

Date: Wednesday 18th November 2025
 Time: 10.00 – 16.00
 Venue: The Grange - Beddington Park London Road London Road, Wallington
 SM6 7BT

Attendee Name	Initials	Attendance
Mayank Patel (Chair)	MP	Present until 13.00
Amit Patel (CEO)	AP	Present
CJ Patel (V. Chair)	CJP	Present
Rachna Chatralia	RC	Present – until 15.00
Beran Patel (CPE rep)	BP	Present
Ravi Vaitha (IPA)	RV	Apologies given
Jyoti Bakshi (CCA rep)	JB	Present until 13.00
Radhika Amin	RA	Apologies given
Shahil Soni	SS	present
Bola Sotubo	BS	Present
Amish Patel	APa	Present
Subha Subramanian	SSu	Apologies given
Umesh Amin	UA	Present
Jaymil Patel (V. Chair)	JMP	Present
Devan Jethwa	DJ	Present
Hina Patel (Admin)	HP	Present
Kishan Patel	KP	Present
David Tamby Rajah	DTR	Present
Mansukh Sheth	MS	Present
Rubena Munglah	RM	Absent
Guests		
Stuart Brown (Minute taker)	SB	Present

Dina Thakker (CPCL SWL ICB)	DT	Present 14.00 – 15.00
Sponsors:  Cumbrian Alliance Group - Ula Zadlo		

1. WELCOME AND 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. SPONSOR PRESENTATION

Ula from Cumbrian Alliance gave a presentation on software & support to control your pharmacy stock ordering.

4. MINUTES FROM THE MEETING 230725

ACCURACY

The minutes were taken as an accurate record.

PREVIOUS ACTIONS

- **AP/DT/MS to look into setting up a joint LPC/ICB webinar – where promotion techniques could be shared with contractors:**
AP stated that he had not heard back from Moira from the ICB, but this LPC has been asked to present to the whole of the ICS through the neighbourhood steering group on the 6th January 2026 and have a structured session on the subject of CP.
AP stated that he would be meeting the chief executive of the ICB on the 4th December 2025 to plan this work and encourage the ICB to be more pro-active when it comes to CP as a sector.
- **CH to ask Ruth about whether the issues had been ironed out wrt. RSV/Flu vaccine delivery for Winter 2025/26:**
AP stated that this action could be closed off.
AP stated that re. the delays to the London CP Flu service – he has asked Catherine for the results of an after-action review from NHS E.

Action	Description	Who to action
1	To report back from NHS E regional meeting wrt. the after-action review for the delay to the London CP Flu service.	AP

- **BP to feedback at the next LPC meeting/ or via email re. the response from CPE wrt. the issue of P2U and Home Deliveries.:**
BP stated that not much has come through from CPE wrt. this issue.
- **MP to raise LPC levy change as motion to next LPC conference on 8th Sep 2025:**
MP stated that he would take the matter of “how LPCs charge levies to contractors” to the next CPE meeting on the next day.
AP stated that he had discussed this matter with Mike Dent, Gordon Hockey and James Wood (CPE).
AP added that the process to change the levy payment method would involve the CPE taking a vote, before then being raised to the BSA, before then being raised at the conference of LPCs for a vote – and then taken back as recommended change.
MP stated that a challenge lies in the fact that he cannot see the levy data for the SW London contractors.

MP stated that he felt that drug ingredient cost should not be part of the levy calculations.

- **All to feedback to AP/DT (cc'ing HP) wrt. what are the main services/initiatives (run by CP)(existing or new) that could be worked on by the new ICB to most transform patient care and outcomes:**

AP stated that he had received two emails with some great suggestions, and these have been forwarded on to the ICB.

APa stated that he and BP had been invited to a follow up meeting with Helen Porter – and at this meeting APa had discovered what the ICB was currently looking for.

APa stated that a follow-up meeting would be taking place in December 2025 in order to discuss these opportunities further.

Action	Description	Who to action
2	To feedback on the outcomes of the next meeting with Helen Porter in Dec 2025 – wrt. new CP initiative creation.	APa

- **LPC Levy subgroup to begin the SWAT analysis to make the case for an LPC levy change.:**
AP stated that the subgroup had met during the last week, and this group would meet again soon. AP stated that the work is moving ahead.
- **AP To start the process of the LPC hosting a legal entity:**
AP stated that this matter would be discussed at today’s meeting.

5. MATTERS ARISING

NOMINATION ISSUES – PATIENT COMPLAINT

MP lead a discussion triggered by a letter from a patient.

Action	Description	Who to action
3	To reframe the “nominations issue” letter (sent by CP SEL CEO) around GPHC regulations – before sending out to members for sign off – before sending out to all contractors.	AP & JB

Action	Description	Who to action
4	To create a process map of how LPCs would raise “nomination issues” with NHS E /ICB.	DTR

JHOOTS PHARMACY HELP

MP lead a discussion about his relationship with the owners of this pharmacy and the details of his helping them with staff and financial issues.

Action	Description	Who to action
5	To create a DOI report detailing the help he has given Jhoots pharmacy in 2025 as a contractor and friend, and not as LPC Chair. To be published on the LPC website.	MP

6. OUTCOMES FROM LPC LEVY SUBGROUP MEETING

AP stated that this group had met last week, and AP had written a paper and shared it with this subcommittee. AP stated that this paper is not in a fit state to be brought before this committee for discussion.

AP reminded that the subcommittee is made up of JB, MP, BP, BS & KP.

AP stated that the discussion had centred around the change in the LPC’s role – as the CP contract changes to a more service- led one.

AP stated that another meeting of this group will take place – and then the options (with figures) will be brought back to this LPC for discussion.

Action	Description	Who to action
6	To create an options paper (with figures) wrt. possible LPC levy changes – to be brought before the LPC for discussion.	LPC levy subgroup

7. SERVICES UPDATE

DTR presented a slide show to the members and highlighted the points for discussion wrt. the different CP services he is helping to support.

Action	Description	Who to action
7	To try and access national data for the SCS.	AP

Action	Description	Who to action
8	To obtain copies of borough reports from the ICB funded PF engagement leads.	DTR

Action	Description	Who to action
9	To take back to Sarah Taylor the comments and builds from this committee wrt. the details of the draft SLA for the EoLC service.	DTR

Action	Description	Who to action
10	Form contractor comms following Sarah’s response – detailing how financially viable the EoLC service will be for them.	DTR

KINGSTON UNIVERSITY STUDY

Action	Description	Who to action
11	To send link to all members for the Kingston University Study survey	DTR
12	To fill in the Kingston University Study survey – sent by DTR.	All

MP thanked DTR for his update.

8. CP SWL WEBSITE UPDATE

APa displayed the website on the screen for all to see, then he updated the members on the progress of the new website build – by detailing the following features:

- The landing page.
- The log-in process:
 - o Access will be approved by HP – this is especially important when a group owner would want an application approved.
- The services page.
- The News page – searchable by topic:
 - o Services
 - o Contractor support.
 - o PPA
 - o Newsletter.
- Polls can be created.
- Helpdesk – which operates on a ticketing system –

- Which can be accessed through a smartphone.
- Can provide a full audit trail of contract queries and LPC replies.
- Committee KPIs.
- Financial reporting.
- Committee member info.
- Reset password functionality.
- Email integration.

APa stated that he is enquiring about having a “group contact functionality” and an “news update mail out” function – and he will get quotes from the developer to bring back to the committee.

JB asked whether the dates of future LPC meetings and the meeting paperwork would be uploaded to the website.

APa stated that this information would be uploaded when the site would “go live”.

APa stated that this is phase one of the website development – with phase 2 being a consolidation of website functions.

9. DISCUSS - LPC INSURANCES AND INCORPORATIONS FOR 2026/27

AP stated that there are many models of incorporation to consider.

JB asked whether CPE had been consulted on these models.

AP stated that CPE had shared their thoughts on this matter – and an account of it is currently available in the “members area” of the CPE website.

AP stated that he had spoken to Gordon Hockey and James Wood on this issue – and they agreed that they have only had one view, from a single law firm, so it would be helpful for them to go out for more advice as well.

AP stated that he had shared in past meetings how incorporation would increase governance, would reduce potential liability and would open up commissioning, and there are three structural models of doing this –

- a. To have an incorporated vehicle held by the LPC – this is the model currently adopted by LMCs –
 - i. This would mean that any advice given by an LPC member – would be given on behalf of the incorporated structure – thus reducing liability.
 - ii. This would mean that the LPC incorporated vehicle could become VAT registered.
- b. The Dental Model – to turn the LPC into an incorporated structure – with the LPC members becoming directors and non-executive members.
 - i. This would enhance partner relationships –
 1. e.g. Sponsors are more likely to deal with an incorporated structure.
 - ii. This will enhance joint working and collaboration with charities and Pharma Companies.
- c. The Surrey/Sussex/MPG model – which sees a corporate entity sitting above a group of LPCs – this entity manages the functionality of the LPCs – admin staff etc.
 - i. This means that the LPCs can work together across a larger boundary.
 - ii. The CEO of the entity would be the CEO for all the LPCs represented e.g. Michael Levitan at the MPG.

AP stated that financial analysis will have to be done on each option.

AP stated that nothing would happen wrt. this “incorporation” work without a contractor vote.

AP stated that it is important not to conflate “setting up a provider company” with the “incorporation of the LPC” – as they are very separate things.

AP stated that the LPC working group tasked with working on these options had decided to ask themselves the following questions:

- What risks does incorporation mitigate?
- What risks does incorporation create?
- The practicalities of incorporation – finances etc.
- What are the contractor benefits?

AP asked for this group to discuss the options of incorporation.

JB stated a risk that the CCA LPC members would not be able to become directors of an incorporated structure and would have to become non-executive members.

APa asked how LPC incorporation would directly benefit contractors.

AP replied that incorporation would strengthen the governance of the LPC, when it would be supporting contractors.

APa stated that the setting up of a provider company is an easier “sell” to contractors – as it would help in securing funding from commissioners.

BS suggested that an “options appraisal” paper be created for the three models – to make this issue easier for discussion.

AP stated that the contractors will be at a disadvantage – if the LPC/CP reps. are not sitting at neighbourhood boards – and incorporation can help with this inclusion to these bodies.

JB stated that this process should provide “value for money” – as the contractors may be paying for this incorporation process.

AP stated that the setting up of this process would not mean a raise in the contractor levy value.

CJP stated that incorporation may allow the directors to performance manage the contractors for a given service.

AP stated that Merton LA are currently wanting to deal more and more with corporate structures.

AP stated that in this new world, where the LPC is taking clinical governance for services – then this is a different world of liability.

MP stated that CP has never been at the table of the Health and Wellbeing Board – and as such has not been able to influence decisions on policy/services – therefore the LPC needs to be embedded in neighbourhoods.

JB stated that the challenge will be giving the LPC reps the right skills and capabilities to make the right decisions at neighbourhood meetings – i.e. when. Making decisions that could seriously impact on contractors’ livelihoods.

JB asked what the running costs would be of incorporating the LPC.

AP stated that there would be no extra staff to pay for.

AP stated that leadership training of the LPC will have to happen, regardless of incorporation.

Action	Description	Who to action
13	To go through an “options appraisal” exercise wrt. the incorporation options.	Gov. subcommittee
14	To present their recommendations, following the “options appraisal” exercise wrt. the incorporation options, at the next LPC meeting.	Gov. subcommittee

The group broke for lunch

10. ICB UPDATE

DT updated on the following:

- **EOLC PAN SW LONDON SERVICE**
- **INNOVATE SERVICE BID**
- **AF DETECTION SERVICE LAUNCH**
- **UEC (URGENT & EMERGENCY CARE) BOARDS**

Action	Description	Who to action
15	To promote the “connecting of the PF service to UEC settings” at senior ICB meetings.	DT

Action	Description	Who to action
16	To facilitate a discussion between the LPC and local NHS 111 services wrt. changing the algorithm for DX28 and DX29.	DT

Action	Description	Who to action
17	To send BP the “school PF service comms.” so that he can share when he meets with Head Teachers.	DT

Action	Description	Who to action
18	To send HP the “school PF service comms.” so that she can share with LPC members.	DT

QUALITY BOARD MEETINGS

Action	Description	Who to action
19	To look into the pros and cons of producing a patient survey for the PF service.	LPC

PHARMACY FIRST DASHBORD

DT stated that the ICB has procured a dashboard for SW London with **First Databank** – which will enable an ICB view, a services view and a CP view. DT stated that she has asked whether the GP referral data could be built into this dashboard.

DT stated that the aim is to eventually give the LPC access to this dashboard – so that GP practice data could be monitored.

SW LONDON MIS (MEDICINES IMPROVEMENT SCHEME)

Action	Description	Who to action
20	To send the SW London MIS information pack to AP.	DT

DT stated that these matters are discussed at the IMOC meetings.

Action	Description	Who to action
21	To link the LPC with Diana – who is designing the new GP incentive scheme for the PF service.	DT

PRIMARY CARE BOARD

AP stated that the LMC, LDC, LOC and LPC have been working with Lucy to create governance for this board. AP stated that he had taken interim Chairmanship of this board.

11. SERVICES DISCUSSION

A brief discussion was had about the way CP services have been costed and negotiated by CPE and the ICB/NHS E.

Action	Description	Who to action
22	To take the suggestion of the development of a “contractor created service rate card” to CP London Executive.	SB
23	To discuss the development of a “contractor created service rate card”	CP London

JMP suggested that instead of the SAF figure rising, or the margin figure increasing, then the establishment payments should be returned to contractors – and this should be pushed for with CPE. AP stated that, contracting and funding wise - services are getting mixed up with the delivery of medicines and DMS is now undermining margin and the SAF.

AP suggested that CPE should be asked to make two negotiations –

- One contract for the delivery of medicines.
- One contract for CP services.

Action	Description	Who to action
24	To raise the proposition of CPE splitting its negotiation process – <ul style="list-style-type: none"> - One contract for the delivery of medicines. - One contract for CP services. With CPE.	MP & BP
25	To raise the proposition of CPE splitting its negotiation process – <ul style="list-style-type: none"> - One contract for the delivery of medicines. - One contract for CP services. With CP London.	AP

12. MARKET ENTRY

There were no comments.

13. TREASURER UPDATE

MS stated that the papers had been sent to the members.

MS stated that a subcommittee meeting had taken place to discuss the budget for the next year.

MS stated that AP will be sending out this budget to the members in the coming weeks.

MS stated that the tentative plan is to use the LPC bank reserves to pay for the extra staff needed to properly engage with the Neighbourhood model.

AP stated that if this LPC were to map against SE London, then the levy would increase to bring in an additional £5000 per month.

AP stated this change may only take place in two years – it wouldn't be worth increasing the contractor levy at this time.

14. LPC PROVIDER COMPANY OPTIONS

AP stated this prospect should be seriously considered by the committee, and that there are three options –

- a. Talk to Surrey and Sussex LPC about joining their provider company – where a director sits on the company from each LPC.
- b. Talk to SE London about joining their Pharmacy Alliance Provider Company – maintained by the ICB, topped up by management fees which have been placed on services.
- c. To create a SW London alliance – the most expensive option.

Action	Description	Who to action
26	To have discussions with Surrey and Sussex LPC, and SE London LPC wrt. joining/emulating their provider companies – to bring back options appraisal to the next LPC meeting.	AP
27	To make “discuss the provider company options” an agenda item at the next LPC meeting.	AP/HP

15. CP x GP SUMMIT FEEDBACK

AP stated that AP had been working towards an event like this for 2-3 years – and Conor Price (CP London CEO) finally made it happen.

AP added that the event had been sponsored.

AP stated that this was a joint venture between CP London and London wide LMCs – with organizational help from the NHS Confed.

AP stated that more summits would be organized.

The following feedback was given:

- BP stated that seeing LPC and LMC reps sharing a stage and speaking with synergy was very impressive.
- BP and BS stated that powerful messages had been sent to the ICB reps in attendance about funding challenges and the contracts currently causing the professions to compete against each other.
- AP stated that real, no-nonsense conversations were had in and around this event.
- CJP stated that GP reps had wanted Pharmacy First to be pharmacy first – i.e. for patients with the specific conditions to be seen first by pharmacists.

AP thanked SB for his work in helping with the event organisation (helping organise payments from the sponsors).

AP stated that he is very proud of this event.

AP stated that another event will be staged in April 2026, to take forward the “learnings” for CP.

AP added that another event will be organised which will include Dentistry and Optometry reps.

AP stated that he would like to launch the “modern CP” document in the House of Lords in 2026 on behalf of pharmacy in London.

**16. A.O.B.
LPC CONFERENCE**

AP stated that this LPC has four seats at this conference – which will be taking place on the next Tuesday – and MP, JMP, AP, BP and BS will be attending.

NATIONAL ICB CONFERENCE

AP stated that this LPC has free places to attend this conference – and he and Raj Matharu will be attending.

NATIONAL LEADERSHIP FORUM FOR PHARMACY

AP stated that this event is being hosted by the NHS Confed. outside of CPE, and it has the power to bring the DoHSC and the treasury to the table, to answer CP lead questions.

AP stated that he would be chairing this forum for CP.

LATE VAT MONEY RETURNS

CJP raised the issue of these returned monies being more and more tardy – which is affecting cashflow.

FUTURE MEETING DATES

HP discussed possible meeting dates for 2026.

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	Integrated 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	https://www.pharmacy2u.co.uk
PCARP	Primary Care Access Recovery Plan
PCC	Primary Care Collaborative
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
SAF	Single Activity Fee
SCS	Smoking Cessation service
SD	System development
STP	Sustainability transformation plan
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAPR	Transforming Pharmacy Representation.
VO	Virtual Outcomes https://virtualoutcomes.co.uk