grove, W10 5AA, Closing on 9th June 2023.
- Relocation - Earls Court Pharmacy, 240 Earls Court Road London SW5 9AA to 206 Earls Court Road, London, SW5 9QB
  - o Relocation - No Significant Change - Granted

**12. AOB**

PC wished to thank everyone for their support.

**13. FUTURE MEETING DATES**

3 <sup>rd</sup>	July	F2F – to be confirmed in June 2023.
4 <sup>th</sup>	September	Virtual
16 <sup>th</sup>	October	Virtual
27 <sup>th</sup>	November	AGM F2F

***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
CPL -	Community Pharmacy Lead
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
OC -	Oral Contraception
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
SCR -	Summary Care Record
SCS -	Smoking Cessation Adv, service.
SGM	Special General Meeting.
STP –	Sustainability transformation plan
TAPR -	Transforming Pharmacy Representation