

Date: Tuesday 20th May 2025  
Time: 10.00 – 15.45  
Venue: The Grange - Beddington Park London Road London Road, Wallington  
SM6 7BT

<b><u>Attendee Name</u></b>	<b><u>Initials</u></b>	<b><u>Attendance</u></b>
Mayank Patel (Chair)	<b>MP</b>	Present
Amit Patel (CEO)	<b>AP</b>	Present
CJ Patel (V. Chair)	<b>CJP</b>	Absent – apologies given
Rachna Chatralia	<b>RC</b>	Absent – apologies given
Beran Patel (CPE rep)	<b>BP</b>	Absent – apologies given
Ravi Vaitha (IPA)	<b>RV</b>	Present
Jyoti Bakshi (CCA rep)	<b>JB</b>	Present
Radhika Amin	<b>RA</b>	Absent – apologies given
Shahil Soni	<b>SS</b>	present
Bola Sotubo	<b>BS</b>	Absent – apologies given
Amish Patel	<b>APa</b>	Present
Subha Subramanian	<b>SSu</b>	Present
Umesh Amin	<b>UA</b>	Absent – apologies given
Jaymil Patel (V. Chair)	<b>JMP</b>	Present
Devan Jethwa	<b>DJ</b>	Present
Hina Patel (Admin)	<b>HP</b>	Present
Kishan Patel	<b>KP</b>	Present
David Tamby Rajah	<b>DTR</b>	Absent – apologies given
Mansukh Sheth	<b>MS</b>	Present
Rubena Munglah	<b>RM</b>	Present
Guests		
Stuart Brown (Minute taker)	<b>SB</b>	Present

Dina Thakker (CPCL SWL ICB)	<b>DT</b>	Present from 15.00 – 15.45
Yinka Kuye (CPPE Regional Tutor)	<b>YK</b>	Present from 10.30 – 11.00

# 1. **WELCOME & APOLOGIES**

MP welcomed all to the meeting.

Apologies are recorded in the table above.

# 2. **DECLARATIONS OF INTEREST**

There were no new declarations raised.

# 3. **MINUTES OF MEETING HELD ON 250325** **ACCURACY**

AP stated that SB had not taken these minutes.

There were no issues of accuracy raised.

## **PREVIOUS ACTIONS & MATTERS ARISING**

- **AP to ask Beran to raise the issue of P2U and Home Deliveries with CPE for advice:**

Action	Description	Who to action
1	To feedback at the next LPC meeting/ or via email re. the response from CPE wrt. the issue of P2U and Home Deliveries.	BP

- **AP to meet Ted at Merton LA with a view to discussion the Ketamine Campaign:**

AP stated that he had met with Ted – and this had led to a review of all LA services in Merton.

AP stated that Merton LA have a new provider, who is keen to deliver services through pharmacies.

AP stated that at the next meeting with Merton LA, the new provider will be linked into the conversations.

MS suggested that the tendering system for these services must be equitable.

- **MP to raise LPC levy change as motion to next LPC conference:**

Action	Description	Who to action
2	To raise LPC levy change as motion to next LPC conference.	MP

- **LPC to carry out a review to look at committee size:**

JMP stated that it does not make sense to make any major changes to the committee at this time – and the size should stay the same – to ensure continuity planning.

MP stated that if the committee size and composition had been updated – then the independents would have lost a seat – and the IPA would have gained one.

- **AP to feedback on observing a CPE meeting – Day 1 (observing the working groups):**

There was a discussion wrt. the observations made by the members who had attended some of the CPE committee subgroup meetings.

- **AP to look into submitting “making a difference alerts” for GPs that do not support contractors with CP services:**

AP stated that this has been tackled at many levels.

#### 4. **CPPE UPDATE**

AP welcomed YK to the meeting.

YK highlighted the following points wrt. how CPPE are supporting the pharmacy workforce:

#### **PHARMACY QUALITY SCHEME**

CPPE have updated the PQS page which includes the tracker which can help people quickly determine which CPPE learning programmes and assessments they have completed within the specified timeframe (if applicable).

Please note that the tracker is only a guide. Read our [Medicines optimisation](#) and [Patient safety](#) pages to learn more about the steps needed to work towards meeting the training requirements for the quality criteria across the domains. To determine the learning requirements specific to your circumstances and role, refer to the [Drug Tariff information on PQS](#).

#### **CPPE learning programmes/assessments:**

- *Consulting with people with mental health problems* e-learning.
- *Emergency contraception* e-learning and e-Assessment.
- *Early recognition of sepsis* e-learning and e-Assessment.

#### **NEW WORKSHOP**

#### **Depression: having meaningful conversations - focal point : CPPE**

Available June 2025. Open for booking now.  
(Further workshops will be available from mid-May 2025)

Workshop Aim is to support pharmacy professionals:

- confidently start a conversation about depression
- discuss options for managing depression
- tailor support to individual needs of the person
- recognise when an urgent referral is needed and appropriately refer
- reflect and recognise your support needs arising from conversations about depression
- create a signposting resource to use in your practice.

#### **NHS PHARMACY CONTRACEPTION SERVICE SUPPORT E-learning**

- [Contraception: CPPE](#)
- [Emergency contraception : CPPE](#)

**Workshops**

- [NHS Pharmacy Contraception Service: delivering effective consultations to initiate contraception : CPPE](#)
- [Emergency contraception : CPPE](#)

**18 June****[NHS Pharmacy Contraception service \(PCS\) - panel discussion 1](#)****Clinical Assessment Skills**

- [NHS Pharmacy First: Clinical assessment – essential skills online workshop: CPPE](#)
- [NHS Pharmacy First: Clinical assessment and examination skills full-day workshop: CPPE](#)
- [NHS Pharmacy First: Ear, nose and throat clinical assessment skills: CPPE](#)

**CPPE Launches Hands-On Workshop to Strengthen Hypertension Case-Finding in Community Pharmacy**

The workshop was developed in collaboration with the British and Irish Hypertension Society (BIHS), the event combines clinical expertise with practical, real-world application.

This new workshop supports pharmacy professionals (available for pharmacy technicians, trainee pharmacists, and pharmacists) at all stages – whether launching the service or looking to refine existing practice - It offers the opportunity to learn practical skills on using ABPM equipment, interpreting blood pressure readings, and managing consultations through a person-centred, shared decision-making approach.

Attendees will also benefit from learning how to train wider pharmacy teams, ensuring consistent delivery and embedding the service into everyday practice

**[Blood pressure assessment in community pharmacy: essential skills : CPPE](#)**

**Pharmacy technicians working under PGDs**

[Pharmacy technicians: using patient group directions in practice: CPPE](#)

This programme supports pharmacy technicians to develop the confidence to work under patient group directions (PGDs). It provides examples of opportunities to use PGDs in practice, and uses activities that aim to empower pharmacy technicians to work under PGDs to increase capacity for person-centred care within the healthcare team. Which LPCs are looking to integrate PTs into local services?

[Patient group directions \(elearning for healthcare\) : CPPE](#)

Link to the eLfH programme on PGDs can be accessed from the CPPE Website.

YK stated that CPPE's 2025-26 learning development programme includes development of a blended learning resource to further support pharmacy technicians to work under PGDs.

**Pharmacy technician development**[Pharmacy technician impact groups: CPPE](#)

- Next cohort starts in May

The aim of the *CPPE Pharmacy technician impact groups* is to support your professional development, build your confidence and develop your leadership skills.

[Community pharmacy technician: advancing your role: CPPE](#)

- This programme aims to develop the knowledge, clinical skills and behaviours of pharmacy technicians working in community pharmacy and the Health and Justice sector to increase patient access to clinical services by widening the skill mix in community pharmacy teams.

**Pharmacy Conversations**

New Podcast episodes now live:

Including;

- Mental health and difficult conversations,
- Valproate, topiramate and patient safety in pharmacy.
- Genomics in pharmacy: Unlocking the future of personalised medicine

<https://www.cppe.ac.uk/podcasts/default>

**The Chief Pharmaceutical Officer's Pharmacy leader's development programme**

The *Chief Pharmaceutical Officer's Pharmacy leader's development programme* is for experienced pharmacists and pharmacy technicians who aspire to lead large and complex NHS departments, services, teams or systems of care to benefit patients and local communities.

<https://www.cppe.ac.uk/skills/pharmacy-leaders>

**QUESTIONS FOR THE MEMBERS**

YK asked the members what they would want more of from CPPE -

AP stated that there are lots of London conversations happening around linking Cardiovascular to renal medicine.

SS asked whether there were any plans to increase the capacity for the clinical assessment workshops.

YK stated that it is always difficult to increase capacity, however sponsors are being utilised to stand up extra meetings and workshops.

*AP thanked YK for her presentation.*

**5. WORKING GROUP DISCUSSIONS**

AP stated that the first working group would discuss the following:

- How is CP going to fully utilise the £215 million PF budget.
- How to fairly cost up substance misuse services.

AP stated that the second working group (MP, JB, RV, KP, SSU) would look at:

- The proposed CPE constitution changes wrt. representation categories.

## **GROUP 1 FEEDBACK**

### **Service implementation and support**

SS added that the LPC can help support these contractors with the PF service.

SS stated that the LPC could support with the recalibration of service equipment such as ABPM monitors and otoscopes.

SS stated that that GP contract should be analysed – to see where CP can help them reach their targets.

SS stated that that the LPC could help support pharmacy locums and newly qualified pharmacists by standing up ongoing training.

### **Substance Misuse Service Costing – Sutton & Merton**

The committee discussed a fair pricing model for these services.

JB suggested that clauses re. “payment terms” and “remittance advice” should be included in the new negotiations.

***The whole committee was in favour of AP taking these issues and developing them into actions and workstreams.***

## **GROUP 2 FEEDBACK**

MP stated that he had read the IPA statement wrt. the proposed CPE constitution changes.

JB stated that the LPC had been presented with survey questions – and these had been considered by this working group.

### **- Q1 > do you generally agree with the proposed constitutional change?**

MP stated that the majority of the working group members did **not** agree with the constitutional changes wrt. the changing of the definition of a non- CCA multiple **from** either an IPA member OR a group of 9+ pharmacies **to** a group of 10+ pharmacies. There was one member of the group that did agree.

### **- Q2 >Please add any general comments on the proposed changes?**

JB stated that the vote had been based on proportionality and the implications for independents that would be below the 10 limit.

### **- Q3 > is there anything of concern or areas that could cause challenges?**

JB stated that proportionality and defining each organisation, and understanding how the volumes of pharmacies change – and how will LPCs be notified, because the classification of 10+ is national, not just in the LPC/ICB footprint.

### **- Q4 >Do you have any questions in relation to the constitutional changes?**

JB stated that the answer had been “why now?” and why “10+”.

JMP wanted the following question added here - why do the NPA, and CCA have representational seats (where they can appoint to) – but the IPA doesn’t.

### **- Q5 >Are there any updates that you would like to suggest?**

JB stated that the LPC would like CPE to determine, via LPCs what is the right size for a non-CCA multiple and for CPE to produce a better mechanism of feedback – for contractors to feed into CPE policy and decision making.

The members had many questions about the implications and motives behind this proposed change – therefore MP asked every committee member whether they were ready to vote on this issue – or whether they need more time.

A few members stated that they would like more time to understand this issue, and therefore would abstain from voting.

A vote was then taken on what response this LPC should provide, via the survey:

**- Q1 > do you generally agree with the proposed constitutional change?**

*All voted NO, except for 2 YES votes and 1 ABSTENTION – therefore the answer of "NO" would be submitted.*

*The answers to the other questions (2 to 5) were all voted on and agreed with, by all the members.*

Action	Description	Who to action
3	To fill in the CPE survey – answering the questions – re. the proposed changes to the CPE constitution.	AP

AP and MP stated that members can feed into this survey as individuals at any point.

## **6. NEW ICB BLUEPRINT**

The ICB's transformation was discussed by the members.

MP stated that it would be very useful for an organogram to be drawn up, representing all of the organizational changes – so that LPCs can know who to influence, and at which levels.

- BREAK FOR LUNCH -

## **7. MARKET ENTRY APPLICATIONS**

The members discussed the latest applications and the matters arising.

## **8. MARKET FINANCE UPDATE**

MS stated that he had sent a draft budget and cashflow spreadsheet out to the members.

MS stated that the LPC bank account had a balance of £166,000 at 2024/25 FYE.

MS stated that he has supplied the members with the running figures of the funds in and the spending for the LPC trust account.

MS stated that there is funding money in there for childhood immunisation projects - £80,000.

MS and AP stated that the funding for the Palliative Care delivery programme is still in the trust account – and no referrals have been made for deliveries from GPs, so the LPC will look to repurpose this money.

AP stated that the LPC had been up for an award at clinical congress – for the NHS APP MECC service.

AP stated that a poster presentation (for the same service) had been made at the health innovations networks conference – and the poster had been talked about as part of the keynote speech.

MS stated that the balances as of today are –

- LPC account - £191,000
- LPC trust account - £268,000

MS asked for any questions from the members.

JB asked for an update on the LPC levy setting issue.

MP stated that the LPC is still waiting for more detailed information from NHS BSA, before revisiting this issue.

## **9. CEO UPDATE TRAINING HUBS**

AP spoke about grant money from the training hubs.

### **INCORPORATION**

AP stated that a meeting had taken place to discuss this prospect.

AP stated that he had received the feedback that CCA members would **not** be able to be “directors” on an incorporated LPC.

AP asked again whether the LPC would need an incorporated body to protect its members, with the introduction of the new contract and responsibilities.

AP also wondered, as the ACOs form, whether the LPC would need a legal entity to have a vote at one of the six ACOs across SW London.

AP added that a legal entity may enable the LPC to offer more training opportunities to contractors.

AP stated that there are four options on the table –

1. To create a legal entity (incorporation) of the LPC.
2. To create a federation (provider company).
3. To create both of the above.
4. To create none of the above.

AP stated that option 2 would come with a set-up cost of £100,000 – 150,000, and a provider company would need additional ongoing staffing costs – therefore there would be an additional cost to contractors.

AP stated that option 1 would be cheaper (approx.£3500), but CCA would not be able to sit on this body.

JB suggested that the LPC directors’ liability insurance should cover the members against any risks.



JB stated that the contractors elected to any LPC legal entity would have to have no conflicts of interest, when it would come to negotiating for new services.

AP stated that contractors would hold an election wrt. who would sit on an LPC legal entity.

AP stated that an incorporated body of the LPC would not be able to take on contract management – for that, a provider company would be preferred.

JB reminded that CCA members would not be able to be members of provider companies.

MP reminded that all the LMCs and LDCs have incorporated – and these organisations will not be able to vote on the direction taken by ACOs.

MP stated that the LPC must make decisions based on what is best for all the contractors (independents, CCA and non CCA multiples).

AP stated that CP London is discussing this matter – and there was talk of setting up a London wide federation a year ago.

MP stated that SE London had been approached – to see if this LPC could buy into their provider company – but they do not have the capacity to do this.

## **10. ICB UPDATE**

DT joined the meeting.

DT spoke to the following topics -

### **DEMDX - <https://www.demdx.com>**

DT stated that DemDx empowers nurses, AHP's (paramedics, physician associates, pharmacists, physiotherapists, optometrists etc) and community pharmacists to confidently assess and treat a broader range of patients by producing a clinical notes summary – which can be copied into PF consultation reports.

DT added that the company had demo's the product on this day – and they are having active conversations across the country. DT stated that they have plans to integrate with some of the pharmacy suppliers.

JMP wondered whether the ICB could pay for this functionality.

Action	Description	Who to action
4	To connect AP/MP up with DemDx company with a view to having a demo of the product.	DT

## **SWL BANK HOLIDAY ROTA**

DT stated that every two years the London Commissioning Team sends out EOIs to all pharmacies for them to apply to be open on the bank holidays.

DT stated that the current rota would expire in Aug 2025, so the commissioning team is working to send out a new EOI in due course.

**DCC (Data Controller Console)**

DT stated that the process for getting pharmacies on this platform, which acts as a system wide data sharing agreement.

DT added that this would require pharmacies to sign up to this via an online portal – which would take 15 minutes.

DT stated that she would encourage every pharmacy to do this across SW London.

AP stated that this console is held by every ICB around the country – and it merely shares data sharing agreements.

AP stated that having access to this would enable the ICB to bring pharmacists in on more innovative projects (such as outreach initiatives).

AP stated that the reason that every pharmacy was not put on the **London shared patient record** – is because they were not on the DCC.

JB stated that she did not know that Boots would want to sign up to this DCC.

DT stated that she would encourage any pharmacy (including multiples) to look into this.

DT added that every legal entity would only need to go through the “sign up” process once – and then they would be included in it for as long as they would want.

DT stated that she has access to admin support – to help pharmacies sign up to this console.

**BRITISH HEART FOUNDATION**

DT stated that a bid had been made in June 2024 – to get CPs to participate in AF detection – and the ICB has been awarded the bid a month ago.

DT stated that this would be offered to only ten pharmacies in SW London.

DT suggested that this would be bolted onto the hypertension case finding service.

AP thanked DT for the perseverance with this – as this success had taken multiple bids.

**CHANGE MANAGEMENT PROGRAMME**

DT stated that this programme for PF is working relatively well.

DT stated that Croydon will be hosting a specific event in June 2025 (12.30 – 16.30).

DT strongly recommended that pharmacists sign up for this.

DT led a discussion about feedback from a patient to the ICB wrt. a PF consultation and diagnosis using an otoscope.

**INHALER RECYCLING POSTER**

DT asked for feedback on this poster.

**HYPERTENSION CASE FINDING AND PHARMACY CONTRACEPTION SERVICE – CONTRACTOR DELIVERY**

DT wanted to flag the contractual changes around the ABPM provision.

**11. A.O.B.  
PNAs**

SS asked a question about filling in details about services that may find themselves mentioned in this document.

**Pharmacy Varenicline PGD meeting**

AP stated that this meeting would be taking place this Thursday – and he would update after that point.

***AP brought the meeting to a close.***

**GLOSSARY OF ACRONYMS**

ABPM	Ambulatory Blood Pressure Monitor
A&F	Audit and Finance
AF	Atrial Fibulation
AIMp	Association of Independent Multiple pharmacists
ARRS	Additional Roles Reimbursement Scheme
BARS	Booking and Referral Standard
CCA	Company Chemists Association
CCG	Clinical Commissioning Group
CP	Community Pharmacy
CPCL	Community Pharmacy Clinical Lead
CPCS	Community Pharmacy Consultation service
CPCF	Community Pharmacy Contractual Framework
CPE	Community Pharmacy England (formerly PSNC)
CPL	Community Pharmacy London (previously PL)
CRM	Customer Relationship Management
DMS	Discharge Medicines Service
DOP	Dentistry, Optometry, Pharmacy
DPS	Dynamic Purchasing System
DSP	Distance Selling Pharmacy
ELPR	East London Patient Record
EOLC	End of Life Care
ERD	Electronic Repeat Dispensing
F2F	Face to face
FAC	Financial Audit Committee
FOI	Freedom of Information
ICB	Integrated care board
ICP	Integrated care partnership
ICS	Integrated care system

INT	Intergrated Neighbourhood Teams
IPA	Independent Pharmacy Association
IPMO	Integrated NHS pharmacy and Medicines optimisation work program.
IPPP	Independent Prescriber Pathfinder Program
LA	Local Authority
LDC	Local Dental Committee
LPC	Local Pharmaceutical Committee
LMC	Local Medical Committee
LCS	Locally Commissioned Service
LRC	Local Representative Committee
LOC	Local Ophthalmic Committee
MECC	Making every contact count
MPG	Middlesex Pharmaceutical Group
OOD	Out of Date
OPB	Original Pack Dispensing
P2U	<a href="https://www.pharmacy2u.co.uk">https://www.pharmacy2u.co.uk</a>
PCARP	Primary Care Access Recovery Plan
PCN	Primary Care Network
PF	Pharmacy First
PH	Public Health
PL	Pharmacy London
PLOT	PSNC AND LPC OPERATIONS TEAMS
PMs	Practice Managers
PNA	Pharmaceutical needs assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiation Committee
REN	Research and Education Network
RSG	Review Steering Group
SCS	Smoking Cessation service

SD	System development
STP	Sustainability transformation plan
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAPR	Transforming Pharmacy Representation.
VO	Virtual Outcomes <a href="https://virtualoutcomes.co.uk">https://virtualoutcomes.co.uk</a>