

**Kensington, Chelsea and Westminster LPC**

**20.00- 21.30**

**Zoom**

<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>8 of 8</b>
<b>Anar Tejani</b>	<b>AT</b>	✓	<b>7 of 8</b>
<b>Priti Chohan</b>	<b>PC</b>	✓	<b>5 of 8</b>
<b>Shiraz Mohamed</b>	<b>SM</b>	✓	<b>7 of 8</b>
<b>Beneeta Shah</b>	<b>BS</b>	✓	<b>7 of 8</b>
<b>Amish Patel</b>	<b>AP</b>	✓	<b>7 of 8</b>
<b>Ronak Patel</b>	<b>RP</b>	✓	<b>8 of 8</b>
<b>Anisa Mulla</b>	<b>AM</b>	✓	<b>7 of 8</b>
<b>In Attendance</b>			
<b>Hitesh Patel (CEO)</b>	<b>HP</b>	✓	
<b>Stuart Brown (Minutes)</b>	<b>SB</b>	✓	

**1. WELCOME AND DECLARATIONS - DOIs**

YP welcomed the members to the meeting.

*AT would be scribe for today.*

**2. MINUTES OF MEETING ON 141122  
**ACCURACY****

There were no issues.

All members approved the edits made by BS.

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

**- CPCS and DMS.**

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

**- HP To set up a meeting with Middlesex Group with a view to discussing the TAPR agenda and possible routes of merging.**

HP stated that he had emailed Hiten Patel (Chair of Middlesex Group) and Michael Levitan (CEO of Middlesex Group) in order to set up a meeting wrt. this agenda. HP added that a date had been offered, but Michael and Hiten had left their response so late (a month) – that HP had organized another event for the proposed date.

HP stated that he had offered some more dates for the Middlesex Group Reps. to attend. YP stated that he would join this meeting if possible.

**- Meeting structure**

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

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HP stated that for today's meeting – separate sections for the minutes would not need to be created.

**- HP to obtain LPC governance documents from Rekha Shah (former LPC CEO)**

HP stated that he had asked Rekha for these documents, and she had stated that she had no such documents for HP to access – therefore Hp would be starting these Governance documents from scratch.

HP stated that at the next F2F meeting, he would ask the members to sign paper copies of governance documents.

**Transforming Pharmacy Representation (TAPR) Programme LPC Constitution – to approve a draft for the SGM**

HP stated that at the end of Nov 22 – the PSNC had sent out a new model LPC constitution for the LPCs to consider.

HP felt that amendments such as changing the words integrated Care Boards to ICBs would not be necessary.

HP stated that the original model constitution had featured the word collaborate, as in the following examples:

*3.4.3. The Committee shall have a duty to consider **collaborating** with other Committees, where this may benefit pharmacy contractors.*

*3.4.4. The Committee shall **collaborate**, as appropriate, with Community Pharmacy England on all matters relating to the provision of pharmaceutical services and local pharmaceutical services.*

*3.4.5. The Committee shall aim to **collaborate** with other pharmaceutical bodies and other non-pharmaceutical bodies to the benefit of pharmacy contractors.*

HP added that this committee had agreed to change **collaborate** to **co-operate** – and he asked the members whether they would want to stand by this change. The members agreed to change these instances back to the word *collaborate*.

The members agreed that the section –

*5.7. Pharmacy contractors other than multiples that appoint members under 5.5 above, the CCA and AIMp contractors appointing members, shall be entitled to elect members to the Committee in accordance with the Rules. A person shall not be eligible for election if a board member, director, officer or spokesperson for the Association of Independent Multiples.*

Should be changed to –

*5.7. Pharmacy contractors other than multiples that appoint members under 5.5 above, the CCA and AIMp contractors appointing members, shall be entitled to elect members to the Committee in accordance with the Rules.*

The members agreed that the section –

*9.1. 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 April 2023, or to the date of the Committee starting in 2023, and current LPC members shall hold office for a period of 5 years or more.] [Except that the term of office starting in 2023 shall end on 1 April 2027]*

*9.2 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 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.]*

Should be changed to –

*9.1. 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 April 2023, or to the date of the Committee starting in 2023, and current LPC members shall hold office for a period of 5 years or more.] [Except that the term of office starting in 2023 shall end on 31 March 2027.]*

*9.2 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 membership of the Committee after 1 April 2023, but no membership of the Committee before that date.] The maximum period of office may be extended by vote of the committee for each committee member that requires an extension.*

The members agreed that the section –

*16.2. Amendments to the Constitution may be made by a two-thirds majority of the Committee, as part of implementing the Pharmacy Representation Review (RSG) recommendations approved by pharmacy contractors in England in 2022, provided that those proposed amendments have been agreed in advance by Community Pharmacy England, following consultation with LPCs generally.*

Should perhaps be left in, in its currently form in the document.

This is because the original interpretation of the clause made by the committee, which had caused them alarm, was now deemed to be inaccurate, and BS reinforced this idea by posting in the chat function of the meeting the following message by James Woods of PSNC-

*"Section 14 (Amendment of Constitution, Rules and Approved Governance), sets out how the constitution can be amended in future by LPCs – this does not need agreement of PSNC/CPE (as is the situation at the moment), recognising the LPCs are unincorporated associations in their own right. PSNC simply need to be notified. This is no change to the current model. Section 16 and subsequent clauses (especially 16.2) has been introduced as an update, to deal with transitional arrangements re RSG implementation only. It is designed to make it easier for LPCs to update the constitution only if it relates to RSG implementation, as it will only require the committee to agree, not the requirement to hold a special meeting / contractor vote. Therefore, in relation to this narrow area, it mentions agreement of CPE following consultation with LPCs generally... and can only relate to recommendations approved by pharmacy contractors in England in 2022. This does not apply to amends to the constitution more generally."*

YP questioned that the clause 16.2 in the model constitution does not really bear much resemblance to the explanation posted above from James Woods.

HP stated that if clause 16 were to be reinstated – then it would be logical for clause 14 to be reintroduced as it was originally written. The members agreed with this.

The members agreed that the section –

*3.5.2. Candidates for election shall be nominated in a form acceptable to the Returning Officer to include details of the candidate's community pharmacy experience and skills. Candidates for election may not be members of the AIMp, or and any membership of AIMp not recognised by the Constitution. Candidates for election may not have a beneficial ownership in any pharmacy multiple that has exercised its right to appoint members to the Committee under paragraph 6.3 of the Constitution.*

*3.5.3. Nomination forms shall be supported by two different electors (who shall not be the candidate, or electors in which the candidate has a business interest, or if the candidate is an AIMp member not recognised by the Constitution, other AIMp members not recognised by the Constitution).*

Should be changed to –

*3.5.2. Candidates for election shall be nominated in a form acceptable to the Returning Officer to include details of the candidate's community pharmacy experience and skills. Candidates for election may not be members of the AIMp, or have a beneficial ownership in any pharmacy multiple that has exercised its right to appoint members to the Committee under paragraph 6.3 of the Constitution.*

*3.5.3. Nomination forms shall be supported by two different electors (who shall not be the candidate, or electors in which the candidate has a business interest).*

The members were also happy for HP to update the document to change grammatical errors highlighted by the PSNC.

HP then brought the member's attention to copy of another LPC's draft constitution – which they had amended in the following ways –

The following clauses had been removed:

*5.10. The regional representative of Community Pharmacy England, in whose region the Committee is located, shall be entitled to attend and speak at any meeting of the Committee, but may not vote unless a member of the Committee. The regional representative of Community Pharmacy England, in whose region the Committee is located, shall also be entitled to attend and speak at any meeting of pharmacy contractors called by the Committee, but may not vote unless a pharmacy contractor in the area for which the Committee is formed.*

*5.11. The Committee may invite observers to attend meetings of the Committee.*

*5.12 Observers may be allowed to speak at meetings of the Committee but shall not have a right to vote.*

YP stated that all of the above clauses should be kept in the KCW model constitution – as they were not contentious.  
 The other members agreed with this.

HP stated that the following clause had been added to this other LPC’s model constitution –

*12.5 Within 2 months of each financial year end, the Committee shall prepare and send to Community Pharmacy England an annual Appraisal Report setting out the Committee’s views on the activities and performance of Community Pharmacy England and such report will include recommendations and action points to address any areas of concern as determined by the Committee.*

HP stated that this clause would serve to evaluate the work being done by PSNC.  
 The members agreed not to adopt a similar clause for KCW’s constitution.

BS wondered how a simplified message could be sent to contractors wrt. the further changes, which had been made by the PSNC re. the LPC model constitution.

HP stated that the main changes from the PSNC model constitution remain to be –

- The fact that the committee size will be smaller than the proposed number of 10 or more.
- The fact that the committee members could be allowed to serve for **more** than twelve years, following approval, by vote, from the existing committee.

Action no.	Description	Who to action
3	To send out amended LPC model constitution to contractors.	HP
4	To inform contractors of the two main changes to the PSNC model LPC constitution – and to explain why the changes had been made.	HP

**4. SGM – Monday 30 Jan 2023**

HP stated that he had sent out invites for this event, and he asked committee members to be there.

**5. NHS London Liaison Meeting 7<sup>th</sup> December 2022**

HP highlighted the following points:

- CPCS had been talked about extensively at this meeting – with a view to increasing the numbers.
- The DOP contract has been delegated to NE London ICB – although the NHS E LR team will stay the same.
  - o NEL ICB should not get any special privileges.
- CP integration leads are currently being appointed – and the post for NW London would be being advertised soon.
  - o This will be a key post in ensuring that CP would have a voice in the ICS.
- More PCN support has been asked for – as the PQS funding for these roles has now disappeared.
  - o HP was unsure how long the PCN leads would want to continue for, if they were not to be reimbursed for their work.
  - o SM stated that he is currently funding his pharmacist, who is a PCN lead.
- The service activity data is now being shared with the LPC by Tony Carson – unfortunately the data is confidential, therefore it cannot be shared with contractors.

**6. Pharmacy London**

HP stated that there is currently nothing to update – as there has not been a meeting since November 2022.

YP asked about the state of the appointment of a new PL CEO.

HP stated that he has been waiting for an offer to come back from the current PL executive.

HP stated that he is also waiting for the sale of his pharmacy to go through before committing to any PL work.

**7. NWL Medicines Optimisation Group & SWLG updates**

HP stated that he, Michael Levitan and Clare Patel had had a few meetings, however the funding has currently been shelved for this service.

HP stated that Clare is keen to commission a minor ailments scheme for the socially vulnerable, and the case for getting this service rolled out will now be made by the integration leads.

HP stated that over the last two meetings, he had stressed the need for 7-day prescriptions for MDS', rather than a 28-day script.

HP stated that even the acute trusts are struggling with workforce and resource issues in doing MDS'.

HP stated that GPs will be informed of the 7-day prescribing protocol if it would become an official ICS policy.

**Virtual wards**

HP stated that this initiative has started – and it currently sees doctors and nurses coming to see certain patients at home, after a discharge from hospital, to help administer simple treatments – to free up hospital beds.

Action no.	Description	Who to action
5	To share virtual ward SOP with LPC members.	HP

**8. CEO updates**

HP stated that there were no updates to give.

**9. MARKET ENTRY**

Action no.	Description	Who to action
6	To share market entry log with LPC members.	HP

**10. AOB**

**Transitional payment**

YP reminded that the DoHSC has reduced the transitional payments to zero from Feb 2023, without any negotiation with PSNC.

**11. NEXT MEETING**

Monday 27 February 2023 - LPC meeting 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
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