

**Kensington, Chelsea and Westminster LPC****19.30- 21.45****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>Present</b>	<b>9 of 9</b>
<b>Anar Tejani</b>	<b>AT</b>	<b>Present</b>	<b>8 of 9</b>
<b>Priti Chohan</b>	<b>PC</b>	<b>Present</b>	<b>6 of 9</b>
<b>Shiraz Mohamed</b>	<b>SM</b>	<b>Present</b>	<b>8 of 9</b>
<b>Beneeta Shah</b>	<b>BS</b>	<b>Aa</b>	<b>7 of 9</b>
<b>Amish Patel</b>	<b>AP</b>	<b>Present</b>	<b>8 of 9</b>
<b>Ronak Patel</b>	<b>RP</b>	<b>Present</b>	<b>9 of 9</b>
<b>Anisa Mulla</b>	<b>AM</b>	<b>Present</b>	<b>8 of 9</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 - DOIs**

YP welcomed the members to the meeting.

*AT would be scribe for today.*

**2. MINUTES OF MEETING ON 230123  
ACCURACY**

There were no issues. The minutes were signed off as an accurate record.

**ACTION POINTS AND MATTERS ARISING****- PREVIOUS ACTION POINTS:****- HP To produce a DMS flowchart for contractors which would chart the DMS referral pathway to CP.**

HP stated that to avoid the duplication of work – then he would direct contractors to the PSNC DMS resources, as they are very good.

**- HP and SB To create “open” and “closed” versions of LPC minutes going forward.**

HP stated that SB would put any sensitive information into a “CLOSED” version of the minutes when instructed.

**3. TRANSFORMING PHARMACY REPRESENTATION (TAPR) PROGRAMME**

PSNC TAPR progress

HP stated that PSNC has commissioned Nuffield Trust and The King’s Fund to develop a vision for community pharmacy which will set out strategic options for the sector going forwards. This will be an extensive and collaborative piece of work and it will be used by PSNC to develop a new strategy for community pharmacy as well as support PSNC’s wider work and negotiations.

HP asked the members whether they had had any communication from any of these two think tanks involved in the TAPR process.

Members stated that that they had had no engagement from these think tanks.

YP stated that he felt that there was currently no contractor knowledge about this.

Action no.	Description	Who to action
1	To talk to James Wood (PSNC) about contractor engagement from Think Tanks wrt. TAPR agenda.	HP

HP stated that the report that these Think Tanks would be producing would be listened to by the DoHSC, because it would be neutral and impartial.

HP stated that the report deadline is currently April 2023 – and this would be an unachievable target – as the report has not even begun.

HP stated that the PSNC's TAPR work is already a month behind schedule.

HP stated that the LPC is on target with its TAPR work.

### **LPC Elections**

HP stated that, due to the change in constitution – the current members would be in post until the 30 June 2023.

The members were happy with HP being the returning officer for the elections.

HP stated that the contractors on his contact list, as of the 31 Jan 2023 – would be the ones he would contact to vote for LPC members.

HP gave the following timelines:

- HP to write to contractors by 20 Mar 2023.
- Receive nominations by 14 Apr 2023.

HP stated that an election would take place – if there would be more nominations than committee places.

- If election – voting emails to be sent out by 24 Apr 2023.
- The deadline for votes cast would be 12 May 2023.
- New committee announced by 17 May 2023.

HP stated that the LPC could co-opt to fill any empty vacancies.

- Chair, V.Chair and Treasurer would be voted in in July 2023.

HP reminded that PC would be stepping down in June 2023.

## **4. NHS LONDON LIASON MEETING**

HP reminded that the NHS DOP team would be moving to NE London ICS. The team would be working on behalf of all five ICBs.

### **Pharmacy Advisor Function**

HP stated that this would remain with the NHS.

### **GP CPCS**

HP stated that NHS had held a meeting to talk about the progress of this service.

HP stated that reps. For NW London ICS had not turned up to this meeting, and reps. for the Middlesex Group had not turned up. HP stated that he *had* turned up to this important meeting.

HP stated that each ICS has a CP integration lead (except for NW London) – and they had also attended this meeting to promote the CP services.

HP stated that every other London area currently has GP system connectivity for GP CPCS – straight into Pharmoutcomes.

HP stated that NW London had missed the boat on this prospect – the transformation funding had not been asked for in this area one and a half years ago.

YP asked whether Michael Levitan would have known about this funding.

HP stated that former CEO Rekha Shah and Michael Levitan should have worked together to secure this transformation funding.

HP stated that system connectivity has improved engagement with this service in the rest of London.

### **IP Pathfinder sites**

HP stated that the ambition is, that every area would have 10-20 sites, with IPs working there, who would be prescribing and managing patients within the pharmacy.

HP stated that this will involve a great deal of work – I.T. infrastructure will have to be put in place which will talk to GP systems, and hardware will have to be bought in to produce ETPs in the pharmacy.

HP stated that he hopes that NW London ICS has put in the EOI for the funding for this.

HP stated that there are currently 18 IPs in the KCW area – lots are involved in private prescribing.

HP stated that a provider company would be needed to manage the operation of these IPs – the ICB would have money, but not the capacity to manage.

## **5. PHARMACY LONDON UPDATE**

### **Staffing**

HP stated that he would be taking over as PL CEO, from 1 March 2023.

HP stated that PL had met on the 22 Feb 2023, and YP had joined in the morning.

HP stated that the meeting venue had been very successful – it had very good virtual meeting facilities.

HP stated that the PL Chair and Vice Chair would be stepping down in July 2023.

HP stated that PL have decided to meet F2F in 2023 – with the facility for stakeholders to attend virtually.

### **London wide Flu Webinar**

HP stated that he would be organizing this event with Seqirus sponsoring the event (and providing a speaker).

HP stated that he was originally waiting for the Flu letter to be released by DoHSC, before setting a date for this event, however because the letter has not been published as yet – then he would be organizing the webinar ASAP.

### **Central Procurement for vaccines**

HP stated that he had tabled this agenda item at the PL meeting, and he had wanted to talk about it because of its success in Scotland.

HP stated that the PL members had discussed this topic and had raised many disadvantages of putting it into place – i.e., unintended consequences.

### **HEE update**

HP stated that HEE are keen to work with PL wrt. planning and rolling out new training initiatives.

HP stated that he had asked about CP urgent care training opportunities.

### **AIMp update**

HP stated that almost a 1/3 of CPs are now independent multiples.

### **Pharmacy London Future**

HP spoke to the following slides to highlight the options for the organization moving forward:

## What's PL's value



A shared understanding of our unique landscape



Celebrating our combined successes



What are we proud of in the room, how much of that was done together.



How do we strengthen relationships and what needs to be done to get there.

HP stated that the Flu Vaccination service had been created and championed by PL – this service then went national.

HP added that DMIRS and NUMSAS were developed by PL – which has since morphed into the CPCS.

HP stated that the Hypertension case finding service had been developed by PL – from an idea brought by Leyla Hannbeck.

HP stated that PL had nurtured the collective vision of reps. from all the London LPCs, which had made these services possible.

HP added that the strength of PL is the ability to bring leaders together to share ideas.

## What are PL's Limitations



Lost momentum



Pressure of spending contractor's levies



Lost regional stakeholder engagement



Too many chiefs? Is the message is getting lost in guff

HP stated that he felt that a lot of time had been lost discussing the PL Governance framework in 2021/22.

## Going back in time ...2019

### What this means....

....we cant afford to sit back and hold on

....new structures are forming and we need to interact in different ways

....MMC will move to STP footprints meaning potentially 80 percent of CCG contacts will vanish by April 2021

....new stakeholders will want to know about more than savings need to talk population health outcomes

### We need to engage differently!

HP stated that all the points on the slide above are still relevant today in 2023.

HP then proposed *three* options for the future of PL:

#### Option ONE

Stay the same

Same organisational structure

Paid CEO

2 monthly stakeholder meeting

#### Option Two – Pharmacy London Forum

- Disband the organisation
- Remove CEO position
- Operate as a “ Pharmacy London Forum” with no central costs
- CEOs & Chairs meet in person every 2 months
- Invite regional stakeholders
- Meeting costs are shared. Each LPC pays for Chairs displacement
- Costs for individual pieces of work shared
- CEOs take turns for ‘secretariat duties’
- NEL

HP stated that he had had a conversation with Shilpa Shah (NEL LPC CEO) – and she had said that she would not want her contractors to have to pay PL levies.

HP added that Shilpa had then stated that she would be happy to recommend that NEL LPC join Pharmacy London (in this option 2 form) i.e., no PL levies.

### Option Three – Provider Company

Create a provider company – Community Pharmacy London Ltd  
Runs together with Pharmacy London 'forum'  
Joint CEO for both

CIC status – preferable to commissioners. Contractors will have more faith in it. Not for profit. Profits used for training and development.

£10k max in start up costs - £5k for legal ( Penningtons?)  
PL Self sustaining within 3 years. No LPC levy to PL in 3 yrs

CIC Board made up of Reps from each LPC. Could be CEO or Chair

HP stated that option 3 would be *his* preferred option – because PL would effectively stay as it is – but a Provider Companies business would pay to run it – instead of contractor levies.

HP stated that many years ago, the PSNC had recommended that Provider Companies be companies by guarantee (which had been done in City and Hackney).

HP added that commissioners, however, preferred to work with CIC (not for profit) Provider Companies.

RP stated that KCW LPC had previously discussed setting up a Provider Company.

HP stated that he believed that the services should be secured by a Provider Company *before* employing lots of staff to manage the services.

HP stated that he would be managing the Provider Company from its beginning.

HP believed that the company would be self-sustaining within three years – and then the profits from the company would help pay for the PL forum costs.

HP believed that it would be worth spending the £10K to set up this Provider Company.

HP suggested that the board of the Provider Co. could be made up of directors – one from each LPC.

HP stated that he thought that a Provider Co. would be important, because of the development of the IP pathfinder sites.

HP stated that the Opticians had set up a Provider Company 12 years ago called LOCSU.

HP stated that Greater Manchester LPC have set up the following CIC Provider Company:

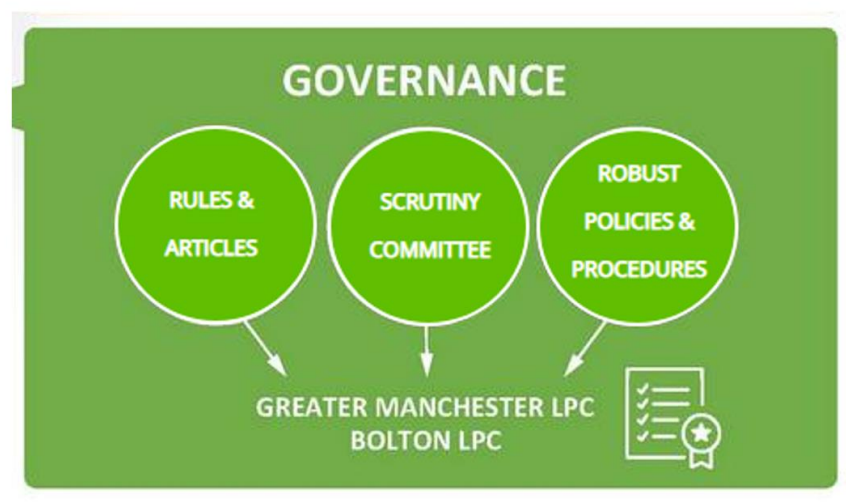
## Provider company: CHL

- CHL (CPGM Healthcare Ltd) is a provider company set up with the support of Greater Manchester's LPCs to hold and administer contracts for healthcare services that benefit patients and pharmacy contractors. It is a vehicle that enables commissioners to contract with a single organisation for innovative services and that also enables individual pharmacy contractors to compete for contracts on a level playing field with any other qualified provider.
- CHL is independent from Greater Manchester and Bolton LPCs. It has its own board and accounts.
- For more information, [visit the CHL website](http://www.cpgmhealthcare.co.uk).

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HP stated that PL has approx. £60-100,000 worth of reserves – therefore the set-up cost for a Provider Company would be taken from these reserves.

HP asked the members at this meeting to express their preferences wrt. what option PL should pursue: -

AP asked whether the current PL reserves would be used to pay for the PL CEO's salary in the short term, as the Provider Company would be set up. HP answered "Yes" to this question.

HP stated that each LPC would be negotiating and securing the services from their local ICBs – the PL Provider Co. would only be involved in managing the services.

HP stated that NEL LPC would also be invited to use the PL Provider company to manage their services.

AM asked why we wouldn't consider Option 2 as it it would support Option 3 in the future

***The members voted unanimously in favour of accepting  
OPTION 3 for the future of PL.***

**6. NWL ICS**

**NWL Medicines Optimisation Group& SWLG updates**

HP stated that he is still pushing for the 7-day script agenda, for providing the MDS service – no CP should be doing this service using 28-day scripts.

HP stated that a London wide policy is currently being developed.

**CPs ordering repeat prescriptions for patients**

AP stated that some local GPs are saying that some local CPs cannot request repeat prescriptions for patients – whereas others can.

Action no.	Description	Who to action
2	To find out what the policy is in KCW area wrt. GPs selectively allowing CPs to request repeat prescriptions for patients.	HP

**ICS - Clinical Pharmacist Lead recruitment**

HP stated that this post has now gone out to advert.

**ICS - Chief Pharmacist recruitment**

HP stated that he had sat on the interview panel to recruit this position.

**ICS - other updates**

HP stated that he had been invited to sit on the Primary Care Board.

HP stated that medical directors from every borough sit on this board.

**7. FINANCE UPDATE**

**New PSNC Levy**

HP stated that the levy has increased by 21% from £8500 to £10,300.

HP stated that the LPC has £120,000 in reserves – so the increase can be absorbed without increasing LPC levies.

HP stated that the increase in levy funds will mainly see the negotiation skills of the PSNC improve.

**SB wage increase request.**

HP stated that this wage increase request of £14 per hour had been accepted by the committee.

**8. MARKET ENTRY**

HP stated that BLISS pharmacy had applied for a new contract in Gloucester Road.

**9. AOB**

**LPC Lunch**

YP proposed that an LPC lunch be organized for some time in March 2023.

YP stated that Rekha Shah and partner would be invited.

**10. FUTURE MEETING DATES**

- 27<sup>th</sup> March - Virtual
- 22<sup>nd</sup> May - F2F -
- 3<sup>rd</sup> July - Virtual
- 4<sup>th</sup> September - F2F
- 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
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