

LPC Meeting 3rd July TIME: 19.30- 22.00

LOCATION: Bombay Palace – 50 Connaught Street, London

ATTENDANCE TABLE			
Member Name	Initials	Attendance A= Absent, Aa= Apologies sent.	Attendance this financial year
Yogin Patel	YP	Present	3 of 3
Anar Tejani	AT	Present	3 of 3
Sukhvir Basra	SBa	Present	1 of 1
Shiraz Mohamed	SM	Present	3 of 3
Beneeta Shah	BS	Present Virtual	3 of 3
Amish Patel	AP	Present	3 of 3
Ronak Patel	RP	Present	2 of 3
Aashni Malde	AM	Aa	0 of 1
In Attendance			
Hitesh Patel (CEO)	HP	Present	
Stuart Brown (Minutes)	SB	Present	
Nidhi Patel	NP	Present	Until 20.00

1. WELCOME AND DECLARATIONS

HP welcomed the members to the meeting and the members introduced themselves.

RP would be scribe for today.

2. PRESENTATION FROM NEW NWL CPL (COMMUNITY PHARMACY LEAD), NIDHI PATEL

NP highlighted the following points:

- She has been in post for 4 weeks at this point.
- The role is nationally funded.
- The role's objective is to better integrate CP into Primary Care.
- The focus is delivering on -
 - the GP CPCS.
 - Hypertension service
 - Discharge Meds Service.
 - the smoking cessation service.
- Funding is now in place to recruit a support role for NP's position.
 - This will concentrate on the DMS and the smoking cessation service.
- This role will cover the whole of NW London.

GP CPCS

NP highlighted the following:

- She will be concentrating on removing the barriers wrt. the IT interfaces for GP CPCS.
 - There are a mix of EMIS and system one GP practices in this area.
 - EMIS GPs can use Pharmoutcomes, as it integrates well.
- EMIS has something called PharmRefer – which can help further integrate GPs and CPs.
 - NP is currently putting together a business case for the ICS to fund the use of PharmRefer.
 - This process would take 8-10 weeks.
- NP stated that she had been visiting CPs and GPs to find out who had been performing well wrt. this service, with a view to sharing best practice.
- NP will be working with the LPCs, PCNs and clinical directors to improve engagement.

HP stated that the ICB needs to be working on an integrated IT solution, as GPs currently hate having to log in and log out of various IT systems.

HP stated that PharmRefer would be such a system that GPs would have to log into.

HP suggested that there should be a bid for there to be a piece of software that links Pharmoutcomes directly to System One.
 HP suggested that Pharmoutcomes should be provided to CPs free of charge.
 HP recommended that NP not waste time on PharmRefer, as GPs would not take it up.
 NP stated that she had spoken to Kevin Noble (Pinnacle Health) – and he had said that they are working on integrating Pharmoutcomes with System One.

HP asked NP to bear the BARS (Booking and referral standard) in mind.

SBa wondered whether PCN pharmacists within GP surgeries could implement consistent re-training for GP staff re. GP CPCS.

IP Pathfinder

NP stated that the local ICB had submitted a bid for the Hypertension service.
 NP stated that the bid would fund three half day CPs for IP services to initiate hypertension medication – and this would be piloted in 5 pharmacies.
 NP stated that she would hope to attend the next meeting with more data on the services she was currently supporting.

HP stated that NHS BSA data he currently receives re. the services is incomplete, because it only records “completed” referrals – i.e., there is not data wrt. the number of referrals coming into CPs, the number rejected, and the number incomplete.

HP added that this data is also not live – it comes three months after the fact.
 NP stated that the referral data (for GPs referring using NHS Mail) also cannot be seen.

SBa suggested that one of the biggest barriers was currently GP reception staff not knowing how to refer, and there is also a drop in referral rates when new GP reception staff start at practices.

HP stated that Virtual Outcomes currently has a very good GP CPCS referral training module, which can be shared with GPs.

Action no.	Description	Who to action
1	To Share the link to GP CPCS training module with NP.	HP

AP stated that he had recently discovered that lots of the consultations are being put through the E-Consult route – which means that GPs are providing this service “in house” instead of referring patients to CPs.

AP stated that he used to have 5 referrals per week, and lately he has only had 2 in three weeks.

YP asked how NP would be trying to improve the DMS referral rates.
 NP stated that her support staff member would be focusing on this service.
 HP stated that there is currently a great deal of DMS activity – however the data is only available to the LPC at the ICS level, and not at borough level.
 SBa stated that different trusts provide different levels of service.
 HP stated that he is currently on the London working group for the DMS.

HP stated that NE London have access to an electronic tool called ELPR (electronic patient record) – and this provides much more information than the SCR – and discharge summaries can be viewed on it.
 HP stated that he is currently trying to get the ELPR rolled out to the NW London area.

Hypertension service

HP told NP that there is a low uptake of the ABPM part of this service in KCW.
 YP stated that a training webinar would be useful for this service.
 HP suggested to NP that a training webinar could be hosted across NW London.

NP stated that there is one CP who is engaging well with this service – who has 3 ABPM monitors – and they have insured their monitors cheaply with NPA insurance.

Action no.	Description	Who to action
2	To add to the dissemination points the info. that contractors can insure their ABPMs cheaply with the NPA.	RP

National contraception service

HP asked NP whether this service was currently under her remit.
 NP stated that she would be working with this service later in the year.
 HP stated that he is currently looking at teenage pregnancy data in KCW – to check whether patients have access to the right services.

NP then left the meeting.

3. LPC ELECTION OF OFFICERS

Chair

YP nominated AP, and SM seconded.
 There were no other nominations, therefore AP was elected as Chair.

V. Chair

YP nominated BS, and RP seconded.
 There were no other nominations, therefore AP was elected as V.Chair.

Treasurer

YP nominated AT, and RP seconded.
 There were no other nominations, therefore AP was elected as Treasurer.

FAC

FAC still consists of AT, SM and RP.

YP stated that a Governance committee has never officially been formed – and when governance issues have arisen in the past, then the Chair, Vice Chair, and one other member have formed a temp. Governance sub-committee.

YP stated that he would stay on as an LPC member – and he stated that he has always been proud of the fact that this LPC is a forward thinking one. AP accepted the Chair’s role and thanked YP for his long service (22 years) as LPC Chair. AP thanked YP for his guidance, commitment, expertise and willingness to always help contractors throughout his tenure as Chair. AP stated that a dinner should be organised to celebrate YP’s achievements over 22 years.

**4. MINUTES OF MEETING ON 030423
ACCURACY**

HP stated that there were no corrections.

ACTIONS & MATTERS ARISING

- 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.

HP stated that the LPC cannot stop contractors from signing up to this service – and some contractors in KCW have already signed up.

HP stated that CPE is not actively promoting this service, however NHS E are very keen to start the service.

YP and SBa stated that contractors must be careful to start a new service such as this – when the details have not been fully negotiated by CPE.

Action no.	Description	Who to action
3	To add to the dissemination points the info. that contractors should exercise caution when signing up to the new OC service – as the details have not been fully negotiated as yet.	RP

CPCF UPDATE

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

HP stated that he would carry out the above action when the new website rebrand would be finished.

Action no.	Description	Who to action
5	To ask NPA whether he could adapt their business continuity plan for KCW LPC.	HP

5. **TRANSFORMATION TOOLKIT UPDATE**

HP stated that that the LPC had been continuing to work through the TAPR agenda.

- HP stated that the new LPC members have been confirmed – and officers confirmed.
 - CPE have an induction program for new committee members.

Action no.	Description	Who to action
6	To resend “new members induction” package to all LPC members.	HP

- HP will inform CPE and NHS E of new committee members.
- Rebranding –
 - There are document and comms. templates provided with the new branding.
 - Every LPC will now be known as Community Pharmacy XX (e.g., KCW)
 - The rebranding exercise is “all or nothing” – LPCs either adopt the whole package, or nothing at all – the LPC will have to sign a brand usage agreement.
- LPC Website –
 - HP will only be putting committee member’s names and designations onto the website, not contact details (to prevent email phishing).
- LPC Constitution –
 - HP stated that he has to send CPE and NHS E the new LPC constitution.
- Conducting a stakeholder analysis and establish a comms. plan –
 - HP stated that he would merely be informing stakeholders that the LPC’s name would have changed.
- Expenses policy –

Action no.	Description	Who to action
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7	To send the FAC an LPC expenses policy template for them to approve.	HP
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Action no.	Description	Who to action
8	To modify/approve the LPC expenses policy template.	FAC

- Members liability insurance –
 - HP reminded that LPC members could be sued by contractors if they feel that the LPC members have adversely affected their income.
 - CPE have asked whether this LPC is interested in taking out such insurance – and HP has asked for a quote.
 - HP stated that CPE provides free employers insurance already for the CEO.
- LPC Name –
 - The statutory name is still KCW LPC.
 - HP asked the members to vote on a name change for the LPC to bring it in line with the rebranding exercise:
 - **The members voted unanimously on Community Pharmacy KCW for the name change.**

6. NWL ICB UPDATES

HP highlighted the following:

- This LPC is now represented on the Primary Care Board.
 - Access Program Steering Group –
 - This LPC has access to this group – and therefore can promote the CPCS, and other services.
 - This group should help CP with their IT functions.
 - It should be suggested that PCN pharmacists help with the integration work between GPs and CPs.
- SBa stated that there has been 4 years of ARRS funding for GPs.
 SBa stated that the DES requirements tells GPs what to do with PCN pharmacists.

SBa stated that there are a lot of good, well trained ARRS teams that should be used properly.

SBa stated that the ICS should be informed that the ARRS teams should be better aligned to CP.

YP reminded that the ARRS program has lead to a shortage of staff for CPs.

HP stated that specific CP objectives should be raised and drawn up with the APSG.

HP stated that a CP Minor Ailments Scheme for vulnerable patients should be talked about at the APSG.

PCN funding

HP stated that he didn't know whether the local PCN leads were actually doing any work at the moment – as they were not being funded.

YP stated that a PCN lead whom he knows had become disillusioned with the work, as he was not receiving the relevant paperwork, and he was not being given any opportunities to ask anything in the meetings he was attending.

HP stated that if PCN Leads would be paid well – then they would commit and carry out their work effectively.

ICS Value Network Group.

- Branded Generics

HP stated that he is also a part of this group, and it is an efficiency savings group.

HP stated that a list of branded generic medicines should be being sent to

Contractors.

HP stated that he had already attended one of these meetings – and he had reported that these branded generic drugs must be made available from ALL three main suppliers (because a typical CP will probably only have one main supplier – therefore if a branded generic drug is not available from this main supplier, then another supplier would have to be used – and then the CP would lose their discount with their main supplier).

HP added that he had also pitched to the ICS Value Network Group the action to add a 10% to these branded generics.

HP also stipulated that these switched branded generics should be definitely available to order for all pharmacies.

SBa stated that contractors lose money by this switching process – because they usually have old stock left on their shelves, which they cannot use post switching.

YP stated that CPs should be given a heads up for the time of switch (4-6 months), so that they can arrange to strip down their old stock.

- Health Inequalities

HP stated that this group is also planning to address “health inequalities” in Primary Care.

HP stated that he had raised the issue of the inequality of medicine access for vulnerable populations.

HP reminded that GPs are currently following the national OTC guidance – where they cannot prescribe OTC meds. for patients.

HP stated that there is a current issue where CPs recommend product to patients via CPCS – and the patients cannot afford the product – and then they become disillusioned with the CPCS.

HP stated that he has pitched a medicine supply service for the socially vulnerable (HP stated that he had started this scheme in City and Hackney LPC).

HP stated that “vulnerable patients” would be those defined as people on any sort of “benefit” from the Gov.

SBa agreed that there are very vulnerable patients in KCW – there are many refugees in North Kensington.

SBa added that a study had been published, which had stated that in areas where the most vulnerable patients live – there are less GP surgeries located there, however there are more CPs.

SBa added that patient’s notes do not currently record when they have had an interaction with a CP – so why should stakeholders notice the important role that CPs play in the patient journey.

The members stated that patients’ SCRs now include additional information.

**7. CEO UPDATES
Flu Service**

The members stated that the Flu webinar had been very useful. HP asked for some feedback on this webinar.

AT stated that Pritpal (of SONAR) had recommended that CPR training should be undertaken once every three years for this service.

Action no.	Description	Who to action
9	To add to the dissemination points the info. that contractors are recommended to undertake CPR training for the Flu services once every three years.	RP

HP reminded that the national protocol can be used to enable technicians to administer the national service, but not the local (London) service, or a private service.

HP stated that JCVI have looked at the risks posed by the Flu for 50–64-year-olds, and they have decided that teenagers pose the most risk (flu wise) to the population.

Action no.	Description	Who to action
10	To add to the dissemination points the info. that the national protocol can be used to enable technicians to administer the national service, but <u>not</u> the local (London) service, or a private service.	RP

DOP Team

HP reminded that this team is now fully based at the NEL ICB.

HP stated that the ICS' are paying CP their monthly checks now.

Advanced Smoking Cessation Service.

HP stated that this national service has no coordinator to help with this service (like the local service does).

HP stated that LPCs do not manage services.

HP asked the members to permit him to employ SB to conduct a ring round of KCW pharmacies, to ask about their readiness wrt. this service.

The members agreed to employ SB to carry out this action.

LPPG

HP stated that all the ICS' fund this group, and their work is expensing biologicals and insulins and SIP feeds.

- MCCA guide

HP stated that this group has come up with this guidance, and it is not fit for purpose currently.

Action no.	Description	Who to action
11	To circulate the latest MCCA guidance doc. to the members.	HP

HP stated that most LPCs have rejected this guidance and have asked the LPPG to come up with something better.

HP suggested that the members agree that if CPs are to do Dosette boxes, then they have to be done with 7-day prescriptions. The members agreed to this suggestion.

HP stated that CPs do not have the time to do an Equality Assessment for every one of their patients (CPs are not paid extra to carry out these assessments).

HP stated that a patient would fall under the equality act, if they don't have a carer looking after their medicines.

HP added that the MCCA guidance currently states that an EA would need to be carried out for every patient – and this is incorrect.

HP stated that it has been suggested that the pharmacists employed under the ARRS should be carrying out these EAs in GP surgeries.

SBa stated that there is an actual structured medicines review template **in the JD of the ARRs recruited pharmacists**, where there is a section, where pharmacist's need to assess patients to see whether they are appropriate for dosettes.

Bank Holiday Rota

HP stated that the rota fee has now been set at £350 per hour (for a four-hour slot).

HP stated that for X-mas day and Easter Sunday contractors would receive £450 per hour – for ten hours (only two pharmacies have been designated per borough).

8. **PL UPDATE**

HP stated that PL is currently working on lots of different projects – the BH Rota had been one of them, and the Flu service is another.

HP stated that the latest Flu Webinar had been PL sponsored.

HP stated that HEE would be attending the next PL meeting to talk about the big changes in the Pre-Reg training.

HP stated that from 2025 – the funding for Pre-Regs will sit with HEE.

HP stated that the issues of Pre-Regs changing their training sites at the last minute will be talked about by HEE.

HP reminded that there are 4000 Pre-Reg places and 3000 students.

HP stated that PL would be creating a webinar with HEE to educate all contractors about the multi-placement nature of the new Pre-Reg training programme from 2025 (throughout the year a CP would see three different Pre-Reg students).

9. **FINANCE UPDATE**

HP highlighted the following points:

- HP stated that the cashbook has now turned electronic (in the form of a spreadsheet).
 - This document is shared by AT.
- There is now a documents folder which contains all the receipts.

Action no.	Description	Who to action
12	To send HP an electronic bank statement for the LPC accounts every month – cc to AT	AP

CEO Pay review

HP reminded the FAC that he is now due a pay review.

Action no.	Description	Who to action
13	To review HP's request for a 5% increase in his CEO wages.	FAC

10. MARKET ENTRY

HP highlighted the following –

- Earls Court Pharmacy has moved – no sig change.
- Boots 175 Edgware Road – now closed.
- Vineyard Pharmacy and Williams Pharmacy are merging.
 - Same owner.

HP stated that consolidations usually protect against new applications.

11. AOB

There were none.

12. FUTURE MEETING DATES

11 th	September ?	Virtual?
16 th	October	Virtual
27 th	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
APSG –	Access Program Steering Group
ARRS –	Additional Roles Reimbursement Scheme
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
EHC –	Emergency Hormonal Contraception
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.
JCVI –	Joint Committee on Vaccination and Immunisation
LA –	Local Authority
LPC –	Local Pharmaceutical Committee
LCS –	Locally Commissioned Service
LPPG –	London Pharmacy Prescribing Group
MCCA –	Multi-compartment compliance aids
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