

TIME: 19.30- 21.45

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	4 of 4
Anar Tejani	AT	Present	4 of 4
Sukhvir Basra	SBa	Present	2 of 2
Shiraz Mohamed	SM	Present	4 of 4
Beneeta Shah	BS	Present Virtual	4 of 4
Amish Patel	AP	Present	4 of 4
Ronak Patel	RP	Present	3 of 4
Aashni Malde	AM	Aa	0 of 2
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.

AP stated that AM had stepped down from the committee.

HP stated that he had contacted the CCA – and they would inform him as soon as a replacement for AM would be selected.

SM would be scribe for today.

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

NP highlighted the following points:

- IP Pathfinder Program –
 - NHS E have agreed to fund five pilot sites across the ICB – for the Hypertension pathway.
 - There are many issues around the governance, funding and the I.T. integration, which will make it difficult to launch in Nov 23.
 - ICBs may pull out of this program if not feasible.

- CLEO <https://cleosystems.com> has been mandated by NHS E to issue EPS prescriptions – this I.T. platform does not talk to GP Systems.
- Pathology pathways from CP to GPs would have to be established for the different PCNs.
- Working groups are being formed (being made up of LPC, GP and CP reps).

HP stated that the chances would be that, because of the low dispensing volumes in KCW – then there probably wouldn't be a pilot site in this area.

HP stated that from an initial glance – he did not think that this LPC would support the funding and operational model for this program – HP asked NP to feed this back to the ICB.

SBa stated that physiotherapists, District Nurses, Mental health carers and other clinicians can all presently access System One or EMIS in patient notes – and wondered why CPs could not access patient notes.

SBa added that there are ways to give one prescriber more than one site access to EMIS – and this was done during COVID.

SBa added that CPs are more connected to the patient's journey – and also Patient Safety issues.

YP still wonders why CPs still only have "read only" access to the SCRs.

AP asked NP to take back the proposals to the ICB around giving CPs access to patient notes and records.

- CPCS –
 - NP stated that getting hold of useful data for the different boroughs is still very difficult.
 - NP stated that the first data she had been able to analyse had been Jan – June 23, by month breakdown of NHS BSA data for completion rates per contractor.
 - NP showed these figures to the members via a graph.
 - There is a general upward trend.
 - The members discovered a pharmacy in this data set that was outside of this borough – and was skewing the overall figures.

Action no.	Description	Who to action
1	To examine NP's CPCS data set to single out just the KCW pharmacies.	NP & HP

- NP stated that the ICB is fully behind solving any IT issues.
 - Pharm refer for System one.
 - Pharmoutcomes for EMIS.
 - The business case has been submitted for the funding of the IT solutions.
 - There has been a request by the ICB to Pharmoutcomes – for them to drop the charges to CPs for receiving NHS 111 referrals.
 - The rollout of the training for GP staff with the IT systems may be pushed back to January 2024 – to avoid Winter pressures in Nov/Dec 23.

HP reminded NP of the Virtual Outcomes training module.

NP then left the meeting.

3. MINUTES OF MEETING ON 030423

ACCURACY

HP stated that there were no corrections.

ACTIONS & MATTERS ARISING

- **HP To upload business continuity guidance to the KCW LPC website.**

HP stated that this guidance could be found on the CPE website:

<https://cpe.org.uk/quality-and-regulations/clinical-governance/emergency-planning/>

- **HP to resend “new members induction” package to all LPC members.**

HP stated that he is expecting the members who go on these induction/refresher meetings to report back at the next meeting.

SBa stated that she would be attending one of these induction meetings in Sep 23.

HP stated that there is an LPC members log in for the CPE website – and HP asked the members to ask him for the log in details, once they had completed the induction course.

- **HP to modify/approve the LPC expenses policy template.**

HP stated that he has a copy of this policy – and the members would look at this later in the meeting.

- **HP to circulate the latest MCCA guidance doc. to the members.**

HP stated that the work on this guidance has been de-prioritised, therefore he would not be focusing on it at this meeting.

- **Finance Update:**

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

- **FAC to review HP’s request for a 5% increase in his CEO wages.**

HP stated that this has been actioned – and his increase had been 3%. HP thanked the committee for their agreement on this.

4. FINANCE UPDATE

To review and approve LPC accounts YE 31st March 2023

HP highlighted the following points:

1. Statutory Levies- Income from statutory levy has remained the same at £120,000 (2022: £120,000).
2. There are sundry receipts ~£6,000 this year relating to refund received from Pharmacy London for an overpayment by the LPC.
3. There is a surplus of funds for the year of ~£16,000 (2022: £7,300) and consequently the reserves of the LPC have increased to ~£175,000 - this is a healthy reserve built up.
4. The current year corporation tax liability is £97 due to the bank interest received Note that old corporation tax balance of £39 remains unpaid, but this isn’t being pursued by HMRC.
5. Trade debtors – This consists of one month’s statutory levies that remained outstanding at the end of the year and paid on 3rd April (similar to the prior year).

HP then displayed the following detailed accounts:

DRAFT ACCOUNTS

Community Pharmacy KCW

Income and Expenditure Account

Year ended 31 March 2023

	Notes	2023		2021	
		£	£	£	£
Income					
Statutory levies		120,000		120,000	
Other income		6,027		3,039	
Bank interest receivable		<u>510</u>	<u>126,537</u>	<u>15</u>	<u>123,054</u>
Expenditure					
Administration					
PSNC levy		17,044		17,527	
London LPC Forum levies		-		13,012	
Wages	2	75,475		63,065	
Employer national insurance contributions		4,547		3,482	
Employer pension contributions		1,321		1,321	
Conference, seminar and meeting expenses		3,680		2,134	
Telephone		241		1,237	
Clerical / Administration support cost		1,382		3,058	
Displacement cost		1,102		5,005	
Printing, stationery and postage		-		228	
Travel and subsistence		-		104	
Subscription		1,149		1,363	
Legal and professional fees		600		495	
Accountancy fees		3,660		3,240	
Depreciation		245		326	
Bank charges		<u>60</u>		<u>72</u>	
Total Costs			<u>110,506</u>		<u>115,669</u>
(Shortfall) / Surplus income over expenditure before tax			16,031		7,385
Corporation tax			97		3
(Shortfall) / Surplus income over expenditure after tax			<u>15,934</u>		<u>7,382</u>

HP noted the following wrt. the wages line pertaining to the last CEO (Rekha Shah’s pay):
 HP stated that Rekha’s wages – Normal wage £5200 per month.
 And she was paid the following in wages during the following months (figures taken from Rekha’s payslips):

- April £10,400
- May £10,400
- June £14,054
- **Surplus of £19,254**

HP asked what the surplus amount had been due to.
 YP stated that these extra amounts had been holiday payments for Rekha.
 YP stated that Aequitas Accountants <https://www.aequitasaccountants.co.uk> had advised him of the amounts to pay Rekha wrt. her holiday pay.
 HP stated that a refund amount also shows up on the payslips – but the actual wages surplus had been £19,254.

Action no.	Description	Who to action
3	To send YP, Rekha Shah’s wage figures from April – June 2022.	HP

Action no.	Description	Who to action
4	To send copies of Rekha Shah’s payslips from April – June 2022 to the committee members.	HP

Action no.	Description	Who to action
5	To ask accountants why former KCW CEO had had a surplus wage of £19,254 over three months (April - June 2022).	YP

HP also highlighted the difference in the “displacement costs” – and added that claims may not have been submitted for 2022.

Action no.	Description	Who to action
6	To generate an automatic invoice for members (based on attendance) for the LPC meetings.	HP

HP stated that any other meetings attended on the LPC’s behalf should be claimed in the normal way.
 RP stated that he would be explaining the accounts to the contractors at the upcoming AGM.

HP stated that he had produced a rough budget (shown below):

2024 Budget			
Income			£120,000.00
PSNC LEVY		£20,630.00	
WAGES		£51,500.00	
NI		£3,103.00	
PENSIONS		£901.00	
Operational costs		£12,119.00	
Pharmacy London		£6,000.00	
		£94,253.00	£94,253.00
Surplus			£25,747.00

HP stated that the CP KCW’s finances would still be healthy, despite the rise in the PSNC levies – therefore a levy increase would not be needed.

YP stated that the surplus monies must be given back to the contractors – either in the form of a levy holiday, or in the form of setting up training opportunities for all contractors.

SBa wondered whether clinical skills training could be provided by the LPC. SBa stated that HEE are currently offering a Clinical Skills program.

HP suggested that training sessions could be stood up by the LPC, which would link in with the Pharmacy First service.

YP stated that a levy holiday could be considered alongside these training sessions.

SBa agreed that contractors are currently looking for some breathing space financially.

HP stated that CP KCW could also offer all CPs free Flu training.

SBa wondered whether contractors could be given help with setting up IT systems and processes.

HP stated that he has joined an NHS E digital integration platform working group (which meets twice a month) – which would be discussing issues such as which IT platforms should be used by IPs.

Declarations of Interest

HP stated that all members had now submitted their forms.

HP stated that the recommendation from CPE, is that the DOIs should be published on the CP KCW website – and asked the members if they were okay with this.

- The members were happy with the DOIs being published on the CP KCW website.

Action no.	Description	Who to action
7	To upload the members’ DOIs to the CP KCW website.	HP

Directors & Officers ‘type’ insurance to cover LPC members

HP stated that this insurance would be separate to the employer’s liability insurance (paid for using CPE levies).

HP highlighted the following:

- The types of scenarios where cover could come into force, for illustration would be:
 - Investigations from UK Regulators, such as including Health & Safety Executive, HMRC, ICO, and others such as Police;
 - Insolvency;
 - Breach of Committee Management Duties;
 - Damage to reputation; and
 - Legal costs, awards and settlements for any claim or regulatory action brought against the LPC.
- Level of cover:

- Management Liability - £1,000,000
- Corporate Liability - £1,000,000
- Employee Dishonesty - £100,000
- Contract Disputes & Debt Recovery (limit to be confirmed)
- Third Party Fraud or Forgery and Telephone Fraud (limit to be confirmed)
- Third Party Electronic Funds Transfer (limit to be confirmed)
- Policy Excess - £5,000 (nil in respect of Management Liability)
- Your premium (Per Committee):
 - Premium £446.43
 - Insurance Premium Tax at the current rate £53.57
 - Total amount payable £500.00

HP stated that CPE had asked all LPCs who would be interested in buying such insurance.

HP stated that a London LPC in the past had had an issue wrt. financial governance – and it would have benefitted its members to have taken out such insurance.

- *The members agreed to adopt and pay for this Directors & Officers 'type' insurance to cover LPC members.*

Members to agree on new expenses policy

HP stated that he had taken the existing policy and rebranded it.

HP displayed the policy for all to consider and comment upon.

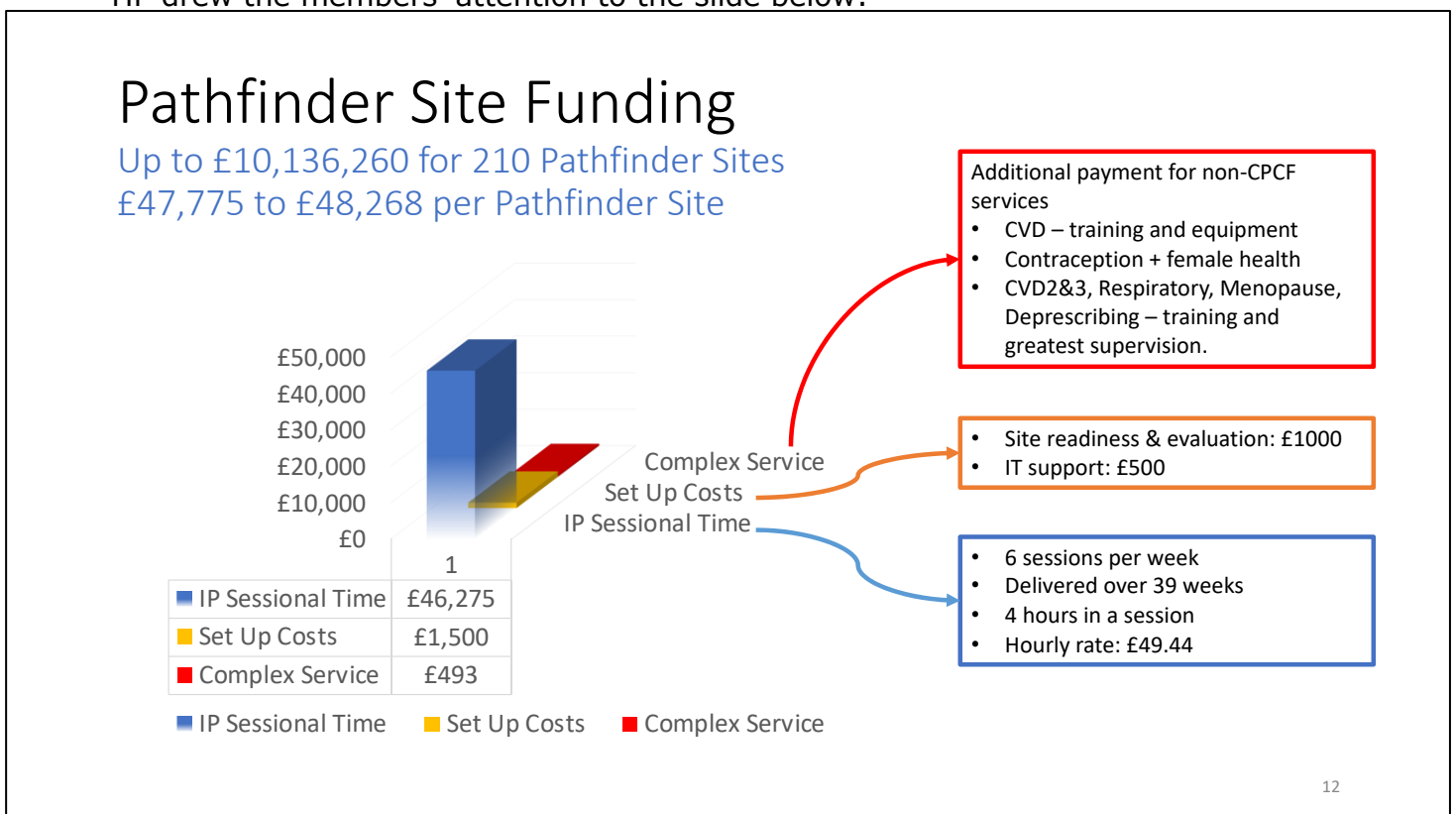
- *The members agreed to adopt the new CP KCW expenses claims policy.*

Action no.	Description	Who to action
8	To upload the LPC expenses policy to the CP KCW website.	HP

5. NHS LONDON UPDATE

IP pathfinder program – funding and operational model

HP drew the members’ attention to the slide below:



HP highlighted the fact that the hourly rate for contractors would be £49.44. HP stated that this hourly rate figure had been decided upon by NHS E by them looking at locum agency fees.

HP added that IP locums would have to be booked for all the six sessions months in advance.

HP stated that a letter had been written to Ann Joshua (NHS E) by PL to highlight the many issues inherent in the operational aspects of this program.

SBa wondered why the hourly rate had not been based on GP rates per session.

HP highlighted the following:

- **PSSRU Benchmarking:** The Personal Social Services Research Unit (PSSRU) at the University of Kent provides benchmarks for NHS costs. It is noteworthy that, according to PSSRU, a Band 8a pharmacist costs the NHS approximately £75 per hour,
- **Lost Opportunity Costs:** The proposed funding model does not account for the opportunity costs incurred by pharmacies with limited consulting rooms.
- **Recruitment and Insurance Costs:** Recruitment of IPs would necessitate advanced planning and booking for the full duration of the program, which could result in expenses even if the patient enrolment falls short. The proposed funding appears to cover only the cost of the IP, neglecting service fees and the return on investment for contractors.
- **Patient Safety and Software:** We have reservations regarding the choice of CLEO software. Interoperability with other systems that offer greater compatibility should be considered to enhance patient safety.

SBa was concerned that rejecting this program would mean that NHS would be reluctant to fund the upskilling of CP staff with clinical skills.

HP stated that part of London’s response to this program should be providing suggestions of how the program could work for all concerned.

SBa reminded that she is currently an Ip – and she stated that she doesn’t see this program working unless the locum used to free up the IP to carry out this program would be subsidised.

HP stated that the money on offer does not seem right for this.

SBa suggested that CP reps should be included in the workshops which would design services and programs such as these.

HP stated that NHS E should have worked together with CPE to design this program.

HP added that CPE had not been consulted at all on the creation of this program.

HP stated that CPE currently wants feedback from the LPCs wrt. this program.

Action no.	Description	Who to action
9	To feedback suggestions to CPE wrt. the IP Pathfinder Program.	HP

SBa reminded that System One or GP systems are audited – which give a full audit trail of the patient journey, so why include another system.

AP stated that CP has been clamouring for read and write access to SCR for many years now.

LPC LIASION MEETING 27TH JULY
- Hypertension Service

HP suggested that the LPC could buy a number of ABPM machines to then hire out to Pharmacies.

SBa wondered whether there was a barrier wrt. patients having a BP check, and then them coming back to have an ABPM check.

AP stated that a lot of GPs are offering the ABPM service.

SBa stated that CPs should communicate to GPs that CPs could carry out the ABPM checks for their patients – and this would free up the surgery’s resources, and the CPs would provide the GPs with the data needed for them to meet their QOF targets.

Action no.	Description	Who to action
10	To investigate the prospect of the ICB paying for ABPM machines, for the LPC to rent out.	HP

HP wondered whether SB should phone round contractors to ask them about ABPM activity and the barriers that contractors currently face.

Nearest Pharmacy Tool impending launch

HP stated that this online tool would link to a pharmacies NHS profile.

HP stated that patients would be able to use this tool to work out which pharmacy provides a certain service, and how far away this pharmacy currently is.

GP referral to CPCS

HP stated that this remains a challenge.

HP stated that there is a GP and a CP in Brent which is under investigation for abusing the GP CPCS system.

CPAF Screening

HP stated that all contractors in KCW had completed the screening questionnaire, except for one.

Contraception Service

HP stated that the decision to engage with this service has been left up to the contractors.

HP reminded that CPE are not officially supporting this service, although there are resources on the CPE website.

BSa stated that there had been a 4% sign up across the country.

HP stated that he does not have access to any figures for the Oral Contraception service.

HP stated that the KCW area used to have access to an Emergency contraception service, but the PCT had discontinued it on the grounds that the boroughs were wealthy enough for their patients to pay for such a service.

Action no.	Description	Who to action
11	To contact the council with a view to re-establishing an emergency contraception service.	HP

YP stated that the “cost of living” crisis is currently making lots of patients ask his pharmacy whether they provide free contraception treatment.

6. NWL ICS UPDATE

Primary Care Board Update

HP reminded the members that himself and Michael Levitan currently sit on this board.

HP stated that there is a Primary Care strategy being worked on by this group at the moment – and he is trying to ensure that CP is involved at an active level.

Medicines Optimization Group.

HP stated that the last two meetings of this group had been cancelled.

YP stated that “branded generics” should be brought up at this group.

ICS Value Group Update

HP stated that “branded generics” are in fact talked about at the meetings of this group. HP stated that PL is working at a London level with Regional Chief Pharmacist at NHS E - John Hayhurst.

HP stated that John has agreed with CPL that “branded generics” should not be the norm, especially for any Cat M item.

SBa stated that blanket branded prescribing should not be happening.

Action no.	Description	Who to action
12	To add to the Dissemination Points the info. for KCW contractors to screenshot examples of high-cost branded generics – to show to the ICS Value Group.	SM

Action no.	Description	Who to action
13	To bring up the subject of the problems with “branded generics” with David Webb in October 2023.	SBa

Addressing Health Inequalities in Healthcare project

HP stated that most of the contents of this project does not apply to CP, however one of the issues HP wants to address is that poor people in NW London do not have the right access to medicines.

HP stated that the poor patients end up going to GPs to get a medicine on prescription, because they cannot afford the products at CPs.

HP stated that there should be a supply provision for anyone who would be on some kind of Gov. benefit.

HP stated that a similar scheme exists in NW London.

SBa stated that the KCW area has a high population of refugees, who could benefit from such a service.

HP stated that if a patient uses CPCS once – and cannot obtain the suggested medicine associated with the service – then they would not use the service again.

7. COMMUNITY PHARMACY LONDON UPDATE

HP stated that the next meeting would be taking place on the 2 October 2023.

HP stated that this group would now be meeting at the CPE HQ for free.

HP stated that CPL and HEE would be organizing a webinar for Foundation Pharmacists in October 2023.

HP stated that he is still producing the Vaccination newsletters.

HP stated that the CPL Chair is now sitting on the London Primary Care Clinical cabinet, and he wouldn’t have achieved this position had he not been on CPL.

HP stated that CPL is proving itself to be a potent force.

HP stated that there are currently between 15-20 IPs in the KCW area.

AP asked HP whether the committee had talked about the future of CPL.

HP stated that the final decision had been to hold off voting on the future of the organization until the new LPCs would have formed, and the final vote on CPL’s future would be made in December 23/ January 24.

HP stated that the CPL levies would still be paid until April 2024.

8. CEO UPDATES

Smoking Cessation advanced Service

HP stated that this service is proving a challenge, but he is currently working with ChelWest.

HP stated that SB had done a fair amount of work contacting contractors to see if they are ready to deliver the service.

HP stated that it is not the role of LPCs to manage services such as these.

HP stated that the local stop smoking service is currently up for renewal.

COVID 19 vaccinations

HP stated that there is a lot going on.

HP stated that the variant BA 2.86 has caused the Gov. and the NHS to bring vaccination plans forward.

HP stated that more contractors in KCW would have been given the approval to administer the vaccines.

HP stated that wrt. deliveries the suppliers are using something called a “targeted deployment model” – which will see CPs being given their initial stocks – and then stocks would be replenished based on patient numbers.

The members stated that they were currently being notified about the webinars taking place wrt. COVID 19.

BSa stated that the COVID webinars should be hosted in the evenings, instead of the days, so that pharmacists could attend and be able to ask live questions.

Action no.	Description	Who to action
14	To raise the point of changing the COVID 19 vaccination webinars to the evenings.	HP

AGM

HP stated that the annual report should be presented within 6 months of the end of the financial year, therefore the AGM should take place in October.

HP stated that the LPC could hold its AGM in November as long as he would inform CPE of the delay.

AT stated that a meeting in the middle of October would clash with the middle of vaccination season.

AP stated that the AGM would be preceded by a half day LPC meeting.

HP stated that he would ask Janet Morrison to attend the AGM in person.

9. AOB

Peer Reviews

YP stated that the committee members should think about this exercise as the year comes to an end.

10. FUTURE MEETING DATES

16	October	Virtual
27	November	AGM F2F
29	January 24	Virtual
25	March	??

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